The Big Picture: Policy & Practical Issues with the HPV Vaccine

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Societal Impact of Vaccine: What Now?

- Attitudes and knowledge
- Adolescent “Platform”
- Mandates
- Financing
- Implementation
Attitudes and Knowledge

- General lack of knowledge about HPV
- Low perception of risk
- Both are likely to impair demand for vaccine
- Will require public educational efforts to raise awareness

Dempsey et al, Am Jour of Mgd Care, 2006 Dec; 12(17 Suppl)
Parental Attitudes

- Media concerns about sexual nature of HPV transmission appear unfounded
- Opposition to vaccination for STIs or HPV is not widespread
- Perception of low risk or lack of benefit primary reasons for rejecting vaccination

Dempsey et al, Am Jour of Mgd Care, 2006
Dec; 12(17 Suppl)
Depth of Knowledge

- Awareness of HPV has increased but knowledge of link to cervical cancer remains low
- Education more likely after adverse consequence from HPV infection
- Increasing the depth of knowledge of HPV is crucial

Adolescent “Platform”

- Why 11-12 year olds?
  - Prior to sexual “debut”
  - Build upon other vaccine recommendations
    - Meningococcal, Tdap
    - Catch up vaccinations
    - High risk medical conditions
- Effort to establish mechanism for routine preventive care
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<th>Vaccine</th>
<th>Age</th>
<th>7–10 years</th>
<th>11–12 years</th>
<th>13–14 years</th>
<th>15 years</th>
<th>16–18 years</th>
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<td>Tetanus, Diphtheria, Pertussis¹</td>
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<td>Tdap</td>
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<td>Human Papillomavirus²</td>
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<tr>
<td>Influenza⁵</td>
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<td>Influenza (Yearly)</td>
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<td>Hepatitis A⁶</td>
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<td>Varicella¹⁰</td>
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</table>

Challenges with Adolescent Vaccination

- Adolescents less likely to seek care
- No established preventive care visits
  - Acute/emergent care
  - Physicals for school/athletics
- More likely to be uninsured

Dempsey et al, Am Jour of Mgd Care, 2006
Dec; 12(17 Suppl)
Vaccine Mandates

- When is the time right?
- What are the current efforts?
Mandate Considerations

- Coverage in private health plans
- Sufficient funding – VFC/317/State
- Provider support
- Public acceptance

AIM Position Statement, School and Child Care Immunization Requirements, 6/06

www.lapublichealth.org/ip/County of Los Angeles Department of Public Health IMMUNIZATION PROGRAM
Mandate Considerations

- Stable/adequate vaccine supply
- Addition to registries
- Post-licensure safety data
- Significant uptake

AIM Position Statement, School and Child Care Immunization Requirements, 6/06
AB 16 (CA): A Moving Target

- Prohibit unconditional admission of any female pupil to 7th grade unless she is vaccinated for HPV
- Introduced 12/4/06
- Amended author 2/07, withdrawn 3/07
- Revised focus 4/07
AB 1429: HPV Vaccination

- Health plans/insurers that cover cervical cancer treatment must cover annual cervical cancer screening
- AB 1429 would expand this coverage to include HPV vaccination
National HPV Activity

- Legislative action in at least 39 states & DC
  - Michigan: 9/06, not enacted
  - Texas: Executive Order 2/07, unchallenged legislative override
  - Virginia: enacted school requirement 4/07

- Includes efforts to require, fund or educate about HPV
Vaccine Financing 101

- Vaccines for Children (VFC) Program
- Federal “317” funding
- State funding
- Private funding
- Manufacturer assistance programs
VFC Program

- Established in 1994 in partial response to measles outbreak
- Entitlement program for children
- Funding is mandatory
VFC Eligibility Criteria

Children 18 years of age and younger

- Medicaid eligible
- Uninsured
- American Indian/Alaskan Native
- Underinsured (if vaccinated at Federally Qualified Health Center or Rural Health Center)
Federal Section 317 Funding

- Discretionary federal grant program
- Funds must be appropriated each year
- Used to fill gaps in VFC Program
- States determine use
- Has not kept pace with newly recommended vaccines
Private Sector Role

- Private health insurance usually includes immunization benefit
- Financing often independent of government purchase policies
- Some insurance does not cover vaccines

Source: Lance Rodewald, MD, ACIP Mtg 10/26/06
HPV Vaccine Financing

- Most expensive recommended vaccine introduced to date
  - $120/dose private
  - $96.75/dose public
- Has complicated already strained vaccine financing

Federal contract price shown for 1985 and 1995 are averages that account for price changes within that year.

Source: Anne Schuchat, CDC
HPV and Adults

- No program exists in California to support vaccination of uninsured adults
- State-supplied vaccine for ≤ 18 years
- Adults must pay privately
- Governor’s proposed 2007-2008 budget
  - $11.3 million
  - Medi-Cal eligible 19-26 years
Available for private purchase 6/06
VFC Resolution 6/06
Federal contract negotiated 10/06
Available to public/nonprofit providers in LA County 1/07 through VFC/State
Vaccine Partners

- Public/nonprofit providers
- Schools
- Private sector providers
- “Nontraditional” partners
  - Can join VFC
  - Must offer all age-appropriate vaccines (CA)
Early Implementation Phase

- Educate providers, community
- Monitor uptake
  - STD grant
  - Survey data
- LA County HPV Workgroup (STD, Women’s Health, MCAH, Immunization)
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