Science of Science Communication  
PSYC 601b,  
Prof. Dan Kahan  
Spring 2013  

Session 1—The case of the HPV vaccine  

These readings are in the nature of a case study on the role that the “science of science communication” played—or didn’t but could have—in the introduction of the HPV vaccine in 2006 and thereafter. Much of the material consists of social science studies aimed at anticipating public receptivity to the vaccine, analyzing public responses to it after it was introduced, and identifying means of effective risk and science communication strategies. But there are also materials, some contemporaneous and others retrospective, designed to help you get a sense of the political context in which the science communication issues surrounding the HPV vaccine took shape.

As you read the materials, consider these questions:

1. Do you believe that “uptake” of the HPV vaccine in the U.S.—or simply the level of vaccination in our society among vulnerable groups, along with beliefs about and attitudes toward the wisdom of vaccination—is satisfactory? If not, do you think you can give a satisfying account of why it isn’t? If you believe, in contrast, that “uptake” in the U.S. is just fine, can you give a satisfying account of why so many people (myself included!) feel otherwise?
2. Was the public controversy surrounding the HPV vaccine inevitable? Could it have been avoided or mitigated?
3. Do you think the governmental public health establishment (including the FDA and the CDC) had an informed sense of how the public might react to the HPV vaccine? If not, why not? If so, do you think they acted sensibly in light of what they knew? If not, why not?
4. Do you think the public health researchers who investigated likely public reaction foresaw the possibility of such controversy? Did the supply governmental actors and others with the information necessary for them to make the best possible decisions about introduction of the vaccine? Did they furnish governmental actors and others good counsel? Were the methods—including the theories that informed the types of data collection and analysis they performed—sound? If not, how would you improve them?
5. Do you think the public health establishment—governmental actors and researchers—understand now why there is public controversy surrounding the vaccine? Or why it exists? If not, why not? What do you think happened? What sorts of empirical study would you engage in to figure this out?
6. Do you think public health researchers have a good understanding of the influences that determine uptake for the vaccine? What do you think of the quality of the methods (including the theoretical frameworks that inform data collection and analysis) that they use to investigate these issues?
7. Do you think researchers supplying members of the public health establishment with good advice on how to communicate the risks and benefits of the HPV vaccine? Do you think they are using methods geared to formulating productive communication strategies?
Readings (indexed to pagination of course readings):

1. In case you missed it .............................................................................................................................. 1
4. CDC, 2011-12 Flu Vaccination Uptake ............................................................................................................ 4
8. Herper. Here is how we know Gardasil has not killed 100 people, Forbes, May 3, 2012 ................................................................. 19
10. Melville, HPV Vaccine Uptake for Adolescent Males Extreme Low, Medscape News, Nov. 7, 2012 ............................................................ 24
22. Fazekas et al. HPV Vaccine Acceptability. J. Women’s Health, 17, 539 (2008) ................................................................. 76