

Medical & Allied Branch
Dr Michael McBride

HSS(MD)45/2008



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

Room C3.16
Castle Buildings
Stormont BELFAST BT4 3SQ
Tel: 028 90520717
Fax: 028 90520718
Email:
lorraine.doherty@dhsspsni.gov.uk

Your Ref:

Our Ref: HSS(MD)45/2008

Date: 18 December 2008

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Dear Colleague

HPV IMMUNISATION PROGRAMME – Additional Guidance

HPV Vaccine Dose Schedule

New guidance has been issued in the HPV Green Book Chapter 18a to help inform decisions on administering HPV vaccine where there are difficulties in scheduling the third dose and where some individuals may have already started being vaccinated with Gardasil®

Dosage and schedule

Schedule for Cervarix® (containing HPV types 16,18)*

- First dose of 0.5ml of Cervarix® HPV vaccine.
- Second dose of 0.5ml, one to two months after the first dose.
- A third dose of 0.5ml, at least six months after the first dose.

For planning purposes, a vaccination schedule of 0,1-2, 6 months is appropriate. All three doses should be given within a 12-month period. If the course is interrupted, it should be resumed but not repeated, ideally allowing the appropriate interval between the remaining doses.

Minimum interval for the third dose of Cervarix®

If there is a high likelihood that the third dose of HPV vaccine cannot be given according to the recommended schedule, a third dose of Cervarix® can be given three months after the second. This guidance only applies when there are significant challenges in scheduling the third dose to individuals. For example, where the third dose coincides with examinations or when the second dose is given late.

There is no clinical data on whether the interval between doses two and three can be reduced below three months. Where the second dose is given late and there is a high likelihood that the individual will not return for a third dose after three months or if, for practical reasons, it is not possible to schedule a third dose within this time-frame, then a third dose of Cervarix® can be given at least one month after the second dose.

Whenever possible, immunisations for all individuals should follow the recommended 0, 1-2, 6 month schedule.

Previous incomplete vaccination with Gardasil® – advice for girls and young women covered by the national HPV vaccination programme

This advice applies to those girls and young women who are eligible to receive HPV vaccination as part of the national HPV immunisation programme as described in guidance already issued.

If an individual has started a course of Gardasil®, then this course should be completed by the original provider. In the rare instances where this is not possible, then the vaccination course can be completed with Cervarix® to three doses in total (such as one Gardasil® and two Cervarix®, or two Gardasil® and one Cervarix®). The course should be completed according to a vaccination schedule of 0, 1-2, 6 months. There is no evidence on the interchangeability of the two HPV vaccine products, therefore this advice is based on clinical judgement. It is not advisable to complete a three dose course of Cervarix® following one or two doses of Gardasil® as there is no safety data on individuals who receive mixed courses of vaccines that could involve four or even five HPV vaccine doses.

The girl or young woman should be informed that Cervarix® will provide protection against cervical cancer, but not against genital warts.

Co-administration of HPV with other vaccines

Health professionals are reminded that HPV vaccine can be given at the same time as, or at any interval after, other live and inactivated vaccines such as Td/IPV, hepatitis B, MMR, flu and travel vaccines.

Girls that have a severe latex allergy

Cervarix® is provided for the national programme. If a child has a severe latex allergy (eg. anaphylactic) they should not receive Cervarix®. They can however receive Gardasil®. Consultants in Communicable Disease Control within each of the HSS Boards can advise on individual cases. It may be simplest to refer a child to their local GP who can prescribe Gardasil® in exceptional clinical circumstances.

Cc Mr A McCormick, Permanent Secretary
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Mrs Julie Thompson, Acting Deputy Secretary, DHSSPS
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Members of the RACCDC Regional Immunisation Committee