



DEBATE PACK

Number CDP 2018-0106 , 1 May 2018

Case for HPV vaccination for boys

By Sarah Barber
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Summary

This briefing has been prepared ahead of the Westminster Hall debate on Wednesday 2 May 2018, from 9.30- to 11.00am. Sir Roger Gale will lead the debate.

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The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

1. Summary

A debate has been tabled in Westminster Hall on 2 May 2018 on the case for HPV vaccination for boys. It will be led by Sir Roger Gale.

The debate is likely to focus on whether HPV vaccination should be offered to boys. Currently, the HPV vaccination programme is offered to girls aged 12-13.

The Government body responsible for advising Government on vaccinations (JCVI) have been consulting with stakeholders on a recommendation not to extend the vaccination programme to boys. The rationale was that the risk of infection in males had been dramatically reduced by the girl's vaccination programme, and that the additional benefits of extending the programme to boys were relatively small.

Some stakeholders have expressed concern about this decision. The final recommendation has not yet been published.

1.1 Human papillomavirus

Human Papillomavirus (HPV) are a group of more than 100 viruses that can affect the skin and the mucous membranes of the body (such as mouth, throat, anus, vagina and cervix).

HPV is common, often infections do not cause symptoms and resolve without treatment. However, infection with HPV is associated with certain types of cancer, and genital warts. HPV that are linked to the development of cancer are classified as 'high risk' with other HPV classified as 'low risk.'

As well as being associated with cervical cancer, certain strains of HPV are also associated with other less common cancers, such as cancer of the vulva, penis, anus and some head and neck cancers.

HPV is transmitted primarily through sexual contact. The use of condoms can reduce but not eliminate the transmission of HPV.

For more background on HPV, the [NHS Choices website](#), [Cancer Research UK](#) and the [Green book](#) published by Public Health England may be useful.

1.2 The HPV vaccination programme

A school based HPV vaccination programme to help protect against cervical cancer has been offered to girls aged 12-13 since autumn 2008. There has also been a catch-up programme to immunise girls between 13 and 18 years of age.

The vaccine used in the UK, Gardasil, protects against the two types of HPV that cause 70% of cervical cancers and provides protection against HPV that can cause genital warts.¹

The [Public Health England Green Book](#) provides further information on the HPV vaccine.²

HPV vaccination for men who have sex with men

The [Joint Committee on Vaccination and Immunisation](#) (JCVI) provides advice and recommendations on vaccinations to the UK Health departments.

In November 2015, following a [review](#) of the existing schedule of HPV vaccination, the JCVI recommended that HPV vaccination be offered to men who have sex with men (MSM) who attend sexual health and HIV clinics, provided that the vaccine could be procured at a cost-effective price.³

The UK Government announced in 2016 that it would conduct a pilot programme offering HPV vaccination to MSM in sexual health and HIV clinics.⁴ Following the results of this, it announced in 2018 that a national programme would be rolled out offering vaccination to all MSM aged 45 and younger.⁵

The Scottish, Welsh and Northern Irish Governments announced in 2016 that a vaccination programme in line with the JCVI's recommendations would be rolled out.^{6, 7 8}

1.3 HPV vaccination for boys

In July 2017, the JCVI published an interim statement for consultation on extending the HPV vaccination programme to boys. The Committee concluded that there was a benefit in vaccinating boys. However, it stated that the evidence suggested that the risk of infection in males had been dramatically reduced by the girl's vaccination programme, and that the additional benefits of extending the programme to boys were relatively small. The Committee did not recommend the extension of the vaccination programme to boys:

Clearly there is benefit in vaccinating boys and the data considered by the Committee shows that the HPV vaccine is both safe to use in boys and generates comparable immunogenicity to that seen in girls. While it is clear that a programme to vaccinate adolescent males would provide those vaccinated with direct protection against HPV infection, and associated disease, all the evidence suggests that the risk of infection in males has already been dramatically reduced by the girls programme and that these

¹ NHS Choices, [HPV vaccine](#), September 2014

² Public Health England, [Green Book: Human Papillomavirus](#), June 2014

³ Call for evidence to support HPV immunisation programme review, 14 August 2012, gov.uk

⁴ [HC Written Statement, HPV vaccination](#), 26 May 2016

⁵ Department of Health and Social care, [HPV vaccination programme for men who have sex with men](#), February 2018

⁶ Scottish Government, [HPV vaccination programme](#), 23 March 2016

⁷ Welsh Government, [New HPV vaccine programme for gay men to be introduced in Wales, 21 December](#) 2016

⁸ nidirect, [HPV vaccine for men who have sex with men](#)

herd effects will continue to have a substantial impact. Therefore, most of the benefit in boys can be achieved through achieving high uptake in a girl's only vaccination programme

The additional benefits gained from extending the programme to adolescent boys therefore, would be small, relative to the impact of the girls programme. The findings of both cost-effectiveness analyses provided specifically to the committee predict that extending the HPV programme to adolescent boys would not be a cost-effective use of health service resources in the UK setting. These findings are also supported by the meta-analysis of 16 published models. Taking the evidence as a whole the Committee therefore is unable to recommend extension of the national HPV programme to adolescent boys according to the most robust cost-effectiveness analyses undertaken.⁹

In the consultation, some medical organisations have expressed disappointment that the JCVI did not recommend extension of the programme. The Royal Society of Public Health has said that the decision now leaves "400,000 boys in the UK at risk from contracting the virus."¹⁰

The group HPV Action, a partnership of patient and professional organisations, has suggested that, in its view, not vaccinating boys could constitute sexual discrimination under the *Equality Act 2010*.¹¹ The organisation reports that 15 countries worldwide either currently offer the HPV vaccination to boys or plan to do so.¹²

A final statement from the JCVI on this subject has not yet been published. An April 2018 Parliamentary Question response from the Parliamentary Under-Secretary of State for Health, Lord O'Shaughnessy, reports that the timing for the final advice from JCVI is dependent on review of Public Health England modelling work and receiving legal advice on stakeholder comment:

The Joint Committee on Vaccination and Immunisation (JCVI) is currently reviewing evidence on the impact and cost-effectiveness of extending the human papillomavirus vaccination programme to adolescent boys. This includes mathematical modelling being undertaken by Public Health England.

In February 2018 JCVI agreed that it needed to see the results of the independent peer review of the modelling work, and the additional analyses being undertaken, before concluding its advice. The JCVI further agreed that legal advice should be obtained in response to stakeholder correspondence.

Once JCVI has reached a decision, the Committee's advice will be published most likely in the form of a statement alongside the minutes of the relevant meeting. The JCVI will not be in a position to conclude its advice until the required modelling, peer review and legal advice has been considered. This work will continue

⁹ JCVI, [JCVI statement: extending the HPV vaccination programme](#), 19 July 2017

¹⁰ RSPH, [RSPH dismayed by JCVI decision on HPV vaccinations](#), 19 July 2017

¹¹ HPV Action, [HPV Vaccination for Boys – Equality Issues Submission to the Department of Health](#), 11 July 2017

¹² HPV Action, [HPV Action response to JCVI postponed decision regarding boys receiving the Human Papillomavirus \(HPV\) vaccination](#), 21 November 2017

through 2018 and timeframes for JCVI concluding its advice are dependent on completion of the analyses requested.¹³

¹³ [HL Written Question HL6740: Human Papillomavirus: Vaccination](#), 9 April 2018

2. Press articles

Guardian, 31 March 2018

[Call to extend HPV vaccine to boys as cancer rates soar](#)

NHS urged to act after new figures reveal rising head and neck tumours in men

Independent, 6 February 2018

[Gay and bisexual men to be offered HPV jab by the NHS](#)

Pilot scheme shows vaccine which protects against cancer causing virus is cost-effective in men who have sex with men

Telegraph, 18 September 2017

[HPV: 'we must protect our boys as well'](#)

BMJ 2017, 20 July 2017

[Teenage boys shouldn't be given HPV vaccine, says joint committee](#)

GP Online, 20 July 2017

[Campaigners consider legal action against HPV decision](#)

[Subscription service]

Guardian, 19 Jul 2017

[HPV vaccine: anger over decision not to extend NHS scheme to boys](#)

Health bodies condemn panel's conclusion that more jabs against cancer-causing infection are unlikely to be cost-effective

Pulse, 19 July 2017

[Expanding HPV vaccine to teenage boys 'not cost effective', says official advice](#)

3. Statements and press releases

Department of Health and Social Care

[News story: HPV vaccination programme for men who have sex with men](#)

5 February 2018

The government has confirmed that it will introduce a nationwide HPV vaccination programme for men aged 45 or younger who have sex with other men.

NHS England and Public Health England (PHE) will work to start the programme in sexual health (GUM) clinics and HIV clinics in England from April 2018.

HPV is a virus transmitted through sexual contact. It is most commonly associated with causing cervical cancer in women. Girls aged 11 to 13 have been vaccinated against the HPV virus since 2008, and this provides indirect protection to many males. Men who have sex with men do not benefit from indirect protection from the vaccination programme for girls.

The Joint Committee on Vaccination and Immunisation (JCVI) has recognised increasing evidence of the association between HPV infection and non-cervical cancers in men who have sex with men.

A vaccination pilot started in 42 specialist sexual health services clinics in June 2016. The pilot assessed the feasibility and cost-effectiveness of a national HPV vaccination programme.

[The vaccination pilot was a success.](#)

A phased nationwide rollout will now go ahead to help protect men who have sex with men from some cancers caused by HPV as well as genital warts.

As the rollout is phased, patients should not contact their clinics to request the vaccine. Patients will be offered the vaccine as part of their routine sexual health check-up if it is available.

Dr Michael Edelstein, Consultant Epidemiologist at PHE, said:

Our evidence shows that men who have sex with men are welcoming an HPV vaccination programme, and it can be delivered successfully through sexual health services.

Men who have sex with men are a group who receive little indirect protection from the adolescent girls' vaccination programme. We expect the new programme to reduce the number of cancers that are directly caused by HPV.

HPV Action

[New initiative launched to tackle awareness of HPV diseases in men](#)

12/14/2017

A new campaign has been launched today to address the pressing need for greater awareness about the human papillomavirus (HPV) and its potential impact on millions of men and boys in the United Kingdom every year.

Jabs for the Boys aims to improve public education about HPV and the HPV vaccination, following new research which points to a startling lack of knowledge about the infection, particularly in relation to British men.

The new initiative follows a nationwide study which found fewer than one in eight (12%) adults identify HPV with diseases that affect men – such as head and neck, anal and penile cancer – and are more than twice as likely to associate the infection with cervical cancer (27%).

HPV is responsible for around 5% of all cancers worldwide, and also genital warts, in both sexes.

Worryingly, the poll reveals more than one in three (34%) British men believe themselves not to be at risk of HPV.

HPV Action, a collaborative partnership of 48 patient and professional organisations that are working to reduce the health burden of the infection, is concerned that a lack of awareness about HPV could be putting boys and men at risk of several potentially life-threatening diseases.

Peter Baker, Campaign Director of HPV Action, the group behind Jabs for the Boys, says: “HPV is as likely to occur in men as it is in women (with around 80% affected at some point in their lives), yet for many, the risks to men seem to be slipping dangerously under the radar.

“HPV is normally harmless and goes away without the person knowing they have been infected. However, for thousands of British men every year it leads to head and neck, penile, anal cancer as well as genital warts. HPV Action estimates that each year around 2,000 cancer cases and 48,000 genital warts cases are caused in men by HPV.

“It is really important that men are able to recognise their risk and have a place to go where they can access good quality information and advice.”

The initiative’s website, www.jabsfortheboys.uk, looks to boost public knowledge of HPV while offering advice and guidance to the parents of boys, boys themselves and adult men about the pros and cons of HPV vaccination, to help them make the decision about whether to have the vaccination privately.

In the UK, schoolgirls have been vaccinated for HPV since 2008 and women over 25 have access to free cervical screening.

Boys are excluded from free of charge HPV vaccination by the NHS while older men are without any form of screening programme for HPV-related diseases. Men who have sex with men are eligible for free vaccination at sexual health clinics but only if they are attending for another reason, such as treatment of a sexually transmitted infection.

The Joint Committee on Vaccination and Immunisation (JCVI), have been discussing whether to include adolescent boys in the nation HPV vaccination programme since 2013 and in November postponed their final decision to an unknown date in the future.

“With the government’s advisory committee continuing to delay their recommendation regarding HPV vaccination for boys, there is an even greater urgency for a somewhere boys and their parents can go in order to learn more,” adds Mr Baker.

“We believe Jabs for the Boys can improve knowledge of HPV and help make it easier for people to get the information they need so they make an informed decision whether to get themselves, or their sons, vaccinated privately.”

In addition to the research highlighting a gender-bias in the causes of HPV infection, there also appears to be some alarming misconceptions about what the infection can lead to.

More people incorrectly associate Hepatitis A and Hepatitis B (15%) with HPV than all the actual male-related diseases HPV can lead to put together, while others link HPV to AIDS (6%), syphilis (6%), shingles (3%) and children’s flu (2%).

Dr Nigel Carter OBE, CEO of the Oral Health Foundation and part of the Jabs for the Boys expert advisory group, explains why the new initiative is so important.

Dr Carter says; “HPV is most likely passed on through sexual contact and although condoms may reduce the risk of catching the infection, safe sex cannot completely prevent HPV.

“The most effective way to protect yourself against HPV is by receiving the vaccination but before we make that decision, either for ourselves or a loved one, it is crucial that we go and find out more about the infection and the vaccination itself.

“One of our key principles when creating the guidance for Jabs for Boys was to only include information based on the best-possible evidence. It means that everything on the website has been checked by medical and other experts and is compiled in line with NHS England Information Standard guidance.

“HPV-related cancers are on the increase. They affect everybody, both

men and women, so it is vitally important that we become more engaged with learning more about it.

“Jabs for the Boys is an invaluable resource for anybody looking to learn more about HPV.”

Visit www.jabsfortheboys.uk for information regarding HPV and HPV vaccinations for boys and men in the UK.

HPV Action

[HPV Action response to JCVI postponed decision regarding boys receiving the Human Papillomavirus \(HPV\) vaccination.](#)

11/21/2017

HPV Action and its members have succeeded in getting JCVI to look again at its position on HPV vaccination for boys. In July, JCVI published an interim statement which argued for the rejection of gender-neutral vaccination.

HPV Action responded with a strong case for additional work on the modelling and for the JCVI to take full account of equality issues. We understand this will now happen.

HPV Action is now calling for:

- A swift conclusion to the decision-making process with a **final decision made in early 2018.**
- Full and immediate **disclosure of the cost-effectiveness modelling** analyses used by JCVI to enable stakeholders to study and comment on them.
- Acknowledging and taking into account recent changes to sexual behaviour, including those created by technology such as Tinder and increasing ‘sexual fluidity’.
- Publication of the responses to the consultation on JCVI’s interim statement.
- A speedy **completion of the equality analysis of gender-neutral vaccination** to ensure that the final decision complies with the law on sex discrimination.

Peter Baker, HPV Action’s Campaign Director, said: “While we are pleased that JCVI is listening to HPV Action and looking again at its interim decision not to vaccinate boys, we are very concerned about how long this process is taking. The JCVI’s review of HPV vaccination for boys began in 2013 and a decision was supposed to have been made in 2015. The announcement was then postponed to early 2017 and now we are looking at 2018. While the JCVI risks being compared to the long-drawn-out Chilcot Inquiry, some 400,000 more boys are each year being left at risk of infection and the diseases caused by HPV. This

suffering is avoidable and JCVI must act quickly.”

Tristan Almada, co-founder of the HPV & Anal Cancer Foundation, said: “The JCVI’s disappointing announcement today puts over 400,000 boys a year at unnecessary risk for contracting HPV, a ubiquitous virus that causes 5% of all cancers. Although the public is familiar with the HPV vaccine as the “cervical cancer jab,” HPV is responsible for the fastest increasing cancers in UK men today. Recognising the HPV vaccine as our best opportunity to prevent cancer since smoking cessation, 15 countries, including the United States, Canada, and Australia, are now vaccinating their boys against a virus that causes cancer in both genders. UK boys deserve the same. I saw first-hand the devastating impacts of HPV when my mother Paulette passed away from Stage IV HPV-related anal cancer in 2010, aged 53. I hope that parents in the UK will join us in fighting for their boys’ right to have access to this life-saving vaccine.”

JCVI began its assessment of vaccination for boys in 2013. Each year, 400,000 more boys are left unvaccinated and at risk of the diseases caused by HPV. Five years is more than enough time for a decision that would improve public health and be both ethical and equitable.

Recently-published research has shown the extent of the problem in men. Across 32 European countries, including the UK, it is estimated that almost 9,000 HPV vaccine-preventable cancers are diagnosed each year in men as well as about 360,000 preventable cases of genital warts.[i]

Men are particularly at risk of head and neck cancers caused by HPV. A new study has found that 11.5% of men in the USA have oral HPV infection compared to 3.2% in women. This equates to 11 million men and 3.2 million women nationwide. The highest risk strain of HPV (type 16) was **six times more common in men** than women.[ii]

15 countries are now vaccinating boys or plan to do so. These include: Australia, Austria, Barbados, Bermuda, Brazil, Canada, Croatia, Czech Republic, Italy, Liechtenstein, New Zealand, Norway, Serbia, Switzerland and the United States of America. The UK is being left behind.

Editors’ Notes

[i] Hartwig S, St Guily JL, Dominiak-Felden G, Alemany L, de Sanjosé S. Estimation of the overall burden of cancers, precancerous lesions, and genital warts attributable to 9-valent HPV vaccine types in women and men in Europe. *Infectious Agents and Cancer*. 2017;12:19.

doi:10.1186/s13027-017-0129-

6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5387299/>

[ii] Sonawane K, Suk R, Chiao EY, Chhatwal J, Qiu P, Wilkin T, et al. Oral Human Papillomavirus Infection: Differences in Prevalence Between Sexes and Concordance With Genital Human Papillomavirus Infection,

NHANES 2011 to 2014. Ann Intern Med. [Epub ahead of print 17 October 2017] doi: 10.7326/M17-1363. <http://annals.org/aim/article-abstract/2657698/oral-human-papillomavirus-infection-differences-prevalence-between-sexes-concordance-genital>

Faculty of Sexual and Reproductive Healthcare (FSRH)

[FSRH press statement: interim decision by the Joint Committee on Vaccination and Immunisation \(JCVI\) to deny the Human Papilloma Virus \(HPV\) vaccination to boys](#)

19th July 2017

The Faculty of Sexual and Reproductive Healthcare (FSRH) would like to express its concern over the interim recommendation by the Joint Committee on Vaccination and Immunisation (JCVI), the government's vaccination advisory body, to not provide the Human Papilloma Virus (HPV) vaccination to all boys.

Dr Asha Kasliwal, FSRH President, said:

"The interim decision to deny boys the HPV vaccination is a huge missed opportunity for improving long-term SRH outcomes and tackling gender inequality. FSRH aims to improve women's sexual and reproductive health, especially access to contraception. However, HPV affects not only women, but also men, and FSRH firmly believes that men and boys are vital in contributing to secure women's reproductive health and rights. We support boys and men's right to access high-quality SRH services and live a life free of sexually-transmitted infections such as HPV. FSRH calls on JCVI to reverse its decision when it convenes in October."

Peter Baker, HPV Action Campaign Director, said:

"It is astonishing that the Government's vaccination advisory committee has ignored advice from patient organisations, doctors treating men with HPV-related cancers, public health experts and those whose lives have been devastated by HPV. The interim decision not to vaccinate boys is about saving money not public health or equity. HPV Action will continue to make the case for a national vaccination programme that protects men and women equally and will be calling on ministers to make the right decision if the JCVI continues along its current path. There may also be grounds for a legal challenge on the grounds that a decision to leave boys and men at risk breaches equality law."

Ends Faculty of Sexual and Reproductive Healthcare, 27 Sussex Place, London NW1 4RG. Charity No. 1019969.

British Society for Immunology (BSI)

[BSI response to JCVI announcement on provision of HPV vaccine to boys](#)

19 July 2017

The Government's Joint Committee on Vaccination and Immunisation (JCVI) have today announced their decision regarding extending Human Papilloma Virus (HPV) vaccination to adolescent boys. Following analysis of the best available scientific evidence, the JCVI have concluded that, while there are small additional benefits to be gained from introducing routine HPV vaccination for boys, this would not be a cost-effective use of health service resources in the UK. They therefore decided not to recommend routinely providing boys with the HPV vaccine. In response, the British Society for Immunology has issued the following statement:

Professor Peter Openshaw, President of the British Society for Immunology said:

"Although the HPV vaccine was originally introduced in 2008 to prevent cervical cancer in women, it's recognised that HPV causes a number of other diseases in both sexes including genital warts, a variety of cancers (including those of the anus) and some types of mouth and throat cancer.

"The decision to provide this vaccine to girls represented a major step forward in public health provision in the UK, allowing us to protect future generations of girls from contracting cervical cancers initiated by this virus and also conferring a lower level of protection from HPV to boys through the effects of herd immunity.

"It's important that decisions on healthcare provision are based on a rigorous and objective analysis of the scientific evidence. In this case, the Government's Joint Committee on Vaccination and Immunisation (JCVI), the independent expert advisory panel which makes decisions on vaccine provision in the UK, has concluded that it is not currently recommended to routinely provide boys with the HPV vaccine as this would 'result in relatively small gains in health benefits' and 'not be a cost-effective use of public money' given the high rates of vaccine uptake in young women in the UK. It is also important to recognise the benefits of vaccination for men who contract HPV by having sex with men, who would not be protected by female vaccination.

"The British Society for Immunology recognises the huge public health benefits that vaccines can confer to the population, but decisions must be guided by the evidence of cost effectiveness. It is now crucial that we redouble efforts to ensure that HPV vaccination rates in girls remain high and that we actively communicate the benefits of the vaccination to parents and children. We trust that the JCVI will keep fully abreast of any new research in this area and continue to base their decisions on the best current evidence."

Royal Society for Public Health (RSPH)

[RSPH dismayed by JCVI decision on HPV vaccinations](#)

19 July 2017

RSPH has expressed its disappointment and frustration that the [Joint Committee on Vaccination and Immunisation](#) (JCVI) has decided not to extend HPV vaccinations to all adolescent boys.

HPV is responsible for 5% of all cancers, and a decision not to extend the vaccination now leaves some 400,000 boys in the UK at risk from contracting the virus.

A decision to extend the programme today would have brought the UK in line with 11 other countries who currently offer universal HPV vaccinations.

Shirley Cramer CBE, Chief Executive RSPH, said: "We are deeply aggrieved by the JCVI's decision today. It seems that fundamental priorities are focused on saving money rather than saving lives. Such a simple vaccination programme has the potential to make such a big impact to health on a national scale. We hope that the government's advisory committee reconsider this decision as soon as possible and put human health and wellbeing before cost saving."

Peter Baker, HPV Action Campaign Director, said: "It is astonishing that the Government's vaccination advisory committee has ignored advice from patient organisations, doctors treating men with HPV-related cancers, public health experts and those whose lives have been devastated by HPV. The decision not to vaccinate boys is about saving money not public health. HPV Action will continue to make the case for a national vaccination programme that protects men and women equally. There may also be grounds for a legal challenge on the grounds that the decision breaches equality law."

British Dental Association (BDA)

[Dentists condemn failure on HPV vaccinations](#)

19 July 2017

Dentists have condemned news that the Joint Committee on Vaccination and Immunisation (JCVI) has [decided not to recommend an extension of the Human Papilloma Virus \(HPV\) vaccination](#) to school age boys.

HPV has been linked to 1 in 20 cases of cancer in the UK. Health campaigners have called for a gender-neutral approach to vaccination, which would ensure 400,000 school-age boys are not left at risk.

Up to 80% of sexually active people will be infected by HPV at some point in their lives. 5% of all cancers are caused by HPV and some of

these, notably oral cancers, are now rising sharply in incidence. HPV-related cancers such as anal cancer are also among the hardest to diagnose and treat.

A recent poll published by the campaign coalition HPV Action for World Immunisation Week (24-28 April), showed that [97% of dentists backed expansion of the programme](#), with the same proportion saying if they had a son they would want them to receive the vaccination. 94% of GPs said they would support both positions.

This initial recommendation by JCVI will now be subject to a public consultation, and the BDA will make representations to the Committee urging them to reconsider the evidence before they make their final decision in October.

BDA Chair Mick Armstrong said:

"HPV has emerged as the leading cause of oropharyngeal cancers, so JCVI's unwillingness to expand the vaccination programme to boys is frankly indefensible. The state has a responsibility to offer all our children the best possible defence.

"Dentists are on the front line in the battle against oral cancer, a condition with heart-breaking and life-changing results. Ministers can chose to sit this one out, or show they really believe in prevention."

4. Parliamentary coverage

4.1 PQs

- [Human Papillomavirus: Vaccination](#)

Asked by: Shannon, Jim

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to ensure the adequate availability of the HPV vaccine throughout the UK.

Answering member: Steve Brine|

Department: Department of Health and Social Care

The human papillomavirus (HPV) vaccine Gardasil is centrally purchased and distributed to the National Health Service across the United Kingdom by Public Health England, for the purposes of both the national HPV vaccination programme for girls, and the recently launched national HPV programme for men who have sex with men. Central stocks of vaccine are monitored and a buffer of stock is maintained, to ensure continuous supply to both programmes.

25 Apr 2018 | Written questions | House of Commons | 136153

- [Human Papillomavirus: Vaccination](#)

Asked by: Baroness Altmann | **Party:** Conservative Party

To ask Her Majesty's Government whether they have taken legal advice relating to whether the failure to vaccinate all young boys against HPV virus constitutes discrimination under the Equality Act 2010 or other equality legislation.

Answering member: Lord O'Shaughnessy | **Party:** Conservative Party |

Department: Department of Health and Social Care

The Joint Committee on Vaccination and Immunisation is currently considering whether the human papillomavirus vaccination programme for girls, which was introduced in 2008 primarily to protect against cervical cancer, should be extended to include adolescent boys. The Department will consider its final advice once it has been received.

Any on-going legal discussions related to this issue are subject to legal professional privilege. The Government will ensure that any decision taken is fully compliant with relevant equality legislation.

09 Apr 2018 | Written questions | House of Lords | HL6741

- [Human Papillomavirus: Vaccination](#)

Asked by: Baroness Altmann | **Party:** Conservative Party

To ask Her Majesty's Government when they expect to receive the final report from the Joint Committee on Vaccinations and Immunisation relating to the extension of HPV vaccination to adolescent boys.

Answering member: Lord O'Shaughnessy | **Party:** Conservative Party |
Department: Department of Health and Social Care

The Joint Committee on Vaccination and Immunisation (JCVI) is currently reviewing evidence on the impact and cost-effectiveness of extending the human papillomavirus vaccination programme to adolescent boys. This includes mathematical modelling being undertaken by Public Health England.

In February 2018 JCVI agreed that it needed to see the results of the independent peer review of the modelling work, and the additional analyses being undertaken, before concluding its advice. The JCVI further agreed that legal advice should be obtained in response to stakeholder correspondence.

Once JCVI has reached a decision, the Committee's advice will be published most likely in the form of a statement alongside the minutes of the relevant meeting. The JCVI will not be in a position to conclude its advice until the required modelling, peer review and legal advice has been considered. This work will continue through 2018 and timeframes for JCVI concluding its advice are dependent on completion of the analyses requested.

09 Apr 2018 | Written questions | House of Lords | HL6740

- [HPV Vaccinations](#)

26 Mar 2018 | Lords Oral questions | 790 cc620-2

Baroness Altmann (Con)

To ask Her Majesty's Government, in the light of the recent decision to offer HPV vaccinations to gay men, whether they plan to provide HPV vaccinations to all boys; and if so, when.

The Parliamentary Under-Secretary of State, Department of Health and Social Care (Lord O'Shaughnessy) (Con)

My Lords, following a consultation, our expert group, the Joint Committee on Vaccination and Immunisation, is reviewing the evidence for vaccinating adolescent boys against HPV. We are awaiting its final advice, and it is important not to pre-empt the decision of the joint committee.

Baroness Altmann (Con)

I thank my noble friend for his reply. HPV-related oral cancers are the fastest-growing type of malignancy and affect thousands of men each year. Recent studies suggest that the vaccination of boys is cost effective, and I congratulate the Government on their decision to vaccinate gay men. Does not my noble friend agree, however, that the only way in which to protect men directly is to vaccinate them before they become sexually active, as they already do in many countries, including Australia, Canada, Austria or the United States? Would he also agree that we have a duty and responsibility to protect these boys, rather than leaving them vulnerable to potentially fatal cancers when it

will be too late for them to do anything about it, because we neglected them when young?

Lord O'Shaughnessy

My noble friend makes an important point, that vaccinations against the HPV virus brings wider health benefits beyond defending against cervical cancers. It is important to state that it is not my judgment that matters here but that of our expert group, and in its interim advice it did not recommend an extension of the HPV programme to boys as being cost effective, not least because of the high levels of immunity and uptake among girls, with the indirect benefit that that has. But that was its interim advice; the final advice is being considered at the moment, and I can tell the House that that advice and the underlying assumptions on cost benefit will be published when the decision is made.

Baroness Wheeler (Lab)

My Lords, last year's interim statement referred to by the Minister mentions referring the issue of equality of access to the HPV vaccine to the Department of Health for consideration. Has that referral been made? Given that the clinical benefits of gender neutrality have been so widely advocated by top medics over a very long period, is the department treating this with urgency? When is a response expected, and has any legal advice been taken on whether the current situation of only directly protecting girls and gay men constitutes discrimination by gender or sexual orientation?

Lord O'Shaughnessy

The noble Baroness is quite right that equality is an issue, and an equality analysis will take place. That can be completed only once we have the final advice from the joint committee. I can also promise her that we will publish that analysis, so that will be able to be scrutinised. As for legal advice, it is subject to threats of judicial review at the moment, so I cannot go any further than that, but I can promise that equality considerations are very high on the list of the issues that we are dealing with.

Baroness Jolly (LD)

My Lords, we welcome the decision to vaccinate gay men in England, but sex and relationships are no respecter of national borders. Has NHS England had any conversations with the NHS in Northern Ireland, Scotland or Wales to ensure that gay men are protected right across the UK?

Lord O'Shaughnessy

We are beginning a national rollout of the programme for men who have sex with men in terms of the provision, because of course they are not necessarily getting the indirect benefits from the girls' immunisation programme. I do not have the details of the working relationships with the devolved Administrations, but I shall write to the noble Baroness with details.

Lord Patel (CB)

My Lords, I am glad that the Minister said that the committee looking at the benefits of immunisation to boys recognises the wider benefits of immunisation for both boys and girls. However, he did say that it was not convinced about the cost effectiveness. Is that cost effectiveness merely for the cost of the programme if instituted now or the long-term benefits?

Lord O'Shaughnessy

The committee has to take a number of considerations into account—the public health benefits, short-term and long-term, and cost effectiveness—just as NICE does when approving medicines. It has to make a judgment about whether the incremental pound spent could be better spent across the entire health system, where, of course, there are many competing demands. But it is up to it to make that decision, and that will inform its final advice.

Baroness Gardner of Parkes (Con)

My Lords, is the Minister aware that oral cancer is very largely due to the papilloma virus? As a dentist, and on behalf of the dental profession, I strongly support immunisation, but there will always be people who do not attend to have it, even when it is introduced. So it is also important to be aware that dentists are usually the first people to detect oral cancer. For many years I have proposed that, when people go into accident and emergency for anything, someone should take one minute to see if there was any abnormality in the mouth which could be referred on at that stage. Could this even be included in a questionnaire when people go in for treatment? It would be a way of picking up oral cancer, which has increased by 23% in the last 10 years.

Lord O'Shaughnessy

My noble friend is quite right to highlight the link between HPV and oral cancer. The growing evidence base is one of the things which the JCVI is taking into consideration. There is absolutely no doubt that HPV causes around 99% of cervical cancers. The link to other cancers, such as the one my noble friend mentioned, is not quite the same and is still disputed, but it is one of the issues being considered.

Baroness Finlay of Llandaff (CB)

My Lords, given that the Government have recognised the importance of HPV, do they also recognise that some boys who are having a homosexual relationship will not come forward and may, therefore, be at very high risk prior to being offered immunisation? Boys also act as a reservoir for HPV among girls. There may be girls whose parents do not consent to them having immunisation but they are particularly at risk because 70% of cervical cancers are caused by HPV.

Lord O'Shaughnessy

Yes, of course. Among the technical issues which the JCVI has to take into account is the risk profile of boys at different ages and with different sexual behaviours.

- [Joint Committee On Vaccination and Immunisation](#)

Asked by: Bottomley, Sir Peter

To ask the Secretary of State for Health and Social Care, on what days the Joint Committee on Vaccinations and Immunisation met in each of the last three years; when the Joint Committee plans to meet in the next two years; at which meetings the Joint Committee discussed gender neutral HPV vaccinations; and what estimate his Department has made of the number of (a) boys and (b) men who remain unprotected against HPV-caused cancers.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health and Social Care

The Joint Committee on Vaccinations and Immunisation (JCVI) meets on the first Wednesday of February, June and October. The Committee held an extraordinary meeting in August 2016 to discuss influenza. There are no plans to change the current meeting schedule.

Gender neutral human papillomavirus (HPV) vaccination was discussed by JCVI in February and October 2015, June 2016 and October, June and February 2017.

There is no estimate of the number of boys/men who remain unprotected. The indirect protection to males afforded by the adolescent girls HPV programme is considered substantial. JCVI's Interim Statement on Extending HPV vaccination to adolescent boys is available at:

<https://www.gov.uk/government/publications/jcvi-statement-extending-the-hpv-vaccination-programme>

The HPV programme for men who have sex with men (MSM), who receive little indirect protection from the girls programme, aims to protect MSM considered at highest risk from HPV infection and disease. The estimated impact and cost-effectiveness of the HPV MSM programme is available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5404831/pdf/ciw845.pdf>

06 Mar 2018 | Written questions | Answered | House of Commons | 129552

- [Human Papillomavirus: Vaccination](#)

Asked by: Madders, Justin

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of potential effectiveness of a HPV vaccination programme for men.

Answering member: Steve Brine

Department: Department of Health and Social Care

The Joint Committee on Vaccination and Immunisation (JCVI), the expert committee that advises ministers on immunisation related issues, is currently considering the impact and cost-effectiveness of extending the human papillomavirus (HPV) vaccination programme to adolescent boys. This will include an assessment of the effectiveness of HPV vaccines in this group.

In November 2015, JCVI advised an HPV immunisation programme for men who have sex with men, up to and including the age of 45 years, who attend genitourinary medicine and HIV clinics. This was based on an assessment of the impact and cost-effectiveness of a three dose vaccination programme undertaken by Public Health England. Further information can be found here:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5404831/pdf/ciw845.pdf>

01 Mar 2018 | Written questions | House of Commons | 129161

- [Human Papillomavirus: Vaccination](#)

Asked by: Lucas, Caroline

To ask the Secretary of State for Health and Social Care, if he will make it his policy to extend the HPV vaccine to adolescent boys; and if he will make a statement.

Answering member: Steve Brine

Department: Department of Health and Social Care

The Joint Committee on Vaccination and Immunisation is currently considering whether the human papillomavirus vaccination programme for girls should be extended to include adolescent boys.

The Department will consider its final advice once it has been received.

08 Feb 2018 | Written questions | House of Commons | 126852

- [Human Papillomavirus: Vaccination](#)

Asked by: Morgan, Stephen

To ask the Secretary of State for Health, what assessment his Department has made of the cost of extending the HPV vaccine to teenage boys.

Answering member: Steve Brine

Department: Department of Health and Social Care

The Joint Committee on Vaccination and Immunisation (JCVI) is updating its advice on the potential extension of the human papillomavirus vaccination programme to include adolescent boys.

An assessment of the overall costs of expanding the programme will be completed once JCVI's final advice is received.

15 Jan 2018 | Written questions | House of Commons | 121156

4.2 Debate

- [HPV Vaccinations for MSM](#)

Motion that this House has considered HPV vaccinations for men who have sex with men. Agreed to on question. Sitting adjourned without Question put.

07 Jun 2016 | Debates | House of Commons | Westminster Hall | 611 cc97-112WH

Lead member: Freer, Mike | **Answering member:** Gwynne, Andrew · Ellison, Jane

Department: Department of Health

4.3 Written Ministerial Statement

- [HPV Vaccination](#)

Jane Ellison (Parliamentary Under-Secretary of State for Health)

I am today announcing that a human papillomavirus (HPV) vaccination pilot for men who have sex with men (MSM) will start this June.

Since 2008, an HPV vaccination programme for girls has been delivered to help prevent cervical cancer, which also confers a benefit for many boys over the life course.

HPV infection is also associated with ano-genital and oral cancers, and genital warts. In November 2015, the Joint Committee on Vaccination and Immunisation (JCVI) advised that a HPV vaccination programme should be introduced for MSM aged up to 45 years who attend genitourinary medicine (GUM) and HIV clinics, subject to procurement of the HPV vaccine and delivery of the programme at a cost-effective price.

Through this pilot, the HPV vaccine will be offered during existing appointments at selected GUM and HIV clinics in England to test delivery in these settings. Public Health England is in the process of agreeing which GUM and HIV clinics will take part in the pilot. A full roll-out of a HPV vaccination programme for men who have sex with men will be dependent on the progress and outcome of the pilot.

26 May 2016 | Written statements | House of Commons | HCWS17

5. Further information

Department of Health and Social Care Guidance

JCVI statement: extending the HPV vaccination programme

(19 July 2017)

Evidence and considerations for extending the HPV vaccination programme to adolescent boys: interim statement from JCVI.

<https://www.gov.uk/government/publications/jcvi-statement-extending-the-hpv-vaccination-programme>

HPV Action

Why Gender Neutral Vaccination?

<http://www.hpvaction.org/gender-neutral-vaccination.html>

Jabs For The Boys

<http://jabsfortheboys.uk/>

Commons Library

Debate Pack, **HPV vaccinations for men who have sex with men**
(June 6 2016)

<http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CDP-2016-0112>

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