Recommended Schedule Changes for 9vHPV Vaccine

**HPV Vaccine Background**

Vaccination against human papillomavirus (HPV) is recommended to prevent HPV infections and associated cancers (e.g., cervical, vulvar, vaginal, penile, anal, and oropharyngeal). Although cervical cancer incidence and mortality rates in Alaska are comparable to national estimates, Alaska has not experienced the same modest decline in incidence observed in the U.S. over the past decade. Routine vaccination at age 11 or 12 years has been recommended by the Advisory Committee on Immunization Practices (ACIP) since 2006 for females and since 2011 for males. The Alaska Immunization Program began supplying 9vHPV for the recommended 3-dose schedule in October 2015.

**New Recommendations**

In October 2016, ACIP recommended a change in the vaccination schedule for 9vHPV vaccine. CDC now recommends a 2-dose series of 9vHPV vaccine for persons aged 9 through 14 years to prevent HPV cancers. More detailed recommendations follow:

- The first dose of 9vHPV vaccine is routinely recommended for persons aged 11 through 12 years. The second dose of the vaccine should be administered 6 to 12 months after the first dose.
- Teens and young adults who start the series at ages 15 through 26 years require 3 doses of the 9vHPV vaccine.
- Adolescents aged 9 through 14 years who have already received 2 doses of 9vHPV vaccine less than 5 months apart require a third dose.
- 3 doses of 9vHPV vaccine are recommended for immunocompromised persons aged 9 through 26 years.

**Efficacy**

Clinical trials have shown that HPV vaccines provide close to 100% protection against cervical pre-cancerous lesions and genital warts. The HPV vaccine is recommended based on age, not sexual experience. In recent immunogenicity studies, seroconversion and geometric mean titers were significantly higher in girls and boys aged 9–14 years receiving 2 doses of 9vHPV vaccine compared with females aged 16–26 years who received 3 doses of 9vHPV. The first dose of 9vHPV vaccine is routinely recommended for persons aged 11 through 12 years. The second dose of the vaccine should be administered 6 to 12 months after the first dose.

- The vaccine series is interrupted, the vaccination series does not need to be restarted. The 9vHPV vaccine may be administered simultaneously with other age-appropriate vaccines, including Tdap and meningococcal conjugate vaccines.

**Table. The 2- and 3-dose Series for 9vHPV Vaccine**

<table>
<thead>
<tr>
<th>Age of Patient</th>
<th>Series</th>
<th>Schedule</th>
</tr>
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<tbody>
<tr>
<td>9 through 14 years</td>
<td>2-dose</td>
<td>0–6 months†</td>
</tr>
<tr>
<td>15 through 26 years</td>
<td>3-dose</td>
<td>0, 2, 6 months†</td>
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</tbody>
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*Minimum interval between the first and second dose is 5 months.
†Minimum interval between the first and second dose is 1 month; minimum interval between the second and third dose is 4 months.

**HPV Vaccination Coverage in Alaska**

During 2013–2015 in Alaska, completion of the HPV 3-dose series increased from 28% to 37% for females and from 8% to 19% for males (Figure); the proportion of persons aged 13–17 years who received one dose of HPV vaccine increased from 52% to 57% for females and from 26% to 42% for males.

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**References**

3. CDC. Use of a 2-dose schedule for human papillomavirus vaccination — updated recommendations of the ACIP. MMWR 2016;65(49):1405–08. Available at: https://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm
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5. CDC. National, regional, state, and selected local area vaccination coverage among adolescents aged 13–17 Years — United States, 2015. MMWR 2016;65(33):850–58. Available at: https://www.cdc.gov/mmwr/volumes/65/wr/mm6533a4.htm
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