



Testimony

of

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before the

**New York City Council Committee on Health
Jointly with the
Council Committee on Women's Issues**

on

**Oversight – Examining the City's Effort to Prevent the Human Papillomavirus and
Decrease Risk for Cancer**

and

**T-2015 – 2285: Permitting health care practitioners to provide treatment to youth for the
prevention of human papillomavirus, a common virus that can cause cancer**

and

T 2015 – 2286: Recognizing January as Cervical Health Awareness Month in NYC

**January 8, 2015
Council Committee Room – City Hall
New York City**

Good afternoon, Speaker Mark-Viverito, Chairman Johnson, Chairwoman Cumbo, and members of the Committees. My name is Jay Varma, and I am the Deputy Commissioner for the Division of Disease Control at the New York City Department of Health and Mental Hygiene. I am joined today by Dr. Jane Zucker, the Department's Assistant Commissioner for the Bureau of Immunization and Dr. Marcelo De Stefano, the Department of Education's Director of School Based Health Centers, Dental Clinics and Health Insurance. On behalf of Health Commissioner Bassett, thank you for the opportunity to testify today. Madam Speaker, thank you for your tremendous work to bring awareness to this issue.

This is my first chance to testify before the Council on issues related to human papillomavirus, known as HPV. It is the most common sexually transmitted infection in the United States. I will first give an overview of HPV, and will also discuss the Health Department's rigorous efforts to stop New Yorkers from getting this infectious disease.

The Centers for Disease Control and Prevention's National Health and Exam Survey estimates that about 79 million Americans are currently infected with HPV. Each year, 14 million new HPV infections occur among people aged 15 to 59; approximately half of these new infections occur among young people aged 15 to 24. Nationally, the economic burden of HPV is huge; it is responsible for an estimated \$8 billion in annual treatment and screening costs.

There are many different types of HPV. Some can cause cervical, vaginal, vulvar, penile and oropharyngeal cancers, in addition to genital warts. Most infections cause no health problems: without any treatment, 70 percent of HPV infections go away in one year, and 90 percent go away within two years. Yet HPV can have lasting, even fatal consequences. Approximately 33,000 new HPV-associated cancers occur in the United States annually; 60 percent of these cancers occur in women. In the United States, an estimated 15,590 people die from HPV-associated cancers annually, including 4,000 annual deaths from cervical cancer and 950 from anal cancer. In New York City, there were an average of 137 deaths from cervical cancer and 24 deaths from anal cancer each year from 2007 to 2011.

HPV-related cancers disproportionately affect certain populations. In New York City, HPV-related cervical cancer each year is highest among non-Hispanic Black women at 13.3 per 100,000 women, and among Hispanic women at 10.1 per 100,000 women (compared to non-Hispanic White women at a rate of 7.2 per 100,000 women). Men who have sex with men are at greater risk of acquiring HPV infection than heterosexual men. In addition, people with HIV/AIDS and HPV infection are at greater risk for cervical and anal cancer.

Preventing HPV

The Health Department takes a multi-pronged approach toward HPV prevention. Since condoms help prevent the spread of HPV, the Department distributes millions annually, including over 37 million in 2014. Condoms, however, do not provide complete protection because HPV can infect areas of the genitalia that are not covered by a condom.

The most effective way to stop HPV is to vaccinate people. If possible, vaccination should be performed before people become sexually active, since the vaccine works best on those who have not yet been exposed to HPV. In accordance with CDC recommendations, we

strongly encourage vaccination for pre-teens, and for teens and young adults who were not previously vaccinated. There are three types of FDA-approved vaccines in the United States. Quadrivalent vaccine, known by the brand name Gardasil, is licensed for both females and males. Gardasil protects against two HPV types (6 and 11) that cause genital warts, as well as two HPV types (16 and 18) that cause most HPV-related cancers. Bivalent HPV vaccine, known by the brand name Cervarix, is licensed only for females. Cervarix protects against the same two cancer-causing types of HPV as Gardasil. Nine-valent HPV vaccine, known by the brand name Gardasil 9, was approved in December 2014. Usage guidelines are still pending for that vaccine. Gardasil and Cervarix are covered by insurance and given as a three-dose series over a six-month period. They are up to 99 percent effective in preventing cervical, vaginal and vulvar infections, which could develop into cancer if left untreated. They are also 89 to 99 percent effective in preventing genital warts. Vaccines have profoundly impacted HPV prevalence in the United States. Four years after their introduction, HPV prevalence declined 56 percent among females aged 14 to 19, and genital warts declined 38 percent in the same age group.

In New York City, HPV vaccine is administered by a broad range of pediatric-care providers, including: public clinics, private practitioners, school-based health centers (SBHCs), and the Department's immunization clinic. As of September 30, 2014, according to the Citywide Immunization Registry, 66 percent of females and 50 percent for males aged 13 to 17 had at least one dose. In New York City, 42 percent of females and 27 percent of males have received all three doses. While we are proud of the progress we have made, we are still far from achieving the national target of 80 percent coverage by 2020.

Despite these efforts, there are significant disparities in vaccine coverage. In the United States, Hispanics and lower-income groups have the highest coverage levels, while Whites and higher-income groups have the lowest coverage. In New York City, we find similar disparities among people who attend the Department's clinics that treat sexually transmitted infections. Geographically, HPV vaccine coverage is highest in the southern Bronx and northern Manhattan. It is lowest in Staten Island, Central/Southern Brooklyn and Greenpoint/Williamsburg.

Engagement

Some parents delay or refuse to vaccinate their children because of concerns about sexual activity. To address this barrier, the Department focuses its education materials on the HPV vaccine as a cancer-prevention strategy.

One of the greatest predictors that a child will be vaccinated is a strong recommendation from a health care provider. The Department is working to increase provider knowledge regarding HPV-related diseases, the safety and effectiveness of the vaccine, and best practices for recommending and administering the HPV vaccine. The latter includes administering the vaccine at the same medical visit as other recommended adolescent vaccines: Tdap (tetanus, diphtheria, and pertussis) and MCV (meningococcal). We recommend that the first dose of HPV vaccine be given at the same time as the adolescent Tdap vaccine, which is required for sixth grade school entry. Consistent with the CDC's recommendation, we encourage providers to administer all three HPV vaccine doses when children are 11 to 12 years old.

We promote the HPV vaccine to providers in several ways. Two times a year, we mail providers a report of their facility's vaccination coverage, including rates among teens. This includes their percentile ranking compared to other facilities. In addition, we visit about a quarter of pediatric-care sites each year, and give feedback on vaccine coverage for those sites. We give providers resources on HPV, including updates on vaccine recommendations, posters of our subway ads, and print copies of patient health bulletins to display and hand out in their offices. We have also conducted in-depth interviews to better understand provider attitudes toward the HPV vaccine, barriers to vaccination, and how to increase vaccination. These findings are guiding the development of a toolkit that we will distribute to providers to promote HPV vaccination. Through the Citywide Immunization Registry, providers are able to identify patients who have not received HPV vaccine and those needing to complete the series; they can also generate a letter or a list of patients to call. We are developing a system for providers to send automated text messages or emails to the parents of patients who are due for vaccination.

The Office of School Health, a joint program of the New York City Department of Education and the Health Department, offers the vaccine through 138 SBHCs, which serve about 10 percent of its 1.1 million students. The SBHCs give information about the vaccine to male and female middle and high school students enrolled in an SBHC, and offer the vaccine to male and female students aged 9 and older. The SBHCs hang posters about HPV vaccination services on site. Schools, in collaboration with SBHC staff, also send parents a packet of information about the range of free services offered at the SBHCs, including HPV vaccination.

The Health Department uses a multi-faceted communications strategy to educate the public about the vaccine's benefits. In 2014, we conducted eight focus groups, in several languages, with a diverse group of parents of unvaccinated adolescents, to help shape our strategy. We introduced the hashtag #VaccinateHPV on Twitter and Facebook. We also ran five weeks of television ads and eight weeks of subway ads, in both English and Spanish. We updated our HPV webpage and published a health bulletin on HPV, which has been translated into 10 languages. Health bulletins have been widely distributed to our partners, including to all pediatric-care providers, community-based organizations and the American Academy of Pediatrics. I am also pleased to tell you that we have recently secured funding to re-run our ads within the City's public transit.

Detection/Prevention of HPV-Related Cancers

The Department recognizes that HPV has a broad and lasting impact. We recommend, in line with national guidelines, that women have a pap test at age 21, and then subsequently every three years, to detect and prevent cervical cancer. Women between 30 and 65 can be screened every five years, if they have both a pap test and an HPV test. Our eight clinics that treat sexually transmitted infections provide pap tests, and performed them for 2,526 women in fiscal year 2014. According to data from our Community Health Survey, the prevalence of pap tests among women aged 18 and over is close to 80 percent. Although lower than we would like, these screening rates are, in fact, higher than those for colon or breast cancer. We also suggest, in line with the New York State AIDS Institute's guidelines, that clinicians obtain anal pap tests for the following patients in HIV-infected populations: men who have sex with men, any patient with a history of anogenital warts, and women with abnormal cervical or vulvar histology.

Thank you again for the opportunity to testify today; we look forward to continuing to work with Council to bring awareness to this critical issue and improve HPV vaccination rates. Dr. Zucker, Dr. De Stefano, and I are happy to answer any questions you may have.