

## Delivering HPV vaccination during COVID-19

As part of its considerations on the effectiveness of a single dose of HPV vaccine, and to advise a potential future move to one dose schedules, the committee discussed the impact of the COVID-19 pandemic on the delivery of the routine HPV vaccination programme to adolescents. The committee noted that full delivery of the school-based routine programme for 2019 to 2020 was interrupted by the forced closure of schools as part of lockdown measures to control the impact of the COVID-19 pandemic.

JCVI issued a statement on 16 April 2020 (<https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>) on the importance of maintaining immunisation services to reduce the risk of vaccine-preventable disease. During this time, immunisation services are under pressure to maintain vaccinations and the committee recognises that resources are stretched. There is the potential for further interruption or delays in delivering the HPV and other immunisation programmes during the COVID-19 pandemic. Delivering the flu programme this autumn will be a priority.

Taking into account the evidence considered on the immunogenicity and durability of one dose of HPV vaccine, and the impact of the COVID-19 pandemic on immunisation services, the committee is issuing advice to support planning for the delivery of the routine HPV programme during these challenging times.

The committee advises that the priority for the delivery of the routine HPV immunisation programme is for all eligible children to receive at least the first dose of the HPV vaccine.<sup>1</sup> This includes prioritising the catch up of those who failed to get the first dose due to school closures. Evidence strongly indicates that one dose of HPV vaccine will provide protection in the short to medium term.

The committee considers that the interval between the first and second dose can be extended by a number of years without compromising protection or the boosting effect of the second dose. Delivery or catch up of the second dose should be considered at the appropriate time, for example alongside the teenage boosters, when circumstances support this according to local planning of immunisation services.

The full outcome of the HPV Subcommittee meeting and the June JCVI meeting will be reported in the minutes (<https://app.box.com/s/iddfb4ppwkmjtjusir2tc>), which will be published on 15 July.

## Background

In February, JCVI noted evidence on the immunogenicity and efficacy of bivalent and quadrivalent vaccines (<https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>) when offered as a single dose.

The committee agreed that the data presented provided compelling evidence that a single dose of vaccine could be sufficient to provide good and long-lasting protection when offered in early adolescence. The committee agreed that a call for evidence should be issued to ensure that all available information was considered by the committee, before advising on any change to the national immunisation programme. A call for evidence was issued on 18 March 2020 (<https://www.gov.uk/government/consultations/single-dose-of-hpv-vaccine-call-for-evidence-from-the-jcvi>) and the JCVI HPV Subcommittee was convened on 21 May to consider the evidence submitted and advise the committee on whether the evidence was sufficient to advise a move towards a single-dose vaccination programme.

The outcome of the HPV Subcommittee's considerations and advice were reported to the main committee on 3 June 2020.

The evidence considered included published and unpublished data on the immunogenicity and efficacy of a single dose of bivalent, quadrivalent<sup>1</sup> and nonavalent HPV vaccine, and the duration of antibody response following vaccination. The evidence strongly indicates that one dose of the bivalent or quadrivalent vaccine will provide protection against infection and clinical endpoints for at least 10 years. Evidence regarding the durability of the antibody response to nonavalent vaccine is more limited given that this is a more recent vaccine. The committee will continue to review the evidence on single-dose vaccination and any advice from the committee on this will be published separately from this statement.

The committee also considered evidence on whether the time between prime and boost could be extended beyond 2 years for a 2-dose schedule without compromising individual protection against HPV-vaccine-type infection and disease. The committee noted evidence indicating a robust booster effect up to 8 years after the initial dose. In November 2019, the World Health Organization's (WHO) Strategic Advisory Group of Experts (SAGE) issued advice that an alternative schedule with an extended interval of 3 to 5 years between the first and second dose can be adopted in the context of the global shortage of HPV vaccine.

## References

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1. The quadrivalent vaccine Gardasil® is currently the only HPV vaccine supplied for the national HPV programme. ↩ ↩<sup>2</sup>