



COALITION to STRENGTHEN  
the HPV IMMUNIZATION  
COMMUNITY



# Lessons learned and leveraging opportunities for HPV vaccination programs from other vaccination programs

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# Lessons learned and leveraging opportunities for HPV vaccination programs from other vaccination programs

- Cervical cancer is the most common cancer in humans, the second most common cancer in women worldwide and the most common cause of death due to cancer in the developing countries.
- In India, cervical cancer contributes to approximately 6–29% of all cancers in women
- Incidence rates vary between 6-30/100,000 women
- High incidence in north eastern states and rural areas
- High incidence in women of low SES
- Almost a sixth of global burden is in India



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## Human Papilloma Virus Vaccine, Introduction in the State of Sikkim

- In Sikkim, Ca Cervix is the 2nd leading cancer site among all cancer in women accounting for approximately 10% of all female cancer cases.
- As per PBCR, Sikkim report of 2015, total number of cancer cases in female was 217, out of which 25 cases are cervical
- Though the number of cases were small, major hurdles encountered were:
  - i) Absence of reliable and comprehensive cancer care facilities and specialists in the state.
  - ii) Small number of cases in the state. Hence, creating extensive infrastructure within the state for a small population were not be cost effective.
  - iii) Patients come to treatment facilities when they are in an advanced stage
  - iv) Patients had to be referred to higher centres outside State causing huge economic burden to Families

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- Sikkim is the First State in India to vaccinate girls of 9-14 years age group, and subsequently to incorporate HPV Vaccine in Routine Immunization (RI) programme of the State.
  - Govt. of Sikkim introduced HPV vaccine in campaign mode from 30<sup>th</sup> Jul 2018, free of cost, entirely from State Budget
  - The vaccine was procured through UNICEF supply division at GAVI price.
  - 1<sup>st</sup> dose of the vaccine was given to 9-14 years old girls of all Govt, Govt-aided and Private schools, including out-of-school girls of Sikkim.
  - The Vaccine-Delivery Strategy was mixed one, That is, health-facility as well as school-based.
  - The 1<sup>st</sup> round activities continued till 14<sup>th</sup> Aug 2018. 2<sup>nd</sup> dose was administered from 23<sup>rd</sup> Apr 2019 to 4<sup>th</sup> May 2019

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# Reasons for success of HPV Vaccination in Sikkim

- Existing HCWs and CHVs like ASHAs and AWWs were involved in the programme.
- Trainings and workshops were undertaken with the health care workers and vaccination teams involved. Principals and Nodal Teachers from each school were given sensitization training regarding HPV vaccine.
- Also, Parent Teacher Meetings were held to resolve any issues and allay apprehensions related to a new vaccine being introduced in the State.
- Media sensitization was done with Press Conferences, LED Displays at prominent places

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- Banners, leaflets and posters being displayed and handed out.
  - Vaccine cards were distributed and advertisements were placed in local newspapers.
  - Radio spots were booked on FM/AIR on HPV.
  - Also, appeal was made by the HCM regarding the Vaccine.
  - A total of 1123 schools were covered during HPV vaccination drive.
  - 97.85% of the beneficiaries were vaccinated in the 1<sup>st</sup> round and 97.81% in the 2<sup>nd</sup> round.
  - Total number of doses administered were 59,443.
  - Total expenditure incurred was of Rs.3.92 Crore

# Details of Students in the relevant age group who have to be vaccinated

## Students Details as per UDISE+

Type of School	No. of Schools	No. of Students to be vaccinated						
		Age 9	Age 10	Age 11	Age 12	Age 13	Age 14	Total
Govt. School	1022386	7321417	6555077	6330792	6280357	5558977	4459835	36506455
Govt. Aided Schools	82480	657019	861167	1066516	1255836	1561660	1691030	7093228
Private Schools	335844	3398982	3092156	2964902	2933765	2860379	2683410	17933594
<b>Total</b>	<b>1440710</b>	<b>11377418</b>	<b>10508400</b>	<b>10362210</b>	<b>10469958</b>	<b>9981016</b>	<b>8834275</b>	<b>61533277</b>

Source : UDISE+  
2021-22

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# Lessons learned from MR Vaccination

- Campaign in schools first and followed by outreach.
- Vaccination sites set up in schools itself
- Crucial Support from teachers in building parent's confidence
- Good planning and execution leads to reduced workload during outreach activity



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# Steps crucial for making the proposed HPV Vaccine successful

- State Education Dept. has to be involved from the beginning of the program
- Schools data can be obtained from UDISE+
- Joint letter from Education Dept. / Health Dept. to all Schools about the program
- Orientation / Training of HM / Science Teacher (Nodal Teacher) is very essential
- The trained HM / Nodal Teacher would give orientation to all the teachers in the Schools and they in turn would explain about the program to the Students / Parents
- Training of SMCs would also be crucial
- Conducting PTMs
- As was done during MR Vaccination the following can be taken up by the Education Dept.
  1. Share details & support in planning
  2. Training of school and class leads and SMCs in coordination with State Health Dept.
  3. Awareness amongst parents
  4. Engaging students
  5. Help on the day of vaccination
  6. Support in coverage reporting & tracking of missed children

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Thank You