The authors describe the clinical progression of a 9-year-old boy with unilateral, severe conjunctival papillomatosis (CP; A-B). Histopathological diagnosis showed squamous cell papilloma (C) and evidence of human papillomavirus-6 (HPV-6) infection with polymerasechain reaction, and histopathological immunohistochemistry demonstrated HPV P16 (cyclin-dependent kinase inhibitor p16) focal patchyreactivity (D). Over 24 months, he had recurrent CP despite management with surgical excision, cryotherapy, and subconjunctivalinterferon therapies. Four months after administration of one 9-valent HPV vaccine (Gardasil-9), there was significant regression of size andresolution of bulbar CP when combined with topical interferon therapy. This case demonstrates the complete regression of previouslyrecalcitrant CP after Gardasil-9 administration