

HPV VACCINE: ADDRESSING THE MISCONCEPTIONS..... *You owe it to your child to get the facts.*

MISCONCEPTION #1:

Young girls are being used as “guinea pigs” for an unproven vaccine.

RESPONSE: Young women are benefiting from a safe and effective vaccine.

- The HPV vaccine has been scientifically studied in thousands of women in North America, Europe, Latin America, and the Asia Pacific Region.
- Almost 100% of the women developed protective antibodies for the four types of HPV included in the vaccine.
- For those women, the vaccine prevented almost 100% of pre-cancer changes in the cervix for the four types of HPV included in the vaccine.
- The HPV vaccine is safe. Side effects are usually minor and last only a day or two. Fever, pain, redness and swelling at the site where the vaccine was given are those most commonly reported. These reactions are part of the body’s normal immune response and are common after most vaccines.
- Vaccines are licensed for use in Canada only if they meet very strict standards for safety and effectiveness.
- Assuring the safety of vaccines and medications does not stop with licensing.
- Across Canada there is a reporting network to Health Canada that keeps track of side effects from both vaccines and medications. Health Canada investigates any possible problems.

MISCONCEPTION #2:

There’s been a rush to use this vaccine—we should wait until we have more answers.

RESPONSE: The HPV vaccine has been very carefully studied.

- We know the vaccine works extremely well and is safe.
- Over the last three years the HPV vaccine has been approved for use in 93 countries around the world (for example, Australia, New Zealand, the US, UK, most European and Scandinavian countries). In Canada, all ten provinces and the Northwest Territories and Yukon have an approved HPV Program.
- Cervical cancer is the second most common cause of cancer in women between the ages of 20-44 years.
- Young girls can be protected now. It’s always better to prevent disease than having to treat it later.

MISCONCEPTION #3:

My daughter doesn’t need this vaccine now because she isn’t sexually active.

RESPONSE: We want to protect girls before they are sexually active.

- In the NWT, the average age of first sexual activity is 14 years of age.
- The majority of females become infected with at least one type of HPV within 2 to 5 years of becoming sexually active, so it is important to vaccinate them before they are sexually active. This includes any oral or genital contact—intercourse isn’t necessary.

- The vaccine only **prevents** infection to the types of HPV contained in the vaccine. If a girl is already infected with one or more types of HPV, the vaccine will not treat or get rid of those HPV types.
- HPV vaccination is being offered as a means of preventing cervical cancer in adulthood, not as prevention of an STI. In fact, studies have shown that higher antibody responses were achieved in younger recipients.

MISCONCEPTION #4:

There weren't any studies done in the group of girls (aged 9 to 15 years) that public health wants to vaccinate.

RESPONSE: There were studies in this age group that showed the immune response was very good. In fact, young girls made higher levels of antibodies against HPV.

- In the studies with older women (aged 16–26 years), researchers were able to do both blood tests and pelvic exams. Blood tests show antibody protection and pelvic exams detect pre-cancer changes in the cervix. As it is not ethical to do pelvic exams on girls so young (9–15 years old), only blood tests were done.
- The studies showed that both age groups developed high antibody levels after vaccination. In fact, the younger girls developed higher antibody levels than the older females. In the older age group the vaccine prevented almost 100% of pre-cancer changes in the cervix. Therefore, the researchers concluded that the vaccine would also prevent pre-cancer cervical changes for the younger girls.

MISCONCEPTION #5:

We don't know how long the vaccine protection will last.

RESPONSE: Researchers predict that HPV vaccine protection will last for at least 15 years, and probably lifelong.

- Researchers predict this because the HPV vaccine causes an immune response similar to that seen with other vaccines.
- We know from the vaccine studies that there is good protection for at least 5 years and that the antibody level is much higher after vaccination than after natural infection with HPV. This is good news as a high antibody level usually means longer protection.
- Follow-up studies are being done to see if there will be a need for a booster dose in the future.
- The HPV vaccine will protect girls now. It's far better to give the vaccine and then give a booster in the future, if needed, than not to give the vaccine at all.

MISCONCEPTION #6:

We don't need an HPV vaccine when Pap testing catches cervical cancer early and it can be treated.

RESPONSE: Both HPV vaccine and Pap tests are needed to prevent and detect cervical cancer.

- The Pap test identifies changes in the tissues that may progress to cancer of the cervix. Further tests are needed to determine if it is cancer, and if so, then treatments are needed. These tests and treatments are uncomfortable and frightening.
- On average in the NWT, there are 466 colposcopic procedures done for follow-up of cervical abnormalities in NWT women each year.
- The NWT has had 14 new cases of invasive cervical cancer cases over the last 10 year period (1996–2005).
- During this same period, five NWT women died from invasive cervical cancer.

- The vaccine will prevent up to 70% of the infections that cause the changes to the cervix and will decrease the need for further tests and treatments. In the NWT each year, the vaccine could save more than 450 women from having these additional tests.

MISCONCEPTION #7:

Once you get the vaccine you won't need to get Pap tests anymore.

RESPONSE: Sexually active females will still need to get Pap tests after they've been vaccinated.

- While the vaccine prevents infection with the two types of HPV that cause most cases of cervical cancer, there are at least 40 types of HPV that can infect the genital tract. There is still a need to get Pap tests to detect changes to the cervix caused by the other types of HPV.

MISCONCEPTION #8:

This vaccine is really expensive – it's not worth it.

RESPONSE: An HPV vaccine program is worth the investment.

- Several HPV cost-effectiveness studies have been done. These studies show that the cost-effectiveness of an HPV vaccine program is similar to the cost of many other types of medical and surgical interventions commonly used in health care.

MISCONCEPTION #9:

This vaccine will promote earlier sexual activity.

RESPONSE: There is no evidence that being vaccinated against HPV will promote earlier sexual activity..

- National surveys suggest that NWT children, on average, become sexually active nearly 2 years earlier than in other parts of Canada.

- There is evidence that many factors influence young peoples' decisions about early sexual activity. These include peer pressure, self-image, sex education, and impact of the media.
- Research has shown that fear of getting a sexually transmitted infection does not affect onset of sexual activity. Therefore, the fear of HPV infection is unlikely to be a factor in the decision to become sexually active.
- The HPV vaccine is only one additional prevention tool to improve public health. It is not meant to replace or conflict with a comprehensive sexual health or STI prevention strategy.

MISCONCEPTION #10:

There have been reports that the vaccine causes serious side effects.

RESPONSE: Serious events that have been reported following the receipt of HPV vaccine were found to be most likely unrelated to the vaccine itself.

- 95% of reported HPV vaccine side effects are very minor and similar to those following other vaccines (i.e. fever; pain, redness and swelling at the site where the vaccine was given).
- During the HPV vaccine trials, the women who had the HPV vaccine were compared with women who received placebo (salt-water) injections. The rate of serious events was identical in both groups.
- In the vaccine trials, deaths were reported in both groups. Investigators have concluded that it is highly unlikely that the HPV vaccine caused the deaths. Deaths were caused by the usual reasons seen in the age groups studied (motor vehicle accidents, overdose and blood clots).
- There have been reports of Guillian Barre Syndrome (GBS), a nervous system disorder, in vaccinated people in the US. So far, the number of cases of GBS is below the number that is usually reported for the US population. It is thought that these cases occurred by coincidence following vaccination.
- In Canada there have been so far no reports of GBS in those vaccinated.