



**PARLIAMENTARIANS JOIN CAMPAIGN:
'IT'S TIME TO VACCINATE BOYS AGAINST HPV INFECTION'**

8th SEPTEMBER 2014

HPV Action is a collaborative partnership of patient and professional organisations that advocates HPV vaccination for both boys and girls. HPV Action's membership has grown from 2 to 33 in little over a year reflecting the fast-growing and now widespread support for gender-neutral vaccination.

HPV Action believes that **the current HPV vaccination programme**, which is aimed only at females, is **unfair and inequitable** because it leaves males at risk of developing a number of serious but preventable diseases. The solution is a simple one: include boys in the national HPV vaccination programme alongside girls. The vaccination of boys is now recommended by the Australian, Austrian, Canadian, and United States governments. HPV Action believes it is time for the UK government to do the same.

"It is blatantly unfair that women are protected from the cancers and other diseases caused by HPV infection while men are not. Men will continue to die from HPV-related diseases unless the government acts to extend the national vaccination programme to all adolescent boys. This would only cost about £20-£22m a year and, in the long run, save the money spent by the NHS on treatment as well as reducing human suffering." said Peter Baker Campaign Director HPVAction.

Support for vaccinating boys

The vaccination of boys is supported by politicians from all parties, including:

- John Baron MP, chair, All Party Parliamentary Group on Cancer;
- Sir Paul Beresford, chair, All Party Parliamentary Group on Dentistry;
- Baroness Joyce Gould, chair, All Party Parliamentary Group on Sexual and Reproductive Health;
- Lord Patel of Bradford, chair, All Party Parliamentary Group on Men's Health;
- Pamela Nash MP, chair, All Party Parliamentary Group on HIV and AIDS;
- Mike Freer MP.

Who have expressed in a statement that 'As parliamentarians with a special interest in different areas of public health, we would like to make clear our view that all adolescent boys, as well as girls, should be offered the vaccine.'

Our goal is also supported by a growing range of clinicians and scientists; it is now BMA policy to support the vaccination of boys[1] and a recent BMJ editorial on the issue stated: 'The only sensible answer ... is a gender neutral vaccination strategy in schools that gives two doses of the vaccine to all 12 to 13-year-old boys and girls. Anything else is discriminatory, inequitable, less effective, and difficult to explain.' [2] Earlier this year,

an editorial in the British Dental Journal supported the vaccination of boys[3] in line with a policy decision by the British Dental Association.[4]

"The momentum we're seeing in the importance of vaccinating boys is growing at a phenomenal pace," said Justine Almada, executive director and co-founder of the HPV and Anal Cancer Foundation. "Every month, more parents, medical providers, public policy makers and members of the public add their voice in the call to protect boys from HPV. This is an equality issue -- equality in access to the same protection for boys and girls against preventable cancers. It is only through protecting all young people that we will end HPV-related diseases for good."

Rachel Parsons, 47, is a mother of 4 boys and 1 daughter between the ages of 7 and 17, and suffered from oral cancer "To have had cancer, and at that one which could have been caused by HPV, and to not then be able to protect my sons is devastating. To think they would ever go through what I have been through, all because they weren't vaccinated, is quite hard to take."

Why vaccinate boys?

The disease burden

HPV (human papilloma virus) is a common sexually-transmitted virus. The vast majority of the UK population are infected with HPV at some stage in their lives and it is likely that about one-third of young sexually active men and women are HPV positive at any one time.. Although it does not affect the health of most who acquire it, in some, it can cause a range of diseases, of which cervical cancer is the best-known. HPV Action estimates that over 2,000 men a year in the UK also develop a cancer (penile, anal or head and neck) caused by HPV.[5] HPV additionally causes about 48,000 new cases of genital warts in men each year and some 600 men are thought to be living with recurrent respiratory papillomatosis (RRP).

Vaccinating girls alone is not sufficient

Although some of these male cases will in time be prevented by a female-only vaccination programme but many will not, for the simple reason that men will continue to have sexual contact with unvaccinated individuals. Some unvaccinated women will be those who have fallen through the net of the UK's current immunisation programme. Public Health England data shows that there are areas where vaccination rates for girls are well below the critical threshold of 80%.[6]

Many men also have sexual partners from outside the UK who are unvaccinated. HPV vaccination of girls in Denmark, which is at a level similar to the UK, has been found to have significantly reduced the incidence of genital warts in women — but not in men.[7] This is more likely because young Danish men are still acquiring HPV from non-vaccinated women within Denmark and from other countries.

Men who have sex with men

Vaccinating boys would therefore protect men who have sex with non-vaccinated

women as well as helping to protect women who have not been vaccinated. It would also protect men who have sex with men (MSM), a group completely outside of any 'herd protection' created by the vaccination of girls. MSM are at increased risk (compared to heterosexual men and women) of anal HPV and anal cancer (associated with HPV), and may be at increased risk of other HPV-associated cancers.[8] Anal cancer rates in MSM are estimated to be equivalent to the rate of cervical cancer in an unscreened population of women and the rates are even higher in HIV-positive MSM.[9]

It has been suggested that it would be sufficient to vaccinate just MSM, presumably via sexual health clinics. But such a strategy would be unlikely to reach a sufficient number of the at-risk population because most MSM have had multiple sexual partners, with increased risk of HPV acquisition, before they attend any clinic.[10] In fact, optimal protection against HPV infection occurs only when vaccination is administered before sexual debut — the median age of attendance by MSM at UK sexual health services is 32 years. It is clearly not tenable, for practical as well as ethical reasons, to attempt to select for vaccination 12/13 year old boys who might in the future have sex with men.

Achieving equity

In HPV Action's view, withholding a health intervention from any group at risk of easily preventable diseases is inequitable and discriminatory. This is particularly pertinent in the case of preventable cancer. 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.

The cost of vaccinating boys

HPV Action estimates that the additional cost of extending the HPV vaccination programme to boys in the UK would be in the region of £20–22 million a year.[11] This relatively small cost has to be set against the economic impact of HPV-related disease. A study of the cost of treating nine major HPV-related diseases in Italy produced an estimate of about £430 million a year.[12] The cost of treating genital warts was almost £17 million in England in 2008.[13] The cost of treating RRP alone has been estimated at £4 million a year in the UK.[14]

But, ultimately, HPV Action believes that any decision about whether to vaccinate boys should not be made solely on a financial basis. Public health, equity and, above all, the human costs of HPV-related disease for both sexes must be the primary considerations.

To sign the petition and for more information on the call to extend HPV vaccination please visit HPVAction.org, [@HPVAction](https://twitter.com/HPVAction) or [click here](#) >

JCVI's review of the evidence

The JCVI (Joint Committee on Vaccination and Immunisation) is currently looking at the evidence on vaccinating males. It is expected to report in two stages: later in 2014 on whether there should be a specific focus on vaccinating men who have sex with men (MSM) and, in late 2015, on whether vaccination should be offered to all adolescent

boys. JCVI's review of the evidence provides the opportunity to achieve gender-neutral vaccination in the UK within the next few years.

HPV Action's members

British Association for Sexual Health and HIV, British Dental Association, British Dental Health Foundation, British Federation against Sexually Transmitted Infections, British Society of Dental Hygiene and Therapy, Brook, Cancer Focus Northern Ireland, European Men's Health Forum, Faculty of Public Health, Faculty of Sexual and Reproductive Healthcare, Family Planning Association, GMFA (Gay Men's Health Charity), HPV and Anal Cancer Foundation, London Friend, 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, National Union of Students, Oral Cancer Foundation (USA), Reproductive Health Matters, Royal College of Obstetricians and Gynaecologists, Royal Society for Public Health, The School and Public Health Nurses Association, Sexpression:UK, Society of Sexual Health Advisers, Stonewall, The Swallows Head and Neck Cancer Support Group, Terrence Higgins Trust, Throat Cancer Foundation, The Urology Foundation, Wellbeing of Women.

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Editor Notes

About the human papillomavirus

Human papillomavirus (HPV) is a virus transmitted through contact with the skin and mucosal membranes found in the mouth, throat, vagina, cervix, anus and penis. There are over 200 HPV strains that can affect the human body. The vast majority of these viruses affect the skin and cause benign warts. About 40 HPV types are sexually transmitted and about 13 of those strains cause lesions that can progress to cancer. A person can be infected with multiple HPV strains simultaneously.

HPVs can be classified into high-risk and low-risk groups according to the likelihood that an infection by the HPV type can lead to a cancer. Low-risk strains, such as HPV-6 and HPV-11, cause 90% of genital warts; these strains rarely develop into HPV-related cancer and may be linked with benign lesions and/or mild dysplasia. Infections with HPV cause more than 91% of all cervical cancers, 91% of anal cancers, 75% of vaginal cancer, 69% of vulvar, and 63% penile cancers. HPV also causes 72% of oropharyngeal cancers with HPV-16 or HPV-18 present in 95% of oral HPV-positive tissues. [xv] Oral infections with low-risk HPVs can cause Recurrent Respiratory Papillomatosis (RRP), when children develop warts in their throat after birth, which lead to persistent health problems throughout their lives.

Most sexually active people will be infected with at least one type of HPV at some point in their lives. Having just one sex or oral sex partner can expose you to HPV. Although the immune system generally clears an HPV infection within several months to a few years, some infected people may not resolve the infection. The virus can remain in the skin layer and gradually alter cells so that they become abnormal and cancerous usually after a period of years or decades after the initial infection.

- ∅ HPV causes cervical, anal, penile, vulval, head, neck and throat cancer – and genital warts.
- ∅ Cancer sites where at least a proportion is attributable to HPV (appendix):
 - o Oral cancer 6767 cases/year, 2056 deaths/year
 - o Cervical cancer 3064 cases/year, 972 deaths/year
 - o Laryngeal (larynx) cancer 2360 cases/year, 798 deaths/year
 - o Anal cancer 1175 cases/year, 299 deaths/year
 - o Vaginal Cancer, 256 cases/year, 91 deaths/year
 - o Vulval cancer 1203 cases/year, 404 deaths/year
 - o Penile cancer 558 cases/year, 111 deaths/year
 - o In 2012, there were 40,392 new cases of genital warts in men.

∅ HPV Action estimates HPV vaccination programme to boys in the UK would be in the region of £20–22 million a year.[xvi] (assuming a 90% vaccination rate).

About HPVAction.org

HPV Action (HPVA) is a collaborative partnership of 33 patient and professional organisations that are working to reduce the health burden of HPV. HPVA believes that boys should now be included in the programme for the following reasons:

- ∅ To ensure the maximum possible protection of women against cervical cancer.
- ∅ To protect both men and women from other HPV-related cancers (anal, penile, oropharyngeal, vaginal, vulval).
- ∅ To protect both men and women from genital warts and also children and adults from recurrent respiratory papillomatosis (RRP).

For optimal effectiveness, males should be vaccinated at the same age as females, i.e. at age 12/13, before the onset of sexual activity. Vaccinating at a later age, and not via schools, will achieve lower coverage and provide less protection for individuals already exposed to HPV infection.

APPENDIX

The burden of disease caused by HPV

Problem	Total number of new cases per year (2011)[xvii]		% cancers caused by HPV (CDC estimate, except C32)[xviii]	Total number of cases caused by HPV (2011)	
	Male	Female		Male	Female
Cervical cancer (UK)	0	3,064	91	0	2,788
Vaginal cancer (UK)	0	256	75	0	192
Vulval cancer (UK)	0	1,203	69	0	830
Head and neck cancers[xix]					
CO1 (base of tongue)	566	170	72	408	122
C09 (tonsil)	853	295	72	614	212
C10 (oropharynx)	246	82	72	177	59
C32 (larynx)	1,932	428	11[xx]	213	47
Total H&N	3,597	975		1,412	440
Total H&N exc C32	1,665	547		1,199	393
Penile cancer (UK)	558	0	63	352	0
Anal cancer (UK)	414	761	91	377	693
Total cancer cases (exc cervix in situ)				2,141	4,943
Total cancer cases (exc cancer in situ & C32)				1,928	4,896

Cervix in situ (UK)	0	28,682	91	0	26,101
Genital warts					
England (2012)[xxi]	40,392	33,495	100	40,392	33,495
Wales (2012)[xxii]	2,208	1,844	100	2,208	2,208
NI (2012)[xxiii]	1,237	1,000	100	1,237	1,237
Scotland (2009)[xxiv]	3,712	2,911	100	3,712	2,911
Total	47,549	39,250	100	47,549	39,250
Recurrent respiratory papillomatosis[xxv][xxvi]	600	600	100	600	600

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