



# SUMMARY OF NATIONAL ADVISORY COMMITTEE ON IMMUNIZATION (NACI) STATEMENT OF JULY 24, 2024

Updated Recommendations on Human Papillomavirus (HPV)  
Vaccines



**TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP,  
PARTNERSHIP, INNOVATION AND ACTION IN PUBLIC HEALTH.**

— Public Health Agency of Canada

Également disponible en français sous le titre :  
Une déclaration d'un comité consultatif (DCC) Comité consultatif national de l'immunisation  
(CCNI) Mise à jour sur les recommandations sur les vaccins contre le virus du papillome  
humain (VPH)

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## OVERVIEW

- On July 24, 2024, the Public Health Agency of Canada (PHAC) released the National Advisory Committee on Immunization's (NACI) Updated Recommendations on Human Papillomavirus (HPV) Vaccines. This guidance is based on current evidence and NACI expert opinion.
- Human papillomavirus (HPV) infection is very common in Canada. Without vaccination, it is estimated that 75% of people in Canada will acquire an HPV infection in their lifetime. Globally and in Canada, HPV-associated diseases are a significant public health problem.
- While all Canadian provinces and territories have long-standing publicly funded, school-based immunization programs for HPV, HPV vaccine coverage rates continue to fall short of the national goal of 90% coverage for two or more doses by 17 years of age.
- Given ongoing efforts to improve HPV vaccination coverage and reduce the impact of HPV-associated disease in Canada, and considering recent updated guidance from the World Health Organization (WHO), Canadian provinces and territories requested that NACI review national guidance on HPV vaccine schedules.
- Following a thorough review of the evidence, NACI makes the following recommendations for public health program decision-making (i.e., provinces/territories making decisions for publicly funded immunization programs):
  - **NACI continues to strongly recommend HPV vaccination for all individuals 9 to 26 years of age.**
    - The HPV vaccine can be offered during pregnancy. Routine questioning about last menstrual period and/or pregnancy is not required or recommended before offering this HPV vaccine.
  - **NACI strongly recommends that individuals 9 to 20 years of age should receive 1 dose of HPV vaccine, and individuals 21 to 26 years of age should receive 2 doses of HPV vaccine.**
    - A 2-dose schedule may still be considered on an individual basis for individuals 9 to 20 years of age in consultation with their health care provider.
    - NACI continues to recommend a 3-dose schedule for individuals who are considered immunocompromised, as well as individuals living with HIV.
  - **Nonavalent 9vHPV vaccine should be used as it provides protection against the greatest number of HPV types and associated diseases.**
- NACI makes the following recommendation for individual-level decision-making (i.e., healthcare providers advising individual clients):
  - **NACI recommends individuals 27 years of age and older may receive the HPV vaccine with shared decision making and discussion with a healthcare**

**provider. The vaccine should be given as a 2-dose schedule with doses administered at least 24 weeks apart.**

- Individuals who are 27 years of age and older who were not vaccinated may benefit from vaccination, even at an older age.
- A 2-dose HPV vaccination schedule is recommended for immunocompetent individuals 27 years of age and older, though a 1-dose schedule is still expected to provide considerable benefit.

NACI will continue to monitor the evolving evidence and will update guidance as needed.

For the full statement, including supporting evidence and rationale, please see [Updated Recommendations on Human Papillomavirus \(HPV\) Vaccines](#).

## WHAT YOU NEED TO KNOW

- Human papillomavirus (HPV) immunization coverage among adolescents and young adults varies across Canada and is below the national target of 90%. Individuals who missed routine HPV immunization remain at risk for HPV-associated diseases.
- HPV infection can lead to numerous cancers. Persistent infection with high-risk types of HPV can result in cervical, oropharyngeal, vaginal, vulvar, penile and anal cancers.
- The HPV vaccine is highly effective and has the potential to eliminate cervical cancer and significantly reduce the burden of HPV-associated diseases.
- HPV vaccines were first introduced in Canada in 2007 with a 3-dose schedule for adolescents and young adults. NACI updated guidance for a 2-dose schedule in youth aged 9 to 14 years after research showed 2 doses provided the same immune protection. Over the last decade, several clinical trials and studies in females have shown that 1 dose of this highly effective vaccine can provide comparable protection against HPV infection and disease among 9- to 20-year-olds.
- The medical and public health research communities often study and refine vaccine schedules for real-world use, which can lead to updated national or international vaccine guidance. Eventually this research may also lead to updated product labels if the vaccine manufacturers conduct their own trials and submit those to Health Canada, as was the case when HPV vaccine schedules changed from 3 to 2 doses.
- Since NACI last issued updated recommendations on HPV vaccines in 2017, numerous trials and studies have reported on the benefit of a 1-dose schedule. In December 2022, the WHO issued updated guidance on HPV vaccine schedules noting a single-dose schedule can provide comparable efficacy to a 2-dose schedule. Infectious disease vaccine modelling has shown that under reasonable assumptions, a 1-dose schedule in Canada is expected to have similar health outcomes over the short and long term compared to a 2-dose schedule.

- Based on the evidence that has accumulated over the last decade, many countries are now using a 1-dose HPV vaccine schedule, including the United Kingdom, Australia, and others.
- Immunization programs should prioritize 1-dose HPV vaccine coverage with an emphasis on populations with lower vaccine coverage, to maximize population-level benefits. Provinces and territories can consider expanding eligibility to those who declined/missed opportunities for vaccination during school-based programs.
- The HPV vaccine is recommended for everyone 9 to 26 years of age as it is most effective when given at a younger age, before exposure to HPV. However, individuals 27 years of age and older can still benefit from HPV vaccination.
- Pregnant women and pregnant individuals are at increased risk of HPV infection compared to those who are not pregnant. As HPV infection during pregnancy may lead to adverse outcomes to both the pregnant individual and fetus, the HPV vaccine can be offered during pregnancy to reduce these risks. Current data indicate no increased risk of adverse pregnancy outcomes with getting the nonavalent HPV vaccine during or around pregnancy.
- The latest updates from NACI on HPV vaccine programs will help reduce barriers to immunization with this safe and highly effective vaccine.

For more information on NACI's recommendations on the use of HPV vaccines, please refer to the Human Papillomavirus (HPV) vaccines chapter in the [Canadian Immunization Guide \(CIG\)](#), as well as additional statements on the [NACI web page](#).