

Supplementary submission to Pharmac on HPV vaccination for gay and bisexual men (GBM)

15 January 2016

Funding Applications
Pharmac
POBox 10-254
Wellington 6143

Application: HPV vaccination for gay and bisexual men (GBM)

From: Gay Men's Sexual Health research group, University of Auckland

Dear Pharmac,

We would like to reiterate our call for gay and bisexual men (GBM) to be offered fully funded HPV vaccination in New Zealand.

GBM are at high risk of HPV-related diseases such as cancers and anogenital warts. In particular they are the population group at highest risk of developing HPV-related anal cancer, yet receive little to no benefit from the current HPV vaccination programme of young women.

We do not believe that withholding access to fully funded HPV vaccination from GBM is easily justified in the face of such health inequities. The situation is especially troubling given that fully funded HPV vaccination has already been made available directly to other groups who are at equivalent risk, such as young women, and indirectly to groups at lesser risk, such as young heterosexual men.

In 2013 we argued for an extension of HPV vaccination to GBM.¹ This position was strongly recommended by PTAC² but not supported at the time by Pharmac.³

Since then there have been several new developments that we would like to draw Pharmac's attention to. We believe these can help guide policy evolution on this topic, and firmly shift the argument in favour of vaccinating GBM. We summarise these new developments below.

UK Joint Committee on Vaccination and Immunisation recommendation to vaccinate GBM

- A major development is the UK's Joint Committee on Vaccination and Immunisation's final recommendation to the UK Government, released in Nov 2015 (attached),⁴ to vaccinate all GBM and people living with HIV up to age 45 attending sexual health services. This follows their interim advice in Nov 2014 (attached).⁵

- This development is significant because it assessed impact and cost-effectiveness. It determined that in the UK context and among sexually experienced GBM, an HPV vaccination programme would provide sufficiently high impact. This was accepted even though a programme of vaccinating GBM pre-sexual initiation would be optimal (but difficult to implement in absence of a gender neutral programme among all adolescents).

HPV prevalence among GBM in New Zealand

- Until recently there have been no data on HPV prevalence among GBM in New Zealand.
- In 2014 the Health Research Council funded the Gay Men’s Sexual Health research group and the Immunisation Advisory Centre (IMAC) at the University of Auckland to conduct a feasibility study into anal and oral HPV prevalence in males. This study concluded in October 2015 and the final report is with the HRC.⁶ Our study found a high prevalence of anal HPV in GBM.

HPV awareness among GBM in New Zealand

- The Ministry of Health funds the Gay Men’s Sexual Health research group to lead the ongoing GAPSS/GOSS behavioural surveillance surveys among GBM in New Zealand, in collaboration with the AIDS Epidemiology Group at the University of Otago and the New Zealand AIDS Foundation.
- In February 2014 we surveyed 3214 diverse GBM, and for the first time included questions about HPV in order to obtain baseline estimates.⁷
- For example in Auckland, among the 1421 GAPSS participants, we found that:⁷
 - 43.9% knew that “Human papillomavirus can cause penile and anal warts”
 - 33.8% knew that “Human papillomavirus can cause anal cancer”
 - 31.6% knew that “Human papillomavirus can cause mouth and throat cancer”
 - 27.7% knew that “Human papillomavirus can cause penile cancer”
 - 20.8% knew that “Gardasil also protects men against other cancers and genital warts”
- These low levels of awareness are not surprising given that in New Zealand Gardasil has so far only been promoted as a cervical cancer intervention for women.

HPV vaccine acceptability among GBM in New Zealand

- Despite these low levels of awareness, the majority of GBM participants in the GAPSS study (69.4%) stated that they would get vaccinated with Gardasil if it was offered for free.⁷
- A further 25% stated that they didn’t know whether they would. Only 5.7% stated that they wouldn’t want to.⁷
- When asked if they would be willing to get vaccinated with Gardasil at market rates (\$500), just 15.1% agreed.⁷

HPV vaccine uptake by GBM in New Zealand

- The Gardasil HPV vaccine is available for purchase at market rates for GBM at a cost of around \$500.

- Among the 1421 GAPSS participants in Auckland providing responses, 95.5% had not been vaccinated against HPV with Gardasil.⁷
- However, 2.4% had received 3 shots, 0.8% had received 2 shots, and 1.4% had received 1 shot.⁷

Implementation avenues

- There are multiple avenues for a non-school based HPV immunisation programme for GBM in this country.
- Several of these already exist. Around half (48.6%) of GBM participating in GAPSS/GOSS in 2014 accessed sexual health screening in the previous year.⁸ Half (50.5%) of participants reported that their usual GP knows that they are gay or have sex with men.⁹
- Promotion of HPV vaccination and the first shot could be delivered at gay community pride events such as the annual Big Gay Out in Auckland and other centres (sexual health services are routinely at these events, which provide appropriate spaces to administer vaccination). Follow up shots (2 month and/or 6 month) could be delivered at GPs, sexual health services, pharmacies or from other health professionals.
- Community groups can be harnessed to promote vaccine uptake. Large public health organisations that specialise in services for the gay community such as the New Zealand AIDS Foundation have expertise and centres that can be utilised for promotion and for vaccine delivery.

Estimated size of HPV vaccine- eligible GBM population in New Zealand

- GBM represent a small proportion of the population. This suggests that a targeted HPV vaccine promotion campaign could be very successful (based on the high exposure of GBM to HIV prevention efforts in this country). It also means that expanding HPV vaccination to GBM will be relatively inexpensive.
- There are few reliable estimates of GBM in New Zealand. Using the UK's JCVI recommended coverage criteria for GBM, and assuming that GBM represent 2% of the male population aged 15-45,¹⁰ the overall eligible population of GBM is roughly 18,308 individuals for total coverage.¹¹

No reason to assume HPV vaccination rates among GBM will be lower than currently achieved among young women

- Coverage of the HPV vaccine 3-dose programme among young women is approximately 55%.¹²
- New Zealand data noted above demonstrate that there are already ample access points for a non-school based HPV vaccination programme for GBM up to the age of 45, as recommended by the UK's JCVI.
- Most GBM studied in New Zealand are willing to be vaccinated with Gardasil if fully funded. This high level of vaccine acceptability has been achieved before active government promotion of Gardasil to this population.
- Should HPV vaccination be fully funded for GBM, we do not believe there is any evidence that coverage will be lower than that currently achieved among young women in New Zealand.

- Instead there are good reasons to believe that it will be higher, especially as HPV vaccination recommendations for GBM become embedded in health services, in gay community organisations, and in gay community peer norms over time.

Conclusion

- We strongly urge Pharmac to reconsider expanding access to HPV vaccination for GBM.
- We submit that Pharmac adopt the recommendation of the UK's JCVI and expand access to all GBM aged up to the age of 45.
- We thank Pharmac for considering this supplementary application and would be happy to provide more information if that were helpful.

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