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### **NZGCG Statement regarding HPV 16/18 vaccine funding**

The New Zealand Gynaecological Cancer Group (NZGCG) is an independent multidisciplinary association of health professionals involved in the care of women with gynaecological cancer. The NZGCG is committed to improving outcomes from gynaecological cancer for all New Zealand women. The NZGCG supports public funding of HPV (Human Papilloma Virus) vaccination and its inclusion in the vaccination schedule.

It is known that infection with HPV types 16 and 18 underlie about 70% of cervical cancers and a high proportion of vulval, vaginal and anal cancers. Vaccination of unexposed individuals almost eliminates the risk of persistent HPV infection and associated pre-cancerous abnormalities. Due to the long natural history of cervical cancer the impact of vaccination on cancer rates will take many years to document.

Very large trials of the HPV vaccine have been performed and published. There is no doubt we have available a safe vaccine that will significantly reduce the incidence of cervical cancer and its precursors as well as other HPV related anogenital disease.

The last twenty years have seen a significant reduction in cervical cancer rates and mortality largely due to the successful implementation of the National Cervical Screening Programme. It is essential that screening continues regardless of HPV vaccination. Unfortunately screening will not prevent all cervical cancers and a large number of women do not attend regularly for cervical smears. In New Zealand about 170 women per year develop cervical cancer and more than 25,000 women have abnormal smears that require further investigation or treatment. Maori and socio-economically disadvantaged women are diagnosed with and die of cervical cancer at a much greater rate than non Maori women. This is in large part due to reduced participation in the cervical screening programme in these populations.

All women who have ever been sexually active are at risk of cervical and anogenital cancers. The NZGCG recommend that all eligible young women and their parents consider the benefits of HPV vaccination. Unfortunately ad hoc, privately funded vaccination will have minimal effect on the incidence of and mortality from cervical and other HPV related cancers because it will result in vaccination of the portion of the population who are at lowest risk. It is likely that this distribution of the vaccine will lead to a widening of the social and ethnic disparity already seen in these diseases. Implementation of an organised, systematic vaccination program of all young women before sexual debut offers the opportunity to reduce morbidity and mortality from cervical cancer and other HPV related disease and to reduce social and ethnic disparities.

Currently HPV vaccination is very expensive and further long term research is required. However several current cost benefit analysis suggests HPV vaccination is in accordance with other public health interventions.

The NZGCG consider that publicly funded population-based HPV vaccination should be implemented in New Zealand.