

Medicines Classification Committee

Comments on Submissions Cover Sheet

Meeting	54TH MEETING OF THE MEDICINES CLASSIFICATION COMMITTEE WELLINGTON ON 14 MAY 2020 AT 9:30 AM
Agenda item	6.1 Human Papillomavirus (HPV) vaccine – proposed change to the prescription classification statement
Name	Rachel Nicholls
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1. I would like the comments I have provided to be kept confidential: <i>(Please give reasons and identify specific sections of response if applicable)</i> [REDACTED]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. I would like my name to be removed from all documents prior to publication and for my name not to be included within the list of submissions on the Medsafe website.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If answered yes to point 2, to have my name removed from all documents prior to publication. I have provided a copy of my submission with my name removed along with my original submission.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A

Human papillomavirus (HPV) Vaccine Reclassification

March 2020

The submitters: The Cancer Society of New Zealand is a non-profit organisation that is committed to reducing the incidence and impact of cancer and cancer inequities in the community. We work across the cancer continuum with a focus on prevention, supportive care and funding of cancer research.

The issue: Compelling evidence shows HPV vaccination programmes have a significant and substantial impact on reducing HPV related infections and cancers. However, HPV immunisation rates are below target (54%¹-67%²) and sustained vaccination coverage needs to improve to achieve herd immunity and meet the Ministry of Health's minimum target of 75%. Community pharmacists are ideally placed to expand access to vaccination among young people.

Recommendation: The Cancer Society of NZ recommends that community pharmacists provide HPV vaccines to support New Zealand's HPV and cancer elimination goals, and that such an initiative is started as soon as possible.

Background

Vaccination against HPV substantially reduces the **cause** (high risk HPV infection) **and risk** of cervical cancer; other anogenital cancers; oropharyngeal cancers and genital warts [1-3]. In addition, vaccination for young males indirectly provides protection against cervical cancer for future female partners [4].

The funded HPV vaccine is currently available to males and females aged between 9-26 years through participating primary schools and health centres. The immunisation programme is school based, targeting all students in year 7 or 8. Three doses are given, ideally at zero, three and six months [5]. There does not appear to be a reduction in vaccine efficacy if the intervals between doses are longer [6].

¹ Three dose coverage for female cohort born in 1993 [15]

² Three dose coverage for female cohort born in 2003 [15]

The optimal age to receive the vaccine is early adolescence, before exposure to HPV through sexual contact. However, the programme funds vaccination up to age 26 to maximise population-level impact [1]. For adolescents and adults aged 13 to 26 years who have not been previously vaccinated or who have not completed the vaccine series, catch-up vaccination is recommended. Vaccination is still recommended in young people within the recommended age range who have evidence of prior HPV infection, as it can still provide protection against infection with HPV vaccine types not already acquired [7].

Clinical trials have found Gardasil, the HPV vaccine offered in NZ, is safe and highly efficacious [8]. Adverse events are usually minor and transient and include pain at injection site, fainting (usually needle-related) and dizziness [9, 10].

Very substantial reductions in the prevalence of vaccine-specific HPV have been demonstrated since the introduction of the HPV immunisation programme over 10 years ago (for females) and in 2017 (for males). In NZ, a 61% reduction in genital warts was observed seven years following programme commencement [11]. In Australia, where 3-dose coverage has surpassed 80% (for females), and (76% for males), a reduction of over 90% of young women with genital warts has been observed [12, 13].

Remarkable declines in high risk HPV are leading to significant declines in cervical pre-cancers, providing very promising signs that cervical cancer elimination is possible in countries with organised population-based programmes, such as NZ [1, 14]. Provided vaccine coverage is high, equitable and sustained, it is estimated that HPV vaccination has the potential to prevent more than 2300 cases of cervical cancer and cervical pre-cancer per year [15] and reduce cancer inequities [16]. Cervical cancer incidence rates are approximately twice as high in Māori women compared with NZ European women. Increasing vaccine uptake has been identified as one of the most effective strategies to reduce cervical cancer disparities - a cancer control priority in NZ [16, 17].

Pharmacists as HPV vaccination providers: improving access and uptake for young New Zealanders

Increasing the uptake of the HPV vaccination is a key cancer prevention strategy in the New Zealand Cancer Action Plan 2019-2029 [17]. Uptake of required dose coverage needs to increase from 65% to 75% overall and needs to be consistently high (80%) in males and

females for a comprehensive reduction in HPV disease to be achieved at a population-level [18]. The observed three-dose coverage of the HPV vaccine was 61% among girls born in 1997 and 67% for girls born in 2003 (higher rates are observed in Pacific 73%, Asian 71%, Maori 67%, than for European/other 65%) [19].

The uptake rate for boys in New Zealand has been modelled at 53% [16]. As funding was only extended to males recently in 2017, the vast majority of eligible males will not have been vaccinated at school and relatively few will have been vaccinated in general practice. Vaccination rates in young adults, including those in higher risk groups, are much lower than younger cohorts [19].

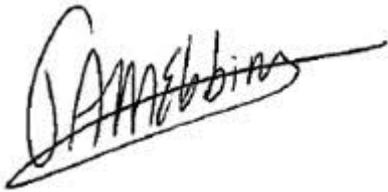
Internationally, coverage among comparable countries has been very mixed – from 30% in USA to 80% in Scotland [20, 21]. Very low uptake in the US has been attributed to the reliance on delivery through medical providers and provider reluctance [22]. Although such obstacles may, in part, be overcome by education campaigns and school-based vaccine provision, it is clear from uptake data that many young people are missing out on this very important cancer prevention intervention. Parental ethical concerns over vaccinating children against a sexually transmitted infection have been identified as a barrier, along with limited access to and use of health care services among young people, and low awareness of HPV and the HPV vaccination [23, 24]

Community pharmacists are accessible health care professionals that are ideally placed to capture young New Zealanders of age of consent. Pharmacies are accessible by public transport and often have extended opening hours. Some meet certain youth-friendly criteria, including a private consultation area where informed consent can be sought [25]. As pharmacies can be found in multiple and convenient locations and may not require an appointment, they are in a good position to prompt walk-ins to consider vaccination. The provision of free services and advice is particularly important for disadvantaged high risk populations – groups that pharmacists have been successful at identifying for preventive health services in the past, including flu and measles vaccinations [26].

Support is strong among surveyed NZ pharmacists to play an expanded immunisation role, although lack of time, a clear reimbursement model and clarification of client vaccine status are some key issues that will need addressing [27]. For equity of access, to ensure the vaccinations reach the most vulnerable group, this service should be enabled as soon as

possible with funding. While we appreciate funding is not a consideration of the Medicines Classification Committee, we wish to highlight the importance of both availability and free availability to all eligible. Furthermore, given the large number of New Zealanders who are not currently vaccinated, and the benefits of vaccinating early to prevent HPV infection and cancer, this initiative should be implemented without delay.

In conclusion, community pharmacists can play an important role in achieving sustained high and equitable coverage of HPV vaccination among young New Zealanders. The Cancer Society supports pharmacist provision of HPV vaccinations to help meet NZ's goal vaccination rates and improve public health.



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