RESOLUTION 32-24

Title: HPV Vaccination

Introduced by: Nicklas Bara for the Medical Student Section

Original Author: Christian R. Schaaff

Referred To: Reference Committee D

House Action: **APPROVED**

Whereas, infection by human papillomavirus (HPV) has been associated with an increased risk of cervical cancer and is now implicated in nearly 80 percent of all cases of oropharyngeal cancer in the United States, and

Whereas, cases of oropharyngeal cancer in the United States are rising annually by 2.7 percent, with the greatest increases seen across Midwestern and Southern states, and

Whereas, overall survival of Black populations HPV-associated head and neck cancer are disproportionately low compared to their White counterparts and have some of the lowest rates of HPV vaccination, and

Whereas, the Food and Drug Administration expanded approval of HPV vaccination for use in those 9 to 45 in 2018, and

Whereas, HPV vaccination has been shown to be safe and effective for those aged 9 through 26, as well as those aged 27 through 45 for the prevention of both cervical and oropharyngeal HPV-related malignancies, and

Whereas, HPV-associated sexual stigma among parents of adolescent patients represents a formidable barrier against HPV vaccination, and

Whereas, HPV vaccination rates remain low in males throughout the United States, with a pooled HPV vaccination coverage of 11 percentage in men aged 18-30, despite males being more frequently diagnosed with HPV-associated malignancies and presenting with higher mortality, and

Whereas, the HPV vaccination uptake rate among adolescent males aged 13 through 17 in Michigan lags behind that of the United States, with only 52.4 percentage completing the three-dose HPV vaccine schedule, and

Whereas, cervical cancer rates have decreased following the approval of the HPV vaccine, rates of HPV-related oropharyngeal cancer have been rising among younger adults (particularly men) who either have no history of tobacco-use or use tobacco infrequently, and be it further

RESOLVED: That MSMS encourage and support efforts by the Michigan Legislature, Michigan Department of Health and Human Services, and the Michigan State Board of Education to

bolster statewide public education on the benefits of HPV vaccine in reducing not only cervical cancer risk in females, but also oropharyngeal cancer risk in both females and males; and be it further

RESOLVED: That MSMS support efforts to increase the rate of HPV vaccination uptake among children and adults up to the age of 45 of all genders.

WAYS AND MEANS COMMITTEE FISCAL NOTE: $2,000-$4,000

Relevant MSMS Policy

Support for Public Health Vaccine Initiatives

MSMS supports the broad authority of the Michigan Department of Health and Human Services to protect all Michigan citizens from vaccine-preventable disease using evidence-based policies for public health.

Universal Access to Child Immunizations
MSMS supports a policy of universal access to immunizations for all Michigan children. It further supports a strategy whereby the immunizations are purchased by the state at the lowest possible price and made available to all health care providers administering immunizations.

Relevant AMA Policy

HPV Associated Cancer Prevention H-440.872
Our American Medical Association: urges physicians and other health care professionals to educate themselves and their patients about HPV and associated diseases, HPV vaccination, as well as routine HPV related cancer screening; and encourages the development and funding of programs targeted at HPV vaccine introduction and HPV related cancer screening in countries without organized HPV related cancer screening programs.

Our AMA will intensify efforts to improve awareness and understanding about HPV and associated diseases in all individuals, regardless of sex, such as, but not limited to, cervical cancer, head and neck cancer, anal cancer, and genital cancer, the availability and efficacy of HPV vaccinations, and the need for routine HPV related cancer screening in the general public. Our AMA supports legislation and funding for research aimed towards discovering screening methodology and early detection methods for other non-cervical HPV associated cancers. Our AMA: encourages the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits, supports the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that benefit most from preventive measures, including but not limited to low-income and pre-sexually active populations, recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination. Our AMA encourages appropriate parties to investigate means to increase HPV vaccination rates by facilitating administration of HPV vaccinations in community-based settings including school settings. Our AMA will study requiring HPV vaccination for school attendance. Our AMA encourages collaboration with interested parties to make available human

papillomavirus vaccination to people who are incarcerated for the prevention of HPV-associated cancers.

Sources:

1. Gribb JP, Wheelock JH, Park ES. Human Papilloma Virus (HPV) and the Current State of Oropharyngeal Cancer Prevention and Treatment. *Dela J Public Health*. 2023;9(1):26-28. Published 2023 Apr 22. doi:10.32481/djph.2023.04.008
2. Damgacioglu H, Sonawane K, Zhu Y, et al. Oropharyngeal Cancer Incidence and Mortality Trends in All 50 States in the US, 2001-2017. *JAMA Otolaryngol Head Neck Surg*. 2022;148(2):155-165. doi:10.1001/jamaoto.2021.3567
3. Baliga S, Mitchell D, Yildiz VO, et al. Disparities in survival outcomes among Black patients with HPV-associated oropharyngeal cancer. *J Med Virol*. 2023;95(2):e28448. doi:10.1002/jmv.28448
4. Fishman J, Taylor L, Frank I. Awareness of HPV and Uptake of Vaccination in a High-Risk Population. *Pediatrics*. 2016;138(2):e20152048. doi:10.1542/peds.2015-2048
5. Food and Drug Administration. "FDA Approves Expanded Use of Gardasil 9 to Include Individuals 27 through 45 Years Old." *U.S. Food and Drug Administration*, FDA, www.fda.gov/news-events/press-announcements/fda-approves-expanded-use-gardasil-9-include-individuals-27-through-45-years-old. Accessed 27 Feb. 2024.
6. Van Damme P, Olsson SE, Block S, et al. Immunogenicity and Safety of a 9-Valent HPV Vaccine. *Pediatrics*. 2015;136(1):e28-e39. doi:10.1542/peds.2014-3745
7. Su-Velez BM, St John MA. To Vaccinate or Not to Vaccinate: Should Adults Aged 26 to 45 Years Receive the Human Papillomavirus Vaccine?. *Laryngoscope*. 2021;131(1):1-2. doi:10.1002/lary.28666
8. Chaturvedi AK, Graubard BI, Broutian T, et al. Effect of Prophylactic Human Papillomavirus (HPV) Vaccination on Oral HPV Infections Among Young Adults in the United States. *J Clin Oncol*. 2018;36(3):262-267. doi:10.1200/JCO.2017.75.0141
9. Wheeler CM, Skinner SR, Del Rosario-Raymundo MR, et al. Efficacy, safety, and immunogenicity of the human papillomavirus 16/18 AS04-adjuvanted vaccine in women older than 25 years: 7-year follow-up of the phase 3, double-blind, randomised controlled VIVIANE study. *Lancet Infect Dis*. 2016;16(10):1154-1168. doi:10.1016/S1473-3099(16)30120-7
10. Kang WD, Choi HS, Kim SM. Is vaccination with quadrivalent HPV vaccine after loop electrosurgical excision procedure effective in preventing recurrence in patients with high-grade cervical intraepithelial neoplasia (CIN2-3)?. *Gynecol Oncol*. 2013;130(2):264-268. doi:10.1016/j.ygyno.2013.04.050
11. Parker KH, Kemp TJ, Isaacs-Soriano K, et al. HPV-specific antibodies at the oral cavity up to 30 months after the start of vaccination with the quadrivalent HPV vaccine among mid-adult aged men. *Vaccine*. 2019;37(21):2864-2869. doi:10.1016/j.vaccine.2019.03.064
12. Serrano B, Brotons M, Bosch FX, Bruni L. Epidemiology and burden of HPV-related disease. *Best Pract Res Clin Obstet Gynaecol*. 2018;47:14-26. doi:10.1016/j.bpobgyn.2017.08.006
13. McKenzie AH, Shegog R, Savas LS, et al. Parents' stigmatizing beliefs about the HPV vaccine and their association with information seeking behavior and vaccination communication behaviors. *Hum Vaccin Immunother*. 2023;19(1):2214054. doi:10.1080/21645515.2023.2214054
14. Amantea C, Foschi N, Gavi F, et al. HPV Vaccination Adherence in Working-Age Men: A Systematic Review and Meta-Analysis. *Vaccines (Basel)*. 2023;11(2):443. Published 2023 Feb 15. doi:10.3390/vaccines11020443
15. Pingali C, Yankey D, Elam-Evans LD, et al. Vaccination Coverage Among Adolescents Aged 13-17 Years - National Immunization Survey-Teen, United States, 2022. *MMWR Morb Mortal Wkly Rep*. 2023;72(34):912-919. Published 2023 Aug 25. doi:10.15585/mmwr.mm7234a3
16. Liao CI, Francoeur AA, Kapp DS, Caesar MAP, Huh WK, Chan JK. Trends in Human Papillomavirus-Associated Cancers, Demographic Characteristics, and Vaccinations in the US, 2001-2017. *JAMA Netw Open*. 2022;5(3):e222530. Published 2022 Mar 1. doi:10.1001/jamanetworkopen.2022.2530
17. Young D, Xiao CC, Murphy B, Moore M, Fakhry C, Day TA. Increase in head and neck cancer in younger patients due to human papillomavirus (HPV). *Oral Oncol*. 2015;51(8):727-730. doi:10.1016/j.oraloncology.2015.03.015