Including boys in the national vaccination programme for human papilloma virus

House of Lords short debate
Tuesday 20 January 2015

The British Medical Association (BMA) 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. We have a membership of over 153,000, which continues to grow each year.

Key points
- There is an overwhelming case for expanding the school-based HPV vaccination programme to include boys.
- There is growing consensus in the UK and internationally that extending vaccination to all boys represents the only effective, equitable solution to ensure all are protected against HPV infection.
- The UK should follow the lead set by Australia, Canada and the USA, and introduce universal HPV vaccination without delay.

Background
The BMA recognises that the Human Papilloma Virus (HPV) vaccination was introduced to protect women against cervical cancer, and the important contribution this has made to reduce the burden of infection among young women in the UK. The likely associated future reduction in cervical cancer incidence represents a significant health gain. Since the initiation of HPV vaccination programmes across the UK, evidence has emerged surrounding the role of HPV in a range of cancers also affecting men, including: oropharyngeal, anal and penile cancers. Infection with HPV is also responsible for nearly all cases of genital warts.

Protection from HPV infection
The BMA believes that men also require protection from HPV infection and related diseases. The UK has experienced a recent rise in the incidence of HPV-related oropharyngeal carcinoma amongst men. Rates of anal cancer in both men and women in the UK have also increased steadily over the last four decades, and is estimated that 90 per cent of anal cancer in men is related to HPV infection. The burden of HPV-related cancer is highest among men who have sex with men (MSM), and especially high amongst HIV positive gay men. Any herd-immunity effect of vaccinating women does not protect MSM from HPV infection.

The BMA believes that there is now an overwhelming case for expanding the school-based HPV vaccination programme to include boys, on the grounds of efficacy and equity.

Immunisation
To ensure vaccine recipients are protected against HPV infection they must receive the immunisation prior to the initiation of sexual activity. There is significant concern that only providing immunisation at GUM clinics would not effectively achieve this. The optimum age for boys to receive the HPV vaccine is 12-13 years yet young gay men do not commonly declare their sexual orientation before their late teens, or may be unaware of their sexual orientation, and would therefore be unlikely to attend GUM clinics at this age. Providing vaccination to gay men only also discriminates against heterosexual men, who remain at-risk of acquiring HPV infection from unvaccinated women.

As of September 2014, the HPV vaccination schedule has been reduced to two doses. This reduction in doses provides an opportunity to reinforce other adolescent vaccination programmes, and also provides capacity to extend the school-based HPV vaccination programme to include boys.

The existing school-based programme already provides an appropriate mechanism for vaccine delivery, and provision of HPV vaccination to all boys in schools would ensure high vaccine coverage rates are achieved.

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