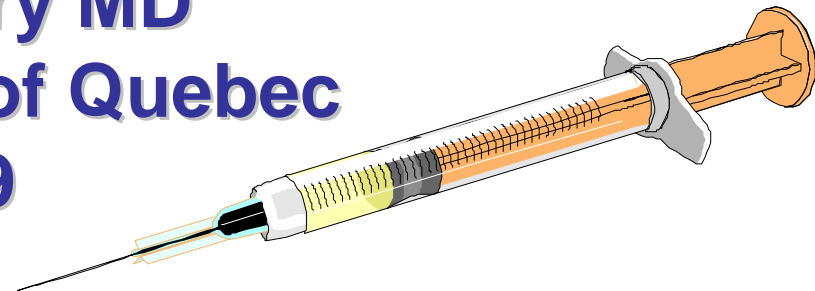




HPV year 1 in Quebec

Different perspectives, different outcomes

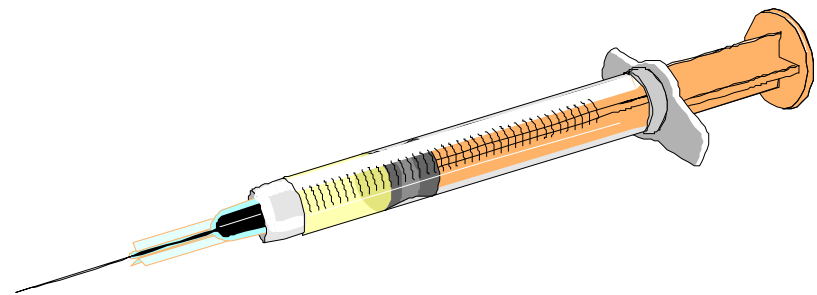
Monique Landry MD
Ministry of Health of Quebec
June 2009



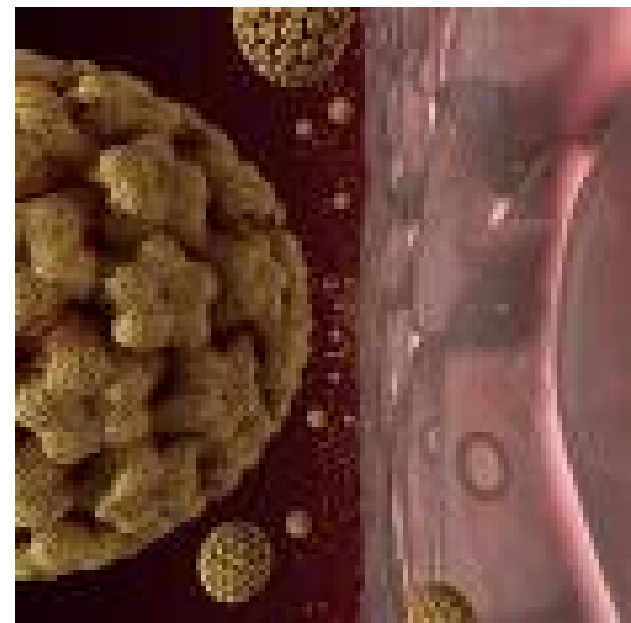


Outline

- ◆ **The program**
- ◆ **The preparation**
- ◆ **The results**
- ◆ **The hypothesis**
- ◆ **The evaluation**



THE PROGRAM





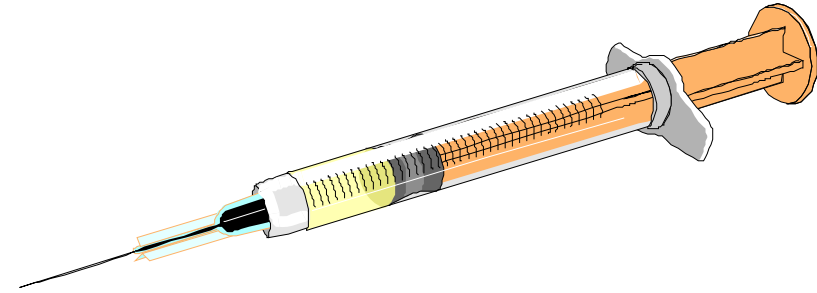
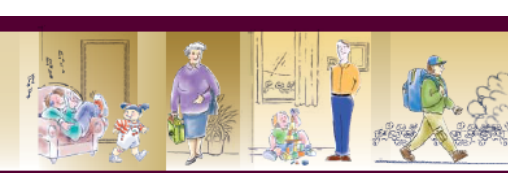
The program

- ◆ **September 1st 2008**
- ◆ **School-based program:**
 - **Grade 4 (combined with a revised hepatitis B program)**
 - **Grade 9 (combined with a Tdap booster program – update of vaccine schedule) for 5 years**
- ◆ **Vaccine also offered free to:**
 - **Girls older than grade 9, up to 17 years of age**
 - **Girls younger than grade 9, sexually active**

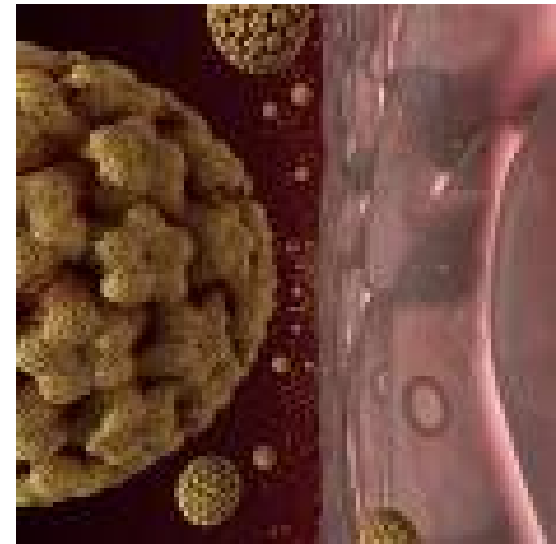


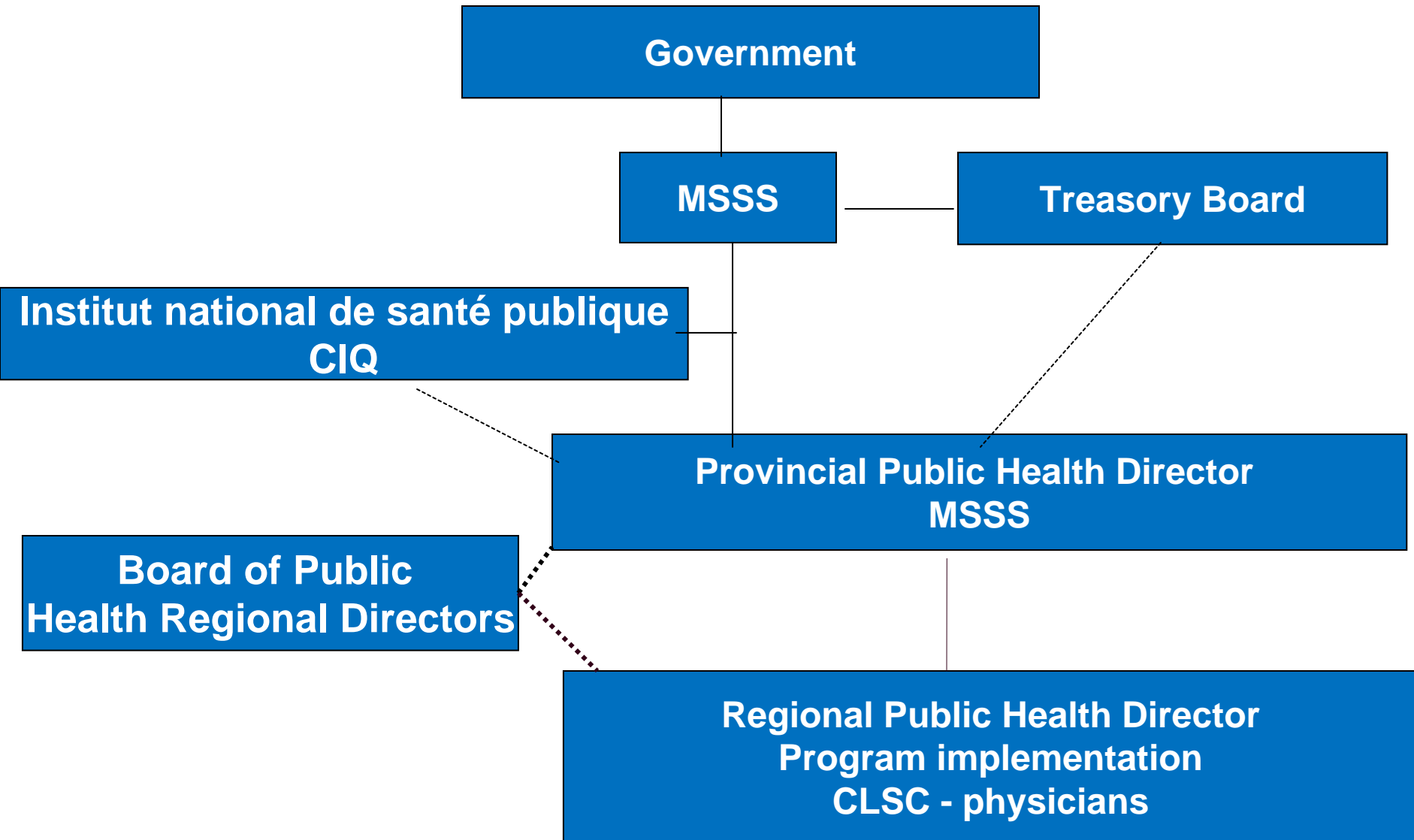
Program goal and targets

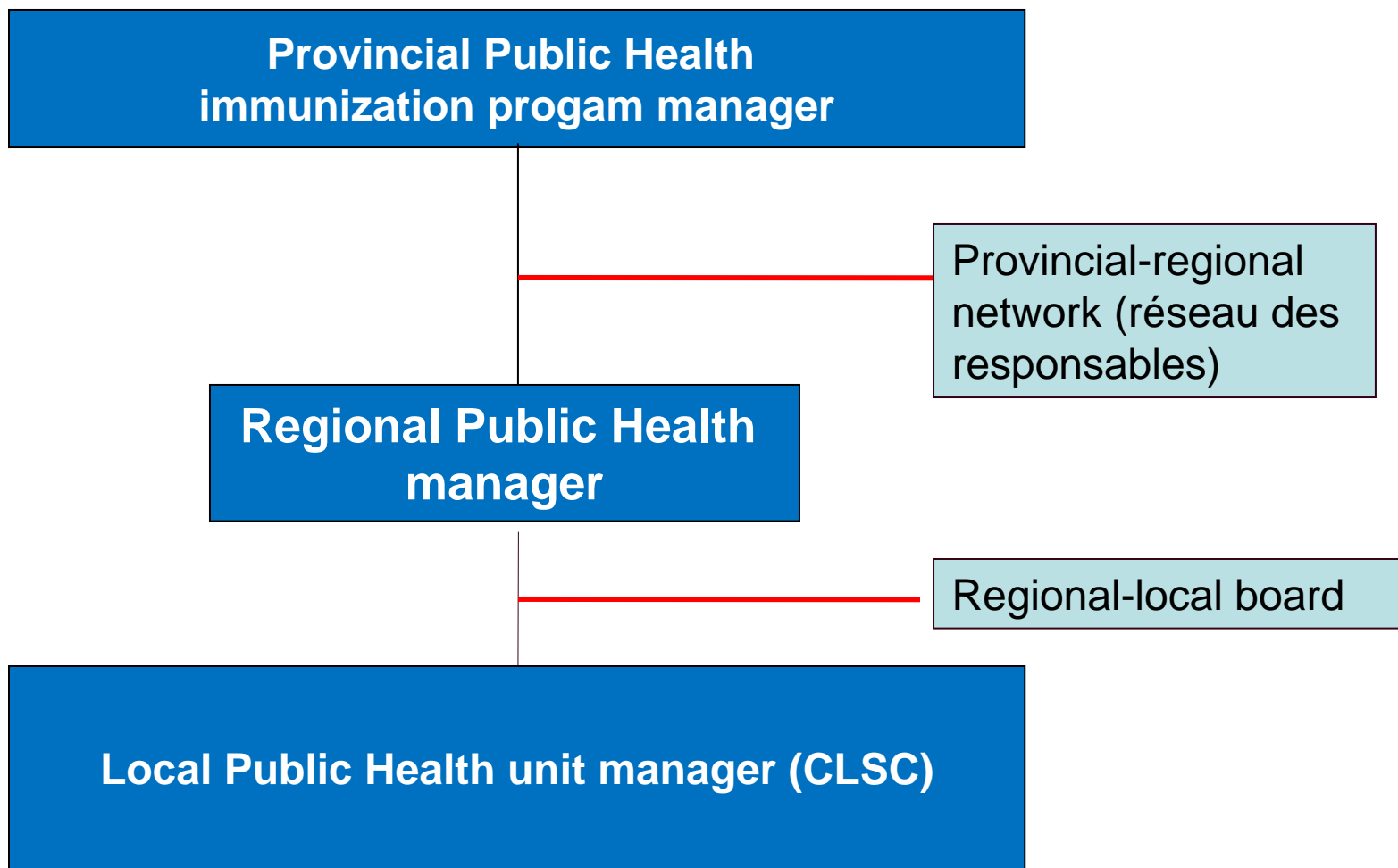
- ◆ **Goal: prevention of cervical cancer**
- ◆ **Targets:**
 - **90% vaccine coverage in grade 4**
 - **85% vaccine coverage in grade 9**
- ◆ **No targets for the « offer » but estimated to:**
 - **Less than 5% for younger**
 - **About 40% for older girls**



THE PREPARATION



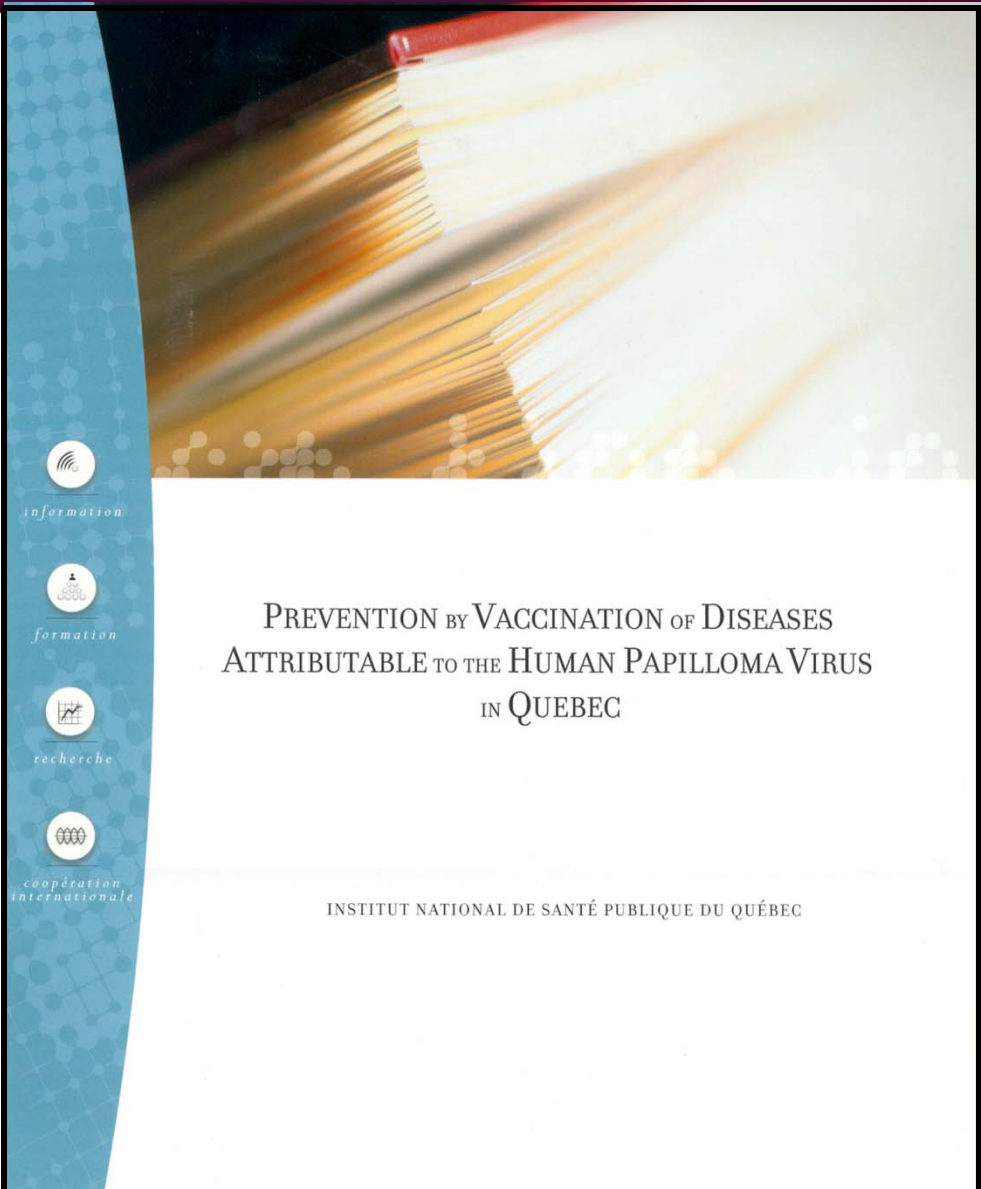






Comité sur l'immunisation du Québec

- ◆ **Expert committee**
- ◆ **Multidisciplinary (infectious diseases, pediatrics, public health, immunology, etc)**
- ◆ **Advices on immunization issues: program, research, evaluation**
- ◆ **Established credibility since 1990**
- ◆ **Use of Erickson, De Wals, Farand framework since 2001**
- ◆ **Success story: 3 dose Prevnar schedule**



PREVENTION BY VACCINATION OF DISEASES
ATTRIBUTABLE TO THE HUMAN PAPILLOMA VIRUS
IN QUEBEC

INSTITUT NATIONAL DE SANTÉ PUBLIQUE DU QUÉBEC



Principal issues to resolve

- ◆ **Unique recommendation from CIQ:
Extended HPV vaccination schedule: 0, 6, 60
months for the program in grade 4**
- ◆ **Controversies around adverse events, new
vaccine, new technology, experiment on
young girls, too many unknowns**
- ◆ **Lack of knowledge at all levels**
- ◆ **Concerns around the (« absence of »)
cervical screening program**



Solutions to the issues identified

- ◆ **Support from all professional associations in Quebec (infectious diseases, OG, paediatrics, family medicine, regulatory bodies)**
 - **Meeting with each one of them with presentation by experts and discussion**
 - **Official approval from the board of directors**
 - **Participation to the program launch**



Solutions to the issues identified

- ◆ **Support from all physicians, nurses and pharmacists in position to encourage the HPV vaccination**
 - **Presentation to every relevant conferences**
 - **« Dear doctor » type letters sent to all**



Solutions to the issues identified

- ◆ **Liaison with stakeholders (governments or NGO) such as STI, sexual education, First Nations, PHAC regional, women health associations, etc**
- ◆ **Technical briefing of important medias**
- ◆ **Participation to public information meetings (ex.: bar des sciences)**



Vacciner les fillettes pour prévenir le cancer du col de l'utérus :

Bonne ou mauvaise politique?



BAR DES SCIENCES

Mercredi 28 mai 2008

de 17h30 à 19h30

Bar Le Saint-Sulpice
Petit salon, 3ième étage
1680, rue Saint-Denis
Montréal

Au Québec, on vaccinera désormais les filles de 9 à 13 ans contre le VPH, le virus causant le cancer du col de l'utérus. Quelle est l'efficacité de ce vaccin ? Les coûts de cette vaccination se justifient-ils, alors qu'il n'y pas d'épidémie de ce type de cancer ? Les autorités ont-elles fait le bon choix ou favorisé l'industrie dans leur décision ? Quelles sont les priorités de notre système de santé ?

Venez vous informer sur le vaccin et exprimer votre point de vue !

CONFÉRENCIÈRES

Marie-Hélène Mayrand
Gynécologue-obstétricienne
Hôpital St-Luc

Monique Landry
Médecin conseil
Direction de la protection
de la santé publique

Nathalie Parent
Coordinatrice de la
Fédération de Québec
pour la planning
des naissances

Valérie Borde
Journaliste scientifique
indépendante

Myriam Hivon
agente de recherche,
Groupe de recherche
interdisciplinaire
en santé





Solutions to the issues identified

- ◆ **Creation of a multidisciplinary working group on a « revamp » of the cervical cancer screening program**
- ◆ **Evaluation of the program**



Activities derived from the provincial – regional board

- ◆ **Creation of a working group with regional and local public health professionals**
- ◆ **Development of promotional material**
 - **Focus groups with parents and adolescents**
 - **KAB studies already available**
 - **Scientific information from our CIQ advice**
 - **Legal and ethical consultation**



**Free
Vaccination
programs**
in grade 4 elementary school

**Hepatitis B
for boys and girls**
(includes protection
against hepatitis A)

**Human papilloma
virus (HPV)
for girls only**

Québec

Vaccination against human
papilloma virus (HPV)

**“I’ve heard
about
HPV”**

Québec



Activities derived from the provincial – regional board

- ◆ **Development of educational material**
 - **Q&A for professionals and vaccine providers:**
 - Both in French and English (permission granted)
 - Short version on web site
 - Long version sent by the Regional Public Health
 - **“Train the trainers” material development**



SCHOOL-BASED VACCINATION PROGRAM AGAINST HEPATITIS B

QUESTIONS & ANSWERS FOR VACCINATORS

The Grade 4 hepatitis B vaccination program has been modified. The vaccine now used is the combined hepatitis B and hepatitis A vaccine, Twinrix, in 2 pediatric doses administered 6 months apart. This product replaces the Recombivax[®] HB vaccine administered with 3 injections.

No other vaccine will be available under this school vaccination program.

Various questions can arise about how to manage particular situations and administer the Twinrix vaccine in pediatric doses.

VACCINATION PROGRAM / CONSENT / CLIENTELE

1. Why has the Grade 4 hepatitis B vaccination program changed?

Recent Québec data shows that 2 pediatric doses of Twinrix combined hepatitis B and hepatitis A vaccine administered 6 months apart to children aged 8 to 10, delivers protection against hepatitis B (96.5% seroprotection) comparable to the protection provided by the 3 doses of Recombivax HB vaccine used previously (99.2% seroprotection).

Given the epidemiology of hepatitis B in Québec, this difference is not regarded as significant. Circulation of the virus has substantially diminished in groups reached by the hepatitis B vaccination program, to the extent that hardly any cases are observed in these cohorts. The chances of being infected through contact with a carrier of hepatitis B are regarded as minuscule for the new cohorts of children to be vaccinated in Grade 4.

The combined vaccine has the added advantage of providing 100% protection against hepatitis A, with fewer injections. Vaccination against hepatitis A is also recommended for people travelling to countries where the disease is endemic.

The protection against hepatitis B and hepatitis A is long term. For hepatitis B, it lasts at least 15 years in young healthy people; for hepatitis A, it could last more than 20 years. Systematic administration of booster shots to immunocompetent individuals is therefore not recommended.

2. Can parents consent to immunization against hepatitis B only or hepatitis A only?

No. The consent form applies to vaccination against both hepatitis B and hepatitis A. This is a hepatitis B vaccination program but the only product available under the Grade 4 program is the combined hepatitis B and hepatitis A vaccine, Twinrix.

- If a parent wants their child to receive the hepatitis B vaccine only, it is available free in the health system, at a CLSC or a medical clinic.
- If a parent wants their child to receive the hepatitis A vaccine only, it is available in the health network but will not be free.

Programme de vaccination scolaire contre le VPH



Comité de soutien à l'implantation
de ce programme
Avril 2008



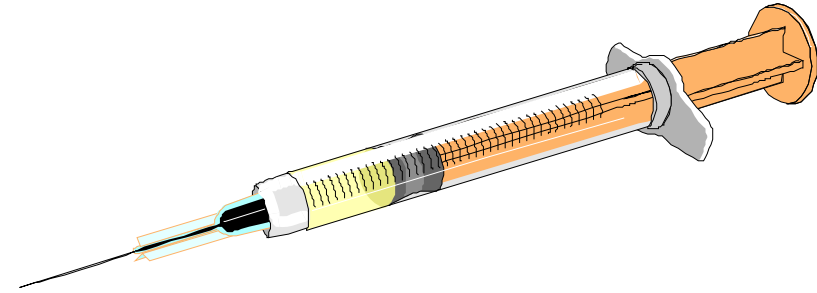
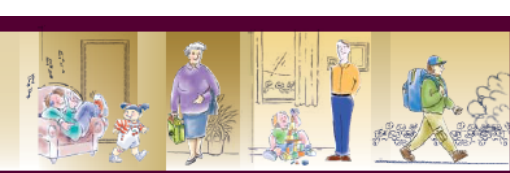
PROTOCOLE
D'IMMUNISATION
DU QUÉBEC



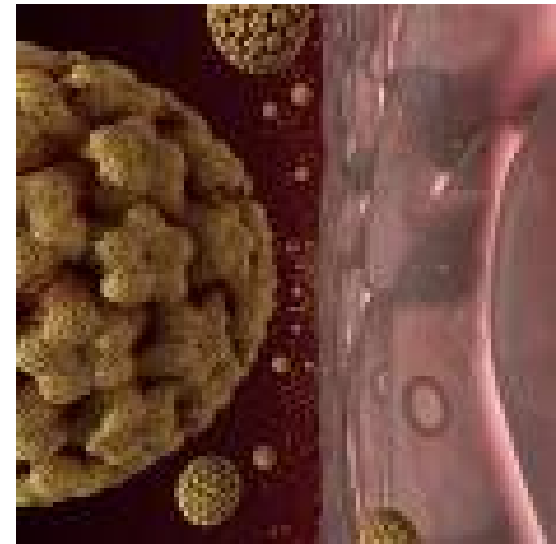


Regional and local activities

- ◆ **Mirror of the provincial activities**
- ◆ **Implication of the community leaders of opinion**
- ◆ **Education activities**
 - **Physicians**
 - **Nurses**
 - **CLSC**
 - **School boards of directors, parents committees**



THE RESULTS





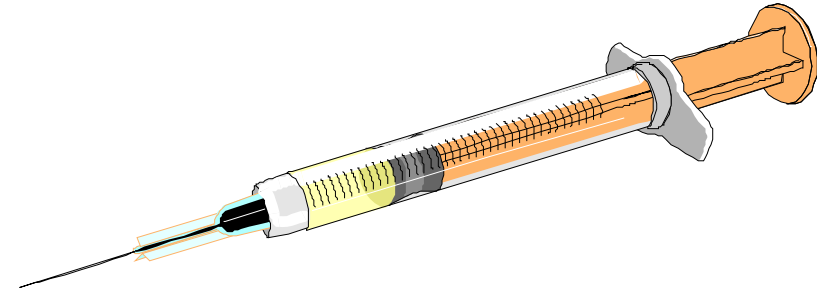
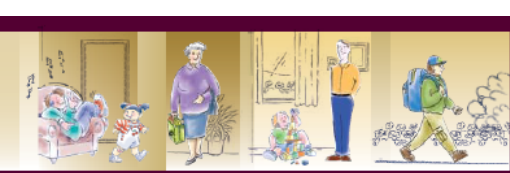
1st dose Vaccine coverage

- ◆ **Grade 4: 84%**
- ◆ **Grade 9: 87%**
- ◆ **Vaccine coverage outside of school programs (based on the number of doses distributed): ~ 40%**

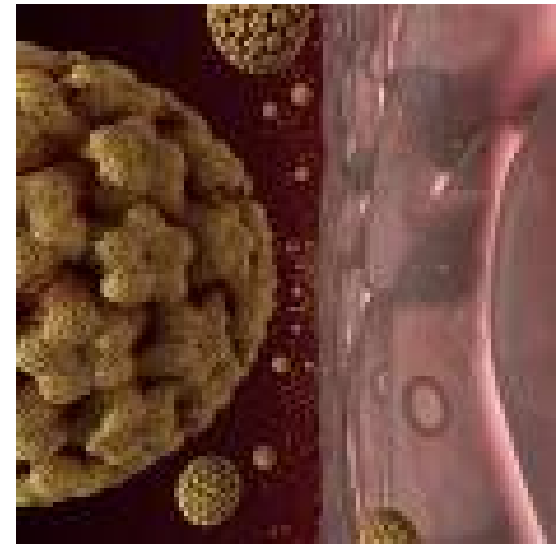


Results to come

- ◆ **Study on the program implementation**
 - **Vaccine coverage for 15-17 years of age**
 - **Successes and barriers**
 - **KAB parents and girls (both qualitative and quantitative)**



THE HYPOTHESIS





Or how to explain the success

◆ First: Thank you Ontario !

- Start of program in 2007
- Lessons learned (Ian Gemmill's earlier presentation)



Or how to explain the success

- ◆ **The public health organization in Quebec :**
 - **Well organized public health system: provincial, regional and local**
 - **Values of collaboration and reach of consensus**
 - **Recognition of the value of coordination (top down) when needed**
 - **Numerous school vaccination campaigns in the past**
 - **Well established credibility of our expert committee**
 - **Well developed capacity to evaluate (expertise and funding)**



Or how to explain the success

◆ The preparation:

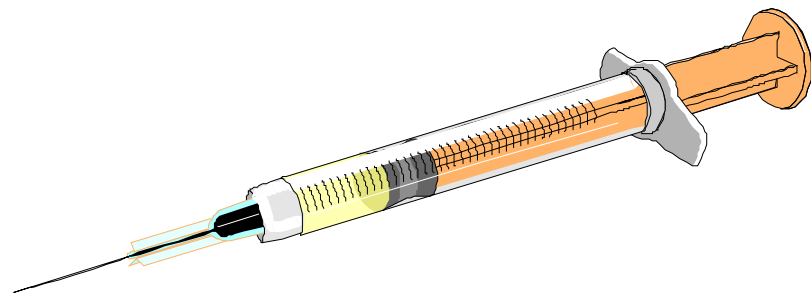
- A whole year
- Well documented expert recommendations from CIQ and implication of the experts in their respective field or circle
- Solid support to the program by « who counts and who advises » : the professional associations, the leaders of opinion and the first line professionals (doctors, pharmacists and nurses)
- Sympathy and/or neutrality from the medias: less likely to pick up negative publicity or controversies



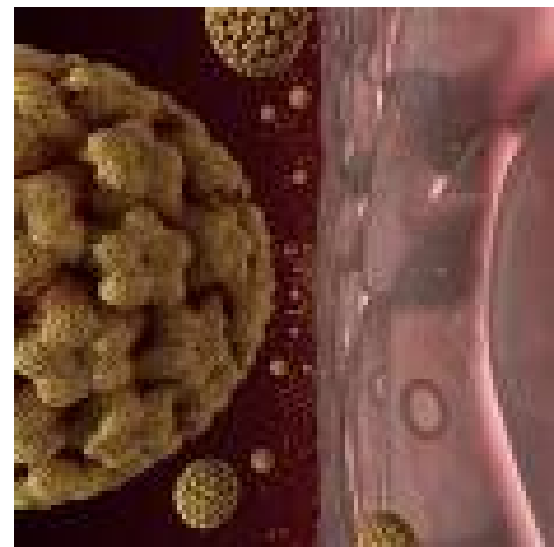
Or how to explain the success

◆ The cultural factors:

- Mostly French-speaking population (don't listen to English medias)
- Public funded programs generally well received (ex.: day care)
- Trust in public health / science
- Liberal thinking: closer to European countries
- Secular society: religious beliefs not an issue
- Principle of consent at 14 years of age generally well accepted in the population



THE EVALUATION





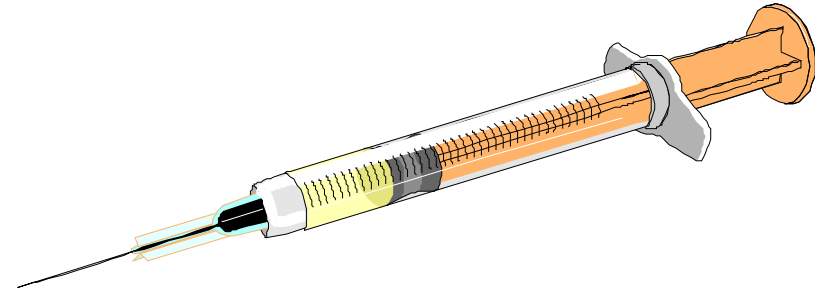
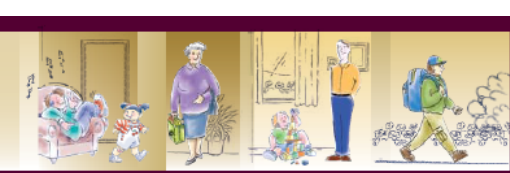
The evaluation program

- ◆ **Demonstration zones of effectiveness of the program**
 - **Measures of disease outcomes (condylomas, dysplasia)**
 - **Measures of vaccine coverage (up to 26 years of age)**
 - **Measures of acceptability**
 - **Tools in place for these measures (vaccine registry, cancer and dysplasia registries, lab registries, links between each other)**

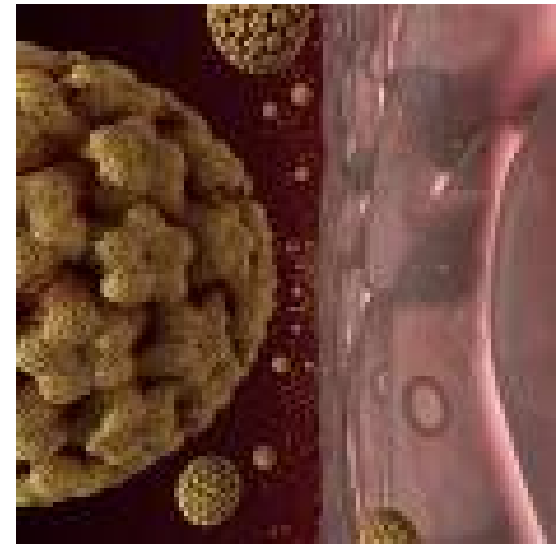


The evaluation program

- ◆ **Clinical studies with the extended schedule for immunogenicity, efficacy and safety : duration of protection, need for a booster**
- ◆ **Collection of data for comparison between Cervarix and Gardasil**
 - **Burden of disease for HPV 6 and 11**
 - **Characteristics of the vaccines (immunogenicity and efficacy)**
 - **Modelisation and economic analysis**
 - **Public acceptance**



CONCLUSION





Conclusion

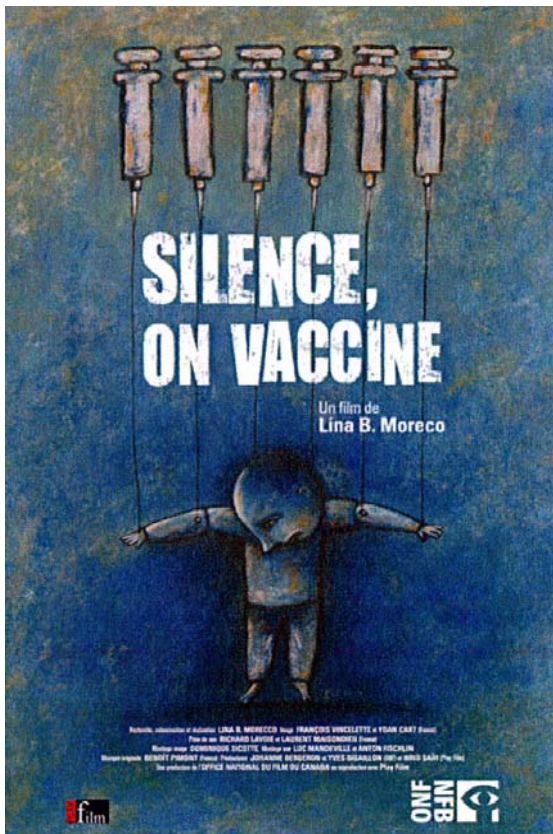
- ◆ **Year 1 of our program was a success**
- ◆ **Issues for year 2:**
 - **Very high demand expected for year 2 : \$\$\$**
 - **Minor adjustments will be done (Grade 4)**
 - **Based on an evaluation of our brochures (nurses, parents, teachers)**
 - **Context of a controversy around vaccination in general (National Film Board: « Shots in the dark ») and... Mass vaccination for Novel Influenza A(H1N1)!!**



Pick your choice : vaccines or no vaccines



Novel A(H1N1)



FLUVIRAL®



- ◆ **A sincere thanks to you for your kind invitation and for your attention**



- ◆ **Questions?**

