



# IT'S TIME TO VACCINATE BOYS TOO. THE CASE FOR GENDER-NEUTRAL HPV VACCINATION

## A STATEMENT BY HPV ACTION

*HPV Action believes that the UK national HPV vaccination programme should include both boys and girls to prevent a range of HPV-related conditions, including cancers and genital warts. This would improve public health, tackle health inequalities, prove cost-effective and, above all, reduce the suffering caused by diseases that are easily preventable.*

The Joint Committee on Vaccination and Immunisation (JCVI) is currently considering whether the current human papilloma virus (HPV) vaccination programme in the UK should be extended beyond its current target group (12/13 year old girls).

Our 22 organisations have come together as HPV Action (HPVA) to make the case for HPV vaccination to be provided on a gender-neutral basis; in other words, we wish to see the vaccination programme extended to 12/13 year boys as well as girls. This would prevent many more cases of cancer (cervical, vaginal, vulval, penile, anal and oropharyngeal) as well as genital warts and recurrent respiratory papillomatosis (RRP).

The vaccination of boys is also supported by many individual clinicians and other significant organisations, including Cancer Research UK, the Faculty of Public Health and the World Medical Association. The Australian government introduced HPV vaccination for boys in 2013 and vaccinating boys is also recommended by the Centers for Disease Control (CDC) in the USA and the Canadian National Advisory Committee on Immunization.

HPV is believed to be the causal agent in 5% of all human cancers. Among the cancers affecting men, it is estimated that HPV infection is associated with 80-90% of anal cancers, 40-50% of penile cancers, and up to 90% of oropharyngeal cancers.<sup>1</sup>

Although anal cancer is relatively rare (currently about 1,100 cases a year in the UK<sup>2</sup>), its incidence has more than doubled in the past 30-40 years in England and Scotland.<sup>3</sup> Anal cancer rates are particularly high in men who have sex with men (MSM): the incidence in this group is estimated to be equivalent to that of cervical cancer in an unscreened population, and is even higher in HIV-infected MSM.<sup>4</sup> Over 300 people die from anal cancer each year in the UK.

Penile cancer incidence is also increasing. In England in 1990-92, there were an average of 286 cases a year; by 2007-09, this had risen to 401 cases a year. In all years, except 2003, the number of people dying from penile cancer was under 100.<sup>5</sup> Oropharyngeal cancer is much more common and affects over 6,500 people a year in the UK. This cancer is also increasing in incidence – it doubled between 1990 and 2006.<sup>6</sup> Over 1,800 people a year die from this cancer.

In England in 2012, there were almost 74,000 new cases of genital warts, an increase of 15% since 2003.<sup>7</sup> Genital warts are the second most common type of sexually transmitted infection after chlamydia.

Even though the UK's HPV vaccination programme reaches over 80% of girls, there are many communities (geographic<sup>8</sup>, social<sup>9</sup> and ethnic minority<sup>10</sup>) where coverage rates are much lower. Vaccinating males would therefore help to protect females in these groups from cervical cancer and other HPV-related diseases. Males themselves would also be protected from acquiring HPV infection from non-vaccinated females (in the UK or abroad) and from other males. The current girls-only vaccination programme leaves men who have sex with men (MSM) at particular risk of infection because they do not benefit from any 'herd protection'.

It would be untenable to extend the programme just to MSM because it would be unlikely to reach most of this population and, more importantly, because optimal protection occurs only if vaccination is administered before sexual debut. It would not be possible to target MSM at the age of 12/13 because sexual preferences are not established and it would in any event be unethical to question boys about this.

The extent to which men who have sex with women benefit from even a high-uptake (over 80%) girls-only vaccination programme may also be limited. Recent research in Denmark shows that HPV vaccination has significantly reduced the incidence of genital warts in women but that the incidence in men has remained stable.<sup>11</sup> This may well be because the men continue to be infected by non-vaccinated women within Denmark and from other countries. Previous Australian research<sup>12</sup> suggested that vaccinating females led to a decline in the incidence of genital warts in both sexes but the Danish study may be more relevant to the UK because of similar travel patterns among young people.

HPVA believes it is inequitable and discriminatory to withhold a health intervention from a population group (in this case, males) at risk of easily preventable diseases. It is also inequitable for females alone to bear the burden of HPV prevention through vaccination. Women should not be expected to take sole responsibility for preventing diseases, including those that are sexually transmitted, which affect both sexes in significant numbers. This responsibility should, as a matter of principle, be borne equitably by men and women.

The human costs of HPV-related diseases are self-evident. The economic costs are also significant. A study of the cost of treating nine major HPV-related diseases in Italy produced an estimate of almost €530 million a year<sup>13</sup>; a similar study of the economic burden of HPV-related cancers in France estimated the cost to be about €240 million.<sup>14</sup> The estimated costs of HPV-related anal cancer treatment, rehabilitation and sick leave in Germany have been estimated at about €29 million annually.<sup>15</sup> The cost of treating genital warts was almost £17 million in England in 2008.<sup>16</sup> The cost of treating RRP, even though it is a rare condition (with an estimated 1,200 patients at any one time), has been estimated at £4 million a year in the UK.<sup>17</sup>

We believe the additional short-term costs of vaccinating boys are outweighed by the longer-term savings in the treatment of cancers and genital warts, as well as in the fields of welfare benefits, social care budgets and employers' costs. The cost-effectiveness of vaccinating boys, even when the uptake of vaccination of girls is at levels similar to the UK, was confirmed by the Pharmaceutical Benefits Advisory Committee in Australia, the independent, expert body responsible for undertaking objective assessments of the clinical effectiveness and cost-effectiveness of vaccines before they are added to the country's national immunisation programme. It is also important to note that the costs of vaccination may be significantly reduced if it is confirmed that a two-dose vaccination programme is as effective as the three doses currently administered in the UK.

HPVA does not believe the decision to introduce gender-neutral vaccination should be made primarily on a financial basis, however: the opportunities for improving public health, tackling inequalities and reducing suffering provide, on their own, an overwhelming and decisive argument.

## ABOUT HPV ACTION

HPV Action is a collaborative partnership of 22 patient and professional organisations that are working to reduce the health burden of HPV.

HPVA's members are:

British Association for Sexual Health and HIV, British Dental Health Foundation, Brook, Cancer Focus Northern Ireland, European Men's Health Forum, Faculty of Sexual and Reproductive Healthcare, Family Planning Association, GMFA (Gay Men's Health Charity), HPV and Anal Cancer Foundation, MEDFASH (Medical Foundation for HIV and Sexual Health), Men's Health Forum (England and Wales), Men's Health Forum Ireland, Mouth Cancer Foundation, National Aids Manual, Oral Cancer Foundation (USA), Royal College of Obstetricians and Gynaecologists, Royal Society for Public Health, The School and Public Health Nurses Association, Terrence Higgins Trust, Throat Cancer Foundation, The Urology Foundation, Wellbeing of Women

[www.hpvaction.org](http://www.hpvaction.org)

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