

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
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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




Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2007

Vaccine ▼	Age ▶	7–10 years	11–12 YEARS	13–14 years	15 years	16–18 years
Tetanus, Diphtheria, Pertussis ¹	<i>see footnote 1</i>		Tdap		Tdap	
Human Papillomavirus ²	<i>see footnote 2</i>		HPV (3 doses)		HPV Series	
Meningococcal ³	MPSV4		MCV4		MCV4¹ MCV4	
Pneumococcal ⁴			PPV			
Influenza ⁵			Influenza (Yearly)			
Hepatitis A ⁶			HepA Series			
Hepatitis B ⁷			HepB Series			
Inactivated Poliovirus ⁸			IPV Series			
Measles, Mumps, Rubella ⁹			MMR Series			
Varicella ¹⁰			Varicella Series			

 Range of recommended ages

 Catch-up immunization

 Certain high-risk groups

<http://www.cdc.gov/nip/recs/child-schedule.htm>



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



Vaccine Mandates

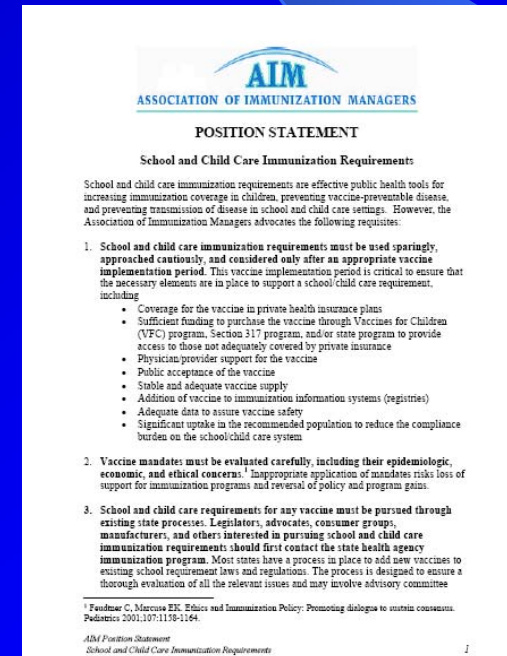
- When is the time right?
- What are the current efforts?



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



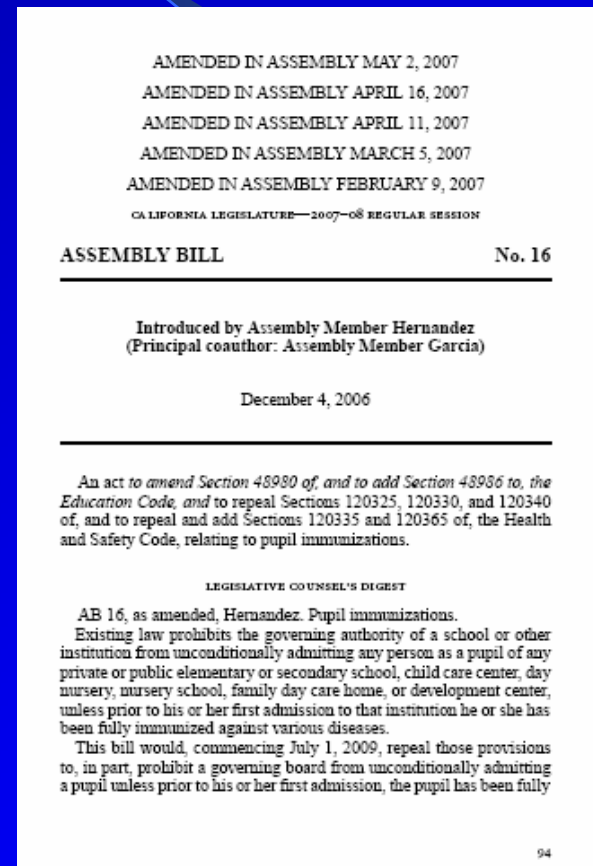
Mandate Considerations

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



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)

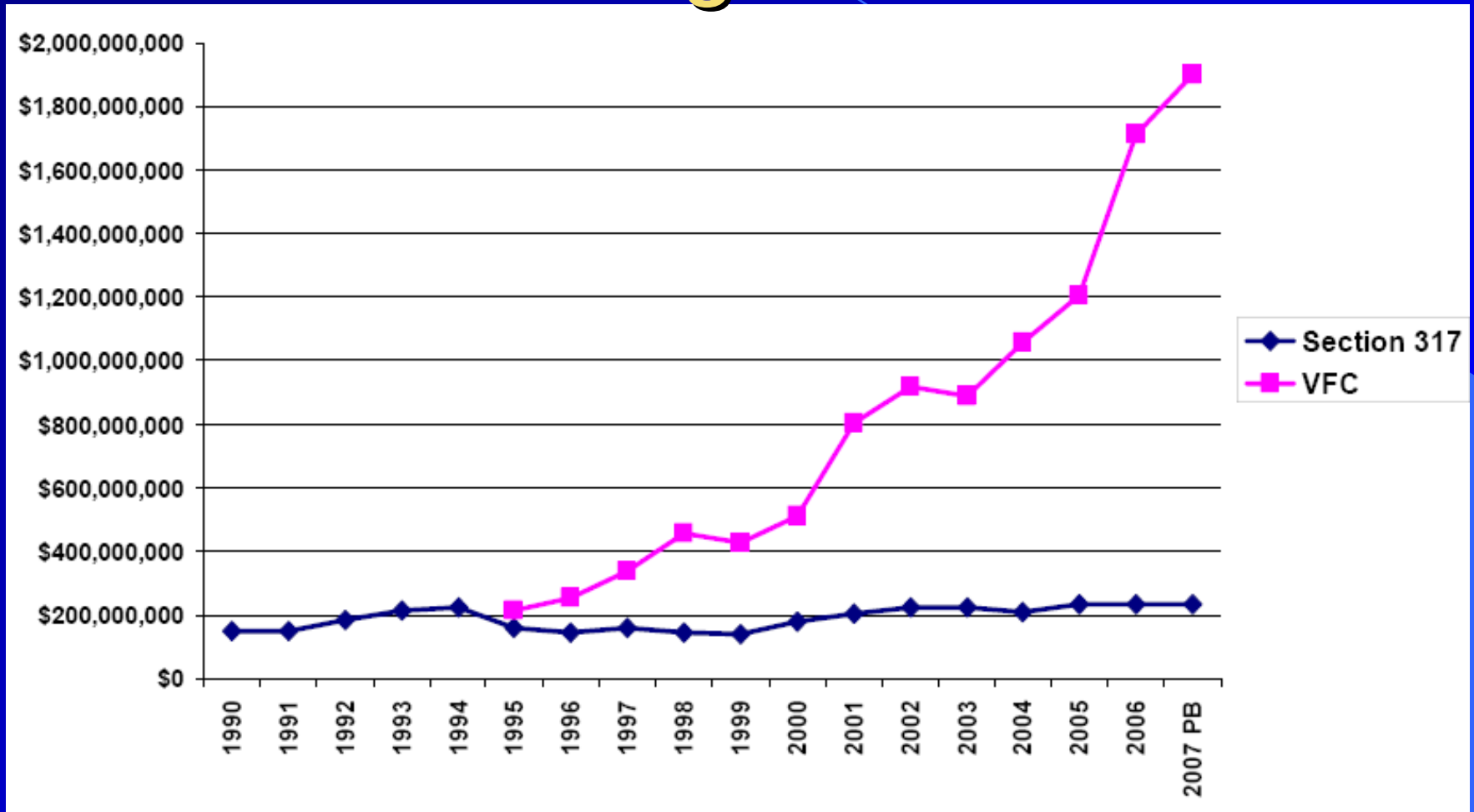


Federal Section 317 Funding

- 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



Funding to Immunization Programs



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

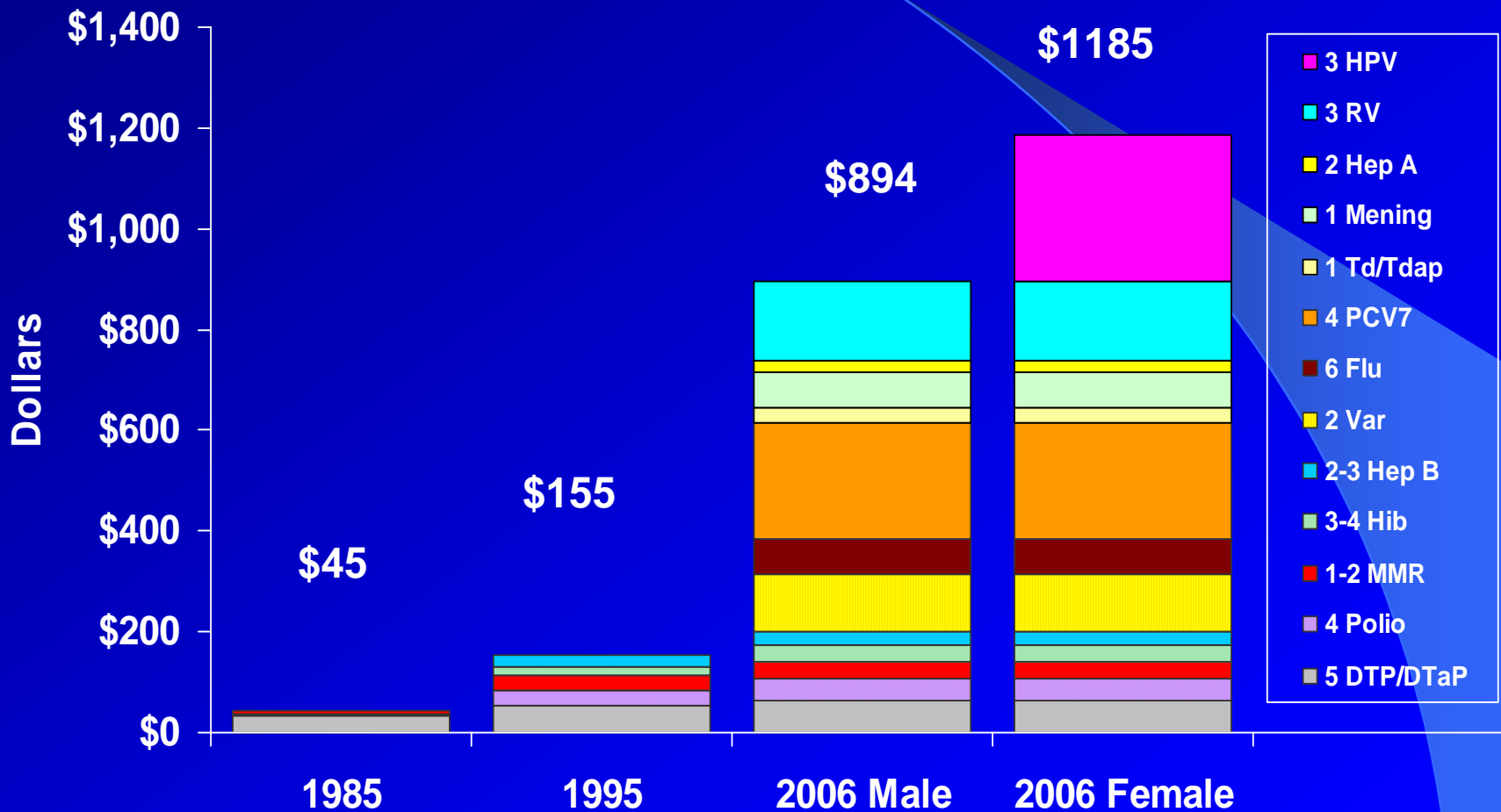


HPV Vaccine Financing

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



Federal Contract Prices for Vaccines Recommended Universally for Children and Adolescents 1985, 1995, 2006



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



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



Vaccine Implementation

- 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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