



Our Ongoing and Neglected HPV Pandemic

The Value of HPV Vaccination in Adults: Accelerating towards elimination

March 4, 2021

Questions Asked During the Webinar

#	Question	Answer
1	You mention that all provinces have additional funded doses for high risk MSM. Is this still age-limited at 26? In fact, HPV vaccination among MSM remains very low and the burden of infection and cancer, high.	It is best to check with your local public health unit for the rules specific to your province or territory. PEI covers all MSM regardless of age. Nova Scotia covers MSM age 9-45. All other provinces and territories cover MSM age 9-26 to date.
2	Are you using any 'influencers' or famous people who have had HPV related disease to help increase the reach?	We are very grateful to those who have had HPV related cancers, who have shared their experience. It is their stories that motivate us, and can help others understand. HPV Global Action maintains a list of influencers they correspond with.
3	How are medical students and residents learning about HPV vaccination and how to recommend prevention strategies?	Medical students – I don't know re: vaccinations, residents learn during core lectures and very frequent conversations around clinical care.
4	After 15 years that vaccine has been available in schools, why are parents still refusing to have their children vaccinated	Some parents still believe that HPV vaccination will promote promiscuous behavior. The evidence does not show this at all. Some believe this vaccine is still "new" – it has been on the market globally for 15 years. It has an excellent safety profile. As healthcare providers, if we discuss the value of HPV vaccination with our adult patients (who may be parents), they can make a more informed decision to consent for their children to be



		vaccinated in school. And now we have long term follow up studies up to 14 years for the 4v and now 8 years for the 9v confirming no vaccine type lesions in vaccinated cohorts.
5	Are insurance companies covering the cost of the vaccine	ND: About 40% of private insurance companies cover the cost of HPV vaccines. Many plans offer employees flex dollars or Health Spending Accounts – these funds can be used over 2 calendar years to help cover the cost of 3 vaccine doses.
6	Is there data available about which populations (demographic) are more likely to have missed vaccination in school?	We are not aware of any demographic data on HPV vaccine uptake from schools. We know that schools with high proportion of vulnerable population such as immigrant/refugee/ aboriginal youths have some of the lowest coverage rate.
7	I'm a public health nurse, its only licensed in Alberta until age 45 for female and 26 for men	No, HPV vaccines are approved by Health Canada now to age 45 for both men and women. Approval for males over age 26 in Canada was in Aug 2020. NACI (National Advisory Committee on Immunization) has a permissive statement allowing vaccination for males and females over age 26 (no upper age limit is stated)
8	My question is can pharmacies give it after that age?	Pharmacists can administer to males and females over age 26 as well as under age 26. But better check your provincial and territorial for regulations that applies in your area.
9	So, what is the limits of ages in which we can recommend HPV vaccine?	The Society of Gynecologic Oncologists of Canada recommends universal HPV vaccination. NACI has a permissive statement allowing HPV vaccination over age 26 for both males and females with no upper age limit.
10	Should we recommend it to lifetime monogamous couples who have not had any other sexual partners?	Yes, we do offer HPV vaccination to all adults regardless of their relationship status. We may contact HPV earlier in our lifetimes and have it become latent, only to reactivate later in life. Relationships do eventually change, either with one partner leaving or passing away. Exposures can occur without our knowledge if a partner has another partner. We always prefer



		that vaccination happen before any of these events happen if possible.
11	Fantastic presentation by both Nancy and Jennifer. I have a question for Nancy. You mentioned that patients with HPV+ disease will still benefit from HPV vaccine. Are you referring to cervical cancer patient where other HPV subtypes can cause second primary? Any data on HPV+ Oropharyngeal cancer patient?	HPV vaccination has been shown to reduce recurrence of high-grade cervical dysplasia, external genital warts, high-grade anal dysplasia and high-grade vulvar intraepithelial neoplasia. We do not yet have data on reduction of HPV + oropharyngeal cancer, as we do not have a good precursor lesion for OPC. However, HPV + OPC is caused predominantly by HPV type 16, so theoretically it makes sense that vaccination may reduce recurrences at the OP site as well. We have seen reduction of oral HPV 16 and 18 prevalence in those who have been vaccinated for HPV. We do not use the term subtypes for HPV. We use genotypes or types for short.
12	If a patient had the original HPV vaccine (before 2016) should they be revaccinated?	I do recommend discussing 9vHPV vaccine if a patient previously had 2vHPV or 4vHPV. The added benefit is 9vHPV vaccine has 5 additional high-risk types of HPV that it covers. These 5 types cover an additional 20% of cervical cancers.
13	If young people were vaccinated at school before 2016 should we recommend revaccination? Thank you.	See above answer
14	How effective is cytomorphologic assessment in the detection of oropharyngeal cancer?	Nothing I am aware for oropharyngeal scrapings, for neck nodes, FNAs in usual media can't discern HPV, so if a neck node we are suspicious about, we usually do a core needle biopsy and put in formalin – can do p16 immunohistochemistry on that (surrogate for HPV)
15	Does a single dose of the vaccine give lifelong protection against HPV?	The evidence does not yet show this, although it is being studied. Currently it is 2 doses separated by at least 6 months if first dose is given < age 15 and 3 doses over 6 months if first does is age 15 or older. 3 dose schedule is given at 0 months, 2 months and 6 months.



16	Some young females do not know whether they had vaccination when they were in school; How do they find out?	The best way is to check with your local public health office to check their records from school-based vaccination.
17	A 48-year-old female had HSIL, LEEP done 3 years ago, continues to have persistent HPV after 3 years, even though colpo and biopsy was only LSIL. She wants to know why she still has HPV & whether she should take another vaccination? This lady had Gardasil 3 years ago	If the patient had a full 3 dose series of 9vHPV vaccine 3 years ago, we do not repeat the vaccination. HPV vaccines are not like a course of antibiotic – they do not treat an existing lesion. In this case, she has not cleared her HPV infection and has persistent infection and disease (or she also could have had a new HPV exposure and infection). A second LEEP could be offered. We have to remember that HPV is a regional disease. Secondary lesions are frequent. The first lesion may or may not have been a vaccine type that was acquired before vaccination. Even vaccinated, a second lesion at the same site or another site is possible with a vaccine type acquired prior to immunization or a non-vaccine type. There might even be a mixed infection in the lesions.
18	Any thoughts as to why the uptake in Ontario with the school-based vaccination program is so low?	Some parents still believe that HPV vaccination will promote promiscuous behavior. The evidence does not show this at all. Some believe this vaccine is still “new” – it has been on the market globally for 15 years. It has an excellent safety profile. As healthcare providers, if we discuss the value of HPV vaccination with our adult patients (who may be parents), they can make a more informed decision to consent for their children to be vaccinated in school. And parents are worried that receiving the vaccine at a young age prior to puberty may be a waste of vaccine as the vaccine will be “expired” when their kids become sexually experienced later in life.
19	And are there differences in uptake of males vs females in school-based programs?	Yes, we see lower uptake in males than females in school-based HPV vaccination programs
20	I have seen the SOGC messaging on Instagram! (And I’m 54....)	Great, thank you!



21	Not a question but wondering if the HPVinfo.ca website needs to be updated to say there is no upper limit to giving the vaccine. (Right now, it says 9-45 for F and M) https://www.hpvinfosite.ca/prevention/	Thank you- we are constantly updating, and are grateful for your suggestions
22	I have several clients over the age of 60 who are starting new relationships. Would you recommend HPV vaccination at their age?	Yes, I definitely discuss and recommend HPV vaccination in all patients over age 9, regardless of age or gender or past /current history of HPV. I have no upper age limit. And older patients have had more partners than younger patients...
23	Will we be able to do anal testing for HPV in Canada?	Anal HPV testing is currently done in clinics with HIV and MSM patients in high resolution anoscopy clinic. It is not used for screening of the general population or alone in screening.
24	Can we get a brochure or pamphlet or hard copy of the information included because many patients are hesitant and challenged against HPV vaccine? Or can we download the presentation to use it as effective tool for counselling.	The slides and presentation are available on the CIDC website. An excellent resource for patients is www.hpvinfosite.ca
25	I am 49 years old and healthy, no smoking or drinking, can I get HPV vaccine as a male to protect against OPC?	HPV vaccines are not yet approved in Canada for the prevention of OPC, but they do protect against oral HPV 16 which is the most common HPV type in OPC. You can be vaccinated in general in Canada for prevention of HPV.
26	A female, 48 years old, has persistent HPV positive but last PAP test is negative, she didn't receive the vaccine - what is the f/u plan and can she take vaccine?	Yes, she would repeat cervical screening in one year since she is HPV positive. She can be vaccinated for HPV regardless of whether she is HPV positive or HPV negative.
27	How can test HPV in male?	HPV testing is not currently available for males outside of clinical trials and studies.
28	If I understand correctly, all woman over 50 can have a vaccination if they want it right? As a precaution. why not, right? Case of a 50-year-old woman multiple partners that finally lands on the perfect man after a big buffet of many men	Yes, in Canada NACI has a permissive statement allowing those over age 26, regardless of gender, to be vaccinated with no upper age limit, even if they have a past or current history of HPV or HPV-related disease.
29	What is the recommendation if one wants a vaccine in the next few days and is anticipating receiving a COVID-19 vaccine? what is the delay between the two vaccines?	NACI recommends not to have any other vaccines 14 days prior to COVID vaccination and for 30 days after COVID vaccination, if possible mainly to attribute adverse event to the right vaccine.



30	So how do you get the vaccine prescribed if your MD does not listen to you?	If your primary care provider will not prescribe HPV vaccine for you, there are many sexual health clinics, nurses or pharmacist who can.
31	While we never wanted coronavirus, do you think Canada and the world's knowledge of COVID-19 will help us advocate and educate with HPV? Do you think there is any opportunity in the future to pair HPV vaccination with COVID vaccine in young people when we get there?	I do think COVID-19 has provided an opportunity for the general public to learn about viruses and vaccination more than ever before. These discussions can definitely help us educate and advocate about the value of vaccines such as HPV vaccine. NACI does not recommend co-administering these vaccines at the present time as we have no data on simultaneous administration with COVID vaccine. HPV vaccine has been given at the same time as hepatitis B, combined hepatitis A and B , combined diphtheria, acellular pertussis and tetanus and meningitis vaccine for many years in schools.