

Human Papilloma Virus (HPV)

By, Mark Le Duc, DO, FACOOG

Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States (1). Over 40 types can infect the genital tract, about 90% of infections are asymptomatic and resolve within two years (1). Persistent infection with some of the HPV-types can cause cancer and genital warts (1). HPV types 16 and 18 accounts for approximately 70% of cervical cancers, while HPV types 6 and 11 are responsible for approximately 90 % of genital warts (1).

In the United States, nearly 80 million people - about one in four - are currently infected with HPV (2). About 14 million people, including teens, become infected with HPV each year (2). Over 38,000 HPV associated cancers occur in the United States each year (3). HPV is thought to be responsible for 90% of anal and cervical cancers, about 70% of vaginal and vulvar cancers, and more than 60% of penile cancers (3). Fortunately, there are vaccines that can help prevent infection with the types of HPV that most commonly cause cancer.

HPV vaccines are recommended to protect against the most common types of HPV infections. In 2006, Gardasil (quadrivalent) vaccine was approved and in 2014 the Gardasil 9 (9-valent) was approved (1). In October 2016, the CDC updated HPV vaccinations recommendations regarding dosing schedules. Two doses are recommended if the vaccine is started after 9 years of age and finished before the 15th birthday; whereas three doses of HPV vaccines are recommended for people starting the vaccination series, on or after the 15th birthday. Individuals with certain immunocompromising conditions should receive three doses. (4).

CDC continues to recommend routine vaccinations for boys and girls at age 11 or 12 years. The vaccination series can be started as young as 9 years of age. (4). CDC recommends vaccination through 26 years of age for girls and 21 years of age for boys, but may be given up to 26 years of age for boys. (4). For girls starting the vaccination series before the 15th birthday, the second dose should be given 6-12 months after the first dose (0, 6-12 schedule) (4). For girls starting the vaccination series on or after the 15 birthday, the second dose should be given 1-2 months after the first dose and the third dose should be given 6 months after the 1st dose (0, 1-2, 6-month schedule) (4). If a series was started with a quadrivalent vaccine, the 9-valent HPV vaccine may be used to continue or complete a series (5).

Codes:

| | | Vaccine Administration | |
|---------|------------------------|--|---|
| Vaccine | Typical Diagnosis Code | Patient is 0-18 Years <u>AND</u> Qualified HCP Counseling Occurs | Patient is 19+ Years Regardless of Qualified Counseling, or Patient of Any Age Without Qualified Counseling |
| 90651 | Z23 | 90460 - 1 Unit | 90471 - 1 Unit OR 90472 - 1 Unit |

Resources:

1. Centers for Disease Control and Prevention Vaccines and Immunizations Information Page, at <http://www.cdc.gov/vaccines>
2. American College of Obstetricians and Gynecologists immunization web site, at <http://www.immunizationforwomen.org>
3. Advisory Committee for Immunization Practices Recommendations, at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

References:

1. <http://www.cdc.gov/std/stats15/other.htm>
2. <https://www.cdc.gov/vaccines/vpd/hpv/index.htm>
3. <https://www.cdc.gov/cancer/hpv/statistics/index.htm>
4. <https://www.cdc.gov/clinician/faq>
5. <https://www.cdc.gov/hpv/information/for/clinicians>