

PE1477/I

Chief Medical Officer and Public Health Directorate

Public Health Division

T: 0131-244 5542 F: 0131-244 2157

E: Rona.watters@scotland.gsi.gov.uk



**The Scottish
Government**
Riaghaltas na h-Alba

Stuart Todd
Assistant Clerk to the Public Petitions Committee
T3.40
Scottish Parliament
Edinburgh
EH99 1SP
petitions@scottish.parliament.uk



LEGACY 2014
XX COMMONWEALTH GAMES
SCOTLAND

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Dear Stuart

CONSIDERATION OF PETITION PE1477

I refer to the request of 17 December 2013 from the Public Petitions Committee for a response to written questions in relation to the current Human Papillomavirus (HPV) immunisation programme in Scotland to include boys.

Responses to specific questions are set out below:

- **Gender Neutral Vaccination will protect Scottish citizens from a host of Human Papillomavirus related diseases including several cancers which can be fatal. Why is Human Papillomavirus vaccination not offered to all 12 year old boys in Scotland as a matter of urgency? Not vaccinating boys is a danger to public health and also is discriminatory. By not vaccinating males the Scottish Government is failing to offer the best and most adequate protection for all. The policy can be seen as particularly discriminatory against gay men and men who have sex with men. Why should MSM not be offered the same protection as the rest of Scotland's citizens?**

Scottish Ministers take advice on the introduction of vaccines from the Joint Committee on Vaccination and Immunisation (JCVI), the independent expert advisory group which provides advice on vaccination issues to all UK Health Departments. The JCVI considered in detail the available evidence on cervical cancer and its epidemiology prior to the introduction of the HPV vaccination programme in 2008. The JCVI did not recommend the vaccination of boys at that time.

The JCVI again reviewed HPV vaccination in June 2012. It concluded that given the expected effects of immunisation of girls on HPV transmission and the indirect protection of boys that accrues from high levels of coverage of HPV vaccination in girls, vaccination of

boys in addition to girls was unlikely to be cost-effective. Therefore, the JCVI did not recommend vaccination of boys at this time.

In August 2012, the JCVI issued an additional call for evidence in relation to HPV, seeking submissions related in particular to:

- 2-dose schedule for HPV vaccine
- the potential benefits of HPV vaccine for those not currently offered immunisation, particularly men who have sex with men (MSM)
- vaccines that offer protection against a larger number of HPV types

The JCVI met in October 2013 to consider the evidence submitted, including modelling work on the cost-effectiveness of HPV vaccination to include MSM, centred on reviewing a vaccination strategy to prevent anal cancer in MSM. The JCVI noted that the modelling work required to be expanded to incorporate other considerations such as penile and oropharyngeal cancers and warts, health economics and vaccination strategies, and alternative prevention strategies such as universal male vaccination, and vaccinating MSM on attendance at sexual health services. The committee concluded that an HPV subcommittee should be formed in order to consider all the issues concerning HPV vaccination.

We await the recommendations of this subcommittee, which held its first meeting this month.

- **Human Papillomavirus vaccination is most effective when administered before sexual activity begins and therefore should be offered at the same age as females currently get the vaccine. Why offer the vaccine to sexually active men who have sex with men when it would be more effective administered at school age?**

The JCVI has agreed that further work is required to consider the vaccination of adolescent males and will provide recommendations in due course. We will take these recommendations into account in considering whether the current policy should be changed.

- **Medical experts have already signed this petition stating that a gender neutral vaccination policy will save lives. These are medical professionals dealing with the harsh reality of Human Papillomavirus related diseases. Can we afford to ignore their advice?**

As set out above, Scottish Ministers take advice on matters relating to vaccination from the JCVI. The JCVI is composed of experts drawn from relevant fields, and provides informed and current advice on a range of issues, including HPV vaccination. It is right that the JCVI considers the full range of issues associated with this subject before making recommendations which will influence policy in Scotland.

- **Australia, Canada and the USA currently recommend gender neutral vaccination and Scotland should not be lagging behind when it comes to protecting people from Human Papillomavirus. Australia begins vaccinating boys in April 2013. Why is Scotland not living up to its reputation as a progressive and equal society?**

Scotland's HPV vaccination programme for girls has been in place since September 2008, and uptake rates remain high: for 2012/13, 82.0% of girls in S2 had completed the 3 dose course, 91.8% had received 2 doses and 93.5% had received one dose. These uptake rates are higher than in Australia, Canada and the USA, and confer considerable herd protection,

which may be lower in these other countries. The value of this indirect protection afforded to boys was a key factor in the JCVI's original decision to recommend vaccination for girls only.

Nonetheless, we will of course consider the JCVI's recommendations when it completes its consideration of this issue.

I hope that this information is helpful.

Yours sincerely,

RONA WATTERS
Health Protection Team