

HPV Global Action

In partnership with the
Consortium for Infectious Disease Control

Presents

The role of health care professionals in the promotion of cancer prevention through HPV vaccination

Speakers:



Dr. Marc Steben MD, CCFM, FCFM

Co-President, HPV Global Action
Chair, Canadian Network on HPV Prevention
Family Physician, Family Medicine Group La Cité du Parc Lafontaine, Montreal, QC
Board Member & Chair of Education Committee, International Papillomavirus Society



Teresa Norris

Sexual Health Specialist
Founder and President, HPV Global Action

Moderator:



Amélie McFadyen

Chief Executive Officer, HPV Global Action

October 6, 2021

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of CIDC, HPV Global Action or their partners

Webinar Objectives

1. Review the latest evidence for HPV vaccination
2. Communicate the risks of HPV and the benefits of HPV vaccination
3. Resolve reported obstacles to the decision on HPV vaccination

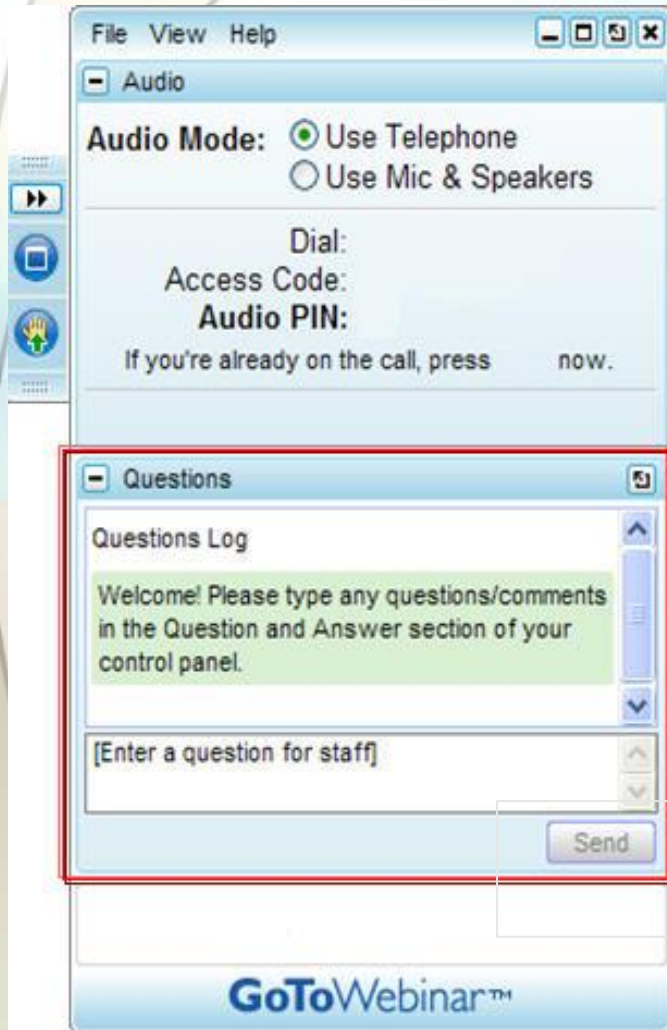
Administrative Information

How to participate:

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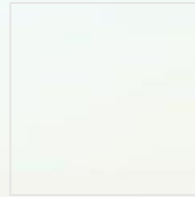
Note: A recording of the presentation will be made available at www.CIDCgroup.org and www.hpvglobalaction.org



Slides and Video Recording

The webinar **Slides and Recording** will be archived at:

www.hpvglobalaction.org and at www.CIDCgroup.org



Evaluation Survey:

<https://www.surveymonkey.com/r/K8YSKSG>

Completion of survey is requested – all registered participants will receive an email with this link

Moderator



Amélie McFadyen, M.A. Sexology

Chief Executive Officer, HPV Global Action

Presenter



Dr. Marc Steben, MD, CCFM, FCFM

- Co-President, HPV Global Action
- Chair, Canadian Network on HPV Prevention
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- Board Member and Chair of the Education Committee, International Papillomavirus Society



The role of healthcare professionals in the promotion of cancer prevention through HPV vaccination

Marc Steben MD

Co-president, HPV Global Action

Chair of the Canadian Network on HPV Prevention

Board member and Chair of the Education Committee, IPVS

Disclosure of potential conflict of interest for Marc Steben	Company/Organization
I'm a board member of the Advisory Committee or the equivalent of a commercial organization.	Merck, Genoccea, Innovio, Sprout.
I'm a member of the Speakers Bureau.	Merck, Sprout.
I've received payments from an organization (including gifts, other considerations or compensations other than of financial nature).	Allergan, Bayer, Paladin, Roche molecular systems, Sprout, Valeant.
I've received a grant or an honorary from a commercial organization.	Abbott, Allergan, Bayer, Beckton-Dickinson, Biofire, Cepheid, Hologic/Gen-Probe, Genoccea, GSK, Hologic, Innovio, Merck/Merck Sharp Dohme/Sanofi-Pasteur, Genoccea, Innovio, Paladin, Roche molecular systems, Valeant.
I hold a patent for a product referred by an EMC program or the marketing of a commercial organization.	No.
I've invested in a pharmaceutical organization, a medical device company or communications company.	I have my own communications company (Communications Action-Santé Inc.). I do not hold shares outside of mutual funds.
I've participated in a clinical trial in the last 2 years.	No.

Learning Objectives

Review the latest evidence for HPV vaccination.



Premise

Subject of reflection



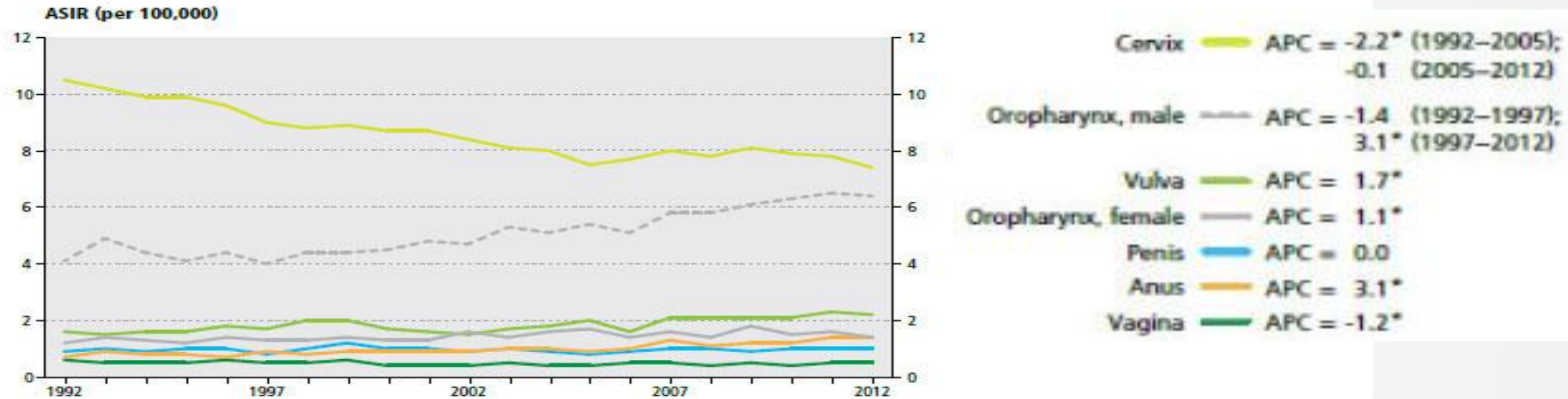
NEWS

Cervical cancer: deaths increase as HPV vaccine is underused, says WHO

Owen Dyer

Only 1 of the 6 major HPV-related cancers can be detected

FIGURE 7.3 Trends in age-standardized incidence rates (ASIR) and annual percent change (APC)[†] for HPV-associated cancers[‡], Canada, 1992–2012[§]



* Significant increase or decrease in APC, $p < 0.05$

[†] APCs refer to 1992–2012 calendar years, unless there was a changepoint, in which case the applicable years are indicated.

[‡] Includes selected topographies and morphologies. Refer to Table A12 for definitions.

[§] Actual incidence data were available to 2012 for all provinces and territories except Quebec, for which data were available to 2010 and carried forward thereafter.

Note: Rates are age-standardized to the 2011 Canadian population.

Analysis by: Health Statistics Division, Statistics Canada

Data source: Canadian Cancer Registry database at Statistics Canada

VISION: A world without cervical cancer

THRESHOLD: All countries to reach < 4 cases 100,000 women-years

2030 CONTROL TARGETS

90%

of girls fully vaccinated
with HPV vaccine by 15
years of age

70%

of women screened with an
high precision test at 35
and 45 years of age

90%

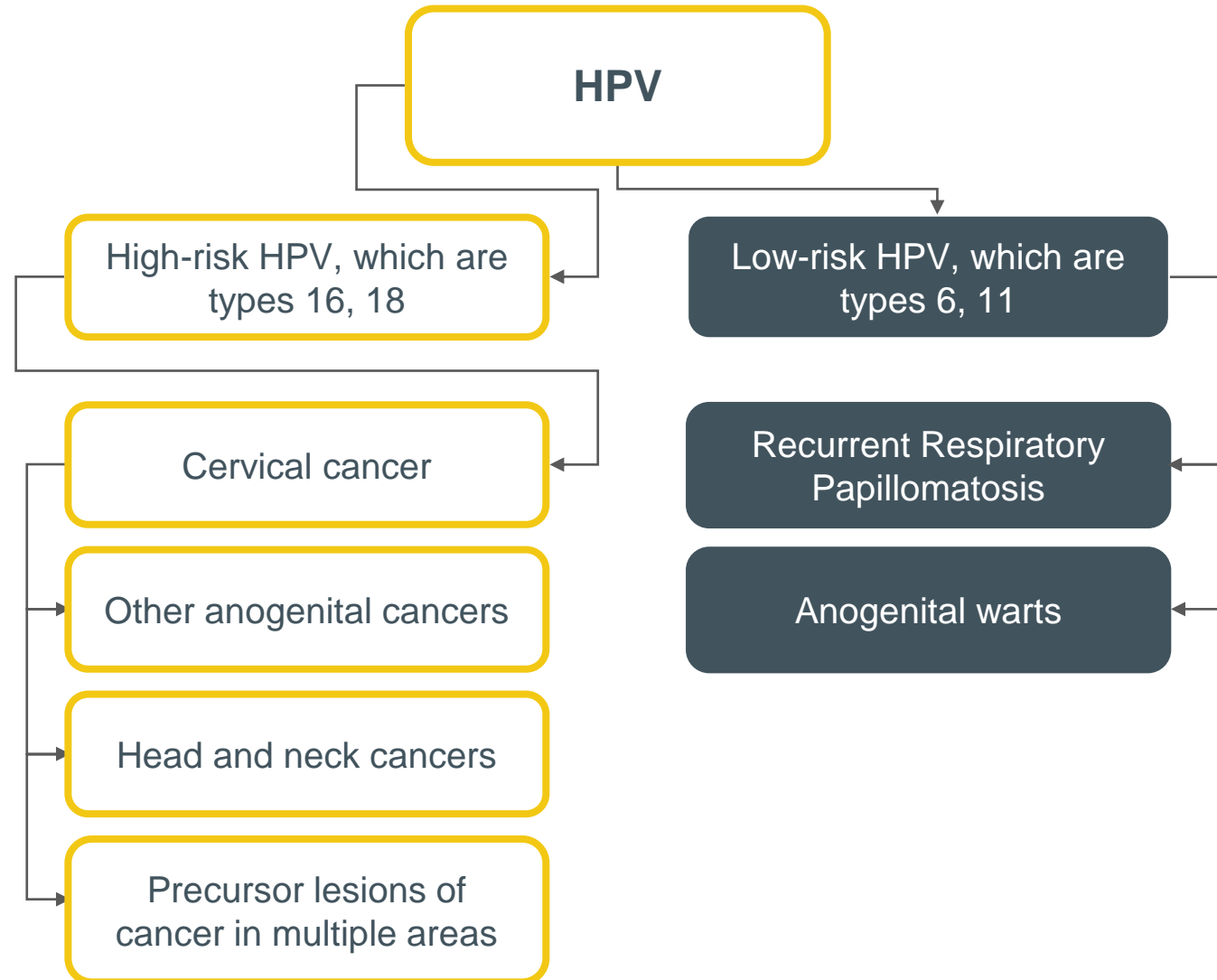
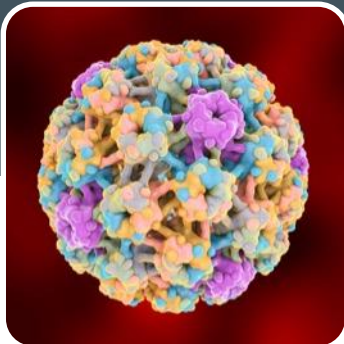
of women identified with
cervical disease receive
treatment and care

SDG 2030: Target 3.4 – 30% reduction in mortality from cervical cancer

The 2030 targets and elimination threshold are subject to revision depending on the outcomes of the modeling and the WHO approval process

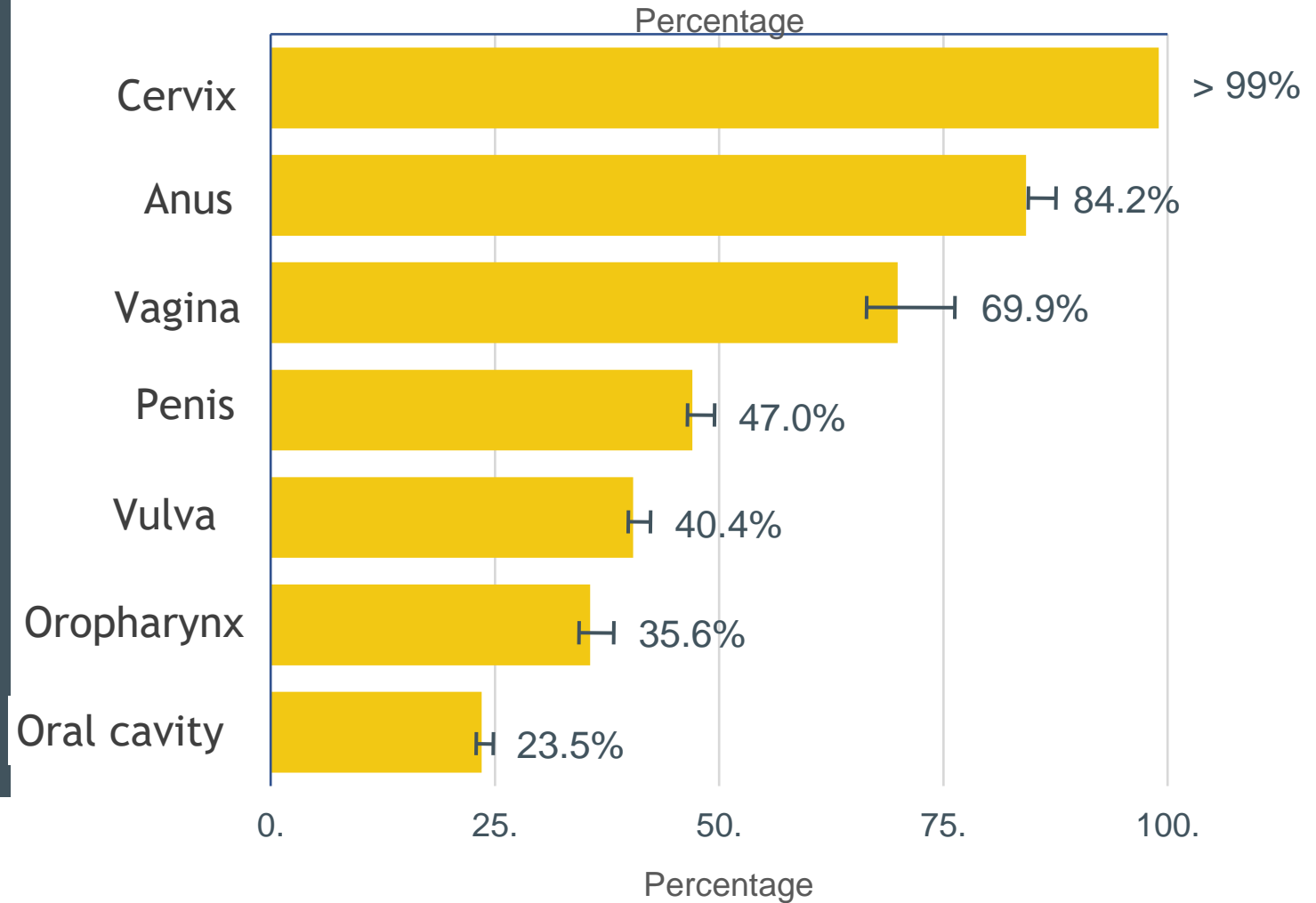


Burden of the HPV infection

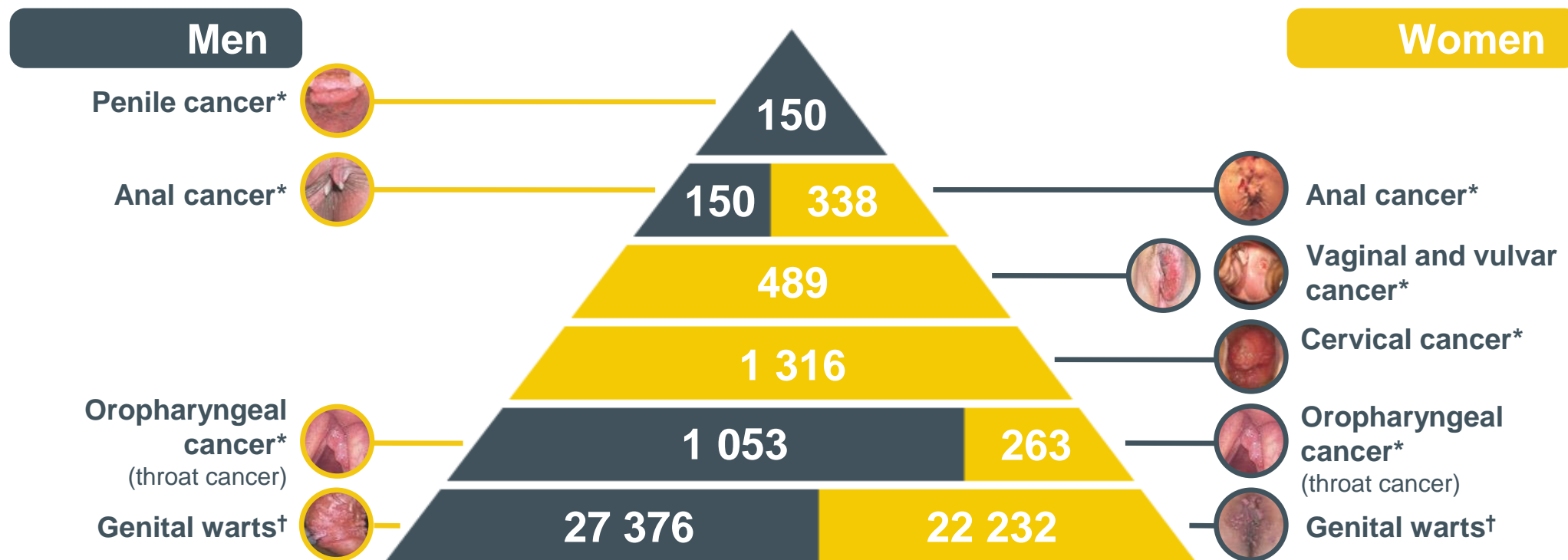


1. National Cancer Institute. HPV and Cancer. Accessed on February 4, 2018. Available at: <https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-vaccine-fact-sheet>
2. Trottier et Burchell. Epidemiology of mucosal human papillomavirus infection and associated diseases. *Public Health Genomics*, 2009;12:291-307.

Estimated role of HPV in cancer cases



Estimated prevalence of HPV-related diseases in Canada in a year

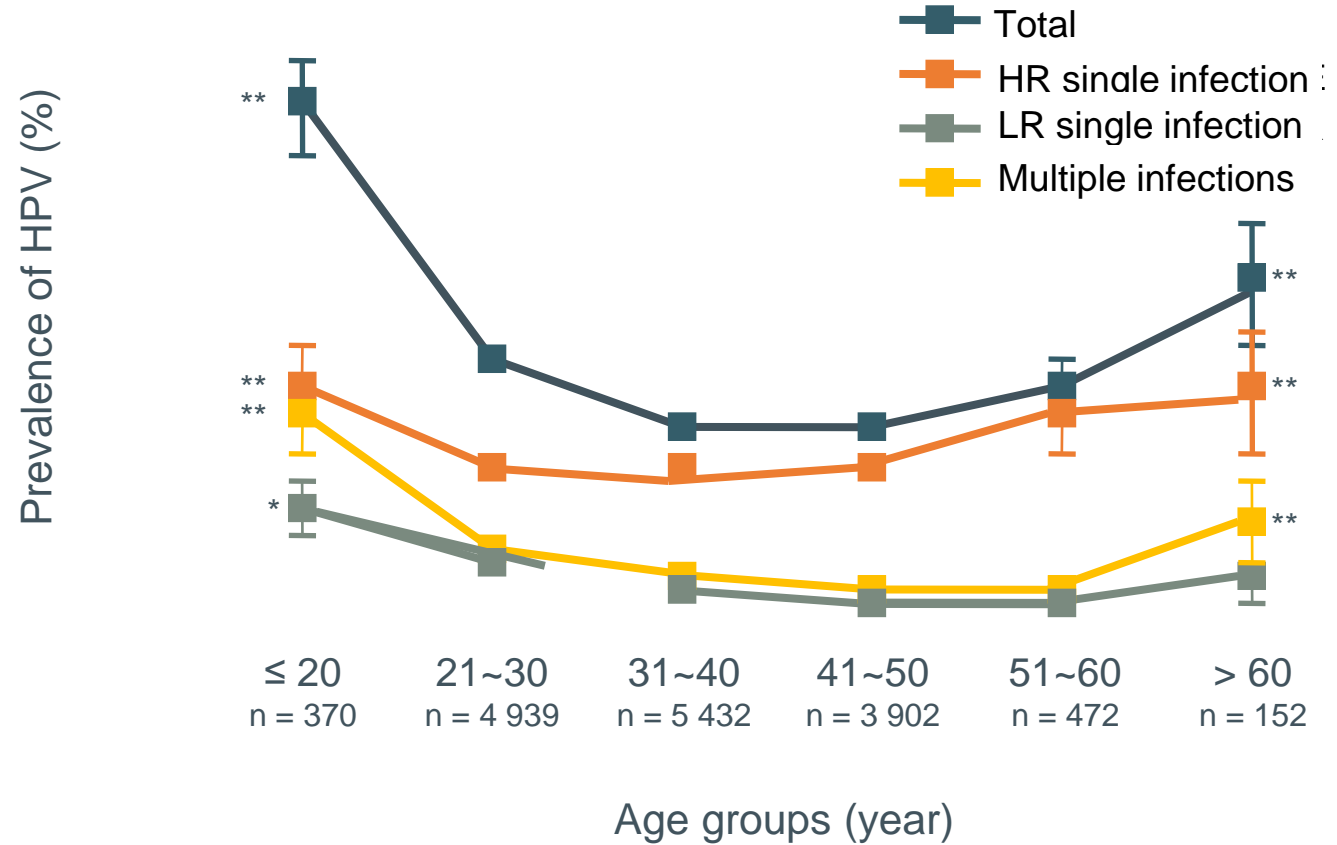


* According to the incidence rate in Canada in 2012.

† According to the incidence observed in Manitoba in 2004, standardized across Canada, of 1.54/1,000 men and 1.23/1,000 women, as well as data from the 2015 Canadian census.

According to the 2015 demographic estimations of Statistics Canada, Kliewer E *et al.*, and the Canadian cancer statistics.

Bimodal distribution of HPV infection in women

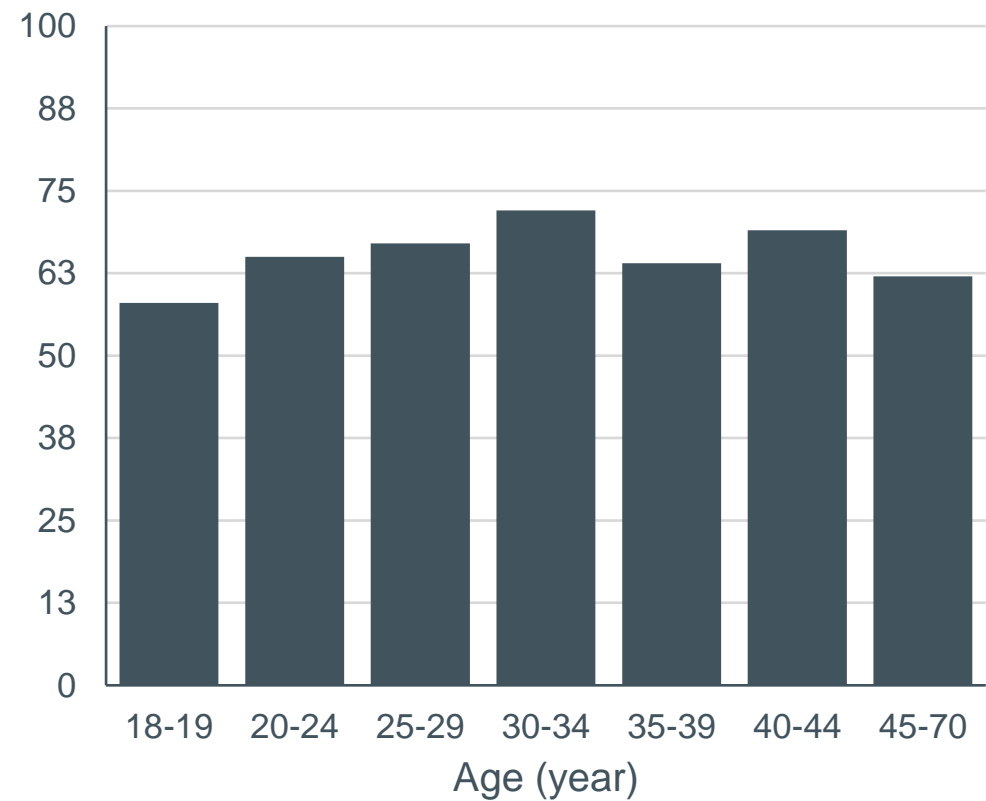
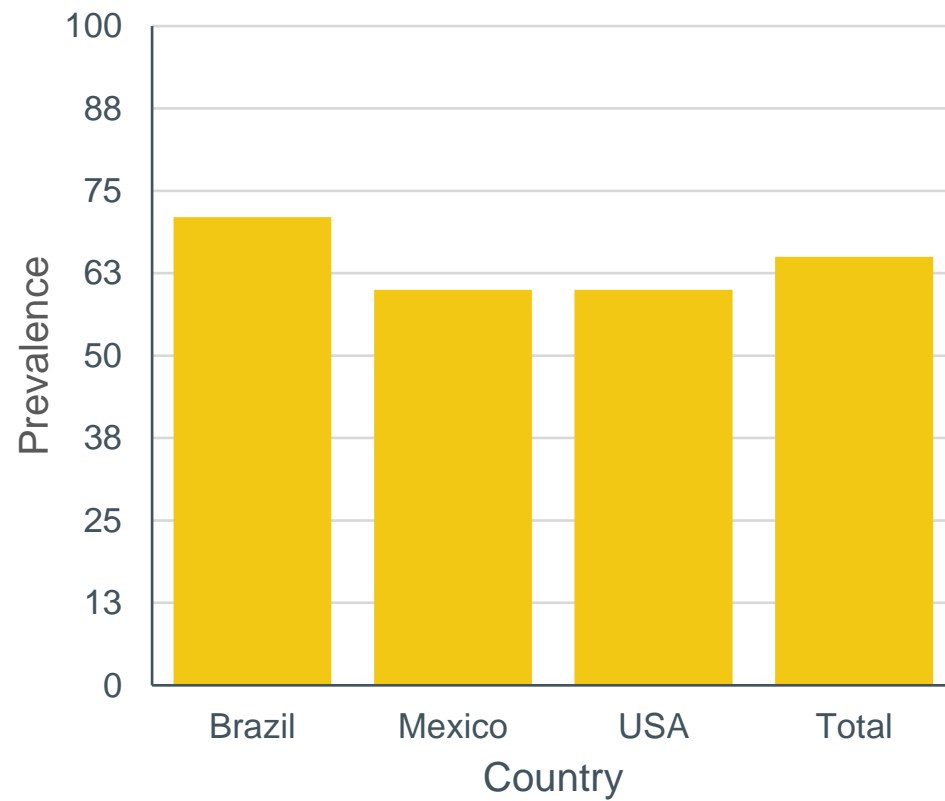


* $p < 0.005$; ** $p < 0.01$.

HPV : Human papillomavirus virus; HR: High risk; LR: Low risk.

Liu *et al. BMC Infect Dis*, December 19, 2014;14:708.

Prevalence of HPV in men enlisted in the HIM study (n = 1,160)



Duration of the HPV vaccine follow-up

Quadrivalent HPV vaccine:

- 14 years for women between 16 and 26 years old²**
- 10 years for boys and girls of 9 and 15 years old¹
- 10 years for men between 16 and 26 years old³
- 10 years for women between 26 and 45 years old⁴

Nonavalent HPV vaccine:

- 8 years for boys and girls between 9 and 15 years old⁵

No case of vaccinal failure!

No booster needed and it is highly unlikely that immunization will lower before the age of 14 and completely disappear...

A Review of the Impact and Effectiveness of the Quadrivalent Human Papillomavirus Vaccine: 10 Years of Clinical Experience in Canada

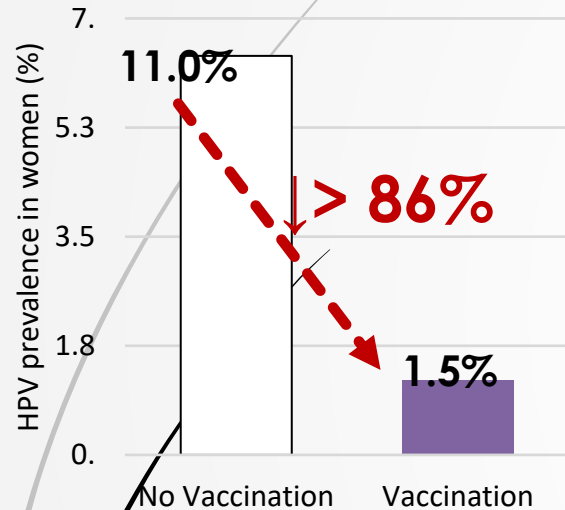
Marc Steben, MD; Mattea Tan Thompson, PhD; Caroline Rodier, MPH; Nathalie Mallette, BScA; Voica Racovitan, BPharm; Fern DeAngelis, MSc; Melissa Stutz, BSc; Emmanouil Rampakakis, PhD

Steben M. et al., JOGC 2018

Results and conclusions

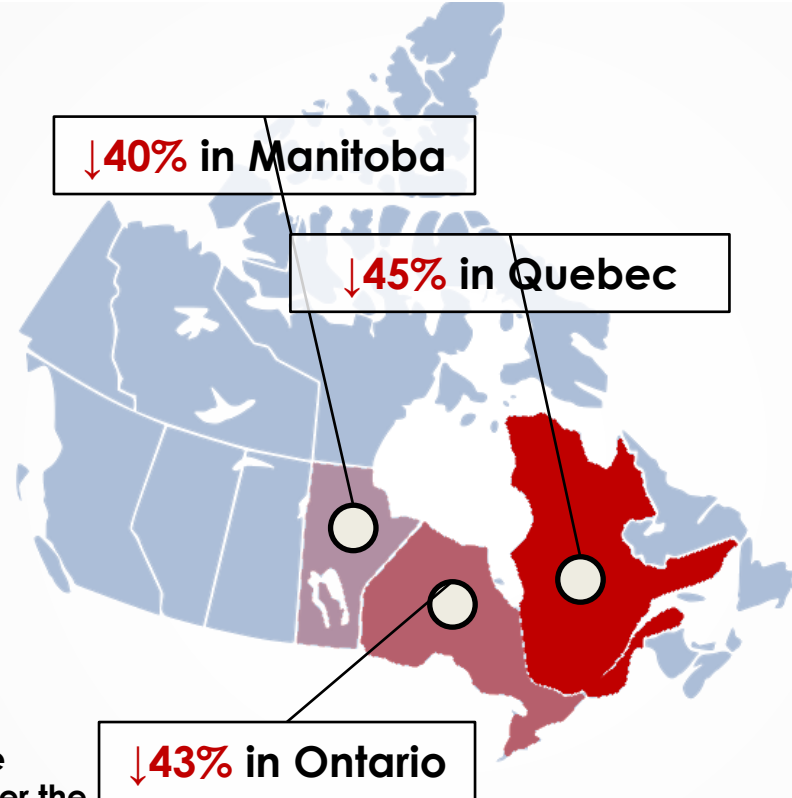
HPV infections

Vaccine-related type
(HPV 6, 11, 16, 18)

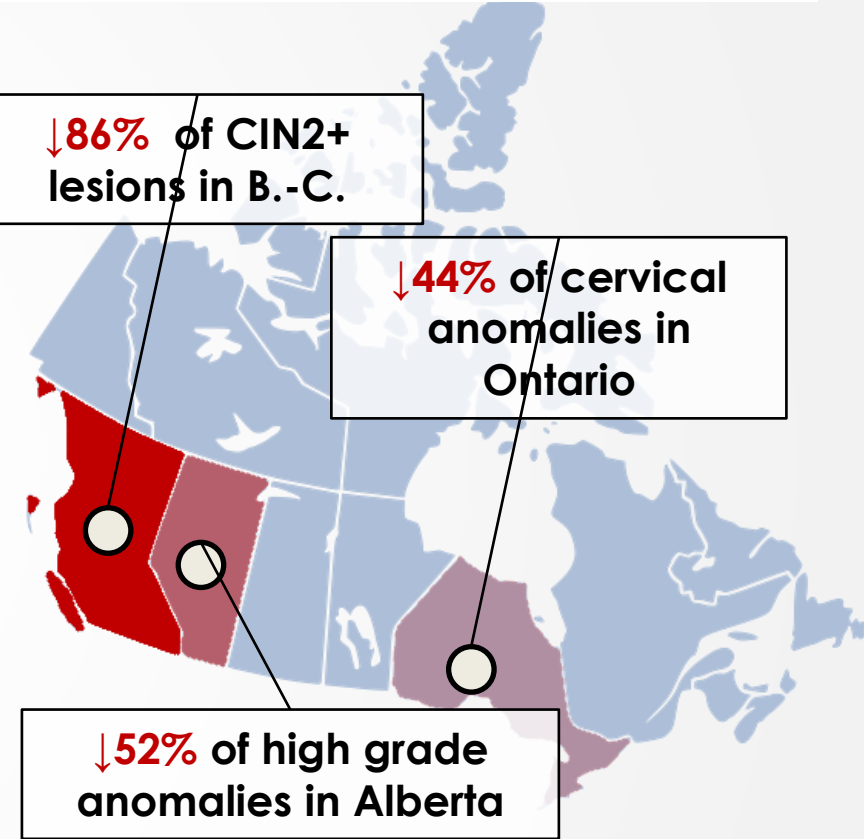


• Types unrelated to the vaccine were associated to similar results, no matter the vaccinal status.

HPV-related anogenital warts



HPV-related high grade lesions

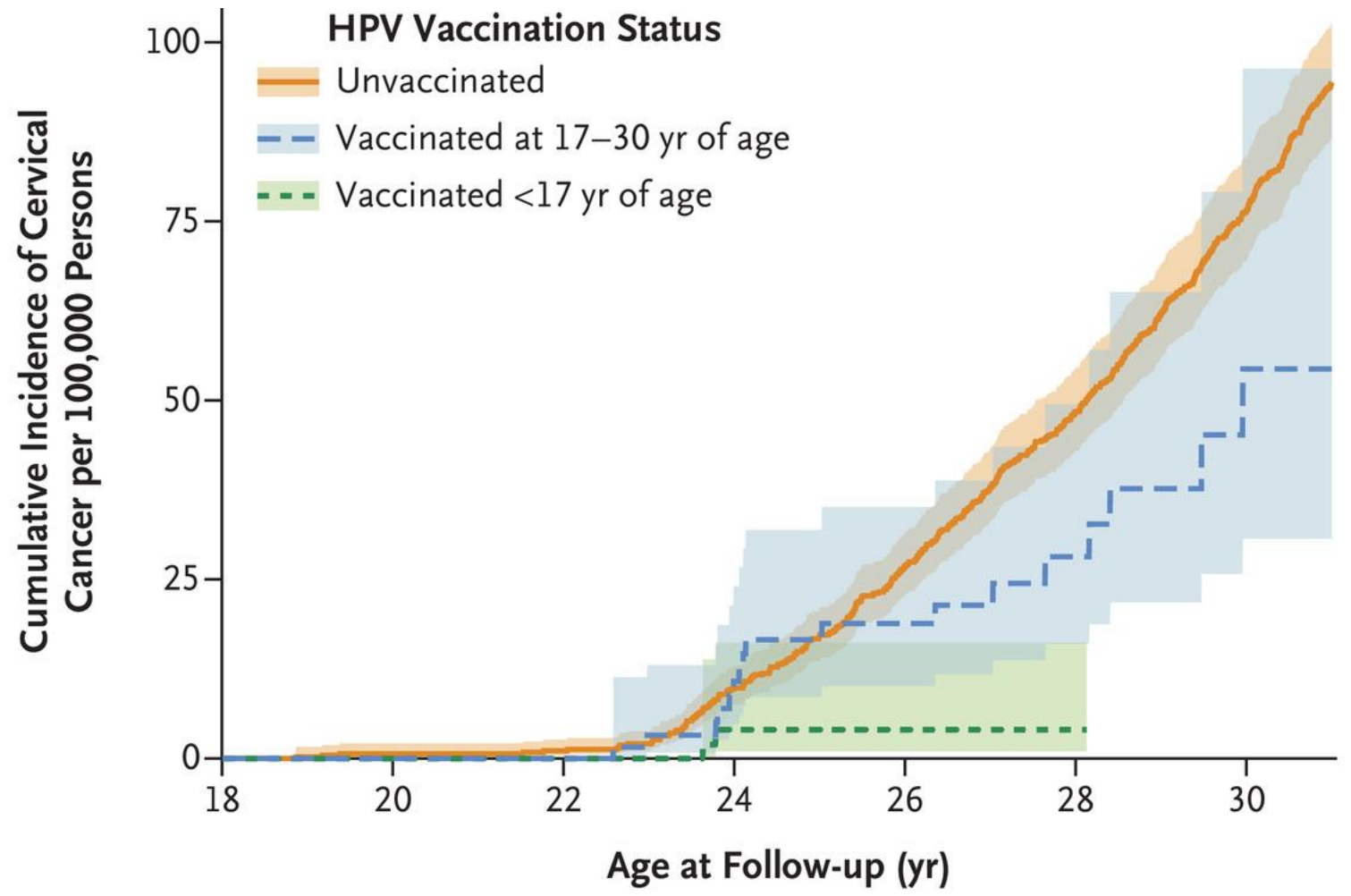


Conclusions

- These results highlight the success of the immunization program in Canada.
- The benefits of the nonavalent HPV vaccine in Canada will most likely be evaluated in the next decade or so.

HPV Vaccination and the Risk of Invasive Cervical Cancer

Jiayao Lei, Ph.D., Alexander Ploner, Ph.D., K. Miriam Elfström, Ph.D.,
Jiangrong Wang, Ph.D., Adam Roth, M.D., Ph.D., Fang Fang, M.D., Ph.D.,
Karin Sundström, M.D., Ph.D., Joakim Dillner, M.D., Ph.D.,
and Pär Sparén, Ph.D.



RESEARCH

Quadrivalent human papillomavirus vaccination in girls and the risk of autoimmune disorders: the Ontario Grade 8 HPV Vaccine Cohort Study

Erin Y. Liu MSc, Leah M. Smith PhD, Anne K. Ellis MD MSc, Heather Whitaker PhD, Barbara Law MD, Jeffrey C. Kwong MD MSc, Paddy Farrington PhD, Linda E. Lévesque PhD

■ Cite as: *CMAJ* 2018 May 28;190:E648-55. doi: 10.1503/cmaj.170871

RESULTS: The study cohort consisted of 290 939 girls aged 12–17 years who were eligible for vaccination between 2007 and 2013. There was no significant risk for developing an autoimmune disorder following HPV4 vaccination ($n = 681$; rate ratio 1.12, 95% CI 0.85–1.47), and the association was unchanged by a history of immune-mediated disorders and time since vaccination.

Exploratory analyses of individual autoimmune disorders found no significant risks, including for Bell palsy ($n = 65$; rate ratio 1.73, 95% CI 0.77–3.89), optic neuritis ($n = 67$; rate ratio 1.57, 95% CI 0.74–3.33) and Graves disease ($n = 47$; rate ratio 1.55, 95% CI 0.92–2.63).

We did not observe an increased risk of autoimmune disorders following HPV4 vaccination among teenaged girls. These findings should reassure parents and health care providers.

Human papillomavirus (HPV) vaccine and autonomic disorders: a position statement from the American Autonomic Society



Review of the literature containing the biology of the virus, pathophysiology of infection, epidemiology of associated cancers, indications of HPV vaccination, safety surveillance data and published reports linking HPV vaccination to autonomic disorders

« At this time, **the American Autonomic Society** finds that there are no data to support a causal relationship between HPV vaccination and CRPS, chronic fatigue, and postural tachycardia syndrome to other forms of dysautonomia. »

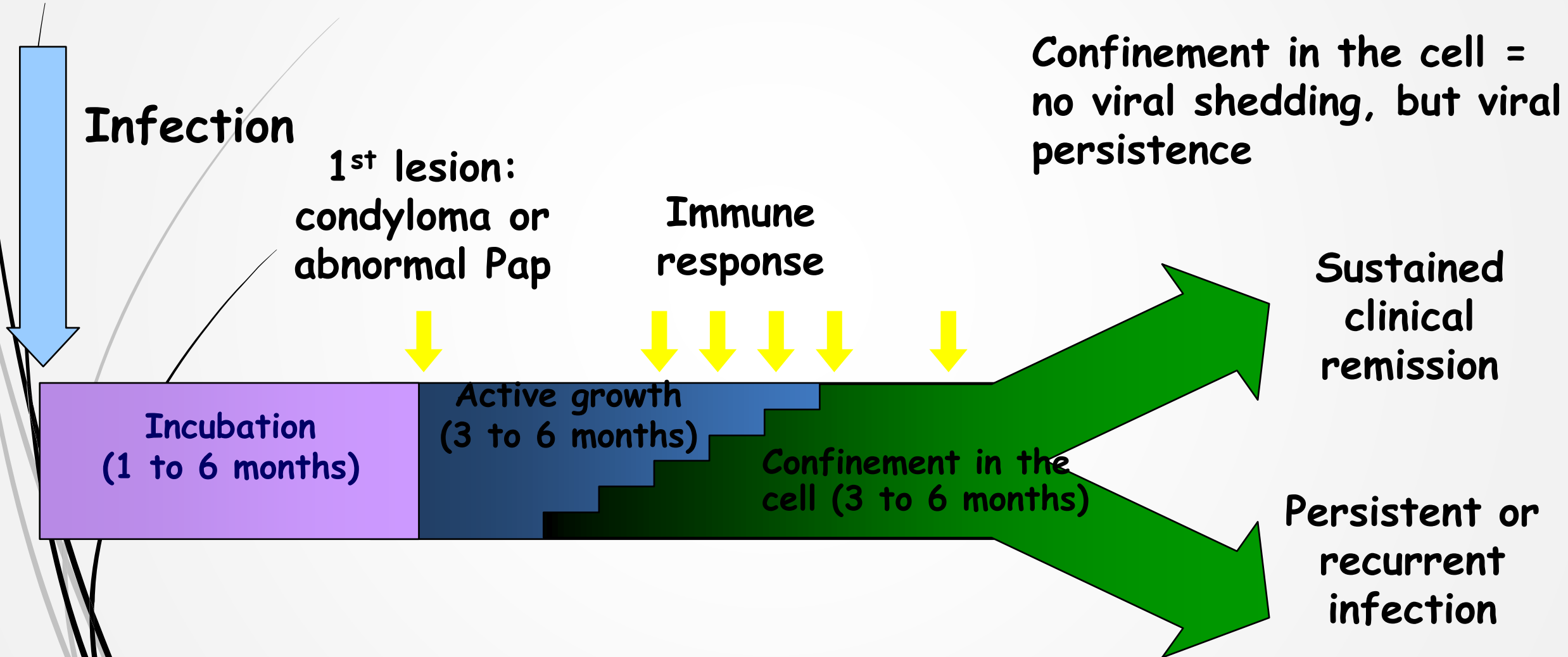
We are only starting to understand the full value of the HPV vaccine

PROPHYLACTIC

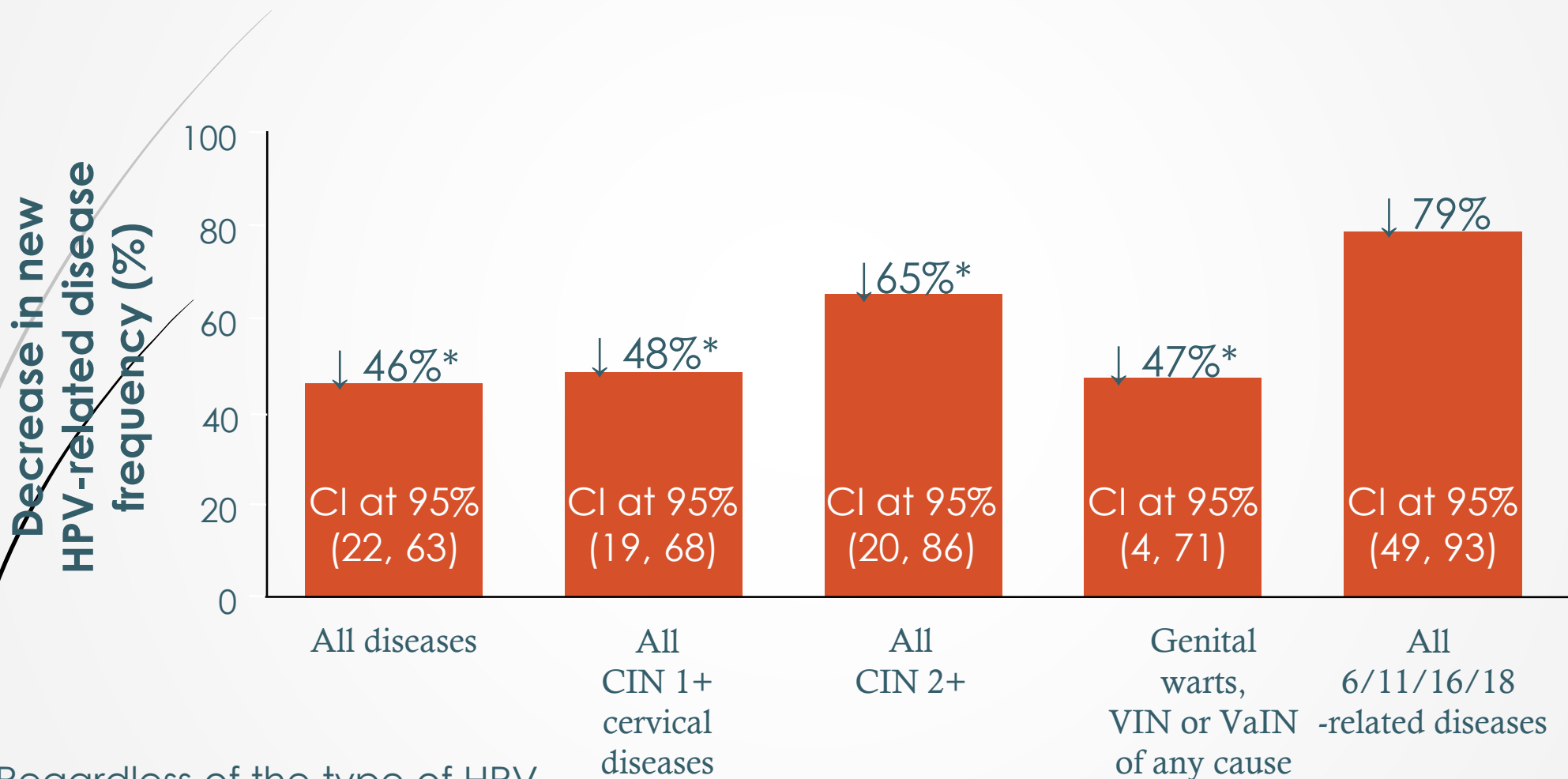
To prevent new infections and transmission

- Youths and adolescents before sexual debut
- Adult women 26, 30, 45+...
- Males
 - 18, 50+...
- Infants (EPI)

Natural evolution of an HPV genital infection

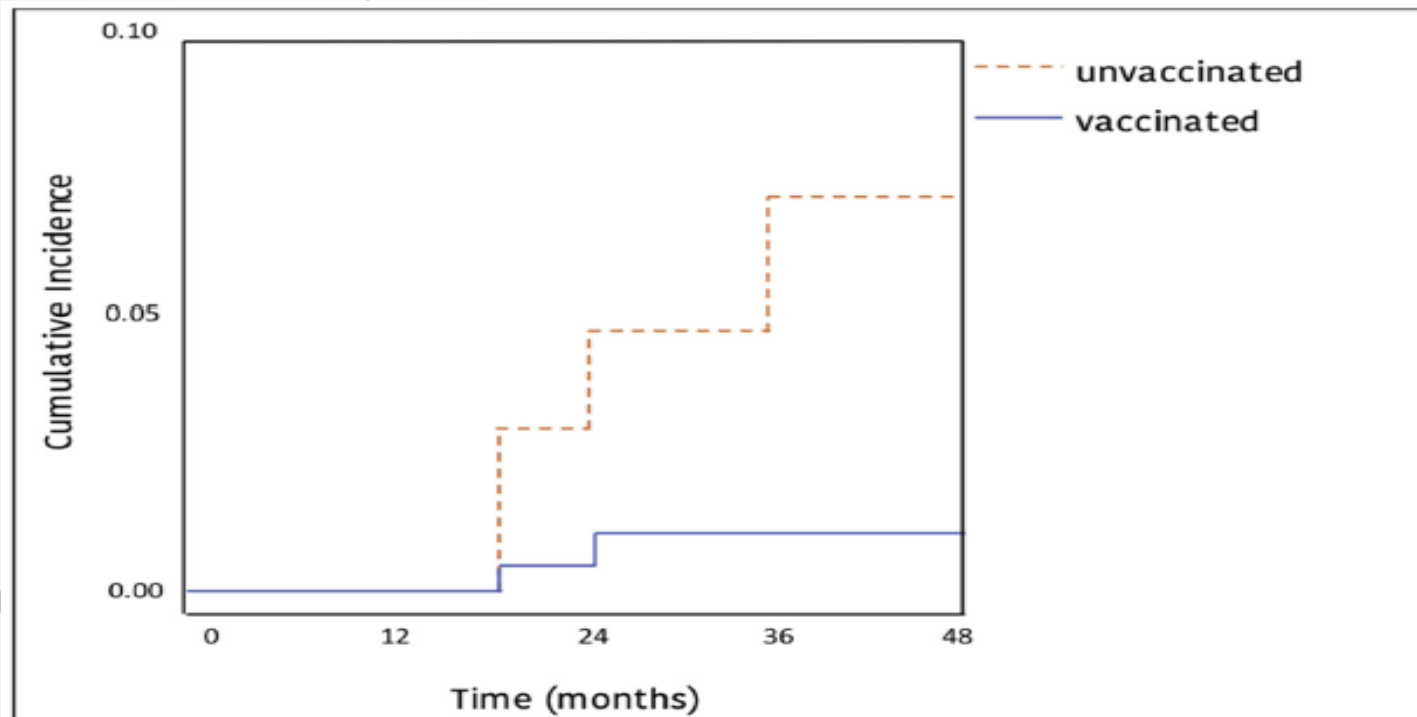


Patients previously treated for cervical disease showed a decrease in newer HPV infections after immunization with the quadrivalent HPV vaccine



CI: Confidence interval; CIN: Cervical intraepithelial neoplasia; VPH: Human papillomavirus virus; VaIN: Vaginal intraepithelial neoplasia; VIN: Vulvar intraepithelial neoplasia.
1. Joura et coll. Data presented at the 2010 International HPV Conference.

Impact of immunization on recurrence of lesions after a cervical conization



- NV: 11 cases
- V: 2 cases
- Vaccination has been associated with an important decrease of the recurrence rate of high-grade cervical lesions by **81.2%** (95%CI 34.3-95.7)

CDR irrespective of causal HPV type (CIN2+)			
	V-group	NV-group	% risk reduction in rate with vaccine
No. of evaluable women	172	172	81,2% [95% CI: 34,3-95,7]
No. of women with CDR	2	11	
recurrence rate (%)	1.2	6.4	

Legend: CDR: clinical disease relapse; V-group: vaccinated patients; NV-group: unvaccinated patients. Impact of quadrivalent HPV vaccine on incidence of subsequent disease relapse among women who had undergone cervical conization; 95% CI: confidence interval of the estimates.

However, there are no therapeutic effects

Burden of HPV-Related Recurrent Diseases in Females



Disease	Study Description	Burden of Recurrence	Time to Recurrence
Post-LEEP Persistent HPV Infection	Meta-analysis of 25 studies estimating incidence of HPV infection and subsequent disease after treatment for CIN ¹	Up to 24%	>6 to 36 months
Post-LEEP ^[LSEP] High-Grade Cervical Disease	Meta-analysis estimating recurrence of high-grade cervical lesions following excisional treatment for CIN 2+ ²	~7%	Within 2 years
Genital Warts	Retrospective study estimating genital wart recurrence in Australian females ³	~30% with at least 1 recurrent GW	3 years
	Retrospective chart review estimating genital wart recurrence in high-risk adults in Quebec ⁴	47% with 1 recurrent GW	4 years
Post-Treatment Vulvar disease	Population-based case-control study of women with VIN3 ⁵	~34% with recurrent VIN. 73.4% recurred within 3 years	Up to 5 years

1. Rositch AF, et al. *Gynecol Oncol*. 2014;132(3):767-779. 2. Arbyn M, et al. *The Lancet Oncology*. 2017;18(12):1665-1679. 3. Widschwendter A, et al. *Arch Gynecol Obstet*. 2019;300(3):661-668. 4. Thomas R, et al. *Sex Transm Dis*. 2017;44(11):700-706. 5. Madeleine MM et al. *J Low Genit Tract Dis* 2016;20: 257-260.

Burden of HPV-Related Recurrent Diseases in Males



Disease	Study Description	Burden of Recurrence	Time to Recurrence
Genital Infection and Warts in Males (HIM Study)	HPV-type specific genital HPV infection recurrence in males ¹	20% incident, 31% prevalent	3.7 years
	Genital wart recurrence in males ²	44% with at least 1 recurrent GW	4 years
Genital Warts	Retrospective chart review estimating genital wart recurrence in high-risk adults in Quebec ³	~49%	4 years
High-Grade Anal Neoplasia in MSM	Risk of recurrence following treatment for anal HSIL in HIV-infected MSM ⁴	23.5%	After 1 year
		53.5%	After 2 years
High-Grade Anal Neoplasia in MSM	Risk of recurrence following treatment for anal HSIL in HIV-infected MSM ⁵	53%	After 1 year
		68%	After 2 years

1. Parnianpour M, et al. Recurrence of Genital Infections With 9 Human Papillomavirus (HPV) Vaccine Types (6, 11, 16, 18, 31, 33, 45, 52, and 58) Among Men in the HPV Infection in Men (HIM) Study. *J Infect Dis*. 2018;218(8):1219-1227. 2. Giuliano AR, et al. Genital Wart Recurrence Among Men Residing in Brazil, Mexico, and the United States. *J Infect Dis*. 2019;219(5):703-710. 3. Thomas R, et al. Recurrence of Human Papillomavirus External Genital Wart Infection Among High-Risk Adults in Montreal, Canada. *Sex Transm Dis*. 2017;44(11):700-706. 4. Burgos J, Curran A, Landolfi S, et al. Risk factors of high-grade anal intraepithelial neoplasia recurrence in HIV-infected MSM. *AIDS*. 2017;31(9):1245-1252. 5. Goldstone SE, Johnstone AA, Moshier EL. Long-term outcome of ablation of anal high-grade squamous intraepithelial lesions: recurrence and incidence of cancer. *Dis Colon Rectum* 2014; 57:316-323.

We are only starting to understand the full value of the HPV vaccine

PROPHYLACTIC

To prevent new infections and transmission

- Youths and adolescents before sexual debut
- Adult women 26, 30, 45+...
- Males
 - 18, 50+...
- Infants (EPI)

AS PART OF THERAPY

To interrupt reinfections and transmission

- HPV+ women in screening
- Post treatments for CIN lesions
- Recurrent Respiratory Papillomatosis
- Genital warts
- Cancer survivors
- Therapeutic vaccines

From Xavier Bosch, ICO, Barcelona

2016 NACI guidelines:

Doses and intervals for the HPV vaccine

2-dose schedule: 0 and 6 months

3-dose schedule: 0, 2 and 6 months

Girls aged between 9 and 14 years can receive 2 or 3 doses of the bivalent, quadrivalent or nonavalent vaccine.

Boys aged between 9 and 14 years can receive 2 or 3 doses of the bivalent, quadrivalent or nonavalent vaccine.

Girls and women of 15 years or older: 3 doses of the bivalent, quadrivalent or nonavalent vaccine.

Boys and men of 15 years or older: 3 doses of the bivalent, quadrivalent or nonavalent vaccine.

Immunocompromised, HIV-positive populations: 3 doses of the bivalent, quadrivalent or nonavalent vaccine.

An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI)

Updated Recommendations on Human Papillomavirus (HPV)
Vaccines: 9-valent HPV vaccine 2-dose immunization
schedule and the use of HPV vaccines in
immunocompromised populations

PROTECTING AND EMPOWERING CANADIANS TO IMPROVE THEIR HEALTH

 Public Health
Agency of Canada

 Agence de la santé
publique du Canada

 Canada



How can complete elimination of cervical cancer be most effectively reached?

- By augmenting vaccinal coverage of young populations **who already have free access to immunization** through their school and screenings for cervical cancer in women?
- OR
- By augmenting vaccinal coverage of young populations **who have limited free access to immunization** through their school and screenings for cervical cancer in women?
- Not all populations are equally affected by cervical cancer.
- It occurs in many groups that have problems accessing health services.

We are only starting to understand the full value of HPV vaccine

PROPHYLACTIC

To prevent new infections and transmission

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AS PART OF THERAPY

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HIGH-RISK GROUPS

To interrupt infections, reinfections and transmission

- HIV cohorts
- MSM
- Transplants & immunodepressed
- Autoimmune patients
- STI clinics
- Partners of HPV+
- Migrants/marginal
- Abused children
- Indigenous populations

From Xavier Bosch, ICO, Barcelona

Comparison of prevention focused interventions

? Comparatively to secondary prevention, primary prevention is always:

- ? Cheaper
- ? More equitable
- ? More efficient
- ? More accessible

Examples:

Primary prevention

Seatbelts, laws on alcohol consumption and on vehicle driving

Secondary prevention

Emergency rooms

Condoms

Antiretroviral treatment

DISCUSSION

In which cases is it preferable to limit “infection” rather than preventing a “disease”?

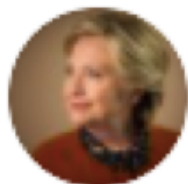
Vaccination proposal

- The prophylactic HPV vaccine must be strongly recommended for:
 - Populations in need of protection
 - before exposition
 - and after exposition
 - Populations in need of protection against recurring lesions

Conclusion and call to action

Is the HPV vaccine the best prevention tool you'll see in your career?





Hillary Clinton 

@HillaryClinton



The science is clear: The earth is round, the sky is blue, and [#vaccineswork](#). Let's protect all our kids.
[#GrandmothersKnowBest](#)

10:45 PM · Feb 2, 2015



 34.7K

 38.1K people are Tweeting about this

Presenter



Teresa Norris

- Sexual Health Specialist
- Founder and President, HPV Global Action

The role of Healthcare professionals in the promotion
of cancer prevention through HPV vaccination

Teresa Norris

Sexual Health Specialist

Founder & President of HPV Global Action

Potential conflicts of interest

Since 2006, HPV Global Action has received unrestricted grants from Merck, Roche, Bayer, GlaxoSmithKline, Gilead, Bristol Myers Squibb, Hologic

Objectives

- Communicate the risks of HPV, and the benefits of HPV vaccination
- Resolve reported obstacles to the decision on HPV vaccination


Objective #1

- ✓ **Communicate the risks of HPV, and the benefits of HPV vaccination**

How to QUICKLY & EFFECTIVELY talk about HPV vaccination

- ❖ Ensure the language is adapted to the clients/patients level of literacy
- ❖ Briefly explain what is HPV
- ❖ How the infection is spread
- ❖ The potential impact and complications of HPV
- ❖ Benefits, safety and efficacy of the HPV vaccine

- ✓ People come into contact with this virus through any skin-on-skin anal or genital sexual contact below the waist with fingers, mouths or other body parts, even without penetration.
- ✓ Condoms are effective at protecting against sexually transmitted infections (STIs), unwanted pregnancies and HPV in general.
- ✓ HOWEVER, they do not fully protect you against this virus, since there's still skin on skin contact.
- ✓ 3 out of 4 Canadians will have had at least one form of HPV throughout their lives.
- ✓ It is worth repeating why it is so highly contagious; "because it only requires skin to skin contact below the waist, above the knees, front to back, one time with one person !"



Simple
statements to
explain HPV
to the public

Consequences of HPV?

HPV causes 9 different types of cancer:

- Tonsils
- Vocal Cords
- Throat
- Anus
- Cervix
- Vulva
- Vagina
- Penis
- And genital warts

Here's how to prevent Human Papillomavirus (HPV)

HPV causes 9 different types of cancers and genital warts. HPV vaccination is the best protection from this virus.

There are benefits for people of all ages. The vaccine prevents people from being affected by different types of the virus with which they have not already come into contact. If a person has cleared an HPV-related infection (genital warts or an HPV-related pre-cancer), the vaccine will help against reinfection. Furthermore, if you have a cervix, getting routine screening, whether vaccinated or not, can help detect cervical cancer earlier.



Important next steps to prevent HPV cancers & genital warts

- ✔ I will look into getting the HPV vaccine no matter my age, gender, or relationship status.
- ✔ If I have a cervix, I need to get screened.
- ✔ I will talk to my loved ones about getting the HPV vaccine and getting screened.

For more information:
www.hpvglobalaction.org

How to prevent 9 different cancers & genital warts



Are you a human?

Yes! There you stand to fight about Human Papillomavirus (HPV).

Over 70% of Canadians will have ever had an infection of this virus in their lifetime. People come into contact with this virus, through any skin-to-skin sexual contact before the infection with fingers, mouth, or other body parts, even without penetration.

Canadian girls get protection against sexually transmitted infections (STIs), including HPV, through the general BCT. But do not fully protect people from the virus because there is still direct skin-to-skin contact.

Some cancers caused by HPV



Genital warts

What are they?


- Small, warty bumps that can grow on clumps or skin. Usually painless, but may cause itching, or pain during sex.
- Can be found anywhere from the neck down to the feet, but are most likely to be found on the penis.
- Even if you have the virus, it can take many months or years before warts appear.
- You can still give HPV without having the physical signs of genital warts.

Did you know?

This virus can stay alive in a person's body for up to 80 years and later outbreak as a cancer. This means that what you are doing now could affect you years or decades later.



How to prevent 9 different cancers & genital warts

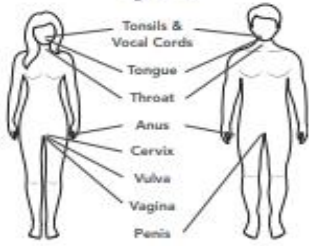


Did you know?

HPV causes 9 different types of cancers and genital warts. HPV vaccination is the best protection from this virus.

There are benefits for people of all ages. The vaccine protects people from being affected by different types of the virus with which they have not already come into contact. If a person has cleared an HPV-related infection (genital warts or an HPV-related pre-cancer), the vaccine will help against reinfection. Furthermore, if you have a cervix, getting routine screening, whether vaccinated or not, can help detect cervical cancer earlier.

Some cancers caused by HPV




Are you human?

People come into contact with HPV, through any skin-to-skin sexual contact before the waistline with fingers, mouths or other body parts, even without penetration. Condoms do not fully protect people from this virus because there is still direct skin-to-skin contact.

Important steps to prevent HPV cancers & genital warts

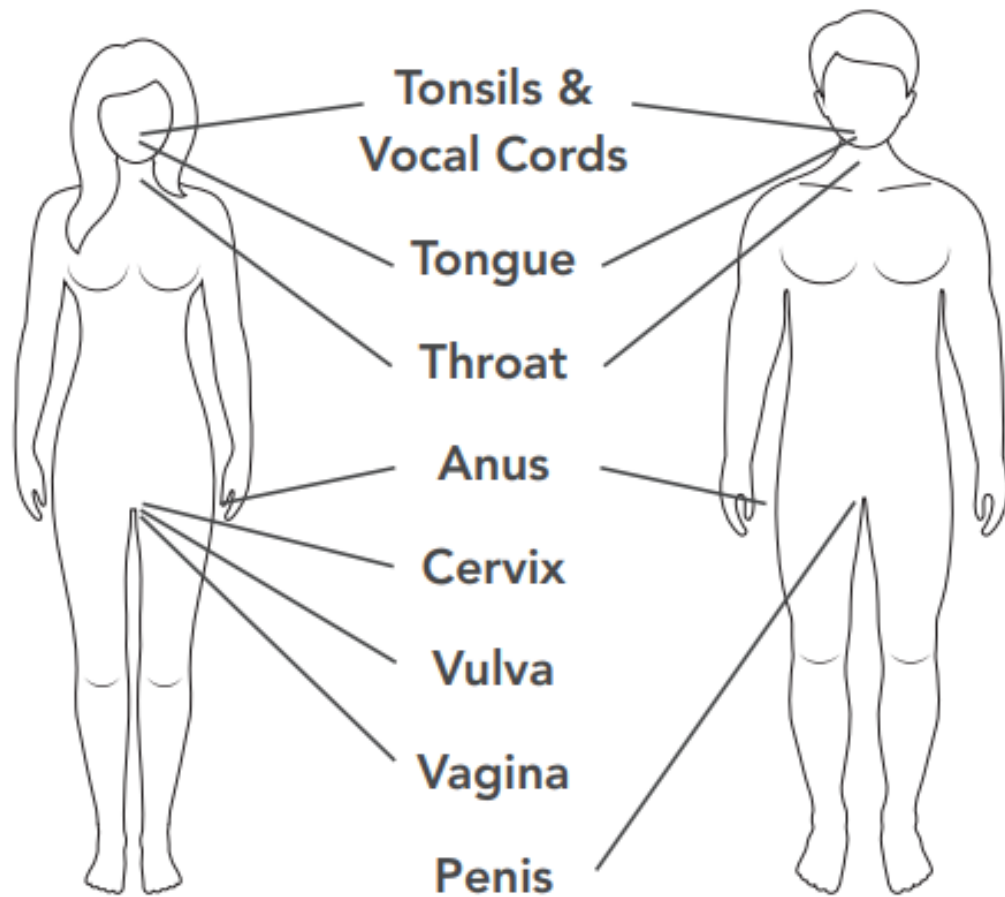
- ✔ I will look into getting the HPV vaccine no matter my age, gender, or relationship status.
- ✔ If I have a cervix, I need to get screened.
- ✔ I will talk to my loved ones about getting the HPV vaccine and getting screened.



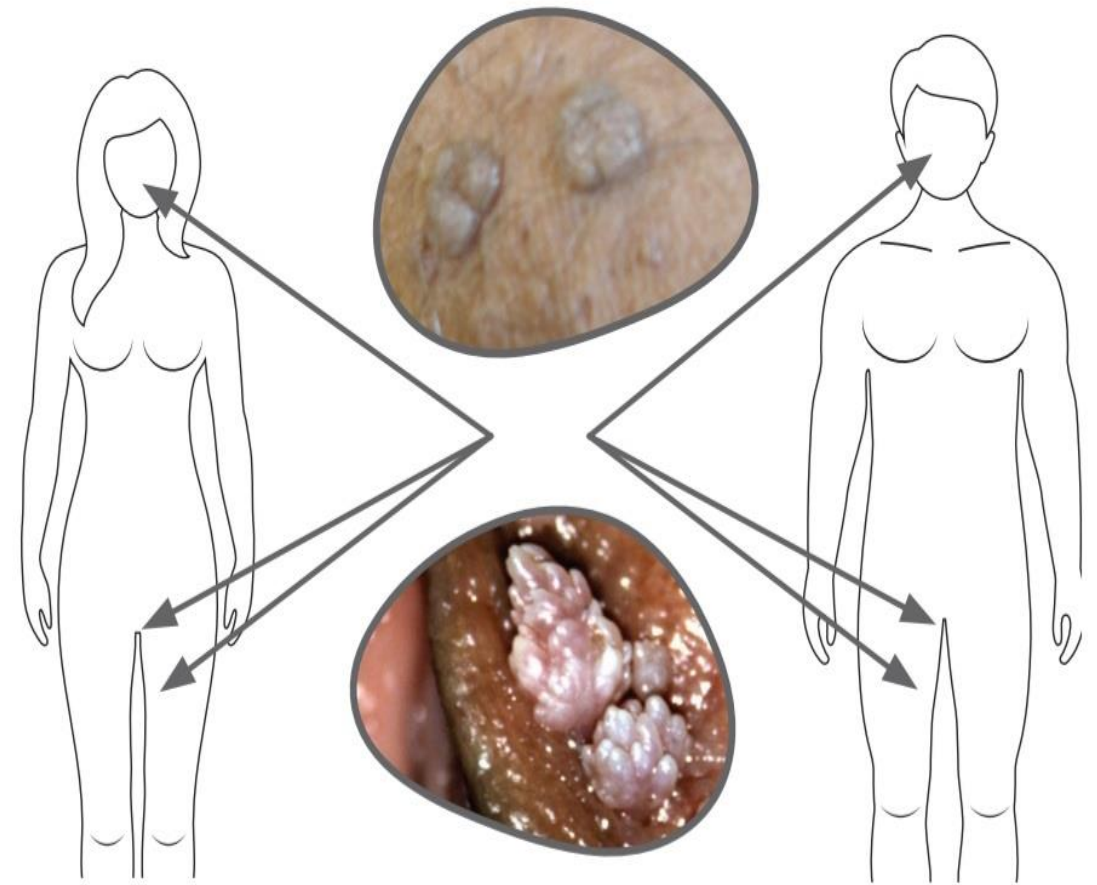
www.hpvglobalaction.org

Promotion tools available in 12 languages- English, French, Spanish, Arabic, Simplified Chinese, Malayalam, Greek, Hungarian, Italian, German, Hindi, Urdu

Some cancers caused by HPV




Genital warts



How to discuss HPV prevention ?

- The HPV vaccine is the best protection against this virus.
- There are benefits for people of all ages.
- The HPV vaccine protects people from various types of viruses that they haven't yet come into contact with.

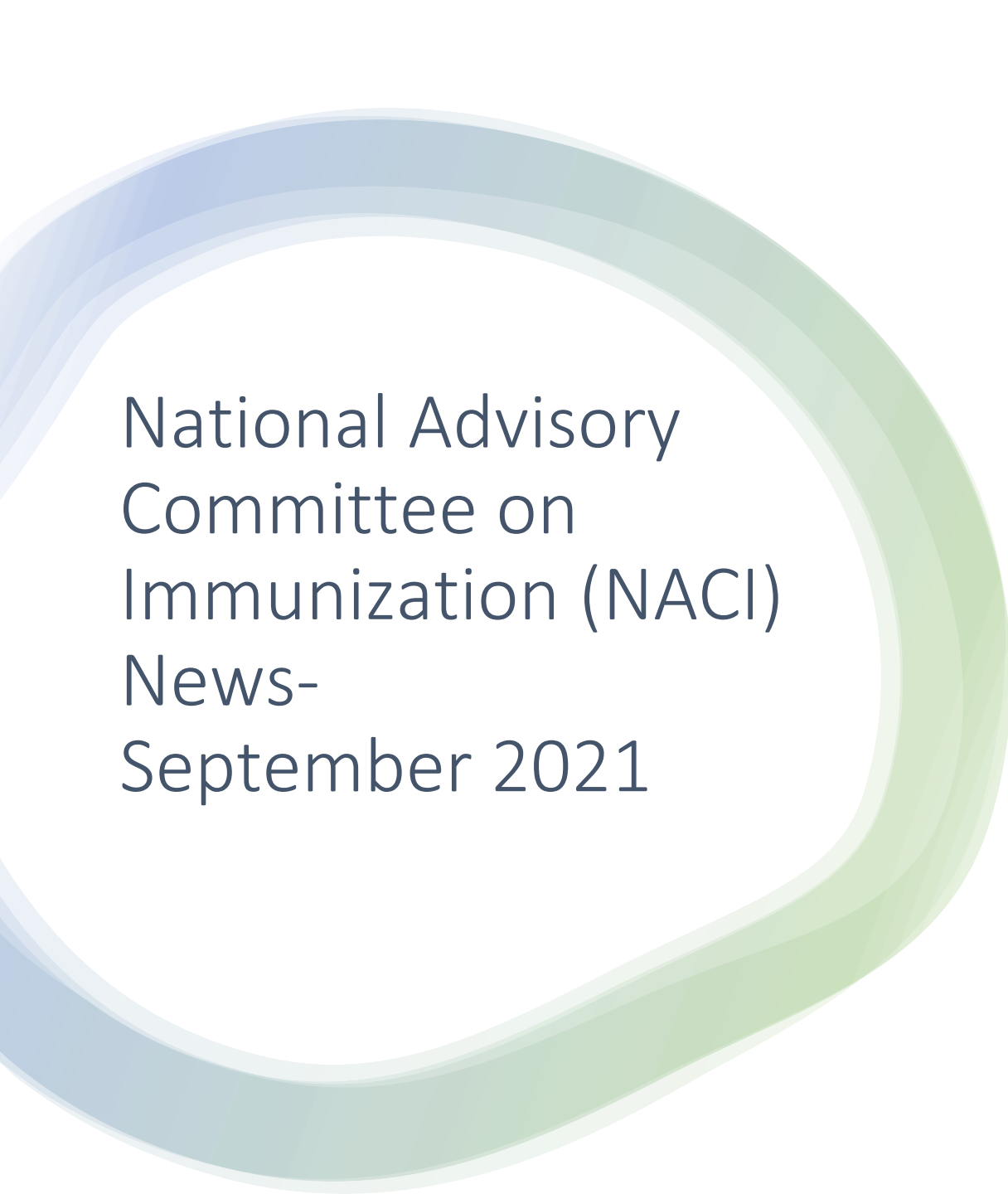
If someone has eliminated an HPV-related infection (genital warts or HPV-related pre-cancer) the vaccine will help prevent reinfection.



Opportunities to talk about the HPV vaccine

HPV vaccination can be brought up when the following topics are discussed:

- Condoms
- Emergency contraception
- Any form of contraception
- Cold sores
- STIs
- Any medication for STIs
- Travel vaccination
- Vaginitis
- Cervical cancer screening
- HPV-related cancers
- Covid and/or flu vaccines



National Advisory
Committee on
Immunization (NACI)
News-
September 2021

- ✓ NACI has released their statement on COVID-19 and administration of other vaccines.
- ✓ They are moving away from a precautionary approach and are now recommending that COVID-19 vaccines may be given “at the same time as, or any time before or after, other vaccines.”
- ✓ The announcement also notes that allowing COVID-19 vaccines to be given at the same time as or within days of other routine vaccines will help facilitate the rollout of the 2021 influenza vaccine program in the fall and winter and will make it easier for individuals to receive other routine vaccines they have missed due to the pandemic.

How you can help the population be incited to get the HPV vaccine

1. “A healthcare provider (HCP) recommendation is one of the most potent tools for increasing HPV vaccination. Studies show that parents/caregivers who receive a clear recommendation for their children to get the HPV vaccine have around **10 x** higher odds of getting their children vaccinated.”
2. “ High-quality recommendations were strongly associated with HPV vaccination behavior, but only about one-third of parents received them. Interventions are needed to improve not only whether, but how providers recommend HPV vaccination for adolescents .”
3. “HCPs are vital advocates for patients and the public, but studies indicated improving HCP knowledge and assuring their access to information they deem trustworthy are essential to supporting HCPs’ role as “trusted messengers” to promote vaccine acceptance.”

Major organizations that attest to the safety of the HPV vaccine

- World Health Organization (WHO)
- Public Health Agency of Canada (PHAC)
- Centers for Disease Control and Prevention (CDC)
- Food and Drug Administration (FDA)
- European Medicines Agency (EMA)
- Medicines & Healthcare Products Regulatory Agency of the UK (MHRA)
- Therapeutic Goods Administration of Australia (TGA)
- International Federation of Gynecology and Obstetrics (FIGO)
- International Papillomavirus Society (IPVS)
- HPV Global Action / VPH Action Mondiale
- The Society of Obstetricians and Gynaecologists of Canada (SOGC)
- Society of Gynecologic Oncology of Canada (SGOC)
- And a long list of community-based & non-profit organizations globally!

Objective #2

- ✓ **Resolve reported obstacles to the decision on HPV vaccination**

Negative arguments that are easily dissuaded!

“It’s a new vaccine”

- Available in Canada since 2006
- The HPV vaccines have been studied since the year 2000
- Offered through public health programs since 2007

How to address this statement with the public:

- ✓ **The HPV vaccine has been studied for almost 20 years and has been administered to Canadians since 2006.**
- ✓ **Around the world, between Gardasil and Gardasil9 over 400 million doses have been distributed to date.**

Negative arguments that are easily dissuaded!

“Many severe negative side effects have been reported”

- Reported side effects, which include redness, pain and soreness at the injection site, are mainly reported during the first two weeks.
- In Europe and Canada, there has been no increase in autoimmune disease cases.
- The side effects of benign, precancerous and cancerous lesions treatments far outweigh those of the HPV vaccine.

How to address this concern with the public:

- ✓ **The most common side effect is a sore arm at the site of injection and temporary redness.**
- ✓ **Vaccination benefits win hands down compared to the impact and treatment following an HPV-related cancer or a genital warts diagnosis.**
- ✓ **Its far better to prevent cancer than treat cancer.**

Negative arguments that are easily dissuaded!

“The HPV vaccine will encourage young people to become promiscuous”

- Young people don't need to be encouraged to have sexual relationships; their hormones are taking good care of this, and they have a whole virtual world at their fingertips !
- It has been proven that vaccinated girls in Ontario were less likely to get pregnant or contract HPV-unrelated STIs than unvaccinated girls.

How to address this belief with the public:

- ✓ **Studies have shown that immunization doesn't encourage young people to have sexual relations at a younger age.**

Negative arguments that are easily dispelled!



“So much of the information out there proves that the HPV vaccine is problematic”

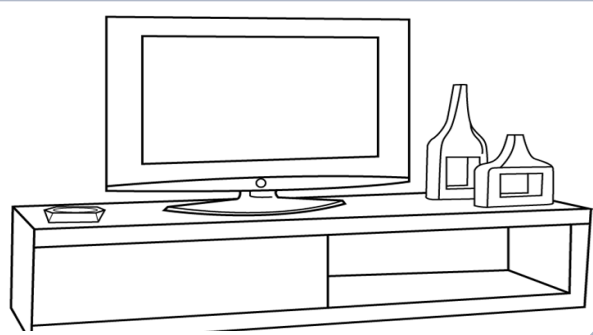
- The same negative messages/articles gets spread around on social media.
- It has been proven that a negative message will be shared **7X** more than a positive message.
- Happy people don't make the headlines, neither do people who have NOT been impacted by HPV!

How to address this statement with the public:

To this day, no published documentation based on scientific facts from anywhere in the world has demonstrated that the HPV vaccine is harmful or causes severe side effects or even death.

Key lessons

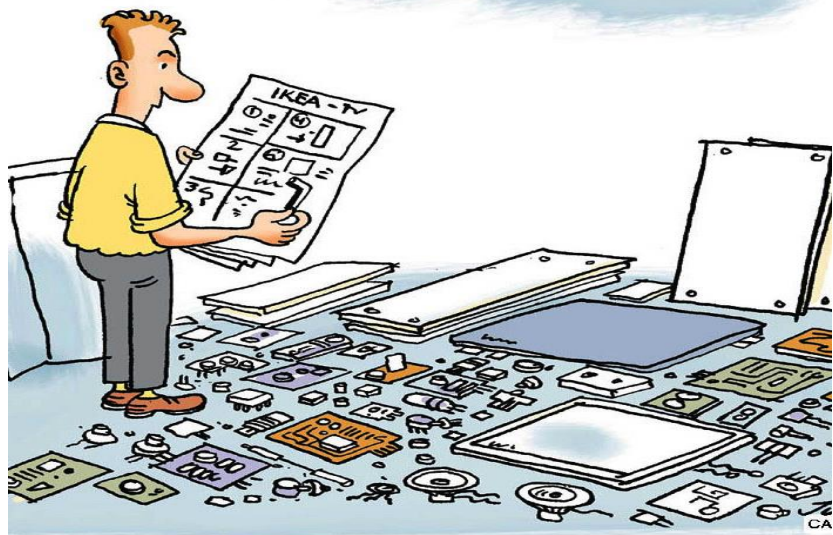
- 1. HPV-related diseases and cancers can be avoided.**
- 2. The HPV vaccine is safe and has been proven to be highly effective.**
- 3. The HPV vaccine is recommended for patients at risk of cancer and infection.**
- 4. By talking about HPV and the concerns surrounding it, and by strongly recommending the vaccine, healthcare professionals can reduce the impact of HPV.**



Stay up to date!

Look for opportunities to share this instructional information with the public.

When the public hears from you - a trusted source - they will be more likely to listen and seek out HPV vaccination.





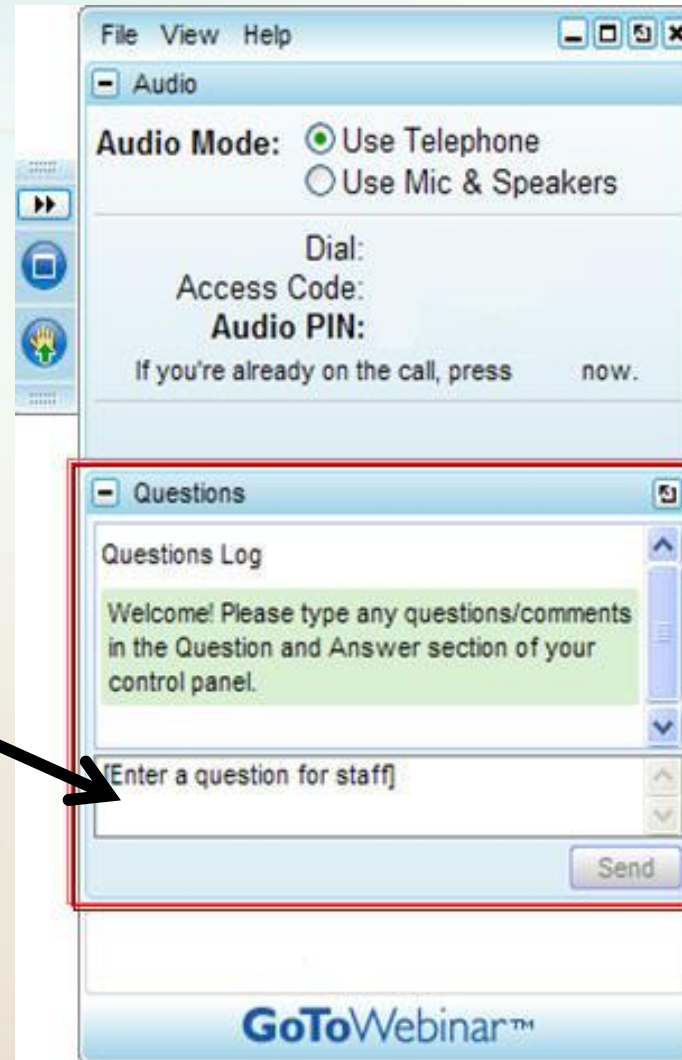
Thank you

QUESTIONS?

tnorris@hpvglobalaction.org

Question & Answer Period

Submit your text question using
the Questions pane



The role of health care professionals in the promotion of cancer prevention through HPV vaccination

- **Evaluation:** [https://www.surveymonkey.com/r/ K8YSKSG](https://www.surveymonkey.com/r/K8YSKSG)
- **Slide Set, Video recording, HPV documents at:**
www.hpvglobalaction.org & www.CIDCgroup.org

Thank you for participating!

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The opinions expressed in this webinar are those of the presenters and do not necessarily reflect the views of CIDC, HPV Global Action or their partners