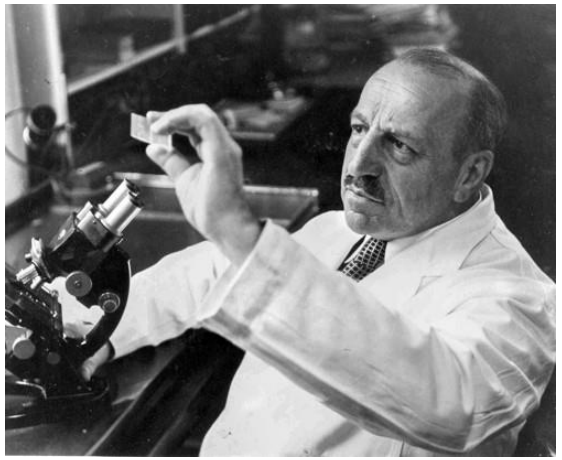
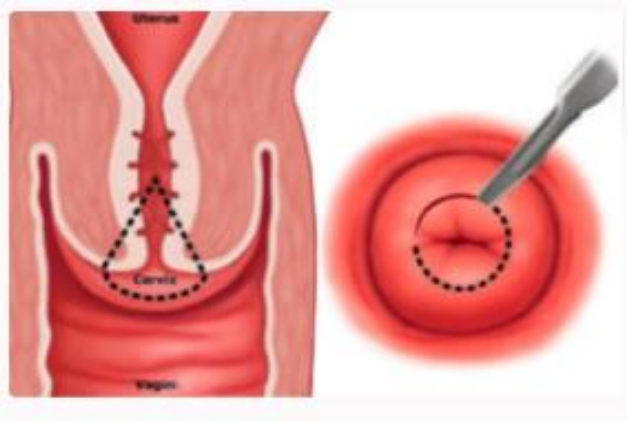
«HPV et programme cantonal»

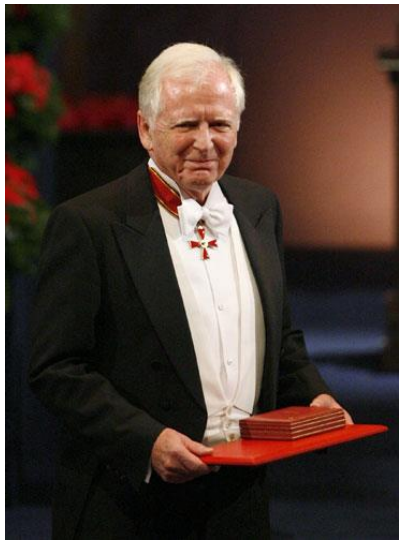
Actualités sur le vaccin HPV

Dre Martine Jacot-Guillarmod
Médecin-adjointe, MER
DFME – Département femme-mère-enfant

26.01.2023 – Société vaudoise des pharmaciens

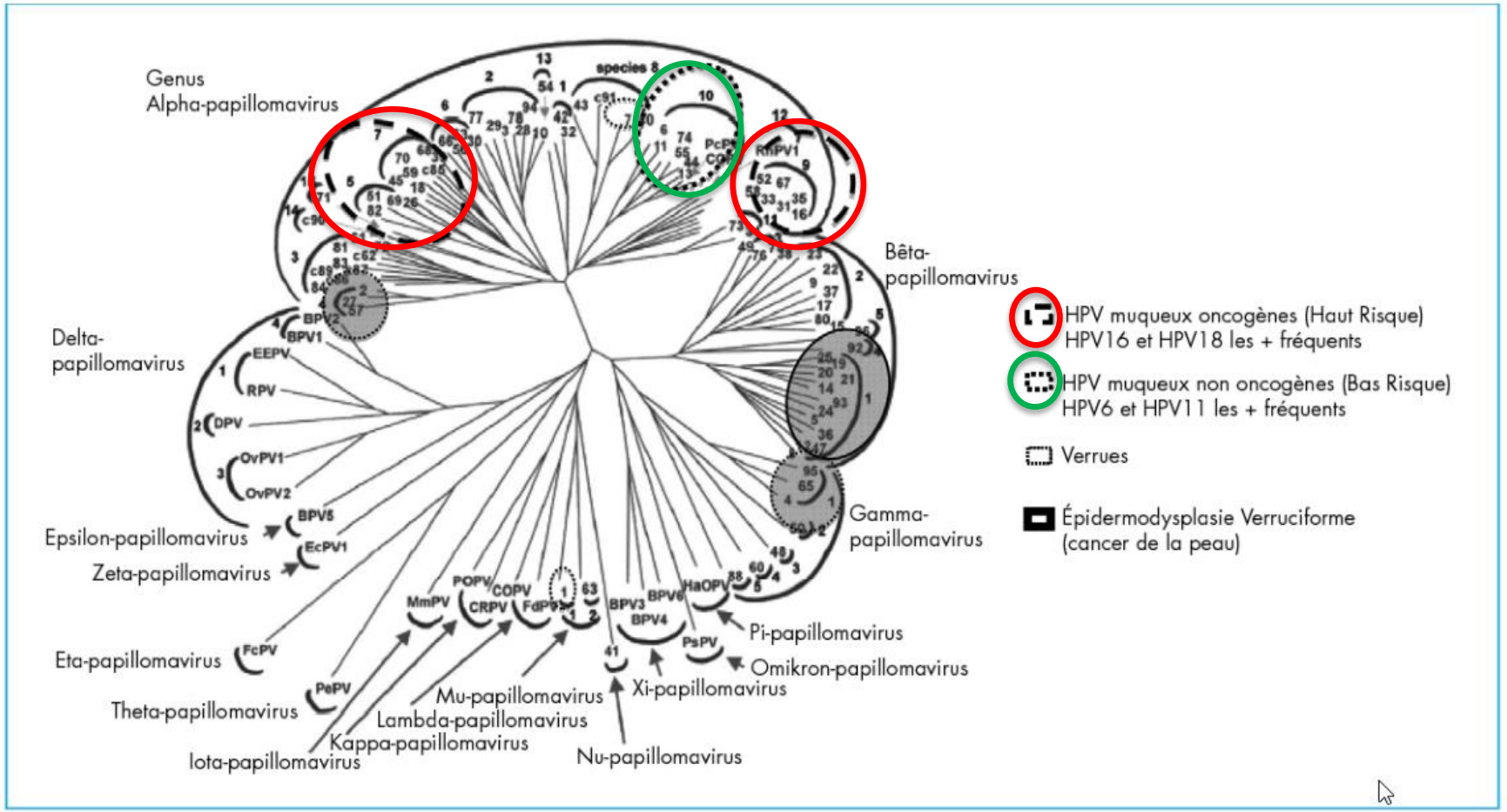






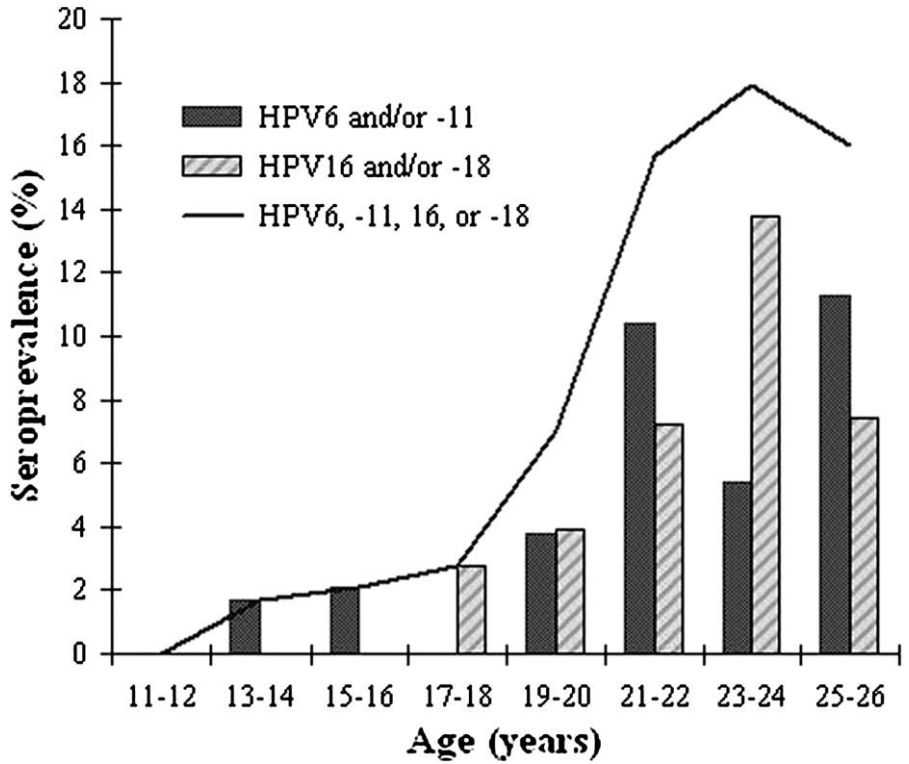

#METOO
Vaccin
anti-HPV

Papillomavirus Humains : HPV HR & LR



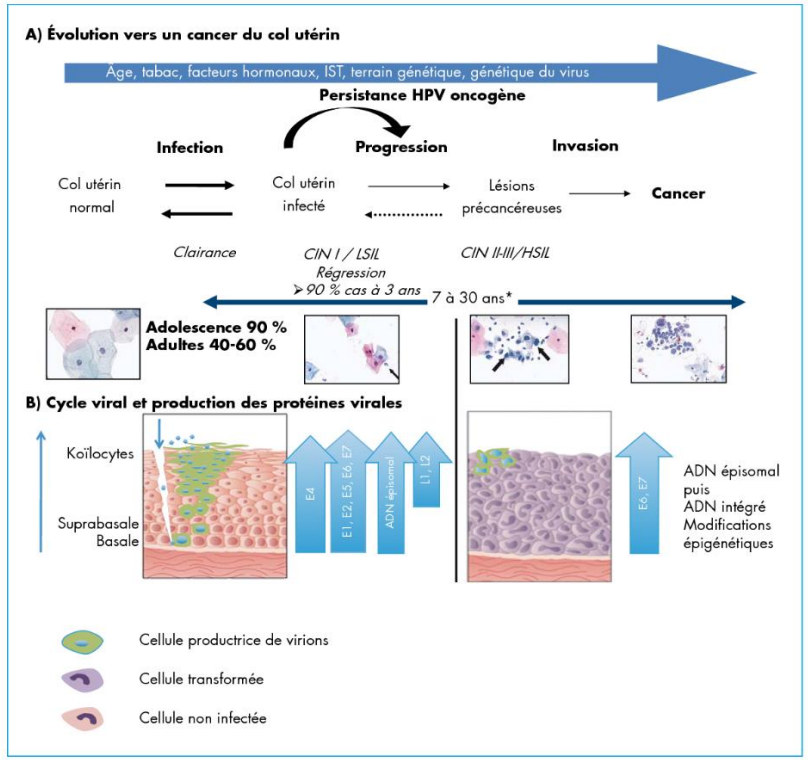
Alain S et al 2010

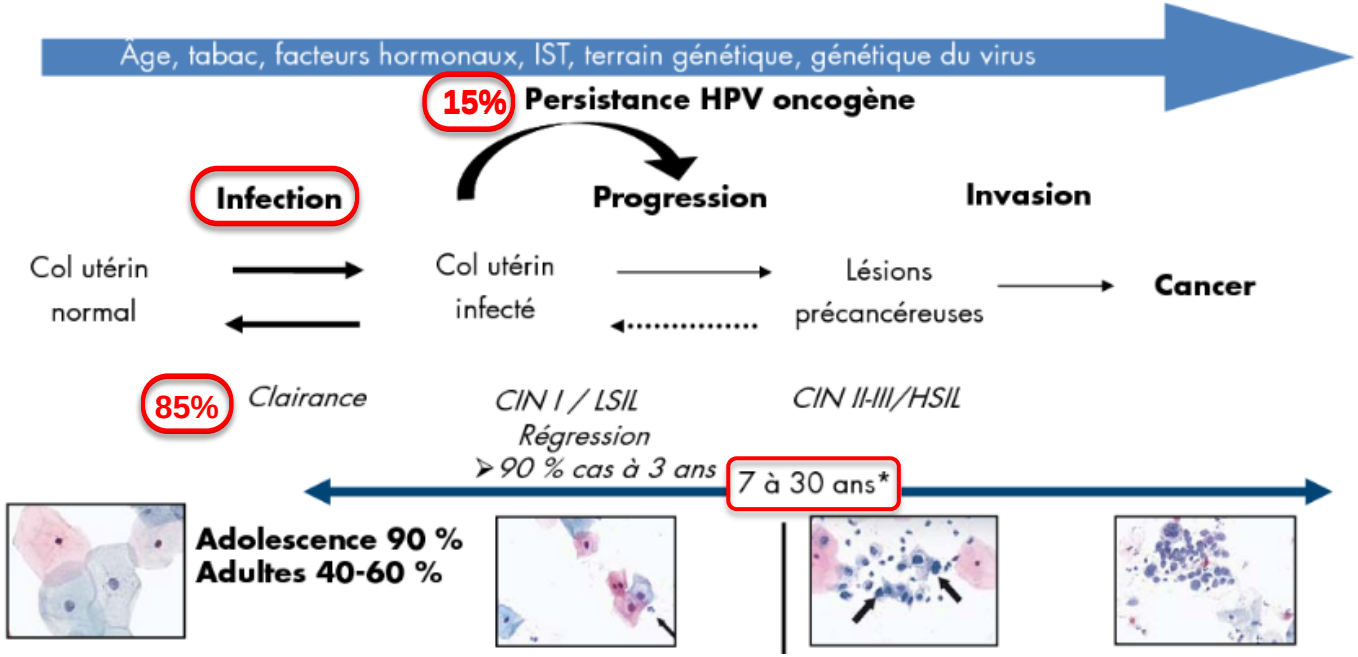
HPV



Kramer et al. Sex Transm Infect 2010

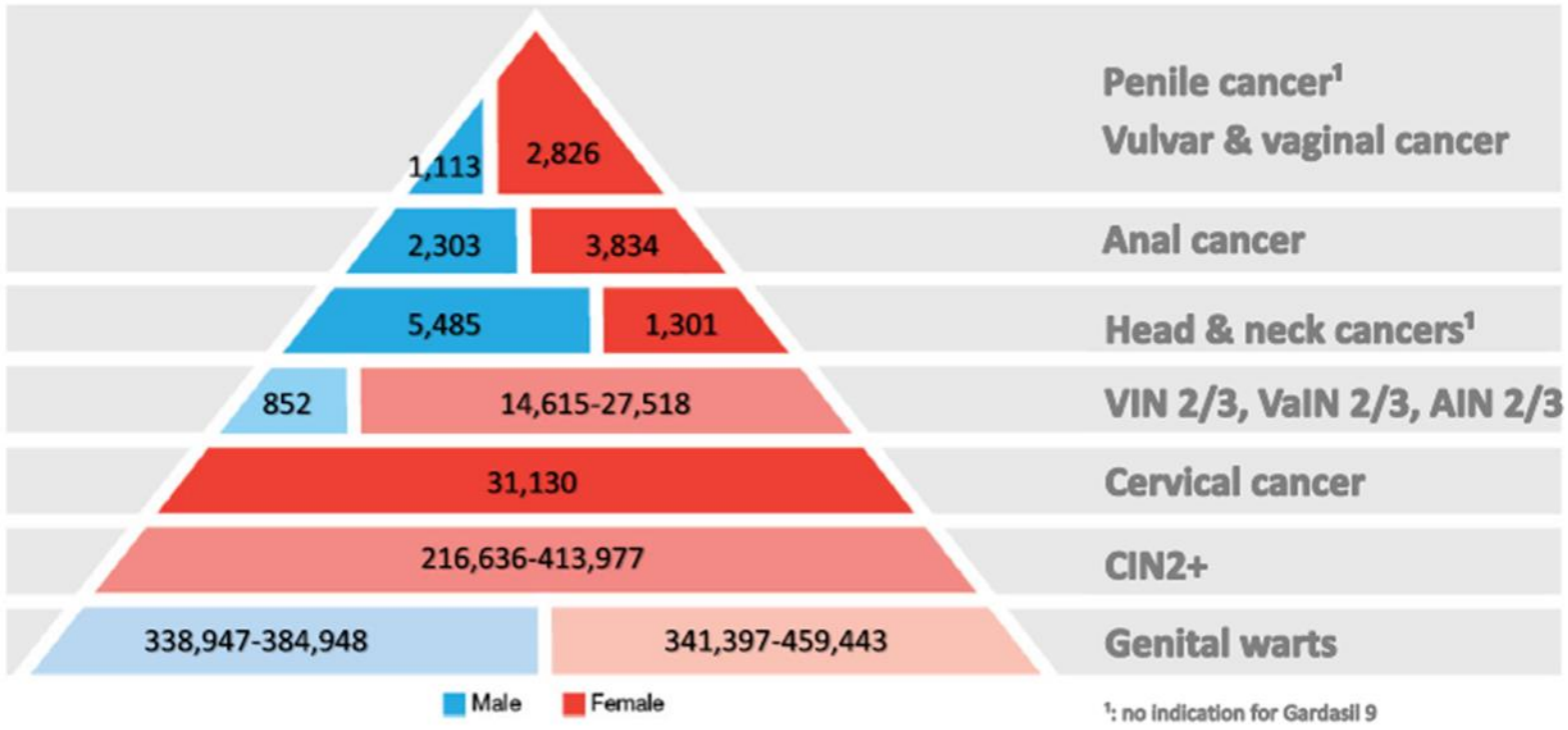
Histoire naturelle : HPV & col





Alain S et al 2010

Cancers HPV induits : ♀ et ♂



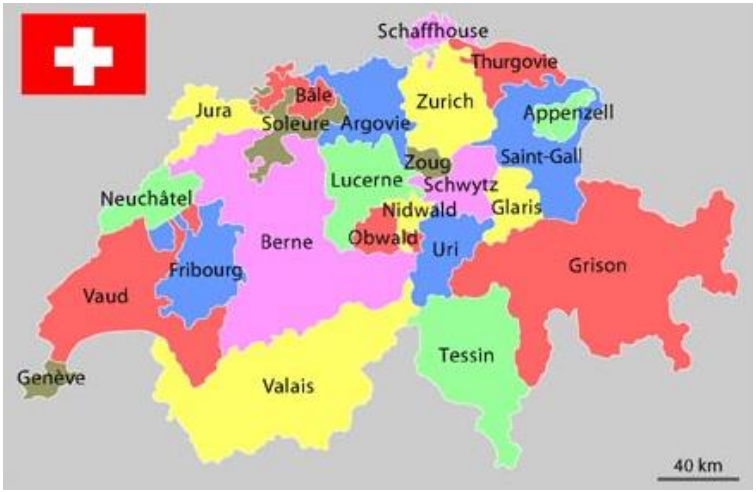
Hartwig S et al Infect Agent Cancer 2017

HPV vaccination

- **9vHPV : HPV 6,11,16,18,31,33,45,52,58** (Gardasil9®)

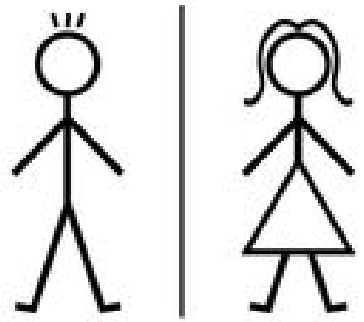
- Quadrivalent : HPV 6,11,16,18 (Gardasil®)
- Bivalent : HPV 16,18 (Cervarix®)

Schéma de vaccination HPV

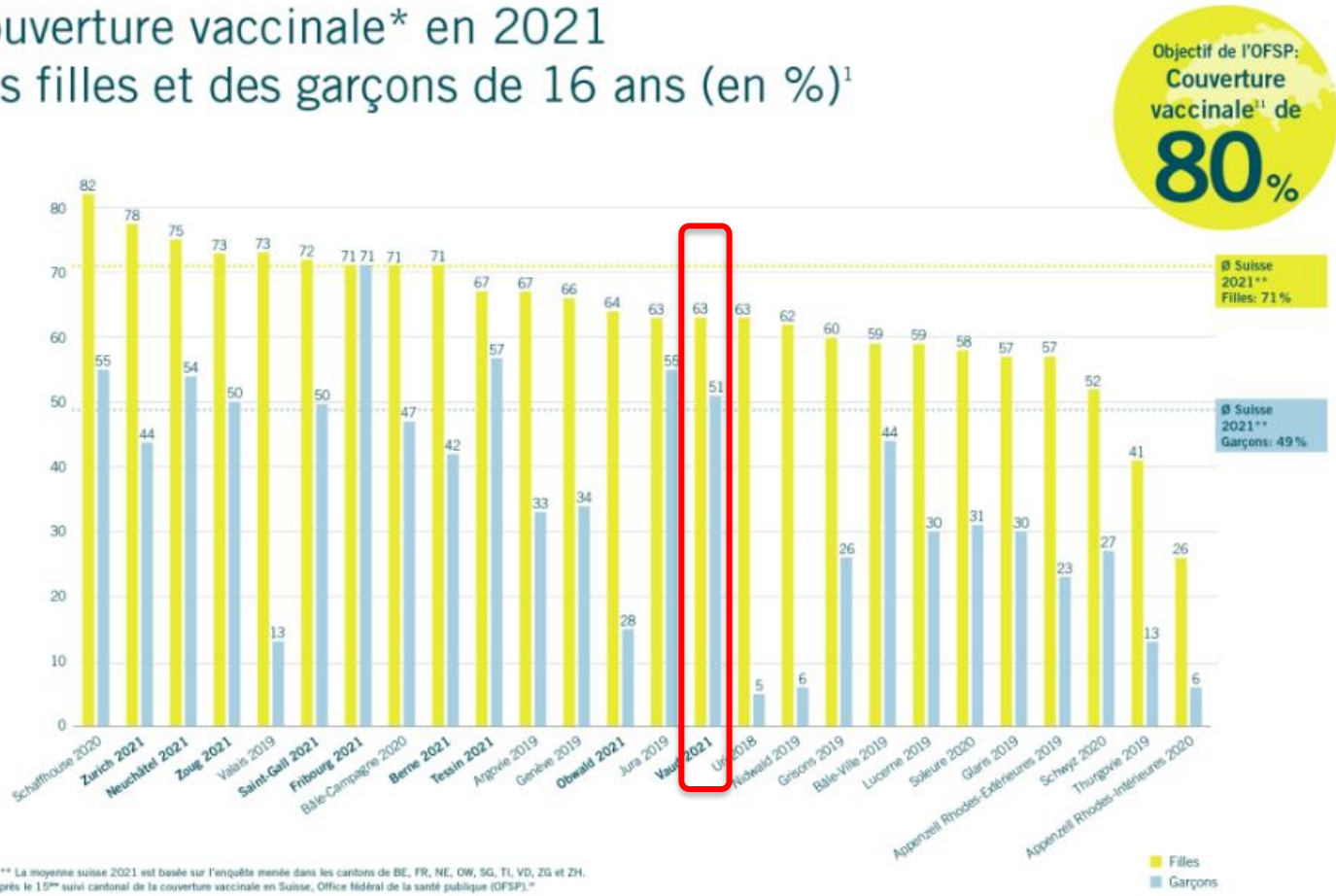


- 11-14 ans (<15ème anniversaire) :
  2 doses => 0 / 6M

- > 15 ans & rattrapage < 26 ans :
  3 doses => 0 / 1-2M / 6M



Couverture vaccinale* en 2021 des filles et des garçons de 16 ans (en %)[1]



* 2 doses. ** La moyenne suisse 2021 est basée sur l'enquête menée dans les cantons de BE, FR, NE, OW, SG, TI, VD, ZG et ZH.
Adapté d'après le 15ème suivi cantonal de la couverture vaccinale en Suisse, Office fédéral de la santé publique (OFSP).[1]

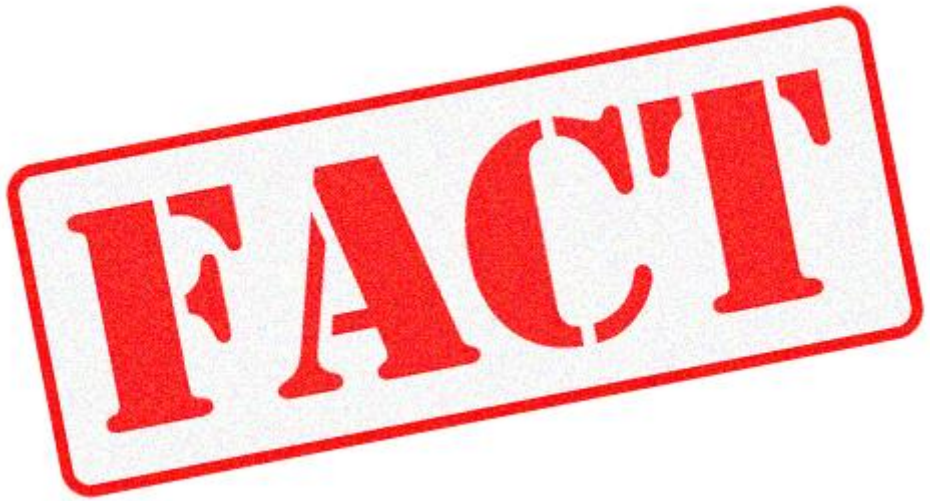
=> 2030

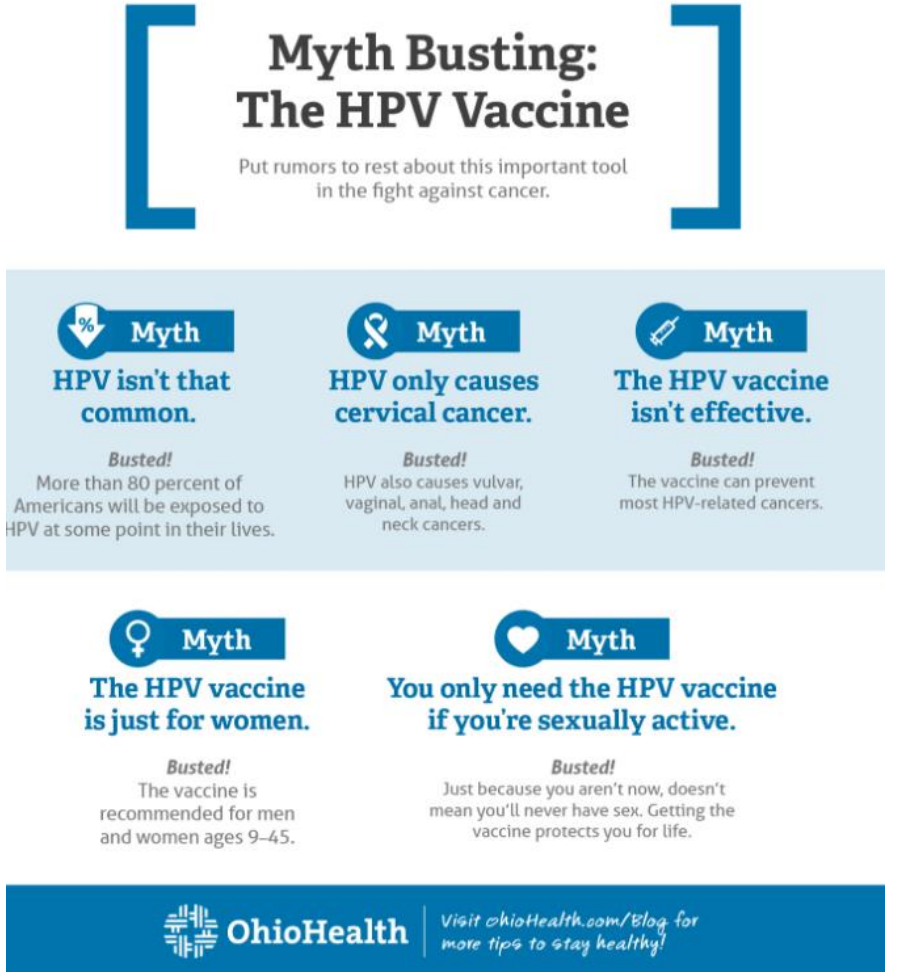
World Health Organization
Organisation mondiale de la Santé

Eradication cancer du col ►90% couverture vaccinale

Couverture vaccinale mondiale actuelle ≈ 13% …

canton de vaud


FACT


Myth Busting:
The HPV Vaccine
Put rumors to rest about this important tool in the fight against cancer.
Myth
HPV isn't that common.
Busted!
More than 80 percent of Americans will be exposed to HPV at some point in their lives.
Myth
HPV only causes cervical cancer.
Busted!
HPV also causes vulvar, vaginal, anal, head and neck cancers.
Myth
The HPV vaccine isn't effective.
Busted!
The vaccine can prevent most HPV-related cancers.
Myth
The HPV vaccine is just for women.
Busted!
The vaccine is recommended for men and women ages 9–45.
Myth
You only need the HPV vaccine if you're sexually active.
Busted!
Just because you aren't now, doesn't mean you'll never have sex. Getting the vaccine protects you for life.
OhioHealth
Visit ohiohealth.com/blog for more tips to stay healthy!

Effets indésirables

- Douleur et rougeur locales (77.1%)
- Céphalées (16.6%)

- Nausées
- Etat fébrile
- Vertiges
- Urticaire (<1/1000)
- Détresse respiratoire allergique (<1/10’000)

www.cdc.gov / www.acog.org / *Compendium Suisse des Médicaments®*

World Health Organization
Organisation mondiale de la Santé

Weekly epidemiological record
Relevé épidémiologique hebdomadaire

14 JULY 2017, 92th YEAR / 14 JUILLET 2017, 92e ANNÉE
No 28, 2017, 92, 393–404
http://www.who.int/wer

Safety update of HPV vaccines

Since licensure in 2006, over 270 million doses of HPV vaccines have been distributed. GACVS first reviewed the safety data in 2007,[12] and subsequently in 2008,[13] 2009,[14] 2013,[15] 2014[16] and 2015.[17] Early on, the Committee was presented signals related to anaphylaxis and syncope. The risk of anaphylaxis has been characterized as approximately 1.7 cases per million doses, and syncope was established as a common anxiety or stress-related reaction to the injection. No other adverse reactions have been identified and GACVS considers HPV vaccines to be extremely safe.

Journal of Autoimmunity 79 (2017) 84–90

Contents lists available at ScienceDirect

Journal of Autoimmunity

journal homepage: www.elsevier.com/locate/jautimm

Risk of autoimmune diseases and human papilloma virus (HPV) vaccines: Six years of case-referent surveillance

478 ♀ 11-25y : multiple sclerosis, Guillain-Barré, thyroïditis, diabetes, …

►Exposure to HPV vaccines was NOT associated with increased risk of ADs

L. Grimaldi-Bensouda et al. Journal of Autoimmunity 79 (2017)

VACCINE REPORTS

An Overview of Quadrivalent Human Papillomavirus Vaccine Safety

2006 to 2015

Michelle Vichnin, MD,* Paolo Bonanni, MD,† Nicola P. Klein, MD, PhD,‡ Suzanne M. Garland, MD,§ Stan L. Block, MD,¶ Susanne K. Kjaer, MD,‖** Heather L. Sings, PhD,* Gonzalo Perez, MD,*†† Richard M. Haupt, MD, MPH,* Alfred J. Saah, MD,* Fabio Lievano, MD,* Christine Velicer, PhD,* Rosybel Drury, PhD,‡‡ and Barbara J. Kuter, PhD, MPH*

Review > 15 studies >1Mio vaccinated ♀

► NO increase in severe complications

Vichnini et al. Pediatr Infect Dis J 2015

International Journal of Epidemiology, 2018, 1–8
doi: 10.1093/ije/dyx273
Original article

Original article

Quadrivalent human papillomavirus vaccination in boys and risk of autoimmune diseases, neurological diseases and venous thromboembolism

Morten Frisch,[1,2]* Andréa Besson,[1] Kim Katrine Bjerring Clemmensen,[1] Palle Valentiner-Branth,[3] Kåre Mølbak[3] and Anders Hviid[1]

[1]Department of Epidemiology Research, Statens Serum Institut, Copenhagen, Denmark, [2]Center for Sexology Research, Aalborg University, Aalborg, Denmark and [3]Department of Infectious Disease Epidemiology & Prevention, Statens Serum Institut, Copenhagen, Denmark

Exploration of 51 autoimmune and diseases, neurological diseases and venous thromboembolism vaccinated ♂

► NO increased risk

Frisch et al. International Journal of Epidemiology 2018

Human papillomavirus vaccination of adult women and risk of autoimmune and neurological diseases

A. Hviid[1], H. Svanström[1], N. M. Scheller[1], O. Gronlund[2], B. Pasternak[1,3] & L. Arnheim-Dahlström[2]

From the [1]Department of Epidemiology Research, Statens Serum Institut, Copenhagen, Denmark; [2]Department of Medical Epidemiology and Biostatistics; and [3]Department of Medicine Solna, Clinical Epidemiology Unit, Karolinska Institutet, Stockholm, Sweden

45 autoimmune and neurological diseases > 240'00 vaccinated ♀

► NO increased risk

Hviid et al. J Intern Med 2018

Original Study

Human Papillomavirus Vaccination and Sexual Behavior in Young Women

Mary B. Rysavy BA [1], Jessica D.K. Kresowik MD [1], Dawei Liu PhD [2], Lindsay Mains MD [1], Megan Lessard MPH [2], Ginny L. Ryan MD, MA [1,*]

[1] Department of Obstetrics and Gynecology, Carver College of Medicine, University of Iowa, Iowa City, IA
[2] Department of Biostatistics, College of Public Health, University of Iowa, Iowa City, IA

223 ♀ 15-24y
Cross sectional survey

►There is no evidence that HPV vaccination results in more risky sexual behaviour

Summary of Sexual Behaviors by Vaccination Group

Variable	Vaccinated Group (n = 153)	Unvaccinated Group (n = 70)	*P*
Composite high-risk behaviors*	115 (75)	54 (77)	.749
Vaginal intercourse			
Age at first vaginal intercourse			.768
<16	23 (24)	11 (22)	
≥16	74 (76)	40 (78)	
Average age	16.8 ± 2	17 ± 2	.665
Number of partners			.513
Lifetime >2	59 (63)	28 (57)	
Lifetime ≤ 2	35 (37)	21 (43)	
Average number of partners	6.6 ± 7.5	6.6 ± 8.8	.968
Condom use			.407
Used condom all of the time	19 (19)	13 (25)	
Used condom less than all of the time	80 (81)	39 (75)	
Anal intercourse			
Age at first anal intercourse			.337
<16	2 (7)	2 (17)	
≥16	27 (93)	10 (24)	
Number of partners			.105
1	22 (76)	6 (50)	
≥2	7 (24)	6 (50)	
Oral intercourse			
Age at first oral intercourse			.295
<16	32 (33)	10 (24)	
≥16	66 (67)	32 (76)	
Number of partners			.593
Lifetime >2	48 (52)	24 (57)	
Lifetime ≤ 2	44 (48)	18 (43)	
Pregnancy/sexually transmitted infections†			
Pregnancy‡	13 (9)	14 (20)	.016
Chlamydia	8 (5)	3 (4)	.763
Gonorrhea	3 (2)	0 (0)	.242
Genital herpes	5 (3)	1 (1.5)	.435
Syphilis	1 (1)	0 (0)	.501
Crabs	1 (1)	0 (0)	.501
HIV	2 (1)	0 (0)	.339
Genital Warts	4 (3)	1 (1)	.575
HPV	14 (9)	5 (2)	.618
Trichomoniasis	1 (1)	0 (0)	.498
Hepatitis B	1 (1)	0 (0)	.496

Contents lists available at SciVerse ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine

Human papillomavirus vaccination and sexual behaviour: Cross-sectional and longitudinal surveys conducted in England

Alice S. Forster[a], Laura A.V. Marlow[a], Judith Stephenson[b], Jane Wardle[a], Jo Waller[a,*]

[a] Cancer Research UK Health Behaviour Research Centre, Department of Epidemiology and Public Health, UCL, Gower Street, London WC1E 6BT, United Kingdom
[b] Institute for Women's Health, UCL, Medical School Building, 74 Huntley Street, London WC1E 6AU, United Kingdom

Design: Cross-sectional and longitudinal surveys.
Setting: Seven English schools.
Main outcome measures: Self-reported sexual behaviour.
Participants: The cross-sectional survey included 1053 girls (mean age 17.1 years) who had (n = 433 recruited in March 2010) or had not (n = 620 recruited in March 2009) been offered the HPV vaccine. The longitudinal survey included 407 girls (mean age 17.5 years) who had been offered HPV vaccination and had either received at least one dose (n = 148) or had not received any doses (n = 259).
Results: In the cross-sectional survey, the group of girls who had been offered the HPV vaccine were no more likely to be sexually active than the group of girls who had not been offered the HPV vaccine. In the longitudinal survey, the vaccinated group were no more likely to have changed their condom use or increased their total number of sexual partners than the unvaccinated group.
Conclusions: Neither being offered the HPV vaccine nor receiving it affected sexual behaviour.

Effect of human papillomavirus (HPV) vaccination on clinical indicators of sexual behaviour among adolescent girls: the Ontario Grade 8 HPV Vaccine Cohort Study

Leah M. Smith MSc, Jay S. Kaufman PhD, Erin C. Strumpf PhD, Linda E. Lévesque PhD

Interpretation: We present strong evidence that HPV vaccination does not have any significant effect on clinical indicators of sexual behaviour among adolescent girls. These results suggest that concerns over increased promiscuity following HPV vaccination are unwarranted and should not deter from vaccinating at a young age.

Smith LM et al. CMAJ 2015

ORIGINAL ARTICLE

Baseline demographic characteristics of subjects enrolled in international quadrivalent HPV (types 6/11/16/18) vaccine clinical trials

Jorma Paavonen and the FUTURE II Study Group*
Department of Obstetrics and Gynecology, University Hospital, Helsinki,

Table 4. *Vaccine-type HPV PCR status stratified by lifetime number of sex partners reported at enrollment*

LSP at Day 1	N	HPV PCR status				
		Naïve to all vaccine types *n* (%)	Positive to ≥1 vaccine types *n* (%)	Positive to ≥2 vaccine types *n* (%)	Positive to ≥3 vaccine types *n* (%)	Positive to all vaccine types *n* (%)
Europe						
N/A (virgin)	732	724 (98.9)	8 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)
1	2376	2217 (93.3)	159 (6.7)	12 (0.5)	0 (0.0)	0 (0.0)
2	1923	1674 (87.1)	249 (12.9)	29 (1.5)	3 (0.2)	0 (0.0)
3	1904	1509 (79.3)	395 (20.7)	77 (4.0)	8 (0.4)	0 (0.0)
4	1972	1426 (72.3)	546 (27.7)	108 (5.5)	9 (0.5)	0 (0.0)
>4	235	149 (63.4)	86 (36.6)	23 (9.8)	6 (2.6)	1 (0.4)

≤ 4 sex partners : most ♀ 16-26y still naive to vaccine HPV
► at risk of being infected ► vaccination recommanded

Paavonen et al J Curr Med Res Opin 2008

Raisons évoquées par ♀ 18-24 ans non vaccinées contre HPV en CH

23% **manque d'informations (vaccin HPV)**

18% peur des effets secondaires du vaccin
16% >1 partenaire sexuel
14% opposée à la vaccination en général
12% vaccin HPV destiné aux jeunes filles / trop âgées
11% pas de temps ou oubli

Wymann M et al. Int J Public Health 2018.

Vaccination HPV & grossesse

Obstet Gynecol. 2009 Dec;114(6):1179-88. doi: 10.1097/AOG.0b013e3181c2ca21.

Pregnancy and infant outcomes in the clinical trials of a human papillomavirus type 6/11/16/18 vaccine: a combined analysis of five randomized controlled trials.

Garland SM[1], Ault KA, Gall SA, Paavonen J, Sings HL, Ciprero KL, Saah A, Marino D, Ryan D, Radley D, Zhou H, Haupt RM, Garner EI; Quadrivalent Human Papillomavirus Vaccine Phase III Investigators.

- 20’551 ♀ 15-45y
- Phase III studies prophylactic quadrivalent vaccine

RESULTS: During the studies, 1,796 vaccine and 1,824 placebo recipients became pregnant, resulting in 2,008 and 2,029 pregnancies with known outcomes. No significant differences were noted overall for the proportions of pregnancies resulting in live birth, fetal loss, or spontaneous abortion. A total of 40 neonates born to vaccinated women and 30 neonates born to women given placebo had one or more congenital anomalies (P=.20). The anomalies were diverse and consistent with those most commonly observed in the general population. The vaccine was well tolerated among women who became pregnant.

► Non tératogène

Efficacité de la vaccination

Effect on genital warts in Australian female and heterosexual male individuals after introduction of the national human papillomavirus gender-neutral vaccination programme: an analysis of national sentinel surveillance data from 2004–18

Eric P F Chow, Allison Carter*, Tobias Vickers, Christopher K Fairley, Anna McNulty, Rebecca J Guy, David G Regan, Andrew E Grulich, Denton Callander, Laila Khawar, Dorothy A Machalek, Basil Donovan*

- Analyse transversale diagnostics condylomes génitaux c/♀ et ♂ et calcul du taux de prévalence
- Réseau national de 35 cliniques / 2004 - 2018
- Comparaison:
  - Période vaccination R aux ♀
  - Période de vaccination mixte (2013-2018)
  - Période de vaccination globale
  - Période pré-vaccination

Lancet Infect Dis. 2021;21:1747-56.

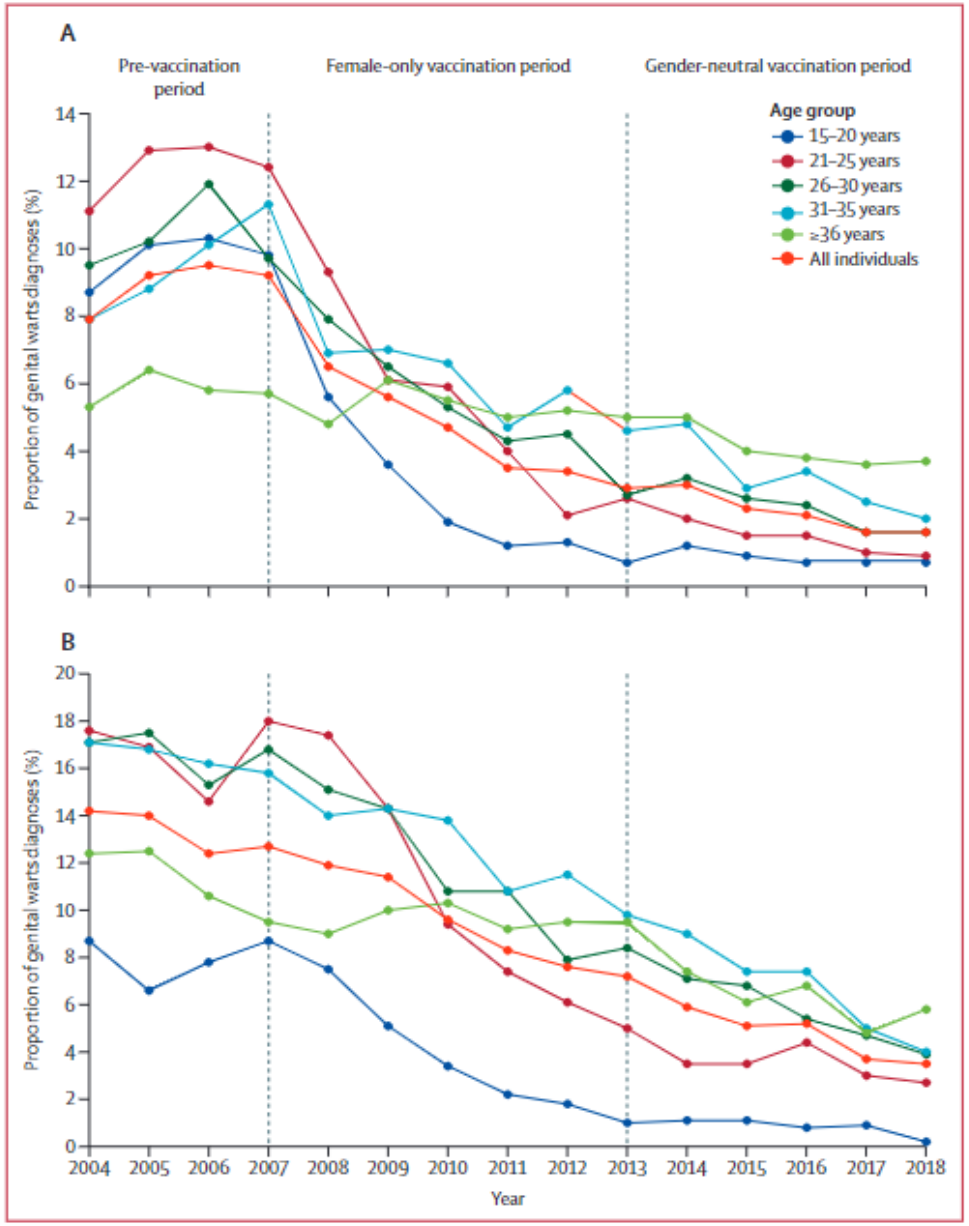


Figure 2: Proportions of genital wart diagnoses in Australian-born female (A) and heterosexual male (B) individuals between 2004 and 2018

Lancet Infect Dis. 2021;21:1747-56

Octobre 2020

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

HPV Vaccination and the Risk of Invasive Cervical Cancer

Jiayao Lei, Ph.D., Alexander Ploner, Ph.D., K. Miriam Elfström, Ph.D., Jiangrong Wang, Ph.D., Adam Roth, M.D., Ph.D., Fang Fang, M.D., Ph.D., Karin Sundström, M.D., Ph.D., Joakim Dillner, M.D., Ph.D., and Pär Sparén, Ph.D.

1’672’983 ♀ 10-30 ans 2006-2017

- 63% réduction du risque de cancer du col => **88% si < 17y**

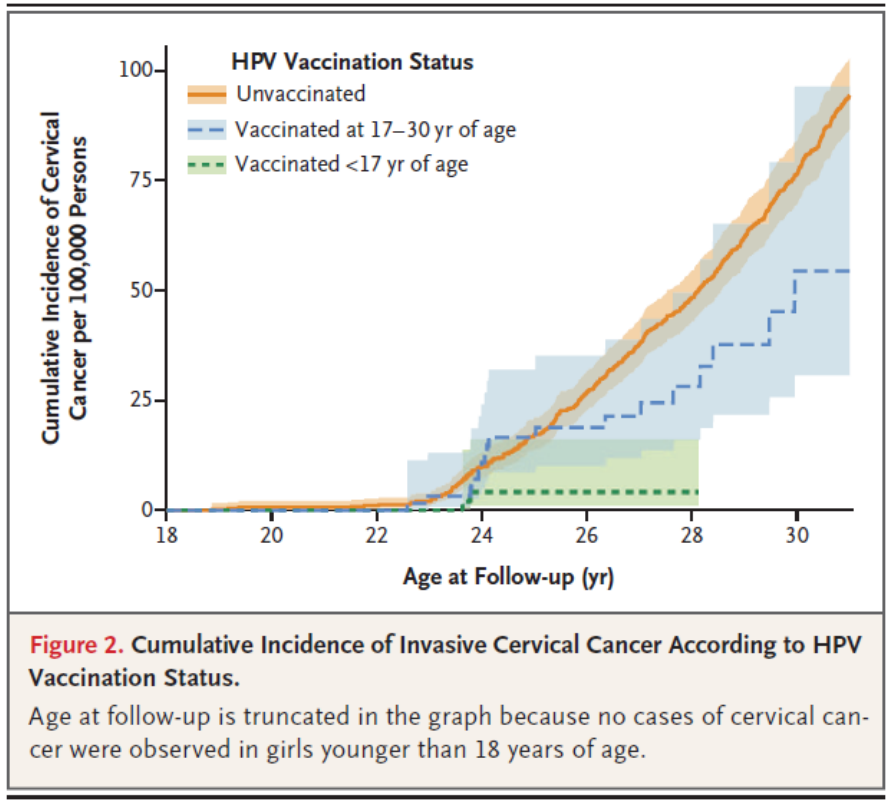


Figure 2. Cumulative Incidence of Invasive Cervical Cancer According to HPV Vaccination Status.

Age at follow-up is truncated in the graph because no cases of cervical cancer were observed in girls younger than 18 years of age.

Lei J et al 2020

Immunogenicity and safety of a nine-valent human papillomavirus vaccine in women 27–45 years of age compared to women 16–26 years of age: An open-label phase 3 study

Elmar A. Joura [a], Angels Ulied [b], Corinne Vandermeulen [c], Milagrosa Rua Figueroa [d], Ilkka Seppä [e], Juan José Hernandez Aguado [f], Anitta Ahonen [e], Olaf Reich [g], Miia Virta [e], Antonino Perino [h], Merce Peris Tuser [i], Klaus Peters [j], Massimo Origoni [k], Francesco Raspagliesi [l], Wiebren A.A. Tjalma [m,n], Philippe Tummers [o], Linn Woelber [p], Pekka Nieminen [q], Pierre van Damme [r], Jalid Sehouli [s], Gabriel Fiol Ruiz [t], Sara Brucker [u], Tanja Fehm [v], Kyeongmi Cheon [w], Sonali Rawat [w], Alain Luxembourg [w], Frederick Wittke [w,*]

- Étude multicentrique internationale
- ♀ 16-26 ans N=570 / ♀ 27-45 ans N=642 => vaccination 3 doses vaccin 9v
- Comparaison des 2 groupes :
  - à 7M dosage AC anti HPV vaccinaux
  - tolérance vaccination

► non infériorité groupe 27-45 ans versus 16-26 ans

► profil de tolérance et effets secondaires idem

► soutient vaccination des ♀ > 26 ans

Joura et al Vaccine 2021

Open Forum Infectious Diseases

MAJOR ARTICLE

Median Age at HPV Infection Among Women in the United States: A Model-Based Analysis Informed by Real-world Data

Vimalanand S. Prabhu,[1] Craig S. Roberts,[1] Smita Kothari,[1] and Linda Niccolai[2]

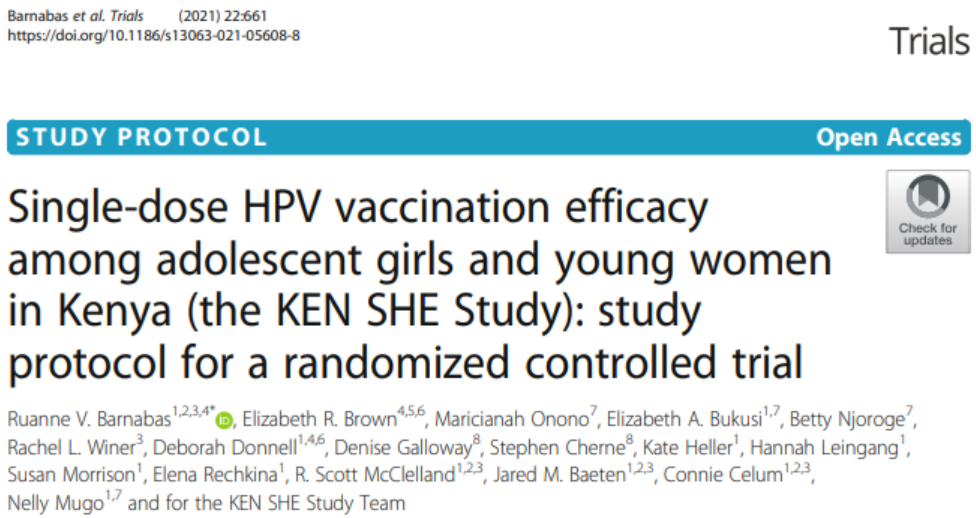
[1]Merck & Co., Inc., Kenilworth, New Jersey, USA, and [2]Yale School of Public Health and Connecticut Emerging Infections Program, New Haven, Connecticut, USA

- N= 6083 ♀ âge moyen 28 ans / CIN2+ (2008-2009)
- Modèle de simulation => âge de l'infection causale HPV = 23.9 ans

► charge infectieuse significative > 27 ans

► justificatif d'une approche à vacciner les femmes plus âgées : 27 - 45 ans

Quid d'un schéma à dose unique ?



Barnabas *et al. Trials* (2021) 22:661
https://doi.org/10.1186/s13063-021-05608-8

Trials

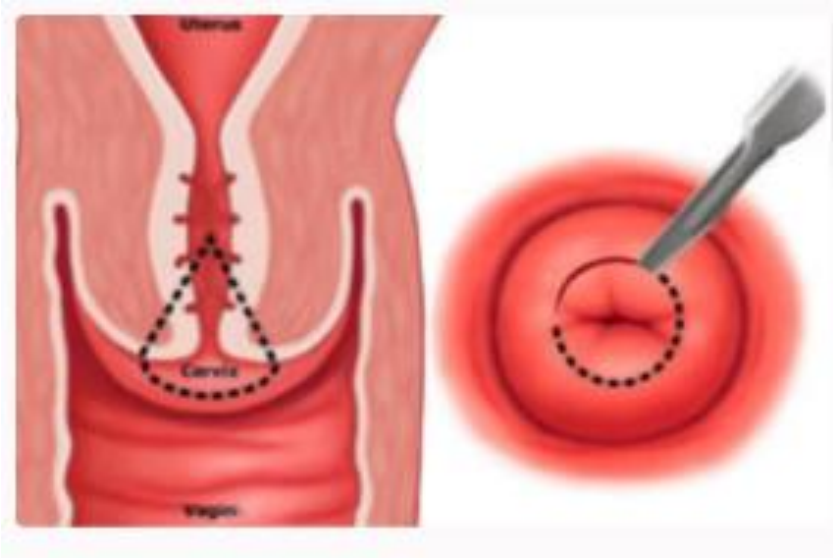
STUDY PROTOCOL Open Access

Single-dose HPV vaccination efficacy among adolescent girls and young women in Kenya (the KEN SHE Study): study protocol for a randomized controlled trial

Ruanne V. Barnabas[1,2,3,4*], Elizabeth R. Brown[4,5,6], Maricianah Onono[7], Elizabeth A. Bukusi[1,7], Betty Njoroge[7], Rachel L. Winer[3], Deborah Donnell[1,4,6], Denise Galloway[8], Stephen Cherne[8], Kate Heller[1], Hannah Leingang[1], Susan Morrison[1], Elena Rechkina[1], R. Scott McClelland[1,2,3], Jared M. Baeten[1,2,3], Connie Celum[1,2,3], Nelly Mugo[1,7] and for the KEN SHE Study Team

- Efficacité de 97.5% dans la prévention d'une infection persistante HPV
- Prudence: follow up = 18M …

Vaccination après traitement



Gynecologic Oncology 151 (2018) 229–234

Contents lists available at ScienceDirect

Gynecologic Oncology

journal homepage: www.elsevier.com/locate/ygyno

2018

SPERANZA project: HPV vaccination after treatment for CIN2+

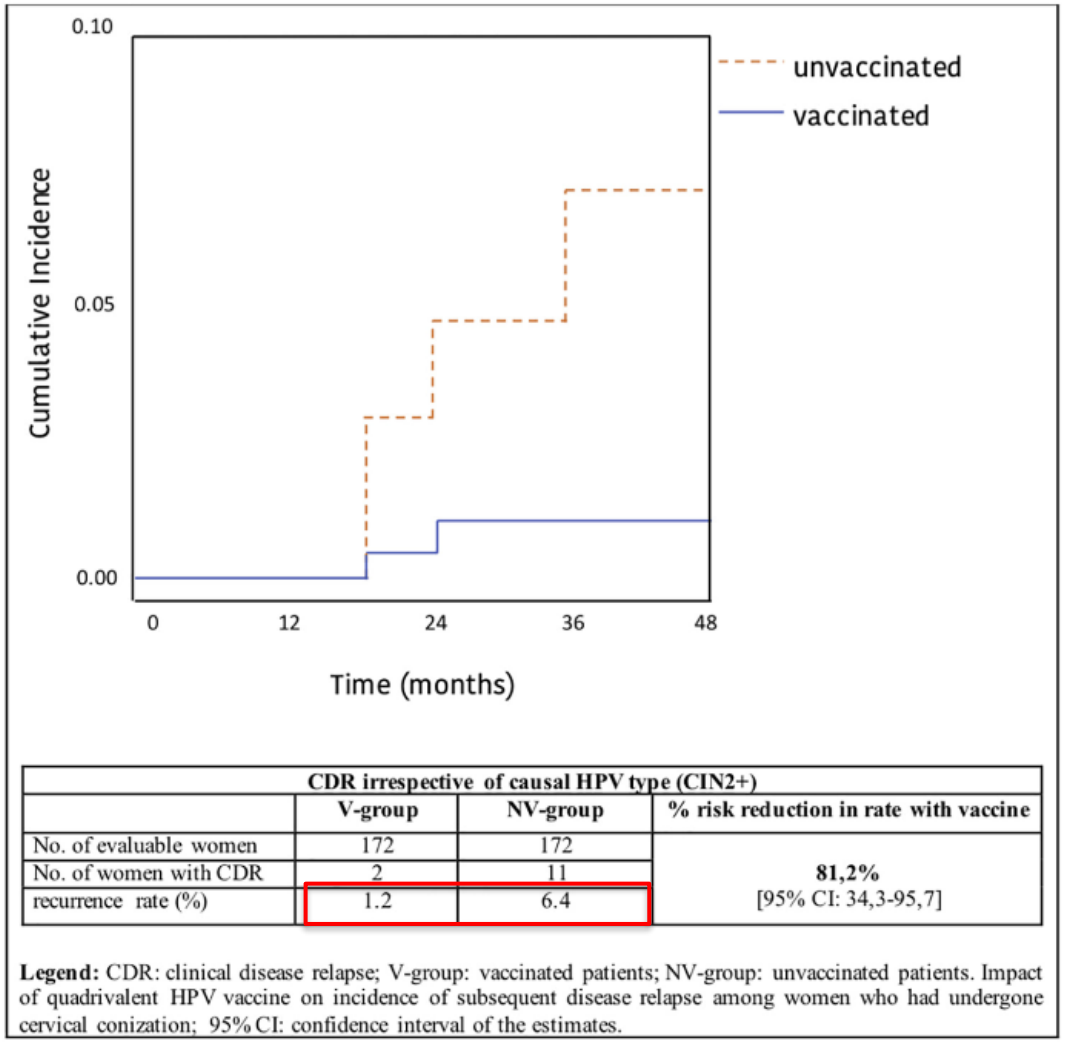
Alessandro Ghelardi [a,*], Fabio Parazzini [b], Francesca Martella [c], Annalisa Pieralli [d], Paola Bay [a], Arianna Tonetti [a], Alessandro Svelato [a], Gloria Bertacca [e], Stefania Lombardi [e], Elmar A. Joura [f]

[a] Azienda Usl Toscana Nord-Ovest, UOC Ostetricia e Ginecologia, Ospedale Apuane, Massa, Italy
[b] Policlinico Mangiagalli, Dipartimento di Scienze Cliniche e di Comunità, IRCCS, Milano, Italy
[c] Azienda Usl Toscana Centro, SOC Oncologia, Firenze, Italy
[d] Azienda Ospedaliero Universitaria Careggi, Ginecologia Chirurgica Oncologica, Firenze, Italy
[e] Azienda USL Toscana Nord Ovest, SSD Analisi ChimicoCliniche ed ImmunoAllergologia, Ospedale Apuane, Massa, Italy
[f] Medical University of Vienna, AKH Department of Obstetrics and Gynecology, Comprehensive Cancer Center Vienna, Italy

Étude prospective
536 ♀ LEEP CIN2+
Suivi colposcopie - PAP test - HPV 2 ans aux 6M puis annuel => 4 ans

► ↓ du risque de récidive chez les vaccinées de 6.4% à 1.2%

► 93.6% des patientes non vaccinées n'auront pas de récidive …



CDR irrespective of causal HPV type (CIN2+)			
	V-group	NV-group	% risk reduction in rate with vaccine
No. of evaluable women	172	172	
No. of women with CDR	2	11	**81,2%**
recurrence rate (%)	1.2	6.4	[95% CI: 34,3-95,7]

Legend: CDR: clinical disease relapse; V-group: vaccinated patients; NV-group: unvaccinated patients. Impact of quadrivalent HPV vaccine on incidence of subsequent disease relapse among women who had undergone cervical conization; 95% CI: confidence interval of the estimates.

Fig. 3. Impact of vaccination on disease relapse after cervical conization.

Ghelardi et al 2018

2020

Vaccine 38 (2020) 6402–6409

Contents lists available at ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine

Review

Prophylactic HPV vaccination after conization: A systematic review and *meta*-analysis

M. Jentschke [a,1,*], J. Kampers [a,1], J. Becker [b], P. Sibbertsen [b], P. Hillemanns [a]

[a] Department of Gynecology and Obstetrics, Hannover Medical School, Hannover, Germany
[b] Institute of Statistics, Faculty of Economics and Management, Leibniz University Hannover, Hannover, Germany

- Méta-analyse & revue systématique
- 3 études prospectives / 3 études rétrospectives / 3 RCT / 1 registre cancers
- 21 059 ♀ (3 939 vaccinées / 17 150 témoins)
- Critère principal de toutes les études : CIN2+ récidivant post conisation
- Étude de l'impact vaccination (pré/post chir)

- ↓ risque récidive CIN2+ post LEEP et vaccination **59%** (RR 0.41)
- *Number needed to vaccinate* : **45.5**

Jentschke et al 2020

2022

RESEARCH

OPEN ACCESS

Check for updates

Role of human papillomavirus (HPV) vaccination on HPV infection and recurrence of HPV related disease after local surgical treatment: systematic review and meta-analysis

Konstantinos S Kechagias,[1] Ilkka Kalliala,[1,2] Sarah J Bowden,[1] Antonios Athanasiou,[1] Maria Paraskevaidi,[1] Evangelos Paraskevaidis,[3] Joakim Dillner,[4] Pekka Nieminen,[2] Bjorn Strander,[5] Peter Sasieni,[6] Areti Angeliki Veroniki,[1,7] Maria Kyrgiou[1,8]

- Méta-analyse
- 22 études (observationnelles, randomisées, études post hoc)
- Critère principal de toutes les études : CIN2+ récidivant post conisation
- Étude de l'impact vaccination (pré/post chir)

- ↓ risque récidive CIN2+ post LEEP et vaccination **57%** (RR 0.43) à 36M
- *Si lésion initiale liée à HPV 16 ou 18 : diminution **74%** (RR 0.26)*

Konstantinos et al 2022

J Gynecol Oncol. 2022 May;33(3):e24
https://doi.org/10.3802/jgo.2022.33.e24
pISSN 2005-0380·eISSN 2005-0399

JOURNAL OF GYNECOLOGIC ONCOLOGY

Review Article

HPV vaccination among seropositive, DNA negative cohorts: a systematic review & meta-analysis

Colm Mac Eochagain,[1] **Robert Power**,[2] **Imelda Parker**,[3] **Donal Brennan**[4]

[1]Department of Oncology, St Vincent's Hospital, Dublin, Ireland
[2]Trinity College Dublin, Dublin, Ireland
[3]Cancer Trials Ireland, Dublin, Ireland
[4]Department of Gynaecological Oncology, University College Dublin, Dublin, Ireland

- 1ère revue systématique qui étudie l'impact de la vaccination HPV chez des femmes HPV séropositives et ADN négatives

► La vaccination de ♀ connues pour un antécédent d'infection HPV16/18 est hautement efficace avec 87% (95% CI=70%–95%; p=0.003) de dysplasies cervicales induites par HPV16/18 évitées

► La vaccination est hautement efficace pour les ♀ sans portage courant, indépendamment d'une exposition antérieure

Colm et al 2022

Vaccination & HPV extra génital

cancers

MDPI

Article

Women with Cervical High-Risk Human Papillomavirus: Be Aware of Your Anus! The ANGY Cross-Sectional Clinical Study

Martine Jacot-Guillarmod [1,2], Vincent Balaya [1,3], Jérôme Mathis [4,5], Martin Hübner [2,6], Fabian Grass [2,6], Matthias Cavassini [2,7], Christine Sempoux [2,8], Patrice Mathevet [1,2] and Basile Pache [1,2,*]

- Étude prospective interdisciplinaire
- Constat : ↑ incidence CA anal chez les ♀ - lien HPV ?
- 275 ♀ => colposcopie, PAP, HPV & anuscopie, PAP, HPV & HIV
- 3 groupes: HPV HR pos col / HPV HR nég col / HIV+

▶ Corrélation entre portage cervical HPV HR et portage anal ?

Résultats – HPV HR col

- ♀ plus jeunes - 39 vs 44 ans ($p < 0.001$)
- Sexarche plus jeune - 17.2 vs 18.3 ans
- Plus de partenaires sexuels - 2.9 vs 2.2 ($p < 0.0001$)
- Plus de dysplasies cervicales - 42% vs 19% ($p < 0.0001$)
- Prévalence HPV HR anal - 59% vs 24% ($p < 0.0001$)
- Plus de rapports sexuels anaux - 44% vs 29% ($p < 0.015$)

► recommandation de dépister HPV HR anal lors de HPV HR génital

► données soutiennent la vaccination HPV

Cancers 2022, 14, 5096

Nasioutziki et al. Infectious Agents and Cancer (2020) 15:22
https://doi.org/10.1186/s13027-020-00287-7

Infectious Agents and Cancer

RESEARCH ARTICLE Open Access

Cervical, anal and oral HPV detection and HPV type concordance among women referred for colposcopy

Maria Nasioutziki[1*], Kimon Chatzistamatiou[1], Panagiotis-Dimitrios Loufopoulos[2], Eleftherios Vavoulidis[1], Nikolaos Tsampazis[1], George-Chrysostomos Pratilas[1], Anastasios Liberis[1], Vasiliki Karpa[1], Evanggelos Parcharidis[3], Angelos Daniilidis[1], Konstantinos Spanos[2] and Konstantinos Dinas[1]

- Prévalence HPV HR col - anus - ORL c/♀ suivies en colposcopie (dépistage CA col anormal)
- N= 118

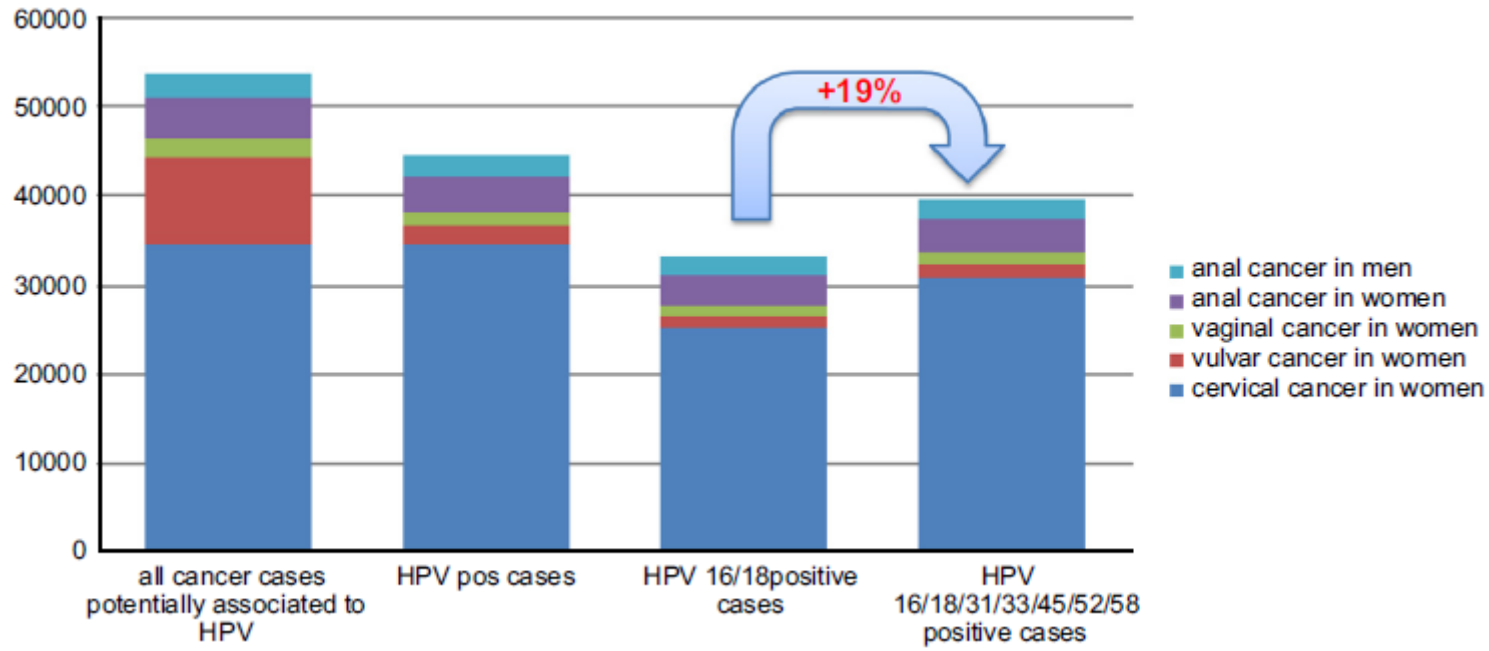
- HPV HR col 55.1% (65)
- HPV HR anus 54.2% (64)
- HPV HR cavité buccale 2.5% (3)

- en particulier 9 HPV HR vaccinaux

- Vaccination efficace et sûre
- Place vaccination > 26 ans chez les ♀
- Place vaccination post TTT / infection HPV
- Place vaccination prophylactique ciblant sphères extra génitales: ORL / anus


recommandations
hésitation
école
HPV
littérature
données
cancer
prévention
vaccination
bénéfices
sexualité
garçons
sécurité
filles
risques
chiffres
couverture
HPV

Preventable cancers 4V => 9V



RESEARCH ARTICLE Open Access

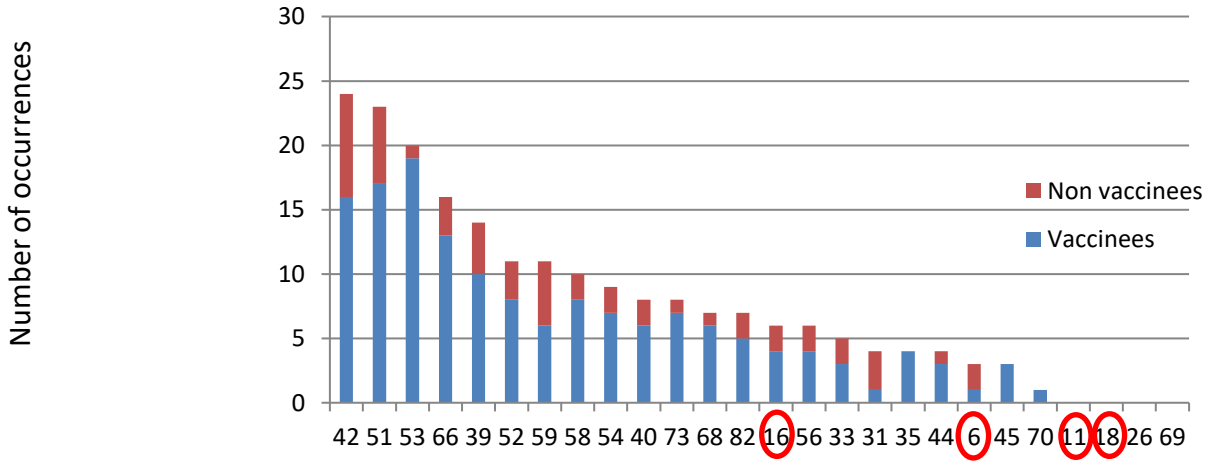
Impact of HPV vaccination with Gardasil® in Switzerland

Martine Jacot-Guillarmod[1], Jérôme Pasquier[2], Gilbert Greub[3], Massimo Bongiovanni[4], Chahin Achtari[1*†] and Roland Sahli[3,5*†]

- Vaccination coverage VD ?
- Impact of vaccination on HPV prevalence ?

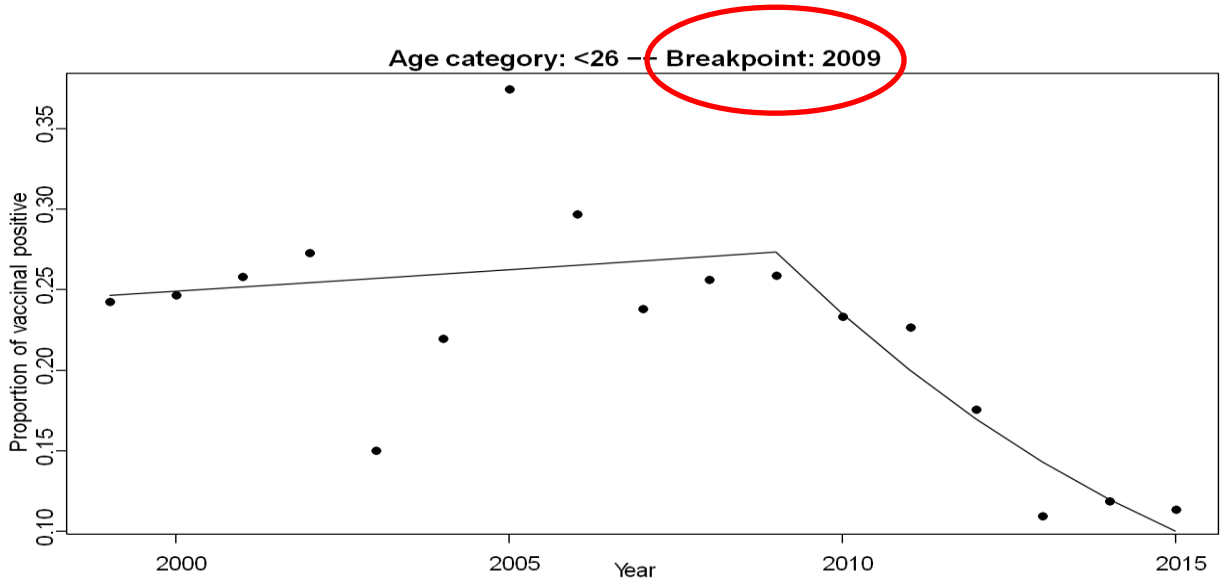
- ♀ 18y in 2013 (N=327)
- ♀ screened for cervical cancer 1999-2015 (N=8039)

♀ 18y



Vaccination coverage : 77.5%

♀ 1999-2015



59% HPV16/18 drop between before vaccination start and 5y after <26y

►herd immunity