



GUIDELINES FOR POLICY PAPERS SUBMITTED TO THE HOUSE OF DELEGATES

Resolution Deadlines:

- May 2021 Virtual HOD Meeting: **March 21, 2021**

The purpose of this document is to provide standard guidelines for the submission of policy papers to the House of Delegates. Consistency is needed to assist the House Officers and delegates with the preparation and review of the papers for the House of Delegates meeting.

The following standards must be applied to all policy papers:

- Title of Paper at the top of the first page, centered, Times New Roman, 14 point, bold.
- An executive summary of essential statements following the Executive Summary title, in bullet point format, generally five points or less
- Standard disclaimer:

Executive Summary of Policy Contained in this Paper

Summaries will lack rationale and background information and may lose nuance of policy.

You are highly encouraged to read the entire paper.

- Font of body of paper: Times New Roman, 12 point, left aligned, no justification.
- Line Spacing: 1.5.
- If you have section headings, they should be left aligned, bold and underlined.
- Indent (Tab) the first line of each paragraph 0.5 inches.
- No space between the paragraphs.
- Line numbering continuous throughout the document.
- Header should contain the title of the policy paper (left aligned).
- Footer should contain the page number (centered).
- If your document contains references, as a general rule, they should be from within the last 7 years.
- References must be in MLA format. Please do not use the automatic endnote/footnote feature in Word. They should be manually inserted and formatted.
- All references should appear as endnotes at the end of the document in a section that begins with the title, “References,” bold and underlined, beginning on a new page.
- The paper should conclude with a narrative summary of its findings.

Please do not use any other formatting, automatic fields, or styles other than what is discussed above. We hope this guide is helpful to you. See the attached example for more information. You may wish to use the example as a template and paste your wording or capture the style as appropriate. Please do not hesitate to contact the [House Officers](#) if questions arise or if clarifications are required.

Note that you can obtain all the required formatting by using the remainder of this document as your template!

1 **Routine Vaccination for Human Papillomavirus**

2 (Adopted 2008, amended 2012, 2017)

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4 **Executive Summary of Policy Contained in this Paper**

5 Summaries will lack rationale and background information and may lose nuance of
6 policy. You are highly encouraged to read the entire paper.

- 7
- 8 • AAPA supports routine HPV vaccination for the prevention of HPV-related diseases,
9 which include cancer.
 - 10 • AAPA supports coverage of HPV vaccination by all insurers as well as public funding for
11 HPV vaccination for underinsured or uninsured patients.
 - 12 • AAPA encourages all PAs to discuss and recommend HPV vaccination for their patients in
13 the appropriate populations.
 - 14 • PAs should continue to discuss the importance of safer sex with all their patients and
15 continue to advise routine screening for HPV associated cancers in accordance with
16 accepted guidelines.
- 17

18 Human papillomavirus (HPV) is the most common sexually transmitted infection in the
19 United States (U.S.). HPV is associated with oropharyngeal, anal, cervical, vaginal, vulvar, and
20 penile cancers as well as condyloma, precancerous conditions of the cervix, and recurrent
21 respiratory papillomatosis. Furthermore, appropriate condom usage does not completely confer
22 protection from HPV-related disease as transmission can occur through contact with infected
23 skin. An estimated 30,700 HPV-related cancers occur annually in the U.S., with approximately
24 62% of these cancers occurring in women and 38% of these cancers occurring in men. (1) HPV
25 related illness results in significant cost to the healthcare system with an estimated \$8 billion
26 spent annually in the U.S. on the treatment and prevention of HPV-related disease. (2)

27 Vaccines against HPV have the potential to significantly reduce morbidity and mortality
28 and have been available since 2006. The U.S. Office of Disease Prevention and Health
29 Promotion Healthy People 2020 initiative (HP2020) has established a goal of achieving an 80%
30 HPV vaccination rate for girls and boys. (3) In 2015, 49.8% of boys aged 13-17 years had
31 received coverage with at least 1 dose of vaccine while only 28.1% had received all 3 doses. (4)
32 Similarly, in 2015, only 62.8% of girls had received coverage with at least 1 dose of vaccine
33 while only 41.9% had received all 3 doses. (4) While vaccination rates increased in 2015

34 compared to 2014, they remain well below the HP2020 target.

35 Vaccines that are approved by the Food and Drug Administration (FDA) should be
36 administered to all individuals as per the recommendations of the Centers for Disease Control
37 and Prevention (CDC) Advisory Committee on Immunization Practice (ACIP). (5)

38 HPV immunization has proven to be highly effective in preventing cervical cancers, and
39 follow up studies show no waning of protection five years after immunization with statistical
40 models predicting protection for over 20 years. (6) Vaccination is most effective prior to the
41 onset of any type of sexual activity and the immune response is optimal in the target age group.

42 Some parents and clinicians are uncomfortable broaching the subject of sexuality with
43 patients in the target age group and as a result may be reluctant to discuss the need for
44 vaccination. PAs can play a key role in initiating an objective, patient-centered discussion on the
45 benefits of vaccination against HPV in the same manner they recommend all routine
46 immunizations. Strong communication with patients and caregivers about the safety and benefits
47 of HPV vaccination is directly associated with vaccine uptake. (7)(8) PAs are well-positioned to
48 provide such education as practitioners of evidence-based medicine. Messages which focus on
49 HPV vaccination as a means of cancer prevention may be more efficacious than messages which
50 focus on prevention of a sexually transmitted infection.

51 **Conclusion**

52 AAPA supports routine HPV vaccination for the prevention of HPV-related diseases,
53 which include cancer. In addition, AAPA supports coverage of HPV vaccination by all insurers
54 as well as public funding for HPV vaccination for underinsured and uninsured patients.
55 Furthermore, AAPA encourages all PAs to discuss and recommend vaccination for their patients
56 in the appropriate populations. PAs should continue to discuss the importance of safer sex with
57 all their patients and continue to advise routine screening for HPV associated cancers in
58 accordance with accepted guidelines.

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65 **References**

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