



September 20, 2017

SHR Family Physicians, Nurse Practitioners

Re: Expansion of Saskatchewan's Human Papillomavirus (HPV) Immunization Program

Dear colleague:

The Saskatchewan Ministry of Health has announced the expansion of the human papillomavirus (HPV) immunization program from grade six girls only to also include males in grade 6 beginning in September 2017. This immunization initiative will lead to a significant long term reduction in HPV-related cancers in both males and females.

Expanding the HPV program to males will save lives, reduce disease and decrease future health care costs. Starting September 2017 Saskatchewan offers the nine-valent HPV vaccine (HPV9 or Gardasil@9) as part of the provincial publicly funded immunization program. The HPV9 vaccine protects against the same HPV types as the HPV4 vaccine, plus five additional HPV types, which can lead to cervical and anogenital cancers, as well as certain cancers of the head and neck.

We are encouraging physicians, other health care providers, and parents of children in our communities to take part in increasing HPV vaccination coverage in our region. As a physician, you can join this public health effort and help to prevent cancer by increasing the uptake of the HPV vaccine among your patients, and encouraging completion of the full vaccine series. Physician recommendation has been shown to be one of the most effective factors in a parent's decision to have their children vaccinated against HPV.

Additional information for clinicians and parents about the HPV vaccine is available at no cost to providers by visiting the individual links listed below.

Information about Human Papillomavirus Vaccine (HPV) and the HPV virus.

<http://publications.gov.sk.ca/documents/13/76359-HPV-9%20August%202017.pdf>

Human Papillomavirus Vaccine (HPV) - New Brand Information Sheet for Parents. New Brand of Human Papillomavirus Vaccine for September 1, 2017

<http://publications.gov.sk.ca/documents/13/100217-HPV-9%20notification%20letter%20Aug.%202017.pdf>

Saskatchewan Immunization Manual Chapter 10 – Biological Products. Human Papillomavirus 9-valent Vaccine

<https://www.ehealthsask.ca/services/Manuals/Documents/sim-chapter10.pdf>

Thank you for all that you do to improve the health of our population, and for your consideration of joining this important effort to prevent cancer by increasing the uptake of the HPV vaccination.

Sincerely,

Dr. Simon Kapaj
MD, MPH, ABPM, FRCPC
Deputy Medical Health Officer

Healthiest people ~ Healthiest communities ~ Exceptional service

Human Papillomavirus 9-valent Vaccine (HPV-9) (recombinant)

GARDASIL®9 (Merck Frosst 2016 monograph available at:

http://www.merck.ca/assets/en/pdf/products/GARDASIL_9-PM_E.pdf)

INDICATIONS	<ul style="list-style-type: none"> • Females born since January 1, 1996 who are in grade 6 or who did not receive or complete a series when in grade 6 • Males born since January 1, 2006 who are in grade 6 or who did not receive or complete a series when in grade 6.
SERIES	<ul style="list-style-type: none"> • 2-dose schedule: 0.5 mL IM at 0 and 6 months for those 11 to 14 years of age <ul style="list-style-type: none"> ○ A student who received their first HPV dose before their 15th birthday is eligible to complete the 2-dose schedule in the future as long as 6 months has passed since their first dose. • 3-dose schedule: 0.5 mL IM at 0, 2, and 6 months for eligible immune competent persons ≥15 years of age up to and including 26 years of age (ineligible at 27th birthday). • 3-dose schedule: 0.5 mL IM at 0, 2, and 6 months for males up to and including 17 years of age with the following risk factors (ineligible at 18th birthday): <ul style="list-style-type: none"> ○ Immunocompromised – HIV • 3-dose schedule: 0.5 mL IM at 0, 2, and 6 months for females up to and including 26 years of age with the following risk factors (ineligible at 27th birthday): <ul style="list-style-type: none"> ○ Immunocompromised – Acquired complement deficiency ○ Immunocompromised – Congenital immunodeficiency ○ Immunocompromised – HIV ○ Immunocompromised – Related to Disease ○ Immunocompromised – Treatment - Specify
REINFORCEMENT	Currently no recommendations.
CONTRA-INDICATIONS	<ol style="list-style-type: none"> 1. History of anaphylactic reaction to a previous dose of a HPV vaccine, or to any component of GARDASIL®. 2. Pregnancy¹. The vaccine should not be given during pregnancy because safety of receipt of HPV vaccine during pregnancy has not been adequately studied. Women who become pregnant before series completion should defer immunization until no longer pregnant. In pregnant women who are inadvertently vaccinated, there is no need to consider any intervention except reassurance, as the vaccine has not been associated with teratogenicity.
VACCINE COMPONENTS	The vaccine contains 20 mcg of HPV 6 L1 protein, 40 mcg of HPV 11 L1 protein, 40 mcg of HPV 16 L1 protein, 20 mcg of HPV 18 L1 protein, and approximately 225 mcg of aluminum (as amorphous aluminum hydroxyphosphate sulfate [AAHS] adjuvant), 9.56 mg of sodium chloride, 0.78 mg of L-histidine, 50 mcg of polysorbate 80, 35 mcg of sodium borate, and water for injection. The product does not contain a preservative or antibiotics. May contain trace amounts of yeast. Latex and thimerosal free.

EXPECTED REACTIONS	Local: Mild to moderate pain, swelling, and redness at injection site. Systemic: Headache, tiredness, fever.
SPECIAL CONSIDERATIONS	Sexually active vaccine recipients should be routinely screened for genital cancers.
EFFECTIVENESS	In females that are naïve to HPV 6, 11, 16, & 18 viruses, efficacy was 100% when 3 doses were administered within one year. The duration of immunity has not been established.

¹ Pregnant women exposed to GARDASIL® are encouraged to report their exposure or suspected adverse reactions by contacting Merck Canada Inc., at 1-800-567-2594 or the Vaccine Safety Section at Public Health Agency of Canada at 1-866-844-0018 or www.phac-aspc.gc.ca/im/vs-sv/index-eng.php.