

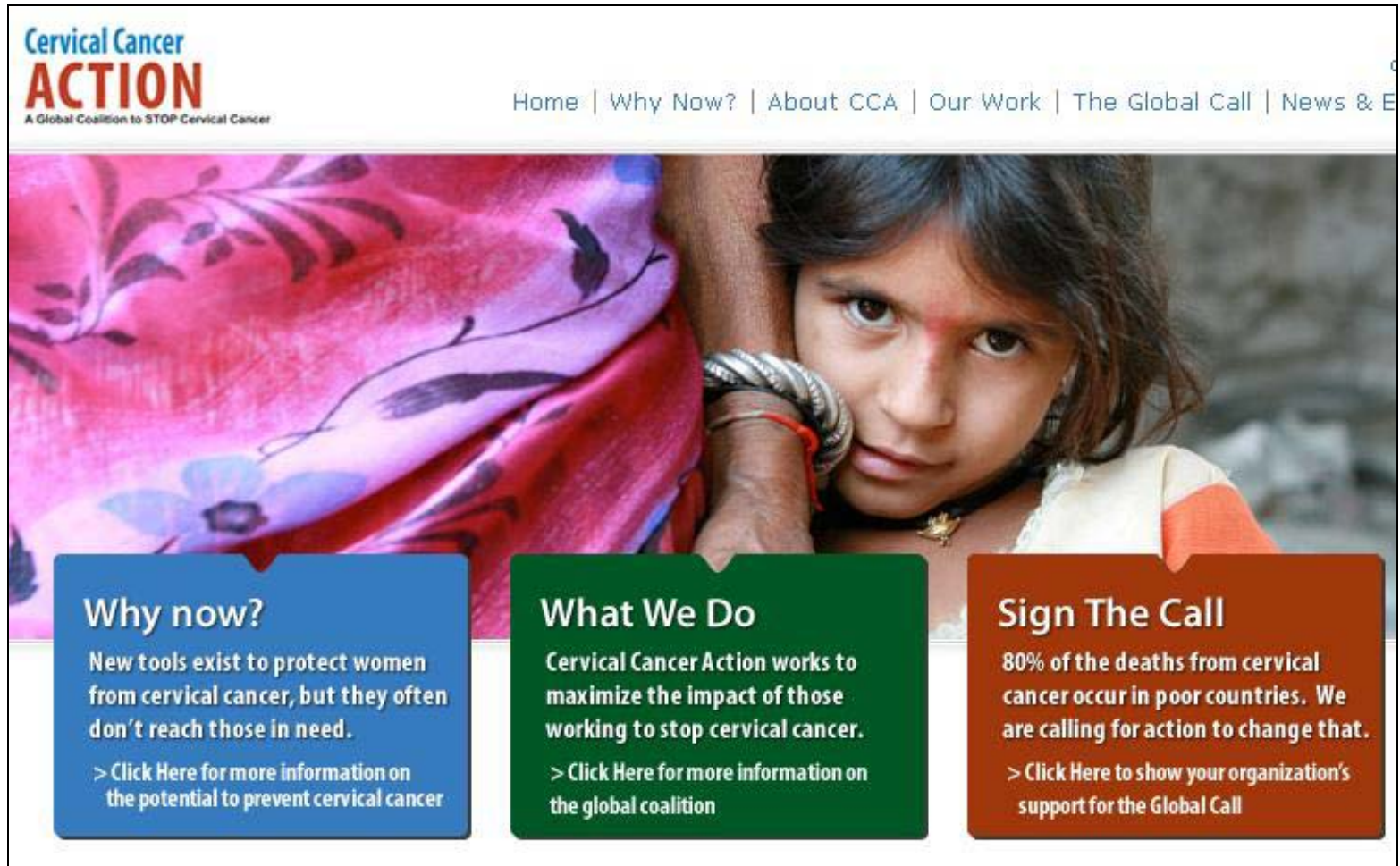
HPV vaccination in developing countries: Recent lessons from six pilot programs

CCA Global Webinar October 21, 2010

Session chair: Scott Wittet, PATH



Cervical Cancer Action



Cervical Cancer ACTION
A Global Coalition to STOP Cervical Cancer

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Why now?
New tools exist to protect women from cervical cancer, but they often don't reach those in need.
> [Click Here for more information on the potential to prevent cervical cancer](#)

What We Do
Cervical Cancer Action works to maximize the impact of those working to stop cervical cancer.
> [Click Here for more information on the global coalition](#)

Sign The Call
80% of the deaths from cervical cancer occur in poor countries. We are calling for action to change that.
> [Click Here to show your organization's support for the Global Call](#)

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New issues briefs from CCA



New Options for Prevention and Treatment in Developing Countries

Introduction

Cervical cancer kills 270,000 women each year in the developing world and in the prime of their productivity. The disease is largely preventable by screening asymptomatic women for precancerous lesions before they progress to invasive cancer. Studies suggest that for cervical cancer only once in her lifetime between 25-36% of women would be reduced by 25-36%.

In developed countries, screening programs are in place to detect and treat precancerous lesions early. These programs are generally based on a cytology-based screening approach — Pap smear or Pap test. Such programs require a high level of management including actively inviting women to be screened, ensuring the quality of testing and treatment services generally are not available or are of low quality. In developing countries, on the other hand, such programs may be ineffective due to logistical challenges.^{1,2}

This brief summarizes the current evidence on cervical cancer prevention and control resources in their communities. These resources include HPV vaccines for young adolescents and established and new screening and early treatment technologies for adult women. Cervical cancer is particularly among the most common and preventable causes of death among women in developing countries. This document surveys some of these advances as a way to assist others in building new coalitions. It also provides links to other advocates and working in this field.



ISSUE BRIEF

HPV Vaccine Safety

Introduction

Since their early availability in 2006 in the US and Europe, HPV vaccines have been received with great interest and optimism. Pre-dating their availability for public use, the safety profile, clinical effectiveness and public health potential of HPV vaccines have been carefully scrutinized by the World Health Organization and national regulatory agencies in the US, Europe, Australia and many other countries. Sophisticated monitoring systems continue to track the safety of the vaccines as their use expands globally.

In both pre-marketing and post-marketing surveillance, HPV vaccines have proven to be as safe or more safe than other commonly used vaccines. This brief is designed to provide a summary of the most recent data and dispel any misunderstandings that might have emerged from inaccurate or inadequate coverage of HPV vaccines in the media over the past several years.

Cervical cancer and HPV vaccines

Every year, nearly 500,000 women are diagnosed with cervical cancer and over 270,000 die from this disease. More than 80% of deaths occur in developing countries. Virtually all cases of cervical cancer are caused by oncogenic types of human papillomavirus (HPV). Women often become infected with HPV soon after sexual debut. While most women naturally clear the virus, those who do not are at risk for developing cervical cancer.

Widespread HPV vaccination offers a groundbreaking new tool, particularly for developing countries where effective screening systems have been difficult to put in place.

HPV vaccines have proven to be as safe or more safe than other commonly used vaccines.

Strategies for HPV Vaccination in Developing Countries

resents an important opportunity to significantly reduce cervical cancer. With more than 80% of cervical cancer cases occurring in the developing world, the burden of this preventable disease is particularly high in countries where cervical cancer screening is weak or non-existent. Developing strategies to address this burden is essential to achieving high coverage rates. This brief outlines a number of newly identified strategies in community education, mobilization, and

HPV vaccines

caused by persistent infection with oncogenic types of HPV. Two HPV vaccines have been developed that target two types of HPV (16 and 18) responsible for 70% of cervical cancer. Since 2006, Merck's HPV vaccine, Gardasil® (HPV vaccine, Cervarix®), have been licensed in over 100 countries.

If both vaccines are at least 95% effective in preventing persistent infection and at least 93% effective in preventing cervical cancer, they would significantly reduce the burden of cervical cancer.



ISSUE BRIEF

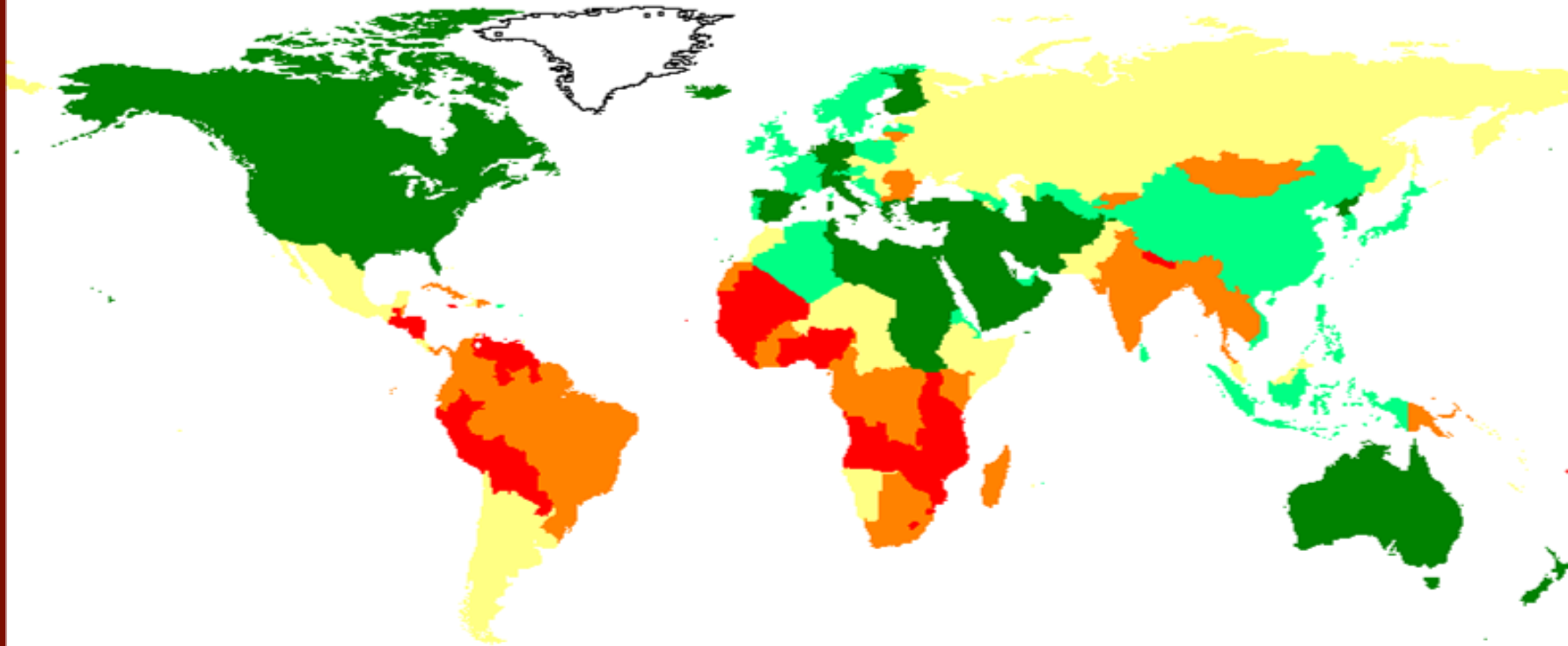
Coalition Building: A Cornerstone of National Advocacy, Policymaking and Effective Cervical Cancer Prevention Programs

Introduction

This brief is designed for civil society leaders seeking to expand access to cervical cancer prevention and control resources in their communities. These resources include HPV vaccines for young adolescents and established and new screening and early treatment technologies for adult women. Cervical cancer is particularly among the most common and preventable causes of death among women in developing countries. This document surveys some of these advances as a way to assist others in building new coalitions. It also provides links to other advocates and working in this field.

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Cervical Cancer mortality is high in low resource settings



Age-standardized incidence rates of cervical cancer mortality per 100,000

■ < 7.0 ■ < 12.9 ■ < 20.3 ■ < 29.8 ■ < 56.3

Source: Globocan 2008



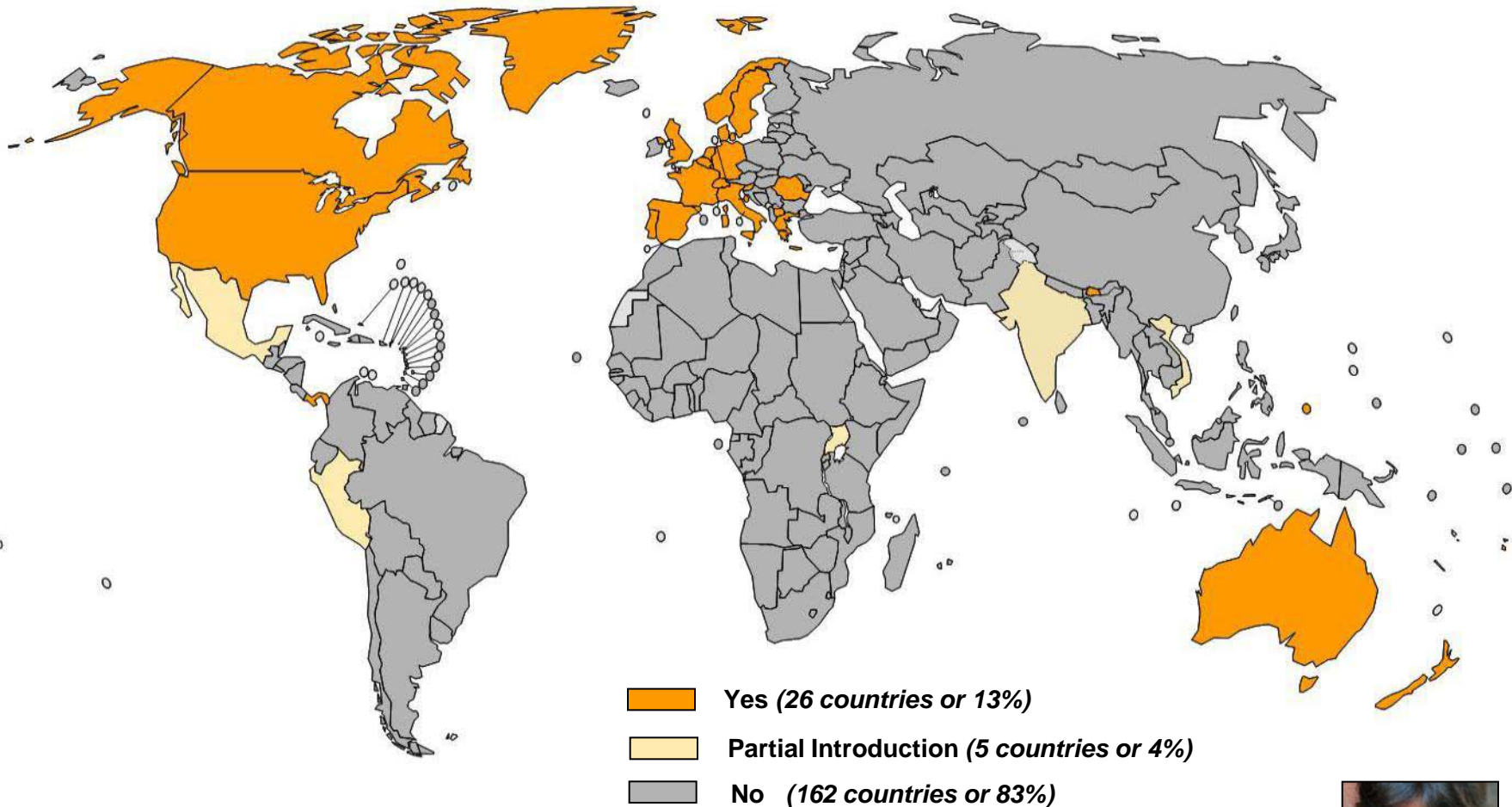
WHO Position Paper on HPV Vaccine (April 2009)

- HPV vaccine introduction is recommended when:
 - * cervical cancer is a priority in the country;
 - * introduction is feasible;
 - * financing is sustainable; and
 - * cost effectiveness is considered.
- Primary target = girls before initiation of sexual activity (i.e., 9 - 13 year olds)
- Should consider a comprehensive strategy with screening and treatment of adult women



Countries Using HPV Vaccines

June 2010



Slide adapted from original by WHO



HPV Vaccines

- First vaccines to focus on a female cancer
- HPV vaccine cannot cause HPV infection
- Current HPV vaccines are designed to protect against HPV 16 and 18; one also protects against low-risk types 6 and 11
- They provide protection for at least 7 years, likely much longer



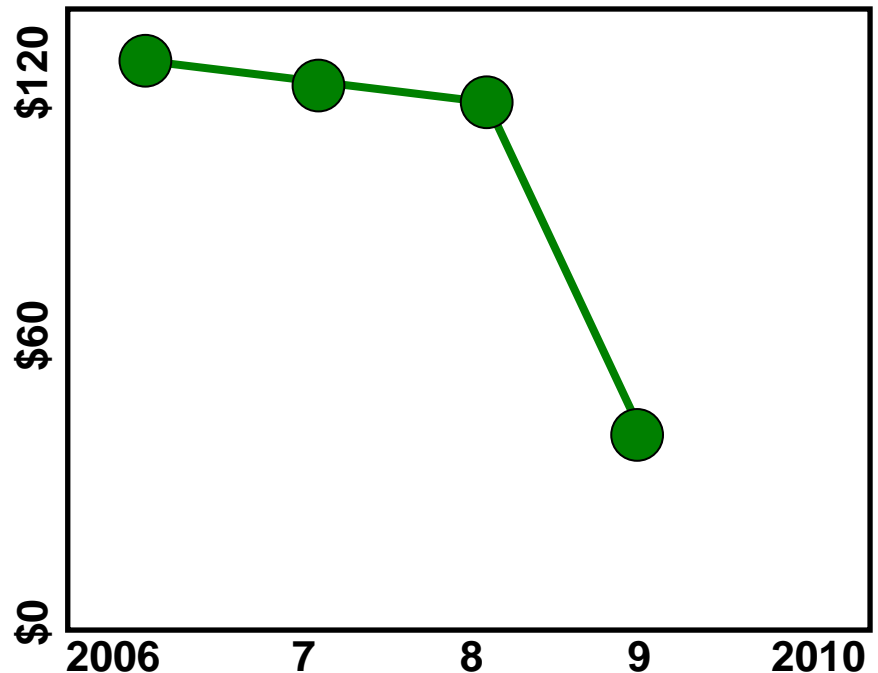
Vaccines are Effective and Safe

- Efficacy is >90% in women naïve to a given HPV type (16 or 18) before vaccination
 - >90% against persistent infection due to relevant HPV type
 - >95% against 16/18-related CIN 2 (bivalent) or CIN 2/3/AIS (quadrivalent)
- Efficacy is much lower in "intent-to treat" population of sexually experienced women 15-26 (NEJM 2007)
 - 44% against vaccine-related HPV CIN 2/3 or AIS
- No reported deaths due to HPV vaccination, anywhere
- Serious AEs very rare
- Common side effects: soreness, slight fever



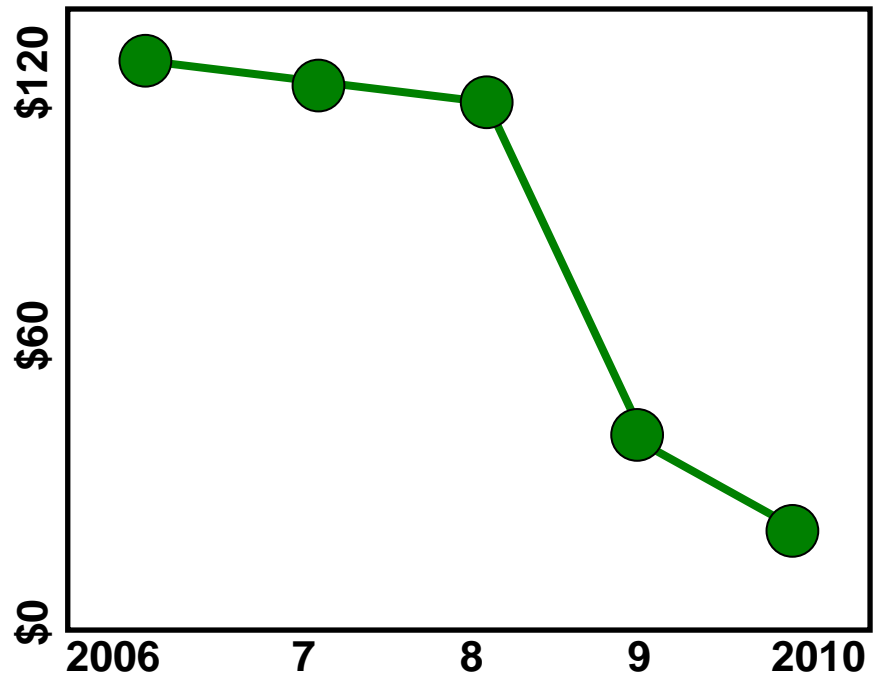
Vaccine prices dropping fast

- 2006 Private sector in US = \$120/dose
- 2009 PAHO negotiated price = \$32/dose



Vaccine prices dropping fast

- 2006 Private sector in US = \$120/dose
- 2009 PAHO negotiated price = \$32/dose
- 2010 PAHO negotiated price = ~\$17/dose



Now is the time for planning!

- Wealth of new data on feasible, cost-effective prevention strategies
- High demand for vaccination and screening in the developing world
- HPV vaccine price coming down fast
- It is time to prepare for the (near) future

