# WRITTEN STATEMENT

# BY

# THE WELSH GOVERNMENT

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| **TITLE** | **Changes to the human papillomavirus (HPV) and childhood immunisation programmes** |
| **DATE** | **12 August 2022** |
| **BY** | **Eluned Morgan, Minister for Health and Social Services** |

On 5 August the Joint Committee on Vaccination and Immunisation (JCVI), published statements setting out its advice on changes to the human papillomavirus (HPV) and childhood immunisation programmes. The Committee has recommended:

* a move to one dose of the HPV vaccination for certain groups and,
* a change to the routine infant schedule due to the discontinuation of the Menitorix© (Hib/MenC) vaccine.

**HPV Vaccination**

The HPV vaccine helps protect against cancers caused by HPV, including cervical cancer, some mouth and throat cancers and some cancers of the anal and genital areas. There is growing evidence of the success of the programme so far. A recently published Cancer Research UK-funded study found that cervical cancer rates in women offered the vaccine between the ages of 12 and 13, and now in their 20s, were 87% lower than in an unvaccinated population.

Since early 2020, the JCVI has been considering evidence to change the HPV vaccination schedule from two doses to one dose when commenced before 15 years of age. Following consideration of this evidence, the Committee has advised the following schedules for the HPV programme:

* a one-dose schedule for the routine adolescent programme and MSM programme before the 25th birthday
* a 2-dose schedule from the age of 25 in the MSM programme
* a 3-dose schedule for individuals who are immunosuppressed and those known to be HIV-positive

In publishing their recommendation, the Committee has referred to compelling evidence that a single dose of HPV vaccine could be sufficient to provide good and long-lasting protection when offered in early adolescence. This is supported by the WHO Strategic Advisory Group of Experts on Immunization (SAGE) whose 2022 review concluded that a single-dose HPV vaccine delivers solid protection against HPV, that is comparable to 2-dose schedules. The Committee will continue to keep its advice under close review and take appropriate action where necessary.

I have accepted this advice and my officials will work with NHS Wales regarding the implementation of this change. The move to one dose will minimise disruption for schools and create more capacity due to the vaccination session reduction, whilst still maintaining the incredible levels of success in combatting HPV and reducing cancers with a single dose.

**Changes to the routine infant schedule - Menitorix© (Hib/MenC)**

Haemophilus influenzae type b (Hib) is a bacterial infection that can cause a number of serious illnesses, particularly in young children. Hib infections used to be a serious health problem in the UK, but the routine immunisation against Hib, given to babies since 1992, means these infections are now rare.

The only vaccine available on the market to prevent Hib/ MenC is Menitorix© JCVI has been notified of the discontinuation of Menitorix© (Hib/MenC). This necessitates a change to the routine infant schedule, as this vaccine is currently given at 12 months.  
  
After careful consideration of the options, the JCVI now advises that:

* an additional dose of Hib-containing multivalent vaccine should be offered at 12 or 18 months of ages (giving this at 18 months would require the creation of a new immunisation visit)
* the second dose of measles, mumps and rubella (MMR) vaccine should be brought forwards from 3 years 4 months to 18 months of age to improve coverage
* based on the demonstrated decline of invasive meningococcal A, C, W and Y disease in the UK (primarily due to the success of the teenage MenACWY vaccination programme and low case numbers) including a dose of MenC-containing vaccine in the infant schedule is not recommended – efforts to sustain and improve coverage of MenACWY in adolescents are important to maintain herd immunity

I have also accepted the advice from the JCVI on this matter. Current stock will remain available until 2025 and therefore we do not expect the change to be immediate. Welsh Government will now work with NHS Wales on the arrangements needed to implement the changes to the infant and childhood vaccination programme. I would urge children, young people and their parents and carers to follow Public Health advice and ensure they are fully immunised to protect them from potentially serious diseases.

This statement is being issued during recess to keep Members informed. Should Members wish us to make a further statement or to answer questions on this when the Senedd returns we would be happy to do so.