In 2014, the Centers for Disease Control and Prevention (CDC) and the President’s Cancer Panel focused efforts around increasing human papillomavirus (HPV) vaccination to prevent HPV-related cancers, pre-cancers, and genital warts. Evaluation of the HPV vaccine in the United States is ongoing; one of these efforts is HPV-Impact, a population-based surveillance of cervical pre-cancer at five sentinel sites around the country including Alameda County, California.

HPV-Impact is a collaboration between the California Department of Public Health (CDPH), Sexually Transmitted Disease Control Branch (STDCB), the California Emerging Infections Program (CEIP), the Alameda County Public Health Department (ACPHD), and CDC. The goal of HPV-Impact is to evaluate the impact of the HPV vaccines over time by monitoring incidence trends in cervical pre-cancer, including cervical intraepithelial neoplasia grades 2 and 3 (CIN2/3) and adenocarcinoma in situ (AIS), as well as monitoring HPV types found in pre-cancerous lesions.

The support and collaboration of histopathology laboratories and medical providers serving Alameda County has been invaluable for the success of this surveillance effort. Comprehensive case reporting by laboratories affords a better understanding of the burden of cervical pre-cancer in Alameda County and submission of pre-cancerous tissue for HPV typing allows for monitoring of circulating virus types. Obtaining access to immunization records is key to understanding vaccination rates among women with cervical pre-cancer and contributes to our understanding of HPV vaccine impact. Thank you for your support!
New HPV Vaccine Gardasil® 9 to Debut in Early 2015

In December 2014, the US Food and Drug Administration (FDA) approved Merck’s Gardasil® 9 for females 9-26 years old and males 9-15 years old. The three-dose vaccine protects against types 6, 11, 16, and 18, which are already covered by quadrivalent Gardasil® in addition to types 31, 33, 45, 52, and 58.

Gardasil® 9 can potentially prevent 90% of cervical, anal, vaginal, and vulvar cancers, compared to 70% protection potentially conferred by Gardasil®. Gardasil® 9 also protects against 90% of genital warts. As with quadrivalent Gardasil®, the protection offered against type 16 may help prevent 50-70% of oropharyngeal cancers. The vaccine is most effective when given to a patient not yet infected by HPV. Current national guidelines for boys and girls suggest a 3-dose schedule at 0, 2, and 6 months, beginning at 11 or 12 years of age. The CDC Advisory Committee on Immunization Practices (ACIP) is expected to vote on recommendations for Gardasil® 9 at the February 2015 meeting.

Gardasil® 9 appears to have a similar safety profile as Gardasil®, with the most common reactions being pain, swelling, and redness at the injection site.

HPV is the most common sexually transmitted infection, with 79 million Americans currently infected. Every 20 minutes, someone in the US is diagnosed with an HPV-related cancer (cervical, genital, anal, oropharyngeal); this number includes the more than 33,000 individuals who will be diagnosed with HPV-associated cancer in 2015. Vaccination before exposure to HPV can prevent many infections and subsequent cancers in both males and females.

Sources and more information available at
http://www.cdc.gov/std/hpv/STDFact-HPV.htm
http://www.cdc.gov/cancer/cervical/statistics/
http://www.cdc.gov/cancer/hpv/statistics/cases.htm

“"We should be routinely recommending the vaccine for all of our adolescent patients as well as women up through age 26, even if they are already sexually active.”" 

-Jeanne A. Conry, MD, PhD, President, American College of Obstetricians and Gynecologists (ACOG). In February 2014, ACOG, the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), and the American Academy of Pediatrics (AAP) released a joint letter encouraging physicians to strongly recommend HPV vaccination.
FDA Approves cobas® HPV Test for Primary Screening

On April 24th, 2014, the US Food and Drug Administration (FDA) approved the first HPV DNA test that can be used for primary screening of cervical cancer. Roche’s cobas® HPV Test, approved for women aged 25 years and older, detects the presence of 14 high-risk types of the virus and specifically identifies HPV 16 and 18. Women who test positive for 16 and/or 18 should be referred to colposcopy, and women who test positive for any of the other types should have a Pap test to determine the need for colposcopy (see figure).

The cobas® HPV test’s efficacy for detection of cervical pre-cancer was determined by a study of 40,000 women 25 and older receiving routine cervical cancer screening (Castle et al., Lancet Oncol, 2011).

Questions remain about appropriate age and optimal screening interval using HPV-based screening as well as its impact on colposcopy and biopsy frequency.


Parting Shot: HPV Vaccine Not Linked to Riskier Sexual Activity

Great news: the HPV vaccine does not encourage riskier sexual behavior. A study published in December 2014 in the Canadian Medical Association Journal, found equal rates of pregnancy and non-HPV sexually transmitted infections (STIs) in 260,000 HPV-vaccinated and unvaccinated 14-17 year old girls (Smith et al., CMAJ, 2014). These results suggest that receiving HPV vaccination does not instill a false sense of security about STIs or encourage promiscuity. Providers and public health officials can use these findings to educate patients and parents about the benefits of vaccination.

Read the study: http://www.cmaj.ca/content/early/2014/12/08/cmaj.140900

It’s No Secret: The Confidential Health Information Act is Here!

California is on the nation’s frontlines in ensuring patient confidentiality. Since January 2015, patients have been able to ask their insurance providers for confidential communication about sensitive claims issues, including STI or pregnancy testing, birth control, mental health or sexual assault services, and drug treatment.

The Confidential Health Information Act, SB138, requires health plans to honor confidential communications requests (CCRs) for patients covered under a parent or spouse’s plan, for example, will be able to prevent their insurer from disclosing their confidential health information to the main policy holder through Explanation of Benefits or other regular communications. A request can be made verbally or in writing, and the patient does not have to specify the reason for the request. The insurance company must reply to the patient, not the policyholder, either at a new mailing address (provided by the patient) or in an alternate format such as email. Note that providers are still able to communicate with insurers.

Reminder: As of 2012, minors 12-17 years old can provide consent for confidential medical services to prevent STIs, including HPV vaccination.
**Reminder: Cervical Pre-cancer is Reportable in Alameda County**

**ROLE OF LABORATORIES**

- Report all histologic diagnoses of CIN2, CIN2/3, CIN3 (HSIL), and AIS with electronic or paper-based reporting methods
- Provide cervical tissue specimens for typing upon request


**ROLE OF PROVIDERS**

- Provide missing demographic, screening, and HPV vaccination history
- Record vaccination history and encourage vaccination

---

**February 2015**

**National Cancer Prevention Month**

In the US, cancer is the second most common cause of death, and 33 women are diagnosed with cervical cancer each day.

Find resources, including:

- Fact sheets
- Brochures
- An informative video


---

**February 8-14, 2015**

**Preteen Vaccine Week**

Find practical talking points, posters, articles, PSAs, and web resources in the preteen campaign kit at [http://bit.do/preteenvax](http://bit.do/preteenvax)

---

**April 2015**

**STD Awareness Month**

An estimated 19 million new STDs occur in the US each year. The American Sexual Health Association has free fact sheets geared towards patients:


---

**Providers:**

The California Immunization Registry (CAIR) can help your practice achieve meaningful use goals. Set up data exchange at [cairweb.org](http://cairweb.org) to record and upload vaccinations, forecast due dates, request records from other providers, prepare patient reminders, and track vaccine inventory. Contact Marcia Santillan at 510-412-1608 to learn more.

**Other Resources:**

- [TeenSource.org](http://TeenSource.org) for young adults
- [TalkWithYourKids.org](http://TalkWithYourKids.org) advice for parents
- [ShotbyShot.org](http://ShotbyShot.org) for personal stories