



# The Immune Response

August 2006

Please copy and distribute to all immunisation providers in your practice or health centre. Thank you.

## First vaccination for HPV now available

About 70% of cervical cancers are attributed to human papilloma virus (HPV) types 16 and 18. In addition HPV types 6, 11, 16 and 18 are implicated in a significant proportion of cervical intraepithelial neoplasia. Vaccines against these types will soon be available with the potential to prevent most of these conditions.

Understanding attitudes to the introduction of HPV vaccine is essential for an appropriate educational campaign and a successful immunisation program. In February, a study in Adelaide of 2000 households looked at adult and parental attitudes to the introduction of HPV vaccine to prevent a sexually transmitted disease and to protect against cervical cancer. Results showed that 2% of respondents identified persistent HPV infection as the cause of cervical cancer with a further 7% aware that the cause was viral. 72% would agree to have their children immunised. Parents were main-

ly concerned about possible vaccine side effects (64%) with only 0.4% concerned about discussing a sexually transmitted disease with their children and 4% concerned that the use of the vaccine may lead to promiscuity.

The Therapeutic Goods Administration has approved the registration of Gardasil, the first available HPV vaccine that will help protect Australian women against cervical cancer and other HPV-related cancers and diseases.

Gardasil is a quadrivalent vaccine targeting four HPV types 6, 11, 16 and 18 and will be available from September. Gardasil is indicated in females aged 9-26 years.

Gardasil will be available for \$130-150 a dose, with a 3-dose regimen recommended (ideally 2nd dose two months after first and 3rd six months after first).

Should you receive any enquiries, please direct them to CSL Medical Information 1800 642 865, or should you have any enquiries

yourself please contact Tonita Heard, Gardasil senior brand manager, on (03) 9389 1929.

The US Food and Drug Centre has a website for frequently asked questions on Gardasil: [www.fda.gov/cber/products/hpvmer060806qa.htm](http://www.fda.gov/cber/products/hpvmer060806qa.htm). For example:

- **What does Gardasil protect against?**  
Against HPV types 16 & 18 which cause about 70% of cervical cancers. Against HPV types 6 & 11, which cause about 90% of genital warts.
- **Are Pap tests still needed?**  
Yes. Since no vaccine is 100% effective and Gardasil won't provide protection against the HPV types not in the vaccine, or against existing HPV infections, routine Pap screening remains critically important to detect precancerous changes in the cervix to allow treatment before cervical cancer develops.

- **If a female already has a disease related to HPV types 6, 11, 16 or 18, will Gardasil help treat it?**

No, Gardasil only works to prevent cervical cancer, precancerous genital lesions and genital warts due to HPV. It won't work as treatment.

- **Will Gardasil help females who already have a vaccine type HPV?**

In the studies, females with current or past infection with one or more vaccine-related HPV types before vaccination were protected from the diseases caused by the other remaining HPV types contained in the vaccine.

## DISEASE NOTIFICATIONS

NSW statistics are from website [www.health.nsw.gov.au/infect/diseases.html](http://www.health.nsw.gov.au/infect/diseases.html). Australian statistics are from the national notifiable disease surveillance system website: [www9.health.gov.au/cda/Source/Rpt\\_2\\_sel\\_C.cfm?posn=6#mark](http://www9.health.gov.au/cda/Source/Rpt_2_sel_C.cfm?posn=6#mark). Note NSW statistics for 2006 are until August 15.

Disease	NSW 2004	NSW 2005	Australia 2005	NSW 2006	Australia 2006	Comment on NSW statistics From Aug 05-Aug 06
Hep B	2808	2757	6397	1909	3957	Most 20-55yrs – peak at 30-35yrs
Hib	4	7	17	4	5	Most notifications <5yrs
Influenza A	819	1118	-	137	-	Most notifications <5yrs
Influenza B	162	280	-	5	-	Most notifications <5yrs
Pneumococcal	902	638	1708	321	798	Most notifications <5yrs (84)
Measles	12	5	10	57	114	Most notifications <5yrs (21)
Meningococcal	146	136	393	59	182	Most notifications <5yrs (36)
Meningococcal B	81	73	-	26	-	Most notifications <5yrs (19)
Meningococcal C	24	15	-	5	-	Most notifications <10yrs & 45-49 age group
Mumps	64	109	241	104	165	Most notifications 20-30yrs (79)
Pertussis	3566	5804	11,201	3137	6505	Notification high in all age groups with 5-15yrs & >80yrs the lowest
Q fever	223	143		92		40-60yrs highest with 15-70yrs also high
Rubella	18	10	31	18	31	Most notifications between 25-40yrs (16)
Tetanus	0	1	2	0	1	
Tuberculosis	426	444	1106	195	659	Most >20yrs

Diphtheria in 1992 - 12 notifications. Tuberculosis in 1999 - 1365 notifications. Rubella in 1995 - 5571 notifications.

## BRIEF

### New adult pertussis vaccine

Sanofi Pasteur has released a new adult combination vaccine ADACEL (dTpa). It can be given as a booster for 10 years and over following primary immunisation. It offers protection against five pertussis antigens (including FIM 2 & FIM 3) and is similar in cost to Boostrix.

Adult vaccination against pertussis is recommended as adults now account for 83% of all reported cases, but the higher prevalence of atypical symptoms means many more patients go unrecognised.

Booster vaccination is strongly recommended for both parents planning pregnancy, or as soon as possible after the baby's delivery. It is also recommended for adults working or caring for young children.