

**ILLINOIS STATE MEDICAL SOCIETY**

**Resolution 02.2019-36  
(A-19)**

Introduced by: Rashmi Chugh, M.D., M.P.H., ISMS Member

Subject: Prevention of Human Papillomavirus (HPV) – Associated Cancers  
by Improving Vaccination Coverage Levels in Illinois

Referred to: Council on Medical Service

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1           Whereas, approximately 42,700 new cases of HPV-associated cancer are  
2 diagnosed each year in the U.S., including about 33,700 HPV-attributable cancers<sup>1</sup>; and  
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4           Whereas, HPV vaccines are highly effective and safe, and a powerful prevention  
5 tool for reducing HPV infections and HPV-associated cancers<sup>2</sup>; and  
6

7           Whereas, multiple studies in the U.S. and internationally document evidence  
8 against any association between HPV vaccination and risky sexual behaviors<sup>2</sup>; and  
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10           Whereas, based on the available immunogenicity evidence, a 2-dose schedule (0,  
11 6–12 months) will have efficacy equivalent to a 3-dose schedule (0, 1–2, 6 months) if  
12 the HPV vaccination series is initiated before the 15th birthday<sup>3</sup>; and  
13

14           Whereas, Centers for Disease Control and Prevention (CDC) recommends a 2-  
15 dose schedule for HPV vaccination of girls and boys who initiate the vaccination series  
16 at ages 9 through 14 years; for persons initiating vaccination on or after their 15th  
17 birthday, the recommended immunization schedule is 3 doses of HPV vaccine (0, 1–2,  
18 6 month schedule)<sup>3</sup>; and  
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20           Whereas, the Illinois HPV vaccination coverage levels are quite low at 66.1%  
21 (for one or more doses) and even lower at 50.4% (for age-appropriate series completion)  
22 among adolescents aged 13–17 years in 2017<sup>4</sup>; and  
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24           Whereas, the Illinois Tdap and meningococcal conjugate vaccine (MCV)  
25 coverage levels are higher at 92.4% and 89.2% respectively, both of which are included  
26 in the “Illinois School Immunization Requirements” schedule<sup>4</sup>; and

1           Whereas, protection against HPV-related cancers will continue to increase if  
2 adolescents and their parents are educated about the cancer prevention benefits of HPV  
3 vaccine and clinicians consistently recommend and simultaneously administer Tdap,  
4 MCV, and HPV vaccine at age 11–12 years<sup>4</sup>; and

5  
6           Whereas, according to a modelling study published in The Lancet Public Health  
7 on January 1, 2019, Australia was the first country in the world to initiate a national  
8 publicly-funded HPV vaccination program and if high-coverage vaccination and  
9 screening is maintained, cervical cancer is on track to be eliminated as a public health  
10 problem in Australia within the next 20 years<sup>5</sup>; and

11  
12           Whereas, HPV-associated oropharyngeal cancer cases in males have surpassed  
13 HPV-associated cervical cancer cases in females in the U.S.<sup>6</sup>; therefore, be it

14  
15           RESOLVED, that the ISMS support or cause to be introduced legislation and/or  
16 regulatory change to add HPV vaccination to the Illinois School Immunization  
17 Requirements, aligned with Centers for Disease Control and Prevention (CDC)  
18 recommendation for HPV vaccination at 11-12 years of age for females and males.

References:

1. [www.cdc.gov/cancer/hpv/statistics/cases.htm](http://www.cdc.gov/cancer/hpv/statistics/cases.htm)
2. [www.cmaj.ca/content/190/41/E1221](http://www.cmaj.ca/content/190/41/E1221)
3. [www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm](http://www.cdc.gov/mmwr/volumes/65/wr/mm6549a5.htm)
4. [www.cdc.gov/mmwr/volumes/67/wr/mm6733a1.htm?s\\_cid=mm6733a1\\_e](http://www.cdc.gov/mmwr/volumes/67/wr/mm6733a1.htm?s_cid=mm6733a1_e)
5. [www.thelancet.com/journals/lanpub/article/PIIS2468-2667%2818%2930183-X/fulltext#%20](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667%2818%2930183-X/fulltext#%20)
6. [www.cdc.gov/mmwr/volumes/67/wr/mm6733a2.htm](http://www.cdc.gov/mmwr/volumes/67/wr/mm6733a2.htm)

**Fiscal Note:**

N/A

**Existing ISMS policy related to this issue:**

ISMS does not support a state mandate of Human Papillomavirus Vaccine (HPV) vaccinations as a condition for attending school and supports the use and administration of HPV vaccine as recommended by the CDC's Advisory Committee on Immunization Practices. (HOD 2008; Last BOT Review 2014)

ISMS supports the concept of increased government funding for immunizations of school children. (HOD 1987; Last BOT Review 2014)

Illinois residents should be provided access to all medically indicated immunizations. Physicians are requested to provide this protection or to encourage the local public health agency to perform this function, and to encourage enforcement of current immunization laws. In addition, physicians should be encouraged to participate in epidemiological studies (especially as related to “search and destroy” methods for communicable diseases) which have been endorsed by the local or state medical society. ISMS continues to support the need for physical examinations of, and updating of immunizations for, school children in the State of Illinois on school entry, at 5th grade and 9th grade levels, in keeping with preventive medicine measures presently in existence in the state. Measures to assure compliance of the school health mandates by school districts in Illinois should be maintained. Every school district should be consulted by health departments planning any mass immunization campaign. In counties where there is no public health department, the Illinois Department of Public Health should contact either the county medical society or local physicians (whichever is appropriate) for coordination of the immunization program. If private facilities are utilized during a mass immunization campaign, normal reimbursement procedures may be employed, but no charge shall be made for the cost of vaccine paid for by the federal government. (HOD 1991 Amended; Reaffirmed 2017; Last BOT Review 2014)