

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **20th November 2009**

By: **Director of Law and Personnel**

Title of report: **HPV (Human Papillomavirus) Vaccination Programme for Cervical Cancer**

Purpose of report: **To update HOSC on the HPV vaccination programme in East Sussex.**

RECOMMENDATIONS

HOSC is recommended to:

- 1. Consider and comment on the first year's implementation of the HPV vaccination programme in East Sussex.**
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1. Background

- 1.1** In the UK approximately 3,000 women per year are diagnosed with cervical cancer. It occurs frequently in women who are under 35 years old (breast cancer being the only more common cancer in this age group). The incidence of cervical cancer in the UK is declining as a result of cervical screening and, if detected at an early stage, there are good prospects for treatment and cure. However, in 2006, 949 women in the UK died from cervical cancer.
- 1.2** The main cause of cervical cancer is the Human Papillomavirus (HPV). There are over 100 strains of HPV, 13 of which are known to cause cancer. 99% of cervical cancers are caused by HPV and there are two strains which cause cervical cancer in over 70% of cases.

2. National vaccination programme

- 2.1** In October 2007 the Department of Health announced that it would be introducing a national HPV vaccination programme, to be implemented by local Primary Care Trusts (PCTs) from September 2008. National funding has been provided to PCTs towards the costs of implementing the programme in their areas.
- 2.2** The vaccination programme is targeted at 12-13 year old girls (school year 8), with a catch-up programme in the first few years for young women aged 17-18. By the end of the catch-up programme at the end of August 2011, all young women aged between 13 and 20 at that time will have been offered the vaccine.
- 2.3** The Department of Health estimates that 400 lives per year cohort can be saved through vaccination. The vaccine will also reduce the significant number of women requiring treatment and investigation for other related cervical abnormalities in colposcopy clinics. The national cervical screening programme will continue.
- 2.4** The Department of Health undertook a national assessment to decide which of the two HPV vaccine products on the market it would purchase on behalf of all PCTs. This resulted in the product Cervarix being chosen as the vaccine to be used. Cervarix protects against the two HPV strains associated with 70% of cancers as mentioned above. This decision attracted some controversy as some commentators claimed that the rival vaccine Gardasil was a better product and that Cervarix had been chosen due to its lower cost. Gardasil protects against an additional two HPV strains which cause genital warts, and it is the product used more commonly in other vaccination programmes worldwide. However, local

PCTs must use Cervarix as this was the product chosen through the Department of Health's assessment process.

2.5 The introduction of the programme at national level has included a publicity campaign, including a website and TV adverts aimed at young women and their parents. See www.immunisation.nhs.uk/hpv for more information.

3. Implementation of the programme in East Sussex

3.1 East Sussex PCTs began rolling out the HPV vaccination programme in September 2008.

3.2 A progress report from Joanne Bernhaut, Consultant in Public Health, Alison Smith, Children's Services Commissioning and Strategic Development Manager, and Jeremy Durston, Foundation Year 2 Doctor (Public Health Placement, NHS East Sussex Downs and Weald and NHS Hastings and Rother is attached as appendix 1. This covers:

- Progress on the introduction of the HPV vaccination programme across East Sussex
- Levels of uptake – East Sussex PCTs have signed up to Vital Sign Targets to achieve 70% uptake in 2008/09, 80% in 2009/10 and 90% in 2010/11.
- Concerns raised by local girls and parents
- Adverse reactions and outcomes
- GP practices offering Local Enhanced Service to 17/18 year olds
- How 17/18 year olds are encouraged to take up the vaccine
- Cervical screening rates

3.3 The Committee is asked to identify any areas where it would like further information and to decide if any further monitoring is required in relation to the vaccination programme. Joanne Bernhaut advises HOSC that any deviance from the Vital Signs targets will be picked up within the PCTs, and the provider arm will be performance managed to achieve them.

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NHS Hastings and Rother and NHS East Sussex Downs and Weald

Report to HOSC – 20th November 2009

Human Papilloma Virus (HPV) vaccination programme for cervical cancer – introduction in East Sussex

1 Introduction

In September 2008 the NHS initiated a national school-based programme for the vaccination of girls aged 12-13 years against HPV. This was coupled with a catch-up campaign offering the same vaccine to girls aged 13-18 years.

In November 2008 a presentation was given to HOSC by Joanne Bernhaut consultant in public health and Alison Smith, Children's Commissioning and Strategic Development Lead for the two East Sussex PCTs, which outlined the progress on the introduction of the programme. This report is intended to update the members of HOSC on what the current position on the HPV vaccination programme is.

2 Progress on the introduction of the HPV vaccination programme across East Sussex

In early 2009, the Department of Health (DH) announced a 'speeding-up' of the catch-up campaign for all young women born between 1st September 1991 and 1st September 1992. This has meant increased activity for both the PCTs team of nurses and for East Sussex GPs. However considerable progress has been made over the summer of 2009 and it is likely that this cohort will have achieved full vaccination status by the end of 2010.

On the whole the roll out of the catch-up programme is going to plan and the HPV team are ahead in terms of vaccinating the school girls.

2.1 Levels of uptake

All East Sussex schools have agreed to take part in the 12/13 year old programme but one independent school has not. For the pupils of this school, additional clinics are being offered at the local GP surgeries.

For the vaccine to be fully effective, all three doses need to be given, ideally within a six month period, although within 12 months is acceptable. Please see the below table regarding levels of uptake among 12/13 year old girls between September 2008 and June 2009 across East Sussex. This is nationally published data by the Information Centre on 3 September 2009.

The East Sussex PCTs have signed up to Vital Sign Targets to achieve 70% uptake in 2008/09, 80% in 2009/10 and 90% in 2010/11. The published figures below appear to be lower than the information that the

HPV team hold. This is thought to be caused by differences in calculating the denominator (whether this is school-based, resident based or GP register based); and also does not take into account those girls who are receiving their third dose in September/ October/ November 2009 (or basically within 12 months of having the first one). This is currently being investigated further.

The data that the HPV team hold shows that 84% in East Sussex Downs and Weald had 3 doses and 73% in Hastings and Rother had 3 doses. These figures were reported to the October NHS East Sussex Community Services Performance Management Meeting, which monitors achievement of targets delivered by the PCTs' provider service.

We are currently investigating the discrepancies in the data – the below table should be viewed as 'work in progress' as some of the girls will have their 3rd doses in September, October, November 2009.

Sep08 to Jun09 actual				Vital Signs targets		
Immunisation rate of 90% for human papilloma virus vaccine for girls aged around 12-13 years	Dose 1	Doses 1 & 2	All 3 doses	2008-09	2009-10	2010-11
East Sussex Downs & Weald	80.2%	70.0%	50.8%	70.0%	80.0%	90.0%
Hastings & Rother	90.0%	86.0%	48.4%	70.0%	80.0%	90.0%
South East Coast SHA	84.4%	81.1%	64.8%	73.9%	81.9%	90.0%
England	87.1%	84.2%	70.4%			

2.2 Concerns raised by local girls and parents

There has recently been an increase in calls raising concerns from parents but few have then gone on to withdraw their consent. One big concern expressed is that there is no long term data to support the programme efficacy. Parents are asked to return the consent form when they do not give consent, stating the reason(s) but this does not often occur. When reasons are given, most say that their 12 or 13 year old daughter is too young so they wish to defer to when they are older. The HPV team invite them to join another cohort whenever the team are next in the school or to attend their GP at a later date.

2.3 Adverse reactions and outcomes

There have been no reactions requiring admission to hospital since the programme began in East Sussex.

One allergic reaction was confirmed in October 2009, the young girl received medication in Accident and Emergency department and was then allowed to return home.

Any other reactions reported have been considered mild under the national protocol and are all reported as adverse reactions.

In two cases, parents have gone on to link a subsequent condition/illness to the vaccination but this link has not been proven.

2.4 GP practices offering LES to 17/18 year olds

All of the GP practices in NHS Hastings and Rother (34) and NHS East Sussex Downs and Weald (44) are signed up to the LES and providing the service for the 17-18 year olds that they are registered with. There is no national target for achieving vaccination of the older girls. Currently the PCTs are working with the GP practices to establish exactly how many 17-18 year olds have been vaccinated to date. From January 2010 those girls born between 1 September 1991 and 31 August 1993 will be invited to contact their GP practice to have the vaccine as per the 16-18 year old catch-up programme.

2.5 How 17/18 year olds were encouraged to take up the vaccine

The 17-18 year olds were invited via a letter to their home address to phone their GP practice and make an appointment to attend for their vaccine. The letters also included a copy of the national leaflet about HPV detailing information on the benefits of having the vaccine. Some GP practices have audited the take up of the vaccine. Through a Locally Enhanced Service, practices are reimbursed for providing the vaccine. Because the vaccine requires three doses to be effective, GPs are paid at a higher rate for the third dose to reimburse practices for the additional administration required to follow up the girls who are only partially vaccinated.

Currently we are establishing exactly how many 17-18 year old girls have had the vaccine. Any under-spend from the LES will be used to promote uptake of the programme including a health awareness campaign targeting the areas with the lowest uptake.

2.6 Cervical screening rates

There have been improvements in cervical screening uptake between September 2008 and March 2009 across both PCTs. These have occurred both across the total women in the screening programme (those aged 25-64) and those in the younger age group, where uptake is generally lower (those aged 25-34):

NHS Hastings and Rother Cervical Screening Coverage between Quarter 2 2008/09 and Quarter 4 2008/09 in women aged 25-64 and 25-34		
	September 2008	March 2009
Coverage 25-64 years	80.2%	80.8%
Coverage 25-34 years	74.4%	75.6%

NHS East Sussex Downs and Weald Cervical Screening Coverage between Quarter 2 2008/09 and Quarter 4 2008/09 in women aged 25-64 and 25-34

	September 2008	March 2009
Coverage 25-64 years	79.7%	79.9%
Coverage 25-34 years	71.8%	72.5%

Cervical Cancer Screening - Update on Actions from January 2009

January 2009	July 2009
We are recruiting a Nurse Consultant – Cervical Screening uptake to improve coverage across the county. This part time post will analyse the data, review the best evidence and work with practices to support their screening uptake. The post will also offer women, who choose not to have their screens at their local practice or family planning clinic, a screening test. This might include women who have chaotic lifestyles, including those who misuse alcohol and/ or drugs.	Nurse Consultant – Cervical Screening Uptake recruited for nine hours/ week across both PCTs. Action plan has been developed for 2009/10.
The 10 practices with the lowest coverage rates will receive a visit from their Practice Nurse lead to explore ways of increasing their rates.	The Nurse Consultant – Cervical Screening Uptake has visited all the practices with rates lower than the PCT average.

Alison Smith, Children's Services Commissioning and Strategic Development Lead
 Joanne Bernhaut, Consultant in Public Health
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 NHS Hastings and Rother and NHS East Sussex Downs and Weald
 9 November 2009