



Vaccines for Young Adults Questions & Answers

Human Papillomavirus (HPV)

If patients have already completed the HPV vaccine series with the quadrivalent vaccine, should they be revaccinated with the 9-valent vaccine to protect them against the five additional HPV strains?

No. The Advisory Committee on Immunization Practices (ACIP) has not recommended routine revaccination with 9-valent vaccine for persons who have completed a series with the quadrivalent HPV vaccine. There are data indicating that revaccination with 9-valent vaccine after receiving the quadrivalent HPV vaccine series is safe. However, healthcare professionals can discuss the benefit of gaining immunity against five additional oncogenic strains of HPV with female patients, but should inform them that without an ACIP recommendation, the cost may not be covered by insurance.

Should a patient receive the 9-valent vaccine to complete a series that was started with the quadrivalent vaccine?

Yes. Any available HPV vaccine can be used to continue or complete the series for females, although it is best to complete the series with the same HPV product whenever possible. Either the 9-valent or quadrivalent vaccine can be used to continue or complete the HPV series for males. However, receiving fewer than 3 doses of the quadrivalent or 9-valent vaccine provides less protection against genital warts caused by HPV types 6 and 11 than the usual 3-dose series. There are no data about the efficacy of the five additional HPV types included in 9-valent vaccine if the person receives fewer than three doses.

If a patient turns 27 years old before receiving all three doses of the HPV vaccine series, should the remaining doses be administered to complete the series?

Yes. The three-dose HPV vaccine series can be started at age 26 even if it will not be completed before the patient turns 27. It is important that the vaccine series be completed regardless of the age of the patient at completion. In certain situations, clinicians may choose to start the three-dose HPV series in patients who are older than 26 years but the patient should be informed that the cost may not be covered by insurance since this is not an ACIP recommendation.

Is the recommendation to vaccinate males 22 to 27 years old a permissive ACIP recommendation?

No. Currently ACIP recommendation for the use of HPV vaccines in males between the ages of 22 and 27 years are for those high-risk males who are immunocompromised or men who have sex with men. Consideration of either a routine (category A) or permissive (category B) recommendation for other males awaits further data and discussion by ACIP. The vaccine is covered by the Affordable Care Act (ACA) for those high-risk males.



What are the types of HPV responsible for oral and anal cancer?

HPV-16 and HPV-18 are the high-risk strains responsible for the majority of HPV-associated oral and anal cancers. In females, the proportion is 51% and 80%, respectively, for oral and anal, and for males, it is 61% and 79%. A lesser proportion is caused by the five additional HPV types included in the 9-valent HPV vaccine (~20% for women and <10% for men).

I have parents that are concerned about deaths related to HPV vaccination. While I give them evidence that deaths due to HPV vaccine-related complications are not likely, they don't seem convinced. Do you have any thoughts on how best to speak with these parents?

First, listen to their concerns with empathy. Second, tell them that millions of doses of HPV vaccine have been given to people in the United States and that following thorough investigations, no deaths related to HPV vaccine have been documented. Deaths associated with HPV vaccine have been coincidental (e.g., like going to the dentist for a routine visit and falling down the stairs upon leaving the office, resulting in a fatal hemorrhage). Second, explain that HPV prevents most mouth and throat cancers as well as cervical and anal cancers, emphasizing the great benefit of this vaccine. Are they willing to miss a chance to prevent a future cancer in their child? Finally, tell them that the Centers for Disease Control and Prevention (CDC), working with the Food and Drug Administration (FDA) and other immunization partners, will continue to monitor the safety of HPV vaccines.

How long after administering HPV vaccine should the patient wait to monitor for an adverse reaction?

The patient should be observed for 15 minutes following vaccination. Post-vaccination syncope (fainting) has been most frequently reported after vaccines routinely recommended for adolescents (HPV, MCV4, and Tdap). However, it is unknown whether the vaccines are responsible for post-vaccination syncope or if the association with these vaccines simply reflects the fact that adolescents are generally more likely to experience syncope.

Additional Tools and Resources:

www.adolescentvaccination.org/hpv-resource-center (NFID HPV online resource center)

www.analcancerfoundation.org/learn/anal-cancer/

www.cdc.gov/mmwr/pdf/rr/rr6305.pdf

www.cdc.gov/vaccines/who/teens/vaccines/hpv.html

www.cdc.gov/vaccinesafety/Vaccines/HPV/Index.html

www.immunize.org/askexperts/experts_hpv.asp



Meningococcal Disease

If the first dose of meningococcal vaccine (MCV4) is given at age 11 and the booster is inadvertently given at age 15 1/2 years, is a booster recommended on or after age 16?

A single booster dose is sufficient in this circumstance. ACIP recommendations state that teens receive the second or booster dose of MCV4 vaccine less than 5 years before starting college. Teens who receive their first dose of MCV4 at or after age 16 do not need a booster dose. Additional information is available at: www.cdc.gov/vaccines/vpd-vac/mening/who-vaccinate.htm.

Why isn't MCV4 recommended for young adults who live in congregate settings other than college residence halls and military barracks?

MCV4 vaccines are recommended for all unvaccinated teens before they enter college, especially students living in residence halls, because of data indicating an increased risk of disease in this setting. Data for other young adults, except those entering military service, is not currently available.

Why isn't meningococcal serogroup B vaccination recommended for commuter students? Shouldn't all students be encouraged to get vaccinated?

Meningococcal serogroup B vaccine is recommended by ACIP only in college students in high risk categories (e.g., functional or anatomic asplenia or complement component deficiency) or during a campus outbreak. The risk in other college students, whether they live on campus or commute, or age comparable young adults, is substantially lower, but these young adults may receive meningococcal serogroup B according to an ACIP permissive recommendation. Individuals in these low risk groups should discuss vaccination with a healthcare professional.