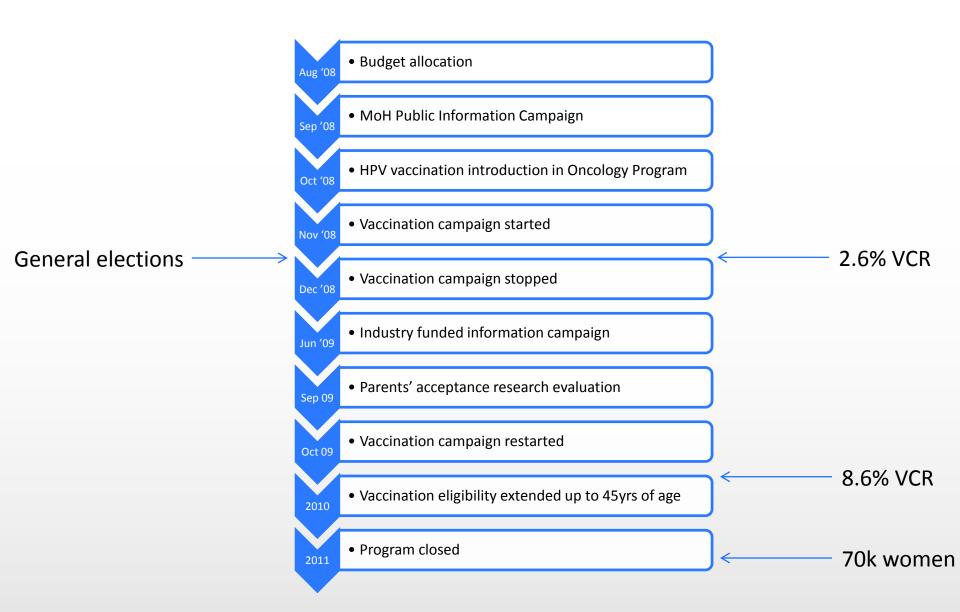
WHAT CAN WE LEARN FROM THE PREVIOUS HPV VACCINE INTRODUCTION, 2008-2011

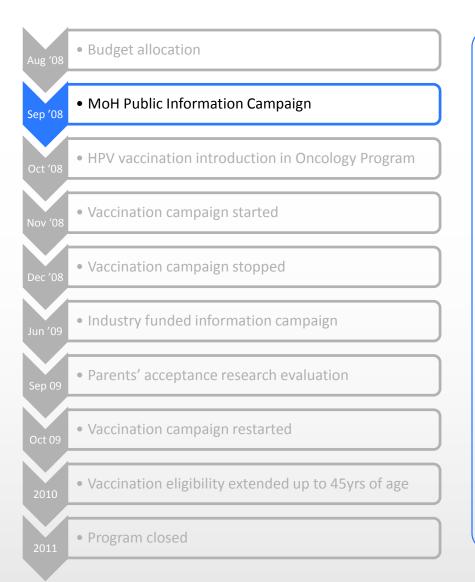
Prof. Dr. Alexandru Rafila

National Institute of Infectious Diseases "Prof. Dr. Matei Bals", Bucharest

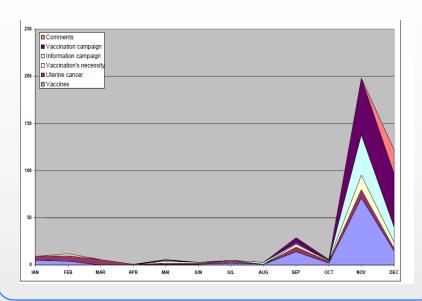


1. Events Timeline
2. Key Factors Analysis
3. Lessons Learned
4. Current Situation
5. Forward Considerations



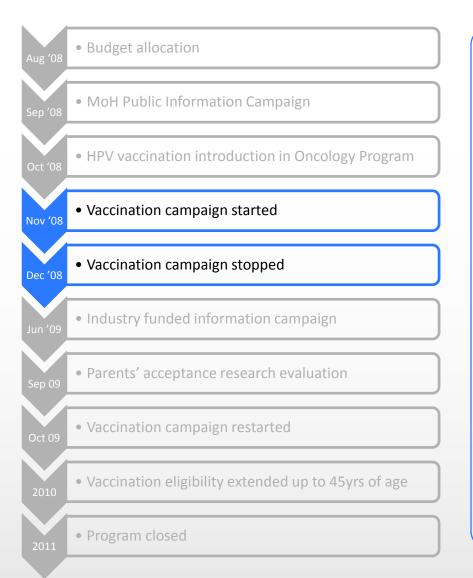


- ✓ MoH public announcement of the vaccination campaign, in September, was followed by instant negative media coverage:
 - vaccine is not safe and effective
 - romanian children are subject of medical experiments
 - vaccine is lethal
 - vaccine lead to infertility
 - acceptance of HPV vaccine is an invitation to girls to start sexual life

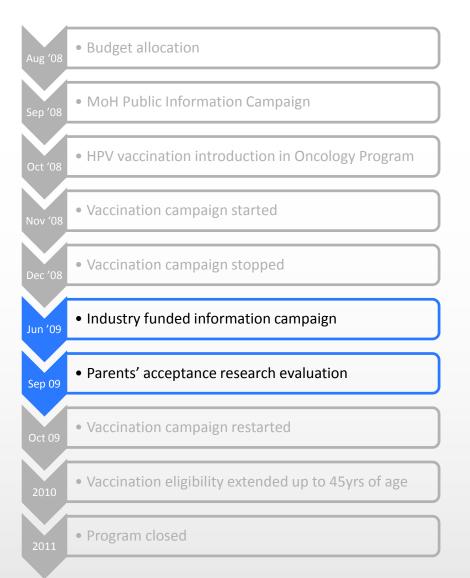


• Budget allocation • MoH Public Information Campaign • HPV vaccination introduction in Oncology Program Oct '08 Vaccination campaign started Vaccination campaign stopped • Industry funded information campaign • Parents' acceptance research evaluation • Vaccination campaign restarted • Vaccination eligibility extended up to 45yrs of age Program closed

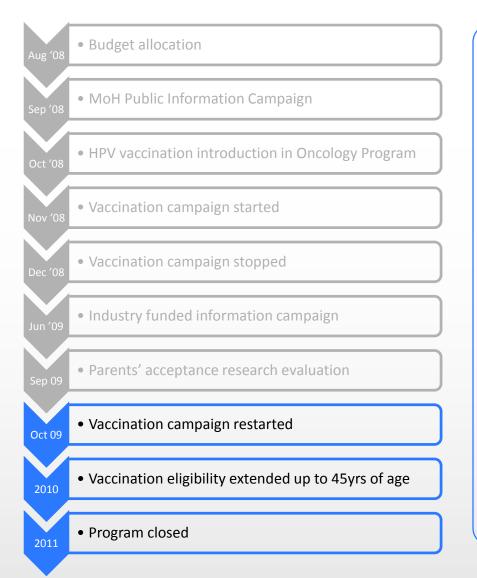
✓ HPV vaccination included in national oncology program, NOT as expected in the National Immunization Program



- ✓ School doctors began disseminating consent forms for parents to sign:
 - ✓ Parents meetings
 - ✓ Give to children for parents
- ✓ Vaccination occurred in schools after collection of signed consents
- ✓ In one month only 2.700 consent forms
 were signed and children were vaccinated
 (2.6% VCR)
- √ Vaccination campaign stopped



- ✓ January May, development of a new information campaign funded by MSD & GSK
 - ✓ Campaign coordinated by MOH
 - ✓ Target: HCW, teachers, parents, general public
- ✓ June September, campaign deployed:
 - ✓ Trainings for GPs
 - ✓ Workshops for epidemiologists, GP, teachers
 - ✓ media awareness campaign
- Market research by GFK to assess acceptance of vaccination aiming for 50% (achieved only 50% of responders)



- ✓ Still low acceptance despite research outcomes
- ✓ Low acceptance put pressure on Public

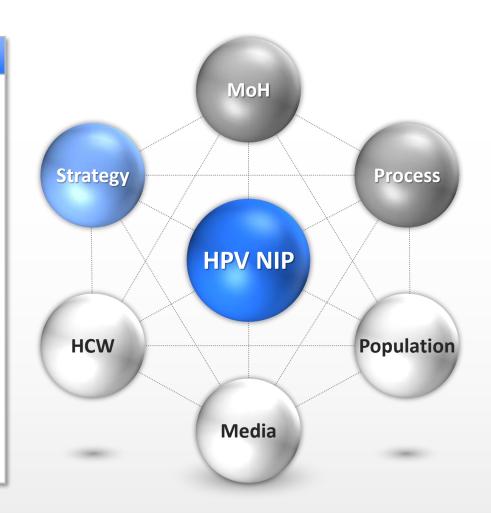
 Health authorities to extend the

 eligible women up to 45 years
- √ 8.700 girls vaccinated (8.6% VCR)
- ✓ Vaccination campaign stopped in 2011
 when all remaining vaccines expired

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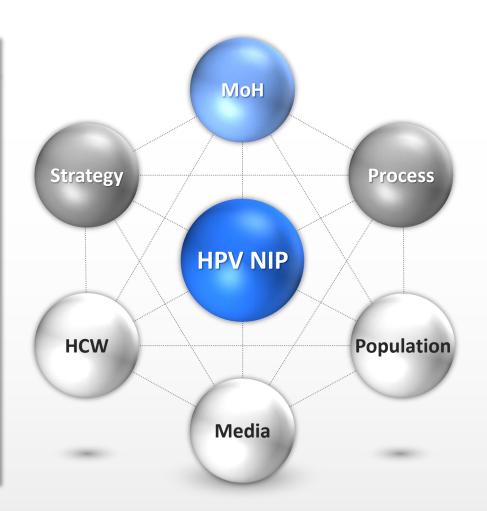
Strategy

- No real communication strategy in place before starting vaccination
- HPV Vaccination introduced in the Oncology
 Program, not in the National Immunization
 Program
- Selected cohorts 9-10 years, excluding 11-14 cohorts which should have been considered eligible
- School vaccination without proper education and information of stakeholders (teachers and parents)



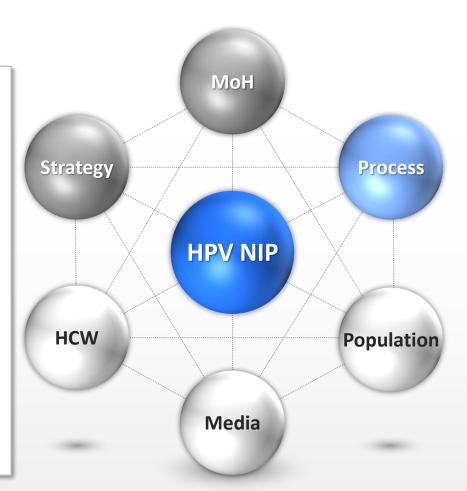
Ministry of Health

- Overestimation of needs (110.000 doses for a cohort of 103.000 girls)
- 2 different vaccines without predefined eligibility criteria
- MoH Crisis Management unit late established in 2009, after 2008 failure
- Significant quantity of vaccines expired generating a significant financial loss at the end of the program



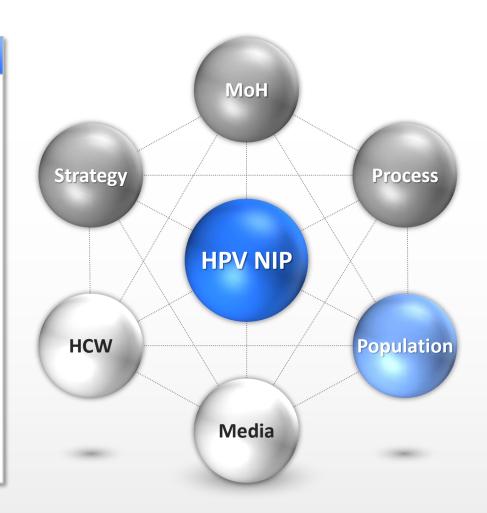
Process

- Consent letters formulated in a negative manner, without education of the stakeholders: school doctors, teachers and parents
- Significant number of schools without school doctors
- No criteria for doctors to decide between 2 and
 4 valent vaccines administration



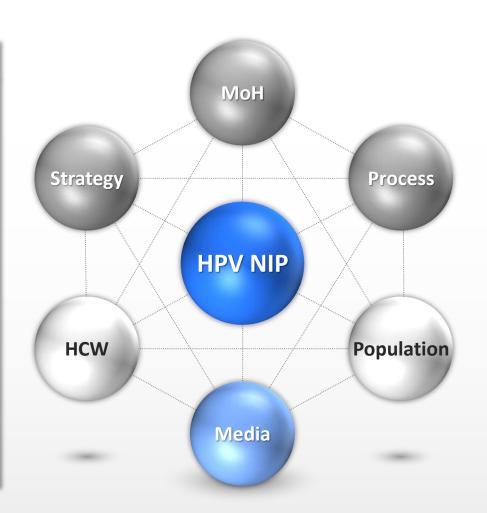
Population readiness

- Minimal and late education of the population
- Low access to medical assistance in schools
- Low population trust in the healthcare system
- Low health literacy
- Negative messages in religious communities with considerable impact on specific and significant population segments (e.g. rural). Impact on other vaccines from NIP already visible
- Call center for parents established at the National Institute for Public Health only in 2009



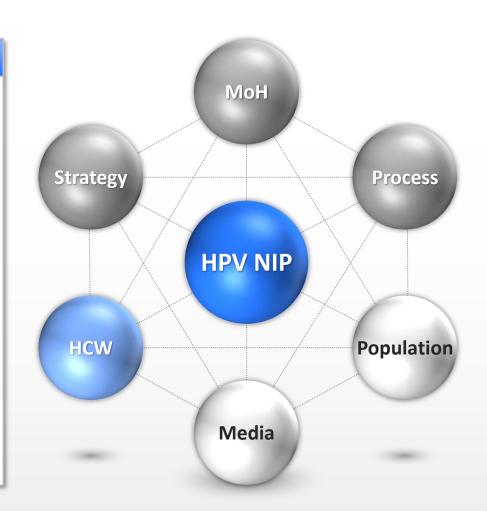
Media Support

- Media campaign against decision makers and HPV vaccines as products (e.g. unsafe, untested, side effects)
- 3 major media trusts which were not involved in information dissemination and awareness campaign when started in 2008, having a negative impact on HPV vaccination which was challenged by the excluded media channels



Health Care Providers

- Little involvment of epidemiologists and public health specialists
- lack of education before the vaccination campaign for GPs/school doctors
- Due to vaccine inclusion in the Oncology Program instead of the NIP, the epidemiologists were not initially involved/targeted

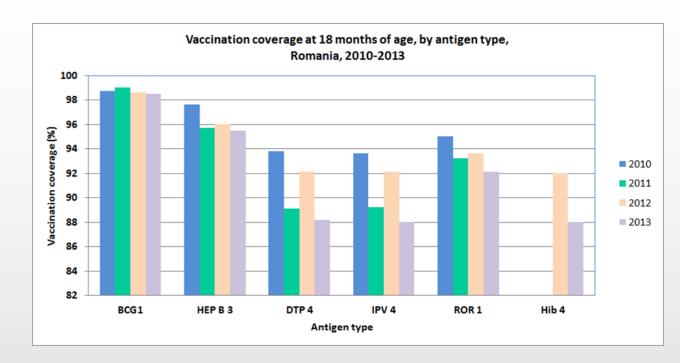


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Negative impact on the National Immunization Program

The public concern was extended to the vaccines included in NIP

- Strong professional training, educative and information campaigns should precede the introduction of a new vaccine in NIP
- Specific messages and information should be addressed to each target group involved (parents, teachers, family doctors, and mass-media)
- Lack of information and mass-media misperception on a specific vaccine, strongly affect all immunization activities and make difficult the continuation of HPV vaccination



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Key Factors impacting HPV vaccination program

Current Situation

Checklist for high impact factors

Strategy

- HPV vaccination is included as optional in the National Immunization Calendar, girls age 11-14
- Prevention of cervical cancer should be in the focus of the decision makers, as one of the key indicators of heath status of Romanian population

MoH

- No National Vaccinology Committee in place
- Vaccination law pending parliament for 1 year
- Highly aware of the need for public education on vaccination to fight vaccination hestancy
- No decision yet to allocate funds for HPV vaccine

Processes

- ■The NIP is 100% GP offices based
- For HPV vaccination the NIPH requested GPs to centralize parents' requests (12.000) and informed MoH
- Developing HPV vaccination program integrated with improved cervical cancer screening and introduction of large scale HPV detection program

Key Factors impacting HPV vaccination program

Current Situation

Checklist for high impact factors

Population

- •High public awareness of the importance of vaccination, after the measels outbreak
- 80% support vaccination in general
- public seems to have better understanding and attidude regarding HPV vaccination (12000 parents filled requesting forms for vaccine)

Media

- Extensive coverage during measels outbreak, generaly supporting vaccination program
- Highly focused on "breaking news"
- Low health literacy
- Social Media as main vehicle for anti-vaxx voices, though traditional media picks-up antivaxx messages from time to time
- HPV is not in focus now, but high convergent favorable attitude should be reached

HCW

6

- Professional Medical Associations have started educational and awareness campaigns (Microbiology, GP, ID, OBGYN)
- Partnership with vaccine manufacturures boosted
- information campaigns and developed models of good practice, avoiding conflicts of interests
- Further support is needed for GPs to be proactive in order to educate, change attitudes and build trust of the parents

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Considerations on our Way Forward

- ➤ Romania has the highest Cervical Cancer Burden of Disease in Europe and needs to urgently restart vaccination against HPV
- > We need a plan: communication and crisis management
- ➤ We need to estimate VCR evolution and align the procurement strategy with the anticipated VCR
- > Strong support from international scientific community
- ➤ Extended professional support of HPV vaccination, coupled with rapid testing of HPV infection and screening