

Prévention HPV chez les adulte (≥ 27 ans) à risque : Épidémiologie, recommandations de Dépistage et de Vaccination

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2026

CONFLITS D'INTERET

Pfizer

GSK

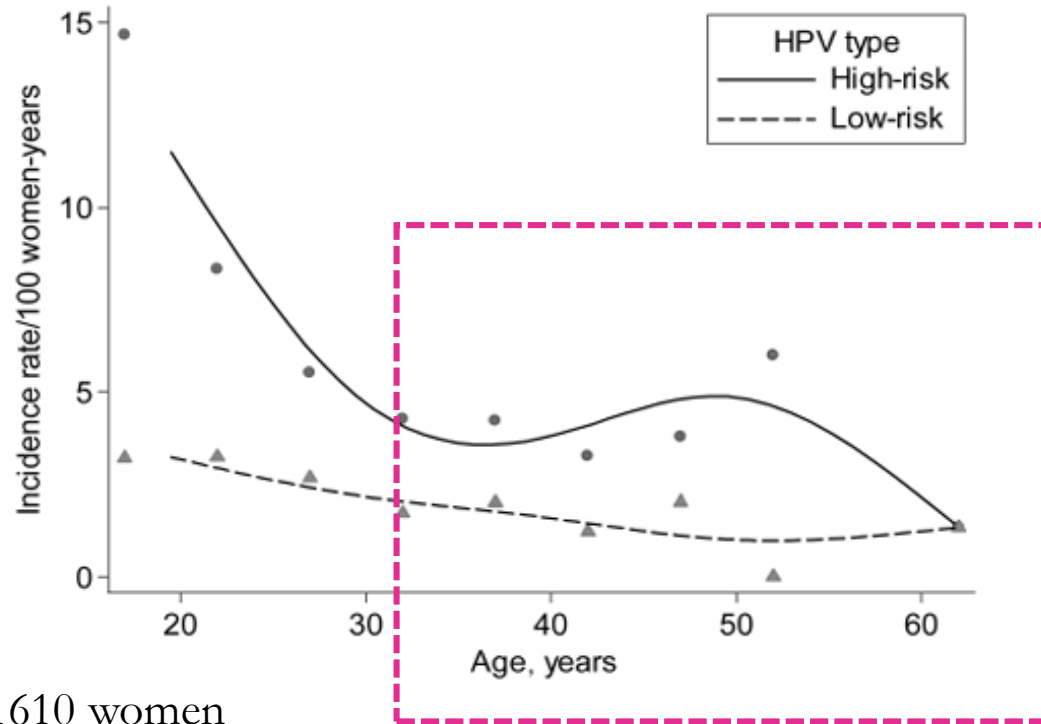
MSD

Astrazeneca

Novartis

Quelles données chez les ≥ 27 ans

EPIDEMIOLOGIE



- ✓ 1610 women
- ✓ 15–85 years old
- ✓ Normal cytological results + negative HPV
- ✓ Median follow-up = 4.1 [3.2–5.0] years

Incidence, Duration, and Determinants of Cervical Human Papillomavirus Infection in a Cohort of Colombian Women with Normal Cytological Results

Nubia Muñoz,¹ Fabián Méndez,² Héctor Posso,¹ Mónica Molano,¹ Adrian J. C. van den Brule,^{3,4} Margarita Ronderos,¹ Chris Meijer,³ and Álvaro Muñoz,⁴ for the Instituto Nacional de Cancerología HPV study group*

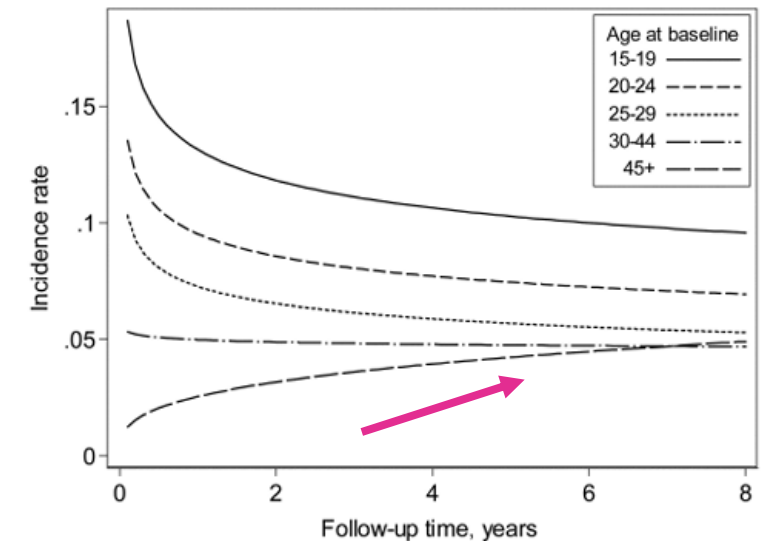


Figure 3. Incidence rate (per 100 woman-years) of human papillomavirus infection, by age at baseline

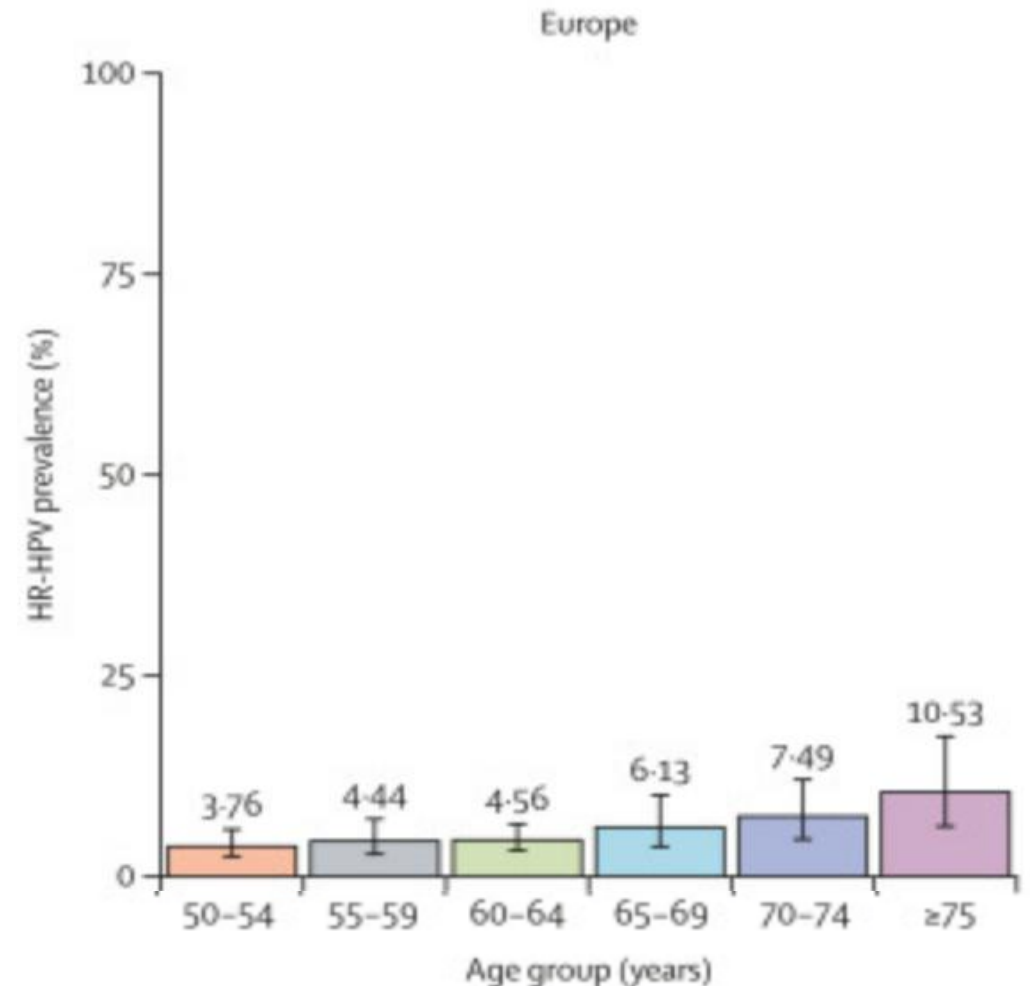
➔ >45 ans HR plus faible la première année puis augmentation

Quelles données chez les ≥ 27 ans

➔ Global HPV prevalence in women aged 50 years and older with normal cytology.

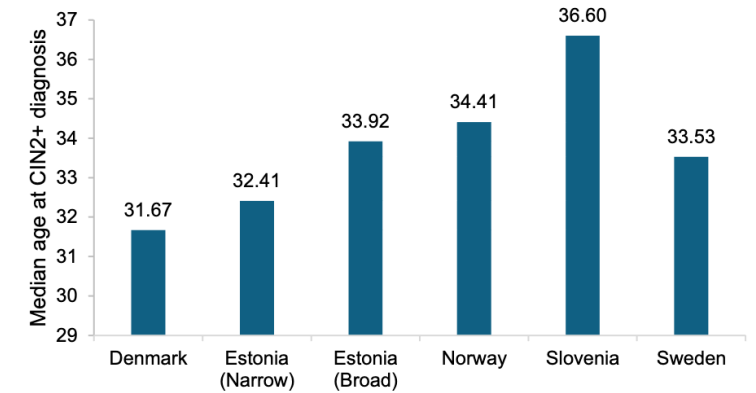
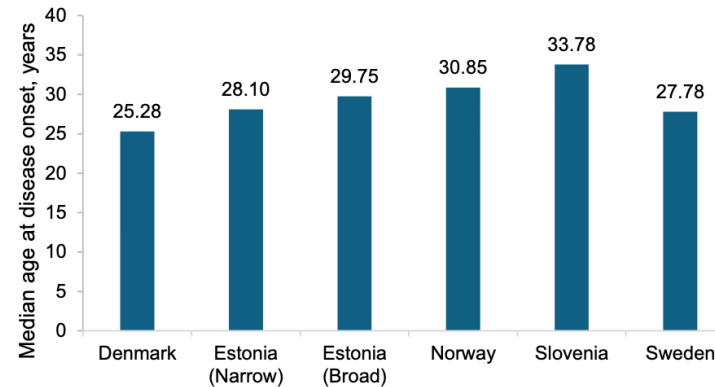
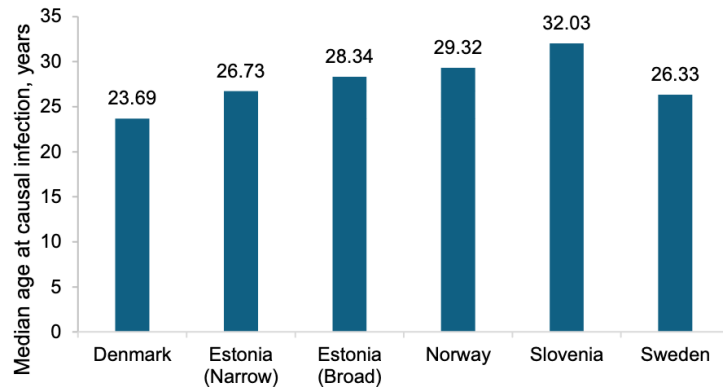
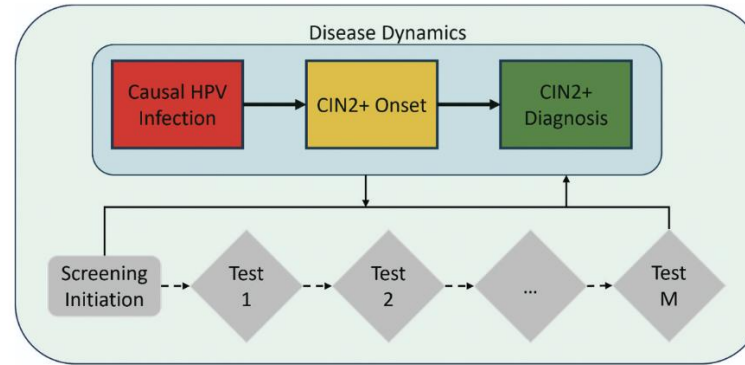
- ✓ Systematic review and meta-analysis
- ✓ Publications until May 31, 2022 = 132
- ✓ 437 228 women

- Substantial HPV burden in older women who have not been vaccinated against HPV
- HPV reactivation versus new infections ?



Quelles données chez les ≥ 27 ans

➔ Estimate the age at acquisition of disease-causal HPV infection in women diagnosed with CIN2+



- 2.7–72.3% of causal HPV infections are projected to occur in women over age 26
- 8.1%–21.4% are projected to occur in women over the age of 45

Quelles données chez les ≥ 27 ans

EPIDEMIOLOGIE

Global trends and future projections of cervical cancer burden: an integrated analysis of GBD 2021, UN population and WHO HPV vaccination data

Dongxuan Shao^{1*†}, Ping Wu^{1†}, Huici Jiang^{2†} and Zhijie Wang^{1*}

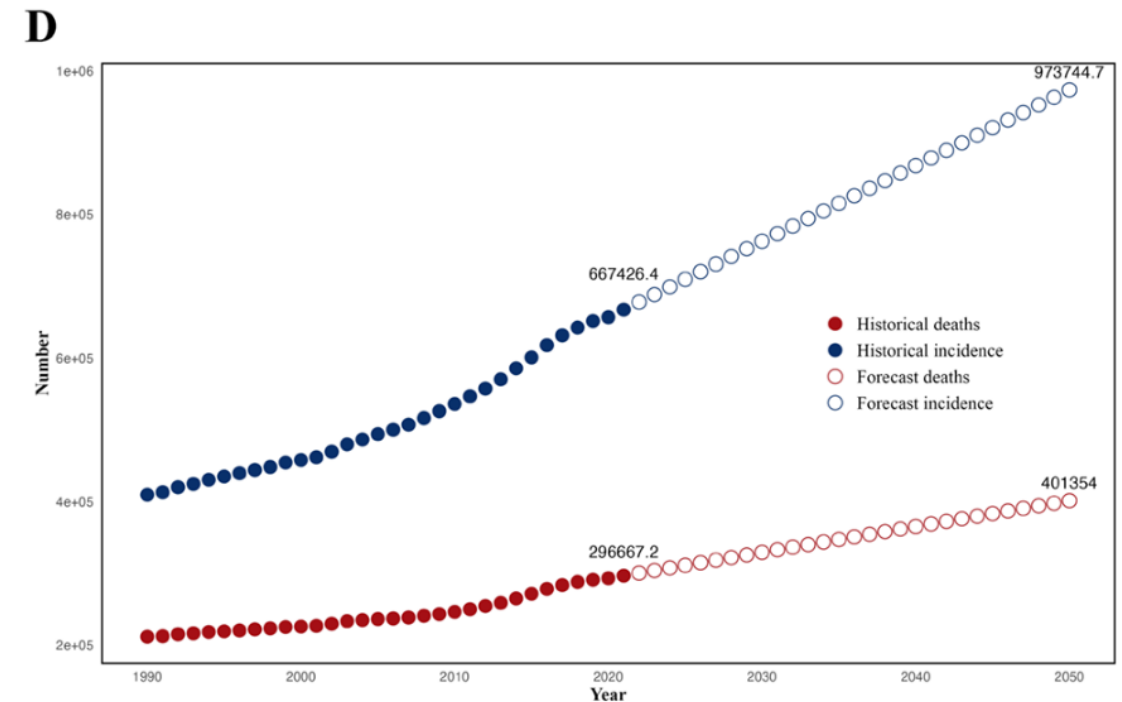


frontiers | Frontiers in Public Health

TYPE Original Research
PUBLISHED 26 January 2026
DOI 10.3389/fpubh.2026.1702186

From 1990 to 2021
combined:

- age-specific female population estimates
- cervical cancer incidence, mortality and disability-adjusted life-years (DALYs)
- HPV vaccination coverage (WHO).



Données vaccinations

- ➔ Vaccination jusqu'à 26 ans résolus
- ✓ Vaccination HPV immunogène et efficace
- ✓ Vaccination précoce plus efficace
- ✓ Vaccination avec un impact clinique majeur
- ✓ Sécurité du vaccin



9-valent recombinant Gardasil 9 vaccine, which provides broader protection against HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58

Données immunogénicité et sécurité

Vaccine 39 (2021) 2800–2809



Contents lists available at ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine



Immunogenicity and safety of a nine-valent human papillomavirus vaccine in women 27–45 years of age compared to women 16–26 years of age: An open-label phase 3 study



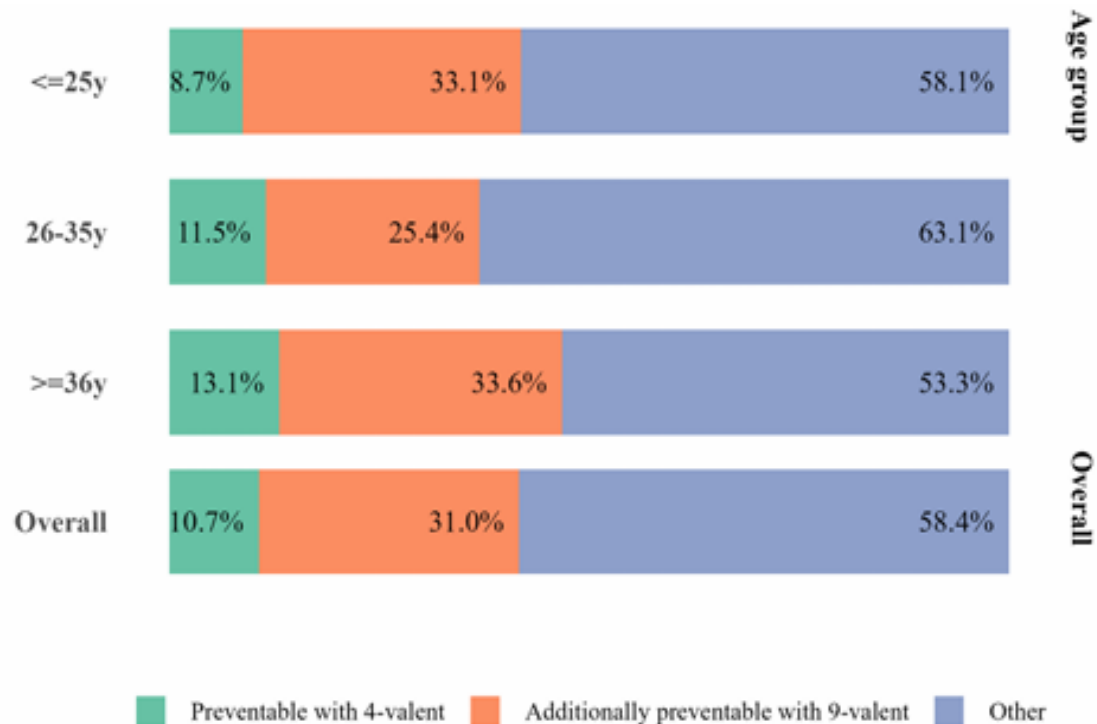
Elmar A. Joura^a, Angels Ulled^b, Corinne Vandermeulen^c, Milagrosa Rua Figueroa^d, Ilkka Seppä^e, Juan José Hernandez Aguado^f, Anitta Ahonen^e, Olaf Reich^g, Miia Virta^e, Antonino Perino^h, Merce Peris Tuserⁱ, Klaus Peters^j, Massimo Origoni^k, Francesco Raspagliesi^l, Wiebren A.A. Tjalma^{m,n}, Philippe Tummers^o, Linn Woelber^p, Pekka Nieminen^q, Pierre van Damme^r, Jalid Sehouli^s, Gabriel Fiol Ruiz^t, Sara Brucker^u, Tanja Fehm^v, Kyeongmi Cheon^w, Sonali Rawat^w, Alain Luxembourg^w, Frederick Wittke^{w,*}

- ✓ Non-inferiority assay of antibody responses
- ✓ International*
- ✓ 7-month
- ✓ women 27–45 years
- ✓ compared with women 16–26 years.
- ✓ 3 doses regimen M0, M2, M6
- ➔ immunogenicity testing day 1, M7
- ➔ Safety

- Non-inferiority of anti-HPV GMTs in women 27–45 years compared with 16–26 years
- Well tolerated - similar AE profile across the age groups

*24 study sites located in six countries (Austria, Belgium, Finland, Germany, Italy, and Spain).

Efficacité ?



- ✓ Cross-sectional study
- ✓ Data : 2021 and 2022
- ✓ 3 Primary Health Care Centres (Boeny region of Madagascar)
- ✓ 18 -49 years old

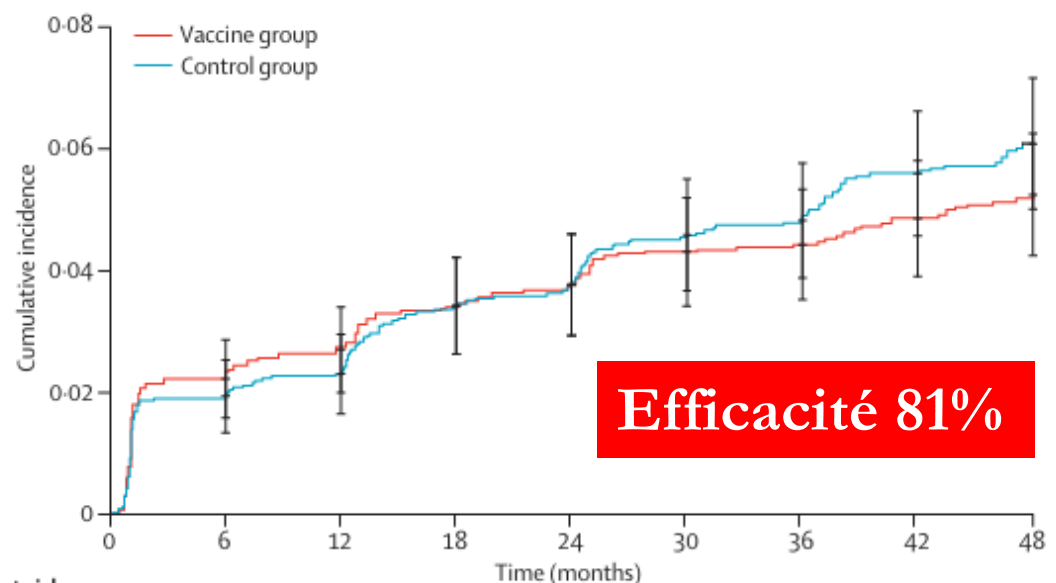
413 women tested positive for HPV
 41.6% (n = 172) infected by vaccine-targeted genotypes

➤ **9-valent vaccine → incremental preventive benefit 31.0% (n = 128)**

Impact de la vaccination

VIVIANE Study

Cumulative incidence of CIN1+ irrespective of HPV DNA status



Efficacité 81%

Efficacy, safety, and immunogenicity of the human papillomavirus 16/18 AS04-adjuvanted vaccine in women older than 25 years: 4-year interim follow-up of the phase 3, double-blind, randomised controlled VIVIANE study

S Rachel Skinner, Anne Szarewski*, Barbara Romanowski, Suzanne M Garland, Eduardo Lazcano-Ponce, Jorge Salmerón, M Rowena Del Rosario-Raymundo, René H M Verheijen, Swee Chong Quek, Daniel P da Silva, Henry Kitchener, Kah Leng Fong, Céline Bouchard, Deborah M Money, Arunachalam Ilancheran, Margaret E Cruickshank, Myron J Levin, Archana Chatterjee, Jack T Stapleton, Mark Martens, Wim Quint, Marie-Pierre David, Dorothée Meric, Karin Hardt, Dominique Descamps, Brecht Geeraerts, Frank Struyf, Gary Dubin, for the VIVIANE Study Group

Lancet 2014; 384: 2213-27

- ✓ Phase 3, multinational, double blind
- ✓ Randomised controlled trial
- ✓ Interim analysis

➔ Vaccine efficacy against 6-month persistent infection or cervical intraepithelial neoplasia grade 1 or higher (CIN1+) + HPV16/18.

- 5752 healthy women >25 years
- **HPV 16/18 vaccine** (2881) x3 vs control (2871)
- Mean FU = 40.3 months

➤ **Cross-protective vaccine efficacy HPV 31 and 45**

Impact de la vaccination

- Efficacy, safety, and immunogenicity data
- Phase III, randomized, placebo-
- controlled,
- Multinational*, multicenter,
- double-blind

Safety, immunogenicity, and efficacy of quadrivalent human papillomavirus (types 6, 11, 16, 18) recombinant vaccine in women aged 24–45 years: a randomised, double-blind trial 

Nubia Muñoz, Ricardo Manalastas Jr, Punee Pitisuttithum, Damrong Tresukosol, Joseph Monsonogo, Kevin Ault, Christine Clavel, Joaquin Luna, Evan Myers, Sara Hood, Oliver Bautista, Janine Bryan, Frank J Taddeo, Mark T Esser, Scott Vuocolo, Richard M Haupt, Eliav Barr, Alfred Saah

FUTURE III Study

Lancet 2009; 373: 1949–57

	Vaccine (n=1910)			Placebo (n=1907)			Efficacy (95% CI)	p value
	n	Cases	Rate	n	Cases	Rate		
Per-protocol population*								
HPV 6/11/16/18-related (all women)	1615	4	0.1	1607	41	1.5	90.5% (73.7 to 97.5)	<0.0001
Women aged 24–34 years	792	2	0.2	792	24	1.8	91.8% (67.1 to 99.1)	..
Women aged 35–45 years	823	2	0.1	815	17	1.3	88.6% (51.9 to 98.7)	..
HPV 16/18-related (all women)	1601	4	0.1	1579	23	0.9	83.1% (50.6 to 95.8)	0.0001
Women aged 24–34 years	784	2	0.2	774	13	1.0	85.0% (33.8 to 98.4)	..
Women aged 35–45 years	817	2	0.1	805	10	0.7	80.6% (9.1 to 97.9)	..
HPV 6/11-related (all women)	1329	0	0.0	1323	19	0.9	100% (79.0 to 100)	<0.0001
Women aged 24–34 years	636	0	0.0	653	12	1.1	100% (63.7 to 100)	..
Women aged 35–45 years	693	0	0.0	670	7	0.6	100% (33.6 to 100)	..

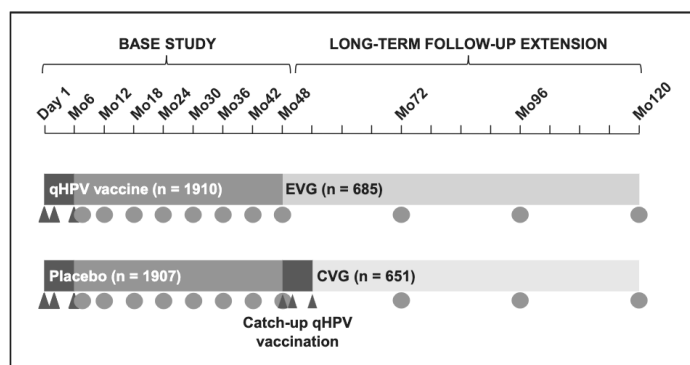
- Quadrivalent HPV (6, 11, 16, 18)
- 24–45 years
- n=3253
- HPV vaccine (n=1911)
- placebo (n=1908)
- day 1, M2 and M6

*Colombia, France, Germany, Spain, the Philippines, Thailand, and the United States

Muñoz *et al.*, 2009. Lancet

Impact de la vaccination

long-term follow up (LTFU) extension
of **FUTURE III**
FU = 10 years follow-Up
n= 1189 (EVG = 600; CVG = 589)



STUDY STAGE

- Vaccination period
- Efficacy follow-up period (base study)
- Effectiveness follow-up period (extension)

KEY ACTIVITIES

- Vaccine/placebo administration
- Follow-up visits
 - Serum collection (immunogenicity; at Day 1 and Mo 7, 12, 24, 36, 48, 72, 96 and 120)
 - Cervical cytology and external genital examination
 - Genital swab (HPV DNA; base study only)

HUMAN VACCINES & IMMUNOTHERAPEUTICS
2022, VOL. 18, NO. 5, e2078626 (10 pages)
<https://doi.org/10.1080/21645515.2022.2078626>

RESEARCH PAPER

Effectiveness, immunogenicity, and safety of the quadrivalent HPV vaccine in women and men aged 27–45 years

Ivette Maldonado^a, Manuel Plata^b, Mauricio Gonzalez^c, Alfonso Correa^d, Claudia Nossa^e, Anna R. Giuliano^f, Elmar A. Joura^g, Alex Ferenczy^h, Brigitte M. Ronnettⁱ, Mark H. Stoler^j, Hao Jin Zhou^{k*}, Amita Joshi^k, Rituparna Das^k, Oliver Bautista^k, Thomas Group^k, Alain Luxembourg^k, Alfred Saah^k, and Ulrike Kirsten Buchwald^k

Table 4. Comparison of anti-HPV GMTs at Month 7 (1 month post-dose 3) in women aged 27–45 years (FUTURE III study) versus women aged 16–26 years (FUTURE I, FUTURE II, and FUTURE III studies) and men aged 27–45 years (MAM study) versus men aged 16–26 years (V501–020 study) who received three doses of the qHPV vaccine (PPI population).

Assay (cLIA)	Women aged 27–45 years (Group A)		Women aged 16–26 years (Group B)		Group A/Group B	
	n	GMT (mMU/mL)	n	GMT (mMU/mL)	GMT ratio	95% CI
Anti-HPV 6	1083	412.4	2800	536.2	0.77	0.72; 0.82
Anti-HPV 11	1083	538.2	2824	754.3	0.71	0.67; 0.76
Anti-HPV 16	1092	2212.0	2749	2297.6	0.96	0.89; 1.05
Anti-HPV 18	1223	348.4	3006	458.1	0.76	0.71; 0.82

➤ **Durable effectiveness of the qHPV vaccine**

Impact de la vaccination



British Journal of Cancer (2011) 105, 28–37
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www.bjcancer.com

End-of-study safety, immunogenicity, and efficacy of quadrivalent HPV (types 6, 11, 16, 18) recombinant vaccine in adult women 24–45 years of age

X Castellsagué^{*,1}, N Muñoz², P Pititittithum³, D Ferris⁴, J Monsonego⁵, K Ault⁶, J Luna², E Myers⁷, S Mallary⁸, OM Bautista⁹, J Bryan⁹, S Vuocolo⁹, RM Haupt⁹ and A Saah⁹

- End-of-study efficacy, safety, and immunogenicity data
- Median follow-up time of 4.0 years

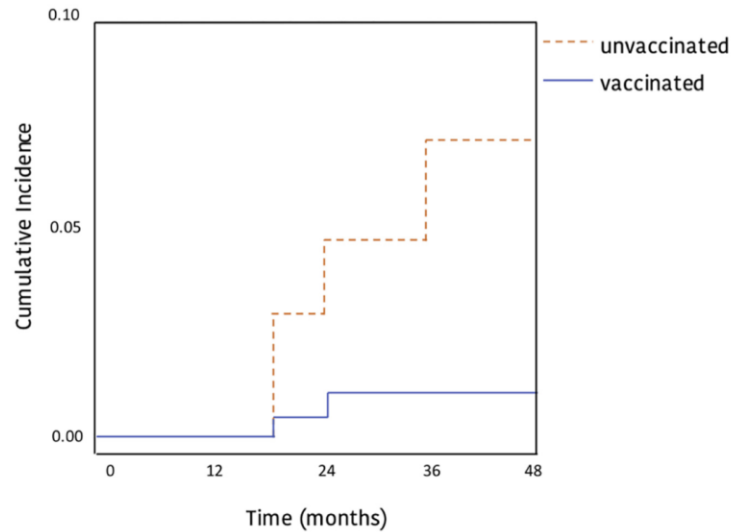
- ✓ N=3819
- ✓ Vaccinated =1911 / Placebo =1908
- ✓ 24-45 years
- ✓ No history of cervical disease or genital warts in the past 5 years.
- ✓ **Quadrivalent vaccine**/placebo day 1, M2, M6

Table 2 End-of-study efficacy against the combined incidence of vaccine type-related infection of 6 months duration, CIN or EGL

Analysis population end point	HPV 6/11/16/18-related outcomes				HPV 16/18-related outcomes			
	n(m)		Observed efficacy	95% CI	n(m)		Observed efficacy	95% CI
	qHPV	Placebo			qHPV	Placebo		
Per-protocol efficacy population (PPE)								
Overall persistent infection, CIN, or EGL	10 (4)	86 (41)	88.7	(78.1, 94.8)	8 (4)	51 (23)	84.7	(67.5, 93.7)
24–34-year-olds	5 (2)	56 (24)	91.3	(78.4, 97.3)	5 (2)	35 (13)	86.0	(64.0, 95.7)
35–45-year-olds	5 (2)	30 (17)	83.8	(57.9, 95.1)	3 (2)	16 (10)	81.8	(36.3, 96.6)
By end point								
Persistent infection	9 (2)	85 (39)	89.6	(79.3, 95.4)	7 (2)	50 (21)	86.2	(69.4, 94.7)
CIN (any grade)	1 (1)	17 (9)	94.1	(62.5, 99.9)	1 (1)	13 (7)	92.4	(49.1, 99.8)
CIN 2/3 or worse	1 (1)	6 (4)	83.3	(–37.6, 99.6)	1 (1)	6 (4)	83.4	(–36.7, 99.6)
EGL	0 (0)	7 (4)	100	(30.8, 100)	0 (0)	0 (0)	NA	NA
Condyloma	0 (0)	7 (4)	100	(30.8, 100)	0 (0)	0 (0)	NA	NA
VIN 2/3 or ValN 2/3	0 (0)	0 (0)	NA	NA	0 (0)	0 (0)	NA	NA

- **Efficacy reached 88.7% (95% CI: 78.1, 94.8)**
- **High immunogenicity >91% (least for HPV18 48%)**

Impact de la vaccination



CDR irrespective of causal HPV type (CIN2+)			
	V-group	NV-group	% risk reduction in rate with vaccine
No. of evaluable women	172	172	81,2% [95% CI: 34,3-95,7]
No. of women with CDR	2	11	
recurrence rate (%)	1.2	6.4	

Fig. 3. Impact of vaccination on disease relapse after cervical conization.



SPERANZA project

- ✓ Prospective case-control study
- ✓ January 2013
- ✓ N=344 women 18–45 years
- ✓ Vaccination after surgical treatment (LEEP) : high grade cervical intraepithelial neoplasia and microinvasive cervical cancer.
- ✓ 4 years FU
- ➔ Reduce the risk of clinical disease relapse in women treated for CIN2+?

- After conization, HPV vaccine= 80% *clinical effectiveness* in disease relapse prevention.
- HPV vaccination is beneficial as an adjuvant additional to surgical treatment.

Impact de la vaccination



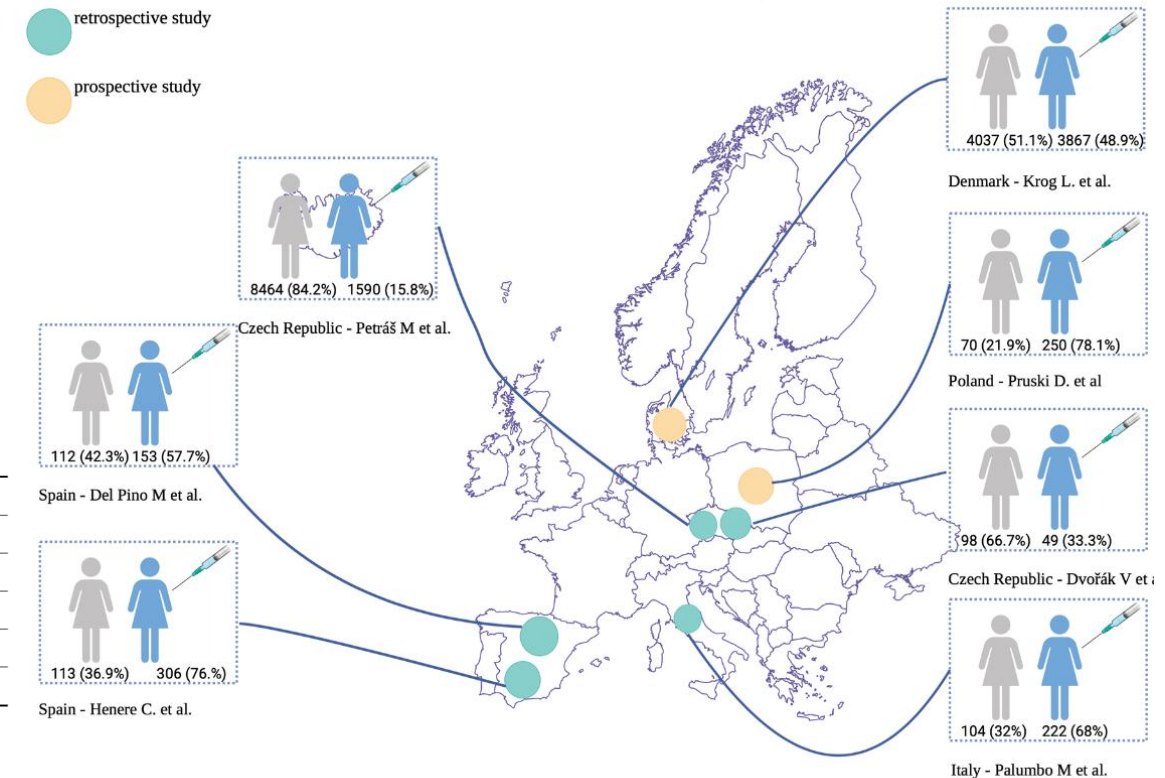
Systematic Review

Impact of Vaccinating Adult Women Who Are HPV-Positive or with Confirmed Cervical SIL with the 9-Valent Vaccine—A Systematic Review

Dominik Pruski ^{1,*}, Sonja Millert-Kalińska ¹, Robert Jach ², Jakub Żurawski ³ and Marcin Przybylski ¹

7 studies, 19,414 women

Outcome	Vaccinated Group	Unvaccinated Group	p-Value
HPV complete remission	72.4%	45.7%	
CIN2+ recurrence after conization	3.3%	10.7%	0.015
Progression to CIN3	0.9%	6.5%	
Positive HPV result in LSIL	18%	38%	0.0169
Positive HPV result in HSIL	8%	18%	0.0353

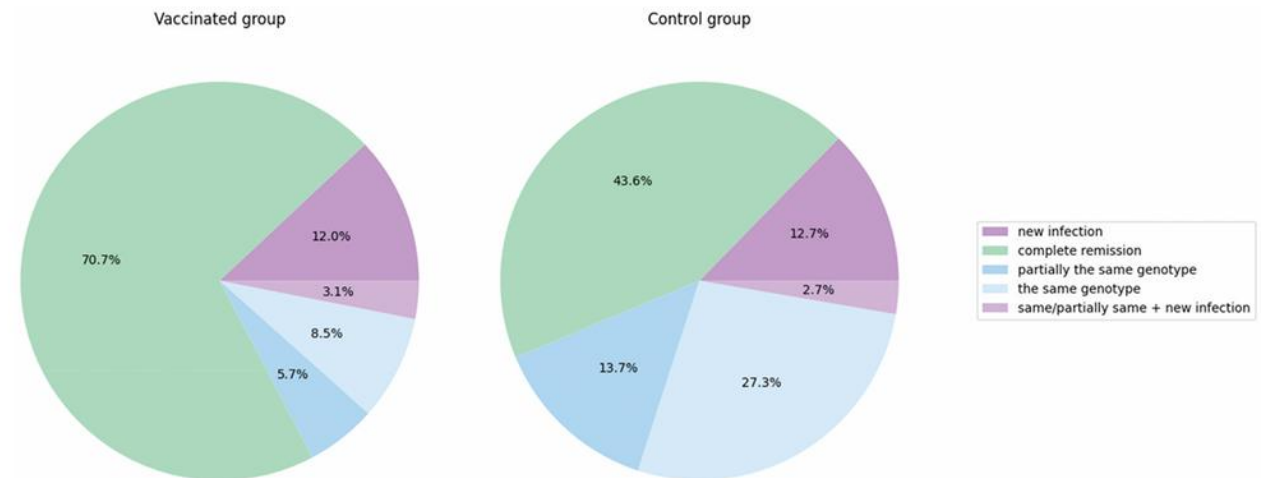
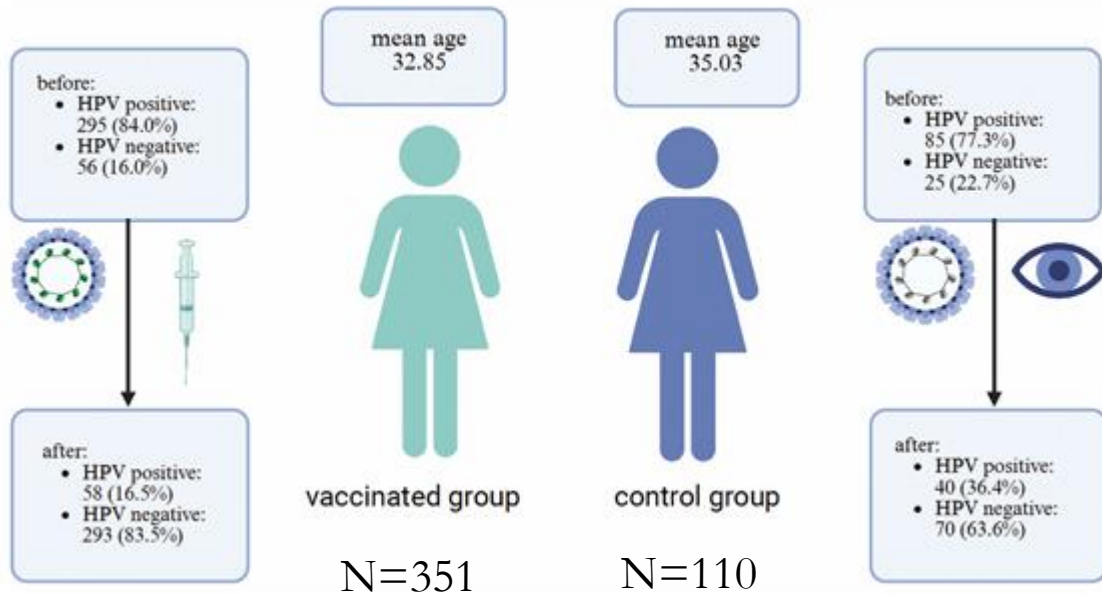


- HPV vaccination ↑ viral clearance / ↓ the likelihood of repeated surgical interventions
- +++ before the surgical procedure

SIL : Squamous intraepithelial lesions

Pruski D *et al.*, 2025. *Viruses*

Impact de la vaccination



- ✓ Prospective, ongoing, and non-randomized
- ✓ 461 women
- ✓ January 2020 to August 2025
- ✓ abnormal cytology, positive hrHPV tests, or abnormal colposcopic findings? no previous history of CIN or cc.

Impact de la vaccination

Impact of HPV vaccine on CIN2+ recurrence after conization: a systematic review and meta-analysis of vaccination timing, valency and surgical margins

Mauro Francesco Pio Maiorano^{1*}, Ambrogio Cazzolla², Brigida Anna Maiorano³, Vera Loizzi^{2,4}, Gennaro Cormio^{1,2}, Giuseppe Colonna² and Salvatore Lopez²



frontiers
in Oncology

TYPE Systematic Review
PUBLISHED 25 February 2026
DOI 10.3389/fonc.2026.1748972

Women

Histologically confirmed >> CIN2+

Treated by conization. loop electrosurgical excision procedure (LEEP)/ cold knife conization

HPV vaccine [2vHPV], [4vHPV], [9vHPV] before or after surgical treatment

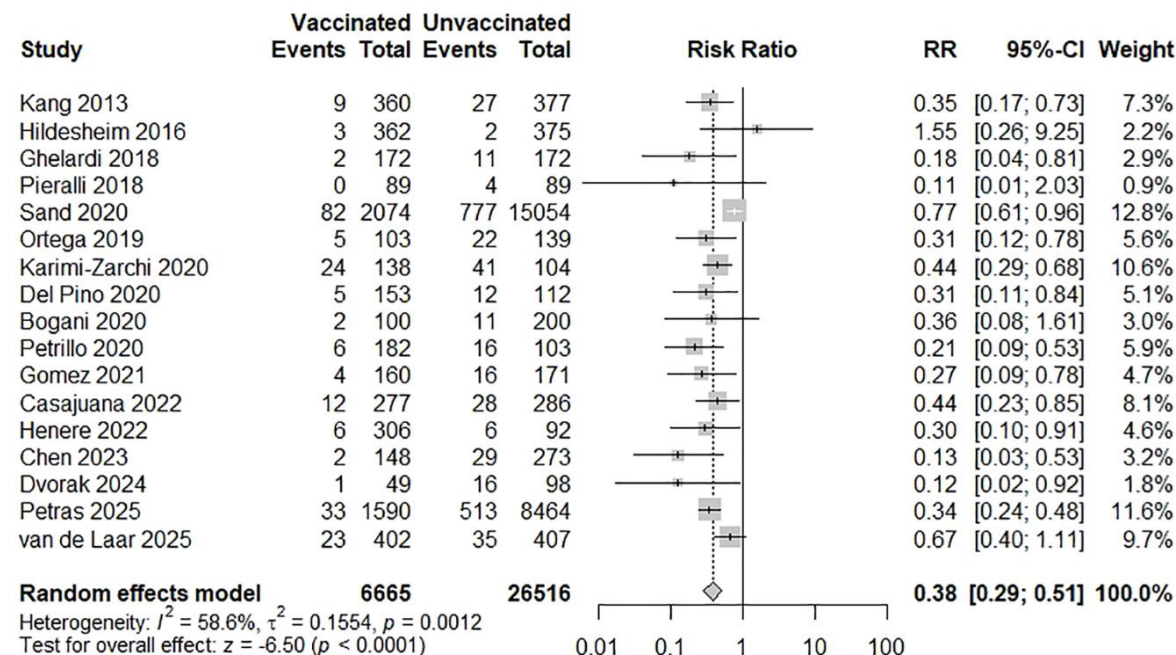


FIGURE 2

Forest plot of risk ratios for CIN2+ recurrence in vaccinated versus unvaccinated women after conization. HPV vaccination in the post-treatment setting significantly reduced recurrence risk (pooled RR = 0.38; 95% CI: 0.29-0.51; $p < 0.001$). Moderate heterogeneity was observed across studies (21-37).

➤ Adjuvant prophylactic HPV vaccination ↓ CIN2+ recurrence after conization

Recommendations - vaccination

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<https://doi.org/10.3802/jgo.2026.37.e71>
 pISSN 2005-0380-eISSN 2005-0399



Practice Guideline



Updated clinical practice guidelines for human papillomavirus vaccination: the Korean Society of Gynecologic Oncology recommendations

Hyunji Lim ,^{1,2} Se Ik Kim ,^{1,2} Kyung-Jin Min ,³ Jae-Kwan Lee ,⁴
 Jae-Weon Kim ,^{1,2} Taek Sang Lee ^{2,5}

Table 1. Five key questions and recommendations updated in guidelines for HPV vaccination

#	Item	Detail
KQ1	Key question Recommendation	What are the recommended age and number of doses for the HPV vaccination? • The bivalent HPV vaccine is recommended for females aged 9 to 45 years (IA) and males aged 9 to 25 years (IIC). • The quadrivalent and nonavalent HPV vaccines are recommended for females aged 9 to 45 years and males aged 9 to 26 years (girls and women aged 9–26 years, IA; women aged 27–45 years, IIB; and boys and men aged 9–26 years, IA). However, males aged 27 to 45 years may also receive the vaccine after consulting with a healthcare provider. • The bivalent, quadrivalent, and nonavalent HPV vaccines can be administered in two doses to boys and girls aged 9 to 14 years, with a 6-month interval between the doses (IB).
KQ2	Key question Recommendation	Single-dose HPV vaccination for ages 9 to 14, which has been recommended by WHO, is it feasible? • Since there is insufficient evidence on the safety and efficacy to introduce it, the 2-dose vaccination schedule will be maintained until clear evidence on the effectiveness of a single dose is accumulated.
KQ3	Key question Recommendation	Is HPV vaccination effective in individuals who are already infected with HPV? • Administration of the bivalent, quadrivalent, or nonavalent HPV vaccines is recommended for women already infected with HPV, as it can reduce the risk of infection with HPV subtypes they have not yet contracted (IIB).
KQ4	Key question Recommendation	Does HPV vaccination influence preventing the recurrence of HPV-related diseases in patients who have undergone conization? • Administration of the bivalent, quadrivalent, or nonavalent HPV vaccines is recommended for women who have undergone conization, as it can prevent infection with the relevant HPV subtypes and reduce the risk of recurrence of HPV-related diseases (IB).
KQ5	Key question Recommendation	Is additional vaccination with the nonavalent HPV vaccine beneficial with respect to recurrence of related diseases for women who have already completed vaccination with the bivalent or quadrivalent HPV vaccine? • Additional vaccination with the nonavalent human HPV vaccine is recommended, as it can reduce the risk of infection from additional HPV subtypes (IIB).

HPV, human papillomavirus; KQ, key question; WHO, World Health Organization.

Recommandations - vaccination

VACCINE INFORMATION STATEMENT

HPV (Human Papillomavirus) Vaccine: *What You Need to Know*

2. HPV vaccine

HPV vaccine is routinely recommended for adolescents at 11 or 12 years of age to ensure they are protected before they are exposed to the virus. HPV vaccine may be given beginning at age 9 years and vaccination is recommended for everyone through 26 years of age.

HPV vaccine may be given to adults 27 through 45 years of age, based on discussions between the patient and health care provider.

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

Recommendations - vaccination



Government
of Canada

Gouvernement
du Canada

Human papillomavirus (HPV) vaccines: Canadian Immunization Guide

For health professionals

Who

- 9vHPV vaccine is recommended for all individuals 9 to 26 years of age.
- Individuals 27 years of age and older who are at ongoing risk of exposure to HPV may receive 9vHPV vaccine with shared decision making and discussion with a healthcare provider.
- HPV vaccine can be offered in pregnancy. Routine questioning about last menstrual period and/or pregnancy is not required or recommended before offering HPV vaccine.
- When recommended to receive HPV vaccine, individuals who are considered immunocompromised and/or living with HIV should receive a 3-dose schedule of 9vHPV vaccine.
- Individuals 27 years of age and older, unless immunocompromised, may receive a 2-dose schedule of 9vHPV administered at least 24 weeks apart (6 months).

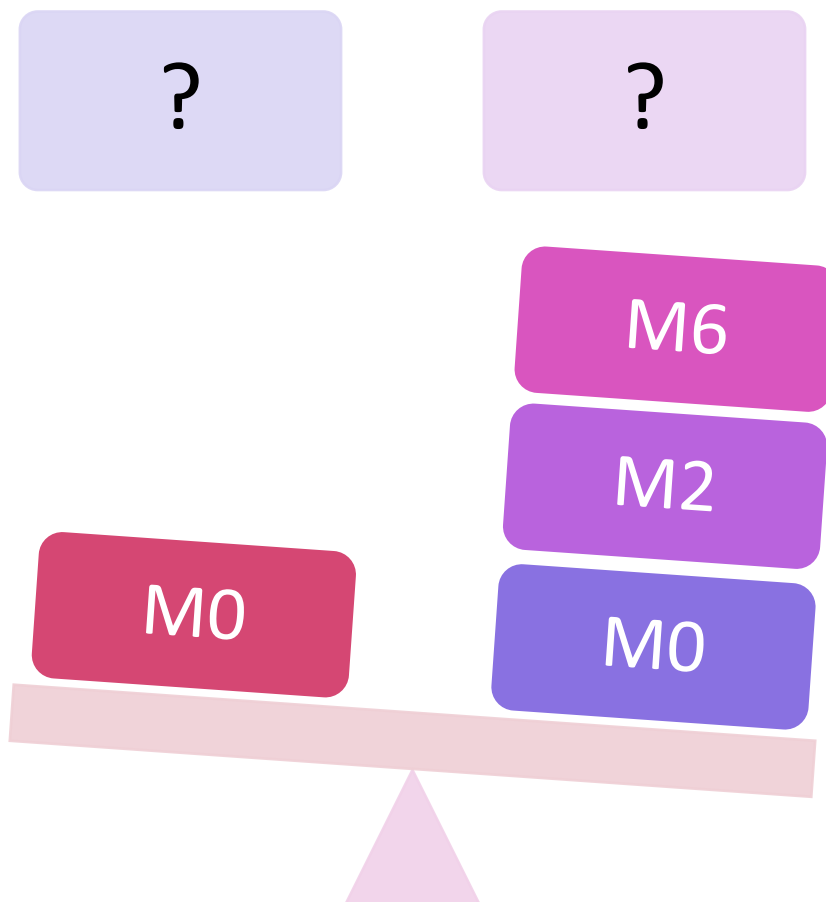
Recommandations - vaccination

	Years																				
	9	10	11	12	13	14	15	17	18	19	21	25	26	27	30	45	≥ 46				
Austria	HPV9 (F/M)			HPV9 (F/M) ¹																	
Belgium				HPV9 (F/M) ²		HPV9 (F/M)															
Bulgaria		HPV9 (F/M) ³					HPV9 (F/M) ⁴														
Croatia			HPV9 (F/M) ⁵			HPV9 (F/M) ⁶								HPV9 (F/M) ⁶							
Cyprus	HPV9 (F/M) ⁷					HPV9 (F/M) ⁸				HPV9 (F/M) ⁹											
Czechia			HPV9 (F/M)						HPV (F/M) ¹⁰												
Denmark				HPV9 (F/M)																	
Estonia				HPV9 (F/M) ¹¹				HPV9 (F/M) ¹¹													
Finland		HPV2 (F/M) ¹²				HPV2 (F/M) ¹³															
France			HPV9 (F/M) ¹⁴				HPV9 (F/M) ¹⁵														
Germany	HPV (F/M) ¹⁶						HPV (F/M) ¹⁷														
Greece	HPV9 (F/M) ¹⁸							HPV9 (F/M) ¹⁹		HPV9 (F/M) ²⁰											
Hungary				HPV9 (F/M) ²¹																	
Iceland				HPV9 (F/M) ²²		HPV9 (F/M) ²³															
Ireland				HPV9 (F/M)		HPV9 (F/M) ²⁴															
Italy			HPV9 (F/M) ²⁵			HPV9 (F/M) ²⁶															
Latvia				HPV9 (F/M)					HPV9 (F/M) ²⁷												
Liechtenstein			HPV9 (F/M) ²⁸					HPV9 (F/M) ²⁹													
Lithuania			HPV9 (F/M) ³⁰																		
Luxembourg	HPV9 (F/M)											HPV9 (F/M) ³¹									
Malta				HPV9 (F/M) ³²		HPV9 (F/M) ³³															
Netherlands	HPV2 (F/M)																				
Norway				HPV2 (F/M) ³⁴																	
Poland	HPV (F/M) ³⁵																				
Portugal		HPV9 (F/M) ³⁶								HPV9 (F/M) ³⁷											
Romania			HPV9 (F/M)											HPV9(F)							
Slovakia				HPV9 (F/M)																	
Slovenia			HPV9 (F/M)			HPV9 (F/M)															
Spain				HPV (F/M) ³⁸		HPV (F/M) ³⁸					HPV (F/M) ³⁹										
Sweden		HPV9 (F/M) ⁴⁰				HPV9 (F/M) ⁴¹				HPV9 (F/M) ⁴²											



Vaccine Scheduler

Recommendations - vaccination



LES ESSENTIELS



Plusieurs serotypes HPV



Effet préventif post-soin

Objectif Clinique	Bénéfice chez la femme > 27 ans	Niveau de preuve
Prévention primaire	Protection contre les 9 souches (si non exposée)	Élevé (A)
Prévention tertiaire	Réduction massive des récurrences post-conisation	Élevé (A)
Sécurité	Profil de tolérance excellent (similaire adolescentes)	Élevé (A)
Protection "Neuve"	Couverture des souches oncogènes non encore acquises	Modéré à Élevé

- 🕒 **Il n'est jamais trop tard** : La réponse immunitaire reste efficace même après 40 ans.
- 🛡️ **Un bouclier neuf** : Le vaccin protège contre les souches que vous n'avez pas encore rencontrées.
- 🏥 **Protection post-soin** : Indispensable si vous avez déjà eu un frottis anormal traité.



Recommandations - dépistage

POPULATION GÉNÉRALE

25 – 29 ans

2 examens cytologiques à 1 an
puis /3 ans

30 – 65 ans

1 test HPV puis
/5 ans

PVVIH

25 – 29 ans

2 examens cytologiques à 1 an
puis /3 ans

30 – 65 ans

1 test HPV puis
/5 ans

- DIP /DIC
- Allogreffés
- Lupus systémique
- Traitement immunosuppresseur $\geq$ 1an
- Immunodépression sévère

IMMUNODÉPRIMÉ

Réplication virale non contrôlée/ T CD4 <350/ μ L / nadir <200 cellules/ μ L

Examen cytologique / an

1 test HPV à 30 ans
/3 an

>65 ans

Poursuivre le dépistage pour
certains cas

2026

inca
Institut National
du Cancer

2025

HAS
HAUTE AUTORITÉ DE SANTÉ

2024

anrs
MALADIES INFECTIEUSES
ÉMERGENTES • Inserm

Recommandations



DTP Coqueluche

Maintien d'une immunité de base solide contre la diphtérie, le tétanos, la poliomyélite et la coqueluche.

RAPPEL / 10 ANS



Pneumocoque

Protection pulmonaire ciblée selon l'âge du patient pour prévenir les surinfections bactériennes sévères.

20 OU 21-VALENT



Hépatite B (VHB)

Évaluation du statut sérologique et vaccination pour éviter le risque majeur de réactivation sous traitement immunosuppresseur.

SCHÉMA COMPLET

Prévention HPV chez les adulte (≥ 27 ans) à risque : Épidémiologie, recommandations de Dépistage et de Vaccination

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