



# Human papillomavirus vaccines in obstetrics and pediatrics: a comprehensive review

 Tuğba Gürbüz<sup>1</sup>,  İlkiz Özge Öznil Yılmaz<sup>2,3</sup>

<sup>1</sup>Department of Obstetric, Gynecology and IVF Clinic, Beylikdüzü Kolan Hospital, İstanbul, Türkiye

<sup>2</sup>Department of Pediatrics, Beylikdüzü Kolan Hospital, İstanbul, Türkiye

<sup>3</sup>Department of Pediatrics, Faculty of Medicine, İstanbul Health and Technology University, İstanbul, Türkiye

**Cite this article:** Gürbüz T, Öznil Yılmaz İÖ. Human papillomavirus vaccines in obstetrics and pediatrics: a comprehensive review. *J Controv Obstetr Gynecol Ped.* 2025;3(3):68-73.

**Corresponding Author:** Tuğba Gürbüz, drtgurbuz@hotmail.com

Received: 12/02/2025

Accepted: 19/03/2025

Published: 07/07/2025

## ABSTRACT

This review highlights the epidemiological significance, immunological function, and economic feasibility of Human papillomavirus (HPV) immunization, emphasizing both its benefits and challenges. Addressing vaccine hesitancy, ensuring equitable access, and expanding vaccination coverage for both genders are crucial to maximizing public health benefits. HPV is a highly prevalent infection with significant implications for global public health, particularly in obstetric and pediatric populations. Persistent infection with high-risk HPV genotypes, such as HPV-16 and HPV-18, is a leading cause of cervical cancer, a major contributor to cancer-related mortality worldwide. Beyond cervical malignancies, HPV is etiologically linked to anal, vulvar, vaginal, penile, and oropharyngeal carcinomas. Additionally, it is responsible for benign but distressing conditions such as genital warts, imposing substantial psychosocial and economic burdens. Prophylactic HPV vaccines have significantly improved the prevention of HPV-associated diseases. The currently available bivalent, quadrivalent, and nonavalent vaccines target high-risk oncogenic HPV types and provide near-complete protection against vaccine-included genotypes. These vaccines function by eliciting a robust immune response, effectively neutralizing HPV before it establishes an infection. However, despite their well-documented benefits, challenges such as vaccine hesitancy, misinformation, economic barriers, and global disparities in vaccine access persist. This review provides a comprehensive analysis of HPV immunization within obstetrics and pediatrics, emphasizing its epidemiological impact, immunological mechanisms, efficacy, safety, and implementation strategies. Furthermore, we explore existing barriers to vaccine uptake, disparities in global access, and potential future advancements, including next-generation vaccines and therapeutic interventions. Addressing these challenges through targeted public health initiatives, healthcare provider education, and equitable vaccine distribution strategies is essential to maximizing the public health impact of HPV immunization and reducing the global burden of diseases associated with HPV.

**Keywords:** Human papillomavirus, HPV, HPV vaccines, cervical cancer prevention, vaccine efficacy and safety, global vaccine access

## INTRODUCTION

Human papillomavirus (HPV) is one of the most prevalent sexually transmitted infections worldwide, affecting individuals of all genders and age groups. Persistent infection with high-risk HPV types, particularly HPV-16 and HPV-18, is the primary etiological factor for cervical cancer, which remains the leading cause of cancer-related mortality in women globally. HPV is also implicated in other anogenital malignancies, including vulvar, vaginal, and anal cancers, as well as a growing proportion of oropharyngeal cancers. In addition to malignancies, HPV causes benign conditions

such as genital warts, which impose significant psychosocial and economic burdens on affected individuals.<sup>1</sup>

The development and widespread availability of prophylactic HPV vaccines represent a major advance in public health. These vaccines, particularly the quadrivalent and nonavalent formulations, provide near-complete protection against the most oncogenic HPV types. By preventing persistent HPV infection, vaccination effectively reduces the incidence of cervical intraepithelial neoplasia, cervical cancer, and



other diseases associated with HPV. Yet extensive evidence demonstrating their safety and efficacy, global vaccine uptake remains inadequate. Multifactorial barriers including socio-cultural stigma, misinformation, cost, and disparities in healthcare infrastructure continue to hinder equitable access and acceptance of the vaccine in many regions.<sup>2</sup>

This review provides a comprehensive analysis of HPV immunization within the fields of both obstetrics and pediatrics, focusing on its role in reducing disease burden, improving reproductive health, and preventing HPV-related conditions in adolescents. It also explores challenges to implementation and highlights prospective advancements, such as next-generation vaccines and therapeutic interventions, that aim to mitigate the global impact of diseases associated with HPV in future.

## **METHODS**

This review was conducted through a comprehensive analysis of peer-reviewed studies, systematic reviews, and meta-analyses published in the past two decades. A systematic literature search was performed using databases such as PubMed, Scopus, and Web of Science, focusing on HPV immunization in obstetrics and pediatrics. Selection criteria included studies on vaccine efficacy, safety, immunological mechanisms, public health implementation strategies, and obstacles to vaccine supply. Key articles were reviewed for relevance, with an emphasis on recent high-impact research.

## **HPV AND ITS IMPACT ON WOMEN'S HEALTH**

HPV is recognized as a significant oncogenic virus and the primary causative agent of cervical cancer, responsible for nearly 99% of cases globally.<sup>3</sup> Cervical cancer remains one of the leading causes of cancer-related morbidity and mortality among women, particularly in low- and middle-income countries where access to preventive healthcare is often limited. Beyond cervical neoplasia, HPV is strongly associated with other malignancies, including cancers of the vulva, vagina, anus, and oropharynx. These non-cervical HPV-associated cancers are becoming increasingly prevalent, particularly among women who lack access to HPV immunization or regular screening programs.<sup>4</sup>

In addition to its oncogenic potential, HPV infections are a significant cause of benign conditions such as persistent genital warts. Although they are non-life-threatening, these warts carry substantial psychosocial consequences, including stigma, embarrassment, and reduced quality of life for affected individuals.<sup>5</sup> Furthermore, the management and treatment of these benign conditions impose an economic burden on healthcare systems worldwide.

The morbidity and mortality associated with diseases associated with HPV underscore the urgent need for effective prophylactic strategies. HPV immunization has emerged as a transformative public health measure. Clinical trials and real-world studies have consistently demonstrated the vaccines' efficacy in preventing high-risk HPV infections and reducing the prevalence of cervical precancerous lesions and invasive cancers. Vaccinated populations have shown a

marked decline in cervical abnormalities, genital warts, and even HPV prevalence at the community level, indicating the potential for herd immunity when vaccine coverage is high.<sup>6</sup>

Moreover, as the incidence of non-cervical HPV-associated cancers rises, the broader protective effects of HPV immunization become increasingly evident. These findings reinforce the importance of widespread vaccination efforts to improve women's health outcomes and reduce the global burden of diseases associated with HPV.

## **HPV VACCINATION IN OBSTETRICS**

The role of HPV immunization in obstetrics is critical, given its potential to prevent infections that could negatively impact pregnancy outcomes. In women of reproductive age, persistent HPV infections are associated with an increased risk of adverse obstetric events, including preterm labor, low birth weight, premature rupture of membranes, and even miscarriage. Research indicates that the presence of high-risk HPV types during pregnancy may contribute to localized inflammation and structural changes in the cervix, increasing the likelihood of complications.<sup>7</sup>

HPV immunization prior to conception has been shown to have no adverse effects on fertility or pregnancy outcomes. While clinical trials and observational studies affirm the safety and efficacy of vaccines in non-pregnant women, limited data exist regarding their administration during pregnancy. As a precautionary measure, HPV vaccines are not recommended for use during pregnancy. If vaccination occurs inadvertently during pregnancy, remaining doses should be deferred until after delivery.<sup>8</sup> However, no evidence currently suggests teratogenic effects or adverse fetal outcomes resulting from accidental vaccination.

Preconception vaccination is particularly crucial for women planning to conceive, as it not only reduces the risk of cervical precancerous lesions and cancer but also lowers the likelihood of HPV-related complications during pregnancy. Obstetric healthcare providers have a pivotal role in advocating for HPV immunization among their patients. By educating women on the long-term health benefits of immunization, clinicians can address vaccine hesitancy and misconceptions, particularly those surrounding fertility and pregnancy safety.<sup>9</sup>

Furthermore, integrating HPV immunization counseling into routine obstetric care, including prenatal visits, provides an ideal opportunity to increase vaccine awareness and uptake. This proactive approach ensures that women receive adequate protection against HPV infections, ultimately contributing to better maternal and neonatal health outcomes.<sup>10</sup>

## **HPV VACCINATION IN PEDIATRICS**

HPV immunization during early adolescence is a cornerstone of effective disease prevention strategies. The Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) recommend routine HPV immunization for both females and males between the ages of 9 and 14, ideally before the initiation of sexual activity. Administering the vaccine at this age not only ensures that

individuals are protected prior to potential exposure but also takes advantage of the robust immunogenic response elicited in younger recipients.<sup>11</sup> Studies show that the immune response to HPV immunization is significantly stronger in pre-adolescents compared to older adolescents or adults, resulting in higher levels of long-term protection.<sup>12</sup>

Although HPV has traditionally been associated with cervical cancer in women, its impact on males is also significant. HPV is linked to various cancers in males, including oropharyngeal, anal, and penile cancers. Immunizing boys is therefore critical for reducing overall HPV transmission within the population and providing direct protection against HPV-associated malignancies in males.<sup>13</sup> This gender-neutral vaccination strategy enhances herd immunity, ultimately benefiting the entire population.

Pediatric healthcare providers play a pivotal role in advocating for HPV immunization. By educating parents on the vaccine's safety, efficacy, and benefits, they can address common misconceptions and hesitancy. Misunderstandings, such as concerns about vaccine-related adverse effects or the misbelief that vaccination encourages early sexual activity, remain significant barriers to vaccine uptake. Transparent communication from trusted healthcare professionals is the key to overcome these challenges.

School-based vaccination programs have emerged as one of the most effective approaches to increasing coverage rates among adolescents. These programs eliminate logistical barriers, such as transportation difficulties and lack of access to healthcare facilities, and provide a structured framework for timely vaccine delivery. Implementing such initiatives on a broader scale could substantially increase global HPV immunization rates, ensuring better protection for future generations.<sup>14</sup>

A recent study found that patients who research vaccination issues on the Internet are likely to encounter sophisticated anti-vaccination Web sites.<sup>15</sup> In addition, press coverage of vaccination also can, at times, have an anti-immunization slant.<sup>16</sup> However, when media reporting on medical issues is balanced and accurate, it can be an excellent source of corrective information for patients.<sup>17</sup> Providers should be prepared to direct patients to accurate news and Web-based information about immunization in general and HPV infection and immunization in particular.

## EFFICACY AND SAFETY OF HPV VACCINES

Extensive clinical trials and real-world studies provide compelling evidence of the high efficacy of HPV vaccines in preventing HPV-related infections and associated malignancies.<sup>18</sup> The quadrivalent and nonavalent HPV vaccines, in particular, have demonstrated nearly 100% protection against the high-risk oncogenic HPV types responsible for the majority of cervical, vaginal, vulvar, and anal cancers.<sup>19</sup> These vaccines are also highly effective in preventing high-grade cervical intraepithelial neoplasia (CIN2+), a well-recognized precursor to invasive cervical cancer. By interrupting the progression from persistent HPV infection to malignancy, HPV immunization has the

potential to drastically reduce cervical cancer incidence globally, especially in populations with high vaccine coverage.

Moreover, population-level studies have documented significant reductions in the prevalence of genital warts and cervical abnormalities among vaccinated cohorts. For instance, countries with robust national HPV immunization programs, such as Australia, have reported declines in genital warts of up to 90% among young women and men within a decade of vaccine implementation. This highlights the profound impact of HPV vaccines not only on individual health but also on public health outcomes through herd immunity.<sup>20</sup>

The safety profile of HPV vaccines has been rigorously evaluated in both pre-licensure clinical trials and post-licensure surveillance. Data from these studies demonstrate no significant increase in the risk of severe adverse events compared to other routinely administered vaccines.<sup>21</sup> The most commonly reported side effects are minor and transient, including localized pain, swelling, redness at the injection site, and mild fever.<sup>22</sup> Importantly, long-term safety studies have further confirmed that HPV vaccines are not associated with increased risks of autoimmune disorders, infertility, or adverse neurological outcomes. These findings have been consistently upheld across diverse populations and age groups, underscoring the vaccines' safety and reliability.<sup>23</sup>

Despite their proven efficacy and safety, addressing vaccine hesitancy remains a critical challenge. Proactive communication strategies emphasizing the vaccines' benefits and robust safety profile are essential for increasing acceptance and achieving higher global vaccination rates. This will further solidify HPV immunization as a cornerstone of cancer prevention worldwide.

Challenges and barriers to HPV vaccine uptake cost-effectiveness analysis studies indicate that HPV immunization is a highly cost-efficient intervention in preventing HPV-related cancers. Long-term healthcare savings and economic benefits should be emphasized to support widespread vaccine adoption. Economic evaluations indicate that HPV vaccination is highly cost-effective, preventing costly treatments for HPV-related cancers and associated healthcare burdens. Expanding the discussion on long-term cost-benefit analyses would strengthen the manuscript.<sup>24</sup>

Although the benefits of HPV immunization are well established, its global coverage remains suboptimal.

Misinformation, amplified by social media and anti-vaccine movements, exacerbates these challenges. Misleading narratives that question vaccine efficacy or propagate false claims about long-term side effects contribute to hesitancy and refusal. Cultural and religious beliefs also play a role, particularly in conservative societies where discussing sexually transmitted infections is a taboo. These societal norms can hinder educational campaigns and limit open discussions about the importance of HPV immunization.<sup>25</sup>

Economic constraints present another significant barrier, particularly in low-and middle-income countries. The cost of

HPV vaccines can be prohibitive for families and healthcare systems in resource-limited settings. While programs such as Gavi, the Vaccine Alliance, have made significant strides in reducing vaccine costs, gaps in funding and infrastructure persist. Disparities in healthcare access, including a lack of trained healthcare providers and vaccination facilities in rural and underserved areas, further exacerbate inequalities in coverage.<sup>26</sup>

Addressing these challenges requires a multifaceted approach. Public awareness campaigns that provide clear, evidence-based information about the benefits and safety of HPV vaccines are essential. These campaigns should leverage trusted community figures, such as healthcare providers, religious leaders, and educators, to dispel myths and promote acceptance. Integrating HPV immunization into routine school-based immunization programs has proven effective improving coverage, as it reduces logistical barriers and ensures widespread access.

In addition to outreach efforts, financial barriers must be addressed through sustained investments in immunization programs. Subsidizing vaccine costs and strengthening healthcare infrastructure in resource-limited settings are critical steps toward equitable vaccine distribution. Collaborations with global health organizations, such as the WHO and Gavi, can help bridge funding gaps and support vaccine delivery in underserved regions.<sup>27</sup>

Ultimately, overcoming these barriers will require coordinated efforts among governments, healthcare providers, and international organizations. A unified strategy that combines education, advocacy, and resource allocation has the potential to significantly increase HPV immunization rates, reduce the global burden of HPV-associated diseases, and advance health equity.<sup>28</sup>

## **GLOBAL HPV VACCINATION POLICIES AND FUTURE PERSPECTIVES**

HPV immunization has been a cornerstone of cancer prevention efforts worldwide, with numerous countries achieving significant progress by integrating HPV vaccines into their national immunization programs. This strategy has been particularly successful in reducing the prevalence of diseases associated with HPV, including cervical cancer, genital warts, and other HPV-associated malignancies.<sup>29</sup>

Australia is often regarded as a global leader in HPV immunization. Its comprehensive school-based vaccination program, introduced in 2007, has resulted in vaccination rates exceeding 80% among adolescents. Within a decade of implementation, Australia reported a marked reduction in the prevalence of HPV infections and related diseases, including a dramatic decrease in cervical intraepithelial neoplasia and genital warts. These outcomes highlight the effectiveness of universal vaccination programs in achieving population-level benefits and advancing towards the elimination of cervical cancer as a public health issue.<sup>20</sup>

In low-income settings, Rwanda has emerged as a success story for HPV immunization. Through strong political commitment, strategic partnerships with global organizations

like Gavi, and community-based outreach, Rwanda achieved vaccination coverage of over 90% in eligible girls. This achievement demonstrates the potential for resource-limited countries to overcome barriers and implement successful vaccination programs when supported by strong governance and adequate resources.<sup>30</sup>

Despite these successes, significant challenges remain. Global disparities in vaccine access, particularly in low- and middle-income countries, hinder progress toward widespread HPV eradication. High vaccine costs, limited healthcare infrastructure, and logistical barriers to vaccine distribution are persistent issues. Addressing these inequities requires sustained investments, international collaborations, and targeted efforts to improve healthcare delivery systems. Organizations like the WHO and Gavi play critical roles in subsidizing vaccine costs and supporting vaccination initiatives in underserved regions.<sup>31</sup>

Future advancements in HPV prevention hold great promise. Ongoing research into next-generation HPV vaccines aims to enhance their efficacy, extend protection to additional HPV types, and reduce dosing schedules to improve accessibility. Moreover, the development of therapeutic vaccines targeting existing HPV infections represents a groundbreaking approach to managing persistent infections and preventing progression to malignancy. Research into booster doses is also critical to determine the duration of immunity and ensure long-term protection.

Integrating HPV immunization with other adolescent health initiatives, such as routine immunizations and sexual health education, could further streamline vaccine delivery and improve coverage rates. Public awareness campaigns addressing vaccine hesitancy and misinformation remain vital for increasing acceptance and achieving higher uptake. By addressing these challenges and leveraging innovative solutions, the global community can make significant strides toward the ultimate goal of eradicating diseases associated with HPV and advancing public health equity.<sup>32</sup>

## **CONCLUSION**

It is crucial for obstetric and pediatric health, effectively preventing cervical cancer, genital warts, and HPV-related malignancies.

Despite the substantial progress achieved through HPV immunization programs, several barriers continue to hinder widespread vaccine uptake. Vaccine hesitancy, driven by misinformation, cultural misconceptions, and concerns about vaccine safety, remains a significant challenge. These issues are further exacerbated by inequities in healthcare access, particularly in low- and middle-income countries where the economic burden of vaccination and inadequate infrastructure limit vaccine distribution. Addressing these challenges requires comprehensive and coordinated efforts that include public education campaigns, policy interventions, and financial support for vaccination programs.

Strengthening global immunization efforts is critical to maximizing the public health impact of HPV immunization. Investments in healthcare infrastructure, innovative vaccine

delivery models, and international collaborations are essential to achieving equitable access. Moreover, advancing research on next-generation vaccines and therapeutic options holds promise for improving efficacy, extending protection to additional HPV types, and addressing existing infections.

The eradication of diseases associated with HPV is an attainable goal with sustained commitment from healthcare providers, policymakers, and community leaders. Their collaboration will be instrumental in overcoming barriers, enhancing vaccine coverage, and fostering public trust. By prioritizing HPV immunization as a global health initiative, significant strides can be made in reducing HPV-associated morbidity and mortality, thereby improving the quality of life for millions worldwide. Achieving this vision will require persistent efforts over the coming decades but promises substantial rewards for future generations.

## ETHICAL DECLARATIONS

### Referee Evaluation Process

Externally peer-reviewed.

### Conflict of Interest Statement

The authors have no conflicts of interest to declare.

### Financial Disclosure

The authors declared that this study has received no financial support.

### Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

## REFERENCES

1. Malvoti S, Soble A, Bloem P, et al. The global demand and supply balance of the Human papillomavirus vaccine: implications for the global strategy for the elimination of cervical cancer. *Vaccines (Basel)*. 2023;12(1):4. doi:10.3390/vaccines12010004
2. Serrano B, Brotons M, Bosch FX, Bruni L. Epidemiology and burden of HPV-related disease. *Best Pract Res Clin Obstet Gynaecol*. 2018;47:14-26. doi:10.1016/j.bpobgyn.2017.08.006
3. Bosch FX, de Sanjosé S. Chapter 1: Human papillomavirus and cervical cancer--burden and assessment of causality. *J Natl Cancer Inst Monogr*. 2003;(31):3-13. doi:10.1093/oxfordjournals.jncimonographs.a003479
4. Lei J, Ploner A, Elfström KM, et al. HPV vaccination and the risk of invasive cervical cancer. *N Engl J Med*. 2020;383(14):1340-1348. doi:10.1056/NEJMoa1917338
5. Yan X, Li H, Song B, et al. Association of periconceptional or pregnancy exposure of HPV vaccination and adverse pregnancy outcomes: a systematic review and meta-analysis with trial sequential analysis. *Front Pharmacol*. 2023;14:1181919. doi:10.3389/fphar.2023.1181919
6. Niyibizi J, Zanré N, Mayrand MH, Trottier H. Association between maternal Human papillomavirus infection and adverse pregnancy outcomes: systematic review and meta-analysis. *J Infect Dis*. 2020;221(12):1925-1937. doi:10.1093/infdis/jiaa054
7. Thapa HR, Unger ER, Querec TD. Evaluation of the novaplex II HPV28 detection assay for HPV typing in formalin-fixed, paraffin-embedded tissues. *J Mol Diagn*. 2023;25(4):211-216. doi:10.1016/j.jmoldx.2022.12.006
8. Garbuglia AR, Lapa D, Sias C, Capobianchi MR, Del Porto P. The use of both therapeutic and prophylactic vaccines in the therapy of papillomavirus disease. *Front Immunol*. 2020;11:188. doi:10.3389/fimmu.2020.00188
9. Kaczmarczyk KH, Yusuf H. The impact of HPV vaccination on the prevention of oropharyngeal cancer: a scoping review. *Community Dent Health*. 2022;39(1):14-21. doi:10.1922/CDH\_00072Kaczmarczyk08
10. Hirth J. Disparities in HPV vaccination rates and HPV prevalence in the United States: a review of the literature. *Hum Vaccin Immunother*. 2019;15(1):146-155. doi:10.1080/21645515.2018.1512453
11. Pomfret TC, Gagnon JM Jr, Gilchrist AT. Quadrivalent human papillomavirus (HPV) vaccine: a review of safety, efficacy, and pharmacoeconomics. *J Clin Pharm Ther*. 2011;36(1):1-9. doi:10.1111/j.1365-2710.2009.01150.x
12. Genovese C, LA Fauci V, Squeri A, Trimarchi G, Squeri R. HPV vaccine and autoimmune diseases: systematic review and meta-analysis of the literature. *J Prev Med Hyg*. 2018;59(3):E194-E199. doi:10.15167/2421-4248/jpmh2018.59.3.998
13. Soliman M, Oredein O, Dass CR. Update on safety and efficacy of HPV vaccines: focus on gardasil. *Int J Mol Cell Med*. 2021;10(2):101-113. doi:10.22088/IJMCM.BUMS.10.2.101
14. Ferrer HB, Trotter C, Hickman M, Audrey S. Barriers and facilitators to HPV vaccination of young women in high-income countries: a qualitative systematic review and evidence synthesis. *BMC Public Health*. 2014;14:700. doi:10.1186/1471-2458-14-700
15. Davies P, Chapman S, Leask J. Antivaccination activists on the world wide web. *Arch Dis Child*. 2002;87(1):22-25. doi:10.1136/adc.87.1.22
16. Leask JA, Chapman S. An attempt to swindle nature: press anti-immunisation reportage 1993-1997. *Aust N Z J Public Health*. 1998;22(1):17-26. doi:10.1111/j.1467-842x.1998.tb01140.x
17. Lashuay N, Tjoa T, Zuniga de Nuncio ML, Franklin M, Elder J, Jones M. Exposure to immunization media messages among African American parents. *Prev Med*. 2000;31(5):522-528. doi:10.1006/pmed.2000.0745
18. Head KJ, Biederman E, Sturm LA, Zimet GD. A retrospective and prospective look at strategies to increase adolescent HPV vaccine uptake in the United States. *Hum Vaccin Immunother*. 2018;14(7):1626-1635. doi:10.1080/21645515.2018.1430539
19. Markowitz LE, Schiller JT. Human papillomavirus vaccines. *J Infect Dis*. 2021;224(12 Suppl 2):S367-S378. doi:10.1093/infdis/jiaa621
20. Branda F, Pavia G, Ciccozzi A, et al. Human papillomavirus (HPV) vaccination: progress, challenges, and future directions in global immunization strategies. *Vaccines (Basel)*. 2024;12(11):1293. doi:10.3390/vaccines12111293
21. Zhetpisbayeva I, Kassymbekova F, Sarmuldaveva S, Semenova Y, Glushkova N. Cervical cancer prevention in rural areas. *Ann Glob Health*. 2023;89(1):75. doi:10.5334/aogh.4133
22. McIndoe L, Young A, Davies C, et al. Provider preference, logistical challenges, or vaccine hesitancy? Analyzing parental decision-making in school vaccination programs: a qualitative study in Sydney, Australia. *Vaccines (Basel)*. 2025;13(1):83. doi:10.3390/vaccines13010083
23. Binagwaho A, Wagner CM, Gatera M, Karema C, Nutt CT, Ngabo F. Achieving high coverage in Rwanda's national human papillomavirus vaccination programme. *Bull World Health Organ*. 2012;90(8):623-628. doi:10.2471/BLT.11.097253
24. Shapiro GK. HPV vaccination: an underused strategy for the prevention of cancer. *Curr Oncol*. 2022;29(5):3780-3792. doi:10.3390/currenconcol290530303
25. Gottlieb SL, Spielman E, Abu-Raddad L, et al. WHO global research priorities for sexually transmitted infections. *Lancet Glob Health*. 2024;12(9):e1544-e1551. doi:10.1016/S2214-109X(24)00266-3
26. Voss SS, Nørgaard SK, Valentiner-Branth P. Identification of subgroups in the Danish population for targeted human papillomavirus vaccination efforts. *Vaccine*. 2023;41(23):3525-3533. doi:10.1016/j.vaccine.2023.04.060
27. Vielot NA, Islam JY, Sanusi B, et al. Overcoming barriers to adolescent vaccination: perspectives from vaccine providers in North Carolina. *Women Health*. 2020;60(10):1129-1140. doi:10.1080/03630242.2020.1802639
28. Ewongwo A, Sahor AF, Ngwa W, Nwachukwu C. A guide to global access to HPV vaccination to all women in low- and middle-income countries; a minireview of innovation and equity. *Front Oncol*. 2024;14:1380663. doi:10.3389/fonc.2024.1380663
29. Shing JZ, Hu S, Herrero R, et al. Precancerous cervical lesions caused by non-vaccine-preventable HPV types after vaccination with the bivalent AS04-adjuvanted HPV vaccine: an analysis of the long-term follow-up study from the randomised Costa Rica HPV vaccine trial. *Lancet Oncol*. 2022;23(7):940-949. doi:10.1016/S1470-2045(22)00291-1

30. Kamolratanakul S, Pitisuttithum P. Human papillomavirus vaccine efficacy and effectiveness against cancer. *Vaccines (Basel)*. 2021;9(12):1413. doi:10.3390/vaccines9121413
31. Simms KT, Keane A, Nguyen DTN, et al. Benefits, harms and cost-effectiveness of cervical screening, triage and treatment strategies for women in the general population. *Nat Med*. 2023;29(12):3050-3058. doi:10.1038/s41591-023-02600-4
32. Kumar S, Biswas M, Jose T. HPV vaccine: current status and future directions. *Med J Armed Forces India*. 2015;71(2):171-177. doi:10.1016/j.mjafi.2015.02.006

### Tuğba Gürbüz

I completed my high school education in Tarsus in 2000 and graduated from Istanbul University Faculty of Medicine in 2006. I earned my specialization in Obstetrics and Gynecology in 2011. My professional journey began at Babaeski State Hospital, after which I returned to Istanbul to continue my practice as an Obstetrics, Gynecology, and IVF Specialist. Alongside my clinical work, I pursued an academic career at Nişantaşı University, achieving the title of Associate Professor in 2021. Balancing roles in both clinical and academic medicine, I am also a proud mother of one son.

