



HPV Vaccination in Adults: Importance and Considerations

Lauren Flynn*

Department of Cancer Control, Université Mohamed Boudiaf de M'sila, Algeria

Abstract

HPV vaccination is pivotal in preventing HPV-related cancers and diseases, traditionally emphasized in adolescents but increasingly recognized for its importance in adults. This article explores the significance of HPV vaccination in adults, highlighting vaccine types, recommendations, considerations, and its impact on public health. Emphasizing the role of vaccination in reducing cancer risk and promoting community health, it underscores the need for tailored approaches and informed decisions in adult HPV immunization.

Keywords: HPV vaccination; Adults; Cancer prevention; Vaccine types; Immunization recommendations

Introduction

Human Papillomavirus (HPV) vaccination is commonly associated with adolescents and young adults, but its importance extends well into adulthood. This article explores the significance of HPV vaccination in adults, the vaccines available, considerations for different age groups, and its impact on public health [1].

Understanding HPV and its impact

HPV is a group of viruses transmitted through sexual contact. It is the most common sexually transmitted infection globally, with various strains categorized as high-risk (potentially causing cancer) or low-risk (causing genital warts). Persistent infection with high-risk HPV types can lead to cervical, vaginal, vulvar, anal, penile, and oropharyngeal cancers, as well as genital warts [2].

Vaccination recommendations

The Centers for Disease Control and Prevention (CDC) recommends HPV vaccination for all individuals through age 26. Vaccination is most effective when administered before exposure to the virus, typically before sexual debut. However, adults aged 27-45 may also benefit from HPV vaccination based on individual risk factors and discussions with healthcare providers.

Vaccines available

Currently, three vaccines are approved for HPV prevention: Gardasil 9, Gardasil, and Cervarix. Gardasil 9 is the most widely used and protects against nine HPV types, including those most likely to cause cancers and genital warts. The vaccine is administered in a series of doses over several months [3].

Importance of HPV vaccination in adults

Cancer prevention: HPV vaccination in adults helps prevent infections with high-risk HPV types that can lead to cancers of the cervix, anus, vulva, vagina, penis, and throat. Even if individuals have been exposed to some HPV types, the vaccine can still offer protection against others.

Public health impact: Increasing HPV vaccination rates among adults can reduce the overall burden of HPV-related diseases, including cancer and genital warts. Herd immunity, achieved when a large portion of the population is vaccinated, also protects those who are not vaccinated [4].

Continued protection: Adults who missed HPV vaccination during

adolescence or young adulthood can still benefit from vaccination. It is essential to discuss vaccination options with healthcare providers to assess individual risk factors and determine the most appropriate timing and vaccine type.

Considerations for adults

Health status: Adults with certain medical conditions or immunocompromising conditions may have specific considerations regarding HPV vaccination. It is crucial to consult healthcare providers for personalized recommendations.

Pregnancy: HPV vaccination is generally safe during pregnancy, but it is usually recommended to delay vaccination until after childbirth to avoid any potential concerns [5].

Cost and insurance coverage: HPV vaccination is typically covered by insurance plans and recommended as a preventive service. Individuals should check with their insurance provider regarding coverage details.

Discussion

HPV vaccination in adults plays a crucial role in reducing the burden of HPV-related diseases, including cervical and other cancers, as well as genital warts. While historically emphasized in adolescents and young adults, the importance of HPV vaccination extends throughout adulthood, providing significant benefits and considerations for different age groups.

Human Papillomavirus (HPV) is highly prevalent and transmitted through sexual contact. Many adults remain susceptible to HPV infections, which can persist and lead to serious health consequences later in life. HPV vaccines, such as Gardasil 9, are effective in preventing infections with the most common high-risk HPV types that cause cancers of the cervix, anus, vulva, vagina, penis, and throat. Vaccination is crucial because it can prevent the onset of HPV-related diseases before exposure to the virus occurs [6].

*Corresponding author: Lauren Flynn, Department of Cancer Control, Université Mohamed Boudiaf de M'sila, Algeria, E mail: Lauren.flynn@gmail.com

Received: 01-June-2024, Manuscript No: ccoa-24-140142, **Editor Assigned:** 04-June-2024, pre QC No: ccoa-24-140142 (PQ), **Reviewed:** 18-June-2024, QC No: ccoa-24-140142, **Revised:** 22-June-2024, Manuscript No: ccoa-24-140142 (R), **Published:** 29-June-2024, DOI: 10.4172/2475-3173.1000220

Citation: Lauren F (2024) HPV Vaccination in Adults: Importance and Considerations. Cervical Cancer, 9: 220.

Copyright: © 2024 Lauren F. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

The Centers for Disease Control and Prevention (CDC) recommends HPV vaccination for all adults up to age 26, and for adults aged 27-45 based on individual risk factors, shared decision-making with healthcare providers, and considerations such as previous HPV exposure. Gardasil 9 is the preferred vaccine for adults, offering protection against nine HPV types responsible for the majority of HPV-related cancers and genital warts [7].

HPV vaccination in adults helps reduce the risk of developing HPV-related cancers, particularly in individuals who may not have been vaccinated earlier in life. This includes protection against cervical cancer, which remains a significant health concern worldwide.

By vaccinating adults, particularly those who are sexually active, there is a potential to reduce HPV transmission rates within the community, contributing to overall public health benefits. Even if adults have been exposed to some HPV types, vaccination can still provide protection against other high-risk HPV strains included in the vaccine, preventing future infections and associated diseases [8].

Adults with certain medical conditions or immunocompromising conditions should consult with healthcare providers before vaccination to assess suitability and potential risks.

HPV vaccination is generally safe during pregnancy, but it is typically recommended to delay vaccination until after childbirth unless there is an urgent need. Cost and Insurance Coverage: HPV vaccination is often covered by insurance plans, but individuals should confirm coverage and discuss any financial considerations with their healthcare provider [9].

Increasing HPV vaccination rates among adults presents challenges such as awareness, access to healthcare, and vaccine hesitancy. However, there are significant opportunities to enhance public health efforts through targeted education, improved vaccine accessibility, and integration into routine healthcare visits for preventive care [10].

Conclusion

HPV vaccination in adults is a critical strategy for reducing the incidence of HPV-related cancers and diseases. By expanding vaccination efforts beyond adolescence, healthcare providers can help protect individuals and communities from the potentially devastating effects of HPV infection. Adults should actively engage

in discussions with their healthcare providers to understand the benefits, considerations, and appropriate timing of HPV vaccination based on their individual circumstances. Emphasizing the importance of vaccination as a public health initiative can contribute to broader efforts in cancer prevention and overall community health.

Conflict of Interest

None

Acknowledgement

None

References

1. Meazza C, Scanagatta P (2016) Metastatic osteosarcoma: A challenging multidisciplinary treatment. *Exp Rev Anticancer Ther* 16: 543-556.
2. Geller DS, Gorlick R (2010) Osteosarcoma: A review of diagnosis, management, and treatment strategies. *Clin Adv Hematol Oncol HO* 8: 705-718.
3. McKeage MJ (1995) Comparative adverse effect profiles of platinum drugs. *Drug Saf* 13: 228-244.
4. Chou AJ, Gupta R, Bell MD, Riewe KO, Meyers PA, et al. (2013) Inhaled lipid cisplatin (ILC) in the treatment of patients with relapsed/progressive osteosarcoma metastatic to the lung. *Pediatr Blood Cancer* 60: 580-586.
5. Bacci G, Briccoli A, Ferrari S, Saeter G, Donati D, et al. (2000) Neoadjuvant chemotherapy for osteosarcoma of the extremities with synchronous lung metastases: Treatment with cisplatin, adriamycin and high dose of methotrexate and ifosfamide. *Oncol Rep* 7: 339-346.
6. McTiernan A, Meyer T, Michelagnoli MP, Lewis I, Whelan JS, et al. (2006) A phase I/II study of doxorubicin, ifosfamide, etoposide and interval methotrexate in patients with poor prognosis osteosarcoma. *Pediatr Blood Cancer* 46: 345-350.
7. Houghton PJ, Cheshire PJ, Myers L, Stewart CF, Synold TW, et al. (1992) Evaluation of 9-dimethylaminomethyl-10-hydroxycamptothecin against xenografts derived from adult and childhood solid tumors. *Cancer Chemother Pharm* 31: 229-239.
8. Okuno S, Edmonson J, Mahoney M, Buckner JC, Frytak S, et al. (2002) Phase II trial of gemcitabine in advanced sarcomas. *Cancer* 94: 3225-3229.
9. Ouyang Z, Li H, Zhai Z, Xu J, Dass CR, et al. (2018) Zoledronic Acid: Pleiotropic Anti-Tumor Mechanism and Therapeutic Outlook for Osteosarcoma. *Curr Drug Targets* 19: 409-421.
10. Meyers PA (2004) High-dose therapy with autologous stem cell rescue for pediatric sarcomas. *Curr Opin Oncol* 16: 120-125.