Citizen Participation and Public Petitions Committee

4th Meeting, 2023 (Session 6), Wednesday 8 March 2023

PE1939: Amend the date of birth to allow wider accessibility to the HPV vaccination programme for boys

Lodged on	20 June 2022
Petitioner	Suzanne Thornton
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to demonstrate a commitment to health equality for young males born between 01/09/1997 and 01/09/2006 by allowing them to access the HPV vaccination via the NHS
Webpage	https://petitions.parliament.scot/petitions/PE1939

Introduction

1. The Committee last considered this petition at its meeting on 26 October 2022. At that meeting, the Committee agreed to write to the Joint Committee on Vaccination and Immunisation, Teenage Cancer Trust, Jo's Cervical Cancer Trust, Young Scot, and the Men's Health Forum.

2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.

3. The Committee has received new responses from the Joint Committee on Vaccination and Immunisation, Young Scot, and the Teenage Cancer Trust which are set out in **Annexe C**.

4. Written submissions received prior to the Committee's last consideration can be found on the petition's webpage.

5. Further background information about this petition can be found in the SPICe briefing for this petition.

6. The Scottish Government's initial position on this petition can be found on the petition's webpage.

Action

The Committee is invited to consider what action it wishes to take.

Clerk to the Committee

Annexe A

PE1939: Amend the date of birth to allow wider accessibility to the HPV vaccination programme for boys

Petitioner

Suzanne Thornton

Date Lodged:

20 June 2022

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to demonstrate a commitment to health equality for young males born between 01/09/1997 and 01/09/2006 by allowing them to access the HPV vaccination via the NHS.

Previous action

I have written to my MSP.
I have also contacted NHS Child Health Service.

Background information

I'm concerned about this health inequality as all girls are vaccinated, also men who have sex with men (MSM) up to and including the age of 45 in Scotland.

Looking at the process in England the age was raised to any boy 12 or 13 in July 2018, as this would afford greater herd immunity which would, in turn protect older boys.

Young males living south of the border, in addition to females and MSM young people are afforded protection by way of the vaccine, yet the same level of opportunity is not available for young males in Scotland. This is unfair and doesn't demonstrate equity to this service in Scotland.

My family members missed being included in the school vaccination scheme as they were born prior to September 2006.

I have made enquiries with the Child Health Immunisation service and have been advised they will not be eligible for this vaccine due to their date of birth. They advised doing this privately. Looking at private care it would cost approximately £500 per male to vaccinate them. A prohibitive cost to most families.

Please support this petition.

Annexe B

Extract from Official Report of last consideration of PE1939 on 26st October 2022

The Convener: Item 2 is consideration of new petitions. PE1939, on amending the date of birth to allow wider accessibility to the human papillomavirus vaccination programme for boys, was lodged by Suzanne Thornton. The petition calls on the Scottish Parliament to urge the Scottish Government to demonstrate a commitment to health equality for young males who were born between 1 September 1997 and 1 September 2006 by allowing them to access the HPV vaccination via the national health service.

The petitioner has told us that she is concerned that the current vaccine eligibility criteria are creating a health inequality. She has noted that all girls, as well as men who have sex with men aged up to 45 years, are offered HPV vaccination, but young males who were born prior to September 2006 are unable to access the vaccine. Should a young male who was born prior to that date wish to receive the HPV vaccine, he would have to do so through private healthcare, which the petitioner has advised us would cost approximately £500 per person.

The Scottish Government notes in its response that eligibility for teenage immunisation programmes in Scotland is defined by academic year rather than date of birth. As such, any boy who started in secondary 1 in 2019-20 would have been offered the vaccine and will remain eligible up to his 25th birthday. The response also notes that the Joint Committee on Vaccination and Immunisation does not currently recommend a catch-up programme for boys and states that the evidence suggests that boys are already benefiting from indirect protection as a result of the roll-out of the vaccination programme to girls.

I know that the HPV vaccination has been controversial and that it has been the subject of previous discussion in the Public Petitions Committee in earlier parliamentary sessions.

Do members have any comments or suggestions in relation to the petition?

Alexander Stewart: This is an area that requires to be looked at in a little bit more depth in order to get more clarity, so I suggest that we write to the JCVI to ask whether it has any plans to review the need for, and the value of, the catch-up immunisation programme for males aged 25 and younger. I also suggest that we write to the Teenage Cancer Trust, Jo's Cervical Cancer Trust, Young Scot and the Men's Health Forum to seek their views on the issues raised by the petition. All of that would be of interest to us in clarifying things and seeing what would be required in future.

The Convener: Thank you, Mr Stewart. If colleagues have no other suggestions on organisations to contact, is the committee content to keep the petition open and to pursue further evidence from those sources?

Members *indicated agreement.*

The Convener: The petition will stay open, and we will seek to gather evidence for consideration at a later date.

Annexe C
JCVI submission of 25 November 2022

PE1939/B: Amend the date of birth to allow wider accessibility to the HPV vaccination programme for boys

Thank you for this opportunity to respond to this petition and the official report of the discussions that took place at the meeting of the Citizen Participation and Public Petitions Committee. I understand that the question you have raised is if there are plans for JCVI to review the need for, and value of, a catch-up HPV immunisation programme for males aged 25 and younger.

As a result of JCVI's advice in 2018 the Government announced that the HPV programme would be extended to include adolescent boys. However, it was also decided by DHSC that there would not be a time limited catch up for older boys as there had been when the girls' programme was first introduced in 2008. The Committee noted this at the February 2019 JCVI meeting under matters arising. The Committee noted the reasons behind the policy, which were also supported by Public Health England, for not having a catch up in older cohorts of boys which included:

- the epidemiological situation was very different now compared with when the programme first started for adolescent girls in 2008, which had included a time limited catch up;
- the success of 10 years of the girls' programme had established good levels of herd protection which meant that there would be limited additional benefits to be gained from a catch-up programme in boys;
- the priority was establishing the extension of the routine adolescent programme to adolescent boys and ensuring high uptake in boys whilst maintaining the high uptake in the girls; and
- under standard economic methodology, a catch up in older boys was not cost effective.

Furthermore, it was also noted that the selective MSM programme offers direct protection to those older males who are at particularly high risk

from HPV infection and disease and who benefit very little from the herd protection afforded by the adolescent girls programme.

The Committee was therefore sympathetic to the policy and accepted the rationale for not having a catch-up and understood that it was important to focus efforts on the successful implementation of the routine universal programme.

There are currently no plans for JCVI to review the need for, and value of, a catch-up HPV immunisation programme for males aged 25 and younger which would not be cost effective under the standard methodology that JCVI follows based on the modelling work by Warwick university (Datta et al.,2019).

Males and females in cohorts eligible for vaccination in the national programme remain so until their 25th birthday. Females and males in those cohorts who were eligible for the routine programme (i.e. for England, females born after 01/09/1991 and males born after 01/09/2006) coming to the UK from overseas and registered with a GP practice may not have been offered protection against HPV in their country of origin and should be offered vaccination if they are aged under 25 years. For Scotland, Wales and Northern Ireland dates of birth for eligible cohorts may vary due to the different ages at which the HPV vaccine is first offered.

References

Joint Committee on Vaccination and Immunisation. Statement on Human papillomavirus vaccines to protect against cervical cancer. July 2008. Available at: https://webarchive.nationalarchives.gov.uk/ukgwa/20120907095410/http://www.dh.gov.uk/ab/JCVI/DH_094744

Joint Committee on Vaccination and Immunisation statement: extending the HPV vaccination programme –conclusions. 18 July 2018. available at: https://www.gov.uk/government/groups/joint-committee-onvaccination-and-immunisation .

Joint Committee on Vaccination and Immunisation (2019). Minute of the meeting on 6 February 2019 available at: https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation .

Datta S, Pink J, Medley GF *et al*. Assessing the cost-effectiveness of HPV vaccination strategies for adolescent girls and boys in the UK. BMC Infect Dis. 2019 Jun 24;19(1):552. doi: 10.1186/s12879-019-4108-y.

Young Scot submission of 14 December 2022

PE1939/C: Amend the date of birth to allow wider accessibility to the HPV vaccination programme for boys

Young Scot does not have an organisational opinion on this matter, and we are not in a position to offer a detailed response. If any members of the Citizen Participation and Public Petitions Committee would like to discuss engaging young people on this topic, then we would be delighted to have a discussion.

Teenage Cancer Trust submission of 16 February 2023

PE1939/D: Amend the date of birth to allow wider accessibility to the HPV vaccination programme for boys

1. About Teenage Cancer Trust

1.1. Every day, seven young people in the UK are given the news they have cancer, and this figure continues to rise decade on decade. Cancer is the leading non-accidental cause of death in young people in the Scotland.[1]

1.2. Teenage Cancer Trust is the only UK charity dedicated to meeting the specialist nursing, care and support needs of those with cancer aged 13-24-years-old. We fund 4 specialist units in Scotland, as well as expert nurses and Youth Support Coordinators (YSCs, who work alongside nursing teams to help young people deal with the emotional and practical impact of cancer), so young people with cancer can access age-appropriate

[1] Public Health Scotland, 'Children and Young People with Cancer in Scotland' (2021), via https://publichealthscotland.scot/media/9256/2021-09-21-cypcpublication-report.pdf, accessed on 13 January 2022.

care and support to help them through diagnosis, treatment, and beyond.

1.3. This is vital as young people with cancer have unique psychological, psychosocial, social and physical needs to be met which differ from children and older adults.[2]

2. Background: Human papillomavirus (HPV) and cancer

2.1. Human papillomavirus (HPV) is a common virus that most of us will have at some point in our lives. There are over 100 types, each with its own number. 13 HPV types are linked to cancer.[3] These types are called high-risk HPV. Cases of cancer linked to high-risk HPV are rare in young people[4] – vaccination is a preventative measure ahead of adulthood.

2.2. HPV types 16 and 18 have been closely linked to cervical cancer, with almost all cases of cervical cancer (99.8%) being caused by infection with a high-risk type of HPV.[5]

2.3. Cancers that can affect men, such as cancer of the anus, penis, head and neck, are also linked to infection with HPV types 16 and 18. HPV is the cause of 91% of anal cancers.[6] Gay and bisexual men are at higher risk of HPV infection and 15 times more likely to develop anal cancer than heterosexual men.[7]

3. The HPV vaccination programme

3.1. The HPV vaccine aims to stop people getting some types of high-risk HPV. For example, ground-breaking research published in November 2021 (Sasieni et al) estimated that the HPV vaccine

[2] Teenage Cancer Trust (2016), 'The Blueprint of Care: for teenagers and young adults with cancer' Second Edition, 27, via https://pureadmin.qub.ac.uk/ws/portalfiles/portal/128955595/TCT_Blueprint_31_10_2016.pdf accessed on 9 August 2021.
[3] Macmillan Cancer Support, 'Human papilloma virus (HPV) (factsheet)' via https://www.macmillan.org.uk/cancer-information-and-support/worried-about-cancer/causes-and-risk-factors/hpv accessed on 20 December 2022.
[4] UK Health Security Agency (2021), 'Cancer in children and young people – what do the statistics tell us?' via https://ukhsa.blog.gov.uk/2021/03/15/cancer-in-children-and-young-people-what-do-the-statistics-tell-us/ accessed on 1 April 2022.
[5] Cancer Research UK (2015), 'Cervical cancer risk (factsheet)' via https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/cervical-cancer/risk-factors accessed on 22 December 2022.
[6] Cancer Research UK (2015), 'Anal cancer risk (factsheet)' via https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/anal-cancer/risk-factors accessed on 22 December 2022.
[7] M. Lawton et al (2013), 'HPV vaccination to prevent anal cancer in men who have sex with men', *Sexually Transmitted Infections* 89:342-343, via https://sti.bmj.com/content/89/5/342 accessed on 22 December 2022.

has cut cases of cervical cancer by nearly 90% (around 450 cancers and 17,200 pre-cancers) in the UK.[8]

3.2. Since 2008, the HPV vaccine has been routinely offered to girls aged 12 and 13. In June 2018, the Joint Committee on Vaccination and Immunisation recommended extending the current girls programme in schools to boys. Girls and boys aged 11-13 have been able to receive the HPV vaccine from the 2019/20 school year onwards (age differs depending on UK nation).

3.3. The longstanding HPV vaccination programme in girls can indirectly protect boys against cancers and genital warts linked to infection with HPV because girls will not pass HPV on to them. This is called 'herd immunity'. However, men who have sex with men have not benefited in the same way from the girls' HPV vaccination programme. Fortunately, men who have sex with men up to and including the age of 45 are eligible for free HPV vaccination on the NHS.

3.4. In Scotland, uptake of the vaccine is high. Statistics from the 2021/22 school year published by Public Health Scotland show:[9]

3.4.1. Coverage of the first dose of HPV vaccine for eligible pupils aged 11-13 increased in 2021/22, with overall coverage rates of 73.5%, compared with 52.1% in 2020/21. Drop off in uptake in 2020/21 was due to the impact of the coronavirus on the vaccination programme.

3.4.2. However there remains a disparity between males and females; female coverage in 2021/22 was 77.5%, while male coverage was 69.6%, a difference of 7.9%.

3.4.3. In our response to the Scottish Government's consultation on a 10-Year Cancer Strategy, Teenage Cancer Trust called for

[8] P. Sasieni et al (Nov 2022), 'The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 cervical intraepithelial neoplasia incidence: a register-based observational study', *Lancet* 398:10316 via https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02178-4/fulltext accessed on 22 December 2022.

[9] Public Health Scotland (Nov 2022), 'HPV immunisation statistics Scotland school year 2021/22' via https://publichealthscotland.scot/publications/hpv-immunisation-statistics-scotland/hpv-immunisation-statistics-scotland-hpv-immunisation-statistics-scotland-school-year-202122/#:~:text=Coverage%20of%20the%20first%20dose,52.1%25%20in%202020%2F21 accessed on 22 December 2022.

the Strategy to include a plan to monitor uptake, and to bridge the disparity between boys and girls.

4. The Jab4Lads campaign

4.1. At the start of the programme for girls in 2008, there was a catch-up programme for girls born between 1991–1995 (13-17 year olds). This meant that girls who missed the vaccine were able to get the HPV vaccine for free on the NHS up until their 25th birthday.

4.2. However, only boys from the 2019/20 school year onwards are eligible for the catch-up service until they are 25. This means that all 12-13 year old boys in England, Wales and Northern Ireland, and 11-12 year old boys in Scotland were eligible for the HPV vaccine. If they did not have it then, they can visit their GP and receive it for free anytime until they are 25 years old.

4.3. But, unlike the programme for girls, there is no catch-up programme for those older than this cohort. Boys who were older than 11-13 years in 2019 were not, and are still not, eligible to get the HPV vaccine for free.

4.4. If anyone is not eligible for the vaccine, they can pay to have the injections. These cost between £160-£180 per dose of the vaccine.[10]

4.5. Both the JCVI and UK Governments have ruled out implementing a catch-up programme for boys, based on a position that it would not be cost-effective to vaccinate these boys, due to reasonable levels of herd immunity.[11]

4.6. There are arguments that herd immunity does not provide full protection. For example, it does not protect boys who have sex with girls who have not been vaccinated, which in the UK currently stands at approximately 16-17% of girls, or girls who are from outside the UK, such as France where HPV vaccination uptake in

[10] Jo's Cervical Cancer Trust, 'Having the HPV vaccine privately' via https://www.jostrust.org.uk/information/hpv-vaccine/private#:~:text=You%20can%20pay%20to%20have,%C2%A3160%20to%20%C2%A3180 accessed on 22 December 2022.
[11] Joint Committee on Vaccination and Immunisation (Jul 2018) 'Statement on HPV vaccination', via https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726319/JCVI_Statement_on_HPV_vaccination_2018.pdf accessed on 22 December 2022.

teenage girls is a public health concern, standing at just 40.7% for the year 2020.[12]

4.7. In September 2019, Teenage Cancer Trust called for the NHS and all UK Governments to include this generation of school-aged boys who are currently missing out on the vaccine, asking that the vaccine is available to them too, for free on the NHS, if they request it. The campaign was called #JabsForLads and can be found here: https://www.teenagecancertrust.org/get-help/blog/hpv-vaccine-changing

[12] Fadia Dib, Philippe Mayaud, Cécile Renaudie, Odile Launay & Pierre Chauvin (2022) Determinants of human papillomavirus (HPV) vaccine uptake among girls in France: A population-based telephone survey, Human Vaccines & Immunotherapeutics, 18:5, DOI: 10.1080/21645515.2022.2083894