

ONCOLOGY NURSING SOCIETY POSITION



The Human Papillomavirus Vaccine and Prevention of Cervical Cancer

Although the use of Pap smears has contributed to a sharp decline in cervical cancer incidence over the past 50 years, more than 9,700 women were diagnosed with cervical cancer in 2007 (Jemal et al., 2007). When detected at an early stage, cervical cancer can be treated effectively. Cervical cancer diagnosed at an advanced stage may be fatal; 3,700 women die from cervical cancer in the United States each year (Jemal et al.). Socioeconomic and racial disparities exist with respect to cervical cancer incidence and mortality; for example, the mortality rate of African American women is more than double that of Caucasians (U.S. Cancer Statistics Working Group, 2006). Researchers estimate that the cost of cervical cancer treatment in the United States is \$146.6 million per year, while the annual cost of treating precancerous cervical lesions is \$3.6 billion (Chesson, Blandford, Gift, Tao, & Irwin, 2004).

Infection with the human papillomavirus (HPV) is the most significant risk factor for developing cervical cancer (Franco & Harper, 2005). Each year in the United States, 6.2 million people are infected with HPV and at least 50% of sexually active people are estimated to become infected with HPV at some time in their lives (Centers for Disease Control and Prevention [CDC], 2006).

In 2006, the U.S. Food and Drug Administration licensed the first HPV vaccine for females ages 9–26 years. Gardasil® (Merck), given through a series of three injections over a six-month time period, protects against four HPV types, which together cause 70% of cervical cancers and 90% of genital warts. The HPV vaccination does not eliminate the need for annual Pap tests and does not treat existing HPV infections, genital warts, precancers, or cancers (CDC, 2006).

It Is the Position of ONS That

- Oncology nurses provide comprehensive education to individuals and families about cervical cancer prevention and early detection, including education on safer sexual practices, the HPV vaccine, and the importance of annual Pap tests.
- The decision to vaccinate a female under the age of 18 with the HPV vaccine is made by her parents or legal guardians in consultation with the family's pediatrician or other healthcare providers.
- Private and public sector payers provide full coverage for the HPV vaccine.
- Federal programs, such as Vaccines for Children, that support vaccinations for children receive increased funding to provide free vaccines, including the HPV vaccine.
- Awareness campaigns and other efforts to educate the public about availability of the HPV vaccine be undertaken and funded by state and federal governments to ensure that parents can make informed decisions about whether their daughters should receive the vaccine.

References

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