

Human Papillomavirus (HPV) Vaccines - Update

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Advisory Committee on Immunization Practices October 25, 2017

Outline

- Selected CDC and other activities after 2-dose recommendation
- Overview of ACIP HPV Vaccines Work Group calls/discussions
- HPV vaccination coverage and impact in the United States

ACIP HPV vaccine 2-dose recommendation and related activities

ACIP voted to recommend 2-dose schedule

October 2016

MMWR Policy Note published

December 2016

Education and communication

- Webinars and presentations at scientific conferences
- CDC websites and fact sheets updated
- CDC communication campaign
 - Digital media outreach to parents and clinicians

MMWR 2016; 65(49):1405-1408

PREVENTING CANCER JUST GOT EASIER

HPV vaccine protects against cancers and other diseases caused by human papillomavirus (HPV). Follow the chart below to determine whether your patient needs two or three doses of HPV vaccine.

https://www.cdc.gov/hpv/index.html

ACIP HPV vaccine 2-dose recommendation and related activities

HEDIS

- HEDIS 2017 covers performance period for CY2016; this immunization measure (receipt of 3 doses by age 13) will not change
- HEDIS 2018 measure has been updated to reflect new 2-dose schedule

Clinical Decision Support for Immunization (CDSi)

Resources revised

National Immunization Survey (NIS) - Teen

2-dose coverage criteria for NIS-Teen 2016 added to measure for up-to-date vaccination

Policy issues discussed by HPV Vaccines Work Group

- Wording for routine target age group recommendation
- Harmonization of upper age for male and female vaccination

Policy issues: Wording for routine target age group

Current routine recommendation

- ACIP recommends routine HPV vaccination at age 11 or 12 years
- Vaccination can be given starting at age 9 years

Potential alternative wording

Routine vaccination at age 9 through 12 years

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Work Group deliberations

- Reviewed data and discussed with AAP
 - Most Work Group members favored current wording
- Decision by ACIP Work Group
 - Will not bring forward any change for consideration by ACIP
 - Ensure option for starting series at age 9 years evident on schedules/other materials
- AAP/COID recommendations will remain consistent with ACIP
 - Recommend starting the series between 9 and 12 years, at an age the provider deems optimal for acceptance and completion of the vaccination series

Policy issues: Harmonization of upper age for male and female HPV vaccination

Current recommendation*

- ACIP recommends vaccination for females through age 26 years and for males through age
 21 years who were not previously adequately vaccinated
- Males aged 22 through 26 years may be vaccinated
- Recommendations for specific groups to receive HPV vaccine through age 26 years

Alternative policy and discussion

- Harmonization of upper age: through age 26 years for males and females
- Many Work Group members favor simplification of vaccination schedule through extension of the male age recommendation

Policy issues: Harmonization of upper age for male and female HPV vaccination

- In 2011, ACIP recommended vaccination of males*
 - Used GRADE for consideration of evidence and recommendations.
- In 2017, ACIP HPV Vaccines Work Group reviewed
 - Updated cost effectiveness modeling data
 - Vaccine coverage among males overall and MSM
- Work Group plans to use new Evidence to Recommendations framework
 - Present to ACIP in 2018

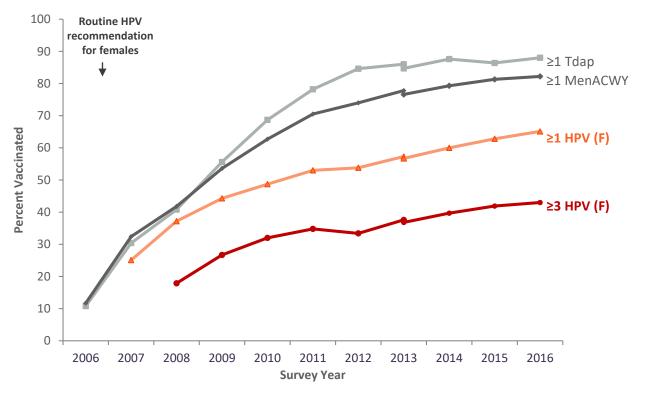
Overview of ACIP HPV Vaccines Work Group calls/discussions over past year

- Other topics/data reviewed
 - Simplification of footnotes for child/adolescent and adult schedules
 - 9-valent HPV vaccine safety
 - Update of ongoing analyses; no safety concerns
 - Immunization Safety Office (ISO) to present data to ACIP in February 2018

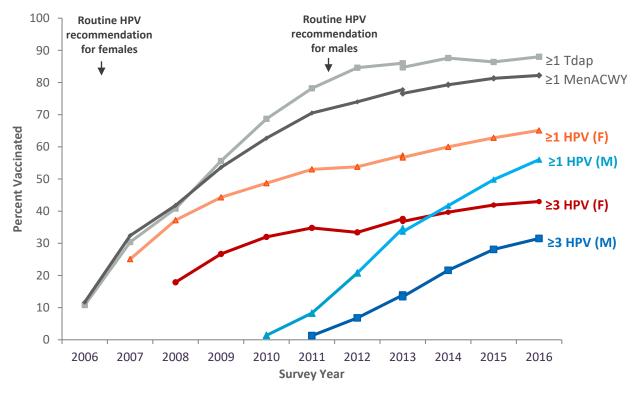
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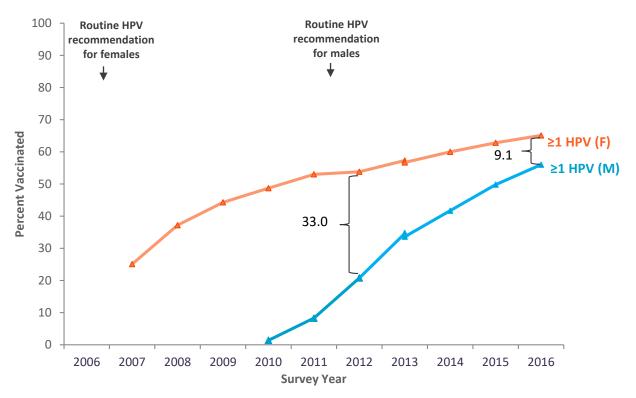
Estimated vaccination coverage among adolescents aged 13–17 years, NIS-Teen, United States, 2006–2016



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Estimated vaccination coverage among adolescents aged 13–17 years, NIS-Teen, United States, 2006–2016



Estimated HPV vaccination coverage among adolescents aged 13-17 years and new up-to-date measure, NIS-Teen, United States, 2016

Number of doses	% (95% CI)
≥1 dose	60.4 (±1.2)
≥2 doses	49.2 (±1.3)
≥3 doses	37.1 (±1.2)
HPV UTD	43.4 (±1.3)

HPV UTD: new measure added for adolescents considered to be up to date with the HPV vaccine series if they have received \geq 3 doses of HPV vaccine, or 2 doses according to current recommendation

Monitoring impact of HPV vaccination

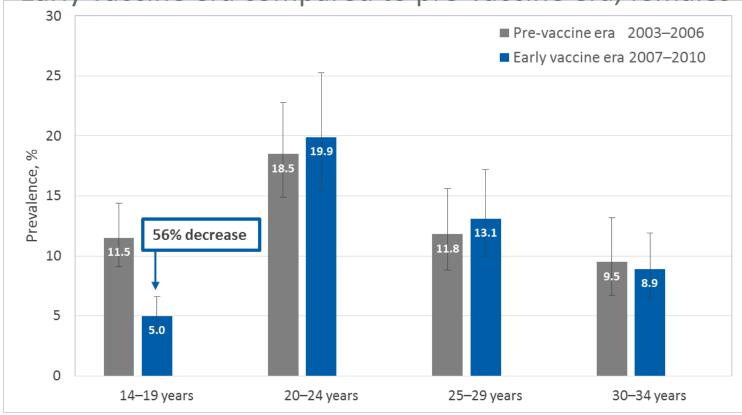
- HPV prevalence
- Genital warts
- Juvenile onset recurrent respiratory papillomatosis
- Cervical precancer lesions
- HPV-associated cancer

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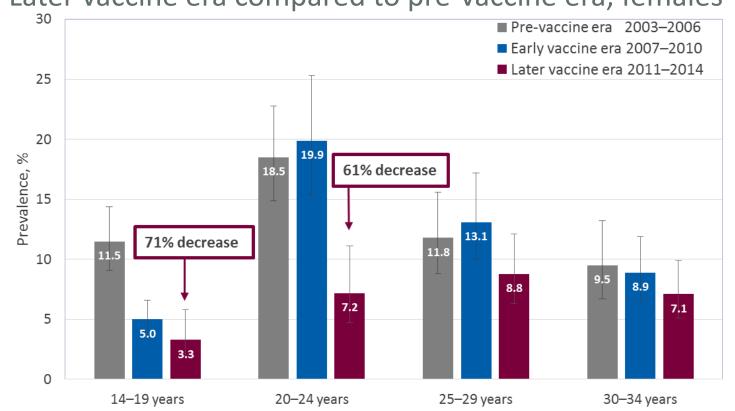
Vaccine type prevalence (HPV 6,11,16,18), NHANES

Early vaccine era compared to pre-vaccine era, females



Vaccine type prevalence (HPV 6,11,16,18), NHANES

Later vaccine era compared to pre-vaccine era, females



Future plans – 2018 ACIP meetings

- Harmonization of upper age for male and female vaccination
- 9vHPV safety post-licensure monitoring
- Impact of HPV vaccination in the United States

ACIP HPV Vaccines Work Group

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Joohee Lee (FDA)

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Thank You

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

