



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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Canc: Dec 2013
IN REPLY REFER TO
BUMEDNOTE 6230
BUMED- M3
10 Dec 2012

BUMED NOTICE 6230

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations having Medical Department Personnel

Subj: RECOMMENDATIONS FOR THE USE OF QUADRIVALENT AND BIVALENT
HUMAN PAPILLOMA VIRUS VACCINES IN THE NAVY AND MARINE
CORPS

Ref: (a) Centers for Disease Control and Prevention. Quadrivalent Human
Papilloma Virus Vaccine: Recommendations of the Advisory Committee on
Immunization Practices (ACIP) 12 March 2011
(b) Centers for Disease Control and Prevention. Recommendations on the Use of
Quadrivalent Human Papillomavirus Vaccine in Males-Advisory Committee on
Immunization Practices (ACIP) 23 December 2011
(c) Manual of the Medical Department, Chapter 15, article 15-112
(d) BUMEDINST 6230.15A
(e) SECNAV Manual 5210.1 of Dec 2012

1. Purpose. To establish Navy Medicine policy regarding the use of the human papilloma virus (HPV) vaccines in the Navy and Marine Corps.

2. Cancellation. BUMED Memo of 17 May 2007 (NAVMED POLICY 07-017).

3. Background. The Advisory Committee on Immunization Practice (ACIP) released recommendations in 2007 outlined in reference (a), available at: <http://www.cdc.gov/mmwr/pdf/wk/mm6050.pdf>, stating that all females ages 9 through 26, should receive the quadrivalent human papilloma virus vaccine (HPV4) vaccine. The HPV4 vaccine is highly efficacious in preventing persistent HPV infection, cervical cancer precursor lesions, vaginal and vulvar cancer precursor lesions, and genital warts. ACIP released recommendations in 2011, outlined in reference (b), available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a3.htm>, which also expanded the recommendation to include all males between the ages of 9 and 26 years.

a. Military Health System eligible female and male Service members and beneficiaries should be counseled regarding the potential benefits, limitations, and risks of HPV vaccination.

Vaccination is most effective prior to HPV exposure occurs, and should be offered as early as practical. It should be offered to both male and female Service members at their first permanent duty station after their accession or training command.

b. Maximum vaccine benefit to beneficiaries is achieved by immunizing 11-12 year old females and males. Females and males as young as 9 years old may be vaccinated. A catch-up vaccination schedule has been recommended by the ACIP for those women and men ages 13 through 23 that have not started the series. This catch-up schedule applies to new recruits and beneficiaries who have not received a complete vaccine series. The vaccine should be offered as early as possible within the indicated age range because the risk of HPV infection increases the longer a person has been sexually active and the greater the number of sexual partners he or she has encountered.

c. ACIP states in reference (b), in its Special Populations section, that Men who have Sex with Men (MSM) are at higher risk for conditions associated with HPV types 6, 11, 16, and 18 than heterosexual men. Diseases that have a higher incidence among MSM include anal intraepithelial neoplasia, anal cancers, and genital warts. The behavioral risks associated with these diseases should be discussed with Service members and beneficiaries when counseling about the HPV vaccine, as there is currently no reliable serological test to determine prior infection to aid in the determination of whom should benefit most from the vaccine.

d. Vaccination with the HPV vaccine does not eliminate the need to get cervical cancer screenings per reference (c). Several thousand cases of cervical cancer will still occur nationwide even if all eligible females received the vaccination and have regular Pap screening. The HPV vaccines do not protect against all HPV types that can cause cervical cancer. Consequently, appropriate counseling prior to vaccination must emphasize continued routine Pap screening, tobacco cessation, and other cervical cancer risk factor mitigation strategies.

e. HPV4 can be administered to persons who are immune-compromised as a result of infection (including HIV), disease, or medications. The immune response and vaccine efficacy might be less than that in immune-competent persons. For immune-compromised males, ACIP recommends routine vaccination with HPV4 for all males, and vaccination through age 26 years for those who have not been vaccinated previously or who have not completed the 3-dose series. MSM, whether immune-compromised or not, are at higher risk for infection with certain types of HPV. For MSM, ACIP recommends routine vaccination as for all males plus those ages 23 through 26 who have not been vaccinated previously or who have not completed the 3-dose series.

f. Bivalent human papilloma virus vaccine (HPV 2) may be offered to females in the indicated age range, but has no indication for males, and should be administered according to ACIP and manufacturer's recommendations.

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4. Action. All medical departments will begin offering the HPV4 vaccine to beneficiaries and Active Duty members per current ACIP recommendations. Upon termination of this notice, all departments will continue to offer this vaccine to both women and men per reference (d).

5. The point of contact for this matter is Commander Robert Lipsitz who can be reached at (703) 681-9216 or robert.lipsitz@med.navy.mil.

6. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per reference (e).



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