PE1477/J

Petitioner Letter of 18 January 2016

SUBMISSION TO THER SCOTTISH PARLIAMENT PUBLIC PETITIONS COMMITTEE

PUBLIC PETITION NO. PE01477

Petitioner: Jamie Rae on behalf of Throat Cancer Foundation

Petition title: GENDER NEUTRAL HUMAN PAPILLOMAVIRUS VACCINATION

There have been two significant developments since the Petition was first presented in 2013 which are highly relevant to the Committee's consideration of this matter.

1. The JCVI's extended timescale for a decision on vaccinating boys

In 2013, the JCVI was expected to make a decision on the vaccination of adolescent boys in 2015. In 2014, the JCVI announced that a decision would not in fact be made until 2017. Even if the decision in 2017 is to vaccinate boys, the Independent Cancer Taskforce has suggested that rollout would not begin until 2020, seven years after the JCVI began its assessment of the issue.

The vaccination of boys is supported by the 43 member organisations of HPV Action[1] as well as the BMA, Jo's Cervical Cancer Trust and Cancer Research UK. Over 100 individual experts have signed a statement supporting gender-neutral vaccination.[2] This list is headed by Prof Harald zur Hausen, the scientist who won the Nobel Prize in 2008 for discovering the link between HPV and cervical cancer.

In light of the overwhelming support for the vaccination of boys from a large number of organisations and individual clinicians throughout the UK, this delay is unnecessary and unacceptable. With each year that passes, an additional 27,000 13-year old boys in Scotland remain unprotected against HPV infection.

Since 2013, HPV vaccination for boys has been adopted in several more countries comparable to Scotland. It is now recommended in Australia, Austria, Canada, Israel, Switzerland and the USA as well as in some German and Italian regions. The Health Service Executive in Ireland has also recommended that it be funded by the government.

2. The JCVI recommendation on men who have sex with men

Men who have sex with men (MSM) constitute a significant group that remains entirely unprotected by a girls-only programme. While anal cancer occurs most often in women, the incidence of anal cancer is highest in MSM. In fact, the incidence in MSM is estimated to be equivalent to that of cervical cancer in an unscreened population, and is even higher in HIV-positive MSM. MSM also have a higher risk of developing genital warts than men who have sex with women (MSW).

HPV vaccinations for adult MSM (aged 16-40), offered at sexual health and HIV clinics, was recommended by JCVI in November 2015 as a possible solution for this group. While this would benefit the individuals who do receive the vaccine, it cannot be seen as the most effective intervention for MSM as a whole. This is because:

- Many MSM will already have been infected with HPV before they attend a clinic.[3,4] MSM who attend GUM clinics often do not do so until their late 20s.[5]

- The Stonewall health survey[6] found that 44% of gay and bisexual men had never discussed sexually transmitted infections with a healthcare professional, suggesting they may have never used a sexual health service.

- Vaccination in adolescence produces a much greater immune response providing a higher level of protection against infection in the future.

It is best practice to vaccinate before 'sexual debut' and exposure to HPV. But it would, of course, be neither ethical nor practical to try to identify and vaccinate adolescent boys who might later become MSM. The best way of protecting MSM is therefore to vaccinate all boys.

A note on herd immunity

Since 2013, it has also become clearer that Scotland's very successful HPV vaccination programme for girls, which now has an almost 90% uptake, cannot adequately protect males.

- MSM are entirely unprotected by a girls-only programme and, as explained above, will not be effectively protected by the proposed MSM vaccination programme.

- In countries with female vaccination coverage of at least 50%, the reduction in genital warts in young men under 20 years of age is around half of that in girls.[7] Overall, there is a 34% reduction in young men. This shows that vaccinating girls alone cannot produce real herd immunity.

- Men who have sex with unvaccinated women continue to be at risk. 20% of men in Great Britain aged 16-24 have had 10 or more female sexual partners.[8] Given a 90% vaccination rate in girls in Scotland, this means that these men are likely to have had at least one unvaccinated partner.

- Men may have sexual contact with unvaccinated women from other countries with limited or no HPV vaccination programmes. 13% of 16-24 year olds and 15% of 25-34 year olds are thought to have had at least one sexual partner from outside the UK in the past five years.[9]

- Women in the Scotland who did not take up the offer of vaccination in adolescence may also be disproportionately likely to acquire or transmit HPV because being unvaccinated is a marker for high-risk sexual behaviour.[10]

- Men may have sex with women who are too old to have been eligible for HPV vaccination as an adolescent in the Scotland or elsewhere.

- The proportion of girls vaccinated through the national programme might fall in the future as a result of a vaccine safety scare. HPV vaccination rates have recently fallen sharply in Japan for this reason.[11]

Recommendations

1. The Throat Cancer Foundation continues to call on the Scottish Parliament to urge the Scottish Government to extend the current HPV immunisation programme in Scotland to include boys as soon as possible.

2. The Foundation calls on Parliament to urge the JCVI to make a decision on vaccinating boys in 2016, not 2017, and to recommend that all boys be vaccinated.

3. The Foundation recommends that Parliament informs JCVI of its concerns about the likely effectiveness of the proposed vaccination programme for MSM and that it considers that the best protection for MSM as a whole is the vaccination of all boys.

REFERENCES

[1] HPV Action is a collaborative partnership of 43 patient and professional organisations that advocates HPV vaccination for both boys and girls. Its members are: British Association for Sexual Health and HIV, British Association of Dental Therapists, British Dental Association, British Dental Health Foundation, British Federation against Sexually Transmitted Infections, British Society for Immunology, British Society of Dental Hygiene and Therapy, Brook, Cancer Focus Northern Ireland, Children's HIV Association of the UK & Ireland (CHIVA), ENT UK, European Men's Health Forum, Faculty of Public Health, Faculty of Sexual and Reproductive Healthcare, Family Planning Association, GMFA (Gay Men's Health Charity), HPV and Anal Cancer Foundation, Let's Talk About Mouth Cancer, London Cancer Alliance, London Friend, MEDFASH (Medical Foundation for HIV and Sexual Health), Men's Health Forum (England and Wales), Men's Health Forum Ireland, Mouth Cancer Foundation, National Aids Manual, National Association of Laryngectomee Clubs (NALC), National Union of Students, Northern Head and Neck Cancer Fund, Oral Cancer Foundation (USA), Primary Care Urology Society, Reproductive Health Matters, Royal College of Obstetricians and Gynaecologists, Royal Society for Public Health, The School and Public Health Nurses Association, Sexpression:UK, Society of Sexual Health Advisers, Stonewall, The Swallows Head and Neck Cancer Support Group, Tenovus, Terrence Higgins Trust, Throat Cancer Foundation, The Urology Foundation, Wellbeing of Women.

[2] www.hpvaction.org/uploads/1/7/8/5/17850843/time_for_gender-neutral_hpv_vaccination.pdf).

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[4] Zou H, Tabrizi S, Grulich A, Hocking J, et al, Site-specific human papillomavirus infection in adolescent men who have sex with men (HYPER): an observational cohort study *Lancet Infectious Diseases* 2015;15:65-73.

[5] Clarke E, Burtenshaw C, Goddard M, Patel R, Genitourinary medicine clinics may not see young men who have sex with men before they become infected with human papillomavirus (HPV), *BMJ* 2014;349:g5215 doi: 10.1136/bmj.g5215.

[6] Guasp A, *Gay and Bisexual Men's Health Survey*. Stonewall; London, 2012.

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[8] Mercer C, Tanton C, Prah P, Erens B, et al, Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *Lancet* 2013;382(9907):1781-94.
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[11] Hanley S, Yoshioka E, Ito Y, Kishi R, HPV vaccination crisis in Japan. *Lancet* 2015;385(9987):2571.