Whereas, While Human Papillomavirus (HPV) infection with high risk strains is a well-known risk factor for cervical cancer and widespread efforts have been made to educate healthcare providers and the public about screening and vaccination for cervical cancer prevention, HPV infection has also been associated with the development of other cancers such as vulvar, vaginal, head and neck, penile, and anal cancer, among others.  

Whereas, Of the approximately 34,800 new cases of HPV-related cancer diagnoses in the U.S. annually, less than one third are due to cervical cancer and 40% are found in males.  

Whereas, HPV associated head and neck cancer predominates in males in a ratio of 8:1 and has increased in prevalence by 225% since the 1980s, and the annual number of cases are expected to surpass the annual number of cervical cancers per year by 2020.  

Whereas, HPV vaccination has been recommended by the U.S. Food and Drug Administration (FDA) for females ages 9 to 26 for cervical, vulvar, and vaginal cancer prevention since 2006, all individuals for the prevention of anal cancer since 2010, individuals up to age 45 that may be at higher risk of infection since 2018, and for head and neck cancer prevention since 2020. 

Whereas, Despite HPV vaccination being recommended for all individuals, vaccination rates are still suboptimal, and significantly lower for males (27.4% - 56%) compared to females (45.7% - 65%), with approximately 37% of individuals receiving all three doses. 

Whereas, It has been hypothesized that vaccination rates are suboptimal in part due to a "feminization of HPV" that evolved from a focus on cervical cancer screening and the conception of women bearing the burden of HPV related illness, which suggests that vaccination rates may increase if stakeholders actively work to normalize HPV vaccination as an important gender-neutral component of routine healthcare. 

Whereas, A 2019 meta-analysis showed that healthcare professionals' knowledge and counseling tendencies regarding HPV infection and vaccination remain low and are crucial to vaccine uptake; notably many providers are unaware that HPV is associated with non-cervical cancers and that the HPV vaccine can prevent non-cervical cancers. 

Whereas, In a study of pediatric residents and fellows, 68.3% rated their prior education as "none" or "fair" regarding HPV related head and neck cancer and over half reported "never" discussing it with their patients, in contrast to 70.9% who rated their education on cervical cancer as "good" or "excellent", and 95% indicated a need for increased HPV education.
Whereas Studies have shown adults have a general lack of knowledge about HPV vaccinations and less than a third are aware of the association with non-cervical cancers, which has been associated with lower vaccination rates for themselves and their children\textsuperscript{22, 23}; and

Whereas, While current AMA policies (H-440.872 and H-370.995) address increasing physician and public education about HPV and cervical cancer, these current policies fail to explicitly address other HPV related cancers beyond cervical cancer, thereby potentially perpetuating prevalent misconceptions regarding the scope of HPV related cancers; and

Whereas, The Advisory Committee on Immunization Practices support removing barriers to vaccination access including offering immunizations in schools increasing access and follow up at appropriate intervals for patients that may have difficulty obtaining their vaccinations\textsuperscript{25, 26}; and

Whereas, While School-based HPV vaccination programs utilized in several other countries have resulted in the highest vaccination rates in the world, ranging from 69 to 90\%, and large decreases in HPV related cancers, school-based HPV vaccination is rare in the U.S.\textsuperscript{27, 28}; and

Whereas, A Texas HPV vaccination education and administration program increased vaccination rates greater than HPV education alone by providing vaccinations to students and covering the cost by screening for insurance and covering uninsured students\textsuperscript{29}; and

Whereas, Vaccine mandates to attend school are routine for communicable diseases including Hepatitis B for which 48 states mandate vaccination, while only 3 have HPV mandates\textsuperscript{30, 31}; and

Whereas, Physicians often present HPV vaccination as optional or non-urgent because it is not required for school entry which results in greater vaccination hesitancy among patients\textsuperscript{32}; and

Whereas, AMA policy H-60.923 sets a precedent for supporting mandatory vaccination and H-440.970 states that nonmedical exemptions from immunizations endanger the health of the community at large and supports legislation eliminating such nonmedical exemptions; and

Whereas, Rhode Island mandates HPV vaccination for school attendance without explicitly permitting nonmedical exemptions which led to increased vaccine uptake compared to states that explicitly permit nonmedical exemptions, and funds this program at the state level by directly purchasing vaccines from the Centers for Disease Control at low costs to give to providers for free, thus eliminating financial barriers\textsuperscript{36-38}; and

Whereas, Because screening for signs of non-cervical HPV related cancer is limited, vaccination is the primary method of cancer prevention, however, there has been evidence supporting the use of non-cervical cancer screening in high risk populations\textsuperscript{36-38}; therefore be it
RESOLVED, That our American Medical Association amend policy H-440.872, “HPV Vaccine and Cervical Cancer Prevention Worldwide,” by addition and deletion to read as follows:

**HPV Vaccine and Cervical Cancer Prevention Worldwide, H-440.872**

1. Our AMA (a) urges physicians to educate themselves and their patients about HPV and associated diseases, HPV vaccination, as well as routine cervical-cancer screening for those at risk; and (b) encourages the development and funding of programs targeted at HPV vaccine introduction and cervical cancer screening in countries without organized cervical cancer screening programs.

2. Our AMA will intensify efforts to improve awareness and understanding about HPV and associated diseases, in all individuals regardless of sex, such as, but not limited to, cervical cancer, head and neck cancer, anal cancer, and penile cancer, the availability and efficacy of HPV vaccinations, and the need for routine cervical cancer screening in the general public.

3. Our AMA:
   a. encourages the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits for adolescents and young adults,
   b. supports the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that benefit most from preventive measures, including but not limited to low-income and pre-sexually active populations,
   c. recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination.

4. Our AMA encourage appropriate stakeholders to investigate means to increase HPV vaccination rates by:
   a. facilitating administration of HPV vaccinations in community-based settings including school settings, and
   b. supporting state mandates for HPV vaccination for school attendance. (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA support legislation and funding for research aimed towards discovering screening methodology and early detection methods for other non-cervical HPV associated cancers. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 10/12/22

References:


RELEVANT AMA POLICY

Meningococcal Vaccination for School Children H-60.923
Our AMA supports efforts to require that school children receive meningococcal vaccine per the Advisory Committee on Immunization Practices guidelines. Res. 414, A-14

Childhood Immunizations H-60.969
1. Our AMA will lobby Congress to provide both the resources and the programs necessary, using the recommendations of the National Vaccine Advisory Committee and in accordance with the provision set forth in the National Vaccine Injury Compensation Act, to ensure that children nationwide are immunized on schedule, thus representing progress in preventive medicine.
2. Our AMA endorses the recommendations on adolescent immunizations developed by the Advisory Committee for Immunization Practices and approved by both the American Academy of Family Physicians and the American Academy of Pediatrics.
3. Our AMA will develop model state legislation to require that students entering middle or junior high school be adequately immunized according to current national standards.
4. Our AMA encourages state medical societies to advocate legislation or regulations in their state that are consistent with the AMA model state legislation.
5. Our AMA will continue to work with managed care groups and state and specialty medical societies to support a dedicated preventive health care visit at 11-12 years of age.
6. Our AMA will work with the American Academy of Family Physicians and the American Academy of Pediatrics to strongly encourage the Centers for Medicare & Medicaid Services to deactivate coding edits that cause a decrease in immunization rates for children, and to make these edit deactivations retroactive to January 1, 2013.

Human Papillomavirus (HPV) Inclusion in School Education Curricula D-170.995
Our AMA will:
1. strongly urge existing school health education programs to emphasize the high prevalence of human papillomavirus in all genders, the causal relationship of HPV to cancer and genital lesions, and the importance of routine pap tests in the early detection of cancer;
2. urge that students and parents be educated about HPV and the availability of the HPV vaccine; and
3. support appropriate stakeholders to increase public awareness of HPV vaccine effectiveness for all genders against HPV-related cancers.
Res. 418, A-06; Reaffirmed: CSAPH Rep. 01, A-16; Modified: Res. 404, A-18

HPV Vaccine and Cervical Cancer Prevention Worldwide H-440.872
1. Our AMA (a) urges physicians to educate themselves and their patients about HPV and associated diseases, HPV vaccination, as well as routine cervical cancer screening; and (b) encourages the development and funding of programs targeted at HPV vaccine introduction and cervical cancer screening in countries without organized cervical cancer screening programs.
2. Our AMA will intensify efforts to improve awareness and understanding about HPV and associated diseases, the availability and efficacy of HPV vaccinations, and the need for routine cervical cancer screening in the general public.
3. Our AMA: (a) encourages the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits for adolescents and young adults, (b) supports the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that benefit from preventive measures, including but not limited to low-income and pre-sexually active populations, and (c) recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination.
Res. 503, A-07; Appended: Res. 6, A-12; Reaffirmed: CSAPH Rep. 1, A-22; Reaffirmation: A-22

Insurance Coverage for HPV Vaccine D-440.955
Our AMA: (1) supports the use and administration of Human Papillomavirus vaccine as recommended by the Advisory Committee on Immunization Practices; (2) encourages insurance carriers and other payers to appropriately cover and adequately reimburse the HPV vaccine as a standard policy benefit for medically eligible patients; and
(3) will advocate for the development of vaccine assistance programs to meet HPV vaccination needs of uninsured and underinsured populations.  
Res. 818, I-06; Reaffirmed: CMS Rep. 01, A-16.

Nonmedical Exemptions from Immunizations H-440.970
1. Our AMA believes that nonmedical (religious, philosophic, or personal belief) exemptions from immunizations endanger the health of the unvaccinated individual and the health of those in his or her group and the community at large.
Therefore, our AMA (a) supports the immunization recommendations of the Advisory Committee on Immunization Practices (ACIP) for all individuals without medical contraindications; (b) supports legislation eliminating nonmedical exemptions from immunization; (c) encourages state medical associations to seek removal of nonmedical exemptions in statutes requiring mandatory immunizations, including for childcare and school attendance; (d) encourages physicians to grant vaccine exemption requests only when medical contraindications are present; (e) encourages state and local medical associations to work with public health officials to develop contingency plans for controlling outbreaks in medically-exempt populations and to intensify efforts to achieve high immunization rates in communities where nonmedical exemptions are common; and (f) recommends that states have in place: (i) an established mechanism, which includes the involvement of qualified public health physicians, of determining which vaccines will be mandatory for admission to school and other identified public venues (based upon the recommendations of the ACIP); and (ii) policies that permit immunization exemptions for medical reasons only.
2. Our AMA will actively advocate for legislation, regulations, programs, and policies that incentivize states to (a) eliminate non-medical exemptions from mandated immunizations and (b) limit medical vaccine exemption authority to only licensed physicians.

Organ Donor Recruitment H-370.995
Our AMA supports development of "state of the art" educational materials for the medical community and the public at large, demonstrating at least the following:
(1) the need for organ donors;
(2) the success rate for organ transplantation;
(3) the medico-legal aspects of organ transplantation;
(4) the integration of organ recruitment, preservation and transplantation;
(5) cost/reimbursement mechanisms for organ transplantation; and
(6) the ethical considerations of organ donor recruitment.