

## Case for HPV vaccination for boys

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House of Commons, Westminster Hall debate  
Wednesday 2 May

### About the BMA

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives

### Key points

- Since 2008, girls aged 11-13 in the UK have been offered HPV vaccination, mostly via school-based immunisation programmes. This preventive measure helps to protect them against cervical cancer.
- HPV infection is particularly high amongst MSM (men who have sex with men). Thus, there is substantial support amongst doctors for the schools-based HPV vaccination programme in the UK to be extended to include boys.<sup>1</sup>
- The BMA supports the principle of universal HPV vaccination as the most effective way of preventing HPV-related infection and disease across our society.

### Background

The HPV vaccine was introduced to protect women against cervical cancer, and has made an important contribution in reducing the burden of infection in young women in the UK with take up rates of over 85%.<sup>2</sup> NHS England states that the vaccine has also helped to drive down the number of genital wart infections for both boys and girls<sup>3</sup> – in addition to the health benefits this has for patients, it is also a cost saving for the NHS given that treating genital warts has previously been estimated to cost the NHS over £50m.<sup>4</sup>

Since the introduction of HPV vaccination programmes, evidence has continued to emerge that HPV is also responsible for a range of cancers that can affect men (including oropharyngeal, anal and penile cancers). Vaccinating girls helps to indirectly protect heterosexual boys from these types of HPV through a process known as herd immunity, a benefit which is not afforded to men who have sex with men (MSM) in the absence of a national vaccination programme. It is worth

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<sup>1</sup> GP Online, 'GPs almost unanimously back HPV vaccination in boys, poll shows': [www.gponline.com/gps-almost-unanimously-back-hpv-vaccination-boys-poll-shows/sexual-health/prevention/article/1431217](http://www.gponline.com/gps-almost-unanimously-back-hpv-vaccination-boys-poll-shows/sexual-health/prevention/article/1431217)

<sup>2</sup> Kavanagh K, Pollock KGJ, Potts A et al (2014) Introduction and sustained high coverage of the HPV bivalent vaccine leads to a reduction in prevalence of HPV 16/18 and closely related HPV types. *British Journal of Cancer* 110 2804-2811

<sup>3</sup> NHS choices – Vaccinations - [www.nhs.uk/conditions/vaccinations/hpv-human-papillomavirus-vaccine/#hpv-vaccination-for-men-and-boys](http://www.nhs.uk/conditions/vaccinations/hpv-human-papillomavirus-vaccine/#hpv-vaccination-for-men-and-boys)

<sup>4</sup> International journal of STD and AIDS, 'The costs of managing genital warts in the UK by devolved nation: England, Scotland, Wales and Northern Ireland': <http://journals.sagepub.com/doi/full/10.1177/0956462415573121>



noting that men can still acquire HPV from sexual contact with women who have not been vaccinated. These are most likely to be women from countries with no or only a limited vaccination programme for girls.<sup>5</sup>

There is a particularly high burden of HPV-related infection and disease among MSM. MSM are, for example, approximately 20 times more likely than heterosexual men to develop anal cancer.<sup>6</sup> Many countries around the world, including the US and Australia, already vaccinate boys to protect against the effect of HPV.

**The BMA believes that men also require protection from HPV infection and related diseases – the disease is not gender-specific and requires a universal preventative scheme.**

### **BMA position**

Girls in the UK are already able to get the HPV vaccine whilst at school. While provisions to vaccinate MSM at GUM (sexual health or genitourinary medicine) clinics are a welcome first step in protecting men from HPV-related disease, we believe that adequate protection from HPV infection can only be achieved by extending schools-based HPV immunisation programmes to include all adolescent boys. This is because:

- The optimum age of vaccination is 12/13 years old, prior to the onset of sexual activity. Boys of this age are unlikely to attend sexual health clinics and may not be aware of, or be unwilling to declare, their sexual orientation – it's estimated that the average age for gay men to first visit a sexual health clinic is not until they are 31.
- MSM are, therefore, likely to have been having sex for many years before the opportunity to get vaccinated presents itself. We believe relying on this route for vaccination is far too late to achieve an effective preventative measure for all those who might be affected.
- The existing school-based vaccination programme is an effective mechanism for vaccine delivery, achieving high levels of vaccine coverage to the target population. Conversely, there remains uncertainty about the levels of HPV vaccine uptake that can be achieved amongst MSM at sexual health clinics.

**Universal HPV vaccination is the most effective way of preventing HPV-related infection and disease. MSM are particularly affected by this disease, and, in our view, adequate protection of this population group can only be achieved by immunising all adolescent boys while at school.**

### **JCVI (Joint Committee on Vaccination and Immunisation)**

The JCVI advises UK health departments on immunisation. It published an interim position statement last year on whether to extend the HPV vaccination to adolescent boys, to which the BMA responded in August 2017.<sup>7</sup>

The JCVI position statement recognised that HPV infection is responsible for a range of cancers that can affect men, and the particular burden of disease on MSM. The committee noted that vaccination of boys would be beneficial, but did not go on to recommend the extension of the vaccination to adolescent boys – on the basis that it would not be cost-effective.

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<sup>5</sup> HPV action: [www.hpvaction.org/gender-neutral-vaccination.html](http://www.hpvaction.org/gender-neutral-vaccination.html)

<sup>6</sup> JR Daling, MM Madeleine, LG Johnson et al (2004) Human papillomavirus, smoking, and sexual practices in the etiology of anal cancer. *Cancer*, 101: 270-280

<sup>7</sup> BMA's response to JCVI's interim position statement on extending HPV vaccination to adolescent boys – available at: [www.bma.org.uk/-/media/files/pdfs/collective%20voice/influence/uk%20governments/bma-response-jcvi-position-statement-on-hpv-vaccination-1.pdf?la=en](http://www.bma.org.uk/-/media/files/pdfs/collective%20voice/influence/uk%20governments/bma-response-jcvi-position-statement-on-hpv-vaccination-1.pdf?la=en)

Whilst the BMA recognises the need for limited NHS resources to be used in a cost-effective way, we believe adequate protection against HPV infection, for all, cannot be achieved by relying on a targeted vaccination programme at sexual health clinics (for the reasons outlined above).

**We urge the Joint Committee on Vaccination and Immunisation to reconsider its assessment, and for UK health departments to implement a universal HPV vaccination scheme for school students.**

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