

PE1477/L

Petitioner Letter of 25 February 2016

SUBMISSION TO THE SCOTTISH PARLIAMENT PUBLIC PETITIONS COMMITTEE

PUBLIC PETITION NO. PE01477

Petitioner: Jamie Rae on behalf of Throat Cancer Foundation

Petition title: GENDER NEUTRAL HUMAN PAPILLOMAVIRUS VACCINATION

The JCVI's letter of 16 February 2016 to the Public Petitions Committee does not deal adequately with our concerns.

First, it does not convincingly explain the JCVI's very long timescale for its decision on vaccinating boys. We do not doubt that the model the JCVI is working with is complex and time-consuming. But we wish to reiterate that the assessment of whether all boys should be vaccinated began in 2013, that a decision by JCVI is now expected in 2017 and that, if a decision is made to vaccinate boys, a programme is not likely to be rolled out until 2020. Such a long timescale is, in our view, unacceptable, especially in respect of an issue where there is significant scientific, clinical and patient group consensus about the public health benefits of a change in policy and where the consequences of delay are potentially and literally lethal for those left unprotected (27,000 more boys each year in Scotland).

Secondly, the JCVI's letter does not deal with the shortcomings of the proposed vaccination programme for men who have sex with men (MSM) as set out in our letter of 18 January 2016 to the Committee. An answer provided on 12 February 2016 to a written Parliamentary Question (No: 25883) from Dr Sarah Wollaston MP revealed that the Department of Health 'is not yet in a position to suggest estimates of the numbers or proportion of MSM who might be vaccinated from this potential vaccination programme.' While we continue to welcome the introduction of a programme for MSM, we have no confidence that it will reach significant numbers of MSM. The best way of protecting MSM remains vaccinating all adolescent boys. We wish to add that, since our last letter to the Committee, the Norwegian Institute of Public Health has sent a recommendation to the Ministry of Health that boys who are 12 years old should be offered the HPV vaccine in Norway's childhood vaccination programme on an equal footing with girls. The Norwegian recommendation was based on the following rationale: (1) There is an increasing trend in the number of cancer cases caused by HPV in men and both boys and girls should be given equal opportunity to individual protection and both boys and girls should have an equal responsibility for protecting others; (2) Vaccination of boys as well as vaccination of

girls will be the most effective way to prevent HPV infection in boys; (3) Vaccinating boys would also provide protection to men who have sex with men. It is worth noting that Norway has a vaccination rate in girls very similar to Scotland's.

Since 2013, HPV vaccination for boys has been adopted in several countries comparable to Scotland. It is now recommended in Australia, Austria, Canada, Israel, Switzerland and the USA as well as in some German and Italian regions. The Health Service Executive in Ireland has also recommended that it be funded by the government.

Finally, the Department of Health is currently deciding which vaccine to use for the girls' vaccination programme for the next three years. The quadrivalent vaccine is currently used throughout the UK and it protects women, and to some extent their partners, against two cancer-causing HPV strains and two strains that cause genital warts. There are concerns that if the quadrivalent vaccine is not chosen, and the bivalent vaccine (which protects against the cancer-causing strains only) is used instead, women and their partners will be left vulnerable to genital warts, a condition which costs an estimated £58.44 million a year to treat in the UK as a whole. Opting for the bivalent vaccine could also jeopardise the proposed extension of the vaccination programme to MSM as it is unlikely that the MSM programme would meet cost-effectiveness requirements if it did not protect against genital warts. We therefore request that the Committee:

1. Urges the JCVI to accelerate its assessment so that a decision on vaccinating adolescent boys is made in 2016, not 2017.
2. Asks the Scottish Government to consider early adoption of a programme to vaccinate both boys and girls if necessary in advance of a decision by the JCVI or in spite of a possible JCVI recommendation not to vaccinate boys.
3. Recommends that the Department of Health opts for the quadrivalent vaccine for the girls' vaccination programme for the next three years.