ACIP Supports Use of Second HPV Vaccine

By Heidi Splete

ATLANTA — The Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices recommended a second human papillomavirus vaccine as an alternative to the quadrivalent vaccine for the prevention of cervical cancer and related precancerous conditions in women and girls aged 9-26 years. ACIP made the recommendation at its annual fall meeting.

The bivalent human papillomavirus (HPV) vaccine (Gardasil/Gardasil 9; Merck) was already approved by the Food and Drug Administration. The vaccine provides clinicians with another option to vaccinate adolescent girls and young women against diseases caused by HPV types 16 and 18. But unlike the quadrivalent vaccine (Merck & Co.’s Gardasil), the bivalent vaccine is not designed to protect against genital warts, noted Dr. Laurie Markowitz of the CDC.

ACIP recommended against a statement of no preference between the bivalent and quadrivalent vaccines after a lively debate. Instead, the recommendations will present the information about the two vaccines without a statement of preference or a statement of nonpreference. That either vaccine is an acceptable choice, they said.

The two vaccines can be used interchangeably to complete the three-dose series, but that using the same vaccine for the entire series is preferable. The bivalent vaccine, like the quadrivalent vaccine, is not a live vaccine, and it can be given simultaneously with other vaccines.

ACIP also voted to harmonize the age ranges for the two vaccines, with first doses given at ages 11-12 years and recommended second and third doses at 1-2 months and 6-12 months after the first dose. The recommended minimum dosing intervals remains as 4 weeks between the first and second dose and 12 weeks between the second and third doses.

FDA Approves Oral Treatment for Menorrhagia

The Food and Drug Administration has approved Lysteda, a proprietary formulation of tranexamic acid, for the treatment of menorrhagia.

According to the FDA, Lysteda, made by Xo悦 Pharmaceuticals, is the first nonpharmacological product approved for heavy menstrual bleeding. Menorrhagia affects about 3 million women a year. It is often caused by uterine fibroids, but has no underlying causes.

The FDA approved an injectable form of tranexamic acid in 1986 to reduce or prevent bleeding during and following tooth extraction in people with hemo- philia. Lysteda is an oral formulation.

The agency cautioned against using Lysteda in women who are taking oral contraceptives because of an increased risk of blood clots, stroke, or myocardi al infarction.