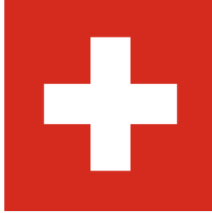




HPV VACCINATION PROGRAM IN SWITZERLAND, LESSONS LEARNT AND THE WAY FORWARD

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Overview of the HPV vaccination program (1): Decision for Vaccination and type of recommendations

2007 introduction of the HPV Vaccine (bi-or quadrivalent) recommendation for Vaccination (by the Swiss National Commission for Vaccination) and programm:

- General vaccination recommendation for all girls 11-14y old
- Catch-up vaccination recommendation for women 15-19y
- Complementary vaccination recommendation for women 20-26y (case-based decision)



Decision for Vaccination and type of recommendations



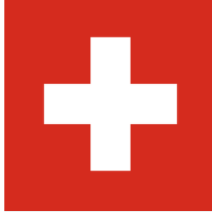
2015: recommendation for a male HPV vaccination (only quadrivalent vaccine):

–Complementary vaccination for boys and men 11-26years (20-26y case-based decision)

2017/18?: recommendation for a q9HPVVaccine

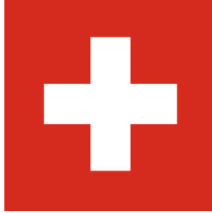


Overview HPV vaccination CH: Preparation for the HPV programm



- Article in the bulletin of the Federal Office of Health
- Facts sheets, specific flyer addressing young people
- Price negotiations with pharmaceutical firms
- Negotiations with providers about implementation.
- Securing budget for full reimbursement nationwide, so that no fee for patient, remuneration for physician provider





Vaccination programm

- Mandatory for all states (cantons) to develop a programm of HPV vaccination (means every cantons deals differently with it)
- Start date program: officially 2008 for females, 2016 in males, but different in cantons
- Implementation of programm: Some cantons school-based only, some only private physician, some mixed.





Overview: Vaccination coverage: 2011-13

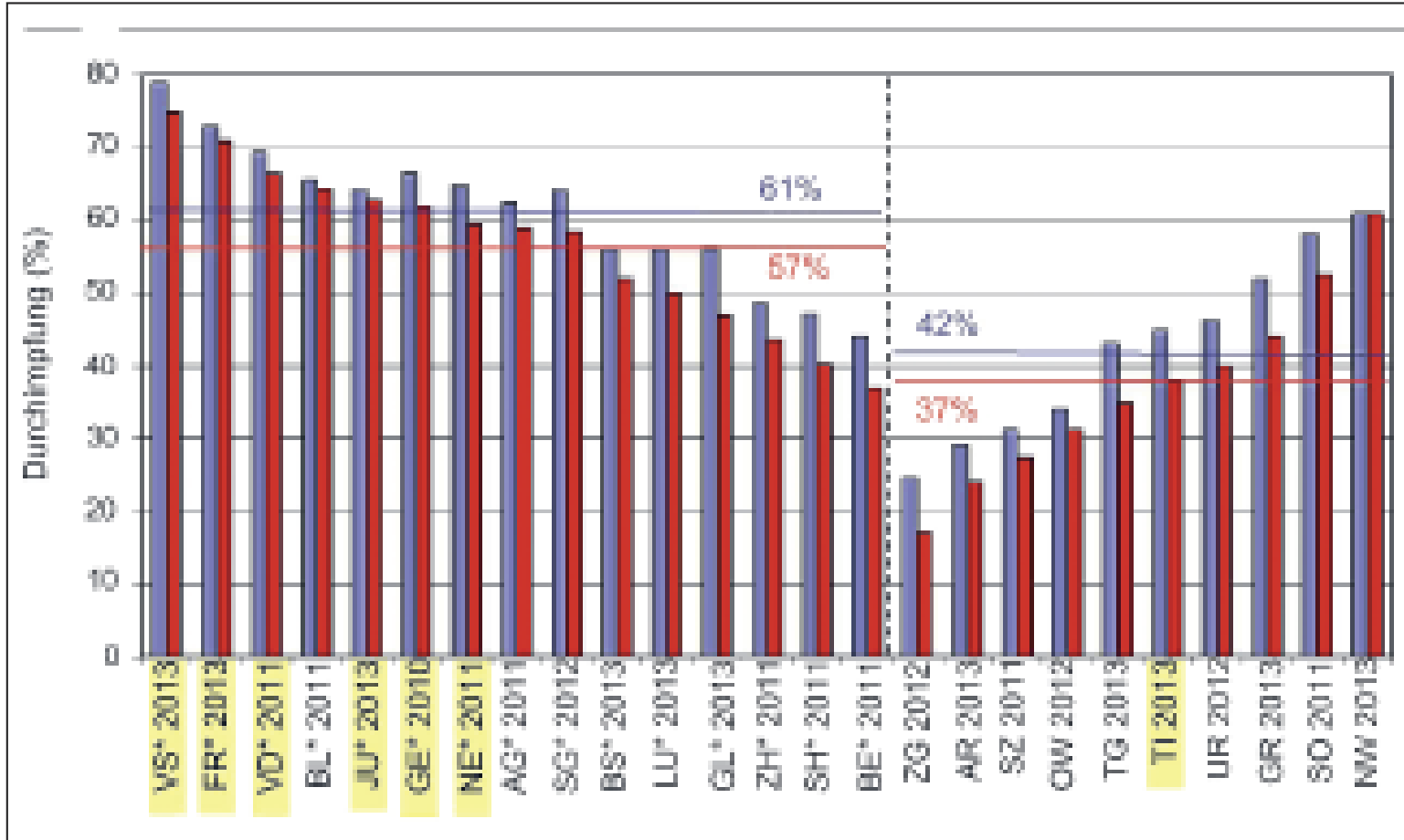


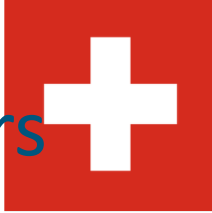
Abbildung: HPV-Durchimpfungsraten bei 16-jährigen Mädchen pro Kanton gemäss Swiss National Vaccination Coverage Survey (SNVCS), Zeitraum 2011–2013 (34); blaue Balken: Durchimpfung eine Dosis; rote Balken: Durchimpfung drei Dosen; waagrechte blaue/rote Linie: durchschnittliche Durchimpfung; gelb: Westschweiz und Tessin. Daten GE von 2010, keine Angaben AI. Kantone mit Impfung im schulärztlichen Dienst sind mit einem * markiert.

Blue=1dose, red =3 doses

Spaar A, et al., Paediatric 2015, data from SNVCS



Major stakeholders or societal-historical factors with role and impact on the program.



- *[select and/or add relevant stakeholders/factors for your country and briefly indicate role and impact]*
- adolescents, parents: “clients”
- GP’s/GYN/Paediatricians: vaccination in private practice, cantonal funding
- school doctors, school nurses: main vaccinators, in schools
- academia: evaluation of programs
- organised anti-vaccine groups: acting out...as with any vaccine
- Government: regulations, funding
- MOH. Not existing in Switzerland
- industry: provider of vaccines,





SWOT Analysis

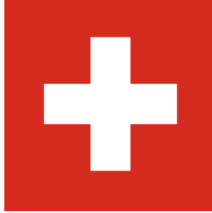
Strength

- Mandatory cantonal programs: potentially every young person reached
- No financial barriers to vaccination
- School- based programs reach almost all youth
- Male vaccination reaches MSM
- Compensation/indemnity for serious vaccine related adverse effects granted

Weakness

- Heterogeneity of implementation in cantons
- Remuneration system complicated for private physicians
- Coverage insufficient





SWOT Analysis (2)

Opportunities

- Linking vaccination with health education on SRH

Threats

- Uncontrolled activities of anti-vaccine lobby

