HPV PROTECT & DETECT

ECO Good Practice Guide on HPV Vaccination: a Factsheet

Make it policy. Make it happen. Make it last

CATCHUP VACCINATION & EXTENDED PROGRAMMES

Principles

Principle 1. Institutionalise catch-up vaccination to close gaps in immunisation

Do countries have explicit strategies to vaccinate cohorts who missed earlier routine HPV vaccination?

Countries should establish and implement a defined catch-up vaccination policy and schedule, embedded within the national immunisation programme, so that individuals who missed routine vaccination, or who were older than the priority target age when the programme was introduced, have ongoing opportunities to be vaccinated and are not permanently excluded from protection.

Principle 2. Embed explicit, governed, and revisable decisions on extending HPV vaccination beyond routine cohorts

Are formal processes in place to decide, review, and adapt whether HPV vaccination extends beyond routine age cohorts?

Countries should use formal, evidence-informed decision-making processes to determine whether to extend HPV vaccination beyond the priority target population, informed by vaccination coverage, programme performance, disease epidemiology, health system capacity, feasibility and resource implications. These decisions should be reviewed periodically as programme objectives and conditions change.

Principle 3. Design catch-up and extended-age strategies to reach populations missed by routine delivery

Are there dedicated delivery pathways for populations who are not reached through routine HPV vaccination delivery models?

Countries should design and implement catch-up and extended-age HPV vaccination strategies that deliberately complement routine delivery models, using alternative delivery models appropriate to the needs and contexts of those populations where needed to reach people who are otherwise missed.

Justification & Scientific Evidence

WHO and European guidance explicitly frame catch-up vaccination as a necessary programme function to ensure that individuals who miss routine HPV immunisation are not permanently excluded from protection.

WHO defines catch-up vaccination as vaccinating individuals who are missing doses of vaccines for which they are eligible under the national immunisation schedule, and states that a catch-up vaccination strategy is an essential part of a well-functioning national immunisation programme that should be implemented on a continual basis [1], consistent with a life-course approach to immunisation [2]. Catch-up vaccination can play an important role in closing immunisation gaps that would otherwise widen over timeas populations age, and that individuals who miss vaccination become harder to identify and reach over time [1].

The European Code Against Cancer explicitly recommends providing catch-up opportunities for HPV vaccination to people older than the priority age group, at least until age 18 where feasible, and prioritising individuals at higher risk of HPV infection, including immunocompromised individuals and people living with HIV [3]. The EU Council Recommendation on vaccine-preventable cancers further supports extending recommendations, via targeted catch-up campaigns, to young adults who did not get vaccinated or fully vaccinated during adolescence or preadolescence, reinforcing the role of catch-up as a

policy tool to prevent missed cohorts from remaining unprotected over time [5].

Guidance emphasises that decisions to extend HPV vaccination beyond routine target populations should be directed by formal, evidence-informed processes and reviewed over time as programme conditions evolve.

Guidance on planning and implementing catch-up vaccination recommends that National Immunization Technical Advisory Groups (NITAGs) provide technical and programmatic advice on the development and review of vaccination policies and explicitly calls for existing policies to be reviewed and revised where they unintentionally constrain catch-up or extended-age vaccination. This includes restrictive target age groups or upper age limits, limitations on which health workers are authorised to vaccinate, and inflexibility on when and where vaccinations can be delivered [1] and reinforces the importance of periodic policy review that can be adapted over time as programme conditions evolve.

The EU Council Recommendation on vaccine-preventable cancers similarly emphasises structured national action and coherent policy frameworks to support coherent and coordinated vaccination policy, supporting the need for policy decisions that are transparent, coordinated, and capable of review over time in line with national priorities and system capacity [5].

Routine HPV vaccination delivery models may systematically miss certain populations, so targeted or alternative delivery pathways are required to ensure access to vaccination for these groups.

Offering catch-up vaccination to populations who may not be reached through routine immunisation services is critical to ensuring that they are not excluded from protection. This includes mobile populations such as refugees, asylum seekers and migrants, who may be difficult to reach or track and for whom responsibility for vaccination may be unclear, particularly where individuals move across borders [1,2]. The WHO further emphasises that immunisation strategies should be adapted to reach populations that are geographically, socially or culturally isolated, and that addressing the causes of low vaccine use among marginalised groups is necessary to improve access to immunisation services [2].

Specific population groups are identified by WHO and European guidance, for whom targeted HPV vaccination strategies may be appropriate due to elevated risk of HPV infection or disease, or because they are not reliably reached through routine delivery models, such as men who have sex with men (MSM), due to the high burden of HPV infection in this group [4]. In practice, many MSM were not reached through earlier adolescent vaccination programmes because HPV vaccination programmes initially targeted girls, and targeted adult offers may miss people who do not disclose sexual orientation, do not attend sexual health services, or face stigma and discrimination in healthcare settings [6, 7]. Complementary access pathways including delivery through sexual health, HIV prevention and other inclusive services, may therefore be needed [8]. The European Code Against Cancer similarly recommends that individuals at higher risk of infection, including immunocompromised individuals and people living with HIV, are prioritised for HPV vaccination, supporting the use of tailored approaches beyond standard-age delivery [3].

European policy instruments further reinforce the need for dedicated strategies to reach populations missed by routine vaccination pathways. The EU Council Recommendation on vaccine-preventable cancers calls for targeted efforts to address structural barriers to HPV vaccination uptake among disadvantaged groups, explicitly naming migrants, asylum seekers, refugees, people experiencing homelessness, Roma, persons with disabilities, displaced people from Ukraine, LGBTI people, and individuals with higher-risk sexual behaviour [5].

Case Studies

Ireland

In Ireland, HPV vaccination has been delivered through a routine school-based programme since 2010, but vaccination coverage declined significantly from around 2015 following public controversy and misinformation, resulting in substantial cohorts of adolescents and young adults who missed vaccination through routine programmes. To address these immunity gaps, Ireland introduced the nationally coordinated Laura Brenna HPV Vaccine Catch-Up Programme in 2022, offering free HPV vaccination to boys and girls

in second-level education who had not previously received the vaccine (boys were added to routine programmes in 2019), as well as to young women up to age 25 who had left school, with vaccination initially delivered through clinic -based settings [9]. The programme was explicitly time-limited and eligibility defined, reflecting a formal policy decision to correct missed vaccination rather than an automatic extension of routine delivery. An expanded HPV vaccination drive began in January 2026 with the initiative offering free vaccines to fifth- and sixth-year post-primary students from January to August 2026, before expanding to second- to fifth-year students in the 2026/27 academic year [10]. The routine programme targets all girls and boys in first year of secondary school.

Slovenia

In Slovenia, HPV vaccination has been offered free of charge through a routine school-based programme for girls aged 11-12 years old since 2009, with boys included in the vaccination programme since 2021 [11, 12]. National public health authorities have explicitly acknowledged that routine uptake has remained below the 90% benchmark required to achieve population impact. In response, Slovenia's vaccination policy provides structured opportunities for individuals who miss vaccination at the routine age to be vaccinated at later systematic health check-ups during secondary school [12]. National guidance further specifies that young people under the age of 26 who have not been vaccinated may also receive HPV vaccination free of charge, extending eligibility beyond the primary target cohort [12].

HPV FASTER

HPV FASTER is a public health strategy proposing a combined approach to HPV vaccination and HPV screening for women aged 25-45 years. In practice, this works with a dual intervention strategy: HPV vaccination administered to women up to 45 years old, even if previously exposed; HPV-based screening using HPV DNA testing, to detect and treat existing infections or precancerous lesions [13]. The project targeted vulnerable populations, including female sex workers, women living with HIV, transgender men and non-binary persons with a cervix, socioeconomically deprived women, women living in prison and migrants.

As an ongoing research initiative, findings continue to evolve, and conclusions will be subject to further validation as evidence accumulates.

Further Reading & Bibliography

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- [HPV Faster]
- [River EU]

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