OREGON NURSES ASSOCIATION
ACTION REPORT
PRINCIPLES REGARDING THE HUMAN PAPILLOMA VIRUS (HPV)

Submitted by
Cabinet on Human Rights, Ethics, Practice & Research

Recommended Action:

The Cabinet on Human Rights, Ethics, Practice & Research recommends that Oregon Nurses Association:

1. Support vaccination against Human Papilloma Virus (HPV) of females;
   a. Vaccination will start at age 11-12. (at the same time as other boosters for chicken pox and diphtheria);
2. Support research efforts to monitor the efficacy of the vaccine;
3. Support the development of new and refined vaccines;
4. Support conduct of cost/benefit evaluations for expanding coverage to males in this age group;
5. Support legislation mandating insurance companies to cover the HPV vaccination.

Background:

HPV is one of the most common sexually transmitted infections in the United States and due to different strains, is the leading cause of cervical cancer and of genital warts, vulvar and vaginal cancers. The greatest prevalence is among young women ages 15 - 24 and there is great risk for HPV among women younger than age 25 with increased number of sexual partners, having first sexual intercourse before age 16 and/or having sex with a male who has multiple sexual partners. Gardisil is reported to provide 100% protection against infection from HPV types 16 and 18, types which are responsible for nearly 70% of all cervical cancers. It also protects against types 6 and 11 which cause 90% of genital warts. Current studies indicate that the duration of protection lasts at least five years; it is unknown whether boosters will be needed. Many states have taken legislative action to mandate administration of the vaccine to girls in order for re-entry to school. The immunization is costly ($360 x 3) injections and there are limited clinical studies and experience to date as to the vaccine’s safety and efficacy.

American Nurses Association (ANA, May 10, 2007) adopted/approved principles related to HPV vaccine which include support for policies which promote childhood and adolescent health including immunizations (ACIP); recommended vaccine legislation which includes provisions for parental choice, and funding for access to this vaccine if a health plan does not cover, or the individual is uninsured, and support for continued research to monitor efficacy of the vaccine.

The Cabinet on Human Rights, Ethics, Practice & Research reviewed and debated this issue and because of its potential to reduce serious disease, increase longevity in a specific population, felt its recommendation needed to come before the House of Delegates.

Implementation:

1. Publish ONA’s position to public health policy makers, public health nurses, school nurses and others whose practice involves child/adolescent health care.
2. Publish ONA’s position to third party payers.

Financial impact:

1. Limited staff time to publish position and respond to questions or issues arising.