

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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