



National Immunisation Advisory  
Committee  
An Coiste Comhairleach Náisiúnta  
um Imdhíonadh



Health  
Information  
and Quality  
Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Protocol: Evidence summary to inform a recommendation for HPV vaccination of cis women in the sex industry up to 45 years of age**

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## About the National Immunisation Advisory Committee

The National Immunisation Advisory Committee (NIAC) is Ireland's National Immunisation Technical Advisory Group (NITAG). NIAC provides independent evidence-based recommendations and advice to the Minister for Health on immunisation and related health matters to inform health policy in Ireland.

First established in 1998, NIAC has been hosted by HIQA as a statutory function under Section 8(1)(g) of the Health Act 2007 (as amended) since 31 March 2025.

NIAC membership is voluntary, and includes nominees from the Royal College of Physicians in Ireland, its Faculties and Institutes, the Royal College of Surgeons in Ireland, the Irish College of GPs, the Nursing and Midwifery Board of Ireland, the Infectious Diseases Society of Ireland, the Travel Medicine Society, the National Virus Reference Laboratory, the Health Service Executive's (HSE) National Health Protection Office (NHPO) as well as members with expertise in gerontology and inclusion health, and lay members. Meetings are attended by representatives from the Department of Health and the HSE, including the HSE National Immunisation Office (NIO). Representatives of the Health Products Regulatory Authority (HPRA) attend to provide regulatory advice in relation to vaccines. Representatives of the HSE Health Protection Surveillance Centre (HPSC) attend to provide and support the interpretation of epidemiological data.

The NIAC Secretariat team, situated within the HTA Directorate in HIQA, provides clinical, evidence synthesis, and administrative support to NIAC.

Visit [www.hiqa.ie](http://www.hiqa.ie) for more information.

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## Terminology

Throughout this document, the term 'women in the sex industry' is used to refer to women selling or exchanging sex for money or for other reasons (such as for accommodation, drugs and other commodities), including those who are experiencing exploitation in the sex industry.

## 1 Background and aim

Worldwide, cervical cancer is one of the most common cancers and causes of cancer-related death in women. Each year in Ireland, about 250 women are diagnosed with cervical cancer and about 80 women die as a result. In 2023, Ireland's Cervical Cancer Elimination Plan was published, following the World Health Organization's (WHO) global initiative, which set a target of 2040 as the date when cervical cancer will be eliminated (fewer than 4 cases per 100,000 women).<sup>(1)</sup> In 2023, the incidence of cervical cancer in Ireland was 10.1 per 100,000 women.

Almost all cases of cervical cancer are caused by human papillomavirus (HPV), which most people encounter when they become sexually active. While HPV infections usually resolve spontaneously, persistent infections with high-risk HPV (hrHPV) types can progress to premalignant intraepithelial lesions (cervical intraepithelial neoplasia (CIN)), which in time can progress to cervical cancer.

HPV vaccination plays a major role in eliminating cervical cancer because the HPV vaccine is effective against the hrHPV strains that cause cervical cancer. HPV infection also increases the risk of other cancers such as vulval, vaginal, penile, anal and head and neck cancer. HPV vaccination reduces the risk of cervical, vulval, vaginal and anal cancer caused by vaccine HPV types.

HPV vaccination reduces the risk of these cancers too. The HPV vaccine is most effective when it is given during the pre-adolescent years, before people are in contact with HPV.

NIAC first issued recommendations in relation to HPV vaccination in 2009, which were published in Chapter 10 (Human Papillomavirus) of the Immunisation Guidelines for Ireland.<sup>(2)</sup> HPV vaccination was recommended for all 12- to 13-year old females to reduce their risk of developing cervical cancer as adults. Following this, the publicly funded HPV vaccination programme in Ireland based on the quadrivalent (HPV4) vaccine was introduced for females in the first year of second level school in September 2010. A publicly funded gender-neutral second level school nonavalent (HPV9) vaccination programme was introduced in September 2019. Since September 2019, NIAC has recommended HPV9 vaccination for gay, bisexual and other men who have sex with men (gbMSM) aged up to and including 45 years. HPV vaccination of this cohort is publicly funded. Since April 2022, NIAC has recommended HPV catch-up vaccination for unvaccinated females and males under the age of 25 years, with a recommendation that second level students and females under the age of 25 years should be prioritised. Ideally, the vaccine should be administered before potential exposure to HPV through sexual contact. NIAC also recommends HPV9 vaccination for specific cohorts of immunocompromised persons and those with Fanconi anaemia aged over 12 months.

The HSE's Women's Health Service (WHS) was established in 1991 to address the specific needs of women in the sex industry in Ireland, initially providing sexual health and outreach support services from Baggot Street Hospital. The WHS services have expanded significantly since then, offering a comprehensive range of free and confidential services for cisgender (cis) and transgender women in the sex industry, covering sexual health, psychology, and social care support. Although based in Dublin, the HSE WHS, is a national service. The Anti-Human Trafficking Team (AHTT) was established in 2010 as part of the National Referral Mechanism for protection of victims of human trafficking. The WHS and the AHTT are under the governance of the HSE Dublin and South-East (DSE) health region. In April 2025, the executive management team supported the provision of HPV vaccination to women attending the WHS and the AHTT. In May 2025, NIAC received a request from the WHS and the AHTT to consider recommending HPV vaccination of cis women in the sex industry up to 45 years of age who attend their services. While their executive management team had decided to fund this vaccination programme from 2025 to 2027, funding was only secured for 2025.

This protocol outlines the methods by which the NIAC Secretariat will conduct a review to summarise current evidence relating to HPV vaccination of cis women in the sex industry. The evidence summary will inform NIAC's deliberations on whether or not to recommend HPV vaccination of cis women in the sex industry in Ireland.

## 2 Research questions and review outline

The HPV working group met on 5 November 2025 and finalised the research questions.

Target population: cis women in the sex industry

This review will address the following research questions (RQs):

**RQ.1** What is the age specific prevalence of HPV in women attending CervicalCheck?

**RQ.2** What is the prevalence of HPV in the target population in (a) Ireland and (b) internationally?

**RQ.3** What is the rate of uptake of cervical cancer screening in the target population in (a) Ireland and/or (b) internationally?

**RQ.4** What is the incidence of cervical intraepithelial neoplasia (CIN) in the target population in (a) Ireland and/or (b) internationally?

**RQ.5** What is the incidence of cervical cancer in the target population in (a) Ireland and/or (b) internationally?

**RQ.6** What is the incidence of anal cancer in the target population in (a) Ireland and/or (b) internationally?

These questions will be considered by NIAC using NIAC's Evidence to Recommendation (EtR) framework which is used to develop recommendations to the Minister for Health.<sup>(3)</sup> Information relating to the following EtR domains will be obtained and summarised:

1. Problem
2. Benefits and harms of the intervention
3. Values and preferences of the target population
4. Acceptability to stakeholders
5. Resource use
6. Equity
7. Feasibility.

This evidence summary will primarily focus on two domains; (1) problem and (2) benefits and harms of the intervention. A review of recommendations on HPV vaccination of the target population made by other English-speaking NITAGs will also be conducted. The approach to the evidence summary is documented in this protocol to allow for transparency, to aid project management, and to mitigate risks.

### 3 Methods

Targeted online searches will be used to identify relevant recommendations issued by selected international NITAGs. Countries will be selected for inclusion on the basis of having established NITAGs that meet all six WHO criteria, combined with other factors such as geographical proximity to Ireland, similarity of healthcare systems and or immunisation programmes to Ireland, and availability of relevant recommendations and or supporting documents in the English language. Recommendations for NITAGs in countries including Australia, Canada, New Zealand and the UK will be reviewed in addition to their supporting evidence and literature. WHO recommendations were also searched for.

Additional relevant literature will be identified through forward and backward citation from key papers identified in international recommendation documents and the briefing document. PubMed searches for literature describing the epidemiology of HPV and HPV-related disease such as cervical intraepithelial neoplasia (CIN), cervical

cancer and anal cancer in the target population will be conducted. Systematic reviews rather than cross sectional studies will be included, when available.

Information on uptake of cervical screening in the target population will be sought from the HSE WHS. Data on the prevalence of HPV in age specific cohorts will be requested from CervicalCheck via the National Screening Service.

## 4 Quality assurance processes

The review will be undertaken in accordance with the processes outlined in HIQA's HTA Directorate Quality Assurance Framework for updating chapters of the Immunisation Guidelines for Ireland and responding to queries from healthcare professionals regarding immunisation and led by a member of the NIAC Secretariat team. The outputs will be reviewed by at least two senior members of the team to ensure processes are followed and quality is maintained. To further ensure quality, accurate interpretation of the evidence, accurate representation of their considerations and feedback on draft outputs will be sought from the Committee.

## 5 Recommendations and publication

The evidence gathered, as outlined above, will be compiled for presentation at the January 2026 NIAC Full Committee meeting. The review findings will then be synthesised together with the expert opinion of the Committee and any recommendation arising will be included in an update to Chapter 10 (Human papillomavirus) of the Immunisation Guidelines for Ireland and accompanied by a letter to the Minister of Health outlining the evidence in support of the changes.

## References

1. Health Service Executive. Ireland's Cervical Cancer Elimination Plan [Internet]. HSE; 2024 [cited 2025 December 17]. Available from: [https://assets.hse.ie/media/documents/Irelands\\_Cervical\\_Cancer\\_Elimination\\_Action\\_Plan\\_2025-2030.pdf](https://assets.hse.ie/media/documents/Irelands_Cervical_Cancer_Elimination_Action_Plan_2025-2030.pdf).
2. National Immunisation Advisory Committee. Chapter 10. Human papillomavirus [Internet]: Health Information and Quality Authority; 2023 [cited 2025 December 17]. Available from: <https://www.hiqa.ie/reports-and-publications/niac-immunisation-guideline/chapter-10-human-papillomavirus>.
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