About the Human Papillomavirus (HPV)

HPV is the most common sexually transmitted infection that affects both men and women; responsible for approximately 5.2% of all cancers among both sexes worldwide. There are 15 high-risk HPV (HR-HPV) types with HPV types 16 and 18 being the most prevalent in North America and responsible for 85% of HPV-related cancers. HPV 16 and 18 account for 70% of cervical cancers worldwide with a further 10% due to HPV 45. In addition to gynecologic cancers, HPV 16 plays a causal role in cancers of the penis, anus, and oropharynx. Approximately 92% of anal cancers, 60% of oropharyngeal (tonsil and tongue base) cancers, and 50% of penile cancers are associated with HPV. Low risk HPV types 6 and 11 cause 90% of genital warts.

HPV Vaccinations

Health Canada has approved the use of the quadrivalent vaccine Gardasil® and the bivalent vaccine Cervarix™ for the prevention of cancers related to HPV types 16 and 18. Gardasil also affords protection against HPV type 6 and 11. Protection provided by these vaccines is most effective if vaccination occurs prior to sexual contact. Both vaccines offer some protection against other types of HPV infection that individuals have not yet been exposed to. However, neither of these vaccines replaces the need for cancer screening as recommended by clinical evidence.

Alberta Provincial Gynecologic Oncology and Head & Neck Oncology Teams’ Position on HPV Vaccination

The Alberta Provincial Gynecologic Oncology and Head & Neck Oncology Teams support the recommendations of the National Advisory Committee on Immunization (NACI) published in January 2012, in addition to more recent recommendations from Health Canada for immunization prior to sexual contact. Both Gardasil® and Cervarix™ are approved for use in females aged 9 to 26, with an expanded use in women until age 45. Gardasil is also approved for males aged 9 to 26. Consideration should be given to vaccinating previously exposed individuals. To date, there have been no concerns regarding the efficacy and safety of either vaccine.

The recommendations in this statement are a consensus of the Alberta Provincial Gynecologic Oncology and Head & Neck Oncology Teams and are derived from a review of relevant scientific literature about the efficacy of HPV vaccination. However, there are costs associated with vaccinations, and recommendations based on clinical evidence are separate from budgetary discussions. Oncology Team members encourage the continued efforts by all stakeholders to work together to promote equitable, safe and broad access to HPV vaccination.