



Denmark:





Decreasing HPV vaccination coverage: mapping roles of different stakeholders and societal-historical factors.

Introduction:

Vaccination coverage is the result of a complex interplay between different stakeholders with a specific societal and cultural background. The goal of this poster is to provide a brief overview of major events/aspects that may have contributed to the current situation in Denmark. By listing the role or potential role of different stake holders or cultural-historical factors we may be able to compare different countries and find common denominators.

Possible event(s) leading to crisis:

• From 2013 the vaccination programme was challenged by an increasing number of reported suspected adverse events that may or may not be related to vaccination

Position role of the government/health authority

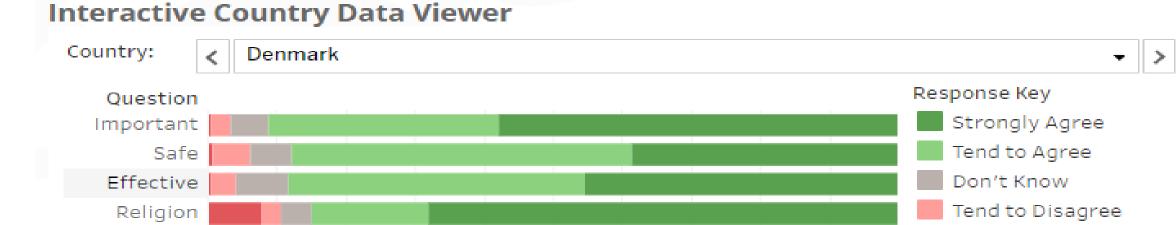
- Government continued strongly recommending vaccination
- However certain actions may be interpreted as lack of confidence in safety of HPV vaccine
 - Active campaign for reporting of AEFI by health care professionals and patients
 - Public funds allocated for research into possible adverse reaction from HPV vaccination

Other stakeholders

- Danish Cancer Society (DCS)
 - Helped with introduction of vaccine
 - Set-up communication plan to raise coverage; creation of a Danish Cancer Society Task force
 - Performed together with Danish Health Authority surveys on attitudes towards HPV vaccination (1)
 - Information campaign 2017 : Dealing with the "post factual society"; Improving communication on social media; Communicating the new data on efficacy and safety; Getting the GPs more involved; Getting the grip on the brain ↔ heart interaction

Adolescents/parents

• Confidence level based on confidence survey (based on general questions regarding vaccination, not focussed on HPV) (2)



Percent

- Based on DCS attitudes survey among parents of 12-13 year old girls, specific towards HPV vaccination (1)
 - Parents are scared because of the media reports about vaccinated girls with unexplained symptoms
 - Many parents feel that the risk of adverse reactions is larger than the risk of getting cancer
 - Some have not completely ruled out the possibility of letting their daughter have the shots for the time being they wait until she gets closer to sexual debut...

Strongly Disagree

- Parents lack information about Adverse reactions; Cervical cancer; The vaccinated girls with unexplained symptoms
- Some parents do not actively seek information about the vaccine only 4 out of 10 have consulted their GP

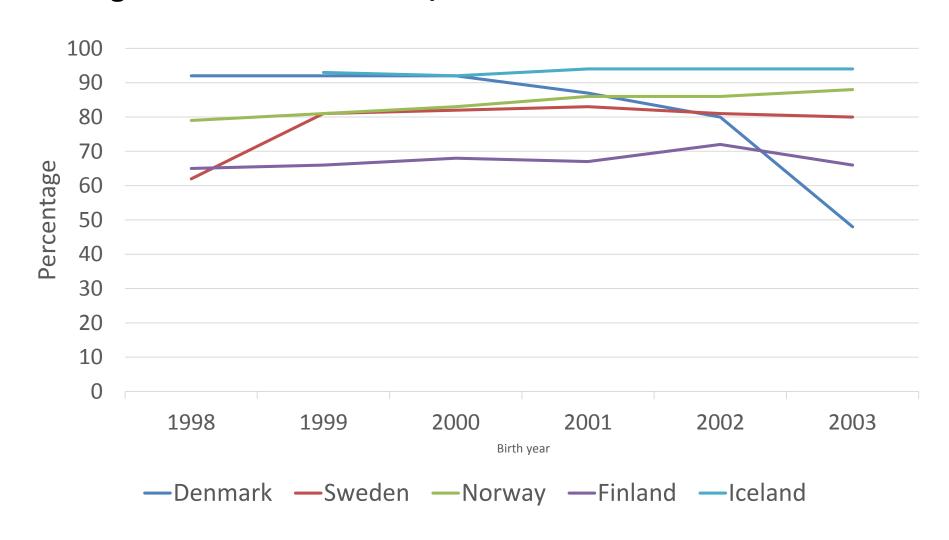
References:

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- 2. Accessed at http://www.vaccineconfidence.org/research/the-state-of-vaccine-confidence-2016 on 27-05-2017
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Coverage rate HPV vaccination / birth cohort in different Nordic Countries (First dose)



Position/role of Vaccine providers/HCW

- HPV vaccination as well as HPV cervical cancer screening is performed by GP's
- As in most countries HCW are seen as most reliable source of information. Parents in doubt attributed the highest confidence to the DCS, the Statens Serum Institute and their GP (1)
- No survey on attitudes, motivation and training needs of HCW available

Organized "anti-vaccine" activities

- Program on TV2 (public television channel) showing girls with severe symptoms 2015
 - Physicians in the documentary are confirming need to further investigate relation between severe symptoms and HPV vaccine.
 - Even specific advise not to get the vaccine when performing high physical activities
 - Documentary also illustrates conflict between reporting doctors and Danish Health authority.
- Objection against report from EMEA showing no link between POTS

Vaccine injury reimbursement or court cases

• The Patient Compensation Association reported in their recent newsletter that: "In 2015 and 2016, the notifications concerning vaccines increased dramatically. Cases were related to Di-Te-Ki-Pol-Hib vaccine for children and the HPV vaccine for young girls. The recognition rates for Di-Te-Ki-Pol-Hib are high as compensation is provided for reported reactions to aluminium. These reactions are most often temporary mild side effects. Since 2008, 319 cases were reviewed related to HPV vaccination. 3 cases were recognized as adverse reactions that in very rare cases may arise in connection with vaccinations in general, not specific for HPV vaccine. All cases of POTS were rejected." (3)

Societal-historical factors related to adherence to universal prevention progammes.

- Cervical cancer screening coverage 64,2%
- Hep B vaccination no universal programme
- Adolescent vaccination is performed via GPs
- The uptake for the childhood vaccination programmes is increasing and the coverage rates are high: In 2016, coverage of the vaccination against diphtheria, tetanus, pertussis, polio and the pneumococcus and Hib bacterium was 91 % or higher for the three primary vaccinations given at 3, 5 and 12 months. Coverage of the first vaccination against measles, mumps and rubella (the MMR vaccine) at 15 months was 91 %, and 85 % for the second vaccination at 4 years. (4)