

**WASHINGTON STATE VACCINE ADVISORY COMMITTEE  
RECOMMENDATION AND CLINICAL GUIDANCE  
FOR USE OF HUMAN PAPILLOMAVIRUS VACCINES**

As unanimously agreed upon and verified at the March 13<sup>th</sup>, 2012 meeting, the Washington State Vaccine Advisory Committee (VAC) recommends full acceptance of the Advisory Committee for Immunization Practices' (ACIP) recommendations for use of human papillomavirus (HPV) vaccine for males and females as published in MMWR 2007;56(RR02);1-24, MMWR 2010;59(20);626-629, and MMWR 2011;60(50);1705-1708.

The VAC also approves the guidance included in this document in order to assist providers at the clinic level with the specific challenges arising from fully immunizing males and females against HPV.

**Summary of ACIP Recommendation**

Groups

Gender and Age	Bivalent HPV Vaccine	Quadrivalent HPV vaccine
Females, 9 through 26 years	Acceptable	Acceptable
Males, 9 through 26 years	Not acceptable	Acceptable

Recommended Schedule

A 3-dose series for HPV vaccine is recommended for females and males at age 11 or 12 years with the following schedule: the quadrivalent HPV vaccine (for use in females and males) or the bivalent HPV vaccine (for use in females) is to be administered in a 3-dose schedule. The second dose should be administered 1 to 2 months after the first dose and the third dose should be administered 6 months after the first dose. The HPV vaccine series should be completed with the same HPV vaccine product whenever possible.

*Catch-up vaccination:* Vaccination is recommended for females 13 through 26 years of age and males 13 through 21 years of age who have not been previously vaccinated or who have not completed the full series.

*Other vaccination:* Eligible females and males as young as 9 years old may be vaccinated. Males aged 22 through 26 years may be vaccinated.

*Interrupted vaccination schedule:* If the vaccine schedule is interrupted for either the quadrivalent or bivalent HPV vaccine, the vaccine series does not need to be restarted. If the series is interrupted after the first dose, the second dose should be administered as soon as possible, and the second and third doses should be separated by an interval

of at least 12 weeks with a minimum interval of 24 weeks between the first and third doses. If only the third dose is delayed, it should be administered as soon as possible.

### Dosage Intervals

Between 1 <sup>st</sup> and 2 <sup>nd</sup> dose	Between 2 <sup>nd</sup> and 3 <sup>rd</sup> dose	Between 1 <sup>st</sup> and 3 <sup>rd</sup> dose
4 week minimum	12 week minimum	24 week minimum

For the complete ACIP recommendations for use of bivalent and quadrivalent HPV vaccine in females and quadrivalent HPV vaccine in males, please visit:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5602a1.htm?s\\_cid=rr5602a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5602a1.htm?s_cid=rr5602a1_e)  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a4.htm?s\\_cid=mm5920a4\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a4.htm?s_cid=mm5920a4_e)  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a3.htm>

## **Washington State Childhood Vaccine Program, Guidelines for the Use of State Supplied HPV Vaccine**

### Adolescents 9 years of age up to the 19th birthday:

- HPV4 (Gardasil) is licensed for males and females; HPV2 (Cervarix) is licensed for females only. In all cases, use the appropriately licensed vaccine.

HPV vaccine is routinely recommended for:

- Adolescent females at 11 through 12 years of age (3 dose series).
  - Either HPV4 (Gardasil) or HPV2 (Cervarix) may be used for females.
- Adolescent males at 11 through 12 years of age (3 dose series).
  - Only HPV4 (Gardasil) may be used for males.

Catch-up vaccination:

- Vaccination is recommended for females and males 13 through 18 years of age who have not been previously vaccinated or who have not completed the full series.

Other permitted vaccination:

- Adolescent females and males from 9 years of age up to the 19th birthday

## **Clinical-Level Guidance to Providers**

HPV vaccination for the first dose administered to females in Washington ranks among the highest in the nation. However, at 69.3% for at least 1 dose and 45.5% for 3 doses<sup>1</sup>, there is room for improvement. Those measurements were for female patients 13 through 17 years of age. Providers may face more challenges assuring young men are fully immunized against HPV.

Getting people in their mid-to-late teens into health care visits for a first dose of vaccine is challenging. Getting them to return for a second and third dose of vaccine in the same

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<sup>1</sup> 2010 National Immunization Survey, CDC

year will be more challenging. The VAC recommends the following minimum guidelines to support full immunization against HPV infection:

- Continue to follow ACIP guidelines and administer a first dose at 11 to 12 years of age at every opportunity.
- Establish procedures that expand efforts to vaccinate adolescents with a first dose at any age between 9 and 19 years.
- After administration of the first dose, effectively communicate the importance of completing the 3 dose series.
- Establish procedures to avoid missed immunization opportunities for teenagers and adults eligible for any dose of HPV vaccine, regardless of the purpose of their visit (e.g. school physicals, requirements to enter college).
- Implement reminder recall systems for adolescents and adults to help promote completion of the 3 dose series.