

# HPV vaccinations for men and boys

PETER BAKER

The issues surrounding HPV vaccination in men and boys was the subject of a recent parliamentary debate. The rationale for a pilot programme of vaccination of men who have sex with men and the slow progress towards all boys receiving the vaccine were discussed, as Peter Baker reports.

## Box 1. HPV in men and boys – key facts

- HPV is a very common sexually transmitted infection that is responsible for 5% of all cancers as well as genital warts
- Girls in the UK have been vaccinated against HPV since 2008. The vaccination of boys has been under consideration since 2013. A pilot vaccination programme for men who have sex with men (MSM) began in England in June 2016
- Over 2000 men a year in the UK are diagnosed with an HPV-related cancer (anal, oral or penile) and 48 000 with genital warts. Incidence rates of HPV-related anal and oral cancers are increasing rapidly
- The overall burden of HPV-related disease is about equal between men and women. MSM are more at risk than heterosexual men
- The optimal age for HPV vaccination is 12/13, before infection through sexual activity and when the immune response is greatest
- An opportunistic vaccination programme specifically for MSM will not protect the whole MSM population effectively. Heterosexual men will remain vulnerable to infection from women who have not been vaccinated in the UK or elsewhere
- HPV Action estimates that the cost of vaccinating boys would be £20–22 million a year at most in the UK. The annual cost of treating genital warts alone is over £58 million

The principle that men, or at least some men, should be protected against human papillomavirus (HPV) infection and its related range of diseases has now been recognised in the UK. In November 2015, the Government's vaccination advisory committee, the Joint Committee on Vaccination and Immunisation (JCVI), recommended that men who have sex with men (MSM) should be offered HPV vaccinations via GUM and HIV clinics. This was because MSM are at greater risk of developing diseases associated with HPV but are completely unprotected by the existing vaccination programme, covering girls only.

In May 2016, the Department of Health confirmed that a programme for MSM would begin in the following month. This decision was the subject of a parliamentary

debate on 7 June 2016, during which MPs from several parties raised questions and concerns about the MSM programme and about progress towards a decision on the vaccination of all adolescent boys.<sup>1</sup>

The Minister for Public Health, Jane Ellison MP, told MPs that the MSM programme in England will start as a pilot, with the first two clinics participating from June 2016. The pilot is intended to last for one year and will be on a large scale, hopefully reaching 40 000 MSM up to the age of 45. The clinics will be spread across England and located in both urban and rural areas. Rather than being marketed publicly to MSM, the programme will be opportunistic, with men who are already attending clinics being offered a three-dose regimen of the quadrivalent vaccine to protect against the two HPV strains that most frequently

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*Peter Baker, Campaign Director,  
 HPV Action*  
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cause cancer and the two strains that cause genital warts. The Minister stated that a pilot was necessary due to the complexities in commissioning and delivering a wider vaccination programme. There are, for example, uncertainties about the level of demand for the vaccine by MSM, the impact on GUM services and the monitoring of MSM who might attend different clinics for each dose.

MPs welcomed the decision to vaccinate MSM, although some expressed scepticism about the need for a pilot in England, not least because the devolved administrations in Scotland and Wales have decided to proceed directly to national rollout programmes. The Shadow Minister for Public Health, Andrew Gwynne MP, argued that there was 'surely a strong case' for a national rollout in England, given the level of risk, especially of anal cancer, currently facing MSM. His comments echoed those of the Terrence Higgins Trust, which described the decision to run a pilot as 'unnecessary' and even 'a cynical stalling tactic'.

### SLOW PROGRESS

Criticisms of the MSM pilot are linked to wider concerns about the JCVI's slow progress towards a decision on HPV vaccination for all adolescent boys. The JCVI began its assessment of this issue in 2013 and originally promised a decision in 2015; this was later amended to 2017. The Independent Cancer Taskforce has suggested that, even if the JCVI decides in 2017 that boys should be vaccinated, implementation would not begin before 2020. This seven-year timescale leaves a cohort of 2.8 million boys at risk of HPV infection.

The Ulster Unionist MP, Danny Kinahan, asked the Minister to look at how vaccination for boys could be introduced as quickly as possible. John Nicolson, an SNP MP, stated, 'The vaccine has saved

the lives of countless girls and women – is it not time that we showed some gumption and delivered the same benefits for young men?' Andrew Gwynne added that the Minister should urge the JCVI to make its recommendation on boys this year.

MPs explained in some detail why they believed boys should be vaccinated. Paul Beresford, Chair of the All-Party Parliamentary Group for Dentistry and Oral Health and still a part-time dentist, said that heterosexual men are vulnerable because not every teenage girl is vaccinated, universal vaccination would lead to herd immunity and the additional cost of vaccinating boys would be heavily outweighed by savings in the costs of treatment for HPV-related diseases. Now that Australia, Austria, Canada, Israel, Switzerland and the USA recommend gender-neutral vaccination, Andrew Gwynne believed that the UK is 'in danger of being left behind other countries in its approach to HPV vaccination'.

Gwynne also stated that 'experts in the field are already convinced that boys should be vaccinated', referring to an open letter sent in the previous week to the Secretary of State for Health, Jeremy Hunt MP, by 13 eminent scientists, academics and clinicians with a special interest in HPV. The signatories, who included the Vice President of the Royal College of Surgeons, the President of the British Association for Sexual Health and HIV and the Director of the WHO Collaborating Center for Oral Cancer, set out the case for vaccinating all boys and asked for the JCVI's decision to be accelerated.

Offering an explanation for the lengthy JCVI assessment of the case for vaccinating boys, the Minister said that a decision had to be based on a 'very robust' analysis of cost-effectiveness, requiring 'a complex model' that has taken time to develop

and run. The model will, she explained, provide an understanding of 'the interplay between vaccination and screening programmes in the prevention, diagnosis and treatment of HPV', adding that 'shortcuts could undermine the validity of the results' and therefore could not be supported by JCVI.

**The vaccine has saved the lives of countless girls and women – is it not time that we showed some gumption and delivered the same benefits for young men?**

The debate demonstrated the level of cross-party interest in HPV vaccination for men and boys. The Chairs of several key All-Party Parliamentary Groups (on cancer, men's health, sexual and reproductive health, and HIV and AIDs) who did not take part in this debate also support the vaccination of boys. Outside of Parliament there is support from HPV Action's 44 member organisations as well as the BMA, Jo's Cervical Cancer Trust and over 100 individual clinicians and other UK experts.

HPV Action believes that it remains essential for all those who agree with its goals to urge their MPs to make the case as strongly as possible for an early decision to vaccinate all boys against HPV. Vaccinating MSM must be seen as just the first step towards the protection of all males and, ultimately, the total eradication of HPV-related diseases.

### REFERENCES

1. Hansard Online. HPV vaccinations for MSM (<https://hansard.parliament.uk/commons/2016-06-07/debates/16060740000002/HPVvaccinationsForMSM>; accessed 17 June 2016).

### Declaration of interests

*Peter Baker is Director of HPV Action.*