

HPV SYMPOSIUM 2019

VACCINATION IN YOUNG GBMSM

OVERVIEW:

November 22, 2019

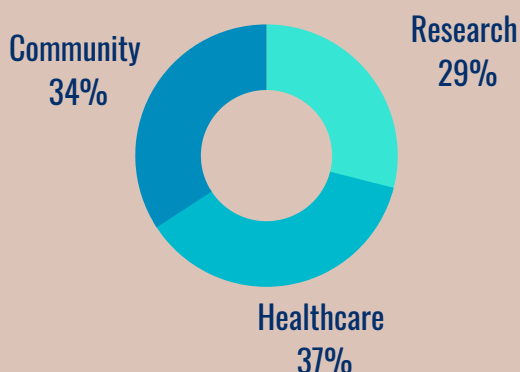
Toronto, ON

Hosted by **Dr. Ann Burchell**
Principal Investigator, Advancing
 Evidence-based HPV Vaccination &
 Screening Delivery for Men who
 have Sex with Men and People
 Living with HIV

The HPV Vaccine Symposium was a meeting of 50 researchers, public health practitioners, health promotion experts and community members from across Canada to discuss solutions for improving HPV vaccination among young gbMSM under current vaccine policies.

A breakdown of the fields represented by the participants is below:

Fields of Representation



RESEARCH UPDATE

HPV Vaccination



The HPV vaccine protects against ~90% of anal and oral cancers caused by HPV. It is safe and effective. The National Advisory Committee on Immunization (NACI) recommends HPV vaccination for gbMSM of all ages. It is recommended that individuals get vaccinated before they begin having sex.

Towards More Inclusive Vaccine Policies

Dr. David Brennan, alongside fellow colleagues and activists, led a campaign to advocate for a universal, gender-neutral, publicly-funded HPV vaccine program in Ontario to meet the needs of all men and in particular gbMSM ([Learn more about the campaign.](#))

Current HPV Vaccine Policy in Ontario

Ontario now has a gender-neutral, school-based HPV vaccine program for girls and boys, as well as a publicly-funded program that provides free vaccine to gbMSM 26 years of age and younger. ([Want more info on vaccine policies in Canada?](#))

[See talk by Dr. Shelley Deeks](#)

Barriers & Facilitators to Vaccination in gbMSM

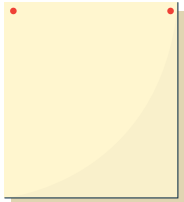

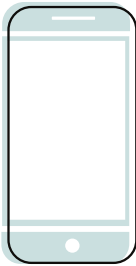
55-60% of young gbMSM report being unvaccinated; disclosing sexual identity, living in rural areas and lack of accessible healthcare were barriers. (See talks by [Ms. Ramandip Grewal](#), [Dr. Paul MacPherson](#) & [Dr. David Brennan](#)).

Healthcare provider (HCP) recommendation is a key facilitator of vaccine uptake in men; HCPs need to be able to discuss sexual health with patients in an inclusive and affirming manner. (See talks by [Dr. Troy Grennan](#), [Dr. James Owen](#), [Mr. Devan Nambiar](#)).

LESSONS LEARNED REGARDING PROMOTION & DELIVERY OF VACCINE



Health promotion professionals and public health practitioners from across the country shared their experiences with creating and managing programs that aim to increase uptake of the HPV vaccine. Information was presented in the form of a *Café Scientifique*.


	Description	Outcomes
Health Initiative for Men (HIM) Josh Edward	<ul style="list-style-type: none"> - 1st campaign specifically targeting all gbMSM - Web-based approach with in-person posters - Focused on anal cancer prevention & intended to appeal widely 	<p>In-person outreach with simple messages worked best!</p> <ul style="list-style-type: none"> - Repeated exposure to content & posts in key locations (clinics & on the street) - Content must focus more on immediate outcomes (e.g. warts) 
Free Vaccine for 26 and under Patrick O'Byrne	<ul style="list-style-type: none"> - HCP & patients received a reminder at every visit asking about vaccination - Centralized prescribing & vaccination - Clinic provided 489 doses to gbMSM in 2 years 	<p>Reminders and access increase efficiency & uptake!</p> <ul style="list-style-type: none"> - Onsite, available vaccine meant fewer missed appointments <p>Accessibility issues remain...</p> <ul style="list-style-type: none"> - Homeless youth without a permanent address were unable to access free vaccine - No OHIP = No Vaccine
HPV Vaccine Catchup aimed at young people aged 13-26 Quinn Fenton	<ul style="list-style-type: none"> - Aimed at young people aged 13-26 years - <i>In high schools:</i> partnered with gay/straight alliances & Toronto Rec to meet with after school programs - <i>Out of high schools:</i> Letters sent to family physicians informing them of program - Initiated a social media campaign & other outreach through youth groups 	<p>Hard to reach!</p> <ul style="list-style-type: none"> - Partnered with student groups, yet still difficult to reach those who don't identify as gbMSM or disclose sexual activity - Need accessible materials for diverse populations  <p>Public Health ≠ Influencer...</p> <ul style="list-style-type: none"> - 'Ambassadors' from partnered youth groups may be better suited to increase reach through social media - Able to leverage connections with healthcare providers
London-Middlesex Health Unit Leanne Powell	<ul style="list-style-type: none"> - Partnered with queer events, such as London Pride, & media - Promoted awareness & provided information about the HPV vaccine to increase uptake - Support & training provided to immunization clinics to ensure they were safe spaces for LGBTQ+ community 	<p>In-person outreach with simple messages worked best!</p> <ul style="list-style-type: none"> - In person outreach focused on simple messages: HPV can be transmitted and can happen to anyone! <p>... But... in-person outreach requires resources...</p> <ul style="list-style-type: none"> - Events often occur on evenings & weekends; limited staff available for all events - Unable to evaluate program due to limited budget



CLOSING THE GAP: WHAT'S NEXT?

NEXT ➔

Interdisciplinary groups of participants partook in conversation based on prompts to brainstorm strategies for increasing vaccine uptake on multiple system levels. These conversations were facilitated by members of the young gbMSM community.

	Young Men	HCP	Public Health, Policy & Advocacy
What information do individuals need?	<ul style="list-style-type: none"> - Focus on wart prevention! Immediate benefits resonate with men - “(Promoting wart prevention)...might be more effective for young guys than fear tactics about cancer” - Resources to help young gbMSM get vaccinated! - Materials on how to access the vaccine, specific to sub-groups like young, immigrant gbMSM or homeless youth - Materials on how to talk to your HCP about the vaccine 	<ul style="list-style-type: none"> - Information about vaccination programs offered in each province (especially in rural settings) - Needs to be embedded in training both new and experienced HCP - HPV vaccination should be viewed as part of standard gbMSM healthcare 	<div style="border: 1px solid orange; border-radius: 50%; padding: 10px; display: inline-block; background-color: #f4a460; color: white; text-align: center; width: fit-content;"> <p>'Targeted' messaging!</p> </div> <ul style="list-style-type: none"> - Avoid framing based on sexuality or identity - Emphasize “It is safe, it is free” and normalize the vaccine as part of the vaccination schedule
What needs to happen to create opportunities for vaccination?	<ul style="list-style-type: none"> - Empowering patients to self-advocate to get the vaccine and promoting ownership of health - Creating more space and tools for accessing information about the vaccine <div style="text-align: center; margin-top: 10px;">  </div>	<ul style="list-style-type: none"> - Create more opportunities for HCP to be updated on guidelines and recommendations 	<ul style="list-style-type: none"> - Expand program to include all men <26 to enable effective catch up - Increased leadership at a policy level to encourage vaccination for all gbMSM - Promoting that the experience of vaccination may decrease anxiety therefore improving sexual satisfaction
Why should guys care about getting the HPV Vaccine? What needs to happen to motivate men?	<ul style="list-style-type: none"> - It is important to help establish trust between the service provider and patient to increase motivation 	<ul style="list-style-type: none"> - Encouraging questions between HCP and gbMSM can build and strengthen trust in recommendations - Bundling of care can be an effective strategy by combining HepA, HepB, HIV & HPV all together for those that are eligible 	<ul style="list-style-type: none"> - Systematic change can bring the vaccine more effectively to men - This would include the HCP both prescribing and dispensing the vaccine more readily as well as pharmacists who could provide it



FINAL THOUGHTS

About...

1. Health Promotion

Effective health promotion should be based around a 'hook' that is actionable, include sex positive messaging and be focused on the immediate impacts of HPV on men's health

2. Systems Strategies for Increasing Uptake

Systems need to focus on providing LGBTQ2S+ affirming care and on educating and updating providers. There is a need to capitalize on existing spaces and create new ones in underserved areas that facilitate conversations and advocacy from multiple groups

3. Future Research

Future research needs to assess ways that HCP and health promotion can destigmatize talking about sex and investigating strategies to address policy and systematic barriers to vaccine access such as cost



[See Dr. Burchell's Closing Remarks Here.](#)

PARTICIPANT VOICES

"What are your take home messages for the day?"

'Meaningful messaging to young guys. Simplified messages for healthcare providers'

"There needs to be a collaborative strategy from every level of the system to help this work – let's work together."

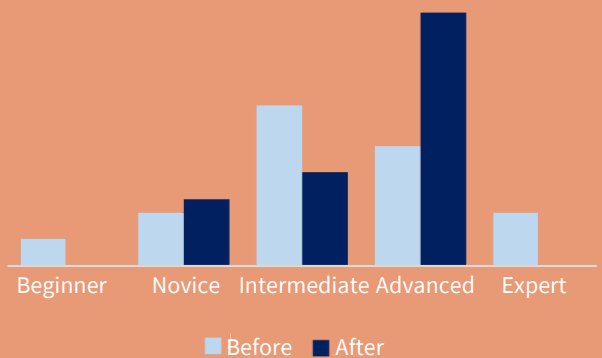
'We can and should make sure we're reaching young gbMSM. We have lives to save and work to do.'

Learning Outcomes

Overall, in all measured indicators of knowledge, participants shifted towards a more advanced understanding of gay men's health, HPV, and HPV vaccination.

Even though there was an overall shift towards "advanced", there was a decrease in "expert" level knowledge in the HPV vaccination guidelines for gbMSM. This may indicate that the symposium has allowed the audience to reevaluate their knowledge and provide novel information to those who self-perceived themselves as experts.

How would you rate your knowledge of HPV vaccination guidelines for gbMSM?



Acknowledgements & Thanks

We would like to express our gratitude towards Francisco Ibáñez-Carrasco for moderating the symposium, to all presenters and panelists for participating, to the [Investigaytors](#) for facilitating breakout sessions, and to the [Ontario HIV Treatment Network](#) for filming and producing videos of the day. We would like to thank the Canadian Institutes of Health Research for funding this opportunity.

Lastly, we would like to acknowledge the efforts of the ESTIMATE lab for logistical support of the symposium.