

Position statement

Human Papillomavirus (HPV) Vaccine: A Position Statement of the Society for Adolescent Medicine*

Human papillomavirus (HPV) is the most common sexually transmitted infection (STI) worldwide, causing genital warts and nearly all cases of cervical cancer. On June 8, 2006, the Food and Drug Administration approved a three-dose HPV vaccine for use in females 9 to 26 years of age. The vaccine has been shown to be safe and effective in preventing infection with HPV types 16 and 18 (which cause approximately 70% of cervical cancers) as well as types 6 and 11 (which cause >90% of genital warts). As a prophylactic vaccine, it is most effective when administered before the onset of sexual activity. Although this is the first vaccine designated as pregnancy category B, vaccination is not recommended during pregnancy.

On June 29, 2006, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention recommended that the three-dose HPV vaccine be administered routinely to all females 11 to 12 years of age as well as 13–26-year-olds who have not previously received the vaccine. Females 9–10 years of age may be vaccinated at the discretion of the provider. Vaccination is recommended regardless of a previous history of HPV infection or abnormal Pap test result. The Society for Adolescent Medicine fully endorses the ACIP recommendations for the three-dose HPV vaccine, and supports coverage of vaccination costs by third-party payers as well as federal and state programs that finance vaccination for low-income children and young adults.

The Society for Adolescent Medicine supports the ACIP recommendation for continued Pap testing after vaccination. Routine Pap screening to detect cervical dysplasia is important after vaccination for the following reasons: an estimated 30% of cervical carcinomas are caused by HPV types not contained in the vaccine, vaccine recipients may not complete the full series or receive doses in a timely fashion, vaccine recipients may have been infected before vaccination, and immunity may wane over time.

The Society for Adolescent Medicine also supports the current vaccine efficacy trials among males. Although vaccine safety and immunogenicity for males aged 9–15 years have been established, no recommendation for males can be made at this time due to a lack of efficacy data. In association with HPV vaccination, adolescent health providers

must continue to educate male and female adolescent patients and their parents, as appropriate, about the need for continued STI prevention and surveillance.

For guidelines regarding implementation of adolescent immunizations, please see “Adolescent Immunizations: A Position Paper of the Society for Adolescent Medicine” (http://www.adolescenthealth.org/PositionPaper_Immunization.pdf).

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