

## **HPV Vaccination provided by GU Medicine**

The HPV Special Interest Group has discussed the issue of HPV vaccination at some length. The SIG has pressed for full consideration of the benefits of the quadrivalent vaccine (Gardasil) in terms of protection against HPV 6 and 11 infection in addition to infection caused by HPV 16 and 18. This was clearly stated in a letter that went to the secretary of State for Health from BASHH and the Faculty of Sexual and Reproductive Healthcare (FSRH) prior to the decision to opt for the bivalent vaccine for the National Vaccination Programme. The choice of vaccine is to be reviewed in 2010/2011 at which time new data will be available on the financial and quality-of-life implications of treating HPV type 6 and 11 disease.

In the meantime, what stance should GU Medicine practitioners take on HPV vaccination?

GU Medicine may be able to help with catch-up vaccination (17–18 year olds) for the national program, if systems can ensure access to read and enter immunisation status in patients' primary medical records. There is an appreciable variation in the coverage of catch-up immunisation to date amongst PCTs. Since those PCTs achieving good levels may be less inclined to require the services of GU Medicine departments, clinicians may be best advised to approach their PCTs on an individual basis. We would suggest that patients be offered vaccination 'opportunistically' in conjunction with their other medical needs rather than promoting a service primarily for vaccination. The provision of the bivalent vaccine falls within the national programme and has therefore been funded. Subsequent visits for 'vaccination only' would however incur the cost of 'follow up' PBR.

The use of the quadrivalent vaccine within GU Medicine in preference to the bivalent vaccine may be reasonable for some individuals but will require a detailed business case. The cost effectiveness of the quadrivalent vaccine for GU Medicine patients may be lower than for other individuals in view of the higher average risk of prior exposure to HPV 6 and 11. The HPV SIG will consider developing a business case but individual clinicians may wish to approach their PCT for soundings.