

Stakeholder preferences of currently available Human Papillomavirus (HPV) vaccines

BACKGROUND

GARDASIL® is currently funded under the National HPV Vaccination Program in Australia. It is possible that Cervarix™ could also gain funding. Both vaccines protect against cervical cancer caused by HPV types 16/18, but only GARDASIL provides protection against genital warts caused by HPV types 6/11.

Several studies have reported consumer and provider attitudes towards HPV vaccination, including vaccine preference, prior to commencement of funded immunisation programs (Marshall et al 2007, Hoover et al 2000).

The research presented below was undertaken after the commencement of the National HPV Vaccination Program in Australia.

OBJECTIVE

The purpose of this study was to determine stakeholder preference given a choice of vaccine.

MATERIALS AND METHODS

This preference research was part of a wider HPV research project.

Research was conducted with four HPV Stakeholder groups, all in NSW:

Specialists:	Providers:	Consumers (1)*:	Consumers (2)*:
Gynae-oncologists OBGYNs Sexual health specialists n = 47	Area Health Services Divisions of General Practice n = 15	Females 18 to 26 n = 402	Parents of females 12 to 17 n = 401



Before being asked about the value of vaccination against HPV types, all respondents were provided with the following statement about the current HPV vaccine:

The HPV vaccine currently being used in the National HPV Vaccination Program provides around 95% protection against four types of Human Papillomavirus (HPV):

- HPV type 16 and HPV type 18 - which cause up to 80% of cervical cancers in Australia;
- And HPV type 6 and HPV type 11 - which cause around 90% of genital warts and 10% of low grade cervical abnormalities.

Before being asked about their preference of vaccine, all respondents were provided with the following statement about possible future scenarios:

Scenario 1:
In the future, a second HPV vaccine may gain funding under the National Human Papillomavirus (HPV) Vaccination Program. This would mean that the Australian States may need to choose between two different vaccines for their HPV Vaccination Program.

- The main differences between the two HPV vaccines are as follows:
- Both vaccines provide protection against HPV types 16 and 18 (which cause up to 80% of cervical cancer in Australia);
 - The second HPV vaccine does not provide protection against genital warts or cervical abnormalities associated with HPV types 6 and 11.

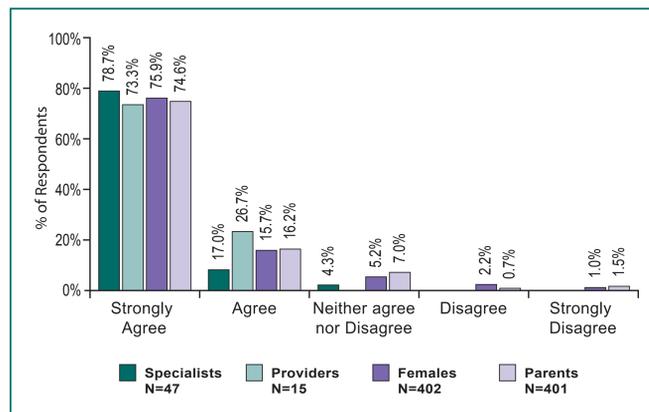
The major endpoints assessed in all 4 stakeholder groups:

- Attitude to HPV vaccination program
- Value of vaccination against HPV types 16 & 18
- Value of vaccination against HPV types 6 & 11
- Preference of vaccine for public vaccination program
- Preference of vaccine for self/daughter
- Preference of vaccine - hypothetical

RESULTS

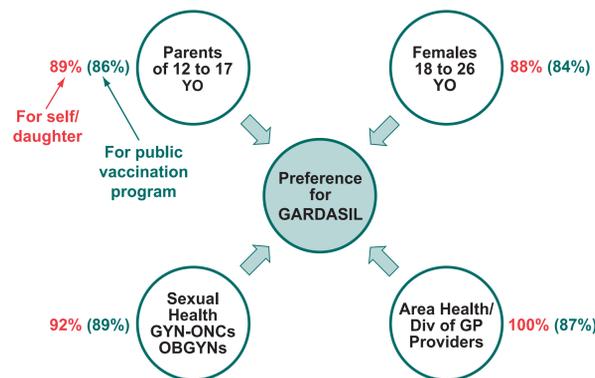
Agreement with HPV Program

- Most of the Specialists (45 of 47 - 95%) & all providers (15 of 15) agreed or strongly agreed with the introduction of the National HPV Program.
- Most parents (91%) and females 18 to 26 YO (92%) agreed or strongly agreed with the introduction of the National HPV Vaccination Program.



Preference of vaccine - self/daughter

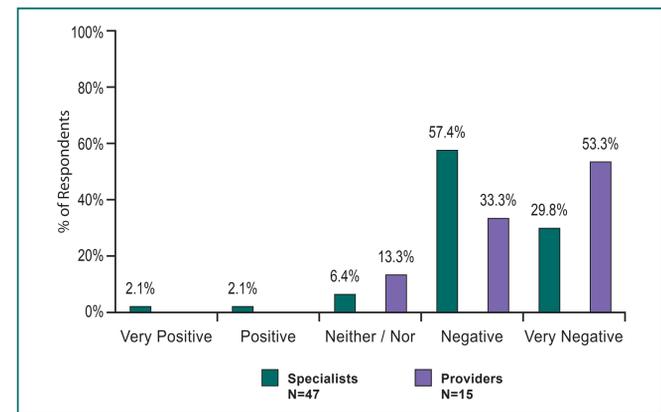
- When asked the same question, which vaccine they would prefer, but for themselves or their daughter, the preference for GARDASIL was stronger for each group.



For specialists and providers, the following statement was used:

If a state government chose the second vaccine, vaccination against HPV types 6 and 11 (genital warts / cervical abnormalities), would no longer be available to females 12 to 26 years old.

- Most Specialists (41 of 47 - 86%) and most Providers 12 of 15 - 80%) thought removal of vaccination against HPV types 6 and 11 would be a negative or a very negative development.



Value of vaccination against HPV types 6, 11, 16 & 18

- Interestingly, almost equally high value was placed on vaccination against HPV types 6/11 as 16/18.

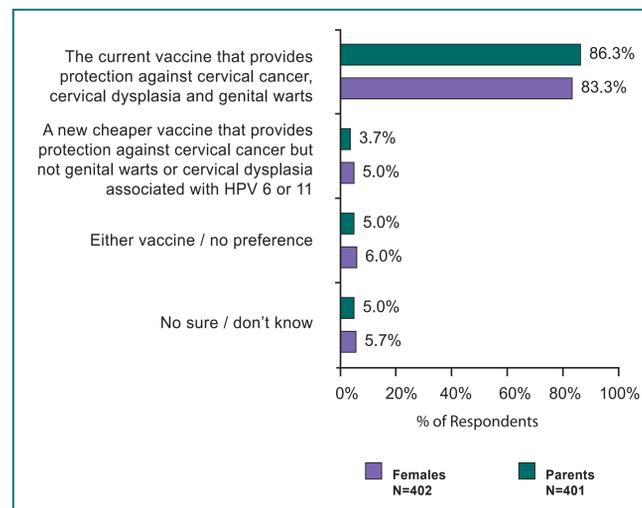
Stakeholders	Mean score HPV 16 & 18	Mean score HPV 6 & 11	P-value
Specialists	9.5	8.3	P<0.05
Providers	9.7	8.6	ns
Parents	9.3	9.3	ns
Females 18-26	8.9	8.7	ns

Preference of vaccine - hypothetical

In the consumer groups (parents and females 18-26) a hypothetical scenario was proposed.

All respondents were provided with same statement regarding possible future scenarios (see Scenario 1 in Materials and Methods above) with the additional information: The second HPV vaccine may be cheaper for government to buy.

- Most parents (86%) and Females 18 to 26 YO (83%) would recommend use of the current HPV vaccine, even if the second vaccine was cheaper.



Choice of HPV vaccine – providers' reasons

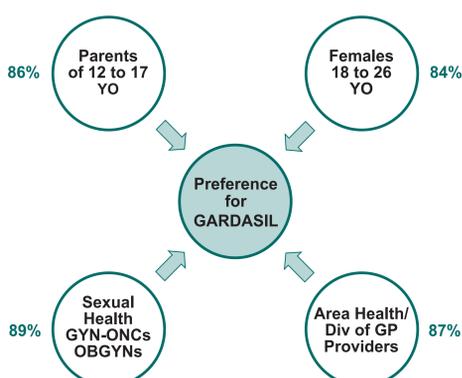
The majority of public health providers (15 of 17) thought the government should use GARDASIL for the HPV vaccination program.

Stated reasons for GARDASIL preference included:

- If all else equal, the one that covers more strains
- The morbidity, psychological impact, stigma associated with GW is significant
- Some target females may place greater value of GW protection than CC protection
- It would be difficult to withdraw GW protection after providing it
- Experts do / would recommend GARDASIL
- A single vaccine – Simple, safe and avoids confusion:
 - ◆ The simplicity of having one vaccine
 - ◆ The lack of confusion with a single vaccine
 - ◆ The ease of ordering and stocking one vaccine
 - ◆ It avoids additional consulting time associated with explaining two vaccines for GPs
 - ◆ It provides consistency across boarders / states

Preference of vaccine - Public Health

- Most HPV stakeholders would recommend GARDASIL for the purposes of a public vaccination program.



SUMMARY OF MAIN FINDINGS

- Strong stakeholder support for National HPV program
- Stakeholders place high value on HPV 16/18 vaccination
- Stakeholders place high value on HPV 6/11 vaccination
- Most stakeholders would recommend GARDASIL to for the HPV Vaccination Program
- Most stakeholders think removal of vaccination against HPV 6/11 would be a negative development

CONCLUSION

The research demonstrated that the majority of all four stakeholder groups would recommend that GARDASIL be retained for the purposes of the HPV Vaccination Program.

This recommendation is based predominantly on, all else held equal between the vaccines, the extra benefits offered by protection against HPV types 6/11 with GARDASIL.