

British government's failure to offer HPV catch-up vaccinations to older boys discriminatory, says health economist

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Professor Giampiero Favato is a health economist and director of doctoral programmes at Kingston University's Business School. His research assessing the cost and benefits of a gender-neutral human

papilloma virus (HPV) vaccination programme contributed to the decision by health ministers in England, Scotland and Wales to offer the vaccine to 13 year old boys from September this year. Professor Favato outlines below why he believes this is not enough – and how the omission of older boys poses serious risks.

The British government's refusal to offer boys aged 14 to 18 years old catch-up HPV vaccination based on the argument that it will provide "limited additional benefit" is quite possibly the thinnest argument ever used in [public health policy](#) – particularly while the Department for Health and Social Care's stated priority is to "vaccinate adolescents before they reach sexual maturity."

The government's own advisory committee on vaccinations, the JCVI, recommended boys be added to the national [vaccination programme](#) against HPV. This was essentially because the protection against HPV-induced cancers offered by gender-neutral vaccination was greater than that offered by the herd immunity generated by the selective vaccination of girls only. Since all boys are equally protected by herd immunity, the additional benefit obtained by vaccinating a 16-year-old is the same as that expected from the vaccination of a 13-year-old boy.

If the priority of DHSC is to vaccinate adolescents before they reach sexual maturity, then a catch-up programme would be the option of choice. The protective effect of the vaccine is maximised before an individual becomes sexually active. The average age of this in the UK is 16-17, depending on a series of socioeconomic factors. On the grounds of improved [public health](#), the optimal strategy would be to vaccinate as many boys as possible up to their 18th birthday, while they are still at school.

Failing to implement a catch-up programme would constitute a double inequality for the more than one million boys aged 14 to 18 in England.

Firstly they would be discriminated against by gender compared to girls in terms of direct protection against HPV-induced malignancies. Secondly, they would be discriminated against by age compared to younger boys with the same risk profile.

This is the most disconcerting aspect of this decision, since it proves, once again, the failure of the British government to understand, mitigate and ultimately eliminate inequalities in public policy decisions.

Provided by Kingston University, London

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