

HPV Vaccination of Adults 27-45 years

2019 National HPV Vaccination
Roundtable Meeting

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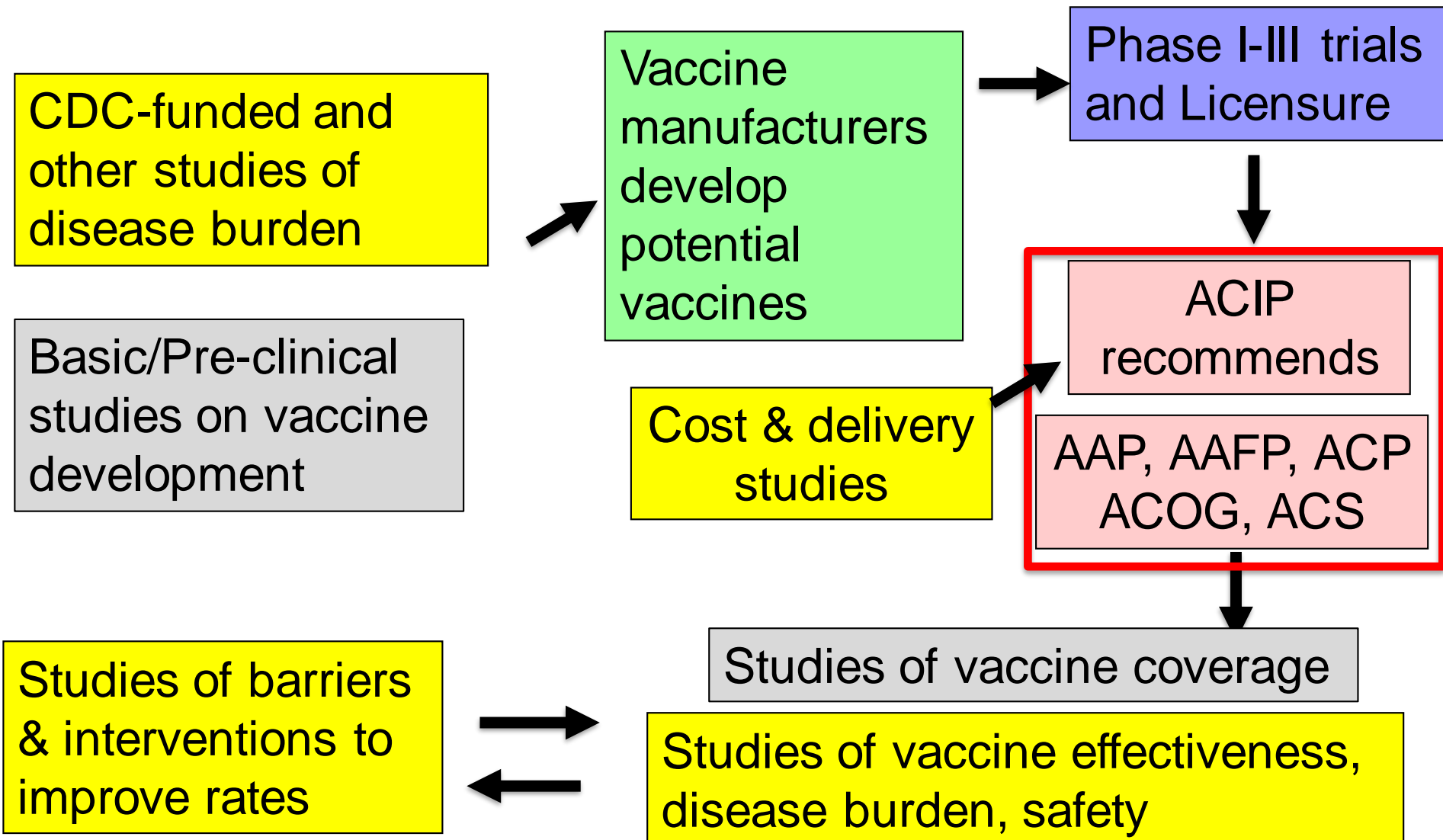
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Outline

- How ACIP makes recommendations
- The discussion at June 2019 ACIP meeting
- Implementing shared clinical decision-making

NEW

Steps in vaccine policy & research for new vaccines & new guidelines



The Discussion at June 2019 ACIP Meeting

Vaccination of adults older than age 26 years:



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



Considerations from the MMWR 8/16/2019

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.

Morbidity and Mortality Weekly Report

Human Papillomavirus Vaccination for Adults: Updated Recommendations of the Advisory Committee on Immunization Practices

Elissa Meites, MD¹; Peter G. Szilagyi, MD²; Harrell W. Chesson, PhD³; Elizabeth R. Unger, PhD, MD⁴; José R. Romero, MD⁵;

Considerations from the MMWR 8/16/2019

- 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

Consider Not vaccinating: Low Risk Or Unlikely to Benefit	Consider Vaccinating: High Risk Or Might Benefit
Monogamous since young adulthood	Multiple sexual partners since young adulthood
No or one sexual partner in lifetime	Longtime multiple sex partners (but also higher prior exposure)
Patient does not feel at risk	Was monogamous, new sex partners or plans new partners
Patient does not desire vaccine	No prior sex but plans new sex partners
	Certain immunocompromising conditions (e.g., HIV)

Note: this is not from the MMWR publication

Shared Clinical Decision-Making: for HPV Vaccine

For Patients for whom Health Provider Desires Discussion

<https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html>

The **SHARE** Approach: A Model for Shared Decision Making

The SHARE Approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient.



Seek your patient's participation.

Help your patient explore & compare treatment options.

Assess your patient's values and preferences.

Reach a decision with your patient.

Evaluate your patient's decision.

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.



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

William Osler

BrainyQuote

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

Thank you!

ACIP HPV Vaccines Work Group

ACIP Members

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Jose Romero
Kevin Ault

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