

## **WMA STATEMENT ON HUMAN PAPILOMAVIRUS VACCINATION**

Adopted by the 64<sup>th</sup> WMA General Assembly, Fortaleza, Brazil, October 2013

### **PREAMBLE**

Human papillomavirus (HPV) vaccination presents a unique and valuable opportunity for physicians to substantially prevent morbidity and mortality from certain cancers in all populations, and to improve maternal health. The HPV vaccine therefore merits consideration by the World Medical Association (WMA) separately from other vaccines.

HPV is a sexually transmitted virus and is so common that most sexually active adults become infected at some point in their lives. Most infections are asymptomatic and resolve without medical intervention. However, some of the 40 types of HPV can cause cervical cancer. HPV is the cause of nearly 100% of cervical cancer cases and may also cause cancer of the vagina, vulva, anus, penis and the head and neck. Cervical cancer accounts for more than 10% of all female cancers, and the majority of cervical cancer deaths are in developing countries.

Vaccines can protect against infection by the most common HPV types and afford protection against cancer. The U.S. Advisory Committee on Immunization Practices recommends HPV vaccination for both females and males starting at age 11 years up to age 26 years. Benefits of vaccinating young men include protection against genital warts and cancer in addition to preventing transmission of HPV to sexual partners. The additional protection afforded by the quadrivalent vaccine against genital warts as well as cervical and other cancers should be taken into consideration when developing HPV vaccination programmes. The HPV vaccines are effective; post-marketing studies have shown decreases in HPV prevalence and HPV related disorders such as genital warts and abnormal cervical cytology. Studies concerning the safety of HPV vaccines have been reassuring.

These vaccines should be made widely available and should be promoted by physicians as a matter of individual patient wellbeing and public health.

### **RECOMMENDATIONS**

The WMA urges physicians to educate themselves and their patients about HPV and associated diseases, HPV vaccination and routine cervical cancer screening; and encourages the development and funding of programs to make HPV vaccine available and to provide cervical cancer screening in countries without organized cervical cancer screening programs.

National medical associations (NMAs) are encouraged to carry out intensive education of and advocacy efforts toward their members to:

- Improve awareness and understanding of HPV and associated diseases;
- Understand the availability and efficacy of HPV vaccines;
- Understand the desirability of including HPV vaccines in national immunization programs;
- Understand the need for routine cervical cancer screening; and
- Integrate HPV cancer prevention methods, early detection and screening, diagnosis, treatment and palliative care into existing continuing professional development programs and pre-service training. Such training will leverage existing support for HPV programs and help in capacity building and quality assurance efforts.

NMAs are also encouraged to:

- Integrate HPV vaccination for all adolescents and routine cervical cancer screening for young women into all appropriate health care settings and visits;
- Support the availability of the HPV vaccine and routine cervical cancer screening for appropriate populations that benefit most from preventive measures, including but not limited to at-risk patients such as low-income, disadvantaged and populations that are not yet sexually active;
- Recommend HPV vaccination for all appropriate populations;
- Promote member advocacy for HPV prevention, care and treatment; and
- Create a network of physicians and practitioners who are willing and able to mentor and support one another and establish linkages to existing HPV vaccine and cancer prevention networks.