

September 16, 2011

Facts Are Important
Human Papillomavirus (HPV) Vaccination

An Open Letter to the 2012 Declared Presidential Candidates,

Facts are very important, especially when discussing the health of the American public. Here are the scientific facts concerning the safety and effectiveness of the HPV vaccine, a vaccine that has the potential to prevent more than 4,000 women from dying of cervical cancer each year in the U.S.

Incidence

In the U.S. this year, 12,710 cases of invasive cervical cancer are expected to be diagnosed with 4,290 deaths attributable to the disease.¹ Strong scientific evidence links cervical cancer with the acquisition of cervical infection from certain strains of HPV. Fifteen different strains of HPV have been shown to cause cervical cancer; 70% of these cases are caused by types 16 and 18.

According to the National Cancer Institute, the median age at diagnosis for cancer of the cervix is 48, an age when many women have young families. Black and Hispanic women are hardest hit by this disease, with incidence rates of 10.0 and 11.1 per 100,000 women, respectively, compared with 8.0 per 100,000 for white women.²

Prevention

The U.S. Food and Drug Administration (FDA) has licensed two vaccines shown to effectively prevent HPV infection:

- Gardasil, which offers protection against cervical cancer, cervical dysplasias, vulvar or vaginal dysplasias, and genital warts associated with HPV types 6, 11, 16, and 18, and
- Cervarix, which offers protection against cervical cancer and cervical dysplasia associated with HPV types 16 and 18.

Effectiveness

Studies show that both vaccines are nearly 100% effective in protecting females who have not already been exposed to the types of HPV covered by the vaccine, meaning that vaccination before the onset of sexual activity most effectively prevents cervical cancer later in life.³

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An effective HPV vaccination program can greatly reduce the rates of cervical cancer in this country. Because the vaccines do not cover every HPV strain that may cause cancer, patients should still receive surveillance cervical cytology (PAP smears) as an important part of screening and prevention.

Recommended Ages

The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) recommends that girls age 11 and 12 receive the HPV vaccination, with a catch-up vaccination recommended for girls and women age 13-26. Girls as young as 9 years old can be vaccinated.⁴ We support this recommendation.⁵

Safety

HPV vaccination is safe. Although any vaccine can pose a risk, the FDA and the CDC studied the safety of Gardasil in 2009 and concluded that it is a safe and effective vaccine.⁶ In an August 2011 consensus report, the Institute of Medicine concluded that “few health problems are caused by or clearly associated with vaccines.” In an analysis of more than 1,000 research publications, this expert panel found no links between immunization and some serious conditions that have raised concerns, including Type 1 diabetes and autism.

Short-term mild to moderate side-effects of both HPV vaccines include pain at the injection site, mild (100° F) to moderate fever (102° F), headache, and dizziness. These side effects have been found to spontaneously resolve.⁷

The American Congress of Obstetricians and Gynecologists (ACOG), representing 56,000 ob-gyns and partners in women’s health, supports robust, factual debates on issues of importance to the American people. We urge you to call on us for expert understanding of issues related to women's health. For more information, please contact me or Lucia DiVenere, ACOG’s Senior Director of Government Affairs, at ldivenere@acog.org.

Respectfully,



James N. Martin, MD, FACOG
President

¹ American Cancer Society, Cancer Facts & Figures 2011

² http://seer.cancer.gov/csr/1975_2008/results_single/sect_01_table.11_2pgs.pdf

³ ACOG Committee Opinion #467

⁴ <http://www.cdc.gov/vaccines/recs/schedules/downloads/child/7-18yrs-schedule-bw.pdf>,
<http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/adult-schedule-bw.pdf>

⁵ ACOG Committee Opinion #467

⁶ <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/ucm179549.htm>

⁷ CDC 2011 <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-hpv-gardasil.pdf>