

Protecting and improving the nation's health

UK HPV immunisation programme

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Overview

1. History

- planning, implementation, communication
- 2. Vaccine coverage
- 3. Current challenges:
 - inequalities, data flows, delivery capacity, antivaccine activity
- 4. Future of the HPV programme:
 - MSM programme pilot



Protecting and improving the nation's health

History and programme implementation



History – UK HPV immunisation programme

2008: Routine programme for adolescent girls introduced Primary objective: reduce incidence of cervical cancer Delivery: largely school-based with some areas opting for a GP delivered programme.

England:

- all girls in school year 8 (aged 12 to 13 years) offered vaccine
- 'catch-up' campaign for girls aged from 14 years to less than 18 years

2008 to 2012 - Vaccine: Cervarix® (HPV 16, 18) three dose schedule



History – UK HPV immunisation programme

- 2012 Vaccine switched to **Gardasil®**(HPV 6, 11, 16 and 18 quadrivalent vaccine) three dose schedule
- 2014 Routine programme changed to two-dose schedule

Delivery options:

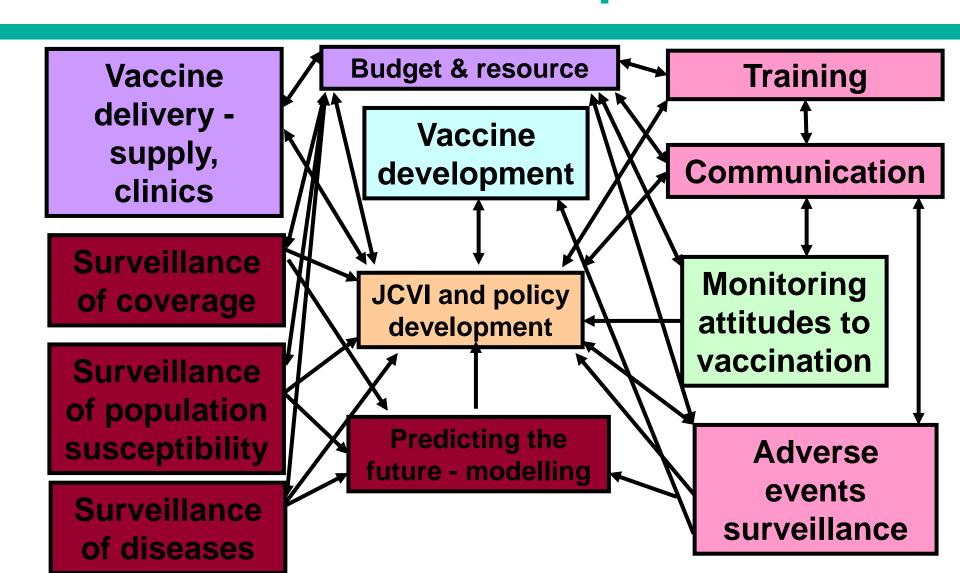
Dose 1 in Year 8 and Dose 2 in Year 9
Dose 1 and 2 in Year 8

2016 MSM programme pilot started in GUM and HIV clinics

Girls remain eligible for free vaccination until their 18th birthday



Programme planning and implementation





2008 Launch – HPV campaign









Information materials

Health Professionals:

- Green Book
- Q&A
- Factsheet myth buster
- Consent form
- Record card
- Posters







Don't forget to have your HPV vaccination!





Information materials

Girls and their parents:

- Leaflet
- Q&A









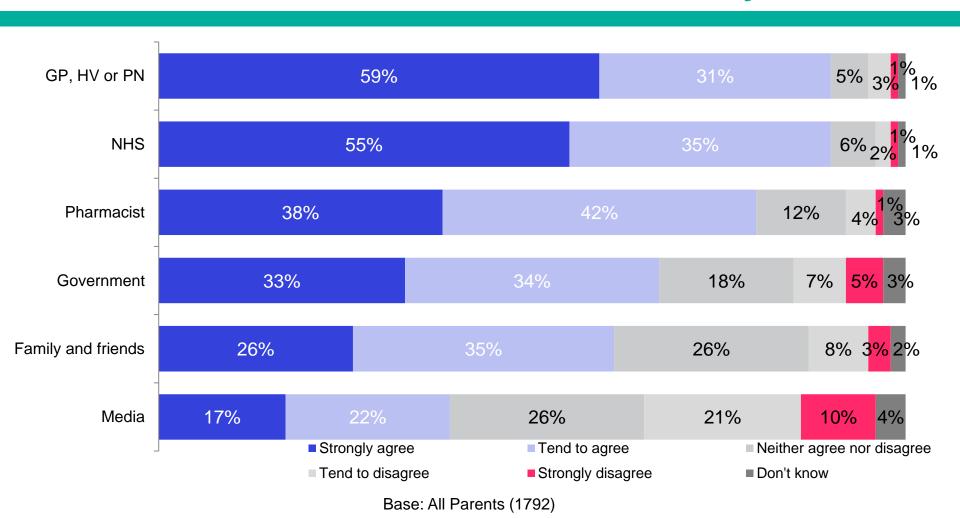


The HPV vaccine Beating cervical cancer





Health professionals are the most trusted source of advice on immunisation, closely followed by the NHS



Q58. Please tell me how much you personally agree or disagree with each statement. I trust the advice on immunisation given by...



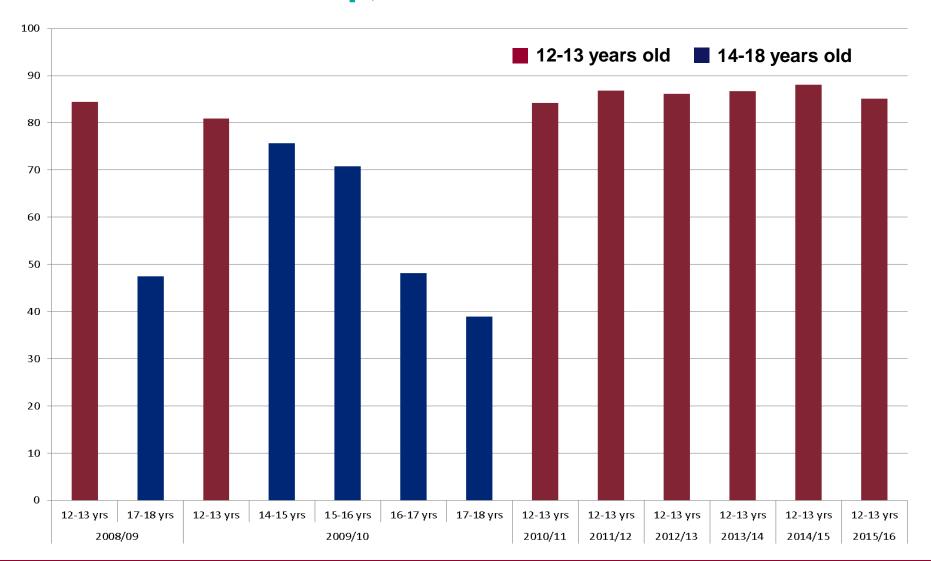
Vaccine coverage



UK HPV vaccine coverage

Year	Dose 1 (%)	Schedule	Completed course (%)
2008/09	88.4	Three doses	80.9
2009/10	85.0		77.5
2010/11	89.0		83.8
2011/12	90.8		87.0
2012/13	91.0		85.8
2013/14	91.3		85.9
2014/15	89.5	Two doses	n/a
2015/16	90.6		85.3

Vaccine coverage (completed course), England Routine and catch-up, 2008 to 2016





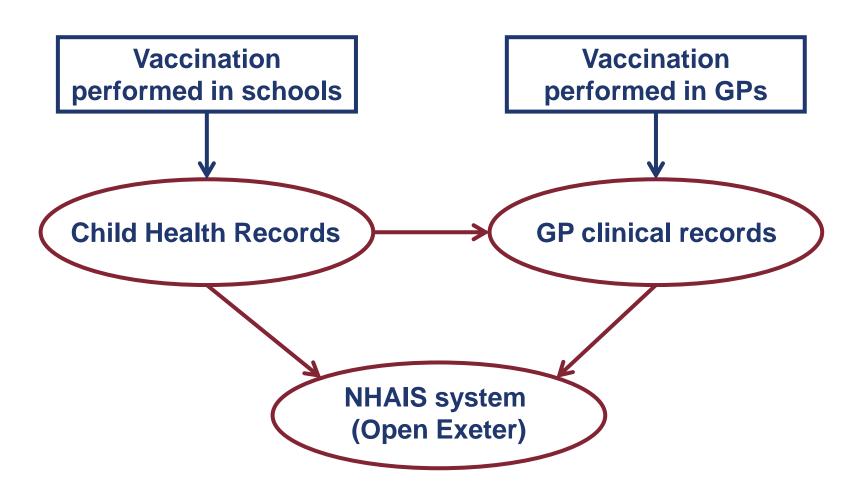
Challenges



Inequalities

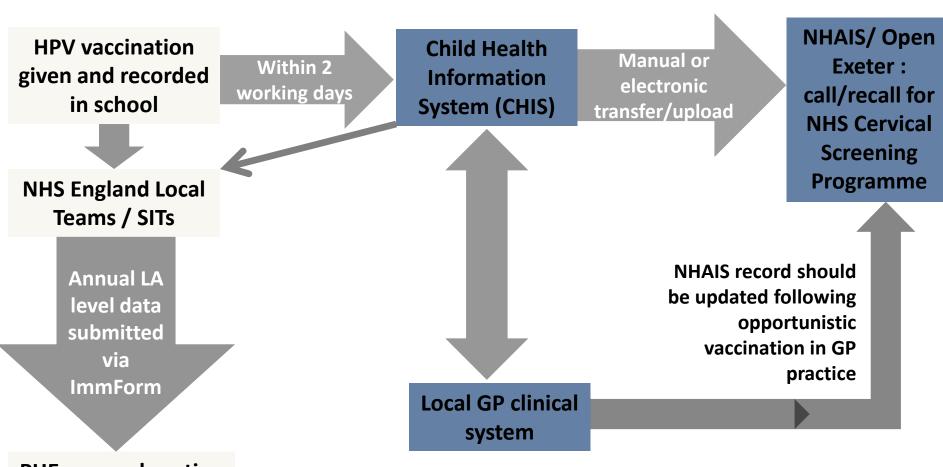
- Schools with no HPV programme e.g. some faith schools
- Geographical variation in coverage: 2015/16 best LA (93.8%) and worst performing LA (47.4%)
- Ethnicity and deprivation data not captured in routine coverage collection – aggregate data
- Evidence from research conducted in the UK suggests that:
 - school-based HPV immunisation delivery appears to be successfully reducing inequalities in cervical cancer control at area-level
 - some evidence of inequalities in uptake in the catch-up cohorts - by ethnicity and deprivation
- Serological surveillance in young females attending GUM will include an estimate of uptake by ethnicity and deprivation

Recording HPV vaccination status: challenges and implications



Data flows: HPV immunisation programme cervical screening programme





PHE: annual routine **HPV** programme coverage publication

Arrangements should also be in place to inform neighbouring areas when children resident in their area are immunised elsewhere



Anti-vaccine activity















rogram and interested in the role of Natural Health in disease. Within 5 few years, 75 new Arnica groups have started nationwide, which we feel reflects the strong interest in unity and the need for like-minded friendship and support sys





YellowCard *

You will find more information on HPV vaccines at:

SANEVAX.ORG

HPVFACTS.CO.UK

ALL VACCINE PACKAGE INSERTS CAN BE FOUND AT WWW.IMMUNIZE.ORG/ **PACKAGEINSERTS**



Your body, your choice:



the HPV Gardasil vaccine

Mrs Sally-Anne Huang Headmistress James Allen's Girls' School 144 East Dulwich Grove London SE22 8TE

29th September, 2015

Dear Mrs Huang,

I am writing to you in regards to the HPV vaccination programme, which I understand is underway at your school. I am not sure how much you know about this vaccine, but it is extremely controversial and has been associated with a wide range of very severe health problems in many young people who receive it. These effects include, but are not limited to, multiple sclerosis, rheumatoid arthritis, and premature menopause. Such cases have been

documented in national newsp

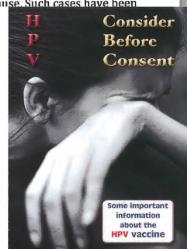
I would like to make clear that virus is completely innocuous i whilst the benefits of this vacci alarming number of girls and y receiving this vaccine. I work v Daughters (AHVID), and they descent of their previous fit an HPV vaccination. As yet, the m such harms, but they also did r thalidomide causes birth defec

We do this purely and solely with your daughters' best interests at heart. about whether to consent to HPV vaccine administration to their ch

Thousands of girls world-wide are suffering from post-vaccine disorders.

We ask you to please read and consider the information in this leaflet, which is drawn from published sources as referenced below.

- Product Information Lealist, Gardanii, Moroic Available at https://www.medi.emo/Pit.19030.labest.pdf
- Sousyah N. et al. Guillain-Bamé syndrome after Gardasil vaccination di Adverse Event Reporting System 2006-2009. Vaccinc. 2011; 29: 885-9 Haug, C. 'The risks and benefits of HPV veccination'. JAMA 2009; 302: 795-6. Available at http://ama.jamanetwork.com/larticle aspx?article/d=1844048.resultclic/e/d=1
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- Harpor DM, Niterainen P, Paevonen J, et al. Cervical carsor isolo despite HPV vaccination. Lancet Infect Dis. 2010; 10: 584-5
- Shaw, CA: Senelf, S: Kette, SD:Tomljenovic, L: Olier Jr WJ; and Davidson, RM. "Aluminum-Induced Entropy in Biological Systems: Implications for Heurological Disease," Journal of Texicology, vol. 2014, Article ID 481316, 27 pages, 2014. doi:10.1185/2014491316 available at https://annews.org/aluminum-induced-ent





Future programme developments



HPV MSM programme

2015 JCVI: "A HPV-MSM immunisation programme should be introduced for MSM up to and including the age of 45 years who attend GUM and HIV clinics, subject to procurement of the vaccine and delivery of the programme at a cost-effective price."

2016/17 pilot in 42 GUM and HIV clinics England to inform implementation:

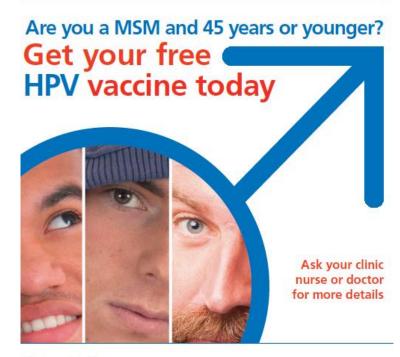
- acceptability
- feasibility
- equity
- uptake
- impact on clinic attendance





HPV vaccination pilot

for men who have sex with men (MSM)





HPV MSM Pilot





Opportunistic vaccination programme

- minimising number of vaccinationspecific appointments
- 3 doses
 - ideally within 12 months
- Vaccine provided free of charge to clinics
 - £10/dose admin fee
- Vaccine coverage monitored using GUM/HIV IT system
 - GUMCAD/HARS
- Not advertised

Pilot extended to 2017/18 in the same clinics Evaluation report pending publication HPV vaccination pilot for men who have sex with men (MSM)

Protecting yourself against warts and cancer

caused by human papillomavirus







The future of the HPV programme

- Generating evidence of the impact of the programme
- Implications for the cervical screening programme
- MSM programme roll-out
- Extending programme to boys
- Nonavalent vaccine