

## Recommendations of CDC

**Human papillomavirus (HPV) vaccines, (Minimum age: 9 years for 2vHPV [Cervarix], 4vHPV [Gardasil] and 9vHPV [Gardasil 9])**

Routine vaccination:

- Administer 3-dose series of HPV vaccine on a Schedule of 1-2 and 6 months to all adolescents aged 11 through 12 years. 9vHPV, 4vHPV or 2vHPV may be used for females, and only 9vHPV or 4vHPV may be used for males.
- The vaccine series may be started at age 9 years.
- Administer the second 1 to 2 months after the first dose (minimum interval of 4 weeks); administer the third dose 16 weeks after the second dose (minimum interval of 12 weeks) and 24 weeks after the first dose.

• Administer HPV vaccine beginning at age 9 years to children and youth with any history of sexual abuse or assault who have not initiated or completed the 3 dose series. Catch-up vaccination:

- Administer the vaccine series to females (2vHPV or 4vHPV or 9vHPV) and males (4vHPV or 9vHPV) at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals (see Routine vaccination above) for vaccine series catch-up.

## Considerations in favour of vaccination in men

(Recommendation 1, Evidence A)

-Transmission of HPV from men to women gives a significant burden to the disease in women.

-It will result in a faster and complete decline of global burden of disease for HPV in both genders.

-Increase of possibility of herd immunity.

-Decline in incidence of lesions associated to HPV in men, particularly genital warts.

## Reasons to vaccinate men

• Incidence of anogenital infection by HPV is similar in both genders.

• HPV causes anogenital warts and cancer in men and women, and others cancers.

• Immunization programmes by gender had have limitations to control the disease.

• Herd immunization is not enough at least that there are high rates of coverage and a considerable time has passed.

## Opportunity of immunization in men

• Almost all countries have to balance cohorts of major impact against costs. It has delayed the incorporation of immunization strategies that include men.

• Benefits of vaccine men are pretty clear.

• At least, 8 countries have men in their strategies in their immunization programmes: United States, United Kingdom, Australia, Canada, Switzerland, Sweden, Germany and Belgium.

• Health institutions can give this benefit to populations that they serve.

• Herd immunity.

• There is a there of gender equity.



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## Vaccine versus Human Papillomavirus (HPV)

