Lessons learned from HPV Introduction in the Caribbean

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Presentation Outline

• Decision making process for HPV vaccine
• Country HPV Introduction
• Target groups and delivery strategies
• Coverage
• Challenges faced
• Lessons learned
Decision making for HPV

• SAGE recommendation (2009)

• Country studies
  • HPV prevalence/vaccine acceptability studies
    • Trinidad & Tobago, Jamaica, St. Vincent & Grenadines, St. Kitts & Nevis
  • HPV costing
    • Barbados
  • HPV cost-effectiveness analysis
    • Jamaica, Belize, Bahamas
18 of the 25 countries/territories have introduced HPV
5 plan introduction later in 2018; 1 for 2019. No decision yet by 1 country
Target Groups and Delivery Strategy

• 13 countries vaccinate only girls. 5 have gender neutral vaccination.
• Cohorts for vaccination range from 9-13 years
• Most use a 2-dose schedule. Only 3 countries have a 3-dose schedule.
• Primarily school vaccination strategy

HPV vaccine presentation used, Caribbean, 2018

- Bivalent: 8
- Quadrivalent: 10
Coverage

• Coverage varies widely:

  • 1\textsuperscript{st} dose coverage: low of 1\% to high of 63\%

  • 2\textsuperscript{nd} / 3\textsuperscript{rd} dose coverage: low of 1\% to high of 56\%

Countries with well planned introduction and close monitoring have the best coverage for both doses
Challenges Faced

- Inadequate political will or support
- Parental resistance/refusal
- Resistance and doubt from teachers/guidance counselors/principals
- Skepticism/doubt by health care workers
- Public outcry by Religious and other groups (HPV vaccination promotes early sexual activity or infertility in girls)
- Media (print/electronic/social) reports of adverse events following vaccination or negative comments about vaccine safety
- Expressions of fear of the vaccine by students leading to refusal
- Parental threats of lawsuits

ARE HPV VACCINES SAFE?
Several rumours and concerns in the global media
Lessons learned

Parental information is important but should not be too technical, too verbose (wordy) or too lengthy. Less is more! Keep the facts simple and clear!
Your child should have already received all vaccinations to be ‘fully immunized’ for entry into school. As at October 2017, the Ministry of Health will be offering the HPV vaccine free of cost to your daughter/ward in Grade 7 to help protect her from cervical cancer. For best protection against cervical cancer, girls should receive two (2) doses of HPV vaccine, given six (6) months apart.

What is HPV?
- HPV is a group of viruses that are very common and are the major cause of cervical cancer in women.
- There are approximately 200 different types of HPV.
- At least 14 types of HPV have been found to cause cancer and 70% of all cervical cancers are caused by HPV types 16 and 18.

Is my child really at risk for HPV?
- HPV is a very common infection that can cause cervical cancer. Starting the vaccine series now will help protect your daughter/ward later.

What is the HPV vaccine?
- HPV vaccines prevent infection by certain types of human papillomavirus.
- The HPV vaccine works like other vaccines to protect the body from infection.
- All HPV vaccines protect against HPV types 16 and 18.

Why is the Ministry of Health introducing HPV vaccine?
- In Jamaica, cervical cancer is the 2nd leading cause of cancer-related death in females.
- HPV vaccination is a highly effective method of prevention against cervical cancer.

Who is eligible for the vaccine?
- The vaccine is best given before girls are exposed to the HPV.
- The World Health Organization (WHO) recommends two (2) doses of the HPV vaccine for girls ages 9 to 14 years for best protection against cervical cancer.

Is the HPV vaccine safe?
- Yes. Vaccines have been put through rigorous testing and trials by scientists and medical experts and are made to the highest standard to ensure that they remain safe.
- Severe reactions to vaccines are rare and are experienced by 1 in every 2,000,000 persons vaccinated.

What side effects are associated with the HPV vaccine?
- Like many substances, including food or medication, vaccines may cause some reactions. These usually go away in a few days.
- Side effects are often mild and may include redness, swelling or tenderness at the injection site. Fever and nausea may also occur.

Can HPV vaccine cause infertility in my child?
- No, there is no known link between HPV vaccination and the ability to have children in the future.

I am worried that my child will think that getting the vaccine makes it ok to have sex.
- Studies have shown that getting the HPV vaccine does not make children more likely to start having sex. Now is the time to vaccinate before your child starts to think about sex.

Why does my child need to get the vaccine at such a young age?
- Like all vaccines, the earlier we give the vaccine the better the chance of protection.
- The immune response to the HPV vaccine is better in pre-teens and early teens.
- The vaccine also works better if given before exposure to HPV.

How do you know the HPV vaccine works?
- Globally many studies have proven that HPV vaccination works extremely well, decreasing the number of infections and HPV related cancer in several countries around the world.

If the HPV vaccine was given, is screening for cervical cancer still necessary?
- Yes. Women should be screened for cervical cancer whether or not they have been vaccinated.
- The vaccine does not prevent all types of HPV infection that cause cervical cancer. Screening tests for cervical cancer, including Pap smears, are therefore still recommended.
Dear Parent/Guardian,

Please note that your child_________________________ School__________________ Class/Year______________________ has received _______dose of HPV vaccine on ____________________

School Nurse--------------------------- Signature_________________

The following are possible side effects which can occur 1-5 days after immunization

At Injection Site
- Pain (the most common side effect)
- Swelling
- Redness
- Itching

Others
- Fever mild - mod (100 - 102 ° F)
- Nausea
- Dizziness
- Vomiting
- Fainting

When these side effects do occur, in most cases they are minor, meaning they require no treatment or are easily treated by you or your healthcare provider. Paracetamol (Panadol) can be given in 4 to 6 divided doses for up to 24 hours for fever and or injection site pain.

Rare Serious Side Effects to Watch For:
- Signs of severe adverse reaction, including swelling of the face and or throat, difficulty breathing, hoarseness or wheezing, an itching, hives, fast heart beat or dizziness.
- Weakness, tingling, or paralysis
- Any unusual condition, such as a high fever (103 ° F or more) or behavior changes.

For any of the above rare side effects or any other condition that concerns you seek immediate assistance from:

- Your doctor or the Accident and Emergency Department of the Cayman Islands Hospital – In the Sister Islands, Faith Hospital.
- Public Health Clinic at 244-2648, Clifton Hunter High School Medical Centre-516-0617 or John Gray High School Medical Centre-925-5401 Monday– Friday 8:30AM - 4:30 PM,

Please remember to send the immunization card to the school on the date scheduled for vaccination.

I have received and reviewed the fact sheet provided on HPV, the benefits of the HPV vaccine in preventing cervical cancer, and the side effects of the vaccine if it is given to pre-teen and teen girls. After being informed of the risks of HPV infection and the link between HPV and cervical cancer, I have decided to (tick 1 of the following 2 options):

☐ Consent to the HPV vaccine for my daughter/ward

☐ Refuse the HPV vaccine for my daughter/ward

Reason for refusal (if applicable):
________________________________________________________________________
________________________________________________________________________

Girl’s Name (surname, first name): _________________________________________
Date of Birth: ____________________________________________________________
School: _________________________________________________________________
Parent/Guardian’s Name: _________________________________________________
Contact Number for Parent/Guardian: ____________________________

Public Health Department - CI Health Services Authority – Updated 2012

Highlighting side effects in letters sent home to parents without opportunity for dialogue causes fear and vaccine refusals
NAME: ___________________________ D.O.B: ___________ MRN#: ______________________

School: ___________________ Tutor Group/Class: __________________

Name of Parent/Guardian: ____________________________________________

Tel #: Cell _____________________ Work ______________________

**Fill in & Tick as appropriate:**

1. Has your child been previously immunized with HPV Vaccine?  
   - Yes  
   - No  
   If Yes, please provide a copy to the School Nurse.

2. Is your child allergic to any of the following?  
   a. Bakers’ Yeast (describe allergy)  
      - Yes  
      - No  
   b. Any previous vaccine  
      - Yes  
      - No  
   If yes, explain ________________________________________________________

   List known allergies: ___________________________________________________

   Does your child have any past/present medical conditions or illnesses?  
   - Yes  
   - No  
   If yes, please give details _______________________________________________

3. Is your child presently suffering from or taking any of the following?  
   a. Bleeding disorders  
      - Yes  
      - No  
   b. Disorders/diseases the Immune System  
      - Yes  
      - No  
   c. Steroids, anti-cancer or radiation treatment  
      - Yes  
      - No  
   d. Blood thinners  
      - Yes  
      - No

4. Is your child pregnant?  
   - Yes  
   - No

5. I wish to be present when my child is being immunized  
   - Yes  
   - No

6. The completed consent form is to be returned to your child’s teacher by: ___________________________

   It is planned for your child to be immunized on __________________ day of ________________ 2012  
   at the school clinic during ____________________________________________

   Disclaimer: I have read the information provided on HPV vaccines and understand the risks and benefits of the vaccine.  
   I hereby give consent for my above-named child to receive the 1st dose HPV vaccine.

   Signature of parent/guardian: __________________________________ Date: ________________

   Observations/comments of vaccinator (nurse) __________________________________________________

Given by: ____________________________ Vaccine Site: ____________________________
Making HPV vaccination voluntary and requiring written signed consent forms (especially for each dose) causes suspicion and leads to concerns, myths and rumours about safety and ultimately leads to refusals. The opt out approach is best
Public education/awareness must be targeted to specific audiences but have a single overriding communication objective e.g. “HPV vaccination is cancer prevention”

Don’t assume HCWs know how to develop and communicate SOCOs. They need to be trained. Public education should commence 3-4 months before vaccination.

Insufficient time does not allow for adequately addressing myths and safety concerns
Lessons learned- Partnerships

- Partnering with well known, respected organizations or individuals generates trust and confidence
  - National Cancer Control Programmes
  - National Cancer Societies
  - Ministries of Education, Youth or Gender Affairs
  - Faith-Based Organizations/ prominent religious leaders
  - National Parenting Groups
- Use of spokespersons very helpful e.g. advocate or cervical cancer survivors

Include key partners on planning committee
Lessons Learned - General

• Adequate preparation for introduction is essential. Needs at least 1 year
  • planning, vaccine procurement, training, health service readiness, communication

• Sequencing of sensitization/communication with stakeholders is critical. Be innovative with messages or methods
  • Politicians, HCWs, parents, church groups, teachers, media, students

• Soft/low-keyed launch helps to avoid much anti-vaccination commentary
  • Instead of mass media campaign or public launch with large media presence

• Don’t delegate critical functions to others.
  • Ministry of Health must take responsibility for training and communication to keep messages standardized.
Lessons Learned - General

• Don’t rely on schools/students to inform parents
  • face to face communication best; instead of letters/information packages

• Gender neutral vaccination improves HPV vaccine acceptance

• Vaccinate students singly (not in groups) to prevent mass hysteria

• Administer vaccine in the morning or after lunch when students are adequately nourished to avoid fainting

• Parental presence during vaccination improves acceptance. Starting schedule in the clinic or with school entry medicals facilitates this.
Lessons Learned- Coverage

• Calculation of coverage requires defined targeted ages for vaccination with reliable denominator data and HCWs need to be trained in coverage calculation

• School based HPV vaccination is best done when cohort is in the same grade in the same school and not moving between grades or schools.

• HPV vaccination better accepted when integrated with other services or given with other scheduled vaccines in schools

• Close supervision and monitoring strengthens 2\textsuperscript{nd} /3\textsuperscript{rd} dose vaccination, accuracy of coverage data and surveillance of ESAVIs
Summary

• Cervical cancer burden in the Caribbean is one of the highest in the world
• HPV vaccination is needed for primary prevention
• Adequate planning, coordination and social mobilization improves vaccine acceptance