

LETTERS

Vaccinations against human papillomavirus missed because of COVID-19 may lead to a rise in preventable cervical cancer

As a result of the COVID-19 pandemic and the subsequent disruptions to in-person classes, school-based vaccination programs against human papillomavirus (HPV), hepatitis B and meningococcal meningitis were cancelled across the country. Although there have been catch-up vaccination clinics in Canada, uptake is low. These clinics rely on personal initiative and knowledge of their existence; thus, they perpetuate vaccination disparities that the school-based programs initially set out to break down.¹ There is currently no plan in place in most jurisdictions for a widespread vaccination program of students who were in grade 7 in 2019/2020 and 2020/2021.

In country-wide, registry-based studies of > 1 million participants, the HPV vaccine has been shown to be extremely effective in reducing the prevalence of cervical cancer.^{2,3} An increased incidence of cervical cancer in future years as a consequence of the COVID-19 pandemic would be devastating. Canadian provinces urgently need to arrange catch-up HPV vaccination programs for cohorts of students who have missed receiving their vaccines in school.

Adequate catch-up vaccination is unlikely to happen without a coordinated, school-based approach. School-based, publicly funded vaccination programs have been associated with a substantial increase in uptake of HPV vaccines in Canada, with individuals who have access to school-based programs 3.73 times more likely to get vaccinated.⁴ In addition,

school-based vaccination programs allow for more equitable vaccine uptake among those living in low-income neighbourhoods.⁵ This is especially important given the well-established increased burden of cervical cancer and reduced cervical cancer screening in low-income communities.^{5,6} Furthermore, students lose eligibility for free HPV vaccination once they graduate from high school. This can mean up to \$500 in out-of-pocket costs for unvaccinated high school graduates seeking a 3-dose vaccine series, serving as an additional barrier to vaccination.^{4,7}

Ideally, a catch-up vaccination plan should be formalized and should include a clear communication strategy to families, explaining that key vaccinations have been missed, and the implications of this. The plan should include outreach to the parents and health care providers of students who were in grade 7 in 2019/2020 and 2020/2021 to ensure they are aware of the child's current HPV vaccination status.

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