WHAT CAN WE LEARN FROM THE PREVIOUS HPV VACCINE INTRODUCTION, 2008-2011

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Summary

1. Events Timeline
2. Key Factors Analysis
3. Lessons Learned
4. Current Situation
5. Forward Considerations
Events Timeline

- Aug '08: Budget allocation
- Sep '08: MoH Public Information Campaign
- Oct '08: HPV vaccination introduction in Oncology Program
- Nov '08: Vaccination campaign started
- Dec '08: Vaccination campaign stopped
- Jun '09: Industry funded information campaign
- Sep '09: Parents’ acceptance research evaluation
- Oct '09: Vaccination campaign restarted
- 2010: Vaccination eligibility extended up to 45yrs of age
- 2011: Program closed

General elections

2.6% VCR

8.6% VCR

70k women
MoH public announcement of the vaccination campaign, in September, was followed by instant negative media coverage:

- vaccine is not safe and effective
- romanian children are subject of medical experiments
- vaccine is lethal
- vaccine lead to infertility
- acceptance of HPV vaccine is an invitation to girls to start sexual life
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- ✔ HPV vaccination included in national oncology program, NOT as expected in the National Immunization Program
School doctors began disseminating consent forms for parents to sign:
- Parents meetings
- Give to children for parents

Vaccination occurred in schools after collection of signed consents

In one month only 2,700 consent forms were signed and children were vaccinated (2.6% VCR)

Vaccination campaign stopped
Events Timeline

- **Jan – May, development of a new information campaign funded by MSD & GSK**
  - Campaign coordinated by MOH
  - Target: HCW, teachers, parents, general public
- **Jun – Sept, campaign deployed:**
  - Trainings for GPs
  - Workshops for epidemiologists, GP, teachers
  - Media awareness campaign
  - Market research by GFK to assess acceptance of vaccination aiming for 50% (achieved only 50% of responders)

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## Events Timeline

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- Still low acceptance despite research outcomes
- Low acceptance put pressure on Public Health authorities to extend the eligible women up to 45 years
- 8,700 girls vaccinated (8.6% VCR)
- Vaccination campaign stopped in 2011 when all remaining vaccines expired
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Factors impacting the outcomes of the 2008 HPV vaccination campaign

**Strategy**

- No real communication strategy in place before starting vaccination
- HPV Vaccination introduced in the Oncology Program, not in the National Immunization Program
- Selected cohorts 9-10 years, excluding 11-14 cohorts which should have been considered eligible
- School vaccination without proper education and information of stakeholders (teachers and parents)
Factors impacting the outcomes of the 2008 HPV vaccination campaign

**Ministry of Health**

- Overestimation of needs (110,000 doses for a cohort of 103,000 girls)
- 2 different vaccines without predefined eligibility criteria
- MoH Crisis Management unit late established in 2009, after 2008 failure
- Significant quantity of vaccines expired generating a significant financial loss at the end of the program
Factors impacting the outcomes of the 2008 HPV vaccination campaign

- Consent letters formulated in a negative manner, without education of the stakeholders: school doctors, teachers and parents
- Significant number of schools without school doctors
- No criteria for doctors to decide between 2 and 4 valent vaccines administration
Factors impacting the outcomes of the 2008 HPV vaccination campaign

**Population readiness**

- Minimal and late education of the population
- Low access to medical assistance in schools
- Low population trust in the healthcare system
- Low health literacy
- Negative messages in religious communities with considerable impact on specific and significant population segments (e.g. rural). Impact on other vaccines from NIP already visible
- Call center for parents established at the National Institute for Public Health only in 2009
Factors impacting the outcomes of the 2008 HPV vaccination campaign

**Media Support**

- Media campaign against decision makers and HPV vaccines as products (e.g. unsafe, untested, side effects)
- 3 major media trusts which were not involved in information dissemination and awareness campaign when started in 2008, having a negative impact on HPV vaccination which was challenged by the excluded media channels
Factors impacting the outcomes of the 2008 HPV vaccination campaign

Health Care Providers

- Little involvement of epidemiologists and public health specialists
- Lack of education before the vaccination campaign for GPs/school doctors
- Due to vaccine inclusion in the Oncology Program instead of the NIP, the epidemiologists were not initially involved/targeted
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Negative impact on the National Immunization Program

The public concern was extended to the vaccines included in NIP

- Strong professional training, educative and information campaigns should precede the introduction of a new vaccine in NIP
- Specific messages and information should be addressed to each target group involved (parents, teachers, family doctors, and mass-media)
- Lack of information and mass-media misperception on a specific vaccine, strongly affect all immunization activities and make difficult the continuation of HPV vaccination
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Key Factors impacting HPV vaccination program

Current Situation

Checklist for high impact factors

**Strategy**
- HPV vaccination is included as **optional** in the National Immunization Calendar, girls age 11-14
- Prevention of cervical cancer should be in the focus of the decision makers, as one of the key indicators of health status of Romanian population

**MoH**
- No National Vaccinology Committee in place
- Vaccination law pending parliament for 1 year
- Highly aware of the need for public education on vaccination to fight vaccination hesitancy
- No decision yet to allocate funds for HPV vaccine

**Processes**
- The NIP is 100% GP offices based
- For HPV vaccination the NIPH requested GPs to centralize parents’ requests (12,000) and informed MoH
- Developing HPV vaccination program integrated with improved cervical cancer screening and introduction of large scale HPV detection program
# Key Factors impacting HPV vaccination program

## Current Situation

### Media
- Extensive coverage during measles outbreak, generally supporting vaccination program
- Highly focused on “breaking news”
- Low health literacy
- Social Media as main vehicle for anti-vaxx voices, though traditional media picks-up anti-vaxx messages from time to time

### Population
- High public awareness of the importance of vaccination, after the measles outbreak
- 80% support vaccination in general
- Public seems to have better understanding and attitude regarding HPV vaccination (12000 parents filled requesting forms for vaccine)

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### HPW
- Professional Medical Associations have started educational and awareness campaigns (Microbiology, GP, ID, OBGYN)
- Partnership with vaccine manufacturers boosted
- Information campaigns and developed models of good practice, avoiding conflicts of interests
- Further support is needed for GPs to be proactive in order to educate, change attitudes and build trust of the parents

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Considerations on our Way Forward

- Romania has the highest Cervical Cancer Burden of Disease in Europe and **needs to urgently restart vaccination against HPV**
- We need a plan: communication and crisis management
- We need to estimate VCR evolution and align the procurement strategy with the anticipated VCR
- Strong support from international scientific community
- Extended professional support of HPV vaccination, coupled with rapid testing of HPV infection and screening