



Work Group Considerations: Proposed Recommendation Text for Policy Options

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June 26, 2019

HPV vaccination policy issue for consideration today

Harmonization of catch-up vaccination through age 26 years

Should catch-up HPV vaccination be recommended for primary prevention of HPV infection and HPV-related disease for all persons through age 26 years?

- **Work Group Consensus:**
 - Recommend the intervention

Harmonization of catch-up vaccination through age 26 years

Current text:

Routine and catch-up age groups

“ACIP recommends routine HPV vaccination at age 11 or 12 years; vaccination can be given starting at age 9 years.

ACIP also recommends vaccination for females through age 26 years and for males through age 21 years who were not adequately vaccinated previously. Males aged 22 through 26 years may be vaccinated. (See also: Special populations, Medical conditions)”

Harmonization of catch-up vaccination through age 26 years

Proposed recommendation text would replace current text for catch-up:

Routine and catch-up age groups

“ACIP recommends routine HPV vaccination at age 11 or 12 years; vaccination can be given starting at age 9 years.”

~~ACIP also recommends vaccination for females through age 26 years and for males through age 21 years who were not adequately vaccinated previously. Males aged 22 through 26 years may be vaccinated. (See also: Special populations, Medical conditions)”~~

“ACIP also recommends catch-up vaccination for persons through age 26 years who are not adequately vaccinated.”

Footnote in proposed policy note

“Definitions of persons considered adequately vaccinated are unchanged from prior recommendation.*”

This footnote refers to text from 2016 policy*

- Persons who initiated vaccination with 9vHPV, 4vHPV, or 2vHPV before their 15th birthday, and received 2 doses of any HPV vaccine at the recommended dosing schedule (0, 6–12 months), or 3 doses of any HPV vaccine at the recommended dosing schedule (0, 1–2, 6 months), are considered adequately vaccinated.
- Persons who initiated vaccination with 9vHPV, 4vHPV, or 2vHPV on or after their 15th birthday, and received 3 doses of any HPV vaccine at the recommended dosing schedule, are considered adequately vaccinated.

Proposed harmonization text would replace current text

Special populations

“For men who have sex with men, ACIP recommends routine HPV vaccination as for all males, and vaccination through age 26 years for those who were not adequately vaccinated previously.

For transgender persons, ACIP recommends routine HPV vaccination as for all adolescents, and vaccination through age 26 years for those who were not adequately vaccinated previously.”

Proposed harmonization text would replace current text

Special populations

~~“For men who have sex with men, ACIP recommends routine HPV vaccination as for all males, and vaccination through age 26 years for those who were not adequately vaccinated previously.~~

~~For transgender persons, ACIP recommends routine HPV vaccination as for all adolescents, and vaccination through age 26 years for those who were not adequately vaccinated previously.”~~

Proposed harmonization text would replace current text

Medical conditions

“ACIP recommends vaccination with 3 doses of HPV vaccine (0, 1–2, 6 months) for females and males aged 9 through 26 years with primary or secondary immunocompromising conditions...”

Proposed harmonization text would replace current text

Medical conditions

~~“ACIP recommends vaccination with 3 doses of HPV vaccine (0, 1–2, 6 months) for females and males aged 9 through 26 years with primary or secondary immunocompromising conditions...”~~

Proposed new text

Special populations and medical conditions

“The above recommendations for routine and catch-up age groups and for individuals older than the catch-up age group also apply to MSM, transgender people, and people with immunocompromising conditions.”

Questions and discussion

Proposed recommendation text for harmonization

Routine and catch-up age groups

“ACIP recommends routine HPV vaccination at age 11 or 12 years; vaccination can be given starting at age 9 years.

ACIP also recommends catch-up vaccination for persons through age 26 years who are not adequately vaccinated.”

HPV vaccination policy issue for consideration today

Vaccination of adults older than age 26 years

Should catch-up HPV vaccination be recommended for primary prevention of HPV infection and HPV-related disease for all persons aged 27 through 45 years?

- **Two options proposed by Work Group:**
 - Recommend shared clinical decision making, or
 - Do not recommend the intervention

Vaccination of adults older than age 26 years

- Proposed recommendation text options
 - Shared clinical decision making (majority opinion)

“ACIP recommends HPV vaccination based on shared clinical decision making for individuals ages 27 through 45 years who are not adequately vaccinated. HPV vaccines are not licensed for use in adults older than age 45 years.”
 - Do not recommend the intervention (minority opinion)

“ACIP does not recommend HPV vaccination for adults older than age 26 years.”

Discussion: Work Group members who favored “Shared clinical decision making”

- There are some people in this age range who could benefit from vaccination
- Public health messages and guidance can be provided
- Clinicians faced with individual patient requests may do clinical decision making anyway
- Health insurance coverage for vaccination might reduce health disparities
- Communicating who might benefit from vaccination will be fundamentally different for this age range; it is easier for clinicians to discuss sexual risk behaviors with adults than with adolescents
- This type of recommendation from ACIP would allow flexibility

Discussion: Work Group members who favored “Do not recommend”

- Little public health benefit is expected from vaccinating people in this age range
- Better stewardship of resources
- Adult vaccination might detract from the adolescent vaccination program which is the main focus of the vaccination program
- Communicating who might benefit from vaccination in this age range would emphasize sexual behavior instead of HPV disease prevention, which is not consistent with messaging for adolescents
- Shared clinical decision making is programmatically difficult
- Concern about equitable use of vaccine given the global vaccine shortage

Proposed “Considerations” for policy note if there is a recommendation for shared clinical decision making

- HPV is a very common sexually transmitted infection. Although new HPV infections are most commonly acquired in adolescence and young adulthood, some adults are at risk for acquiring a new HPV infection.
- Ideally, vaccination should be given in early adolescence. Vaccination before exposure to HPV through sexual activity will result in the greatest efficacy.
- Vaccine efficacy is high among people who have not been exposed to HPV.
- Vaccine efficacy is lower among people previously exposed to vaccine-type HPV, likely including adults who are considered to be at high risk for HPV-related disease given multiple lifetime sex partners and/or certain immunocompromising conditions.

Proposed “Considerations” for policy note if there is a recommendation for shared clinical decision making

- Most sexually active adults have already been exposed to some types of HPV, although not necessarily all of the HPV types targeted by vaccination.
- At any age, having a new sex partner is a risk factor for acquiring a new HPV infection.
- No clinical antibody test can determine whether a person is already immune or still susceptible to any given HPV type.
- People who are in a long-term, mutually monogamous sexual partnership are not likely to acquire a new HPV infection.
- HPV vaccines are prophylactic (i.e., they prevent new HPV infections) and do not prevent progression of HPV infection to disease, decrease time to clearance of HPV infection, or treat HPV-related disease.

Questions and discussion

- Proposed recommendation text options for vaccination of adults older than age 26 years
 - Shared clinical decision making

“ACIP recommends HPV vaccination based on shared clinical decision making for individuals ages 27 through 45 years who are not adequately vaccinated. HPV vaccines are not licensed for use in adults older than age 45 years.”
 - Do not recommend the intervention

“ACIP does not recommend HPV vaccination for adults older than age 26 years.”

ACIP Work Group plans

- Work Group will continue to review data on
 - Vaccine efficacy and effectiveness in special populations
 - Additional modeling results
 - Post-licensure safety
 - Population impact and effectiveness of vaccination

ACIP HPV Vaccines Work Group

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Thank You

For more information, contact CDC
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