March 5, 2014

DELIVERED VIA E-MAIL

The Honourable Deb Matthews
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON  M7A 2C4

Dear Minister Matthews:

Re: Human Papillomavirus (HPV)

Human Papillomavirus (HPV) is a commonly diagnosed sexually transmitted disease (STI). Approximately 550,000 Canadians are infected with HPV annually and three out of every four Canadians will have at least one HPV infection in their lifetime. HPV infection has been etiologically linked with condyloma acuminatum (genital warts); squamous intraepithelial lesions; and anogenital malignancy including: cervical; vaginal; vulval; penile; and anal carcinoma. It has been suggested by recent studies that as many as 70 to 80 percent of oropharyngeal cancers are attributable to HPV.

Diagnosing and treating HPV-related infections cost the Canadian health care system more than $300 million annually and this is not including treatment of other urogenital and head and neck cancers and noncancerous lesions associated with HPV exposure.

Wellington-Dufferin-Guelph Public Health (WDGPH) has been a strong advocate for HPV immunization as a strategy to decrease HPV-related infections in the population. Participation in current publicly-funded HPV vaccine program for grade 8 females has continued to grow in the Wellington-Dufferin-Guelph area.

In order to maximize the population health benefits of the HPV vaccine, WDGPH Board of Health recognizes that vaccine coverage needs to be expanded beyond the currently funded cohort of grade 8 girls. With the aim of decreasing population infection with HPV and thus decreasing incidence and treatment of HPV attributable malignancies and noncancerous lesions, WDGPH urges the Ministry of Health and Long-term Care to consider the following to maximize the efficiency and coverage of the current HPV program:

1. Expansion of the publicly-funded HPV vaccination program to include school age males;
2. Align all school age vaccines to grade 7 to improve vaccine delivery efficiency;
3. Expand the HPV catch-up program for females in grade 9-12 to include females up to age 26;
4. Publicly fund the HPV vaccine for men who have sex with men, especially those with HIV; and
5. Provide a catch-up HPV vaccination program for males in grades 9-12.

Currently, the HPV vaccine is cost-prohibitive for many individuals in our society. The expansion of the HPV program would provide immunization coverage to many more individuals, including those at high-risk, protecting them from infection and for some preventing significant anogenital and head and neck malignancies.

Thank you for your timely consideration of this matter.

Sincerely,

[Signature]

Amanda Rayburn
Chair, Board of Health
Wellington-Dufferin-Guelph Public Health

cc: Randy Pettapiece, MPP – via e-mail
Honourable Liz Sandals, MPP, Minister of Education – via e-mail
Ted Arnott, MPP – via e-mail
Sylvia Jones, MPP – via e-mail
Ontario Public Health Units – via e-mail
Dr. Nicola Mercer, MOH & CEO, WDGPH – via e-mail