ECDC DIRECTOR'S PRESENTATION

Overview of HPV vaccination from an EU and an ECDC perspective

HPV Summit at Excellence in Paediatrics conference,
Doha 5 December 2013

Ladies and gentlemen, dear colleagues,

Thank you for inviting me here to Doha, to the *Excellence in Paediatrics* annual conference and the HPV Summit, to talk about HPV vaccination in the European Union.

For the next 10 minutes, I would like to give you an overview of what measures and actions ECDC and the EU have been taking in terms of HPV vaccination.

Cervical cancer is the second most common cancer after breast cancer to affect women aged 15–44 years. It causes around 33 000 cases and 15 000 deaths per year in the EU.

The incidence of cervical cancer per 100 000 females (all ages) per year, ranges from less than 8.0 to 29.9 in the eastern EU Member States.

HPV and cervical cancer

Photo sources: http://www.sideshowcreative.ca/?projects=hpv-vaccination-program
http://www.celebrationpediatrics.com/hpv-vaccination.html

Worth mentioning at this stage, however, is that HPV is not under routine surveillance by the ECDC, and EU countries do not report data.

So the figures I have just mentioned are publicly available on the Eurostat web site.

Now the good news is that it is estimated that up to 10 000 European lives a year could be saved though HPV vaccination programmes.

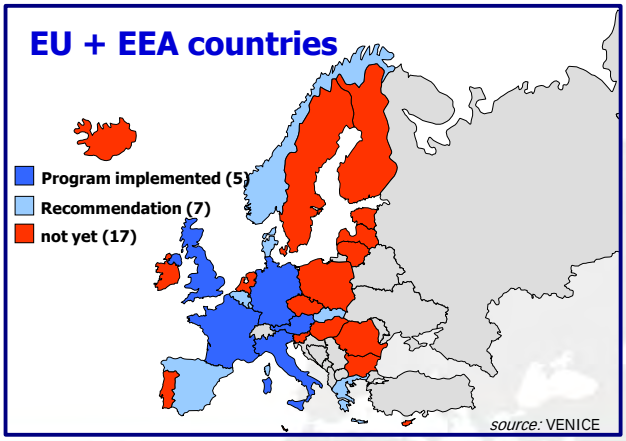
The current HPV vaccines that are available protect against high risk HPV types 16 and 18 that are responsible for an estimated 70% of cervical cancer cases in Europe.

In the European Union, two prophylactic HPV vaccines have been licensed.

HPV vaccines; marketing authorisation in the EU

- Gardasil - 20/09/2006; Cervarix - 20/09/2007

October 2007: status of HPV vaccine introduction in EU/EEA



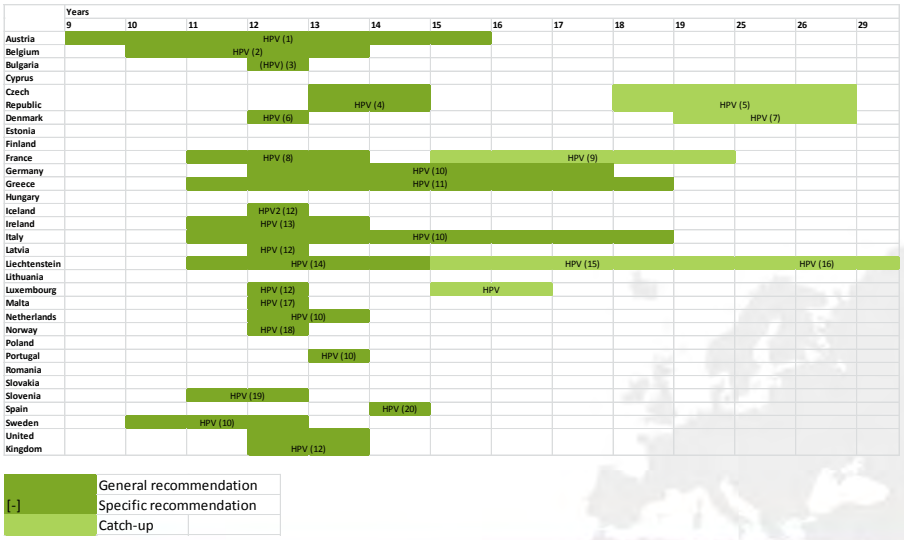
Both vaccines have demonstrated good safety profiles and efficacy against cervical cancer precursors related to the vaccine-HPV serotypes.

This map illustrates the situation in Europe just one year after the marketing authorisation of Gardasil in September 2006.

What we see is that after only one year, 5 countries have already implemented a HPV vaccination programme and 7 countries have issued recommendations.

This is fairly good progress in comparison to the implementation progress of other new vaccines, such as for example pneumococcal vaccines.

Vaccine scheduler: Recommended immunisations for human papillomavirus infection in the EU and EEA/EFTA countries



Source and footnotes: http://vaccine-schedule.ecdc.europa.eu/Pages/Scheduler.aspx (select "View immunisation schedules by target disease " and then "human papilomavirus infection")

Vaccine scheduler is a tool that was developed by the ECDC andl allows for comparison of vaccination schedules and diseases for all, or a selection, of countries.

This could for instance help to ensure proper continuity of immunisation of individuals when changing the place of residence between different European countries.

ECDC's role here is to collect updated information on vaccination schedules in Europe and is done with the help of ECDC national focal points.

In 2008, ECDC issued a guidance for the introduction of HPV vaccines in EU countries.

The guidance was produced by a panel of European experts and coordinated by ECDC

The rationale for issuing this guidance was to urge policy makers in the European Union to take position on HPV vaccination by laying down the scientific evidence.

It highlights the issues to be considered and it provides a list of policy options for each of those.

In 2012, ECDC produced internally an update of this guidance in order to review the main developments since the introduction of routine HPV vaccination.

ECDC guidance on HPV vaccination in the EU

Current status in EU/EEA:

- **Routine HPV vaccination programme**: implemented by 22 out of 31 countries
- **Catch-up programmes**: introduced by 10 countries
- Target age, financing and delivery of vaccine are very different
- **Coverage rates**, when available, range from 17-84%, and are generally lower than expected

The main rationale behind this update is that research on HPV vaccines has been intense and that new evidence and questions have arisen since the first guidance was published in 2008.

One of these issues was for example whether boys should also be vaccinated. On the basis of available evidence and vaccine prices, vaccination of boys is currently not cost-effective.

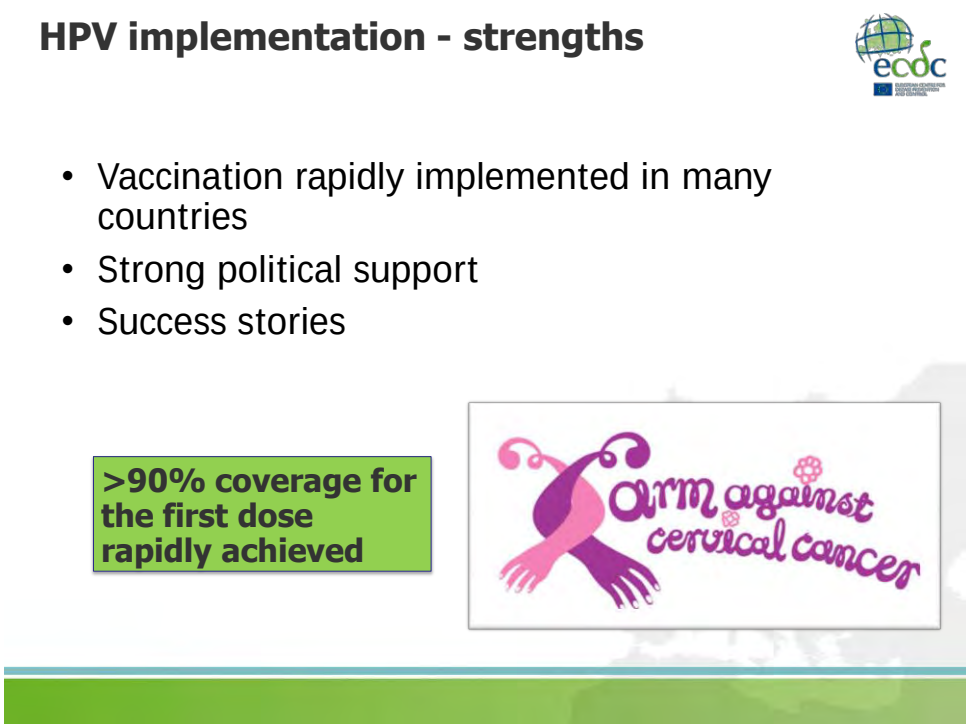
We also saw that currently routine HPV vaccination programmes have been implemented by 22 out of 31 countries.

The HPV vaccines currently in use for girls have a good safety profile, are well tolerated and are highly effective in the prevention of cervical cancer.

The recommended age for vaccination in young girls is between 10 to 14 years, prior to the onset of sexual activity.

HPV vaccines are given in 3 doses over a period of 6-months.

The pink logo on the slide here below and to your right is from the HPV vaccination campaign in the United Kingdom.



This campaign was a success story with around 90% of all young girls between 12 and 13 years getting vaccinated

The success is largely due to:

1. an effective communication campaign, including large use of social media;

2. and, to a very efficient adverse events management.

Let me give you an example of this effective adverse events management;

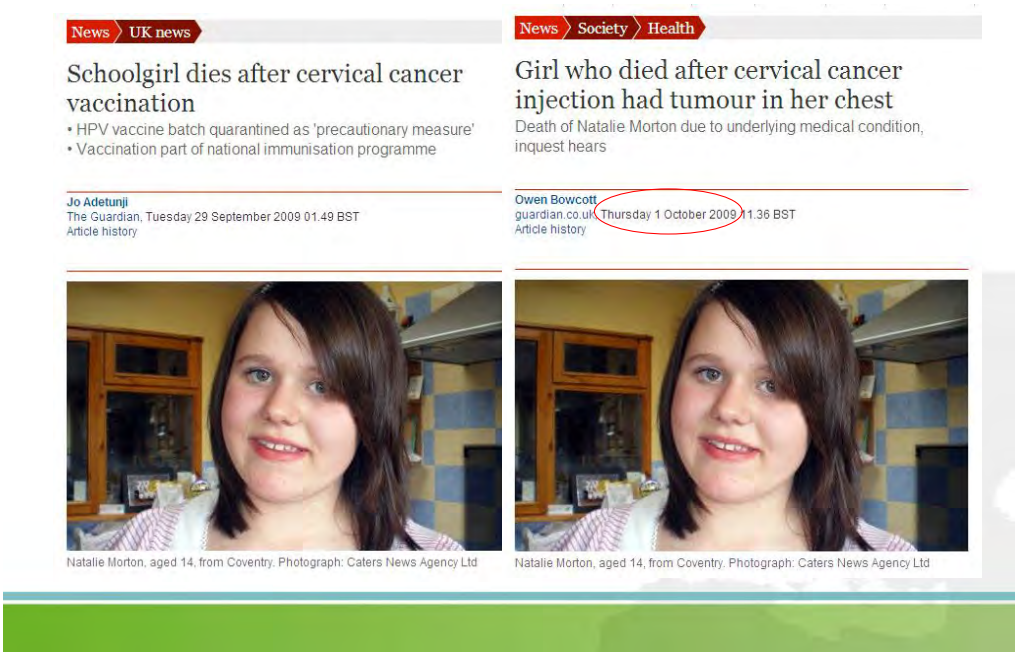
This is the story of a young British girl that tragically died just after she had received her HPV vaccination.

Her death was immediately afterwards reported by media as a result of her HPV vaccination.

However, thanks to a very efficient investigation, the real cause of death was discovered less than 48 hours after her death.

The cause of death proved to be due to an underlying condition - a tumour in her chest.

Managing AEFI



In other words, efficient and timely communication is crucial in order to stop possible rumours about adverse events due to vaccination.

This is a very important message I would like to convey to countries that are planning to introduce HPV vaccination.

Allow me to also say a few words about possible barriers to the successful implementation of HPV vaccination programmes in high resource countries.

For those countries that already implemented a HPV vaccination programme it is crucial to maintain efforts in promoting transparent communication, and to properly manage any adverse events happening after vaccination.

For countries that have not yet implemented a vaccination programme, evidence of cost-effectiveness should be provided.

Maybe the EU could facilitate this process by sharing experiences between neighbouring countries?

Barriers to successful implementation of HPV vaccination programmes in high resources countries

- ***Where programmes have been started:***
  - adverse events monitoring and managing
  - communication
  - programme sustainability
  - monitoring the impact

- ***Where programmes are not yet implemented:***
  - advocacy
  - evidence of cost-effectiveness
  - re-allocation of resources after prioritization exercise
  - active role of EU?

As I am today speaking to an audience of doctors, I would like to remind you of the important role you play in advocating HPV vaccination.

Here you see two studies that are mentioned in our literature review.

What they conclude is that a clear majority (over 80%) of doctors have a favourable opinion to HPV vaccination.

However, among those that are sceptical, their main concerns are related to vaccine safety.

ECDC update on 2008 Guidance
published September 2012

• Attitude of Family Doctors in Europe:

Lutringer-Magnin et al. 2011: A total of 80.8% of GPs reported a favourable opinion of HPV vaccination, 17.4% were uncertain and 1.8% were opposed. The main difficulties in providing HPV vaccination were patients' concerns about potential side effects (cited by 37% of the respondents)

Piana et al. 2009: In this study, 89.6% of family physicians answers were in favour of HPV. The family physicians most in favour of vaccination were those who were confident of the vaccine's safety [...]

But studies show that the HPV vaccines currently in use for girls are generally safe, well tolerated and highly effective in the prevention of cervical cancer.

This is one of my main take home messages today

Another very important message is that doctors have a crucial role to play in advocating vaccination.

You are the most trusted source of information and the ones in direct contact with parents and their children

HPV vaccination, in addition to regular cervical cancer screening, has proven to be an effective way to prevent cervical cancer.

I have myself experienced the tragedy of losing a close colleague to cervical cancer - A young mother with three children.

Had she been vaccinated, this may not have happened!

Thank you

http://topnews.ae/content/213589-hpv-vaccination-plays-vital-role-preventing-cervical-cancer

Thank you for your attention.