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Consultation on the HPV Vaccination Programme

- a response from the Men's Health Forum in Ireland

On the 11th of November 2014, the Joint Committee on Vaccinations and Immunisations (JCVI) recommended that the HPV vaccination programme should be extended to men who have sex with men (MSM) aged 16-40 via a genitourinary medicine clinic or HIV clinic. The Men's Health Forum in Ireland (MHFI) welcomes this as a move in the right direction, but we do not feel that it is a sufficient response. While it might be of some help to the individuals who do receive the vaccine, it is not an effective solution for all men or, indeed, for all MSM.

There are four reasons why we believe that only vaccinating girls and MSM is not sufficient:

1. **Only vaccinating MSM leaves men who are not MSM at risk.** Even if HPV infection is reduced in girls and MSM, men who do not have sex with men would still be at risk of contracting HPV. There is evidence from Denmark to illustrate this. While HPV vaccination for Danish girls is reducing the incidence of genital warts in girls, it is not reducing the incidence of warts in boys. This suggests, very strongly, that boys are continuing to be infected with HPV, either by unvaccinated Danish girls or by unvaccinated girls from countries without a vaccination programme. Men, in the United Kingdom (UK), as in Denmark, do not conveniently only have sexual contact with women brought up in their own country.

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2. **Vaccinating MSM who attend GUM clinics, as now recommended by JCVI, will not protect the majority of MSM.** This is because we know that people generally become infected with HPV very soon after their first sexual experiences. That is why it is best to vaccinate before a person begins sexual activity. Most MSM are likely to have had multiple sexual partners, with increased risk of HPV acquisition, before they attend a sexual health clinic. Also, many gay and bisexual men do not attend GUM clinics. There are also MSM who do not identify as gay or homosexual, and who will not disclose their sexual activity to a healthcare professional - meaning that they will never be offered the vaccination.

3. **Immunity against HPV is greater if the vaccine is administered before age 16.** The CDC (USA) says: *“Data on immunogenicity in males are available from the phase III trial conducted among males aged 16 through 26 years and from bridging immunogenicity studies conducted among males aged 9 through 15 years. Seroconversion was high for all four HPV vaccine types and post vaccination antibody titers were significantly higher in males aged 9 through 15 years compared with males aged 16 through 26 years.”* Offering a vaccination to MSM that will be provided after age 16, means that these men will have less effective protection against HPV and the diseases it causes than their female peers. This will further entrench the inequalities in health outcomes that this group already experiences in relation to the general population.

4. **The most effective way to protect MSM is to protect all boys through a vaccination programme for all boys and girls aged 12/13.** As we cannot practically, or ethically, identify and vaccinate the 12 and 13 year old boys who will, in their adult lives, go on to have sexual activity with other men, the only effective way to protect men who have sex with men is to vaccinate all boys. This would, of course, also protect all other men, and increase the level of protection for unvaccinated girls - especially in those areas where vaccination rates are below 80%.

In addition, the JCVI gave no consideration to the issue of whether a decision to only vaccinate MSM might lead to a stigmatisation of the vaccine - leading to a possible fall in uptake by girls, and making it harder to implement any future decision to vaccinate all boys - and how this might be prevented or mitigated.

36 organisations have come together as HPV Action to make the case for a more comprehensive, gender-neutral vaccination; in other words, protecting both males and females from the consequences of HPV infection. The Men's Health Forum in Ireland (MHFI) is one of these organisations.

HPV Action estimates that the additional cost of extending the HPV vaccination programme to boys in the UK would be in the region of £20-22 million a year. However, we believe that any decision about whether to vaccinate boys should not be made solely on a financial basis. Public health, equity and, above all, the human costs of HPV-related disease for both sexes must be the primary considerations.

While we welcome the JCVI decision to vaccinate MSM as a move in the right direction, we are calling for a comprehensive, gender-neutral, universal vaccination programme for all children aged 12-13 years.

The Men's Health Forum in Ireland (MHFI) is a diverse network of individuals and organisations, men and women, from both Northern Ireland and the Republic of Ireland. MHFI seeks to promote all aspects of the health and wellbeing of men and boys on the island of Ireland through research, training, networking, health initiatives and advocacy. See www.mhfi.org for more details.

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