



*Image for illustrative purposes only.

Start an Impactful Conversation With Patients About HPV Vaccination

GARDASIL[®]9 Human Papillomavirus 9-valent Vaccine (Recombinant, adsorbed)
GARDASIL[®]9 is indicated for active immunisation of individuals from the age of 9 years against the following HPV diseases: premalignant lesions and cancers affecting the cervix, vulva, vagina and anus caused by vaccine HPV types and genital warts (*Condyloma acuminata*) caused by specific HPV types.¹

WHY does prevention of HPV-related cancers and diseases matter?

Human papillomavirus (HPV) is a common sexually transmitted virus that may lead to infections associated with certain cancers and other diseases, including cervical, anal, vaginal, vulvar cancer, and genital warts.²



About 8 in 10 sexually active men and women will be infected with one or more sexually transmitted HPV types at some time in their lives.³

Most HPV infections are spontaneously cleared on their own.

However, persistent HPV infections with a high-risk HPV type can lead to HPV-related cancers and diseases.⁴



HPV-related cancers and diseases include **cervical, vulvar, and vaginal cancer** in women, and **anal cancer** and **genital warts** in both men and women.¹



Who is the HPV vaccine for?

- GARDASIL[®]9 is a vaccine for children and adolescents from 9 years of age and **adults**.⁵
- GARDASIL[®]9 has been studied in **males 9 to 26 years of age** and **females 9 to 45 years of age**.⁵

A recommendation from a healthcare provider may affirm patients' perceptions of the value of vaccination⁶

The decision to receive the HPV vaccine is strongly governed by the decisions of policy makers, healthcare professionals, and parents.⁷



*Image for illustrative purposes only.

Most HPV infections are spontaneously cleared on their own. However, persistent HPV infections with a high-risk HPV type can lead to HPV-related cancers and diseases.⁴

A.C.T. on a vaccination plan for patients

1 APPROACH

PATIENTS WITH PURPOSE

When communicating messages about the HPV vaccine, remember to:

- Tailor your message to your target audience⁸
- Use clear and simple language (no jargon)⁸
- Include a call to action⁸

2 CONVERSE

WITH PATIENTS ABOUT HPV VACCINATION

Keep these potential conversation starters on hand:

“



Have you received the HPV vaccine? If you haven't, we can talk more about that today.

”

“



You can consider getting the HPV vaccine as it may help protect you from cervical cancer and some other HPV-related cancers and diseases.¹

”

3 TACKLE

FREQUENTLY ASKED QUESTIONS

Have these answers ready for common queries from patients.



Why should I get the HPV vaccine?

HPV vaccination can help protect against certain HPV-related diseases. GARDASIL®9 is indicated for active immunisation against premalignant lesions and cancers affecting the cervix, vulva, vagina and anus caused by vaccine HPV types, and genital warts (*Condyloma acuminata*) caused by specific HPV types.^{1,3}



Can I get GARDASIL®9 if I've already had HPV?

Even if you've already had an HPV infection, you can still receive HPV vaccination. If you're already infected with one type of HPV contained in the vaccine, GARDASIL®9 will help protect you against the other 8 types. However, the vaccine cannot treat an existing HPV infection.^{1,10}



Can men benefit from HPV vaccination?

Yes, as persistent HPV infection may lead to anal cancer and genital warts in men.⁹



Which cancers does GARDASIL®9 help protect against?

GARDASIL®9 may help protect against:

- Cervical cancer¹
- Vulvar and vaginal cancers¹
- Anal cancer¹



How much does GARDASIL®9 cost for adults over 25 y/o?

Prices vary between different providers in the UK.

Note: The vaccine is for prophylactic use only and has no effect on active HPV infections or established clinical disease. The vaccine has not been shown to have a therapeutic effect.

Most HPV infections are spontaneously cleared on their own. However, persistent HPV infections with a high-risk HPV type can lead to HPV-related cancers and diseases.⁴

RECOMMENDED SCHEDULE FOR GARDASIL®9¹

Individuals 15 years of age and older at time of first injection:

15 & UP



3-dose schedule:***

1st dose 

AT
ELECTED DATE

2nd dose 

THE SECOND DOSE
SHOULD BE ADMINISTERED
AT LEAST ONE MONTH
AFTER THE FIRST DOSE

3rd dose 

THE THIRD DOSE SHOULD
BE ADMINISTERED AT
LEAST 3 MONTHS AFTER
THE SECOND DOSE

***All three doses should be given within a 1-year period.



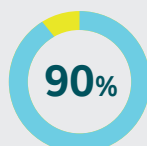
Please refer to the local prescribing information or full Summary of Product Characteristics (SmPC) for complete dosing information.

<https://www.medicines.org.uk/emc/product/7330/pil>

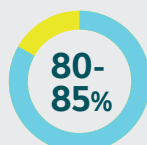


Let your patients know that **the HPV vaccine is offered by the NHS to children aged 12-13 as well as girls under 25 and boys born after 1 September 2006 who missed having the vaccine at school.**

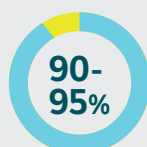
GARDASIL®9 helps protect against 9 HPV types that may lead to approximately:



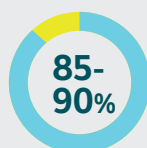
of cervical cancers¹



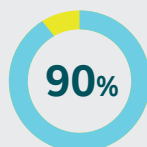
of HPV-related vaginal cancers¹



of anal cancer¹



of HPV-related vulvar cancers¹



of genital warts¹

Most HPV infections are spontaneously cleared on their own. However, persistent HPV infections with a high-risk HPV type can lead to HPV-related cancers and diseases.⁴



Most HPV infections are spontaneously cleared on their own. However, persistent HPV infections with a high-risk HPV type can lead to HPV-related cancers and diseases.⁴

Click to learn more about HPV vaccination.

HPV = human papillomavirus
<https://www.msdconnect.co.uk/products/gardasil-9/>

^aNot all cervical, vulvar, vaginal, and anal cancers are caused by HPV.¹²

Prescribing Information:

Gardasil® 9 Prescribing information

If you require MSD Medical Information, please contact:
medicalinformationuk@msd.com (enquiries from Great Britain) +44 (0) 208 154 8000
medinfori@msd.com (enquiries from Northern Ireland) +353 (0) 129 98700

Adverse events should be reported. Reporting forms and information can be found at <https://yellowcard.mhra.gov.uk/> or search MHRA Yellow Card in the Google Play or Apple App Store.

Adverse events should also be reported to Merck Sharp & Dohme Limited (Tel: 0208 154 8000).

By clicking the above link, you will leave the MSD website and be taken to the MHRA website.

Before prescribing or administering GARDASIL®9, please read the full prescribing information or full Summary of Product Characteristics (SmPC).

References

1. Gardasil® 9 Prescribing Information for GB. Summary of Product Characteristics. Available at: <https://www.emcpi.com/pi/32240> (accessed August 2024).
2. European Cancer Organisation. Viral Protection: Achieving the Possible. A Four Step Plan for Eliminating HPV Cancers in Europe. Published June 11, 2024. Accessed July 18, 2024. Available at: <https://www.european-cancer.org/resources/publications/reports/viral-protection-achieving-the-possible-a-four-step-plan-for-eliminating-hpv-cancers-in-europe.html>.
3. World Health Organization (WHO). Questions and Answers About Human Papillomavirus (HPV). Published January 2020. Accessed July 26, 2024. Available at: https://cdn.who.int/media/docs/librariesprovider2/default-document-library/who-hpv-qa.pdf?sfvrsn=d0bf716b_3.
4. European Centre for Disease Prevention and Control. Guidance for the Introduction of HPV vaccines in EU countries. An update. Published September 2012. Accessed July 18, 2024. Available at: https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/20120905_GUI_HPV_vaccine_update.pdf.
5. Gardasil® 9 . Summary of product characteristics. Available at : <https://www.medicines.org.uk/emc/product/7330/pil#about-medicine>. Accessed August 2024.
6. Brewer NT, Chapman GB, Rothman AJ, Leask J, Kempe A. Increasing Vaccination: Putting Psychological Science Into Action. *Psychol Sci Public Interest*. 2017;18(3):149-207. doi:10.1177/1529100618760521.
7. Ferrer, H.B., Trotter, C., Hickman, M. et al. Barriers and facilitators to HPV vaccination of young women in high-income countries: a qualitative systematic review and evidence synthesis. *BMC Public Health* 14, 700 (2014). Available at: <https://doi.org/10.1186/1471-2458-14-700>.
8. World Health Organization (WHO). HPV vaccine communication. Special considerations for a unique vaccine: 2016 update. Published 2017. Accessed July 30, 2024. Available at: <https://iris.who.int/bitstream/handle/10665/250279/WHO-IVB-16.02-eng.pdf?sequence=1>.
9. Meites E, Gee J, Unger E, Markowitz L. Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book). 14th edition. Chapter 11: Human Papillomavirus. Updated August 2021. Accessed July 18, 2024. Available at: <https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-11-human-papillomavirus.html>.
10. Royal College of Physicians of Ireland. NIAC Immunisation Guidelines. Chapter 10. Human papillomavirus. Published June 6, 2023. Accessed July 30, 2024. Available at: https://rcpi.access.preservica.com/uncategorized/IO_4a962f3d-d504-4c3c-aae9-968c04de60f5/.
11. Centers for Disease Control and Prevention (CDC). Sexually transmitted infections treatment guidelines, 2021 - human papillomavirus (HPV) infection. Last reviewed July 22, 2021. Accessed August 5, 2024. Available at: <https://www.cdc.gov/std/treatment-guidelines/hpv.htm>.