

HPV Task Force – Year 2 Summary



ASSOCIATION
MÉDICALE
CANADIENNE



CANADIAN
MEDICAL
ASSOCIATION

*Cancer
won't
wait*

Help Prevent HPV and
Cervical Cancer Now

STATEMENT OF SUPPORT:

"The CMA supports public awareness campaigns to help patients understand the benefits of HPV vaccines. The CMA recognizes vaccination as a key aspect of overall health care."

As we find our footing in a new version of normal, efforts to address immunization catch-up continue in full force. As noted in a previous newsletter, closure of school-based public health programs has resulted in a drastic decline in HPV immunization rates.

During the 2020-21 school year, only 2.6% of 12-year-olds completed the recommended HPV vaccine series through Ontario's school-based immunization program. While public health continues to ramp up efforts to address this decline, HPV vaccination rates remain dramatically low.

Unless our medical community steps forward to address this gap in immunization care, many students will graduate without updated vaccination status. The majority of students will likely be lost to follow-up, leaving our Canadian youth susceptible to vaccine-preventable diseases, including certain cancers.

In 2022, the inaugural HPV task force came together to address these issues and published our first white paper: [Addressing the Crisis in the Ontario School-Based Immunization Program](#). In the spirit of perseverance, with progress made yet much remaining to be done, the task force reconvened in 2023 to follow-up on previous recommendations, revisit the current situation and provide a fresh set of suggestions. We are proud to share our [2023 HPV task force white paper](#).

The problem is complex and extends beyond an already overburdened health care system. Studies have consistently shown that most Canadians do not fully understand what vaccines they are eligible for, based on their age and risk-factors. In a survey of 778 Ontario parents, nearly a third said that they were unaware of the details of HPV infection and risk. Additionally, a study conducted by 19 to Zero revealed that parents were unaware of what vaccines were administered by public health in the school-based programs.

To make matters worse, millions of Canadians do not have a primary care doctor. So, the question is, how can we expect Canadians to actively seek vaccination if, one, they lack access to primary care, and two, they are unaware of what vaccines they are missing.

A key component of the white paper was the absolute need for a registry so health care providers, parents and patients can be sure of what vaccines were given and when. With multiple opportunities for vaccination, we need improved recordkeeping for individuals and for provincial public health records.

*"Your future is
created by what
you do today, not
tomorrow."*

- Robert Kiyosaki

HPV Task Force – Year 2 Summary



Our recommendations provide practical suggestions that involve multiple groups including government, public health, primary care (physicians, pharmacists, nurses), specialists, and community members. A team-based approach is the only option to address vaccination catch-up.

Our ten actionable items are summarized as the following:

Foundational Recommendation

The task force recommends that the Ontario government create a provincial vaccine registry that would be accessible to all health care providers, parents, and individuals.

Short-Term Recommendations: To be implemented within the next 3-6 months.

1. The task force recommends expanding eligibility for the publicly funded vaccine.
2. The task force recommends expanding the spectrum of health care providers who are authorized to administer vaccines, along with expanding education and collaboration between local Public Health Units, medical associations, schools, and government.
3. The task force recommends collaboration with medical and dental student associations, as well as trainees of other specialties.
4. The task force recommends that the Ontario Ministry of Health increase communication with the public, including parents, young adults, and families, to raise awareness of cancer prevention through HPV vaccination and of the options for receiving the vaccine. Many people are not aware that HPV causes 6 different types of cancer in both sexes.

Long-Term Recommendations: To be implemented within the next 1-5 years.

1. The task force recommends that the province of Ontario adopt cancer prevention as a core value and guiding principle of public health.
2. The task force recommends implementing change management to address several different barriers that limit widespread vaccination.

Access previous newsletters

[CLICK HERE!](#)

Join the movement

[JOIN HERE!](#)

HPV Task Force – Year 2 Summary



ASSOCIATION
MÉDICALE
CANADIENNE



CANADIAN
MEDICAL
ASSOCIATION



3. The task force recommends investing in research on health equity in HPV immunization in Ontario.
4. The task force recommends increasing funding for public health agencies in Ontario, including local Public Health Units.
5. The task force recommends that the Ministry of Health take on a leading role in building relationships across the health care system on the issue of HPV prevention.

Our children and future adults will remain susceptible to HPV related infections and cancer unless we act now.

Cancer certainly won't wait.

Resource Of The Month

Parents' Guide to HPV

| HPV-Related Cancer/Disease | Prevalence in Canada |
|----------------------------------|----------------------|
| HPV-related cancers and diseases | 15.6% |
| HPV-related cancers and diseases | 14.4% |
| HPV-related cancers and diseases | 14.4% |



Around the Globe

Nigeria: What to Know About HPV Vaccine

Back in Time

Before Dr. Jenner's vaccine, people all over the world used [variolation](#) to inoculate themselves against smallpox. In the [first recorded instances of variolation](#) (around 1000 CE in China), powdered smallpox scabs would be blown into a patient's nostril with a metal tube. The subcutaneous method of variolation, in which pus from a smallpox pustule was injected under the skin, is thought to have originated in India around the same time.



Reference: [Four Fascinating Facts About Vaccine History](#)

Did You Know?

Estimates for Canada show that if HPV vaccination, screening and testing targets are not reached (including increasing HPV vaccine uptake) **6,810 women will develop preventable cancers and 1,750 women will die of preventable disease by 2050.**

Reference: [FMWC HPV White Paper October 2023](#)

Hot off the Press!

[The Need for Action to Prevent HPV-Related Cancers in Ontario](#)

HPV Task Force – Year 2 Summary



Clinic Of The Month

**Windsor-Essex County Health Unit (WECHU)
Windsor, ON**
Linda Watson MScN – Director, Public Health Programs, Chief Nursing Officer
Kristy McBeth, BS, MBA – Director, Public Health Programs



One of the top priorities of the Windsor-Essex County Health Unit (WECHU) during the recovery stage of the pandemic has been to ensure that eligible, school-aged individuals due or overdue for a publicly funded vaccine are provided an opportunity to protect themselves. Over the last two years, this has meant a return to school-based vaccination clinics for Grade 7 students, as well as the support of an extensive catch-up immunization strategy led by public health and supported by local primary care providers.

It is widely recognized and accepted that the HPV vaccine is safe and over 95% effective in protecting students against nine types of HPV that can cause head and neck cancers, genital cancers, and warts. The best protection against these diseases is receiving the HPV vaccine before a person becomes sexually active, which makes Grade 7 school-based clinic offerings an important, equity-based strategy.

The WECHU recognizes how integral it is for local health care providers to understand the benefit of HPV vaccines and the emerging evidence about the importance of this vaccine for males, an under-vaccinated population (originally not included in the provincially funded program introduced in 2016). In June 2023, the WECHU co-hosted a primary care engagement event with Merck Canada that featured a keynote address from a leading expert on HPV, Dr. Nancy Durand. The event provided an opportunity for local health care providers to learn more about the emerging evidence related to HPV risk and protection, and strategies to discuss sexual health related issues both before and after sexual activity begins.

Based on an assessment of the WECHU's current HPV vaccination coverage rate for individuals 12-17 years old (61.47%), there is a significant opportunity to improve the existing rate. The WECHU will be implementing communication campaigns to raise uptake of the HPV vaccine in eligible populations (Grades 7-12) based on current criteria for access to free vaccine (until the end of Grade 12). The WECHU will also explore advocacy efforts to expand current provincially funded eligibility requirements.

As one of the first steps, the [WECHU Board of Health recommended](#) that the Province of Ontario extend the coverage for HPV vaccine through the publicly funded vaccine schedule to include all individuals up to the age of 26 (at minimum), and to eligible individuals from all high-risk populations (age limit based on product monograph). In addition, the WECHU Board of Health recommended local health care providers in Windsor and Essex County engage all clients under the age of 45 and parents/guardians of children in Grades 6-12 to discuss their HPV vaccine status, review the benefits of HPV vaccination, and discuss options for those eligible and unvaccinated/under vaccinated.