Ten Good Reasons to Be Concerned about the Human Papillomavirus (HPV) Vaccination Campaign

This document is a translation and adaption of an information brochure prepared by the Federation du Québec pour le planning des naissances with assistance from Women and Health Protection and the Canadian Women's Health Network.

On September 1, 2008, the Government of Quebec introduced a new vaccination program against the human papillomavirus (HPV) in hopes of reducing rates of cervical cancer. Vaccination will be offered free of charge in schools to all female fourth-graders (age 9) as well as to third-year female high school students (age 14). Gardasil™, the vaccination that will be used in the campaign, will also be offered free of charge to young women under age 18 who no longer attend school and to those considered to be at increased risk (see boxes below for details). Parents of girls under 14 will have to give permission to vaccinate their daughters on signed consent forms.

Although this announcement has been favourably received in some circles, the Fédération du Québec pour le planning des naissances (FQPN), along with many women's, teachers', nurses' and youth organizations, have expressed serious reservations regarding the campaign. Some of our main concerns are outlined in this document.

1. **There is no HPV epidemic.** It is difficult to understand why the government is rushing to roll out a universal vaccination campaign when the prevalence and mortality rates of cervical cancer have been consistently declining over the past decades due to the introduction of Pap testing. (1) In Quebec, cervical cancer affects about 280 women every year, 75 of whom will unfortunately die of the disease. Ranking 13th on the list of new cancer cases diagnosed among Quebec women, rates of cervical cancer are way below those for breast cancer and lung cancer; on average, these will strike 5,900 and 3,400 women, respectively, every year.

2. **The vaccine does not provide full protection**. The Gardasil™ vaccine does not protect women from all HPV types associated with cervical cancer or genital warts. It is directed specifically against two types of HPV which account for approximately 70% of cases of cervical cancer, and two types of HPV which account for about 90% of cases of genital warts. Thus, even if vaccinated, women will still need to get regular Pap tests and protect themselves against various sexually transmitted infections (STIs).

3. **A false sense of security.** We are concerned that vaccination could create a false sense of security and that this might lead women to skip Pap tests or to engage in unsafe sex. Pap tests remain essential, even after vaccination, as do safe sex practices. We support the recommendations of the Comité sur l'immunisation du Québec to assess the impact of vaccination on the regularity of Pap test practices among vaccinated women, as well as their practices with sexual partners.

4. **We know which women are most at risk of developing cervical cancer.** The vast majority of women who are diagnosed with cervical cancer haven't had a Pap test within five years, or had an inadequate follow-up after an abnormal test result. Often, inadequate access to the health care system is to blame, especially among women from impoverished communities, indigenous women, women living in remote areas, immigrant women and older women. Cervical cancer deaths are closely linked to adverse socio-economic conditions and lack of access to screening programs is one of the main factors linked to mortality from this form of cancer.

> Cervical cancer incidence and mortality rates have been declining for many decades, largely due to widespread regular use of Pap test screening, whereby malignant as well as pre-malignant lesions can be detected early and treated. Recent announcements by some provinces to institute vaccination of school-aged girls with the HPV vaccine will further reduce incidence and mortality over the longer term, but will not eliminate cervical cancer. The continuation of Pap screening is still a necessary and important part of preventive health care.
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> — Canadian Cancer Society, 2008, p. 27

5. **Screening remains essential and needs improvement**. To have access to Pap testing, a woman first needs access to a family doctor. This remains far from optimal in the province of Quebec, with the rate of participation in Pap screening in this province the lowest in Canada. More specifically, over 725,000 women over the age of 18 have not been tested in the past 3 years, or indeed, have never had Pap tests. There are no provincial directives regarding Pap testing in Quebec, nor is there a formal follow-up system for women whose tests are abnormal. Thus, our cervical cancer prevention strategy should focus primarily on improving access to and the quality of testing for all Quebec women. Although public health officials acknowledge that

screening programs need improvement, no concrete measures or new budget have been announced to support them.

6. **The vaccine is too recent**. Because it is new, there are necessary limits on what we know of the vaccine especially with regard to its long-term effects and efficacy. We do not know if protection will last beyond 6-years, or whether booster shots will be needed. The possible impact of vaccination on the natural history of HPV viral infection is also unknown. In Quebec, the vaccination of 9-year old girls will be implemented according to an extended vaccination schedule that has yet to be approved in Canada and is still under review. For students in Secondary 3, the vaccine will be administered along with the DTaP vaccine, and this combination was not examined in the clinical trials that led to its official approval. So, like the Comité sur l'immunisation du Québec, we believe that

> Studies on the duration of protection, the efficacy of the vaccination in different population groups, the efficacy of various vaccination schedules and the impact of the vaccination, on both screening and on the transmission of HPVs, are needed.
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> — INSPQ 2007, p. 35

Given that there is now no epidemic of cervical cancer, the government could have waited a few more years to obtain more data before rolling out a universal vaccination campaign.

7. A very expensive strategy. In Quebec, the HPV vaccination campaign will cost $50 million in the first year alone. By means of comparison, Quebec invests only $20 million for the prevention of other STIs, despite the fact that 40,150 cases of chlamydia, gonorrhea and syphilis were declared in Quebec from 1996 to 2000. Chlamydia alone was diagnosed in 12,500 people in 2006, with youth between 15 and 24 years of age especially affected. By focusing only on HPV infections and by investing primarily in a new vaccine about which there are limited data, the government appears to ignore expanding education and prevention strategies that include effective sex education programs so clearly needed in schools. These approaches help prevent major sexually transmitted infections (STIs) whose rates are either on the rise or remain very high

8. **The vaccination campaign reinforces sexual stereotypes.** The fact that only females will be vaccinated reinforces the stereotype that sexual health is mainly a woman's responsibility. This glosses over and neglects men's responsibilities regarding sex. Although cervical cancer is a woman's disease, young men play a role in the transmission of the virus, and may themselves experience HPV-related problems. The urgent public health priority should be a broad-based information and sex education campaign to raise awareness among young men and women regarding their sexual health.

9. The lack of critical information. Public awareness of HPV is still lacking. The many marketing strategies by the vaccine's manufacturer have garnered significant attention, but have blurred the lines between health information and advertising. Public information is therefore neither complete nor impartial. It creates confusion, using a *fear-and-cheer* format to create an unduly alarming scenario, in which every problem can be solved by the vaccine. For instance, public information about HPV and the vaccination campaign itself focus on the high incidence rate of the HPV infection rather than on the fact that the infection will clear up on its own within two years in 90% of infected women, with no adverse consequences whatsoever. The question remains: How can parents truly weigh the pros and cons of vaccination and make informed decisions concerning their daughter's vaccination?

10. Mobilizing already scarce resources. There is no doubt that a HPV vaccination campaign will require extensive financial and professional resources, especially among school nurses who often already have their hands full dealing with sexual education mandates in schools. Compared to other sexual health issues, the required investment for this campaign appears to be disproportionate to the real burden of this particular disease. Given the shortages of doctors and nurses, the uncertain future of our "cash-strapped" health care system and the dearth of suitable sex education programs in our schools, should we really be investing in this costly campaign, a campaign to prevent a form of cancer with declining incidence and mortality rates? It will take 20 years before we can truly answer this question, when the risks and benefits of the vaccination come to light and cervical cancer rates are recorded.

Call to action

If you care about these issues as we do, please help us spread the word about this campaign. Please feel free to use part or all of this backgrounder to alert your local publications, your members and your friends. If you organize any activities around these issues, please let us know.

The FQPN may be reached at info@fqpn.qc.ca.

Who is targeted by the vaccination campaign?

- Girls in fourth grade (ages 9 and 10) when they are also vaccinated against hepatitis B
- Girls in Secondary 3 (ages 14 and 15) when they are also vaccinated against DTaP (diphtheria, whooping cough and tetanus)
- Girls 11 to 13 years of age deemed to be at risk
- Girls in Secondary 4 and 5 who can be vaccinated free of charge by locating designated services
- Girls 18 years of age or younger who have left school may be vaccinated at designated vaccination centres
- Girls aged 9 to 18 living in indigenous communities where the rates of cervical cancer are higher than average

What is HPV?

There are over 100 types of the human papillomavirus (HPV). The virus may infect many parts of the body. Some HPV types are transmitted through sexual contact and may cause anogenital warts (also called condylomas) in both men and women. Other types of HPV may bring about molecular changes and foster the development of certain cancers, such as cervical cancer and cancer of the vagina in women, or cancer of the penis in men. The types of HPV that can lead to cancer are called "high-risk" and are not the same as those that create warts, which are called "low-risk."

Although it is true that HPV infection is widespread among sexually active people, to the point that it could even be regarded as almost inherent to sexual activity, it is also important to know that this infection will most often clear up on its own and most people will not experience any consequences.

What is Gardasil™?

Gardasil™ is called a "quadrivalent" vaccine because it protects against 4 types of HPV, 2 of which (types 6 and 11) account for 90% of cases of genital warts, and 2 of which (types 16 and 18) account for 70% of cervical cancers. The vaccine does not protect against all forms of cervical cancer or of all types of HPV infection.

Efficacy of the vaccine is optimal if it is administered before any exposure to HPVs and therefore **before** the onset of sexual relations. The vaccine is essentially preventive (of HPV infection) and has no efficacy in people who have already been infected by the types of HPV contained in the vaccine.

Gardasil™ has been studied in girls and women from 9 to 26 years of age. It was approved by Health Canada in July 2006. It is injected in three doses over a six-month period. The vaccine is sold at $450/ 3 doses and it is offered free of charge to the young girls targeted by the vaccination campaign.

Notes:

(1) According to the Canadian Cancer Society, the incidence rate of cervical cancer in 2008 is estimated at 7 per 100,000 women (6 per 100,000 in Quebec), a clear decline in comparison to 1978 figures (14.7 per 100,000 women). Mortality rates have also declined, falling from 4.7 to 1.8 per 100,000 women between 1978 and 2008 in Canada.

References:

- Institut national de santé publique du Québec (2007). "*Prevention by Vaccination of Diseases Attributable to the Human Papillomavirus in Quebec.*" Only available online at: www.inspq.qc.ca/pdf/publications/783_Prev_VPH_ang.pdf
- LIPPMAN, Abby *et al.* (2007). "Human papillomavirus, vaccines and women's health: questions and cautions," *CMAJ*, *177(5)*, August 28.
- Canadian Cancer Society and National Cancer Institute of Canada (2008). *Canadian Cancer Statistics 2008*. Toronto. Also available online at: www.cancer.ca

For more detailed information on the pros and cons of vaccination, please see:

Fédération du Québec pour le planning des naissances
www.fqpn.qc.ca/contenu/autresdossiers/vph.php

Canadian Women's Health Network
www.cwhn.ca/resources/pub/collections/**hpv**.html

Health Canada
www.hc-sc.gc.ca/hl-vs/iyh-vsv/diseases-maladies/hpv-vph-eng.php

Université de Montréal's Health Innovations in Context – April HPV issue
www.hinnovic.org/2008/04/langswitch_lang/en/

Passeportsanté.net – HPV pages
www.passeportsante.net/fr/Actualites/Dossiers/DossierComplexe.aspx?doc=vph_index_do

Vaccination Risk Awareness Network – General Vaccination Information - HPV & Cervical Cancer Vaccine
www.biosfaire.com/www.rvv.ca/index.html