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Mark Your Calendars:

ACIP Meeting June 21-22, 2017 Atlanta, GA SHANRITA MCCLAIN EPIC IMMUNIZATION PROGRAM COORDINATOR 404-881-5054

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HPV vaccine may cut cancer risk in men, too

The <u>HPV vaccine</u> that helps prevent <u>cervical cancer</u> in women also might lower the risk in young men of oral infections that can cause mouth and throat cancers, a new study finds.

These cancers are rising fast, especially in men, and research suggests that HPV, the <u>human papillomavirus</u>, is spreading through oral sex. The actor Michael Douglas brought attention to this risk several years ago when he blamed his cancer on it.

This is the first study of whether the vaccine might prevent oral HPV infections in young men, and the results suggest it can. No men who had received at least one dose were later found to have infections of HPV strains linked to cancer, but more than 2 percent of unvaccinated men had them.

"There may be additional benefits to vaccinating your son or daughter" besides the problems the vaccine already is known to prevent, said Dr. Maura Gillison of the University of Texas MD Anderson Cancer Center.

Results were released Wednesday by the American Society of Clinical Oncology ahead of presentation at its annual meeting next month.

HPV is very common -- most sexually active people have been exposed to it. Some types cause genital warts. Usually, the virus causes no symptoms and goes away, but some people develop long-lasting infections of strains that can cause cancer.

The vaccine was approved in 2006 to prevent cervical cancers in women, and later, for some others including anal cancer in men. But acceptance has been slow - only about half of those eligible are getting it now, according to the latest information.

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Please contact Shanrita McClain at (404) 881-5054 more information.

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Now, awareness is growing of HPV's other risks - oral infections are blamed for 70 percent of cancers in the mouth and back of the throat. About 11,600 of these occur each year in the U.S. and rates are rising 5 percent per year. They're four times more common in men than women.

There are now more mouth and throat cancers caused by HPV in the U.S. each year than there are cervical cancers.

Oral sex is the main risk factor for getting an HPV infection in the mouth or throat, Gillison said. While "oral sex does not give you cancer," the infection in rare cases can develop into cancer over many years, she explained.

She led the study, funded by the National Cancer Institute, while previously at Ohio State University. Researchers interviewed 2,627 men and women ages 18 to 33 years in a national health study from 2011 to 2014 about whether they had been vaccinated, and tested oral rinse samples from them for HPV.

Infections with worrisome HPV strains were found in far fewer people who had received any shots -- an 88 percent lower risk. The results in men were striking -- no infections in the vaccinated group versus 2.13 percent of the others.

The study was observational, so it can't prove the vaccine was responsible. But it may no longer be ethical to do an experiment where one group gets no vaccine, because its benefits for preventing other cancers is known. It might be possible to do such a study in people over 26, the age limit now for HPV vaccination, Gillison said. If a benefit were shown, it might lead to expanding the group for whom the vaccine is recommended.

The bottom line is that the vaccine helps, and "so few people who should be getting it are," said Dr. Richard Schilsky, chief medical officer of the oncology society who had no role in the study.

Scott Courville wishes it existed when he was young. The 43-year-old construction inspector from St. Martinville, Louisiana, was treated last year for HPV-related tonsil cancer that spread to lymph nodes.

"I went through 33 rounds of radiation and six rounds of <u>chemotherapy</u>," lost 100 pounds, and now has damaged taste buds and sinuses, and constant <u>ringing in his ears</u>, he said.

His three teenaged sons and stepsons are getting the vaccine.

"There was no question at all" that they would, only how soon, he said.

Tom Jackson also had an HPV-related tonsil cancer, found in 2013, and works to fight stigma over an infection that is largely sexually spread.

As a school board trustee in Houston, "I believe strongly that all children should receive all vaccinations," Jackson said. "The horror of HPV cancer is tremendous," and not to be "whitewashed" by squeamishness or reluctance to discuss prevention, he said.

The vaccines are recommended mostly for young people, ideally before they're exposed to HPV.

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Merck's Gardasil is approved in the U.S. for females 9 through 26 to prevent cervical, vulvar, vaginal and anal cancers and genital warts. For males ages 9 through 26, it's approved for preventing anal cancer and genital warts. A newer version of Gardasil that includes more HPV virus types is approved for males 9 through 15.

GlaxoSmithKline's Cervarix vaccine is approved for females 9 through 25 to prevent cervical cancer.

All require two or three shots, depending on age.

Other ways to help prevent oral HPV infections are limiting the number of sex partners and not <u>smoking</u>. Condoms or dental dams may help.

Signs and symptoms of mouth and throat cancers may include a long-lasting sore throat, earaches, hoarseness, enlarged lymph nodes and pain when swallowing.

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Registration for the ACIP meeting of June 21-22, 2017

In order to attend the ACIP meeting at CDC's Clifton Road campus, ACIP attendees (participants and visitors) must register online. The week prior to the meeting you will receive a placard for your vehicle (parking tag) and instructions for navigating the secure CDC environment to attend the ACIP meeting.

Meeting Location:

Tom Harkin Global Communication Center (Building 19), Room 232
Kent "Oz" Nelson Auditorium
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, Georgia 30329-4027



Meeting Registration (U.S. citizens AND non-U.S. citizens)

Deadline for meeting registration:

Non-US Citizens: May 22, 2017, 5:00pm ET (No exceptions)

US Citizens: June 7, 2017, 5:00pm ET Listening to meeting via phone only:

Toll Free: 1-877-925-7916 Passcode: 4080878459

https://www.cdc.gov/vaccines/acip/meetings/register.html

Groundbreaking Strides' Made in Zika Vaccine Research

But human protection is still years away, researcher says

By Dennis Thompson

HealthDay Reporter

WEDNESDAY, May 10, 2017 (HealthDay News) -- Development of a Zika vaccine is proceeding rapidly, but it still will be years before such a vaccine is available to the public, says the author of a new report on research efforts.

Three leading vaccine candidates are being tested in humans. Two are based on cutting-edge DNA vaccine technology and the third is based on the more standard inactivated virus model, said Dr. Stephen Thomas. He's a professor of infectious disease with the State University of New York Upstate Medical University in Syracuse.

"The pace of R&D for a Zika vaccine is incredibly brisk," Thomas said. "Truly, some groundbreaking strides have been made in very short periods of time."

But Thomas believes it will be at least two to four years before a vaccine has received federal approval and enters mass production.

Human testing currently is aimed at making sure that the vaccine is safe, with effectiveness trials still months or years away, he said.

Testing the effectiveness of a vaccine also could depend on the ebb and flow of Zika outbreaks across the globe, Thomas added.

Typically, effectiveness trials are conducted in places where the virus is active, he said. One group of people gets vaccinated and another does not, and then researchers compare to see if the vaccine made a difference.

"That can be a problem if the outbreak is not active and raging, which in a lot of the locations it was last year it's not doing that this year," Thomas said. "It remains to be seen whether or not the developers will be able to demonstrate efficacy in a classic trial."

Zika is transmitted primarily by mosquitoes. The virus typically is not harmful to people, but it can cause devastating birth defects if a pregnant woman is infected. These defects include microcephaly -- a condition in which the skull and brain are underdeveloped.

An epidemic of Zika raged throughout South and Central America in 2015 and 2016, starting with a large-scale outbreak in Brazil. The World Health Organization announced the end of this epidemic in November, but warned that Zika remains an ongoing threat.

Small-scale local transmission of Zika has occurred in areas of Florida and Texas. In December, the U.S. Centers for Disease Control and Prevention designated Brownsville, Texas, a Zika cautionary area, urging pregnant women to postpone travel there.

All three leading vaccines	s have shown pro	omise in anim	nal trials, prote	ecting lab mice	and monkeys
against Zika infection, Th	iomas said.				

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The two DNA vaccines under development interfere with the virus' ability to enter cells and replicate itself, Thomas said in his research update. The inactivated vaccine aims to create an immune response that would provide future protection against Zika.

But "it is a very large chasm between animal data and what translates into a safe and efficacious vaccine for humans," Thomas said.

A DNA vaccine developed by the U.S. National Institutes of Health is furthest along, with a large multi-site phase 2 trial underway involving as many as 2,500 test subjects, Thomas said.

"They will continue to collect safety data," Thomas said. "They'll also look at more in-depth assessments of immune responses, and they may also get a signal of whether or not it protects people if Zika comes back in the areas where they are conducting the trial."

A couple of safety concerns are being taken very seriously.

Zika has been known to cause a nervous system disorder called Guillain-Barre syndrome in rare cases, and researchers want to make sure a vaccine doesn't pose the same risk, Thomas said.

And since the virus poses its greatest risk to developing fetuses, special care must be taken to show that it is safe in pregnant women, but still effective enough to create an immune response that would protect the fetus, he added.

Epidemiology expert Oscar Alleyne agreed that vaccine development appears promising, but that people should not assume a Zika vaccine that works in animals will automatically work in humans.

"Things always look promising from the animal studies, but caution should always be exercised as far as trying to make analogies to what will happen in the human population," said Alleyne, senior adviser for public health programs with the National Association of City and County Health Officials.

The report was published May 10 in the New England Journal of Medicine.

Ask the Experts: CDC Experts Answer Your Questions

June 7, 2017

If someone received MPSV4 or MenACWY at age 9 years, will two additional doses of MenACWY be needed?

Yes. Doses of quadrivalent meningococcal vaccine (either MPSV4 or MenACWY) given before 10 years of age should not be counted as part of the routine 2-dose series. If a child received a dose of either MPSV4 or MenACWY before age 10 years, they should receive a dose of MenACWY at 11 or 12 years and a booster dose at age 16 years.

Question of the Week: IAC Express - Issue 1309