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MEDIA RELEASE

INDIGENOUS HPV VACCINATION COVERAGE: MUCH TO CELEBRATE

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HIGH levels of vaccination coverage for human papillomavirus in Indigenous teenagers is an encouraging sign for closing the gap in cervical cancer rates, according to the authors of research published online today by the *Medical Journal of Australia*.

The research, led by Associate Professor Julia Brotherton, Medical Director of the VCS Foundation's Population Health Services, analysed data from adolescents who were 12 years old in 2015 and received the quadrivalent, three-dose HPV vaccine as part of the National HPV Vaccination Program in 2015 or 2016, in Queensland, New South Wales, the Northern Territory or the Australian Capital Territory.

"Dose 1 coverage exceeded 80% for all Indigenous status/jurisdiction/sex groups," the authors wrote.

"Coverage was similar for Indigenous and non-Indigenous girls in Queensland (87.3% v 87.0%), lower for Indigenous girls in the ACT (88.7% v 97.7%) and NT (91.1% v 97.0%), and higher in NSW (95.9% v 89.9%); it was similar for Indigenous and non-Indigenous boys in all jurisdictions except the NT (88.6% v 96.3%).

"Dose 3 coverage (range, 61.2–87.7%) was markedly lower for Indigenous than non-Indigenous 12-year-olds in all jurisdictions, except for girls in NSW (82.6% v 83.6%)."

Since the research was completed the HPV vaccination has become a 9-valent, two-dose course.

"In each jurisdiction, estimated HPV vaccination coverage of Indigenous students was much higher than reported in many countries, including the United States, New Zealand and France," Brotherton and colleagues wrote.

"This high level of coverage is consistent with findings of large falls in the prevalence of HPV and the incidence of genital warts in Indigenous people. The vaccine achieves strong herd protection even at relatively low coverage, and the benefits of vaccination were substantially augmented in Australia by the large-scale catch-up program."

The priority now was to develop strategies for increasing course completion rates, the authors wrote.

"The move to the two-dose HPV vaccination schedule in 2018 may further improve completion rates. However, the wider spacing of doses (dose 2 is given 6–12 months after the first) may be as much a barrier to completion as was the 6-month span of the three doses of the old program.

"Our findings indicate there is much to celebrate in terms of high initiation rates. However, further work is required to ensure that vaccination courses are completed. Engagement with Indigenous communities to explore their experiences and understanding of HPV vaccination, and to seek guidance on culturally appropriate strategies for improving coverage, is needed," they concluded.

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