

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

VACCINES FOR CHILDREN PROGRAM

VACCINES TO PREVENT HUMAN PAPILLOMAVIRUS

The purpose of this resolution is to: (1) add bivalent HPV vaccine to the previous HPV VFC resolution; (2) allow permissive use of the quadrivalent HPV vaccine for VFC-eligible males, 9 through 18 years old; and (3) streamline the resolution through the use of links to published documents.

VFC Resolution 6/08-2 is repealed and replaced by the following:

Eligible Groups

Age, sex group	Bivalent HPV vaccine	Quadrivalent HPV vaccine
Females, 9 through 18 years	Eligible	Eligible
Males, 9 through 18 years	Not eligible	Eligible

Recommended schedule

A 3-dose series for HPV vaccine is recommended for females at age 11 or 12 years old with the following schedule: the bivalent HPV and the quadrivalent HPV vaccines are each administered in a 3-dose schedule. The second dose should be administered 1 to 2 months after the first dose and the third dose should be administered 6 months after the first dose.

The HPV vaccines series should be completed with the same HPV vaccine product whenever possible.

Catch-up vaccination

Vaccination is recommended for females 13 through 18 years of age who have not been previously vaccinated or who have not completed the full series.

Other vaccination

Eligible females as young as 9 years old may be vaccinated.
Eligible males 9 through 18 years of age may be vaccinated

Interrupted vaccination schedule

If the vaccine schedule is interrupted for either the quadrivalent or bivalent HPV vaccine, the vaccine series does not need to be restarted. If the series is interrupted after the first dose, the second dose should be administered as soon as possible, and the second and third doses should be separated by an interval of at least 12 weeks with a minimum interval of 24 weeks between the

first and third doses. If only the third dose is delayed, it should be administered as soon as possible.

Dosage Intervals

The minimum interval between the first and second doses of vaccine is 4 weeks and the minimum recommended interval between the second and third dose of vaccine is 12 weeks. The minimum interval between the first and third dose is 24 weeks. Inadequate doses of HPV vaccine or vaccine doses received after a shorter-than-recommended dosing interval should be readministered.

Recommended dosage

Recommended dosage for the bivalent HPV vaccine can be found in the package inserts available at:

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833>

Recommended dosage for the quadrivalent HPV vaccine can be found in the package inserts available at:

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833>

Precautions and contraindications

Quadrivalent HPV vaccine:

Refer to ACIP recommendation at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5602a1.htm>

Bivalent HPV vaccine:

Bivalent HPV vaccine is contraindicated for persons with a history of immediate hypersensitivity to any vaccine component. The prefilled syringes of bivalent HPV vaccine should not be used in persons with anaphylactic latex allergy because syringes have latex in the rubber stopper. Bivalent HPV vaccine single dose vials contain no latex.

Special situations

- **Immunocompromised**--Because both the bivalent and quadrivalent HPV vaccines are noninfectious vaccines, they can be administered to females who are immunosuppressed as a result of disease or medications. However, the immune response and vaccine efficacy might be less than that in persons who are immunocompetent.
- **Pregnancy**--HPV vaccines are not recommended for use in pregnant women. The vaccines have not been causally associated with adverse outcomes of pregnancy or adverse events in the developing fetus. However, data on vaccination during pregnancy are limited. Until additional information is available, initiation of the vaccine series should be delayed until after completion of the pregnancy. If a woman is found to be pregnant after initiating the vaccination series, the remainder of the 3-dose regimen should be delayed until after completion of the pregnancy. If a vaccine dose has been administered during pregnancy, no intervention is needed. Pregnancy testing is not needed before vaccination.

[If an ACIP recommendation regarding the human papillomavirus vaccination is published within 12 months following this resolution, the relevant language above (except in the eligible groups sections) will be replaced with the language in the recommendation and incorporated by reference to the publication URL.]

Adopted and Effective: October 21, 2009

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/1009hpv-508.pdf>