



**British Association for
Sexual Health and HIV
(BASHH)**

*Established 2003 through the merger of
MSSVD (est. 1922) and AGUM (est. 1992)*

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Mr Jonathan Crofts
Senior Scientist
Scientific Secretariat to the Joint Committee on Vaccination and Immunisation
Public Health England
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6th June, 2017

In copy: Andrew Earnshaw (Public Health England), Mary Ramsay (Public Health England)

Dear Mr Crofts,

The British Association for Sexual Health and HIV (BASHH) are writing to you ahead of the forthcoming Joint Committee on Vaccination and Immunisation (JCVI) meeting on the 7th June to express our strong and unequivocal support for the extension of the current human papilloma virus (HPV) vaccination programme in the UK to include all adolescent boys.

As the JCVI will be aware, whilst the existing HPV vaccination programme offers indirect protection against HPV-related disease for some heterosexual boys through 'herd immunity', significant numbers of men are still likely to have sex with unvaccinated partners putting themselves at risk of acquiring HPV-related disease.

Within the UK, approximately 15% of girls who are eligible for vaccination do not receive both vaccine doses, and evidence from other countries suggests that this number may actually fall in the coming years as a direct result of negative – and unfounded – media coverage on the perceived safety of the vaccine. A significant number of men are also likely to experience sexual contact with women born in other countries. An estimated 15% of 16-34 year old males have had at least one new sexual partner whilst overseas in the last five years, and in many cases these sexual partners will be from countries which have limited, or none existent vaccination programmes.

Extending the vaccine to boys would also help to improve sexual health outcomes for men who have sex with men (MSM), who are currently the only group that remain completely unprotected from the existing programme. MSM are disproportionately affected by HPV-related disease and have poorer sexual health outcomes in general, with data showing that there was an 11.4% increase in newly diagnosed anogenital wart cases in 2016 compared with 2012. With results from Natsal 3 indicating that 7% of men aged 16-44 have had a same-sex experience – likely an underestimate due to reporting – there is a clear case for improving the protection offered against HPV-related disease to this group.

Vaccinating boys against HPV would be cost-effective, in part because extending the vaccination programme would lead to a significant decline in the incidence of genital warts in the UK. In 2015 there were 68,310 first episode genital wart cases in this country, a condition which costs the NHS £58.44m a year to treat. In addition to long-term cost savings for the NHS, it would help to reduce the pressure on sexual health services which are having to balance record demand from patients against the ongoing challenges stemming from sizeable and sustained cuts to the public health budget.

Only through extending the HPV vaccination programme to include all boys – and providing the vaccine to MSM on a national basis as swiftly as possible – can we ensure that both individuals and wider society are fully protected from the risk of acquiring harmful and costly HPV-related disease

Yours sincerely,

Dr Elizabeth Carlin
President
British Association of Sexual Health and HIV
www.bashh.org