

**PE1477/K**

Joint Committee on Vaccination and Immunisation Letter of 16 February 2016

Public Petitions Committee  
c/o Public Petitions Clerks  
Room T3.40  
The Scottish Parliament  
Edinburgh  
EH99 1SP

By Email: [petitions@scottish.parliament.uk](mailto:petitions@scottish.parliament.uk)

Ref: CONSIDERATION OF PETITION PE1477 (Gender neutral Human Papillomavirus vaccination)

Dear Ned,

Thank you for this opportunity to respond to this petition.

*Timescale for a decision on vaccinating boys*

In 2008 when forming its recommendation for vaccination against HPV in the UK the Joint Committee on Vaccination and Immunisation (JCVI) did not recommend vaccination of boys because the evidence indicated vaccinating boys was unlikely to be cost-effective, as vaccine efficacy was high, and high coverage in girls would provide herd protection for boys, meaning that a programme which included boys would provide little additional benefit.

JCVI keeps the eligibility criteria of all vaccination programmes under review, however, and in October 2013 JCVI recommended a HPV sub-committee be formed to consider moving to a two dose schedule for adolescent girls, vaccinating men who have sex with men (MSM), and potential extension of the programme to include adolescent boys. The latter was under review because of new and emerging evidence on the association of HPV vaccine types with non-cervical cancers. Modeling work on vaccinating MSM was already underway as this was considered a priority because this is a group that receives very little indirect benefit from the girls' programme.

In order to form a recommendation on gender neutral HPV vaccination the Committee must ensure that this represents the best use of NHS resources. The issue of extending vaccination to adolescent boys is under consideration by JCVI pending the results of the necessary modelling and cost-effectiveness assessment. JCVI does not commission the modelling it considers and can only indicate its priorities and needs to the Department of Health (DH), Public Health England (PHE) and the research community.

In October 2013 Public Health England (PHE) presented to JCVI provisional timelines for development of mathematical modelling for each of the key issues to be addressed with regards to HPV vaccination. JCVI noted that the development of an

'individual based model' (described below) was critical to proper assessment of an adolescent boys' vaccination programme.

The vaccination model that is being developed by PHE will build on the individual based model developed in assessing the impact of HPV testing as part of the cervical screening programme. This will create an integrated model that will consider both screening and immunisation and will be important to inform future considerations for the programme overall.

An integrated individual based model will be of great benefit in assessing the synergies which come from coordinated HPV screening and immunisation practices. Such a model will also be important in understanding the impact and cost-effectiveness of higher valency vaccines and future tendering exercises for HPV vaccine for the routine adolescent girls programme.

Individual based models are complex mathematical models which track large populations of individuals with different characteristics within a population through time. The process of developing a validated and robust model and responding to peer-review of the assumptions and inputs takes both time and resource. PHE initially estimated that the integrated model would be completed 12 to 24 months after the completion of the HPV cervical screening element. This initial stage was delayed by additional work required to ensure it was adequately robust and suitably quality assured. This revision meant that the work on adolescent boys did not start until 2015 and therefore not likely to be completed until 2017. In October 2014 when JCVI learnt of the delay in starting the work on boys, the Committee agreed that it would be inadvisable to take shortcuts which could undermine the validity of the results in order to expedite this work.

If JCVI advises that an HPV vaccination programme for adolescent boys would be cost-effective and if the Secretary of State for Health decides to implement this in England, the Department of Health, PHE and NHS England will seek to do so as early as possible.

*The JCVI recommendation on men who have sex with men*

The Committee is aware of the points raised by the petitioner Jamie Rae and considered these during its deliberations leading up to its final advice on a targeted HPV vaccination programme for MSM. The details of the JCVI's deliberations are available in the minutes of its meetings and of the HPV Subcommittee which can be accessed at <https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>. JCVI also published an interim statement and held a stakeholder consultation on its interim advice. The JCVI issued its final advice in November 2015 also in a statement. Both statements are available on the JCVI webpage and I recommend these as useful sources of information on this subject as they summarise the deliberations and conclusions of JCVI.

Yours sincerely,

Jonathan Crofts  
Scientific Secretariat to the Joint Committee on Vaccination and Immunisation