



**P1 / THANK YOU**

We couldn't have done it without you! Meet the team.



**P2 / A SNAPSHOT OF SURVEILLANCE**

Trends in cervical pre-cancer incidence



**P3 / VACCINE UPDATES**

A reduced 2-dose HPV vaccination schedule is approved



**P4 / HPV IN THE NEWS & CALIFORNIA IMMUNIZATION REGISTRY**

Improving for the future

# HPV-IMPACT

## Update

ISSUE 8

WINTER EDITION 2017



### A note from the team

We want to extend our sincere appreciation to all collaborators supporting this national public health effort. Please welcome the newest members of HPV-Impact, Deanna Fink and Kayla Saadeh!

Left to right : Ashley Williamson—Senior Operations Officer, Deanna Fink—Research Assistant, Erin Whitney—Coordinator, Kayla Saadeh—Operations Officer, Dr. Ina Park—Principal Investigator

HPV-Impact is a collaboration between the California Department of Public Health (CDPH), Sexually Transmitted Diseases (STD) Control Branch, the California Emerging Infections Program (CEIP), the Alameda County Public Health Department (ACPHD) and the Centers for Disease Control and Prevention (CDC).

The goal of HPV-Impact is to establish ongoing population-based surveillance of

high-grade cervical pre-cancer, specifically cervical intraepithelial neoplasia (CIN) grades 2 and 3 and adenocarcinoma in situ (AIS) and to monitor the impact of the HPV vaccines over time. The catchment area for the surveillance is Alameda County. Currently, 20 laboratories are providing surveillance case data.

The support of histopathology laboratories and medical providers serving

Alameda County residents is vital for the success of this project. Full reporting provides a complete picture of the burden of cervical pre-cancer; HPV typing of cervical tissue tells us about circulating strains of the virus; and recording vaccine history tracks impact on disease.



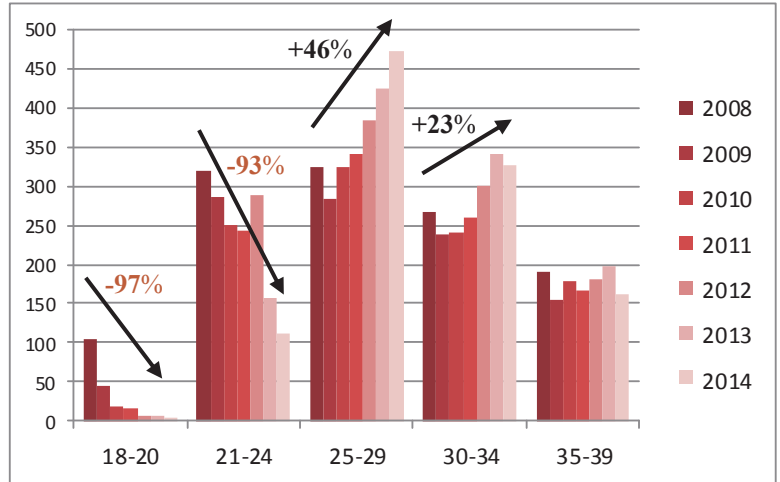
# HPV-IMPACT SURVEILLANCE



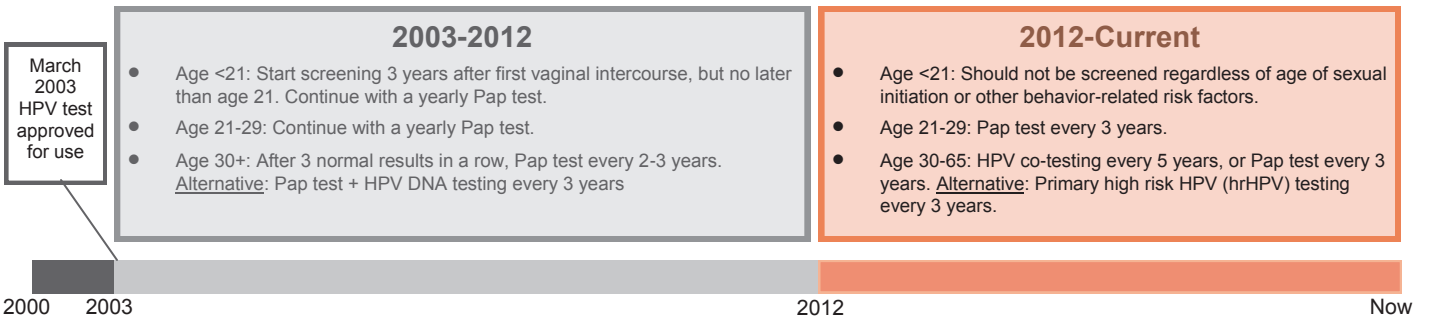
## Declines continue in cervical pre-cancer incidence (per 100,000 population) among females 18-24 years old in Alameda County, CA

Between 2008 and 2014 there were sharp declines in cervical pre-cancer incidence among females aged 18-24 in Alameda County. Declines of incidence in young women may be due to HPV vaccination in these age groups. It is important to note that alongside these incidence rate changes, there have been evolving cervical cancer screening guidelines, leading to decreased screening among females aged 18-29.

Interestingly, increases in incidence were observed in females aged 25-34, which may reflect changing screening recommendations or disease patterns. If vaccinated, these women likely received the HPV vaccine after sexual debut. We continue to monitor all trends.



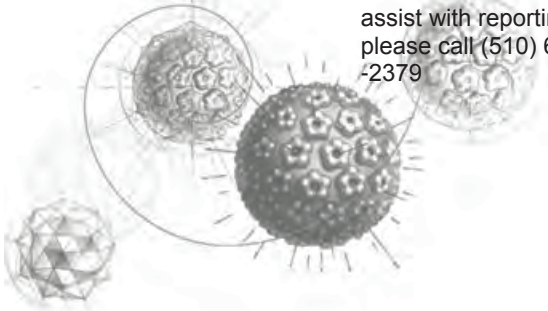
## SCREENING GUIDELINES THROUGH THE YEARS FOR AVERAGE-RISK WOMEN



## REPORTABLE CERVICAL PRE-CANCER IS REPORTABLE IN ALAMEDA COUNTY



WHEN + WHAT	WHY	HOW	WHERE
On September 2013, CIN2/3/AIS became a reportable condition in Alameda County	To capture the data necessary to understand the impact of the HPV vaccine	Through reporting of cases from Bay Area labs and providers. For resources to assist with reporting please call (510) 620-2379	All Alameda County zip codes. Pre-cancer is also reportable in LA County, Connecticut, Oregon, Michigan, Kentucky, & Tennessee



## ROLE OF LABORATORIES

- ◆ Coordinate reporting method with HPV-Impact Surveillance Unit: electronic or paper-based reporting
- ◆ Report any cases of high-grade CIN or AIS among Alameda County residents over 18 years of age
- ◆ Provide fixed cervical tissue specimens for HPV typing by CDC

## ROLE OF PROVIDERS

- ◆ Provide missing demographic data, HPV vaccination history, and cervical cancer screening history
- ◆ Record patient HPV vaccine history
- ◆ Encourage HPV vaccination and completion of the series

# HPV VACCINE UPDATES

## CDC recommends a 2-dose HPV schedule for adolescents <15 years

In October 2016, CDC recommended a reduced 2-dose HPV vaccine schedule for younger adolescents based on evidence reviewed by the Advisory Committee on Immunization Practices (ACIP). ACIP is a panel of experts that advise CDC on vaccination recommendations in the United States. The two doses are recommended to be administered at least 6 months apart. The recommendations did not change for teens or young adults aged 15-26. These age groups will continue to need a 3-dose HPV schedule in order to protect against HPV-related disease as there is not currently evidence to support a 2-dose schedule.

In order to make this recommendation, ACIP reviewed immunogenicity data, data from post-licensure effectiveness studies, *post hoc* analyses of clinical trials, evaluations of duration of protection, and health effect modeling. Added benefits to this 2-dose recommendation, as pointed out by Markowitz et al. in the November 2016 issue of the *Journal of the American Medical Association*, include fewer health appointments for HPV vaccination and an easier linking of vaccination at preventative health visits. This may increase vaccine acceptability and improve the HPV vaccine's lagging vaccination coverage compared to other pre-teen vaccines.

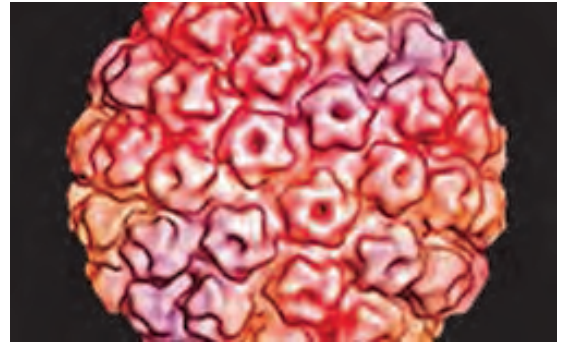


image via google, npr.org

## Nonavalent Gardasil® 9 will be only U.S. HPV vaccine in 2017

In 2017, the only vaccine on the U.S. market will be Gardasil® 9, which provides protection against nine HPV types: two that protect against genital warts (6, 11) and seven that cause cancer (16, 18, 31, 33, 45, 52, 58). Merck ceased distribution of quadrivalent Gardasil® that protected against four types of HPV at the end of October 2016. All remaining doses of quadrivalent Gardasil® will have an expiry date in May 2017.

>> Read the letter: [https://www.merckvaccines.com/is-bin/intershop.static/WFS/Merck-MerckVaccines-Site/Merck-MerckVaccines/en\\_US/Professional-Resources/Documents/announcements/VACC-1188063-0000.pdf](https://www.merckvaccines.com/is-bin/intershop.static/WFS/Merck-MerckVaccines-Site/Merck-MerckVaccines/en_US/Professional-Resources/Documents/announcements/VACC-1188063-0000.pdf)

## ACIP recommendations

The Advisory Committee on Immunization Practices: Human Papillomavirus Vaccine

### Who can receive 2 doses of the HPV vaccine?



Girls  
11-14  
years old

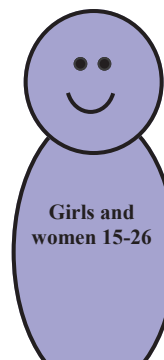


Boys  
11-14  
years old

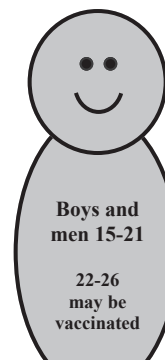


And as  
young as 9

For girls and boys less than 15 years of age:  
A **2-dose** schedule of the HPV vaccine is recommended at least 6 to 12 months apart.



Girls and  
women 15-26



Boys and  
men 15-21

22-26  
may be  
vaccinated

For young adults and adults 15 years of age and older:  
A **3-dose** schedule of the HPV vaccine is recommended with the 2nd and 3rd doses given at 2 and 6 months (respectively) after the first dose.

# HPV VACCINE in the news

## Cervarix pulled off the U.S. market

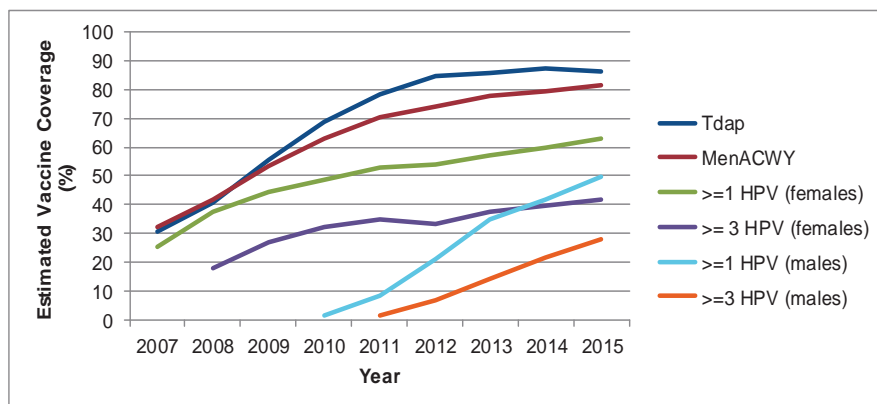
Due to low demand, GlaxoSmithKline (GSK) announced in October 2016 that they will pull Cervarix out of the U.S. market. Cervarix is the bivalent HPV vaccine, approved in 2009 for females aged 10-25 and covers HPV types 16 and 18. Last year, the US accounted for \$3 million of GSK's vaccine sales, out of a total of \$107 million in worldwide sales.



## HPV vaccination coverage in the U.S. remains low in adolescents

The National Immunization Survey-Teen (NIS-Teen) reported the estimated vaccination coverage of the HPV vaccine for teens aged 13-17 through 2015 has continued to improve, but is still significantly lower than other adolescent vaccines, including Tdap (to prevent tetanus, diphtheria, and pertussis) and MenACWY (to prevent meningitis). A strong provider recommendation best predicts vaccination.

>> Read more: <https://www.cdc.gov/mmwr/volumes/65/wr/mm6533a4.htm>



## California Immunization Registry (CAIR)

An increasingly complex immunization schedule can be confusing for providers, schools and colleges, and individuals. Compounding this problem is the fact that immunization records are often scattered, making it difficult to assess whether a person is truly up to date.





The California Immunization Registry (CAIR) is a secure, confidential, web-based database that stores the immunization records of children and adults. Registries help medical practices keep patients of all ages up to date on vaccinations by avoiding under-immunization or over-immunization. Immunization

registries are an important component in achieving and maintaining high coverage rates, allowing providers, health departments, schools, and health plans to target those in need of immunizations.

Starting in the fall of 2016 through the summer of 2017, the CAIR system will be moving to an enhanced system, called CAIR2, which promises to be bigger, better, and faster!

Contact Marcia Santillan at (510) 412-1608 to learn more.



January 2017	February 12-18, 2017	April 2-9, 2017	April 2017
<b>Cervical Health Awareness Month</b> Download free resources  <ul style="list-style-type: none"> <li>• Fact sheets</li> <li>• Booklets</li> <li>• Guides</li> </ul> <a href="http://www.ashasexualhealth.org/january-cervical-health-awareness-month/">http://www.ashasexualhealth.org/january-cervical-health-awareness-month/</a>	<b>Preteen Vaccine Week</b> Find practical talking points, posters, articles, and web resources in the preteen campaign kit at <a href="http://bit.do/preteenvax">http://bit.do/preteenvax</a> 	<b>Oral Cancer Awareness Week</b>  A weeklong series of events promoting awareness of oral, head and neck cancer, highlighted by a day of free cancer screenings. <a href="http://www.headandneck.org/get-involved/ohancaw">http://www.headandneck.org/get-involved/ohancaw</a>	<b>STD Awareness Month</b>  <a href="http://www.ashasexualhealth.org/sexually-transmitted-infections-awareness-month/">http://www.ashasexualhealth.org/sexually-transmitted-infections-awareness-month/</a>



We would love to hear from you

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Visit our site  
<http://ceip.us/projects/hpv-impact/>