

Summary of Key Points

WHO Position Paper on Vaccines against Human Papillomavirus (HPV)

9 April 2009



World Health
Organization

Human papillomavirus vaccines

WHO position paper

- Selected types of HPV cause
 - cervical cancer
 - and anogenital warts
 - other anogenital and head and neck cancers
- 500,000 cases of cervical cancer and 260,000 women deaths each year
 - Most cases in developing countries
 - Most in females not screened or who do not receive early treatment



Human papillomavirus vaccines

WHO position paper

HPV types 16 and 18

- cause about 70% of cervical cancers

HPV types 6 and 11

- cause about 90% of anogenital warts



Human papillomavirus vaccines

WHO position paper

- Two prophylactic, highly efficacious vaccines now available
 - Cervarix®,
 - non-infectious protein antigens for **HPV 16 and 18**
 - Prevents precancerous lesions and cancers arising from these types.
 - Gardasil®/Silgard®,
 - non-infectious protein antigens for **HPV 6, 11, 16 and 18**
 - Prevents precancerous lesions, cancer, and anogenital warts arising from these four types.
- Neither vaccine will treat women with current HPV infection or related disease: work best in **HPV naïve** individuals



Human papillomavirus vaccines

WHO position paper

Recognizing the importance of

cervical cancer and other HPV-related diseases as global health problems

WHO recommends that routine HPV vaccination should be included in national immunization programmes provided that:

- prevention of cervical cancer and other HPV-related diseases is a public health priority,
- vaccine introduction is programmatically feasible, and
- sustainable financing can be secured,
- the cost-effectiveness of possible introduction and vaccination strategies in the country or region be considered

Primary target population is girls prior to onset of sexual activity, likely to be in age range of 9 or 10 through 13 years



Human papillomavirus vaccines

WHO position paper

- Vaccination of secondary target populations of older adolescent females or young women only recommended if
 - feasible
 - affordable
 - cost-effective and
 - does not divert resources from vaccinating primary target population
 - does not divert resources effective cervical cancer screening programmes and
 - if a significant proportion of the secondary target population likely to be naïve to vaccine-related HPV types



Human papillomavirus vaccines

WHO position paper

- Vaccination of males for prevention of cervical cancer not recommended at this time
- Strategies that achieve >70% coverage in primary target population of young adolescent girls are
 - more cost effective in reducing cervical cancer than strategies that involve vaccination of both females and males



Human papillomavirus vaccines

WHO position paper

- Need for booster doses not established
- Limited data about HPV vaccine use in immunocompromised females
 - Immunogenicity and efficacy may be reduced however
 - Potential vaccine benefits are great because of increase risk of HPV-related disease, including cervical cancer
 - Concerns about reduced efficacy of safety should not defer initiation of large scale HPV immunization.
 - No HIV testing as prerequisite.



Human papillomavirus vaccines

WHO position paper

Pregnant and Lactating Women

- Target population of young adolescent girls should minimize risk of vaccinating pregnant or lactating women

- Pregnant women
 - Safety data are limited
 - No adverse effects in mother or offspring have been observed
 - HPV vaccination of pregnant women should be avoided

- Lactating women
 - Quadrivalent vaccine: vaccination possible; available data indicate no safety concern
 - Bivalent vaccine: vaccination not advised at this time because safety data in lactating women not yet available



Human papillomavirus vaccines

WHO position paper

- HPV vaccines should be introduced as part of a coordinated cervical cancer and other HPV-related diseases prevention strategy, including
 - Education on risk reducing behaviours
 - diagnosis and treatment of precancerous lesions and cancer
- HPV vaccine introduction
 - should not undermine or divert funding from effective cervical cancer screening programmes
 - should not replace cervical cancer screening (30% of cervical cancer caused by HPV types other than 16 and 18)
- Programmes to introduce HPV vaccines should seek opportunities to link with other adolescent health services
- HPV vaccination should not be deferred in countries because one or more of these interventions cannot be implemented at the time when vaccination could be introduced

