

	Clinical Protocol: Human Papillomavirus	
	ORIGINAL EFFECTIVE DATE: 09/20/2011	REVIEWED/REVISED DATE(S): 12/01/2011 08/13/2021 08/19/2022 11/15/2023 07/28/2025
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PROTOCOL OVERVIEW

HPV (Human Papillomavirus) infections can cause several different kinds of cancers in both men and women. Cervical cancer is one of the primary cancers that is linked to HPV, but several other cancers are linked to HPV. The estimated yearly cases of cancer is over 35,000 that are linked to HPV. Vaccination can help prevent these cancers and has been recommended for certain populations as below.

INDICATIONS

As per Centers for Disease Control and Prevention:

Three HPV vaccines—9-valent HPV vaccine (Gardasil® 9, 9vHPV), quadrivalent HPV vaccine (Gardasil®, 4vHPV), and bivalent HPV vaccine (Cervarix®, 2vHPV)—have been licensed by the U.S. Food and Drug Administration (FDA). All three HPV vaccines protect against HPV types 16 and 18 that cause most HPV cancers.

Gardasil-9 (Merck), a nine-valent HPV vaccine (9vHPV) that protects against HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58, is the only HPV vaccine currently distributed in the U.S.

HPV vaccination is recommended for all preteens (including girls and boys) at age 11–12 years. All preteens need HPV vaccination, so they are protected from HPV infections that can cause cancer later in life.

Teens and young adults through age 26 years who didn't start or finish the HPV vaccine series also need HPV vaccination.

CDC recommends that 11- to 12-year-olds receive two doses of HPV vaccine 6 to 12 months apart.

- The first dose is routinely recommended at age 11–12 years old; the series can be started at age 9 years.
- Only two doses are recommended if vaccination started at age 9 and through age 14.

Teens and young adults who start the series later, at ages 15 through 26 years, need three doses of HPV vaccine.

- Adolescents aged 9 through 14 years who have already received two doses of HPV vaccine less than 5 months apart will require a third dose.
- Three doses are recommended for people with weakened immune systems aged 9 through 26 years.

Vaccination is not recommended for everyone older than age 26 years. However, some adults age 27 through 45 years who are not already vaccinated may decide to get HPV vaccine after speaking with their doctor about their risk for new HPV infections and the possible benefits of vaccination. HPV vaccination in this age range provides less benefit, as more people have already been exposed to HPV.

WHO SHOULD NOT GET HPV VACCINE?

- People who have ever had a life-threatening allergic reaction to any ingredient of an HPV vaccine, or to a previous dose of HPV vaccine.
- People who have an allergy to yeast (Gardasil and Gardasil 9).
- People who are pregnant.

WHAT ARE THE POSSIBLE SIDE EFFECTS?

Vaccines, like any medicine, can have side effects. Many people who get HPV vaccine have no side effects at all. Some people report having very mild side effects, like a sore arm from the shot.

The most common side effects of HPV vaccine are usually mild and include:

- Pain, redness, or swelling in the arm where the shot was given
- Fever
- Headache or feeling tired
- Nausea
- Muscle or joint pain

Brief [fainting](#) spells and related symptoms (such as jerking movements) can happen after any medical procedure, including vaccination. Sitting or lying down when getting a shot and staying in that position for about 15 minutes after a vaccination can help prevent fainting and injuries caused by falls.

On very rare occasions, severe (anaphylactic) allergic reactions may occur after vaccination. People with [severe allergies](#) to any component of a vaccine should not receive that vaccine.”

RECOMMENDED RECORDS

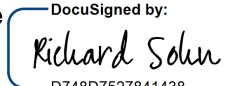
Please submit appropriate history and physical or progress notes.

If patient’s age is 27 through 45, please document discussion of risk vs benefits of vaccination with the patient.

CITATION

CDC, Human Papillomavirus (HPV), HPV Vaccine <https://www.cdc.gov/hpv/parents/vaccine-for-hpv.html>

CLINICAL PROTOCOL REVISION HISTORY

Revised By:	Ashley Gonzalez, UM Project Coordinator; Konstantin Yengoyan, Supervisor, Clinical Operation	Date: 07/24/25	
Approved By:	Richard Sohn, MD, Deputy Chief Medical Officer	Date: 2/4/2026	Signature DocuSigned by:  DZ48D7527841438
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