



World Health
Organization

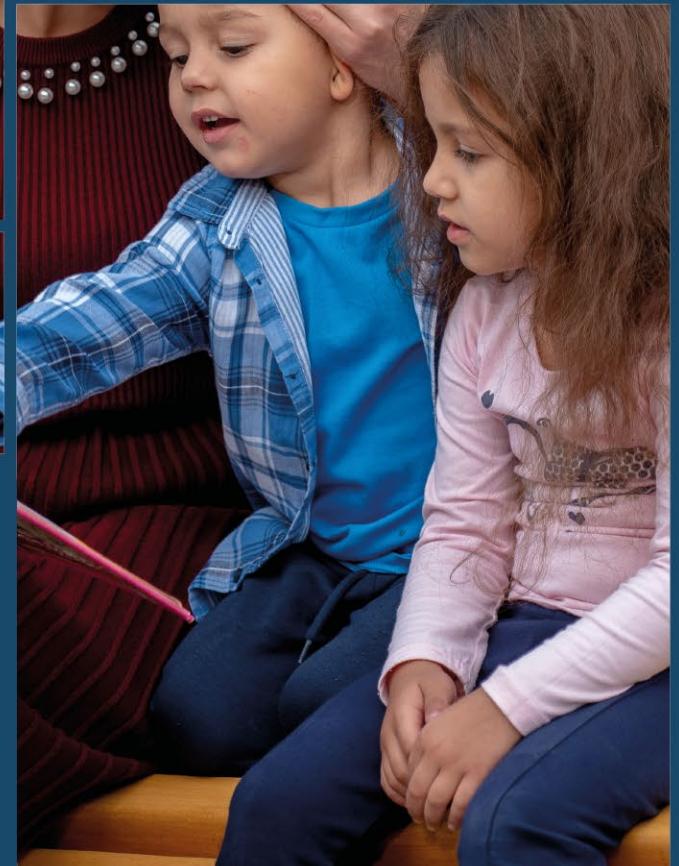
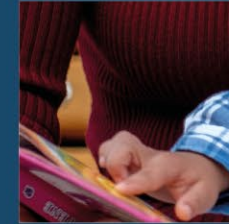
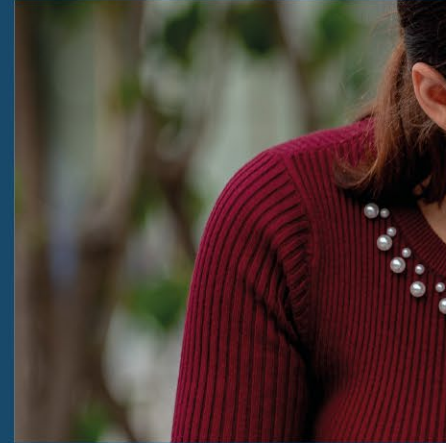
European Region



European Immunization
Agenda 2030

WHO recommendations on HPV vaccination

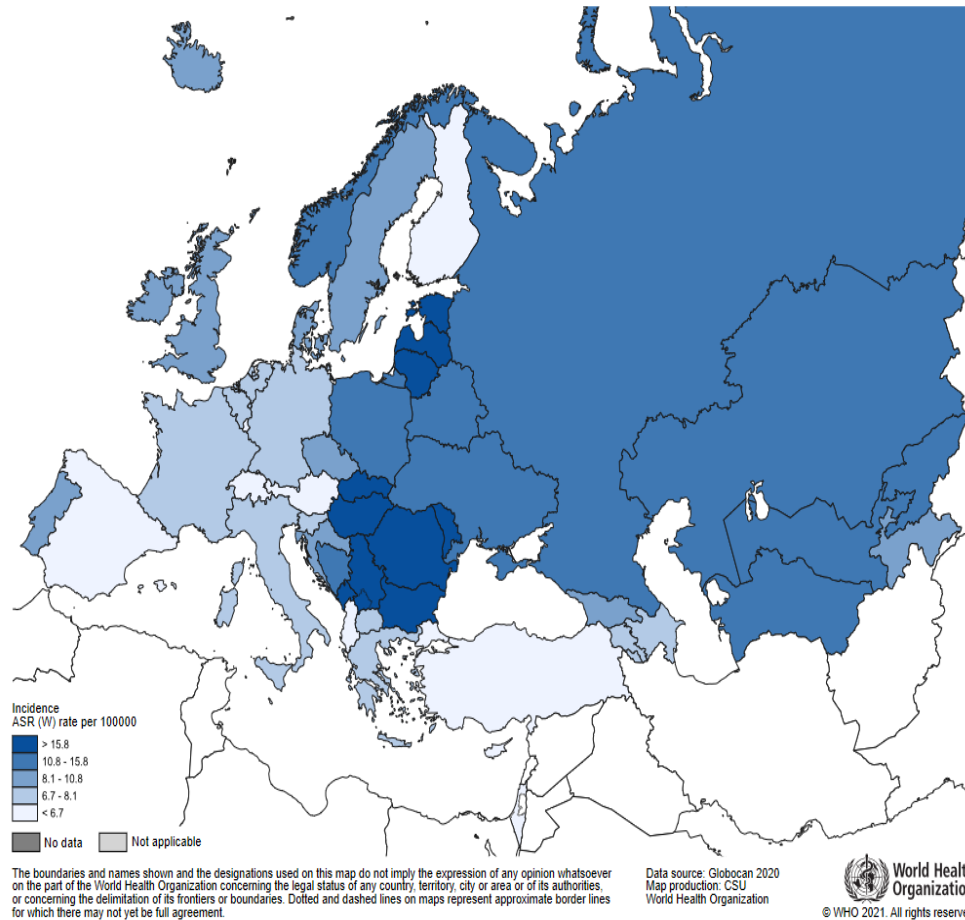
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Growing inequities in cervical cancer disease burden

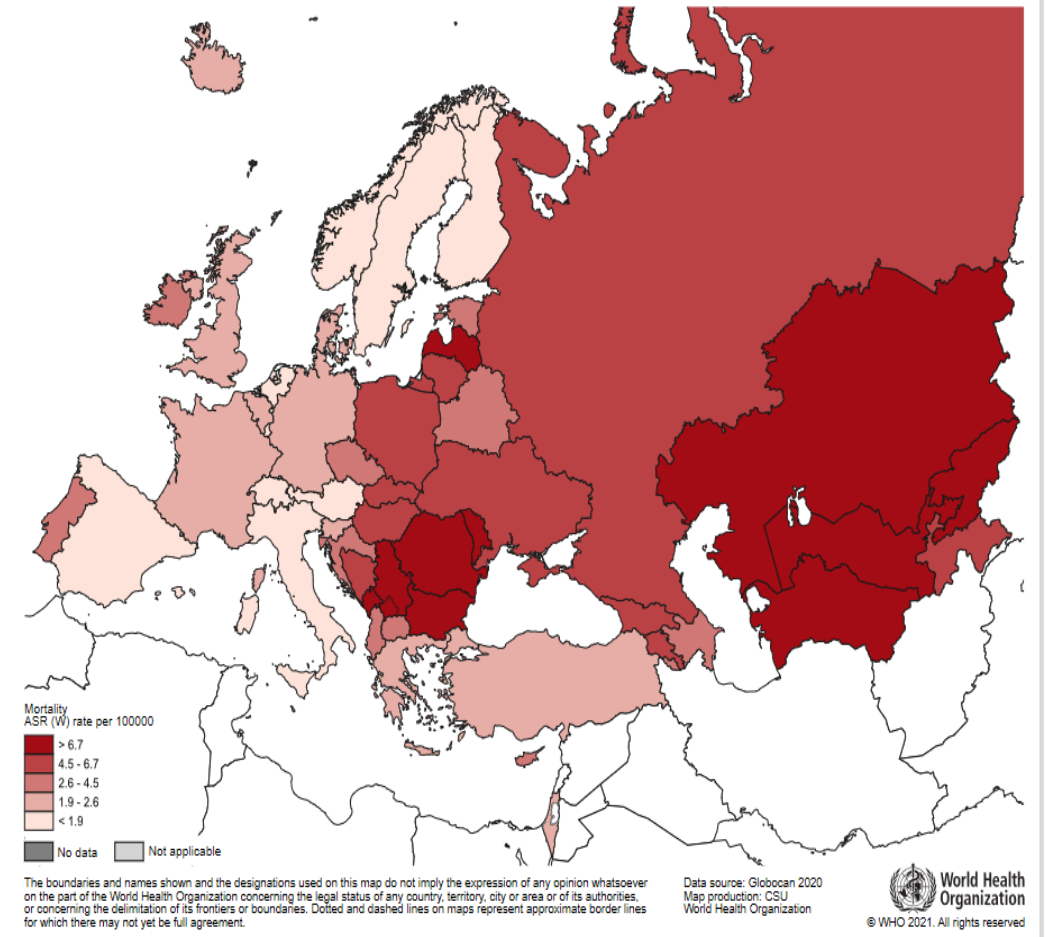
Incidence

ASR per 100,000 women



Mortality

ASR per 100,000 women

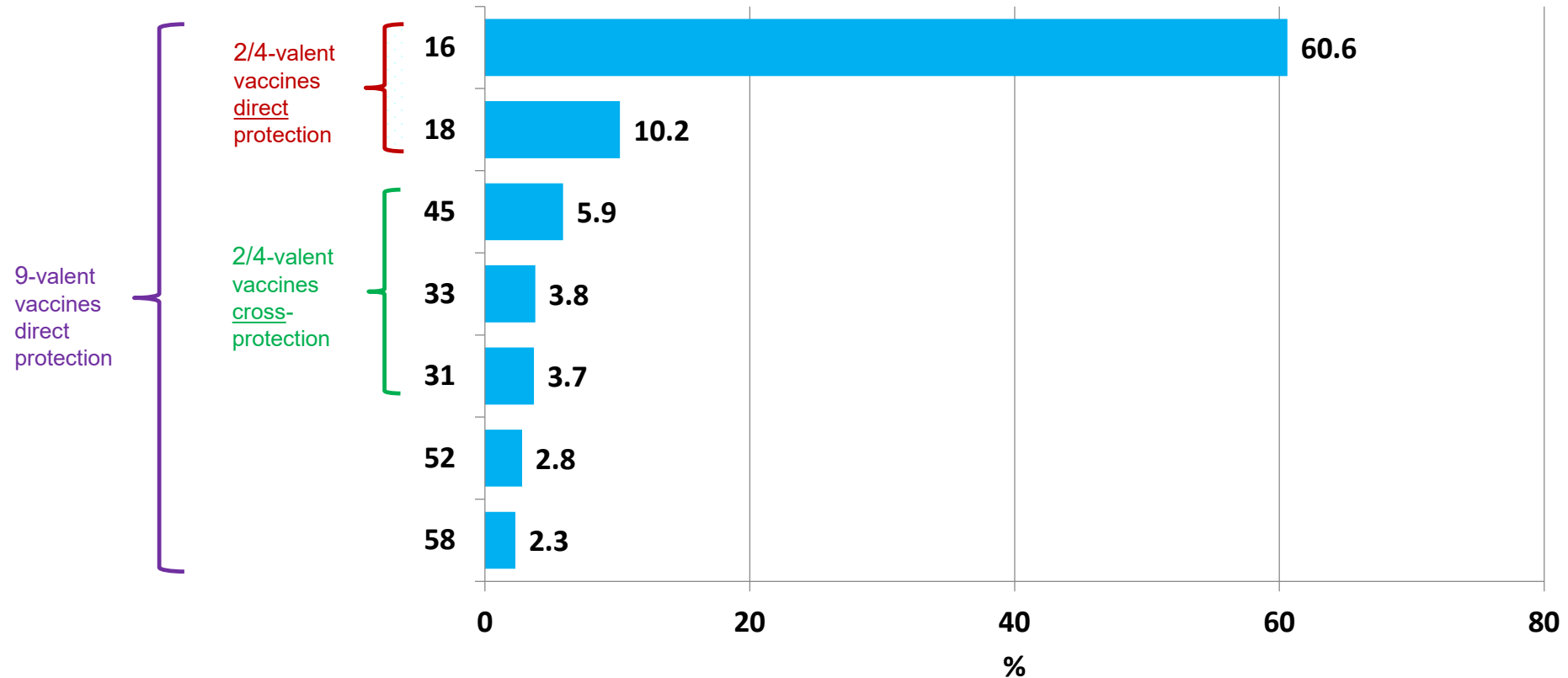


Licensed HPV vaccines

- Bivalent:
 - Cervarix (GlaxoSmithKline)
 - Cecolin (Xiamen Innovax Biotech)
 - Walrinvax (Yuxi Zerun)
- Quadrivalent:
 - Gardasil (Merck & Co)
 - Cervavax (Serum Institute of India)
- Nonvalent:
 - Gardasil 9 (Merck & Co)



HPV vaccines include high-risk oncogenic types accountable for 84-90% of all cervical cancers



WHO recommends that all countries should introduce HPV vaccines

2022, 97, 645–672

No 50



World Health
Organization

Organisation mondiale de la Santé

Weekly epidemiological record Relevé épidémiologique hebdomadaire

16 DECEMBER 2022, 97th YEAR / 16 DÉCEMBRE 2022, 97^e ANNÉE

No 50, 2022, 97, 645–672

<http://www.who.int/wer>

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(2022 update)

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les papillomavirus humains:
note de synthèse de l'OMS
(mise à jour de 2022)

Human papillomavirus vaccines: WHO position paper (2022 update)

Introduction

In accordance with its mandate to provide normative guidance to Member States on health policy matters, WHO issues a series of regularly updated position papers¹ on vaccines and combinations of vaccines against diseases that have an international public health impact. These papers are concerned primarily with the use of vaccines in large-scale vaccination programmes.

Vaccins con les papillon note de syn (mise à jour

Introduction

Conformément
qu'elle fournisse
tations à caract
politique sanita
de notes de synthèse régulièrement mises à
jour sur les vaccins et les associations vacci
nales contre les maladies ayant une incidence
sur la santé publique internationale. Ces notes
portent principalement sur l'utilisation des
vaccins dans le cadre de programmes de vacci
nation à grande échelle.

- ❑ HPV vaccines should be included in all national immunization programmes
- ❑ HPV vaccines should be introduced as part of comprehensive strategy to prevent cervical cancer and other diseases caused by HPV



[Human papillomavirus \(HPV\) \(who.int\)](https://www.who.int)



European Region

WHO recommends prioritizing vaccination of teenage girls

- Priority of HPV immunization is prevention of cervical cancer, which accounts for 82% of all HPV-related cancers
- Prevention of cervical cancer is best achieved through immunization of girls aged 9-14 years before they become sexually active
- Catch-up vaccination of girls aged up to 18 years is cost-effective and results in faster and greater population impact
- Achieving 80% coverage in girls also reduces the risk of HPV infection in boys
- Vaccination of females aged ≥ 15 years, boys, older males or MSM is recommended if feasible and affordable
- Immunocompromised women and men, including those living with HIV, are at increased risk of HPV-related disease. It is recommended that these individuals are considered for vaccination against HPV as a priority as part of the public health programme

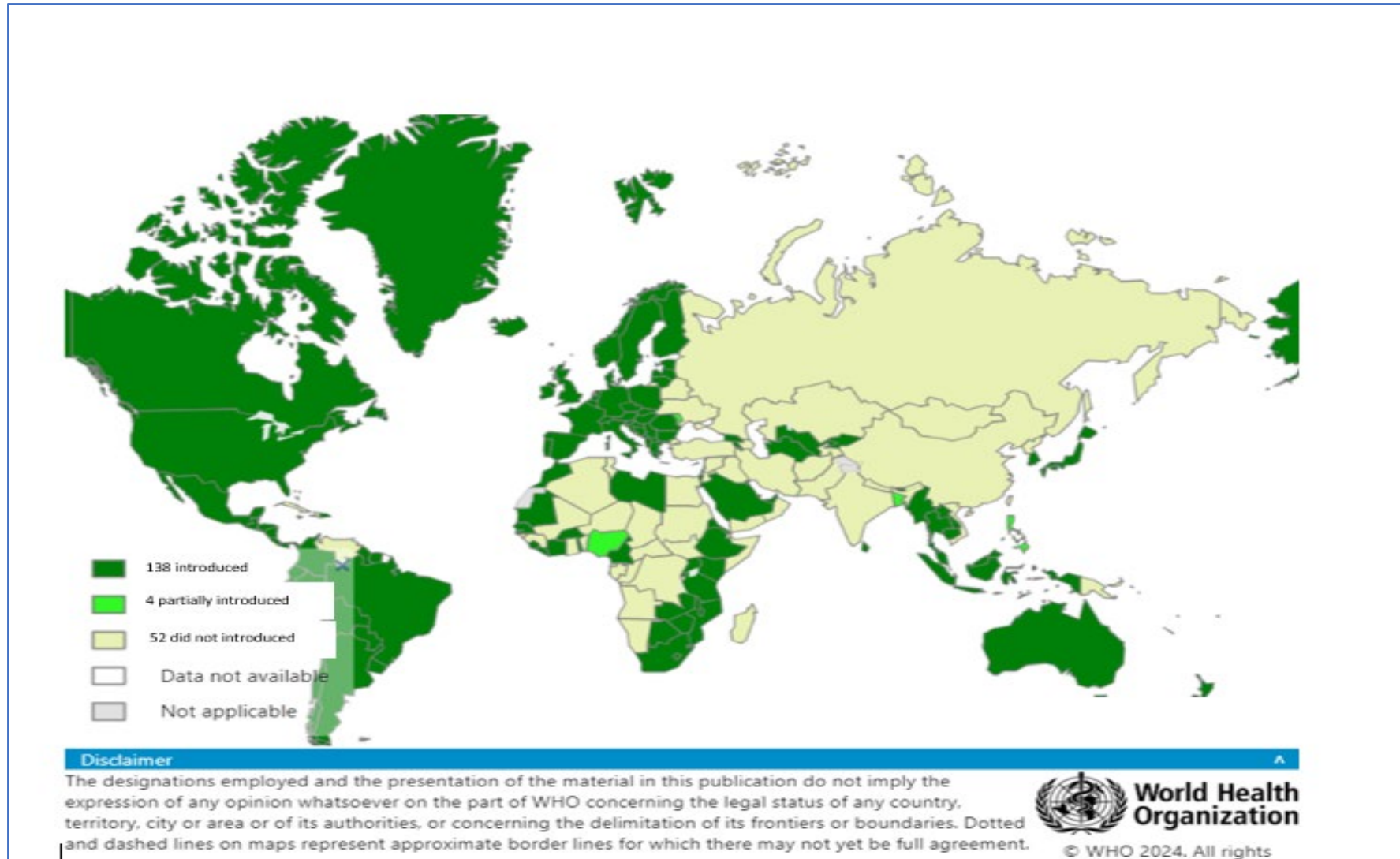


Countries may use two- and single-dose vaccination schedules

- 2-dose schedule is used in the primary target group from 9 years of age and for all older age groups for which HPV vaccines are licensed
- 12-month schedule results in higher immunogenicity and is suggested for programmatic and efficiency reasons
- Off-label single-dose schedule can be used in girls and boys aged 9–20 years for Cervarix, Gardasil and Gardasil 9
- Immunocompromised or HIV-infected should receive at least two HPV vaccine doses and where possible, three doses



138 countries introduced HPV vaccination globally, 2023 r.



WHO Global Advisory Committee on Vaccine Safety (GAVCS) Safety update of HPV vaccines, June 2017

- >270 million doses of HPV vaccine distributed since 2006

- Safety studies have included

- Wide range of outcomes compared to unvaccinated subjects

- Risk of anaphylaxis was

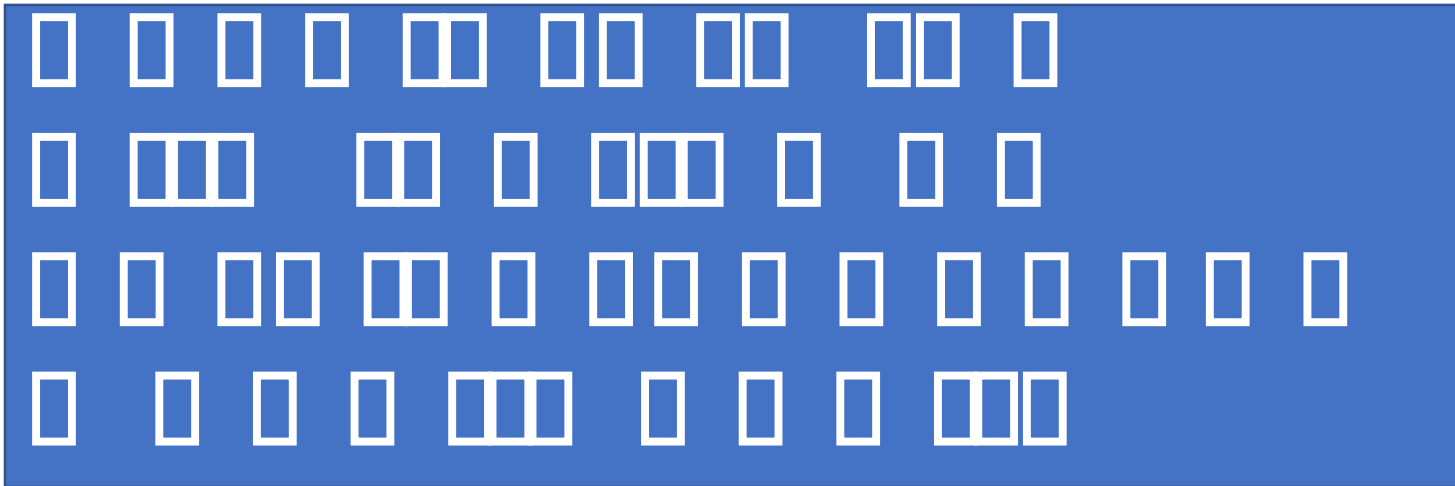
- Syncope was a common

- No other adverse reactions
vaccines to be extremely

GAVCS considered following outcomes:

- Adverse obstetric outcomes
- Aluminum-containing adjuvants (quadrivalent vaccines)
- Syncope and anaphylaxis
- Thrombosis and stroke
- Autoimmune diseases (multiple sclerosis and Guillain-Barre Syndrome) and cerebral vasculitis
- Complex Regional Pain Syndrome and/or other chronic pain syndromes
- Postural Orthostatic Tachycardia Syndrome
- Primary ovarian insufficiency

73th meeting of World Health Assembly, 3 August 2020

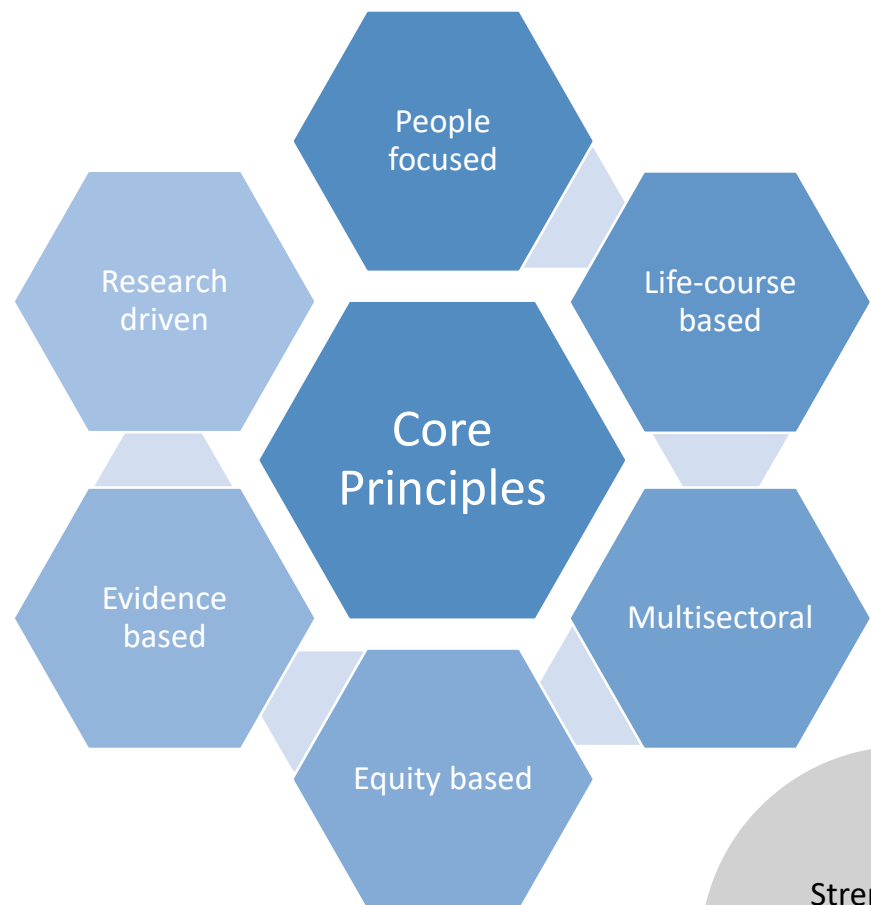


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[Global strategy to accelerate the elimination of cervical cancer as a public health problem \(who.int\)](#)

Roadmap to accelerate the elimination of cervical cancer as a public health problem in the WHO European Region, 2022–2030



Pillar 1

- Increased HPV vaccination

Pillar 2

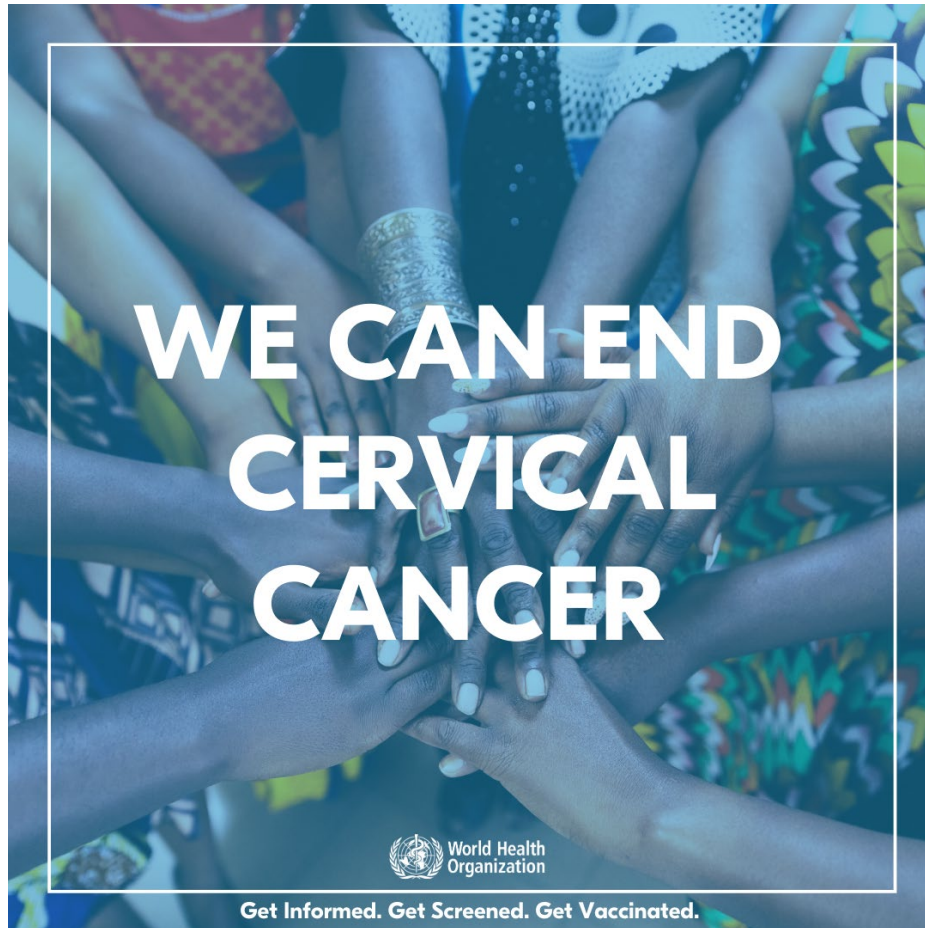
- Organized screening and treatment of precancerous lesions

Pillar 3

- Access to treatment and palliative care



Vision and goals for the WHO European Region



- Equitable access to **quality** cervical health services aimed at better cervical health and cervical cancer elimination
- Improved **health literacy** and engagement in maintaining cervical health and contributing to **gender equity**
- Quality care** and clear **pathways** throughout the care continuum
- Achieving the **90-70-90 targets** by 2030 sets all countries in the WHO European Region on a pathway to elimination
- Elimination** can be claimed once cervical cancer incidence is below 4 per 100 000 women-years.

2030 TARGETS

