Response to JCVI’s interim position statement on extending HPV vaccination to adolescent boys

Dear Sir/Madam

The BMA (British Medical Association) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care.

The Association welcomes the opportunity to respond to the JCVI’s interim position statement on extending HPV vaccination to adolescent boys. The BMA supports the principle of universal HPV vaccination, as the most effective way of preventing HPV-related infection and disease. There is substantial support amongst doctors for the schools-based HPV vaccination programme in the UK to be extended to include boys.

As recognised in the JCVI position statement, HPV infection is responsible for a range of cancers that can affect men (including oropharyngeal, anal and penile cancers), and there is a particularly high burden of HPV-related infection and disease among MSM (men who have sex with men). They are, for example, approximately 20 times more likely than heterosexual men to develop anal cancer. We note that the JCVI statement recognises that vaccination of boys would be beneficial, but does not recommend the extension of HPV vaccination to adolescent boys, on the basis that it would not be cost-effective.

This decision is based, in part, on the assumption that a targeted vaccination programme will provide adequate access to HPV vaccination amongst MSM. While we recognise the need for limited NHS resources to be used in a cost-effective way, it remains our view that adequate protection of MSM from HPV infection can only be achieved through universal immunisation of all adolescent boys while at school. This is based on the following reasons.

- That it is important to receive vaccination prior to the onset of sexual activity. The optimum age of vaccination is 12/13 years, yet 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 is estimated that the average age for gay men to first go to a sexual health clinic is 31. MSM are therefore likely to have been having sex for many years before they get vaccinated through this route.
That there is considerable uncertainty about the levels of HPV vaccine uptake that will be achieved among MSM where provided through sexual health clinics. This is in contrast to the existing school-based vaccination programme, which represents an effective mechanism for vaccine delivery achieving high levels of vaccine coverage in the target population.

These concerns, which we have previously expressed to the JCVI, have not been adequately addressed in the current position statement, and we urge the Committee to reconsider its assessment in light of these. We have separate concerns that insufficient details of the mathematical modelling underpinning the cost-effectiveness analyses have been provided to allow for rigorous and objective appraisal of their conclusions. We also believe that the JCVI should work with the Department of Health to ensure that issues related to equality of access identified in the interim position statement are reviewed immediately.

Yours faithfully

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