Widespread HPV Vaccination May Require School Mandate

By Denise Napoli

BALTIMORE — The notion that the future burden of human papillomavirus will be great-
ly decreased thanks to the HPV vaccine may be unrealizable without a national school man-
date, according to a new model.

That’s because voluntary vaccination among the target population of 11- to 17-year-old girls so far has been modest, with just 7% of this cohort receiving all three doses in the first year of the vaccine’s availability, according to Dr. Amanda Dempsey of the University of Michigan, Ann Arbor.

“Under no-mandate conditions, our model suggests that vaccine utilization may be sub-
optimal and that coverage of even 70% could take decades to achieve,” Dr. Dempsey and David Mendez, Ph.D., also of the university, wrote in a poster presented at the annual meeting of the Pediatric Academic Societies.

The researchers created a model of HPV vac-
cine uptake among 11- to 17-year-old girls based on census data, published literature on parental attitudes toward HPV vaccination, adolescent health care utilization patterns, and expert physi-
cian opinion. The model assumed that a school mandate would be applied on a national level, and would be such that vaccination would be required for school attendance, with exceptions similar to those of other vaccine mandates.

The VAERS fact sheet did not give details of the injuries associated with the deaths that would suggest that they were caused by the vaccine.

The VAERS fact sheet did not give details of all these deaths. However, details of deaths that had occurred from June 30, 2006, to August 31, 2008, were reported during an October 2008 postlicensure safety update held by the Cen-
ters for Disease Control and Prevention’s Advisory Com-
mittee on Immunization Prac-
tices. The committee reviewed 27 deaths following Gardasil vac-
cine; 17 of those had been confirmed. Deaths occurred in females aged 12-26 years with no discernible pattern to age or time since vaccine administra-
tion. Six occurred within 1 week of vaccination, five in-
between 2-3 weeks, two within 3-9 weeks, and two within 9-17 weeks. One death occurred 288 days after vaccination, and one case had an unknown onset in-
terval.

Other serious adverse events detailed during the committee meeting were syncope (70), ve-
nous thromboembolism (41), GBS (52), and transverse myelitis (10).

The vaccine is considered safe and effective, the FDA said in the public information state-
ment. “Based on all of the in-
formation we have today, the Centers for Disease Control and Prevention continues to recommend Gardasil vaccina-
tion for the prevention of four types of human papillo-
mavirus. As with all approved vaccines, CDC and FDA will continue to closely monitor the safety of Gardasil. Any problems detected with this vaccine will be reported to health officials, healthcare providers, and the public, and needed action will be taken to ensure the public’s health and safety.”

Information regarding adverse events associated with Gardasil is available on the FDA’s VAERS Web site (www.cdc.gov/vaccineadverseevents).