HPV Vaccination of Adults 27-45 years

2019 National HPV Vaccination Roundtable Meeting

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Outline

• How ACIP makes recommendations

• The discussion at June 2019 ACIP meeting

• Implementing shared clinical decision-making
Steps in vaccine policy & research for new vaccines & new guidelines

- CDC-funded and other studies of disease burden
- Basic/Pre-clinical studies on vaccine development
- Vaccine manufacturers develop potential vaccines
- Cost & delivery studies
- Phase I-III trials and Licensure
- ACIP recommends AAP, AAFP, ACP, ACOG, ACS
- Studies of vaccine coverage
- Studies of vaccine effectiveness, disease burden, safety
- NEW

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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 the HPV Workgroup:
  - Recommend shared clinical decision making, or
  - Do not recommend the intervention
- No support from the Workgroup for “Recommend the intervention,” so it was not brought to ACIP for vote
Rationale by Workgroup Members

**Favored Clinical Decision-Making**
- Some might benefit
- Guidance can be given
- MDs face requests anyway
- Insurance will cover
- Talking about sex is easy
- Allows flexibility

**Favored “Do not recommend”**
- Few people really benefit
- Might detract from adolescents
- Better use of resources
- Global vaccine shortage
- Talking sex, not CA prevention
- SCDM is hard to do
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
BOX. Considerations for shared clinical decision-making regarding human papillomavirus (HPV) vaccination of adults aged 27 through 45

Ideally, HPV vaccination should be given in early adolescence because vaccination is most effective before exposure to HPV through sexual activity. For adults aged 27 through 45 years who are not adequately* vaccinated, clinicians can consider discussing HPV vaccination with persons who are most likely to benefit. HPV vaccination does not need to be discussed with most adults aged >26 years.
HPV is a very common sexually transmitted infection. Most HPV infections are transient and asymptomatic and cause no clinical problems.

Although new HPV infections are most commonly acquired in adolescence and young adulthood, some adults are at risk for acquiring new HPV infections. At any age, having a new sex partner is a risk factor for acquiring a new HPV infection.

Persons who are in a long-term, mutually monogamous sexual partnership are not likely to acquire a new HPV infection.

Most sexually active adults have been exposed to some HPV types, although not necessarily all of the HPV types targeted by vaccination.
Considerations from the MMWR 8/16/2019

- No clinical antibody test can determine whether a person is already immune or still susceptible to any given HPV type.
- HPV vaccine efficacy is high among persons who have not been exposed to vaccine-type HPV before vaccination.
- Vaccine effectiveness might be low among persons with risk factors for HPV infection or disease (e.g., adults with multiple lifetime sex partners and likely previous infection with vaccine-type HPV), as well as among persons with certain immunocompromising conditions.
- HPV vaccines are prophylactic (i.e., they prevent new HPV infections). They do not prevent progression of HPV infection to disease, decrease time to clearance of HPV infection, or treat HPV-related disease.
Assessing Risk– a Challenging Task! An example of how this might work

<table>
<thead>
<tr>
<th>Consider Not vaccinating: Low Risk Or Unlikely to Benefit</th>
<th>Consider Vaccinating: High Risk Or Might Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monogamous since young adulthood</td>
<td>Multiple sexual partners since young adulthood</td>
</tr>
<tr>
<td>No or one sexual partner in lifetime</td>
<td>Longtime multiple sex partners (but also higher prior exposure)</td>
</tr>
<tr>
<td>Patient does not feel at risk</td>
<td>Was monogamous, new sex partners or plans new partners</td>
</tr>
<tr>
<td>Patient does not desire vaccine</td>
<td>No prior sex but plans new sex partners</td>
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<tr>
<td></td>
<td>Certain immunocompromising conditions (e.g., HIV)</td>
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Note: this is not from the MMWR publication
Shared Clinical Decision-Making: for HPV Vaccine
For Patients for whom Health Provider Desires Discussion


<table>
<thead>
<tr>
<th>The SHARE Approach: A Model for Shared Decision Making</th>
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<tbody>
<tr>
<td><strong>Step 1</strong>: Seek your patient’s participation.</td>
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<td><strong>Step 2</strong>: Help your patient explore &amp; compare treatment options.</td>
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<td><strong>Step 3</strong>: Assess your patient’s values and preferences.</td>
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<td><strong>Step 4</strong>: Reach a decision with your patient.</td>
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<td><strong>Step 5</strong>: Evaluate your patient’s decision.</td>
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**HPV Vaccination**

| Communicate that a choice exists, ask patient to share in decision |
| Discuss the benefits and harms of vaccinating or not vaccinating |
| Take into account what matters most to patient |
| Decide together on best option Arrange for the action & follow-up |
| Plan to monitor decision or revisit the decision |

The Policy Note states no need to discuss HPV vaccine with everyone in this age group.
Thank you!

**Medical Quote:**

*Medicine is a science of uncertainty and an art of probability.*

William Osler

*Health Quote:*

*It is health that is real wealth and not pieces of gold and silver.*

Mahatma Gandhi
ACIP HPV Vaccines Work Group

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