

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 423  
(A-24)

Introduced by: Senior Physicians Section

Subject: HPV Vaccination to Protect Healthcare Workers over Age 45

Referred to: Reference Committee D

1 Whereas, there has been an increase with human papilloma virus (HPV) associated with head  
2 and neck cancers<sup>1</sup>; and  
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4 Whereas, health care workers (HCW) may be exposed to these oncogenic HPV in the course of  
5 performance of their clinical tasks such as cauterization of cervical, vaginal, vulvar, penile  
6 and/or anal cancers<sup>2</sup>; and  
7

8 Whereas, many HCWs are over age 45 and thus not deemed eligible for HPV vaccine  
9 insurance coverage or reimbursement according to Merck and Co., the current manufacturer, or  
10 Center for Disease Control and Prevention (CDC) guidelines<sup>3,4</sup>; and  
11

12 Whereas, the cost of GARDASIL 9 without insurance coverage will cost a patient approximately  
13 \$335 per dose with three doses required for maximum immunity attainment; and  
14

15 Whereas, N-95 or equivalent masks are essential for significant protection during procedures;  
16 therefore be it  
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18 RESOLVED, that our American Medical Association support all health care workers (HCWs)  
19 who might be exposed to HPV in the course of their clinical duties and strongly encourage them  
20 to wear masks, preferably N-95 (New HOD Policy); and be it further  
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22 RESOLVED, that our AMA will work with appropriate stakeholders to ensure that the HPV  
23 vaccine should be offered to all HCWs with potential exposure to HPV oncogenic material at no  
24 or minimal cost to the HCW individual (Directive to Take Action); and be it further  
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26 RESOLVED, that our AMA work with relevant stakeholders, including the CDC, to recommend  
27 HPV vaccine to HCWs to prevent health care related transmission. (Directive to Take Action)  
28

Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 5/2/2024

**REFERENCES**

1. Forte, T., Niu, J., Lockwood, G. A., & Bryant, H. E. (2012). Incidence trends in head and neck cancers and human papillomavirus (HPV)-associated oropharyngeal cancer in Canada, 1992–2009. *Cancer Causes & Control*, 23, 1343-1348.
2. Harrison R., Huh W. Occupational Exposure to Human Papillomavirus and Vaccination for Health Care Workers. *Obstet Gynecol* 2020; 136:663.
3. American Society for Colposcopy and Cervical Pathology. ASCCP Recommends HPV Vaccination for Providers. <https://www.asccp.org/hpv-vaccination> (Accessed on January 10, 2024).
4. Gupta, A. K., MacLeod, M. A., & Abramovits, W. (2016). GARDASIL 9 (Human Papillomavirus 9-Valent Vaccine, Recombinant). *Skinmed*, 14(1), 33-37.

## RELEVANT AMA POLICY

### H-440.810 Availability of Personal Protective Equipment (PPE)

1. Our AMA affirms that the medical staff of each health care institution should be integrally involved in disaster planning, strategy and tactical management of ongoing crises.
  2. Our AMA supports evidence-based standards and national guidelines for PPE use, reuse, and appropriate cleaning/decontamination during surge conditions.
  3. Our AMA will advocate that it is the responsibility of health care facilities to provide sufficient personal protective equipment (PPE) for all employees and staff, as well as trainees and contractors working in such facilities, in the event of a pandemic, natural disaster, or other surge in patient volume or PPE need.
  4. Our AMA supports physicians and health care professionals and other workers in health care facilities in being permitted to use their professional judgement and augment institution-provided PPE with additional, appropriately decontaminated, personally-provided personal protective equipment (PPE) without penalty.
  5. Our AMA supports the rights of physicians and trainees to participate in public commentary addressing the adequacy of clinical resources and/or health and environmental safety conditions necessary to provide appropriate and safe care of patients and physicians during a pandemic or natural disaster.
  6. Our AMA will work with the HHS Office of the Assistant Secretary for Preparedness and Response to gain an understanding of the PPE supply chain and ensure the adequacy of the Strategic National Stockpile for public health emergencies.
  7. Our AMA encourages the diversification of personal protective equipment design to better fit all body types, cultural expressions and practices among healthcare personnel.
- [Res. 412, I-20; Appended: Res. 414, A-21; Modified; Res. 410, I-21]

### D-440.955 Insurance Coverage for HPV Vaccine

Our AMA:

- (1) supports the use and administration of Human Papillomavirus vaccine as recommended by the Advisory Committee on Immunization Practices;
  - (2) encourages insurance carriers and other payers to appropriately cover and adequately reimburse the HPV vaccine as a standard policy benefit for medically eligible patients; and
  - (3) will advocate for the development of vaccine assistance programs to meet HPV vaccination needs of uninsured and underinsured populations.
- [Res. 818 I-06; Reaffirmed: CMS Report 01, A-16]

### H-440.872 HPV Associated Cancer Prevention

1. Our American Medical Association:
  - a. urges physicians and other health care professionals to educate themselves and their patients about HPV and associated diseases, HPV vaccination, as well as routine HPV related cancer screening; and
  - b. encourages the development and funding of programs targeted at HPV vaccine introduction and HPV related cancer screening in countries without organized HPV related cancer screening programs.
2. Our AMA will intensify efforts to improve awareness and understanding about HPV and associated diseases in all individuals, regardless of sex, such as, but not limited to, cervical cancer, head and neck cancer, anal cancer, and genital cancer, the availability and efficacy of HPV vaccinations, and the need for routine HPV related cancer screening in the general public.
3. Our AMA supports legislation and funding for research aimed towards discovering screening methodology and early detection methods for other non-cervical HPV associated cancers.
4. Our AMA:
  - a. encourages the integration of HPV vaccination and routine cervical cancer screening into all appropriate health care settings and visits,
  - b. supports the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups that benefit most from preventive measures, including but not limited to low-income and pre-sexually active populations,
  - c. recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination.
5. Our AMA encourages appropriate parties to investigate means to increase HPV vaccination rates by facilitating administration of HPV vaccinations in community-based settings including school settings.
6. Our AMA will study requiring HPV vaccination for school attendance.
7. Our AMA encourages collaboration with interested parties to make available human papillomavirus

vaccination to people who are incarcerated for the prevention of HPV-associated cancers.  
[Res. 503, A-07; Appended: Res. 6, A-12; Reaffirmed: CSAPH Rep. 1, A-22; Reaffirmation:  
A-22; Modified: Res. 916, I-22; BOT Action Sept 2023]

**H-460.913 - Screening for HPV-Related Anal Cancer**

Our AMA supports: (1) continued research on the diagnosis and treatment of anal cancer and its precursor lesions, including the evaluation of the anal pap smear as a screening tool for anal cancer; (2) advocacy efforts to implement screening for anal cancer for high-risk populations; and (3) national medical specialty organizations and other stakeholders in developing guidelines for interpretation, follow up, and management of anal cancer screening results.

[Res. 512, A-04; Reaffirmed: CSAPH Rep. 1, A-14; Appended: Res. 421, A-22]

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