

TE WAI ORA



Nelson Marlborough
District Health Board

Submission on proposal to amend listings in the National Immunisation Schedule

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Introduction

1. Nelson Marlborough Health (Nelson Marlborough District Health Board) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu. Nelson Marlborough Health's Public Health Service (NMH-PHS) appreciates the opportunity to comment from a public health perspective on PHARMAC's proposal to amend listings in the National Immunisation Schedule.
2. The NMH-PHS makes this submission in recognition of its responsibilities to improve, promote and protect the health of people and communities under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.
3. As recognised by the World Health Organisation,¹ the NMH-PHS is well aware that immunisation is one of the most cost-effective health interventions available. Immunisation saves millions of people world-wide from illness, disability and death each year.¹ Centres for Disease Control and Prevention identified immunisation as one of the top ten public health achievements of the 20th century² and the World Health Organisation states that in the 21st century every child has the right to live free from vaccine-preventable diseases.¹
4. Nationally and of relevance to this submission, an evaluation of New Zealand's current human papillomavirus (HPV) vaccine programme (introduced in 2008) shows that the greatest health gain has been from the prevention of genital warts, with smaller gains from reduced rates of cervical, oral and anal cancer.³ Although the programme targets young women, protection against HPV infection has also extended to unvaccinated males and females through 'herd immunity'.³ The introduction of this vaccine has improved both short term and long term health outcomes for many New Zealanders.
5. This submission sets out particular matters of interest and concern to the NMH-PHS around the HPV vaccine and varicella vaccine.

Human papillomavirus (HPV) vaccine

6. The NMH-PHS strongly supports the proposed changes relating to the HPV vaccine. In particular:
 - The widening of funding access to include males and females aged 26 years old and under (currently only females aged 20 years old and under are included)

¹ World Health Organisation. 2016. Vaccines and immunisations <http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/vaccines-and-immunization>

² Centres for Disease Control and Prevention. 2013. Ten great public health achievements in the 20th century <http://www.cdc.gov/about/history/tengpha.htm>

³ University of Otago. 2014. HPV vaccination of school-age girls: Comparing the cost-effectiveness of 3 delivery programmes. Otago: University of Otago

- Funding of a two-dose regimen rather than the current three-dose regimen for those males and females aged 14 and under; and a three-dose schedule for males and females aged 15-26 years
 - Replacement of the current 4 valent (*Gardasil*) HPV vaccine with the 9 valent (*Gardasil 9*) vaccine.
7. The NMH-PHS notes that the above changes to the HPV vaccine are in line with current international practice and are anticipated to build on the health outcomes already achieved for New Zealanders (as discussed in the introduction of this submission). In particular, the changes will provide protection for more HPV types with cancer causing potential, and expand the benefits derived by males beyond 'herd immunity' to include direct protection against HPV related conditions (such as genital warts) and a number of cancers. As set out in PHARMAC's consultation document, evidence shows:
- HPV vaccination protects against a number of cancers further to cervical cancers, including anal, penile, vulval, vaginal and some forms of oral cancers (benefiting both males and females)
 - *Gardasil 9* protects against nine HPV types, the same four types in the currently used *Gardasil*, plus five additional types with cancer causing potential
 - *Gardasil 9* provides protection against 90% of HPV types which cause cervical cancer (an increased 20% rate of protection compared to the currently used *Gardasil*)
 - A two-dose regimen provides effective protection for males and females aged 14 and under due to a better immune response for this cohort; a three-dose regimen is still recommended for males and females aged 15 years and over.
8. However, the NMH-PHS has concerns around whether a continuous supply of the HPV vaccine can be guaranteed with the proposed change of supplier to Seqirus. The NMH-PHS is aware of previous supply issues of the BCG vaccine (for tuberculosis) with this supplier.
9. Lastly, because the proposed HPV vaccine changes will result in substantial amendments to the delivery of the School Based Immunisation Programme, the NMH-PHS asks that the announcement date for confirming the HPV vaccine changes allows sufficient lead-in time for planning implementation of the 2017 Programme.

Recommendations

10. That the proposed changes to the HPV vaccine are adopted (noting that the two-dose regimen is subject to the approval of Medsafe).
11. That supply agreements with Seqirus include contract conditions to ensure a guaranteed supply of the HPV vaccine.

12. That the announcement date for confirming changes to the HPV vaccine allows sufficient lead-in time for planning implementation of the 2017 School Based Immunisation Programme.

Varicella (chicken pox) vaccine

13. The proposal seeks to widen funding access to include one dose for primary chickenpox vaccination in children at 15 months old (noting that there is a catch up in general practice for unvaccinated children aged 11 years). This in turn will result in an increase to four injections, from the current three, for 15 month olds.
14. The NMH-PHS supports the anticipated outcome that the varicella vaccine will reduce hospitalisations and general practice attendances and costs relating to varicella infection. The NMH-PHS notes that there remains a question around the impact on herpes zoster (shingles) incidence but that the quality of evidence was better for the effectiveness of the varicella vaccination in preventing varicella than for the risks of increasing population disease burden from herpes zoster in the unvaccinated population.
15. The NMH-PHS also notes the Immunisation Subcommittee of the Pharmacology and Therapeutics Advisory Committee's view that it is the vaccinators who are more concerned about giving multiple injections at one time than the parents of the infant. However, NMH-PHS's experience is different in that it finds the 15 month old cohort difficult to vaccinate due to factors such as the perceived controversy around the measles, mumps and rubella (MMR) vaccine, and developmental age issues.
16. The NMH-PHS considers that extra care needs to be taken in communicating the introduction of the varicella vaccine in children at 15 months old. This is especially important to minimise the potential for unintended consequences to arise through parents feeling overwhelmed or not appropriately informed about the various vaccinations being administered at this time. For example, ineffective communications around the varicella vaccine could result in a reduced uptake of vaccinations in general, including the critical MMR vaccine, causing wider implications such as measles outbreaks in the community.

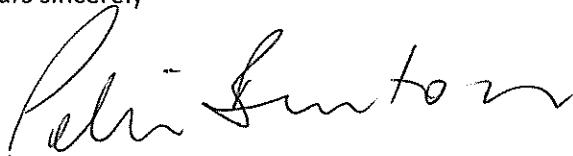
Recommendations

17. That an effective communication package is provided for informing parents about the varicella vaccine, alongside the other existing 15 month old vaccinations.

Conclusion

18. The NMH-PHS thanks PHARMAC for the opportunity to comment on its proposal to amend listings in the National Immunisation Schedule.
19. The NMH-PHS strongly supports the proposed changes to the HPV vaccine but asks that potential issues around vaccine supply and announcement timing are addressed.
20. The NMH-PHS supports the anticipated outcome that the varicella vaccine will reduce hospitalisations and general practice attendances and costs relating to varicella infection. However, it recommends that an effective communication package is provided to minimise the potential for unintended consequences to arise as a result of an increase in 15 month old vaccinations.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Burton', written in a cursive style.

Peter Burton
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and District Nursing
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