DEPARTMENT OF THE ARMY
HEADQUARTERS, US ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

MCCG

OTSG/MEDCOM Policy Memo 07-008

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Expires 9 March 2009

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Provisional Recommendations on Use of the Quadrivalent Human Papillomavirus (HPV) Vaccine

1. References.

a. Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices, ACIP Provisional Recommendations for the use of Quadrivalent HPV Vaccine, 14 August 2006, and updates; http://www.cdc.gov/nip/recs/provisional_recs/hpv.pdf

b. Centers for Disease Control, HPV Vaccine, "What You Need to Know," dated 9 May 2006, and updates; http://www.cdc.gov/nip/vaccine/hpv/default/htm

2. Purpose. To provide provisional recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) on the use of Quadrivalent HPV.

3. Proponent. The proponent for this memorandum is Clinical Services Division, Directorate of Health Policy and Services, USA MEDCOM.

4. Provisional Recommendations.

a. Provisional recommendations for the use of the quadrivalent HPV vaccine are:

(1) Routine vaccination with three doses of quadrivalent HPV vaccine is recommended for females 11-12 years of age. The vaccination series can be started in females as young as 9 years of age.

(2) Vaccination is recommended for females 13 - 26 years of age who have not been vaccinated previously or who have not completed the full vaccine series. Ideally, the vaccine should be administered before any potential exposure to HPV through sexual contact.

(3) Quadrivalent HPV vaccine is administered in a three-dose schedule. The second and third doses should be administered 2 months and 6 months, respectively, after the first dose.

(4) Quadrivalent HPV vaccine can be administered at the same visit when other age appropriate vaccines are provided, such as Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis (Tdap), Tetanus and Diphtheria Toxoids (Td), and Meningococcal (Groups A, C, Y and W-135) Conjugate Vaccine (MCV4).

(5) At present, cervical cancer screening recommendations have not changed for females who receive quadrivalent HPV vaccine.

b. Special Situations.

(1) Quadrivalent HPV vaccine can be given to females who have an equivocal or abnormal Pap test, a positive Hybrid Capture II® high-risk test, or genital warts. Vaccine recipients should be advised that data from clinical trials do not indicate the vaccine will have any therapeutic effect on existing Pap test abnormalities, HPV infection or genital warts. Vaccination of these females would provide protection against infection with vaccine HPV types not already acquired.

(2) Lactating women can receive quadrivalent HPV vaccine.

(3) Females who are immunocompromised either from disease or medication can receive quadrivalent HPV vaccine. However, the immune response to vaccination and vaccine effectiveness might be less than in females who are immunocompetent.

c. Pregnancy. Quadrivalent HPV vaccine is not recommended for use during pregnancy. The vaccine has not been associated causally with adverse outcomes of pregnancy or adverse events to the developing fetus. However, data on vaccination during pregnancy are limited. Any exposure to vaccine during pregnancy should be reported to the Vaccine Pregnancy Registry (1-800-986-8999).

d. Contraindications to use of vaccine. Quadrivalent HPV vaccine is contraindicated for people with a history of immediate hypersensitivity to yeast or to any vaccine component.

e. Precautions. Quadrivalent HPV vaccine can be administered to females with minor acute illnesses (e.g., diarrhea or mild upper respiratory tract infections, with or without fever). Vaccination of people with moderate or severe acute illnesses should be

deferred until after the illness improves. There are no studies of potential interactions when giving HPV vaccines with other vaccines.

5. Report adverse events following immunization to the Vaccine Adverse Event Reporting System (www.vaers.hhs.gov). Any clinically significant adverse event, even if a causal relationship to the immunization is uncertain, should be reported.

6. All immunizations for military personnel and other healthcare beneficiaries should be recorded in an electronic immunization tracking system (e.g., MEDPROS, AHLTA). When an electronic medical record or electronic immunization tracking system is unavailable, all immunizations will be recorded promptly in individual health records.

7. These recommendations are provided as guidance for healthcare providers making clinical decisions regarding care of their patients. As such, it cannot substitute for individual judgment brought to each clinical situation by the healthcare provider. These recommendations reflect the best understanding of medical science at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations.

KEVIN C. KILEY
Lieutenant General
Commanding