



## HPV Vaccination Program

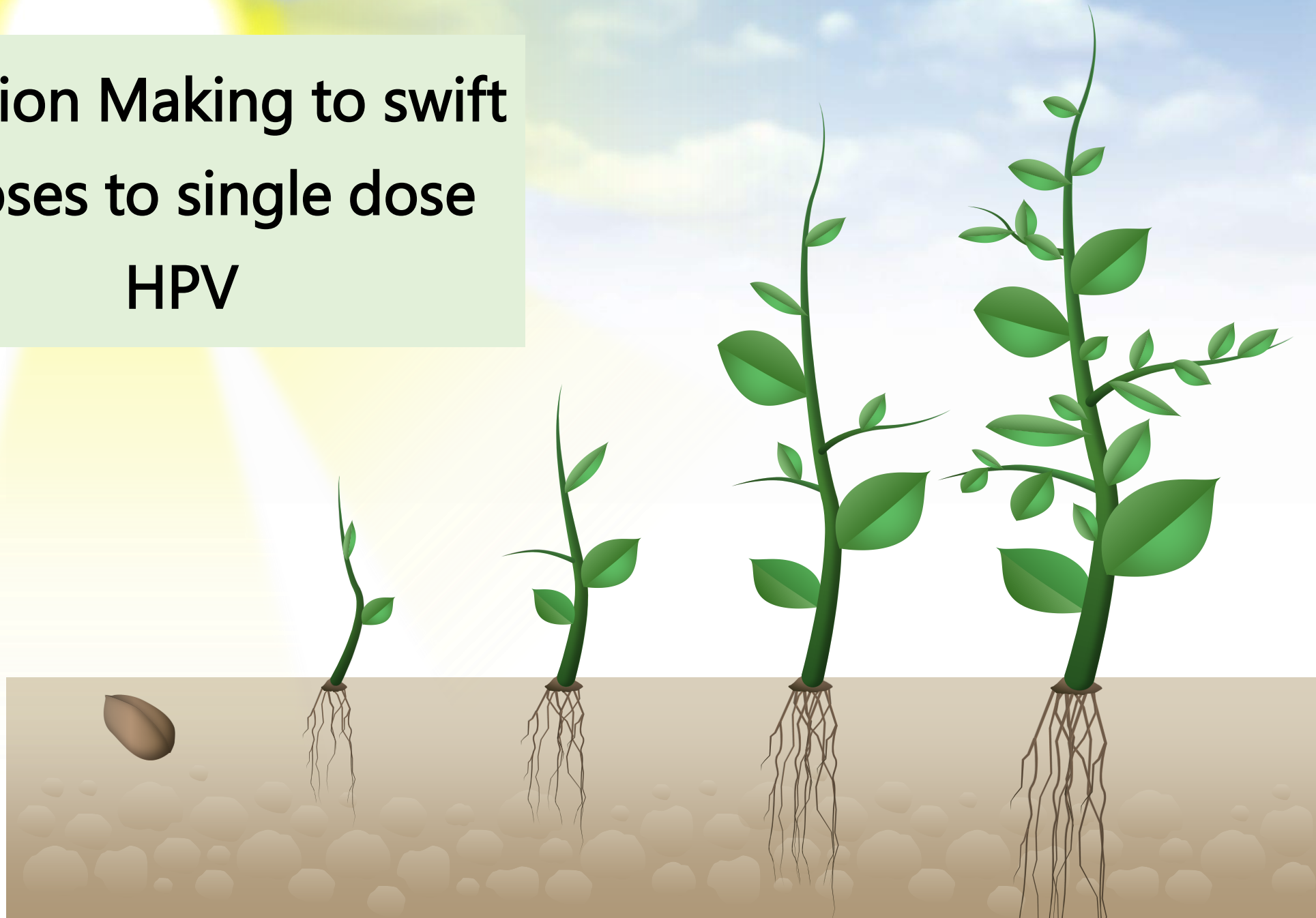
Cross-country learning and best practices.



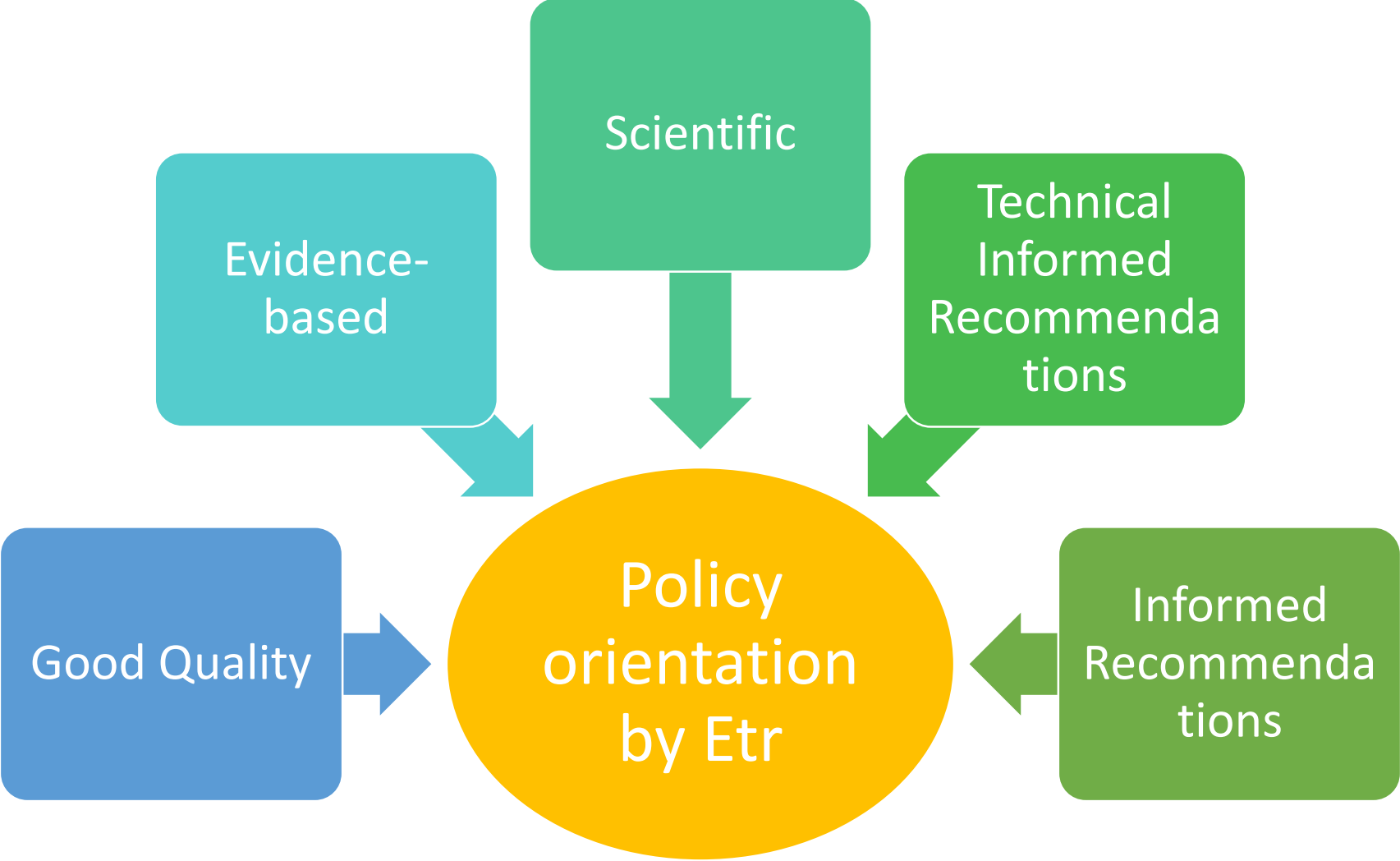
# Decision Making to swift 2 doses to single dose HPV

Prof. Soe Lwin Nyein, Chair of NITAG Myanmar

**Decision Making to swift  
2 doses to single dose  
HPV**



# Decision Making to swift 2 doses to single dose HPV



Having a standardized process for making recommendation (Comprehensive transparent and well documented)

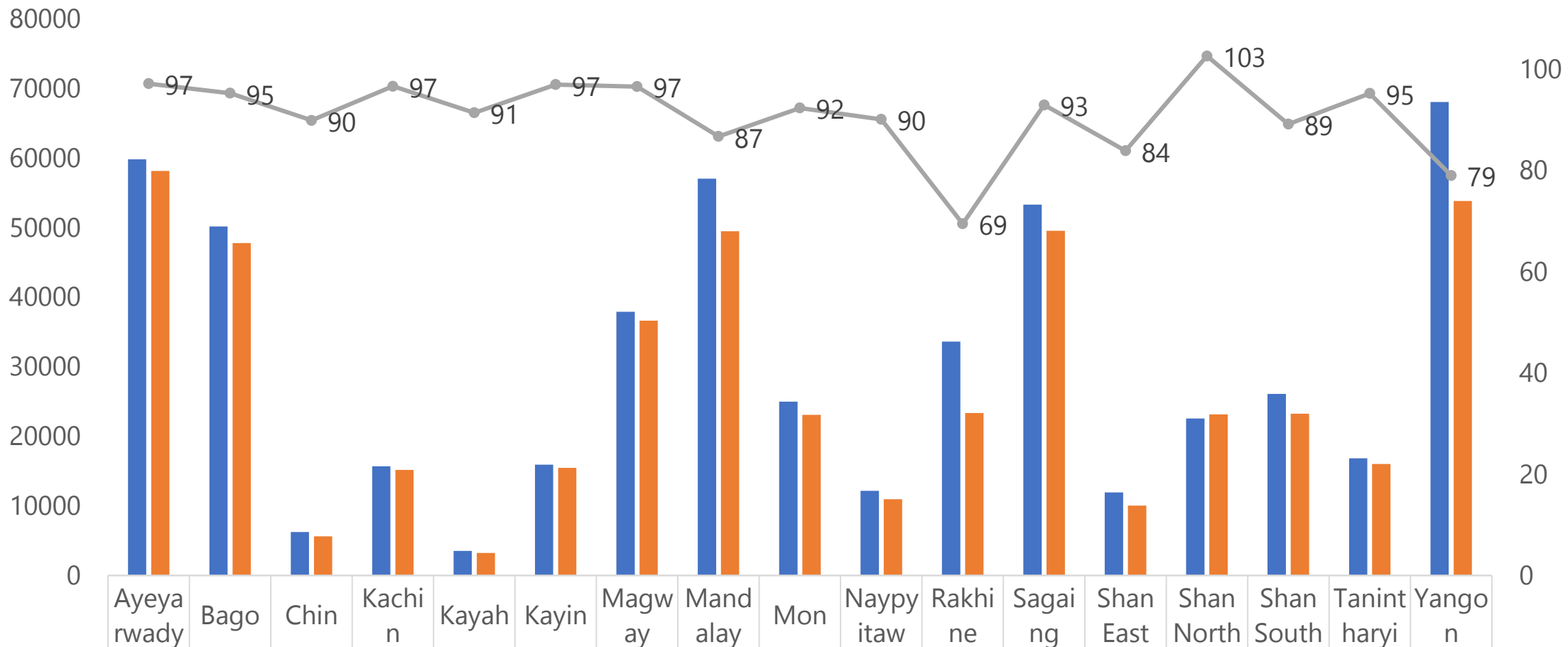
# Decision Making to swift 2 doses to single dose HPV



# Points considering on shifting 2 doses schedule to single dose schedule

- Starts HPV vaccination by 2 doses schedule for 9-10-year-old-girl on 10<sup>th</sup> October 2020 in the period of COVID-19 second wave
- Duration between 2 doses was 1 year
- In 2021 and 2022, could not continue 2<sup>nd</sup> dose for 2020 Cohort as well as first dose of HPV to eligible girls
- According to operational feasibility, remaining vaccine balance, and WHO position paper, NITAG meeting held in 3<sup>rd</sup> October 2022 and made the decision to shift 2 doses to single dose schedule to 3 age cohort, 9-11-year-old-girl by school and community phase vaccination in 2023

# HPV introduction, 2020



Target 9 to 10 years old girls	59795	50142	6256	15681	3523	15935	37908	57018	24988	12146	33601	53285	11943	22549	26076	16829	68036
Administrated	58119	47782	5626	15158	3221	15457	36620	49460	23081	10946	23350	49547	10022	23146	23254	16032	53830
HPV Coverage	97	95	90	97	91	97	97	87	92	90	69	93	84	103	89	95	79



**World Health  
Organization**

**Organisation mondiale de la Santé**

# Weekly epidemiological record Relevé épidémiologique hebdomadaire

16 DECEMBER 2022, 97th YEAR / 16 DÉCEMBRE 2022, 97<sup>e</sup> ANNÉE

No 50, 2022, 97, 645–672

<http://www.who.int/wer>

Systematic reviews have shown seropositivity among subjects who received one dose to be non-inferior to that after 2 or more doses.<sup>48, 82</sup> Among women aged 18 years or younger at the first vaccine dose, the adjusted reductions in HPV infection prevalence were similar for three doses (92%; 95% CI 85–96), two doses (93%; 95%CI 53–99), and one dose (92%; 95%CI 46–99).<sup>83</sup> HPV16/18 infection was rare in all vaccine recipients, regardless of the number of doses received. However,

## **Duration of protection**

With a multidose schedule, antibody titres remain high for at least 12 years for the bivalent (Cervarix) vaccine<sup>53, 93, 95</sup> and quadrivalent (Gardasil) vaccine<sup>52</sup> and for at least 6 years for the more recently licensed nonavalent vaccine.<sup>96</sup> For the bivalent (Cervarix) vaccine, VE against HPV16 or 18 infection remained high during 11.3 years of follow-up and did not vary by dose group.<sup>93</sup> VE against prevalent HPV16 or 18 infection was 80% (95%CI 71–87) for three doses, 84% (95%CI 20–99) for two doses and 82% (95%CI 40–97) for a single dose.<sup>93</sup>

# Options for HPV vaccination strategy

## 2 doses schedule

MAC – 9 to 11-year-old girl including missed 2nd dose girl (December 22 and June 23), school and community phase

## 2 doses schedule

MAC – 9 to 11-year-old girl (December 22 and June 23), school and community phase, do not consider the missed 2nd dose girl

## 1 dose schedule

The off-label single-dose option for routine and Multi-age-cohort (MAC) catch-up vaccination, prioritize catch-up in older cohorts and missed girls through MAC vaccination up to the age of 18 years.

Encourage State/Region/Township Public Health Departments to give HPV vaccine to girls with eligible age who visit their respective immunization posts



# Decision by NITAG on 3-10-2022

**1 dose  
schedule**

The off-label single-dose option for routine and Multi-age-cohort (MAC) catch-up vaccination, missed girls through MAC vaccination for 3 Cohort (9-to-11-year-old-girl)

Encourage State/Region/Township Public Health Departments to give HPV vaccine to girls with eligible age who visit their respective immunization posts



**Thank You!**