Medicines Classification Committee

Comments on Submissions Cover Sheet

Meeting	64TH MEETING OF THE MEDICINES CLASSIFICATION COMMITTEE TO BE HELD IN WELLINGTON ON 14 MAY 2020 AT 9:30 AM
Agenda item	6.1 Human Papillomavirus (HPV) vaccine – proposed change to the prescription classification statement (Pharmaceutical Society of New Zealand, the Pharmacy Guild of New Zealand and Green Cross Health)
Name	
Occupation and / or Company or Organisation	New Zealand College of Public Health Medicine
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1. I would like the comments I have provided to be kept confidential: *(Please give reasons and identify specific sections of response if applicable)*	☐ Yes ☒ No
2. I would like my name to be removed from all documents prior to publication and for my name not to be included within the list of submissions on the Medsafe website.	☐ Yes ☒ No
3. If answered yes to point 2, to have my name removed from all documents prior to publication. I have provided a copy of my submission with my name removed along with my original submission.	☐ Yes ☐ N/A

NEW ZEALAND COLLEGE OF
PUBLIC HEALTH MEDICINE

19 January 2020

Submission to the Medicines Classification Committee: Human Papillomavirus Vaccine Reclassification Application

The New Zealand College of Public Health Medicine would like to thank the Medicines Classification Committee for the opportunity to make a submission on item *6.1 Submission for reclassification of the Human Papillomavirus (HPV) vaccine*, from the agenda of the upcoming Medicines Classification Committee meeting on 14 May 2020. [1]

The New Zealand College of Public Health Medicine (the College) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 223 members, all of whom are medical doctors, including 178 fully qualified Public Health Medicine Specialists with the majority of the remainder being registrars training in the specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The NZCPHM partners to achieve health gain and equity for our population, eliminating inequities across socioeconomic and ethnic groups, and promoting environments in which everyone can be healthy.

General Comments

The College supports the proposed changes to the classification statement for the HPV vaccine i.e. to allow pharmacists who have successfully completed an approved vaccination course to provide this vaccine without a prescription.

We believe this reclassification would increase awareness and uptake of the HPV vaccine in older eligible age groups and therefore help attain the 75% vaccination target presumed to achieve herd immunity from the infection.

We assert that increased uptake of the vaccine, as a consequence of the reclassification, will in turn promote better health outcomes such as a decline in genital warts and cancers, critically cervical cancer, caused by HPV.

Making the vaccine available through community pharmacies will reduce access barriers to the HPV vaccine and promote equity of access to the vaccine in high deprivation and rural areas, especially when supplemented with applied funding.

Improved coverage of vaccinations will promote equity in HPV-related cervical cancer outcomes for Māori, Pasifika and Asian groups who are over-represented in the incidence of cervical cancer and under-represented in cervical smear tests.

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The College believes that permitting pharmacists to administer the vaccination is ultimately in the best interest of public health and health equity.

Background

HPV is a very common carcinogenic infection which gives rise to cervical, anal, oropharyngeal and vulvar cancers as well as genital warts.[2, 3] The HPV vaccine is a well-established, effective and well-tolerated vaccine with a key public health role in preventing infection, cancer and genital warts.[4, 5, 6] The HPV vaccine has been funded in NZ since 2008 and is now funded in females and males up to the age of 26 years.[7] The vaccine is generally administered around age 12, in schools or at a General Practice (GP), as it is most effective when given prior to sexual debut (although later provision is also beneficial).[8]

The College is generally supportive of the applicant's submission that sets out the proposed changes to the classification statement for the HPV vaccine.[1] We briefly highlight the public health arguments which support the reclassification of the HPV vaccine below.

Specific Issues

Improved uptake and outcomes

Current uptake of the HPV vaccine in New Zealand sits at 67% in recent birth cohorts (girls born between 1990 and 2003).[9] This falls short of the 75% coverage target, by December 2017, set for all District Health Boards.[10] Herd immunity from the carcinogenic HPV infection is expected at about 75-80%, and increasing coverage is important to provide more individuals with protection from this effective vaccine and reduce the incidence of the infection, genital warts and cancers.[11] In particular, increasing coverage of the HPV vaccine is an important step towards minimising HPV-related cervical cancers. Every year in New Zealand cervical cancer occurs in around 160 women and kills 50 women.[3, 12]

While uptake of the HPV vaccine has been gradually increasing, data shows a levelling off in the last five years for which complete data is available.[9] This is despite a recall system being set up in general practice from 2014. Furthermore, most eligible males are unvaccinated, given their funding and school-based programme only started in 2017.

We also note that 'Increase the uptake of HPV vaccinations' is an action under the goal of 'Prevent cancers related to infection' in the New Zealand Cancer Action Plan 2019-2020.[13] Therefore, there is a need to consider another mechanism, to boost coverage of the HPV vaccine, for instance through pharmacy provision.

Increased accessibility and awareness

Making the HPV vaccine available from pharmacies will help improve accessibility to and awareness of the vaccine and hence increase its uptake in target populations i.e. young people.

Community pharmacists are very accessible health professionals; all pharmacies must have a pharmacist on-site when open, they tend to have longer hours of operation, they are conveniently placed in the community and they do not require appointment or enrolment. Increasing numbers of pharmacists are becoming trained in vaccine administration. The public is becoming increasingly

familiar with vaccinations in pharmacy and consumer satisfaction with pharmacy vaccinations is reportedly high, with appreciation of the convenience and flexibility of hours, particularly for working age individuals and adolescents.[14, 15, 16, 17]

Research shows that adolescent and young adult males are often unaware or misinformed about HPV vaccine recommendations, which is likely affecting their uptake of the vaccine.[18] This is likely to also be true in New Zealand where there is no known figure for overall uptake of HPV in males, but it is expected to be very low. Provision of the HPV vaccine through pharmacies will enable pharmacists to raise the topic of the vaccine opportunistically when patients come in for other reasons.

Equity

Evidence shows that ethnic and socioeconomic inequities exist in the distribution of cervical cancer and cervical smear tests as well as geographical inequities to accessing health services. Provision of the HPV vaccine through pharmacies, if funded, will work to address these disparities and promote equity of access.

Māori, Pacific and Asian women have disproportionately high rates of cervical cancer, compared with their European counterparts. This is primarily because they are under-represented in cervical screening rates (68% for Māori, 66% for Pasifika and 61% for Asian, versus 76% for European/other), which provide an early warning of precancerous lesions.[19] Similarly, when compared by deprivation quintile, the least deprived group in New Zealand sits at 82% coverage contrasted with the most deprived group, which sits at only 57% coverage.[20]

Very few New Zealand women who have been diagnosed with cervical cancer have had the necessary screening according to the New Zealand guidelines, with Māori, Pacific peoples and those living in the most deprived areas, least likely to have done so.[21] Increasing coverage of the HPV vaccine is crucial to minimising HPV-related cervical cancer. Pharmacy provision of the HPV vaccine will aid in protecting the most vulnerable from HPV infection, either directly or through herd immunity and is a step towards achieving equity in New Zealand's cervical cancer rates.

Young New Zealanders living in rural areas are another group who are likely to benefit from being able to receive an HPV vaccine in pharmacies. Those living in rural and remote areas face significant access barriers to attending GP clinics, including transport times, cost of travelling long distances, limited hours of operation of rural clinics and long wait times.[22, 23] In the recent meningococcal W outbreak in Northland, pharmacy was successfully used to aid adolescent uptake of the meningococcal vaccine.[24] Pharmacies delivered a substantial proportion of the total vaccinations given, and it was estimated that the number of vaccinations provided per pharmacy would have been substantially higher than the number delivered by general practice. With a large proportion of Northland teenagers being located in rural locations, it was concluded that quickly implementing pharmacies as an additional location and resource is a logical choice.

We believe that providing the HPV vaccine at community pharmacies, and supplementing this with funding, is equity enhancing and has the potential to increase uptake amongst young New Zealanders.

Thank you for the opportunity for the NZCPHM to submit on the Human Papillomavirus Vaccine Reclassification Application. We hope our feedback is helpful and are happy to provide further clarification on matter covered in this submission.

Sincerely,

Dr Felicity Dumble, President, NZCPHM

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