

HPV VACCINATION: IS PRE-ADOLESCENCE THE OPTIMAL TARGET AGE?

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Human Papilloma Virus (HPV)

- HPV vaccine
- Target age of HPV vaccination



Human Papilloma Virus

Human Papilloma Virus



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- One of the most common sexually transmitted infections
- Over 150 genotypes of the virus
- Four out of five people: ~80% of the population will
 - be infected at some point in their lives
- The virus infects men and women, of all ages and all nationalities
- Spread through intimate contact with genital skin

HPV-related cancers

Persistent infection with high-risk types of HPV can lead to cancer

 6 types of HPV-related cancer: Cervical, oropharyngeal, anal, vulvar, penile, vaginal

Cervical cancer is the most common HPV-related cancer

How does HPV cause cancer?

The Cervical Screening Test can detect HPV, even before cell changes occur



10 to 15 years

Source: Cancer Institute NSW

Cervical cancer incidence rate

Estimated age-standardized incidence rates (World) in 2018, cervix uteri, all ages



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Data source: GLOBOCAN 2018 Graph production: IARC (http://gco.iarc.fr/today) World Health Organization



HPV is responsible for:

100% of cervical cancer and genital warts



- 90% of anal cancers
- 65% of vaginal cancers
- 50% of vulvar cancers
- 35% of penile cancers
- 60% of oropharyngeal cancers

A world free of cervical cancer



- Dr Tedros Adhanom Ghebreyesus Director-General, WHO
- United Nations General Assembly, New York, USA, 24 September 2018
- "We have all the tools to consign cervical cancer to the history books – it is simply not acceptable that women are continuing to die from this avoidable cancer, failure is not an option"

WHO cervical cancer elimination strategy

Example of definition and 2030 targets

Vision: A world without cervical cancer

Goal: below 4 cases of cervical cancer per 100,000 woman-years



of girls fully vaccinated with HPV vaccine by 15 years of age

90%

70%

an HPV test at 35 and 45 years of age and all managed appropriately reduction in mortality from cervical cancer

30%

The 2030 targets and elimination threshold are subject to revision depending on the outcomes of the modeling and the WHO approval process



Source: World Health Organization, Elimination of cervical cancer as a global health problem, 2018



HPV vaccine

Internationally licensed HPV vaccines

- Cervarix® 2vHPV: 16, 18
- Gardasil® 4vHPV: 16, 18, 6, 11
- Gardasil® 9vHPV: 16, 18, 6, 11, 31, 33, 45, 52, 58
- 16, 18: linked to ~70% cervical cancers (high risk HPV)
- 6, 11: linked to ~90% genital warts (low risk HPV)
- 31, 33, 45, 52, 58: other HR-HPV linked to cancer



Countries with HPV vaccine included in national schedule



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Image source: https://www.who.int/immunization/diseases/hpv/decision_implementation/en/

Comparison of cervical cancer incidence and HPV vaccine availability



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Target age of vaccination

WHO recommendation

Primary target group



Introduction of vaccine to multiple age cohort, 9-14 years (15-18 years if feasible) in first year

WHO recommendation

Secondary target group

- Females aged ≥15 years or males country level decision (global vaccine shortage)
- Lower priority than young girls
- Cost effectiveness is not favorable

CDC Recommendation

Boys and girls at 11 or 12 years old, and a second dose 6-12 months later

Catch-up vaccination up to 26 years

For adults aged 27 - 45 years, public health benefit of HPV vaccination in this age range is minimal

EU guidelines

Primary target group - preadolescent girls 9-14 years

School-based vaccination plans or delivery through primary care services

Multiple age-cohort vaccination and temporary catch-up programmes

Source: EU Centre for Disease Prevention and Control, https://ecdc.europa.eu/sites/portal/files/documents/hpv-public-consultation-3-April.pdf

Australian guidelines

- Routine school based vaccination of boys and girls in first year of high school (age 12 – 13)
- National HPV Vaccination Program in Australia since 2007
- Catch up program for women up to 26 years
- Expected to be a first country to eliminate cervical cancer

Recent meta analysis

- Population-level impact and herd effects following the introduction of HPV vaccination programmes: updated systematic review and meta-analysis" study by Drolet et al, Lancet, June 2019
- Data from 60 million individuals and up to 8 years of post-vaccination followup
- Substantial impact of HPV vaccination programmes on HPV infections
- HPV 16 and 18 decreased by 83% among girls aged 13–19 years, and by 66% among women aged 20–24 years
- Decrease of CIN2+ among girls and women, and on anogenital warts among girls, women, boys, and men
- Programmes with multi-cohort vaccination and high vaccination coverage had a greater direct impact and herd effects

The younger is better?

- Better immune response
- Less risk to be sexually active
- Less issues around promiscuity

Higher Immune Response in Adolescents Versus Young Adults¹



Inclusive of protocols 007, 013, 015, 016 and 018; all GMTs measured using competitive Luminex immunoassay; women 24-26 years of age were omitted in the figure because of small numbers. Similar results were observed for HPV 11, 16, and 18. GMT = geometric mean titer.

AR et al. J Infect Dis. 2007;196:1153-1162.



The younger is better?

- Less reactions, like mass psychogenic illness
- (fainting, twitching is more frequent among teenagers)





Case of Mongolia



Cervical cancer is the 2nd most prevalent cancer

HPV prevalence is high

Case of Mongolia

HPV pilot school based vaccination in 2012 in 4 sites

- 44,800 doses donated by MCA, USA
- ~10,885 girls vaccinated age 11-15 years coverage rate 77.4%, 75.4% and 64.9%
- Anti vaccination opposition
- Study to evaluate results of vaccination
- Plan to re-start of vaccination in 2020

Summary

HPV virus can cause cancer in both men and women

- HPV vaccination is effective to prevent from HPV-related cancers among men and women
- Elimination of cervical cancer as a public health issue is both realistic and attainable
- HPV vaccination of girls, as well as boys, at preadolescent age (9-14 years) is utmost important