

From: Fields, Peter [mailto:peter_fields@merck.com]

Sent: Tuesday, April 15, 2008 1:41 PM

To: Gardner, Charles

Subject: HPV vaccine program in Ontario: issues, potential solutions, and the Quebec HPV program.

Dear Dr. Gardner,

Sorry for the delay in providing you with the information discussed at our meeting. Quebec has released (April 11, 2008) their program details. With this information it is easier to examine possible options for extending the HPV program in Ontario. I have included a copy of the press release from Quebec; it has been translated into English.

I will provide you the details of the Quebec program and then possible options for Ontario that may be of interest to you and the staff.

I am interested to see what you and your staff thinks of the future program options from a practical point of view of implementation. Any feedback is welcome given that it is public health with the experience in this area.

Quebec Program Details:

- The vaccine will be given to girls in Grade 4 and 9.
- Grade 4 girls will receive two doses of GARDASIL® in Grade 4 with the third dose being given in Grade 9.
- Grade 9 girls will receive all three doses.
- Girls under 18 years of age that will no benefit from the Grade 9 program will also be able to receive the vaccine.

This makes Quebec the province with the broadest program in Canada

Ontario issues:

- Students that missed the vaccine while in Grade 8 will not be able to receive the vaccine once they enter Grade 9 through the government program.
- Vaccine uptake was reported at 53% in January, with a range of 35-65% depending on the public health region.
- Uptake for school based vaccine programs is usually over 80%
- Some regions reported that 20% of students did not return consent forms.
- Public Health was not granted access to all of the schools to give the HPV vaccine.
- Public Health was not permitted to advertise the HPV vaccine program via the media during the provincial election (September/.October) which reduced their ability to communicate about HPV.

Objectives:

- Have the government extend the current Ontario HPV vaccine program so that girls who missed the vaccine in Grade 8 are permitted to receive the vaccine by public health.
- Extend the program to girls under 18 years of age so the girls in Ontario have the same opportunity to receive the HPV vaccine as girls in Quebec.

Possible Programs:

What would a high school program look like? Some alternatives:

1. Public Health would target a school grade (12, 11, or 10) and then administer a vaccine program in the high schools.
 - 1 Public health could target Grade 12 for the next 4 years. This would cover girls that did not have a chance to receive the vaccine in Grade 8.
 - 2 If there was a program for girls under 18 it would mean targeting Grade 12. Perhaps targeting several grades in one year Grade 12 and 11. Then Grade 11 and 10 the following year. This would cover all girls who are currently in Grades 9, 10, 11, and 12 this school year 2007/2008.
2. Give the HPV vaccine at public health units to all girls under 18 that will not receive the vaccine in Grade 8 or have missed the vaccine in Grade 8 during the 2007/08 school year. This type of program may reduce the administrative and implementation burden of going out to another set of schools for public health.
 - 1 Public health would not have to transport the vaccine, but could store it at the public health units.
 - 2 The uptake would likely be lower than a school based program, but this may be attractive because implementation costs are less.
3. Have physicians outside of public health administer the vaccine to girls in their practice that meet the under 18 requirement. This could also be expanded to walk-in clinic and public health units to increase access for those girls that don't have family physicians. Leave the Grade 8 school program in place with public health.
 - Public health units would still have to manage the vaccine supply to the physician's office (similar to the varicella vaccines, etc.)

I welcome any feedback or thoughts you have on these ideas.

Sincerely,
Peter Fields
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From: Mindell, Bill
Sent: Tuesday, May 06, 2008 4:46 PM
To: Gardner, Charles
Cc: Stanford, Laurie; Dooling, Kathleen; Lee, Colin
Subject: Thoughts on the Expansion of the HPV Vaccination Program in SMDHU and Ontario

Hi Chuck,

I've discussed this issue with Laurie in light of the GB resolution, the Quebec program and Peter Fields' comments, and what we think is the best, most workable program expansion in SMDHU. I've also included some thoughts relevant to a provincial expansion.

Some general comments:

- Ontario budgetted for an 85% uptake and only achieved 53% in the first year (for all the known reasons). The 85% should be in the base budget for the VPD program and will thus be available each year.
- As a principle, HPV vaccination should be treated like any other Ontario publically funded VPD program, i.e. any cohort has *eligibility into perpetuity* (MOHLTC has used this language, but we are not sure of a written reference). This is the only program where the grade 8 girls are cut off at grade 9 and it will be difficult to defend.
- We are not clear on the scientific or logistical rationale for the Quebec Program of 2 shots in grade 4 and one additional shot in grade 9.
- With respect to SMDHU, we do not think walk-in clinics should be involved at all (they don't store much vaccine; often different physicians and nurses are working, they are under staffed) and family physicians should only be involved on an exceptional basis.
- SMDHU has elementary schools which go from kindergarten to grade 8 and secondary schools which go from grade 9 to grade 12; some other jurisdictions have middle schools which include grades 7 and 8, and sometimes 9.

What to do at the current level of funding:

- Each cohort of grade 8 girls, including the current one, should be able to continue their eligibility until they decide they want to get the vaccine.
- We should support this eligibility (at least) to below the age of 18 years.
- If they do not choose to get the vaccine through the grade 8 school program, all subsequent opportunities (in SMDHU) would be through our regularly scheduled immunization and sexual health clinics.
- In exceptional situations we can ship the vaccine to a family physician on a case by case basis.
- We would still like to collect our \$8.50 per dose administered from the MOHLTC.

What we should really do:

- We should continue the grade 8 program.
- In SMDHU we should add a grade 12 program starting in September 2008 and continue doing grade 12 for the next four years until we get all the girls currently in high school. We have 31 high schools in SMDHU with approximately 3300 girls in each grade level. This level of service is logistically possible. We did it in 1996 with a 3 shot catch-up Hep B immunization program and have just completed the last year of a 4 year one shot catch-up Men C immunization program in grade 12. It is, however, labour intensive and will require more staff than we have now in the VPD program.
- We would still need to receive \$8.50 from the MOHLTC for each dose administered by the health unit.
- In SMDHU any grade 9, 10 or 11 girl that was at higher risk through current sexual activity would be eligible to receive the series at any time through our sexual health and immunization clinics; again we should still receive \$8.50 per dose administered.
- In exceptional situations we can ship the vaccine to a family physician on a case by case basis.

How should Ontario expand the program:

- Ensure *eligibility into perpetuity* for all cohorts; perpetuity can be defined as being to below the age of 18 years (tied to school programs) or below 26 years. This will be a

political decision and driven by the availability of funding. To extend it to 26 years would obviously involve FPs and walk-ins as well as PH resources.

- A school based program could be defined and limited to 18 years and would bring Ontario in line with Quebec.
- For such a ubiquitous STI as HPV, virtually all girls over the age of 18 could be defined as high risk, so such a criteria would not be useful if the province were to expand it to 18 to 26 years and "at high risk". On the other hand, we could identify high risk girls in grade 9, 10 and 11 who show up at our clinics because they are sexually active (and thus shouldn't wait until grade 12). Our clinic services are limited by the availability of appointments.
- Define the cohort as all girls in grade 8 to those below the age of 18 (or 26) years
- Continue to run the school based program for grade 8 girls with a grade 12 catch-up program for the next 4 years.
- Allow the flexibility to get the vaccine from FPs or walk-in clinics if supported by the local health unit with vaccine provided by the health unit.

I hope you find this helpful. We should discuss it further to tailor to a COMOH document or a response to Peter Fields.

Bill

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From: Gardner, Charles

Sent: Wednesday, May 07, 2008 10:39 AM

To: Mindell, Bill; zMOH's SMDHU

Subject: RE: Thoughts on the Expansion of the HPV Vaccination Program in SMDHU and Ontario

Thank you for this review, Bill. I would also welcome the thoughts of the AMOHs on this question (please see the attached email - this is in the context of item 3.3 of the linked COMOH minutes: http://www.alphaweb.org/docs/lib_010645537.pdf). In the meantime I am forwarding Bill's review to Peter Fields. I will also forward this review to Gord Fleming to include in the COMOH Executive agenda and to Marie Muir (who will be attending this portion of the meeting) by Friday.

Sincerely,
Chuck

Vaccination Program for the Next School Year – NEW WAY TO PREVENT INFECTION BY THE HUMAN PAPILLOMA VIRUS

MONTREAL, April 11 /CNW Telbec/ - The conditions of the human papilloma virus vaccination program, which will come into force at the beginning of the next school year, were made public today by Dr. Alain Poirier, National Director of Public Health. He was accompanied by Dr. Philippe De Wals, Chairman of the Immunization Committee of the Institut national de santé publique du Québec, and by Dr. Diane Francoeur, President of the Association of Obstetricians and Gynecologists of Quebec.

As Dr. Poirier explained, "infection by the human papilloma virus is the most frequent sexually transmissible infection, because 70 to 80% of people will be infected during their lifetime. Although most people eliminate the virus spontaneously, nearly 100% of cervical cancers, the second most common type of cancer in women ages 20 to 44, are caused by this type of virus. It is estimated that vaccination will prevent 70% of cervical cancers, while considerably reducing the number of cases of precancerous lesions and anogenital warts".

The vaccine used, Gardasil (registered trademark) is authorized for use in Canada for girls and women 9 to 26 years of age. Starting in September 2008, it will be offered free of charge to girls in Elementary IV and Secondary III, thus fitting into the existing school vaccination calendar. It will also be offered free of charge to girls under 18 years of age who could not be vaccinated in Secondary III, and younger girls if they are at high risk of infection by this virus. The vaccination calendar provides for three doses within a six-month period. For Elementary IV pupils, however, the third dose generally will be administered once they reach Secondary III. Parental authorization will be required for girls under 14, as is the case for all other vaccines.

Dr. De Wals, Chairman of the Immunization Committee of the Institut national de santé publique du Québec, declared: "Our recommendations in favour of vaccination are the result of an exhaustive analysis of the most recent scientific knowledge and a vast international consensus. This analysis confirms the burden of diseases caused by the human papilloma virus and recommends the vaccine as the most effective and least costly means of preventing them."

The President of the Association of Obstetricians and Gynecologists of Quebec, Dr. Diane Francoeur, affirmed: "Vaccination is the best thing that has happened to women since the pill. The human papilloma virus is part of everyday life for obstetricians/gynecologists, whether in treating genital warts, following up Pap tests or treating cervical cancer that kills young women. While helping limit the burden of this extremely prevalent disease, this new program will provide an opportunity for health professionals to promote safe sexual practices and detection of cervical cancer."

The National Director of Public Health emphasized the fact that this new program, far from being an isolated gesture, is part of a much broader preventive strategy: "We want to accentuate the efforts already made in detection, because receiving the vaccine does not exempt women from taking a Pap test. Together with our partners, particularly in the schools, we will intensify the work already been done in prevention of sexually transmissible and blood-borne infections, and in favour of the development of healthy and responsible sexuality in young people," Dr. Poirier emphasized.

Information on this new program will be distributed before the next school year, particularly to parents of girls in the age groups concerned. Each region will then specify how vaccination will be organized in its territory.

March 31, 2008



The Honourable George Smitherman
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto ON M7A 2C4

Dear Minister Smitherman:

Re: Enhanced Public Funding for Human Papillomavirus (HPV) Vaccination Program for Vulnerable Female Youth Utilizing Unused Funds

It is the position of the Board of Health of the Grey Bruce Health Unit that the publicly funded Human Papillomavirus (HPV) vaccine program should be enhanced for specifically identified vulnerable populations, not indicated in the current program, including but not limited to female youth who(se):

- are in the care of a Children's Aid Society
- are in the custody of a detention facility
- parents prevented the initiation of the vaccine based on their own values
- were in transitional housing and unable to complete the series
- reside or have resided in shelters during their qualification time.

To that end, meeting on March 28, 2008, the Board of Health, for the Grey Bruce Health Unit passed the following resolution and we respectfully request your support of, and action on this matter.

Resolution #2008-38

WHEREAS the Government of Ontario has publicly funded HPV vaccine for Grade 8 females in the school setting during the Grade 8 year as of September 2007; and

WHEREAS Health Canada has approved the use of HPV vaccine, for 9-26 year old females, to reduce cervical cancer in women in Ontario; and

WHEREAS Grade 8 females are socially and developmentally vulnerable with respect to this health care decision, and may not be able to take advantage of this offer at the time it is provided in Grade 8 because of the influence of peers, family, and/or disrupted family circumstances; and

WHEREAS female youth who decline or miss immunization through the program in Grade 8 for reasons other than a mature choice, miss out on public funding if they subsequently choose immunization; and

WHEREAS the consequences of either not initiating or not completing the vaccine regime due to situations and circumstances, can have significant health implications, especially for high-risk female youth; and

WHEREAS the base price of HPV vaccine is approximately \$135.00 per dose, excluding pharmacy fees, which is cost prohibitive to high-risk female youth; and

WHEREAS a local committee including Children's Aid Societies and the Grey Bruce Paediatrician group have recognized this as a limitation with the population they work with and are unable to fund the vaccine for female youth in their care, and have recognized this as an inequity; and

WHEREAS the allocated funds for this program projected a vaccine uptake of 85% for Grade 8 females, the actual provincial uptake has been 53% for the first dose, thereby leaving funds and/or vaccine available; and

THEREFORE BE IT RESOLVED THAT the Board of Health of the Grey Bruce Health Unit urges the Government of Ontario to utilize unused funds to provide immunization for the high-risk populations identified above; and

FURTHER THAT copies of this resolution be forwarded to Minister of Finance, Acting Chief Medical Officer of Health, Acting Assistant Deputy Minister, alPHA, local Members of Provincial and Federal Parliament, all Ontario Boards of Health, and local organizations that work in child protection, for support.

Building Healthy Communities Together,

Original Signed By

Hazel Lynn, MD, FCFP, MHSc
Medical Officer of Health
HL/dl

Copies to:

The Honourable Dwight Duncan, Minister of Finance
Dr. David Williams, Chief Medical Officer of Health (A)
Ms. Allison Stuart, Assistant Deputy Minister (A)
Association of Local Public Health Agencies (alPHA)
Larry J. Miller, MP Grey-Bruce-Owen Sound
Bill Murdoch, MPP Bruce-Grey-Owen Sound
Carol Mitchell, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
Ontario Boards of Health
Local Children's Aid Societies
Grey Bruce Paediatric Associates and Department of Paediatrics, Grey Bruce Health Services