



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
House Committee on Education
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By

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And

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HB 458 HD1 – RELATING TO HEALTH

Chair Takumi, Vice Chair Ohno, and Members of the Committee on Education:

The University of Hawai'i supports HB 458, HD1, which seeks to require public schools to annually provide all incoming sixth grade students with information about human papillomaviruses (HPV) and the availability of HPV vaccines to prevent cervical and other cancers and diseases.

Our perspective is informed by scientific literature, including the recent President's Cancer Panel report (Feb 2014) "*Accelerating HPV Vaccination Uptake: Urgency for Action to Prevent Cancer*" (1), as well as research conducted by faculty at the UH Cancer Center and the John A. Burns School of Medicine (JABSOM) Departments of Family Medicine and Community Health and Obstetrics-Gynecology.

Nearly 80 million people in the U.S. have HPV and nearly all sexually-active men and women will be infected in their lifetimes. The vast majority of HPV infections clear on their own and cause no disease. However, in some individuals, HPV can cause genital warts and certain types of cancer. HPV is the primary cause of cervical cancer and is also responsible for considerable proportions of vaginal, vulvar, anal, penile, and oropharyngeal (tonsil, base of the tongue) cancers.

Two vaccines that protect against HPV infection are currently available in the U.S. Both vaccines protect against HPV 16 and 18, which cause most cervical cancers as well as substantial proportions of other anogenital and oropharyngeal cancers. One of the vaccines also protects against HPV 6 and 11, which cause 90% of genital warts (2, 3). Routine HPV vaccination is recommended for girls and boys starting at ages 11-12.

HPV vaccines could dramatically reduce the incidence of HPV-associated cancers and other conditions among both females and males. Because progression from high-risk HPV infection to invasive cervical cancer can take decades, it may be many years before the effect of HPV vaccination on the incidence of cancer can be fully assessed. Nevertheless, recent studies have shown significant decreases in the incidence of precancerous lesions of the cervix and genital warts in areas of high vaccine usage.

However, recent data has shown that HPV vaccine coverage has fallen well short of target levels both in Hawai'i and across the U.S. Among girls aged 13-17 in Hawai'i, HPV vaccination coverage has dramatically declined by 28% since 2011 – *a trend counter to that on the U.S. mainland*. In 2013, only 53% of adolescent girls in HI aged 13-17 were vaccinated with one or more of the 3-dose series (4). The U.S. Healthy People 2020 target aims for 80% of 13-15 year old girls fully vaccinated against HPV (6), and according to the Centers for Disease Control, achieving an 80% coverage rate would prevent an additional 53,000 case of cervical cancers in the U.S. (1). The 2013 vaccination rate of 55% for adolescent girls (ages 13-17) in the U.S. is obviously well below the target. Among Hawai'i's boys aged 13-17, only 41% (2013) were vaccinated with 1 or more doses (4). While this is slightly better than the U.S. rate of 35% for boys (2013), it is equally concerning.

Given the low HPV vaccination rates for boys and girls in the U.S., leading research, public health and healthcare agencies/institutions are investing in strategies and interventions to increase HPV vaccination uptake in girls and boys. While the UH Cancer Center and JABSOM are partnering to identify barriers and facilitators of HPV vaccination in Hawai'i, results from the national 2013 NIS-Teen survey point to two main reasons teens aren't getting vaccinated against HPV: knowledge gaps among parents and the need for strong recommendations from clinicians (5).

HB 458 HD1 will help tremendously to close the knowledge gap among parents of age-eligible children, while contributing to increased HPV vaccination coverage and lower rates of cervical and other HPV-associated cancers and conditions. Healthcare providers and public health immunization programs cannot reach HPV vaccination targets alone; they need the support of the Department of Education, with its extensive reach into the community, to disseminate factual and up-to-date information to parents/guardians about this safe and effective cancer prevention vaccine. With a new HPV vaccine on the horizon (HPV9), parents will soon be turning to credible and trusted sources for information, including the DOE and its leadership.

We at the UH Cancer Center and JABSOM offer our assistance to the Department of Health in their efforts to develop science-based and user-friendly educational materials for parents and guardians about HPV as well as other routinely recommended vaccines for youth, namely tetanus, diphtheria and pertussis (Tdap); meningococcal conjugate; and influenza. Because all 3 HPV vaccines can be safely co-administered with these routinely recommended vaccines (4), we support the bundling of HPV information together with information about Tdap, meningococcal and influenza vaccines.

With the numbers of some HPV-associated cancers on the rise (e.g. oropharyngeal, and anal cancer), our community cannot afford to wait to protect the health of our youth. With help from the Departments of Health and Education, we can reverse the current underutilization of HPV vaccination which threatens our progress against cancer.

We respectfully urge you to pass this bill.

The UH Cancer Center is one of only 68 institutions in the United States that hold the prestigious National Cancer Institute (NCI) designation, and is the only NCI-designated center in the Pacific. The NCI designation provides greater access to federal funding and research opportunities, and gives the people of Hawai'i and the Pacific region access to innovative and potentially life-saving clinical trials without the necessity of traveling to the mainland. Our passion at the UH Cancer Center is to be a world leader in eliminating cancer through research, education and improved patient care.

References

1. NCI. President's Cancer Panel Report, The Future of Cancer Research: Accelerating Scientific Innovation. Bethesda, MD: 2012.
2. CDC. Quadrivalent human papillomavirus vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2007;56(No. RR-2).
3. CDC. FDA licensure of bivalent human papillomavirus vaccine (HPV2, Cervarix) for use in females and updated HPV vaccination recommendations from the Advisory Committee on Immunization Practices (ACIP). MMWR 2010;59:626–9.
4. CDC. 2013 National Immunization Survey–Teen (NIS-Teen). Available at: http://www.cdc.gov/nchs/nis/data_files_teen.htm
5. CDC. Human Papillomavirus Vaccination Coverage Among Adolescents, 2007–2013, and Postlicensure Vaccine Safety Monitoring, 2006–2014 — United States. MMWR 2014;63:620-4.