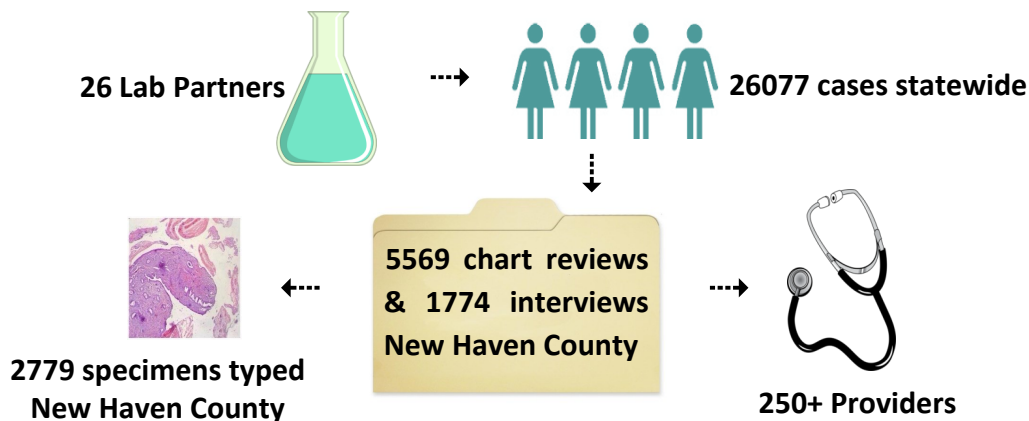


Connecticut HPV-IMPACT 2019

HPV-IMPACT is a collaboration between the CT Emerging Infections Program (EIP) at Yale School of Public Health, the CT Department of Public Health (DPH) and the Centers for Disease Control and Prevention (CDC). The end of 2018 marked the completion of 10 years of this successful and productive public health surveillance effort. In 2008, we established a population-based surveillance system for cervical precancers to monitor impact of human papillomavirus (HPV) vaccines (see figure below for an overview). This work has produced many interesting findings to date. It is our goal that these results will be used by clinicians, public health officials, and policy makers to ensure high coverage with this safe and effective cancer preventing vaccine.

We would like to take this opportunity to THANK YOU for your efforts in this important endeavor. Your contributions to this project have been critical to its success. Our plans for 2019 include continuing these efforts, as ongoing monitoring of HPV vaccine impact is needed to inform public health practice and policy decisions. Together with the four other sites in the United States conducting this work (NY, TN, CA and OR), we are excited to be participating in one of the most robust HPV vaccine impact monitoring efforts. We are immensely grateful for the partnerships we have developed with you that make this all possible and look forward to our continued successes.

Connecticut Surveillance 2008-2018



Role of Pathology Laboratories

Report all histologic diagnoses of CIN2+ & AIS.
Provide residual cervical tissue specimens upon request for HPV DNA typing.

CT HPV-IMPACT TEAM

Project Director~Linda Niccolai, PhD
Project Coordinator~Monica Brackney, MS
Research Assistants~Kyle Higgins, BA
Savanah Russ, BA
EIP Associate Director~James Meek, MPH
Consultant~James Hadler, MD, MPH
CT DPH Deputy St Epidemiologist~Lynn Sosa, MD

Role of Providers

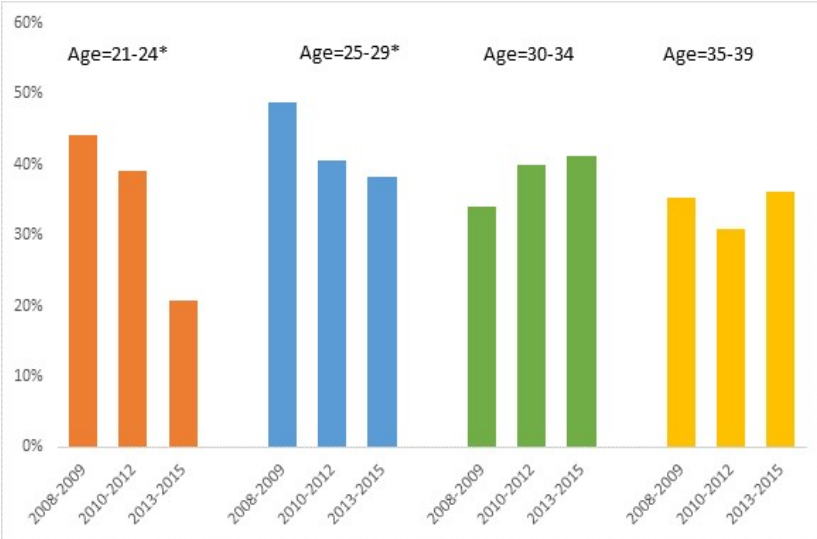
Provide demographic data, HPV vaccination history, and cervical cancer screening history.
Record patient HPV vaccine history.



Yale SCHOOL OF PUBLIC HEALTH



HPV-IMPACT Project Findings



This figure shows the prevalence of HPV types 16/18 in precancerous cervical lesions among women aged 21-39 years, New Haven County, CT during 2008-2015.

We have found that the proportion of cervical lesions caused by HPV 16/18 has decreased over time among young women in Connecticut ages 21-24 and 25-29.

Ongoing monitoring is necessary to continue to assess these trends over time.

Reference: Niccolai, LM, Hannagan, S, Brackney, MM, Meek, JM, Gargano, J, Steinau, M, Unger, B, Markowitz, L. (2017, June 5). Disparities in trends in 16/18 associated high-grade cervical lesions after introduction of HPV vaccines presented at the Council for State and Territorial Epidemiologists Conference, Boise, ID.

*Statistically significant, two-sided Cochran-Armitage test for trend; p-value < 0.05

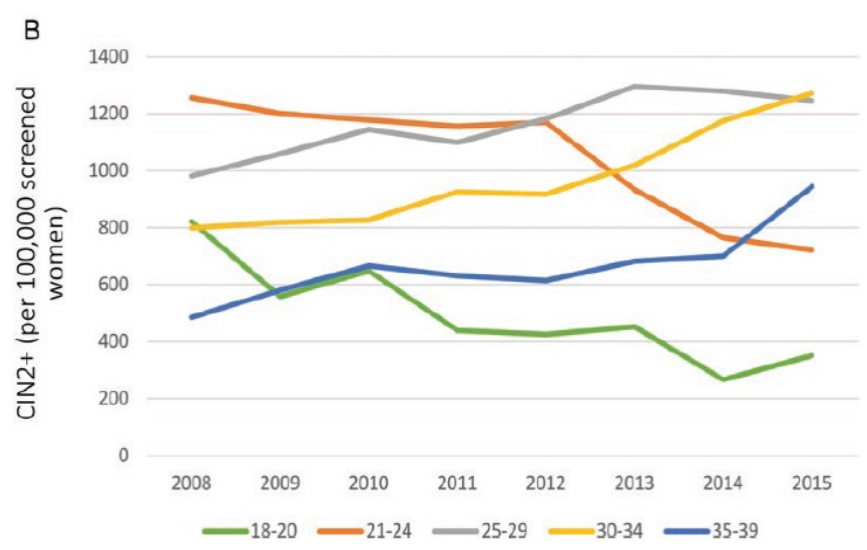
Data from the five HPV-IMPACT sites continue to provide evidence consistent with a population-level impact of HPV vaccination.

From 2008–2015, significant decreases in CIN2+ rates have occurred among screened women ages 18–24 years.

Among women ages 18–20 years (green line), the rates of CIN declined from 693 to 305 cases per 100,000 women.

Among women ages 21–24 years (orange line), the rates of CIN declined from 1229 to 744 cases per 100,000 women.

Reference: Gargano JW, et al and the HPV-IMPACT Working Group. Trends in high-grade cervical lesions and cervical cancer screening in five states, 2008–2015. Clinical Infectious Diseases 2018 (in press).





HPV Vaccine in the News



Declines in anogenital warts among the age groups most likely to be impacted by HPV vaccination have also been reported in the US.

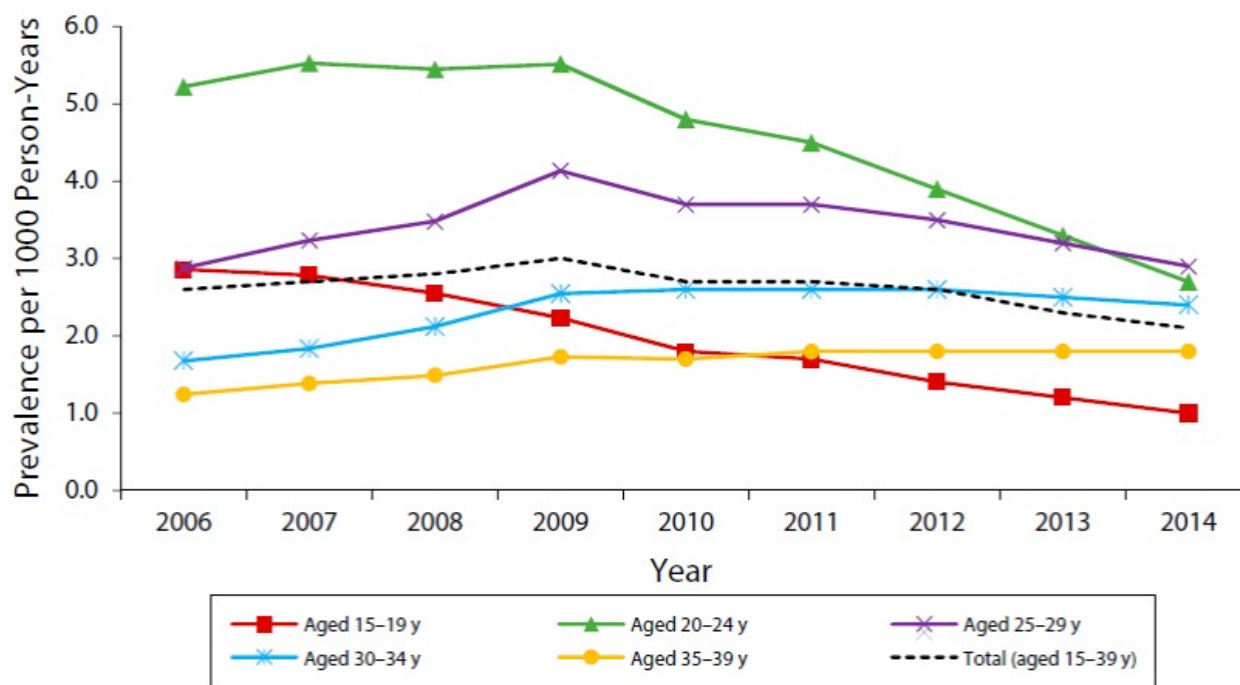
A recent study published in the American Journal of Public Health reported trends in anogenital warts among 35 million individuals from around the country with private health insurance.

Among women aged 15–19 years, the average annual percentage decline during 2008–2014 was 14.1%.

Among women aged 20–24 years, the declines started the following year in 2009 and the average annual percentage decline through 2014 was 12.9%.

Smaller declines of approximately 7% per year have been observed among men aged 20–24 years and likely reflect herd immunity given low vaccination coverage among males during this time.

The declines are encouraging about the potential of HPV vaccines to prevent anogenital warts and suggest that greater coverage could drive these rates even lower.



Reference: Flagg EW, Torrone EA. Declines in Anogenital Warts Among Age Groups Most Likely to Be Impacted by Human Papillomavirus Vaccination, United States, 2006–2014. *Am J Public Health*. 2018; 108(1): 112-9.

FDA approves expanded use of Gardasil 9 through age 45 years

In October 2018, the Food and Drug Administration approved Gardasil 9, the vaccine currently in use in the United States, for use in women and men through age 45 years. This approval was based on robust safety and efficacy data.

At the present time, recommendations from the Advisory Committee on Immunization Practices to immunize females to age 26 and males to age 21 (and high-risk males to age 26) remain unchanged.





HPV - Other Resources



Screening won't protect your patients from most HPV cancers.

protect your preteen patients today with HPV vaccine.

Cervical Cancer

Just the tip of the iceberg.

Even with screening, HPV causes **10,800** cases of cervical cancer each year in the U.S.

Source: <https://www.cdc.gov/cancer/hpv/statistics/cases.htm>

Cervical cancer is the only type of HPV cancer for which there is a recommended screening test.

Cervical Precancers

While cervical precancers are routinely screened for, these precancers may require invasive testing and treatment.

Sources: Habbema D, et al. Int J Cancer. 2017 Mar 1;140(5):1215-1222.

Cases Every Year

~300,000

High Grade Cervical Lesions

Other HPV Cancers

Cases Every Year

800 Penile Cancer

3,300 Vulvar & Vaginal Cancer

5,900 Anal Cancer

12,900 Oropharyngeal Cancer

Recommended cancer screening tests are not available yet for these cancers. These cancers may not be detected until they cause health problems.

OVER 90% of HPV cancers are preventable through HPV vaccination.

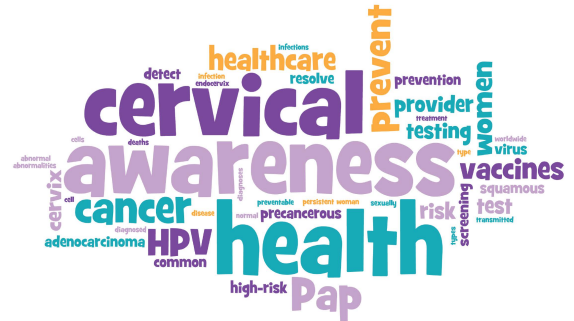
Source: <https://www.cdc.gov/cancer/hpv/statistics/cases.htm>

Last updated AUGUST 2018.

Don't rely on screening to catch it later. Protect them now with HPV vaccination. <https://www.cdc.gov/hpv/hcp/more-than-screening/index.html>



HPV VACCINE
IS CANCER PREVENTION



January 2019 was Cervical Cancer Awareness Month ~ Keep the momentum going! For additional resources, information and ideas:

National Cervical Cancer Coalition

<http://www.nccc-online.org/about-nccc/>



Global Initiative Against HPV & Cervical Cancer

<http://www.giahc.org/us-vs-hpv.html>

CDC provides ready to use tools and resources for Parents and the Public, Healthcare Professionals, Partners and Programs :

<https://www.cdc.gov/hpv/index.html>

<https://www.cdc.gov/vaccines/ed/hpv/you-are-key.html>

Questions? Comments? We'd love to hear from you!
Please contact Monica Brackney ~ monica.brackney@yale.edu or 203-764-9705

~ For more information and a select list of publications ~

http://publichealth.yale.edu/eip/projects/hpv_impact.aspx

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