

The role of HCP in HPV vaccination and screening programme implementation - Prevention and control of HPV and HPV related cancers in Romania

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HPV Prevention
and Control Board

www.hpvboard.org

Objectives of the meeting (1)

- Provide an overview of the role of the health care provider (HCP) in the vaccination program, with a focus on HPV vaccination
- Discuss the strengths and weaknesses of different vaccination programs, e.g. school based, GP driven and vaccination clinics.
- Provide an overview of different information and training materials available for HCP at various international organisations



Objectives of the meeting (2)

- Discuss country examples where HCP play an important role in the implementation and coverage of HPV vaccination and screening.
- Propose strategies to enhance the impact of HCP towards better screening and vaccination coverage.
- Discuss Romanian challenges, analysis of previous introduction, ways to address the issues and opportunities in prevention and control of HPV and HPV related cancers.



Context – Scientific evidence role HCP

Rationale for Flu vaccination:

- HCP are at risk of flu
- HCP continue to work when they have flu
- HCP's patients at high risk
- HCP often source of infection
- Flu vaccines are effective
- HCP are role model for patients

In general:

- HCP: (still) most trusted source of information on vaccines and vaccination



Discussion of school-based system

- Weaknesses
 - Not compulsory, won't capture some children
 - Need a centralised database
 - More prone to mass psychogenic illness (eg massive fainting)
 - Lack of personnel
 - Difficult if only doctor allowed to vaccinate
- Strengths
 - “Captive audience”- higher uptake
 - Easy to distribute and collate information
 - More cost effective
 - Friends- shared experienced
 - Uptake easier to calculate



Discussion of GP-based system

- Weaknesses
 - Not great for hard-to-reach groups
 - Patient must attend
 - Calculation of uptake difficult
 - Centralised national database needed to be effective
 - What if GP is vaccine hesitant?
- Strengths
 - Know family and child, medical history
 - Personal relationship



Context – Impact of training

- Active recommendation improves vaccine uptake by 30%
- Presumptive announcements are rarely used but highly effective
- 30% of medical students do not have vaccinology in their curriculum
- Not all students know all (potential) endpoints of HPV infection
- Journalists are different from scientists: they have their own deadlines, headlines, sources and influencers. Scientist should learn how to deal with this.
- A successful e-platform for training is available



Context – Country experiences

- Bulgaria: in reaching hard-to-reach and under-served populations, GPs need help; health mediators can provide this help
- In Scotland, the role of the school nurse has been taken over (successfully) by dedicated immunisation teams
- In France, notorious for its high level of vaccine hesitancy, three main reasons are noted: growing distrust in government and public health institutions; increased use of complementary and alternative medicine (denouncing the use of vaccines as unnatural); evolution of news to social media
- In Flanders:-
 - the vaccination board is successful in providing ‘one voice’, leading to clear communication and high coverage
 - Organized pre- and in-service training for (future) vaccinators



Context – Country experiences

- In Colombia, at the time of vaccine introduction, confusion about the vaccine was high among GPs and parents. An intense campaign for the introduction was not supported by information/education to those responsible for administration of the vaccine. Hence, Colombia was not ready for a crisis as happened in Carmen de Bolivar. The response was too slow and too technical, lacking empathy. In contrast, the anti-vaccine movement was well-organised and quick to respond. However, recently attention was paid in the media to the Cochrane report, which was the first positive media coverage on HPV since the crisis.



Lessons learned

- Not all responses by HCW are helpful to ease public vaccine hesitancy (e.g. being confrontational, refusal to have consultations with hesitant parents)
- The 2009-2011 measles outbreak in Bulgaria shows the need to focus on large susceptible populations (i.e. Roma)



Lessons learned

- HCWs can be trained to use the announcement approach
- The approach should be: Announce, (and only if parents hesitate) Connect, Clarify, Counsel
- Parents who say no, may say yes later: bring vaccination up again at next visit



Lessons learned

- One size does not fit all: culturally adapt materials to the local situation
- In dealing with media, be opportunistic – link to other events; take advantage of breaking news; score when target audience is receptive



Lessons learned

- Training materials are available from a wide range of sources, including CDC, ECDC, WHO, and beyond.
- The CaCx prevention e-learning platform is being expanded into Greek, further extension to be considered
- The lack of training during the curriculum can be remedied through summer courses on vaccinology, and later on with inclusion of such modules in curricula
- Post-academic training can be provided through symposia for vaccinators (e.g. Flemish Valentine symposia). This provides an opportunity to discuss questions/concerns in this target group
 - Survey of questions can help understanding the local situation



Issues and challenges

- (In Greece)
 - 1/7 pediatricians feels that parents have a right to refuse vaccination
 - Nearly 1 in 2 thinks the cost of vaccines is inhibitive
 - 1 in 3 is unsure of safety



Issues and challenges

- HCW are people too! If they have concerns about the vaccine, how can they recommend?
- Their concerns should be heard (and addressed)
- Although training and access to tools and resources are important, HCW may respond better to personal stories
- As vaccinated HCWs are more likely to recommend vaccination, vaccination of HCW as a norm needs to be restored and maintained



The way forward

- Education and information material is available from many sources, but centralization/coordination might be useful
- Consistent introduction of vaccinology into the medical curriculum should be pursued. The focus is still too much on cure, and not enough on prevention



Training material – the way forward

Existing needs

- Specific answers to specific questions
- Easy to comprehend materials
- Plain language of materials
- High quality of info
- Truthfulness of data
- Q&A presented info
- Pathway to escalate concerns
- Time to study for HCPs
- Support from professional societies
- Country-specific (e.g. Japan)
- Continuing education
- Recourses for the lay public



Monitoring attitudes towards vaccinations – the way forward

- Currently not a lot activities to try understand and measure HCWs concerns across countries
- How to correlate attitudes of healthcare workers to those of their patients?
- Measurement of confidence should be added in surveillance systems together with effectiveness and safety
- Will a 4-questions survey capture enough?



Monitoring attitudes towards vaccinations – the way forward

- Other measurement for behaviour of provider and patient?
- Surveillance should also include HCWs' reaction to parent hesitancy
- What are barriers for HCWs?
 - Collecting questions as barometer (and number of questions) as proxy to see what are ongoing conversations/concerns
 - Open-ended responses across multiple countries, through time



Cervical cancer in Romania

Romania has the highest burden of CaCx in Europe with 4,700 cases per year, and 1,800 women dying.

HPV vaccination introduction in 2008 failed, the HPV Prevention & Control Board / international scientific community offers support and exchange of expertise

Coverage of all vaccines suffered from the anti-vaccine activism starting after the 2008 HPV vaccine introduction



HPV vaccination in Romania

Vaccination should be coupled with HPV-based screening:
already started in 1 region, to be extended to 4 regions

Romanian HCWs attitude ranges from pro-vaccine advocacy to
strong hesitancy

Elaborated and well-prepared plan, strong leadership and
committed politicians are needed for renewed action



Opportunities

- Romania highest burden of CC
 - => attract funding
 - => political prioritisation
 - => awareness among target population
- Intention to prepare an updated paper



Opportunities

- Scientific evidence on screening & vaccination spread among stakeholders, professional societies, local districts
- Communication of evidence to media
 - => avoid false rumours about safety
 - => conflict-of-interest free evidence assessment



Opportunities

- Coherent national policy (planning, funding, infrastructure, training, evaluation)
- Dynamic & open communication with mass media
- Strategies anticipating HPV vaccination hesitancy
- Communicate the scientific evidence (EU guidelines, Cochrane reviews, WHO safety reviews, ...)



Opportunities

- Set-up a legal framework allowing screening/vaccination registration, evaluation and linkage to cancer registers taking EU privacy protection into account
- To define role of primary health care workers & specialists
- Involve auxiliary medical personal (lack of medical doctors/GPs)



Next steps for Romania

- Need for communication at many levels
- Coordinated conversation among key stakeholders
- Outward communication, one voice
- Internal communication between all stakeholders
 - Need for clear direction and strategy – clear **action plan** (sustainability of all vaccines, organization of the vaccination programmes, priority steps, ...)
 - Need for re-build trust in vaccination programmes



Next steps for Romania

- Integrate HPV vaccine into overall immunization programme
- Avoid industry promotion – communication centralized at level of the MOH and /or Institute of Public Health.
- Make a **road map** to support training among physicians

