

TAG RECOMMENDATIONS FOR HUMAN PAPILLOMA VIRUS (HPV)

Pan-American Health Organization (PAHO), 2024

PAHO



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2004 Recommendations

- Although a human papillomavirus (HPV) vaccine for the prevention of cervical cancer is not yet available, PAHO must encourage member countries to discuss advancement made in this area. At the appropriate time, countries should start rational planning for vaccine introduction, focusing on surveillance and disease burden.

2006 Recommendations

- TAG acknowledges PAHO's work in taking a regional approach for the introduction of HPV vaccine and strongly recommends that it continue this process. TAG encourages countries to take all necessary steps to ensure early introduction, particularly in countries that have poor screening programs.
- PAHO should convene an ad-hoc meeting of experts to discuss the most appropriate strategies and effective tools for HPV surveillance in Latin America and the Caribbean.
- PAHO should support the conduct of HPV surveillance pilot projects in some selected member countries in order to demonstrate how the surveillance system would be operationalized, its costs, and the required information system.
- PAHO should continue to work with its partners and manufacturers to ensure that HPV vaccines are affordable and available equitably in Latin America and the Caribbean.
- TAG endorses the recommendations of the Second Meeting on Partnering for HPV Vaccine Introduction (Annex 1).

Annex 1. Partnering for HPV vaccine introduction

- A meeting of the PAHO HPV Vaccine Partners should be convened on an annual basis in order to further consolidate and advance the partnership in support of timely and effective HPV vaccine introduction;
- PAHO should actively collaborate with its HPV vaccine partners to articulate optimal strategies for the conduct of surveillance, economic analyses, and demand forecasting in Member States. The collaboration should be supported by the development and application of appropriate tools. To this end, PAHO's ProVac Initiative should play an effective role.
- PAHO and its HPV Vaccine Partners should work collaboratively to assist Member States in exploring innovative mechanisms for increasing fiscal space in their budgets so that the introduction and sustained maintenance of the HPV vaccine is guaranteed and the platform for effective cervical cancer prevention and control is realized.
- The proceedings of this second HPV Vaccine Partners Meeting should be formally documented and used for advocacy and resource mobilization.

2009 Recommendations

- HPV vaccine should be delivered as part of an integrated package including screening, health promotion, pre-cancer and cancer treatment, and palliative care.
- Countries should conduct cost-effectiveness studies to make evidence-based decisions regarding HPV vaccine introduction into the regular program. PAHO should continue to provide technical cooperation to conduct these studies and gather the framework of evidence needed to make informed decisions.
- The PAHO Secretariat should report back to the next TAG on the progress of the implementation of the Regional Plan for integrated prevention and control of cervical cancer, including studies being conducted in Jamaica and elsewhere on disease burden, surveillance implementation, and economic analyses.

2011 Recommendations

- PAHO should continue to work with countries to increase the uptake of HPV vaccine in the Region, in the context of a comprehensive cervical cancer prevention and treatment strategy.
- Special projects and HPV vaccine donations should only be undertaken after considering the sustainability of the intervention after the end of the project or donation.
- PAHO should develop a regional monitoring strategy to assess the impact of HPV vaccination.

2013 Recommendations

- Countries which have introduced HPV vaccine should strengthen their efforts to characterize vaccination coverage at subnational and national levels.
- TAG also recommends that countries, which are considering an introduction, carefully plan information systems to collect and analyze coverage data at all levels.
- TAG endorses the June 2013 statement of WHO Global Advisory Committee on Vaccine Safety related to HPV vaccine and recommends that PAHO disseminate evidence of HPV vaccine safety in the Region.
- Countries should, depending on their capacities, adopt the activities laid out in the regional framework for impact evaluation of HPV vaccine. TAG recognizes that a regional network of HPV laboratories is an integral component of such a framework.
- TAG recommends 2- and 3-dose extended HPV immunization schedules for girls aged 9– 13 years as they can offer immunological, programmatic and financial advantages. TAG also recognizes the need to gather data on a longer term for 2-dose schedules.
- PAHO should continue to explore mechanisms to make the HPV vaccine more affordable without compromising the principles of the Revolving Fund.

2014 Recommendations

- TAG affirms the sound and robust evidence base that demonstrates the safety and efficacy of HPV vaccines among adolescent and young women. TAG also endorses the March 2014 and prior GACVS statements related to HPV vaccine safety. As such, TAG continues to encourage countries to adopt HPV vaccines in the routine national immunization schedule to prevent cervical cancer. To harmonize regional and global recommendations on HPV immunization schedules, TAG endorses the April 2014 SAGE recommendations. Specifically,
 - A 2-dose schedule with an interval of at least six months between doses is recommended for girls aged <15 years of age. This also applies to girls aged ≥ 15 years at the time of the second dose. If for any reason the interval between the first and second dose is shorter than 5 full months, a third dose should then be given ≥ 6 months after the first dose.
 - The 3-dose schedule (0, 1/2, 6 months) remains recommended for girls aged >15 years (when immunization is initiated) and for immunocompromised individuals of all ages, including those known to be HIV-positive;
 - These schedule recommendations apply to both the bivalent and tetravalent vaccines.
- Manufacturers and countries should work towards the harmonization of licensure information with recommended schedules at national level.
- TAG reaffirms that it is important for countries that are considering the introduction of the HPV vaccine, to carefully plan information systems to collect and analyze coverage data at all levels. Countries that have already introduced an HPV vaccine should strengthen their efforts to characterize vaccination coverage at subnational and national levels.
- TAG expresses concerns about the estimated low HPV vaccine coverage and high drop-out rate, which may indicate significant barriers, from parents and/or health workers, to access or lack of follow-up. TAG recommends that countries gather data to characterize these issues and to develop communication strategies to address them.

2015 Recommendations

- TAG applauds the efforts of the PAHO Revolving Fund to negotiate lower HPV vaccine prices for Member States to accelerate regional uptake of this vaccine.
- TAG urges countries that have not introduced the HPV vaccine as part of their vaccine preventable disease and cervical cancer prevention platforms to accelerate their decision-making process and to take full advantage of two-dose extended immunization schedules and the favorable HPV vaccine price offered through the PAHO Revolving Fund.
- Countries that have already introduced an HPV vaccine should strengthen their efforts to determine vaccination coverage at the subnational and national levels, and to use these data to solve barriers to and misperceptions related to HPV vaccination.
- TAG requests that PAHO document the experiences and lessons of countries that have introduced the vaccine and make them available to other countries.
- TAG notes the findings from the Global Advisory Committee on Vaccine Safety (GAVCS) that affirm the safety of the HPV vaccine. PAHO should disseminate these findings and work with countries to develop easily understandable information on the safety and effectiveness of this vaccine in the prevention of cervical cancer.

2017 Recommendations

- TAG congratulates PAHO Member States that have recently decided to introduce HPV vaccine into their routine immunization programs. TAG reiterates the importance of prioritizing high coverage in girl cohorts aged 9–14 years to ensure full protection against HPV among girls and induce herd immunity among boy populations. Currently available vaccines have comparable safety profiles and provide similar protection against cervical cancer.
- Given the substantial health benefit of HPV vaccination, TAG encourages Member States that have not yet introduced the vaccine into their routine immunization schedules to evaluate its feasibility, cost-effectiveness, and other relevant criteria for decision-making at the national level in order to consider including this vaccine in the routine immunization schedule.
- TAG urges PAHO Member States to carefully consider their approaches to communication around the HPV vaccine, making sure to generate audience-specific messages. Additionally, TAG calls on PAHO to support intercountry exchanges on lessons learned regarding communication on the safety of HPV vaccine and crisis management.
- TAG requests that PAHO support Member States' efforts to better document HPV vaccination coverage at the subnational and national levels and to use these data to target strategies and achieve optimal coverage among target groups for the full vaccination series.
- Whenever possible, Member States should monitor the impact of HPV vaccination.

2019 Recommendations

- TAG expresses deep concern over the current challenges facing the supply of HPV vaccine and stresses the importance of meeting countries' needs in order to reduce the burden of cervical cancer. TAG calls on the global public health community to challenge HPV vaccine manufacturers to be operationally and ethically responsive to global vaccine supply needs and align with PAHO/WHO's call for action for elimination of cervical cancer.
- In view of the current supply challenge, all countries administering vaccines to girls and boys should prioritize vaccination of girls, achieving HPV coverage >80%. This will induce herd immunity and protect both girls and boys.
- TAG encourages countries to implement school-based HPV vaccination and communication plans to accelerate vaccine uptake and maximize vaccination impact.

2023 Recommendations

- Countries and territories of the Americas should use a one-dose vaccination series against HPV if the vaccine product has documented proof of immunogenicity and durable immunity for the one-dose series. Multiple randomized trials and observational studies confirm that the one-dose series (using bivalent, quadrivalent, or nonavalent vaccines) shows comparable immunogenicity, efficacy, effectiveness, and duration of protection as a two-dose series among immunocompetent women ages 18 years or younger at the time of first dose administration. Additional one-dose vaccine products against HPV should be included in this recommendation once their safety and efficacy profiles become available. This recommendation builds upon the statement issued by the SAGE in December 2022 regarding the administration of one or two doses of HPV vaccine to girls aged 9 to 20 years.
- Countries should ensure that all girls between the ages of 9 and 14 years receive at least one dose of the HPV vaccine. This is in agreement with the SAGE recommendation that immunocompromised individuals or HIV-positive persons (regardless of age or antiretroviral therapy status) should receive at least two doses of HPV vaccine (at a 6month interval) and, where possible, three doses.
- Member States should strengthen school-based vaccination programs against HPV since this strategy has been proven to yield high coverage rates. Multiple studies under different field conditions support the implementation, where feasible, of catch-up vaccination for multi-age cohorts (MAC) of girls aged 9 to 18 years. since this results in a faster and greater population impact due to increased direct and herd protection. Given the ample supply of moderately priced HPV vaccine doses available to the Americas through the Revolving Fund, HPV vaccination should be offered to women aged 15 years or older, immunocompromised persons of all ages, and boys.
- Vaccination services against HPV should be fully integrated within a comprehensive approach towards cancer prevention to achieve the goal of global cervical cancer elimination. This integration involves primary prevention of HPV infection through immunization and secondary prevention through early detection of HPV infection for women aged 35 to 45 years.