

**TOPIC: IN SUPPORT OF HUMAN PAPILLOMAVIRUS VACCINATION FOR WOMEN AND MEN TO REDUCE RISK OF HPV-RELATED DISEASES**

**SUBMITTED BY: Maryland Association of Nursing Students Board of Directors**

- WHEREAS, in 2007 the National Student Nurses' Association (NSNA) passed a resolution "In Support of Increasing Awareness and Prevention of Human Papillomavirus"; and
- WHEREAS, HPV 16/18 are responsible for 70% of all cervical cancers, as well as cancers of the vagina, vulva, penis, anus, head and neck; where HPV 6/11 are responsible for up to 90% of genital warts and recurrent respiratory papillomatosis (RRP); and
- WHEREAS, cervical cancer is the third leading cause of cancer in women and a major cause of cancer-related deaths worldwide, with an increase in estimated cervical cancer incidence and death from HPV infection in recent years; and
- WHEREAS, in 2006 the FDA approved the use of Gardasil for HPV vaccination of women aged 9-26 and Cervarix in 2009 for women aged 10-25, which have a proven precancer efficacy rate of 98% and 100%, respectively, when used prophylactically on subjects not previously infected with HPV 16/18; and
- WHEREAS, in 2009, the FDA extended the use of the Gardasil vaccine for males aged 9-26 years to decrease the transmission of HPV; and
- WHEREAS, infection by HPV can occur throughout a sexually active person's lifetime, including infection from new sexual contacts later in life (reinfection), or where infection may be the result of reactivation from HPV; and
- WHEREAS, it has been suggested that up to 50% of oncologic HPV infections persist in adult women, and that prevalent "HPV infection has shown to peak first in adolescent girls, with an observed second peak in women 45-50 years of age;" and
- WHEREAS, HPV infection in men has been shown to "peak at slightly older ages and remains constant or decreases slightly with increasing age (20-50 years), suggesting persistent HPV infection or a higher rate of reinfection;" and
- WHEREAS, according to new research, HPV vaccination can offer cross-protection against nonvaccine oncogenic HPV types (heterologous HPV infections) and against reinfections from HPV; and
- WHEREAS, data suggests a 44% efficacy rate for use of Gardasil in prevention of HPV infection for women previously infected with HPV-16/18, and that vaccination with Cervarix is well tolerated (100% seroconversion) for women between the ages of 26-55 years; therefore be it
- RESOLVED, that the NSNA encourage its constituents to support the vaccination of women and men age 9 and above to effectively reduce the risk of HPV-related disease, including adults over the age of 26 who may be sexually active, regardless of a previous HPV infection; and be it further

- RESOLVED, that the NSNA encourage its constituents to collaborate with nursing and education programs to include into their curricula new information on HPV vaccination for women and in particular men, in effort to reduce further transmission of HPV viruses, if feasible; and be it further
- RESOLVED, that the NSNA encourage the publication of current information in *Imprint* and other periodicals, if feasible; and be it further
- RESOLVED, that the NSNA provide resource links online of current research on the benefits related to HPV vaccination for women and men, including adults over the age of 26 who may be susceptible to infection or reinfection, if feasible; and be it further
- RESOLVED, that the NSNA encourage its constituents to work with legislators to promote social programs that subsidize HPV vaccination costs for women and men, if feasible; and be it further
- RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Cancer Society, the Centers for Disease Control and Prevention, the American Gynecological and Obstetrical Society, the American Social Health Association, the National Institute of Allergy and Infectious Diseases, the American Medical Association, the American Public Health Association, the World Health Organization, the Joint Commission, and all others deemed appropriate by the NSNA Board of Directors, and all others deemed appropriate by the NSNA Board of Directors.