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Dear Colleagues,

We have been receiving a number of calls from practices and from the public regarding the HPV vaccination for those within the catch up years requesting it earlier or for those outside the programme. The LMC and PCT have both provided letters about this subject, but it is now important to reinforce a message from the PCT and supported by the LMC to ensure consistency. The DH has recently changed national policy on the implementation of the catch up, details below.

It is important to be clear across West Sussex PCT on guidance and this letter is the PCT stance on both the DH policy and routes of prescribing outside the programme in exceptional circumstances. We hope that this letter is helpful.

The DH have announced that the HPV catch up programme will be brought forward. This acceleration will enable girls born between 1.9.91 and 31.8.95 to be offered the protection earlier than was originally planned. The DH is encouraging PCTs to deliver the whole of the catch up programme next year. This is a positive response to the queries that have been raised by this PCT and colleagues in other PCTs in the country and will resolve some of the current requests for prescribing.

The PCT will be receiving further guidelines imminently and discussion will occur with GP leads and the LMC on appropriate implementation of the catch up programme. In the meantime, we would like to stress the importance of waiting for the implementation of the catch up to ensure that prescribing budgets are not diverted to a programme that will be providing funding and free vaccines. Plans to implement are being developed now and further information will be cascaded to you as soon as possible.

1. PCT Commentary on National Immunisation Policy for HPV

We recognise the difficult position that practices could be experiencing but the national policy and implementation is based on recommendations from the Joint Committee on Vaccination and Immunisations and accepted by West Sussex PCT. The results from the JCVI showed that routine vaccination of girls aged 12 – 14 with an HPV vaccine could reasonably be expected to be cost effective at 80% vaccine coverage. Routine vaccination at age 12 is likely to produce greater antibody titres than vaccination at age 15 and a catch up was recommended up to the age of 18. To include girls above this age was not cost-effective due to cost of vaccine and administration, and the fact that an increasing proportion of girls over this age range are already infected with HPV.



However, it could be argued that clinically it could benefit some women aged over 18 who were at risk of new HPV infection by one of the types in the vaccine that they had not already been exposed to.

The PCT supports the local implementation of the DH policy and is delighted that the catch up programme has been accelerated.

The largest benefit will be to those aged 12-13 yr olds and as with any immunisation implementation, the JCVI and DH have to identify those who will gain most benefit as the vaccine is most effective prior to infection with HPV.

We cannot immunise all cohorts at once, so where possible, parents' who would like their daughter vaccinated earlier than in the catch up programme should be encouraged to wait for the NHS programme. As explained earlier in this letter the catch up has been accelerated and we request that you inform parents or girls of this change to current policy. It is important to recognise that within the catch up groups that some will already be infected with HPV and there will also be some who have not started sexual activity. Infection with HPV is not inevitable and it is persistent infection that can lead to cervical cell changes. The Department of Health have requested that we encourage the programme to be maintained within the national policy for implementation. However, if there is a clinical need decided by the GP based on an assessment including sexual activity or planned sexual activity, then a GP can prescribe on an FP10. This vaccine will be charged to the practices prescribing budget.

Women over the age of 18 are currently not included within the programme as DH guidance is that it is not cost effective but these women are able to benefit from the very effective screening programme.

Details are provided at the end of this letter on different groups and prescribing routes.

2. Cervarix

"[Cervarix](#), the human papilloma virus (HPV) vaccine manufactured by GlaxoSmithKline was selected because the bid from this company scored higher in the adjudication process against the pre-agreed award criteria than the competitor."
www.parliament.the-stationery-office.co.uk/pa/cm200708/cmhansrd/cm080703/text/80703w0021.htm

The criteria included 18 domains including quality and length of protection. Cervarix uses a different adjuvant (AS04) and it is suggested that this both enhances the immune response and increases the duration of protection against cancer-causing virus types. In studies, the AS04 formulation of Cervarix induced higher antibody levels and a more sustained immunological response when compared with a conventionally formulated vaccine with aluminium hydroxide adjuvant alone.

The Cervarix vaccines being provided within the programme must only be used according to the planned implementation. The PCT will be monitoring ordering alongside known GP population figures. The PCT is being provided with enough free Cervarix for the cohorts within the programme, therefore if the free vaccine is provided to those outside the programme there may not be enough for those eligible.

3. Current prescribing available for HPV

The PCT agreement is for the following:

- 12-13 y olds will get the vaccine (Cervarix) at school. All girls are included irrelevant of place of education. If you have a girl asking for the vaccine please redirect them to the school based programme. There is now a HPV school nurse coordinating phone number for West Sussex: **01243 815313**
- Currently the catch up covers 17-18 y olds and they will get the vaccine (Cervarix) according to the PCT's arrangements - we have opted for a GP based programme. This was agreed to go under the Public Policy LES at 7.51/dose. The PCT will provide the free vaccine (Cervarix).
- Girls within the target age of the programme will be immunised next year as part of the accelerated catch up. It is strongly recommended to wait for the catch up that will now include all girls eligible next year. However, if she presents a case and the GP thinks there are exceptional circumstances the GP practice can go ahead and immunise her this year by prescribing either Cervarix or Gardasil. This vaccine will be charged to the practice's prescribing budget.

This would not be covered in the current payment of the 17-18 year old and the vaccine being supplied for this cohort must not be used. The PCT will only pay for the administration when the vaccine is provided at the correct time according to the implementation outlined by the DH.

- If it is a woman outside the current target groups, and in a GP's opinion there are exceptional clinically justified circumstances and she will benefit from immunisation, they can proceed to vaccinate on the NHS. They can use any HPV vaccine that is licensed in the UK (10-25 yr olds); Cervarix or Gardasil. This vaccine will be charged to the Practice Budget.

For just the last two examples above:

The patient is not charged a fee for the vaccine and does not pay for the vaccinations (administration fee)

- You can claim reimbursement of the vaccine under "Personal Dispensing"
- The vaccine (Cervarix or Gardasil) is charged to the practice's prescribing budget.
- If a parent/girl presents and you do not believe there to be exceptional clinical circumstances then they have the option to go privately (not to their GP as s/he is not allowed to vaccinate and charge their own NHS patient).

The final decision concerning prescribing outside the programme we recognise is a clinical decision between you and your patient based on an assessment of the benefit of vaccination outside the planned implementation. We realise that you are being asked to provide the vaccine either outside the programme or the planned

implementation and have tried to provide guidance on what we think is appropriate in different circumstances.

Please contact the Howard Clement West Sussex Immunisation Coordinator if you would like further information on howard.clement@westsussexpct.nhs.uk or 01243 815315

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