# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 2311**

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**(INTERNAL QUESTION PAPER NO. 23)**

**Ms E L Powell (DA) to ask the Minister of Health:**

(a) What are the reasons that only girls and not boys are being vaccinated as part of the Human Papillomavirus vaccine roll-out and (b) on what scientific evidence does the approach rely?

###### NW2630E

**REPLY:**

The Human Papillomavirus vaccination programme was implemented in South Africa in 2014 with the aim of reducing the incidence of cervical cancer. A recently published study showed that women - now in their 20s - who were vaccinated against HPV in England at age 12 or 13 years experienced an 87% reduction in cervical cancer compared to the expected rate among unvaccinated women[[1]](#footnote-1).

The World Health Organization (WHO) recommends that cervical cancer, which comprises 84% of all HPV-related cancers, should remain the priority for HPV immunisation programmes. For the prevention of cervical cancer, the WHO-recommended primary target population for HPV vaccination is girls aged 9-14 years, prior to them becoming sexually active[[2]](#footnote-2). The South African HPV vaccination programme targets Grade 5 girl learners 9 years and older in public schools, and is therefore aligned with these recommendations.

Vaccination of secondary target populations (such as girls 15 years and older, and boys) is only recommended by WHO if this is feasible, affordable, cost-effective and does not divert resources from vaccinating primary target population or from effective cervical cancer screening programmes.

Global cost-effectiveness analysis informed by country-based evidence suggests that vaccinating pre-adolescent girls is usually cost-effective, particularly in resource-constrained settings where alternative cervical cancer prevention and control measures often have limited coverage. However, if the HPV vaccination coverage in girls is greater than approximately 50% (as is the case in South Africa), then gender-neutral vaccination (targeting boys and girls) is unlikely to be cost-effective. [[3]](#footnote-3),[[4]](#footnote-4)

END.

1. Falcaro M, Castañon A, Ndlela B, et al. The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 cervical intraepithelial neoplasia incidence: a register-based observational study. The Lancet. 2021. [↑](#footnote-ref-1)
2. World Health Organization. Human papillomavirus vaccines: WHO position paper, May 2017. Weekly epidemiological record. No 19, 2017, 92, 241–268 [↑](#footnote-ref-2)
3. Modelling estimates of the incremental effectiveness & cost-effectiveness of HPV vaccination. Available at http://www.who.int/immunization/sage/meetings/2016/october/07\_Modelling\_HPV\_immunization\_strategies.pdf?ua=1. [↑](#footnote-ref-3)
4. Fesenfeld M, Hutubessy R and Jit M. Cost-effectiveness of human papillomavirus vaccination in low and middle income countries: a systematic review. Vaccine. 2013 Aug 20;31(37):3786-804. [↑](#footnote-ref-4)