Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book) Webinar – HPV –

September 11, 2019

Posted Chat-box Question and Answers

Question 1: When did the FDA approve Gardasil9 for persons 27 through 45 years old?

Answer 1: FDA approved Gardasil9 for persons 27 through 45 years old in October of 2018.

Question 2: Is there any scientific proof that HPV vaccine is associated with neurological side effects compared with other vaccines?

Answer 2: No. In fact, HPV vaccine has been studied more than other vaccines, so CDC is confident about its safety. The quadrivalent vaccine (on which the current vaccine is based) was studied specifically looking at Guillain-Barré syndrome (GBS), stroke, venous thromboembolism, seizures, and syncope. None of these outcomes were found to be associated with the vaccine. The 9-valent vaccine, Gardasil9, was evaluated with respect to Guillain-Barré syndrome (GBS), stroke, venous thromboembolism, seizures, pancreatitis, and chronic inflammatory demyelinating polyneuropathy, and none of these conditions were found to be related to vaccine.

<https://www.cdc.gov/mmwr/pdf/rr/rr6305.pdf>

<https://www.cdc.gov/vaccines/acip/recs/grade/HPV-adults.html>

Question 3: When will HPV vaccine become available for older adults who are at increased risk because of multiple sex partners?

Answer 3: HPV vaccine is currently licensed for adults through the 46th birthday and can be used in circumstances with increased risk of infection. If the vaccine is used in someone 47 years or older it is considered off-label usage.

Question 4: If males have received the 2vHPV2 (Cervarix) does it count towards the series?

Answer 4: No, the vaccine was originally licensed only for females, so we do not count as valid any doses of this vaccine given to males.

Question 5: What is the HPV vaccination coverage for young adults 18 to 26 years old in the United States? Is there a resource to find local vaccination coverage?

Answer 5: Based on National Health Interview Survey Data, in 2017, coverage with at least 1 dose of HPV vaccine among adults 19 to 26 years of age was 51.5% among women and 21.2% among men. For adults who did NOT receive HPV vaccine prior to the 19th birthday, coverage among women was 8.6% and coverage among men was 5.8%.

 [www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/NHIS-2017.html#box3](http://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/NHIS-2017.html#box3)

Question 6: What is the best strategy to encourage long-term care clinic staff to administer HPV vaccine at the same time as other vaccines? They are concerned about syncope.

Answer 6: To address vasovagal syncope, we recommend that providers ensure vaccine recipients are seated or lying down, and we encourage providers to have patients wait 15 minutes in a waiting area after administration of the vaccine. HPV vaccine is recommended for persons 11 through 26 years of age and can be administered following shared clinical decision-making for persons 27 through 45 years of age. We do recommend treating HPV vaccine the same as other vaccines for persons 11–26 years of age. Other strategies that work for HPV for persons 11–26 years of age include standing orders. While perhaps not a vital strategy for a long-term care facility, another strategy that works well for increasing HPV vaccination generally is reminder/recall.