



# National Cervical Cancer Coalition HPV & Cervical Cancer in the USA

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## HPV Vaccination Mandate Pros and Cons

### Argument For

### Argument Against

Do we have enough information to promote a major public health mandate?

- Many vaccination programs are successfully implemented before long-term and safety data are in
- Implementation will create the statistics needed to permit evaluation

- Screening has been shown to be effective. A mandatory program should wait until data is available so that it can be integrated properly with screening.

Population Benefit of Vaccination when added to screening

- Making vaccination mandatory would increase prevention among the inadequately-screened, highest-risk population that would benefit most from vaccination

- Further reductions in already-low U.S. incidence and mortality would be difficult to achieve
- Adding vaccination to screening might even reduce regular screening (women might falsely assume they are protected)

Urgency of Mandate

- If we delay, entire age-groups of girls will miss the benefits of vaccination

- It is better to “go slow”, accumulate more data and public acceptance based on voluntary vaccinations, then move to mandates when the public health benefit is established

Safety

- Good safety profile to date

- Side effects can not be ruled out until many more girls vaccinated

Known Durability

- Established durability of 5 years with sustained immune indicators for HPV16

- Durability is not certain; peak risk of HPV sexual exposure lasts for more than 10 years after suggested mandatory vaccination age

# HPV Vaccination Mandate Pros and Cons, Continued

## Argument For

## Argument Against

Trends in Protection in Years Following Vaccination

- No evidence for decreasing efficacy over 5 years

- HPV18 immune indicators fall within 2-3 years after vaccination

Feasibility of Boosting

- One unpublished, small study suggests a booster works among young adult women

- General lack of evidence, and lack of thought-out strategies regarding how and when boosting could be done
- Lack of data on the safety of boosting.
- There is no blood test to detect whether boosting is needed

Choice of Vaccine

- Merck Gardasil™ is already approved in many countries

- GSK Cervarix™ approved in Australia, pending in EU, might be approved within a year here; weighing its relative benefits might make sense; are they interchangeable and compatible

Coming Development of Second-Generation Vaccines With Longer Durability or Lower Cost

- It is best to start now and replace or boost with newer vaccines when available

- In lower-resource regions, second-generation vaccines could reduce the number of doses, the need for boosting, and therefore minimize funding needs

Ethical and family issues

- There is no evidence that vaccination would promote sexual activity
- Parents could “opt-out”

- Vaccination might encourage onset of sexual activity and deny the parents their right to choose

Cost-Effectiveness

- Analysis assuming lifelong durability already indicates cost-effectiveness at current prices

- Unknowns include durability, need for boosting, integration with screening schedules, and possibly reduced regular screening tests
- Added strain on public health resources