

**The Third Annual CORICA Symposium**  
**May 22, 2007**  
**Town Hall Meeting**  
**Hepatitis B and HPV Vaccines**

**The moderator and each panelist provided an introduction and their perspective to begin the dialogue.**

**Moderator: Marjorie Kagawa-Singer:** Professor, UCLA School of Public Health and Department of Asian American Studies.

Dr. Kagawa-Singer expressed that the town hall meeting gives the opportunity for attendees to share their perspectives and expertise; that there is wisdom in the community but it is not reflected in the research and statistics. She mentioned language access as a major issue. Cultural diversity is another aspect that we need to discuss to better understand the meaning of HPV and Hep B in the community and the proposed interventions to address them.

**Panelist Luz Chacon:** Director of Health Programs, Esperanza Community Housing Corporation

Ms. Chacon expressed that the Esperanza Community Housing Corporation (ECHC) focuses on 5 different areas: 1) affordable housing, 2) economic justice, 3) *promotores*, 4) cultural competency, and 5) health services delivery. The organization's primary strategy is to use a *promotora(e)* model. ECHC recruits and trains community residents to become *promotores* that are also leaders and advocates in their communities. She indicated that she has done a lot of work in reproductive health and she is not coming from the belief that HPV Vaccine may increase promiscuity. Ms. Chacon raised the following points:

- We need to give people enough information about the HPV vaccine so that they can make fully informed decisions.
- She is strongly against HPV mandate for the following reasons:
  1. The long term safety of the vaccine is unknown and there is not enough testing for those 15 years and younger.
  2. Some of the data can be confusing even for researchers.
  3. At the community level there are a lot of challenges with respect to languages, which can be major barrier to access and informed decision making.
  4. Nobody has mentioned adverse reactions to the vaccine. A number of reactions to the HPV vaccine have been reported and some with serious neurological symptoms.
  5. Track record of the FDA is not so great. For example, the controversy surrounding the Merck drug VIOXX has diminished the integrity of pharmaceutical industry.
  6. The studies of the HPV vaccine were funded by pharmaceutical companies and there is concern that public health policy has been driven by this industry.
  7. The HPV vaccine does not provide full protection and may give false sense of security
  8. The cost of the HPV vaccine is very high and does not guarantee that those most at risk will get be able to afford it

9. Lack of access to health care, especially for undocumented immigrants, will make vaccine delivery difficult.

**Panelist Yali Bair:** Vice President of Planned Parenthood Affiliates of California, Sacramento

- Planned Parenthood run over 100 clinics serving young low income women ages 18 to 25 throughout California.
- Our providers really want to offer the best care possible and they do not want disparities to occur. However, they are faced with limited budgets and this is why it is so important how we as a State spend our money.
- Los Angeles has the highest rates of HPV infection compared to the rest of the State. In addition, women infected with HPV are more likely to have other STDs as well. Although there is a great need to intervene, the HPV vaccine will not be as effective in older populations who are more likely to have already been exposed to HPV.
- Our providers are highly concerned about HPV and cervical cancer and would like to have the option of providing the vaccine.
- The HPV vaccine is not covered as part of the State Family Planning Program (Family PACT); so women age 18-25 need to pay out of pocket but very few of them are willing to do so.

**Panelist Janette Robinson-Flint:** Executive Director, Black Women for Wellness, Los Angeles and radio host at KPFK 90.7 FM

Ms. Robinson flint expressed two disclaimers: 1) She is not a researcher, and 2) Please do not shoot the messenger.

She described that there is wisdom and knowledge in communities of color that need to be listened to. For instance, during the peak of the AIDS/HIV epidemic in the US, a young black man in South Los Angeles said that nonoxynol-9 was an irritant and using condoms that contain nonoxynol-9 to prevent HIV transmission doesn't sound like a good idea. Nobody listened, but years later the CDC had to back off recommending nonoxynol-9 in condoms to prevent STDs.

She listed a number of questions about the HPV vaccine that need answers:

1. Who is liable for repercussions if the HPV vaccine is mandatory?
2. What will opt out strategies look like (e.g., religious reasons)?
3. If a young girl is in a juvenile institution, foster care, ill, etc. is the vaccine still mandatory?
4. If parents are institutionalized, will they be penalized if their kids do not receive the mandatory vaccine?
5. Will undocumented immigrants be penalized if their kids do not receive the mandatory vaccine?
6. If a woman is a lesbian, is the HPV vaccine still mandatory?
7. What are the consequences of taking the vaccine versus not taking it?

Ms. Robinson-Flint recommended that, given the nation's history with health and research in vulnerable populations, there is no room to make mistakes. We should wait and see, especially as communities of color. This push for the HPV vaccine is driven by pharmaceuticals.

## Discussion

**Audience Participant Deborah Rosen (North East Valley Corporation)** said that there is a difference between being against mandating a vaccine and being against the vaccine itself. Mandating the vaccine is not the same as vaccine efficacy and the vaccine safety system in the US is pretty good.

**Panelist Janette Robinson-Flint** asked: How much do we talk about racism in our medical community? There is an unequal treatment of clients. Need to factor African American history in this country.

**Presenter Rita Shingal** mentioned that the efficacy of the Clinical Trials was assessed in a group of 16-26 year olds women. The 9-15 year old group was not studied because they were likely to not become exposed to HPV during the trial. There have been 3 cases with neurological side effects and 3 cases of facial palsy but these numbers are similar to what you see in the general population. The vaccine safety surveillance system looks for such events to see if there is a greater frequency of them in those who are vaccinated than in the general population.

**Moderator Marjorie Kagawa-Singer** expressed that women need to continue getting pap tests. The cost of the vaccine does not change when we are talking about health disparities and low rates of screening in our communities. The Pap test has been demonstrated to be an effective screening strategy. Would it be more effective to push Pap smear test screening for vulnerable populations since it has demonstrated to be effective and the costs are lower? Clinically, for sexually active young women, do guidelines still hold every 3 years for Pap test?

**Panelist Luz Chacon** commented that women ages 19 to 26 are not covered under the Medicaid program. She stressed that even though some programs are accessible, not everyone accesses them. For instance, for those women who are not getting the Pap test, what makes us think that they are going to get the vaccine? These women continue to develop cervical cancer and do not even get Pap test screenings. For undocumented immigrants lack of transportation and fear of being deported are other barriers to access healthcare.

**Audience Participant (unknown)** commented that we are talking about age groups as if they were the same across different ethnic groups. There are different life experiences for 24 year old Latinas vs. 24 year old Whites.

**Panelist Janette Robinson-Flint** said that she thinks about the issue from a multilevel approach. Need to think about vaccine in addition to Pap test and HPV test. We should give clinicians the best tools to treat patients. Will the State pay for this? If not, who is going to have to pay for this?

**Panelist Yali Bair** said that Planned Parenthood officially supports the HPV vaccine mandate but she believes that providers need to get as many tools as possible to make decisions. Once the vaccine is mandated public funding mechanisms are needed to make it available to the public.

**Audience Participant Matilde Gonzalez-Flores —American Cancer Society** asked: What is the mortality from cervical cancer on a global scale and what is the impact of HPV?

**Presenter Roshan Bastani** commented that cervical cancer is the No.1 leading cause of death in the developing world. For instance, in India, the Pap test is very expensive and difficult to deliver at the population level. They are beginning to use a visual inspection of the cervix to identify abnormalities. Vaccines may offer a promising alternative if they are affordable.

**Audience Participant Matilde Gonzalez-Flores —American Cancer Society** also asked: How diverse was the ethnic background of the women who participated in the trials?

**Presenter Rita Singhal** commented that there is no ethnicity background reported in the published trails but the participants were from a variety of regions: 40% from Europe, 20-25% from Latin America, 20-25% North America, 10% Asia and 10% Africa.

**Moderator Marjorie Kagawa-Singer** asked: Is the carcinogenic factor of HPV the same worldwide?

**Presenter Rita Singhal** said that the carcinogenic factor is different worldwide and that there is a slight difference in strains of HPV in the United States, but HPV 16 and 18 are still the major causes of cervical cancer.

**Audience Participant (unknown)** commented that the homeless is a very transient population and it is difficult to get them to come back for a second or third dose. Is a 1 or 2 doses effective?

**Presenter Rita Singhal** expressed that people need to get all 3 doses within a year to be effective. We do not have data on the efficacy of 1 or 2 doses.

**Presenter Laural Fowler** added that the cost of the HPV vaccine is really high but any provider can use VFC for people up to 18 years of age to cover for both HPV and Hepatitis vaccines. However, for adults there is very little funding available.

**Audience Participant (unknown)** commented that knowing the past and present racial bias in the medical field, how has racism been discussion in this instance? Are there any protocols and procedures on how to go about this? Some times practitioners do not inform you based on their perception of your ethnic background. Is there any type of liability for the practitioner?

**Presenter Kynna Wright-Volel** mentioned that providers are required to provide equal care to everyone and give the necessary information. As a provider you are held to protocol and you must give all options. Providers do not give all the information, especially to ethnic minorities like African Americans. As consumers, you need to advocate for yourself and ask questions. If you feel you are being discriminated, call them on it.

**Panelist Janette Robinson-Flint** said that many times, providers don't have all the answers and the burden is on the patient to find all the options. Some times, providers make decisions based on many things: perceived education level, skin color, etc. of the patient so we need advocates.

**Audience Participant Sora Park Tanjasiri** mentioned that she works with communities that do not have access to enough information about HPV and HPV vaccine. Are there any plans for community-based health education on this issue?

**Panelist Yali Bair** expressed that there was a State-wide meeting with representatives of the State department, pharmaceutical companies (Merck and GSK), public community-based media and other organizations regarding the HPV vaccine. There were a lot of mixed feelings. The pharmaceutical companies have the money to reach every single person but the public sector does not. Do we educate our communities with limited funds? Or do we create partnerships with pharma? This is hard to decide but we need to think about options.

**Audience Participant (unknown)** asked: what kind of cancers men can get from HPV?

**Presenter Rita Singhal** said that men can get anal, penile, oral cancer from HPV but they occur much less frequently than HPV-related cancers in women.

**Audience Participant (unknown)** asked: is the HPV vaccine controversy a gender issue? Is this based on gender/sexuality or science? What if this had been a prostate cancer vaccine? Would similar controversies arise?

**Moderator--Marjorie Kagawa-Singer** commented that no one brought up this controversy over the mandated Hepatitis B vaccine. Why is there controversy over a possible HPV mandate?