



National Public Health
Service for Wales

Gwasanaeth Iechyd Cyhoeddus
Cenedlaethol Cymru



SCREENING SERVICES
GWASANAETHAU SGRINIO

Position Statement on Human Papillomavirus (HPV) Vaccines

1 Background

The pharmaceutical companies developing Human Papillomavirus (HPV) Vaccines are currently in the process of seeking marketing authorisation (previously called a product license) for UK marketing of two products. Both the Merck vaccine (marketed by Sanofi Pasteur MSD) called Gardasil® and the GSK vaccine called Cervarix® protect against the two HPV types which cause around 70% of cervical cancers in the UK (types 16 and 18). The Merck vaccine also protects against two HPV types which cause around 90% of genital warts (types 6 and 11). Published data on the burden of sexually transmitted HPV disease and efficacy of these vaccines was presented at the 2006 Wales Immunisation Conference (1).

The evidence for the potential use of these vaccines is currently being considered by the UK Joint Committee on Vaccination and Immunisation (JCVI), who advise ministers on UK Immunisation Policy. Recommendations will be made by JCVI in due course and policy determined by the UK Health Departments.

2 Implications for Cervical Screening

Currently screening to prevent cervical cancer is based on the detection of early, pre-malignant cellular changes (dyskaryosis) by cytology. Further assessment of patients with these early changes is by colposcopy with histology in order to detect and treat cervical intraepithelial neoplasia (CIN) appropriately. HPV as a primary screening test is very sensitive for detection of dyskaryosis but not very specific and most people who are exposed to HPV will clear it without any other intervention. Other suggested methods include primary testing for HPV with cytology only for those who are high risk HPV positive (HR HPV positive). The NHS Cervical Screening Programme is currently conducting pilots of adding HPV to primary cytology screening.

Vaccination proposals include the suggestion that girls should be offered the vaccine at 10-12 years of age. If that proposal is adopted at some point in the future, there would be no immediate effect on the cervical screening programme and at least 10 years would elapse before any benefits could be seen. After 10 years, the cervical screening would still be needed for

- women already older than 20 years
- the 30% of women who have HR HPV (not type 16 or 18)
- women who did not accept vaccine
- women in whom the vaccine does not induce immunity

However, if vaccines are introduced, the prevalence of dyskaryosis in the population is expected to fall. Screening by primary cytology may no longer be sensitive and specific enough to be a viable screening test as the positive predictive value for referral to colposcopy will fall to unacceptable levels. New tests for biomolecular markers of cellular change are being developed and will probably be refined over the coming years to allow home testing. Research will establish which tests will perform the best.

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The key message for women currently is that regular screening is still the best protection against cervical cancer.

3 Further information

1. 2006 Wales Immunisation Conference presentation on HPV Vaccines
(see <http://nww.nphs.wales.nhs.uk/immunisation/page.cfm?pid=1214> (NHS intranet)
Or <http://www.wales.nhs.uk/sites/page.cfm?OrgID=368&PID=3327> (internet)).
2. Guidance for partnership working between NHS organisations, primary care contractors, the pharmaceutical industry and the allied commercial sector in Wales Welsh Health Circular WHC (2005) 016
(see <http://www.wales.nhs.uk/sites3/page.cfm?orgid=371&pid=10621>).