



LATE

February 4, 2015

To: Senator Michelle Kidani, Chair, Committee on Education
Senator Josh Green, Chair, Committee on Health
Members of the Senate Health and Education Committees

Thank you to the Chairs and members of the Committees on Health and Education for the opportunity to offer written testimony regarding human papillomavirus (HPV).

I write to you as the Executive Director of the National Coalition of STD Directors (NCS D), a partnership of public health professionals dedicated to promoting sexual health through the prevention of sexually transmitted diseases (STDs). We are a membership organization representing health department STD directors, their support staff and community-based partners across 50 states, seven large cities and eight US territories. We use the collective knowledge and experience of our members to successfully advocate for STD policies, programs and funding that helps promote and protect the sexual health of every American. We are proud to say that several employees at the Hawaii State Department of Health are NCS D members.

We unequivocally support the use of HPV vaccines and any educational efforts that would expand uptake of the vaccine. Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States. It is so common that nearly all sexually active men and women will get it at some point in their lives.ⁱ About 79 million Americans are currently infected with HPV and approximately 14 million people become newly infected each year.ⁱⁱ Approximately half of those new infections occur among persons aged 15-24 years.ⁱⁱⁱ Moreover, approximately 75 percent of sexually active women will have had an HPV infection by age 50. A recent National Health and Nutrition Examination Survey study estimates that 26.8 percent of women ages 14-59 are infected with HPV.^{iv}

While most infections are asymptomatic and transient, infection with HPV can lead to the development of anogenital cancers (including cervical, vaginal, vulvar, and anal), oropharyngeal cancer, and genital warts. Virtually all cervical cancer cases are the result of HPV and approximately 90 percent of anal cancers, 40 percent of penile, vaginal, and vulvar cancers, 25 percent of oral cavity cancers, and 35 percent of oropharyngeal cancers.^v Approximately 35 percent of all cases of anal cancer and 80 percent of all cases of oropharyngeal cancer are in men.^{vi} Every year, it is estimated that over 12,000 women in the US are diagnosed with cervical cancer, and about 4,000 women will die each year from the disease.^{vii} Cervical cancer is the second leading cancer among women worldwide with 493,243 incident cases and 273,505 deaths annually.^{viii}

In 2005, the direct annual cost of HPV-related disease prevention and treatment was \$4.6 billion nationwide with infections among young women accounting for a majority of the economic

NCS D

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burden.^{ix} There are also substantial direct costs associated with non-cervical disease including the treatment of other cancers and genital warts.^x Furthermore, there are substantial indirect costs associated with premature death and loss of productivity.

HPV vaccines are safe and effective and the first vaccine that can prevent certain cancers. The Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics, Advisory Committee on Immunization Practices, American College of Obstetrics and Gynecology, and American Academy of Family Physicians recommend routine vaccination of females and males between 11 and 12 years old. These groups also recommend vaccination for males and females aged 13 through 26 years who have not been vaccinated previously or who have not completed the three-dose series. For vaccines to be effective, they should be provided prior to exposure to HPV.^{xi} Preteens should receive all three doses of the HPV series before they begin any type of sexual activity and are exposed to HPV. An additional reason for providing it early is that the vaccine produces a higher immune response in preteens than it does in older teens and young women. The FDA recently approved Gardasil 9, an HPV vaccine developed by Merck that protects against nine types of HPV, improving upon the prior vaccine and preventing approximately 90 percent of cervical, vulvar, vaginal, and anal cancers as well as providing protection from two types of HPV that cause approximately 90 percent of genital wart cases.

Just one-third of girls aged 13-17 have been fully vaccinated against HPV despite the fact that the vaccine is included in adolescent vaccination recommendations and the fact that the CDC safety monitoring data indicate that the vaccine is safe.^{xii} According to the CDC, for each year that vaccination coverage levels fail to improve, an additional 4,400 women will develop cervical cancer.^{xiii} In Hawaii only 34.4 percent of females aged 13-17 are fully vaccinated against HPV.^{xiv} Nationwide, over 90 percent of 13 year old girls would have received at least one dose of the HPV vaccine if they had received it at the same time as they received other recommended vaccines.^{xv}

According to the 2012 National Immunization Survey-Teen, parents reported the most common reasons for not vaccinating their children as, the “vaccine is not needed” (19 percent), “doctor did not recommend the vaccine” (14 percent), “concerns about the safety of the vaccine” (13 percent), “didn’t know about the vaccine or the disease” (13 percent), and “daughter is not sexually active and therefore does not need the vaccine” (10 percent).^{xvi} NCSD believes that an effort to educate the parents of middle school aged children about the risks of HPV and the preventative health care provided by the HPV vaccine would eliminate many of these reasons that children are not being vaccinated and ultimately increase the number of children who are receiving the HPV vaccine.

Presently, there are 21 states and DC with laws that either require HPV vaccination for school entry, provide funding towards the cost of the vaccines, or support public education about HPV and the vaccine.^{xvii} HPV vaccination rates significantly increased in four states between 2012 and 2013 (Illinois, Mississippi, New Mexico, and South Carolina) due to a combination of initiatives including: increased public awareness, campaigns by professional and advocacy organizations, peer-to-peer education for physicians, and general health initiatives.^{xviii} The development of accurate, education information on HPV; the connection between HPV and cancers and other diseases; and the availability of the HPV vaccine and its recommended

NCSD

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provision age for the parents and guardians of students in the sixth grade would be a significant step for Hawaii towards combating HPV in the state.

Again, thank you for the opportunity to deliver testimony to your committee. We hope the information provided in this testimony is helpful in your deliberations. We are happy to answer any questions. Feel free to contact our State Policy Team at statepolicy@ncsddc.org or 202-618-4035.

Best regards,



William A. Smith
Executive Director
National Coalition of STD Directors

ⁱ Centers for Disease Control and Prevention. Genital HPV infection - fact sheet. Available at: <http://www.cdc.gov/std/HPV/STDFact-HPV.htm>.

ⁱⁱ Chesson HW, Blandford JM, Gift TL, Tao G, Irwin KL. The estimated direct medical cost of sexually transmitted diseases among American youth, 2000. *Perspectives on Sexual and Reproductive Health*. 2004;36:11-19.

ⁱⁱⁱ Satterwhite CL, Torrone E, Meites E, et al. Sexually transmitted infections among US women and men: prevalence and incidence estimates, 2008. *Sex Transm Dis* 2013;40:187-93.

^{iv} Dunne EF, Unger ER, Sternberg M, et al. Prevalence of HPV infection among females in the united states. *JAMA*. 2007;297:813-819.

^v Bosch FX, Burchell AN, Schiffman M, et al. Epidemiology and natural history of human papillomavirus infections and type-specific implications in cervical neoplasia. *Vaccine*. 2008;26:K1-K16; Watson M, Saraiya M, Ahmed F, et al. Using population-based cancer registry data to assess the burden of human papillomavirus-associated cancers in the United States: Overview of methods. *Cancer*. 2008;113:2841-2854.

^{vi} Centers for Disease Control and Prevention. Genital HPV infection - fact sheet. Available at: <http://www.cdc.gov/std/HPV/STDFact-HPV.htm>.

^{vii} American Cancer Society. What are the key statistics about cervical cancer? 2014.

<http://www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-key-statistics>

^{viii} WHO/ICO Information Centre on Human Papilloma Virus and Cervical Cancer. Available at: <http://www.who.int/hpvcentre/statistics/dynamic/ico/DataQuerySelect.cfm>. Accessed 3/22/2009.

^{ix} Fleurence RL, Dixon JM, Milanova TF, Beusterien KM. Review of the economic and quality-of-life burden of cervical human papillomavirus disease. *American Journal of Obstetrics and Gynecology*. 2007;196:206-212; Chesson HW, Blandford JM, Gift TL, Tao G, Irwin KL. The estimated direct medical cost of sexually transmitted diseases among American youth, 2000. *Perspectives on Sexual and Reproductive Health*. 2004;36:11-19.

^x Alam M, Stiller M. Direct medical costs for surgical and medical treatment of condylomata acuminata. *Arch Dermatol*. 2001;137:337-341; Mayeaux EJ, Jr. Reducing the economic burden of HPV-related diseases. *J Am Osteopath Assoc*. 2008;108:S2-7.

^{xi} Centers for Disease Control and Prevention. HPV Vaccine—Questions and Answers. Available at: <http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.ht>

^{xv} Centers for Disease Control and Prevention. HPV Vaccine—Questions and Answers. Available at:
<http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm>

^{xv} National Institute for Health Care Management. Missed Opportunities to Prevent Cervical Cancer: Strategies to Increase HPV Vaccination. March 2014. Available at:
http://www.nihcm.org/pdf/HPV_Vaccination_Fact_Sheet_2014.pdf

^{xv} Centers for Disease Control and Prevention. “Human Papillomavirus Vaccination Coverage Among Adolescent Girls.” 2007-2012, and “Postlicensure Vaccine Safety Monitoring.” 2006-2013. Morbidity and Mortality Weekly Report, July 26, 2013. 62(29);591-595.^{xvi} Centers for Disease Control and Prevention, Teen Vaccination Coverage, 2013 National Immunization Survey—Teen (NIS- Teen). Available at:
<http://www.cdc.gov/vaccines/who/teens/vaccination-coverage.html>

^{xvii} Kaiser Family Foundation. The HPV Vaccine: Access and Use in the US, Jan. 26, 2015. Available at:
<http://kff.org/womens-health-policy/fact-sheet/the-hpv-vaccine-access-and-use-in/>

^{xviii} Kaiser Family Foundation. The HPV Vaccine: Access and Use in the US, Jan. 26, 2015. Available at:
<http://kff.org/womens-health-policy/fact-sheet/the-hpv-vaccine-access-and-use-in/>

LATE

To: Hawaii State Senate Committees on Education and Health

Hearing Date/Time: Wednesday, February 4, 2015, 1:15 p.m.

Place: Hawaii State Capitol, Rm. 229

Re: Testimony in support of S.B. 394



healthy
mothers
healthy
babies
COALITION
OF HAWAII

Dear Chairs Kidani and Green and Members of the Committees on Education and Health,

Healthy Mothers Healthy Babies Coalition of Hawaii (“HMHB”) writes in support of S.B. 394, which seeks to require public schools to annually provide all incoming 6th grade students with information about human papillomavirus (“HPV”) and the availability of HPV vaccines to prevent cervical and other cancers and diseases.

HMHB is dedicated to helping Hawaii’s women access high quality, affordable and confidential sexual and reproductive health care and education. Our goal is to prevent HPV infection and related cancers in Hawaii by increasing the number of young people who are vaccinated against HPV, reducing cervical and other cancer rates by ensuring that parents and youth are given factual information from a trusted source about the vaccine.

HPV vaccine is cancer prevention. HPV is safe and effective. HPV is a regular pre-teen vaccine. The Advisory Committee on Immunization Practices recommends routine vaccinations for all youth between the ages of 11 and 12 (a series of three shots over the course of six months). Yet, too few adolescents in Hawaii are receiving HPV vaccines, which results in more cases of HPV and cervical and other cancers and diseases. According to the Centers for Disease Control and Prevention, HPV infects approximately 79 million people in the United States with 14 million new cases each year. HPV is so common that nearly all sexually-active men and women will get at least one type of HPV at some point in their lives. There is no cure for HPV, only treatment for related health problems.

Cervical cancer is the second leading cancer killer of women worldwide. In the United States, nearly 10,000 women are diagnosed with cervical cancer each year and 3700 women die. Since almost 70% of cervical cancer cases are linked to four strains of HPV that are protected through the two FDA-approved vaccines on the market (Merck’s Gardasil and GlaxoSmithKline’s Cervarix), increased utilization of the HPV vaccine would greatly reduce our current cervical cancer rates.

In Hawaii, 55-64% of adolescent girls 13-17 years in Hawaii are covered with one or more doses of the HPV vaccine (National Center for Immunizations and Respiratory Diseases, Immunization Services Division, June 11, 2014). We can do better to protect their health.

With the Affordable Care Act, most private health insurance plans cover the HPV vaccine with no out-of-pocket costs. Although at least 25 states have enacted legislation to either require, fund or educate the public about the HPV vaccine, Hawaii is not one of them.

While this bill does not require youth to be vaccinated, it does at least ensure that parents receive factual information about HPV and the vaccines from a trusted source, our public schools. Until all youth are regularly and routinely vaccinated, HMHB will continue to work with our community health partners to educate parents and youth, increase access to and utilization of the HPV vaccine and prevent the spread the HPV and related cancers and other diseases.

Thank you for this opportunity to testify in support of S.B. 394.

Sincerely,

Lisa Kimura
Executive Director

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(808) 737-5805 lisak@hmhb-hawaii.org www.hmhb-hawaii.org

GAY LESBIAN BISEXUAL AND TRANSGENDER CAUCUS



DEMOCRATIC PARTY OF HAWAII

COMMITTEE ON EDUCATION

Senator Michelle N. Kidani, Chair
Senator Breene Harimoto, Vice Chair

COMMITTEE ON HEALTH

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

DATE / TIME: Wednesday, February 4, 2015; 1:15pm
PLACE: Conference Room 229, State Capitol

In support of S.B. 394 RELATING TO HEALTH.

Requires public schools to annually provide information about HPV, and the availability of vaccines to parents or guardians of students entering sixth grade.

The Gay, Lesbian, Bisexual and Transgender Caucus of the Democratic Party of Hawaii supports S.B. 394, which requires public schools to annually provide information to all incoming 6th grade students about human papillomavirus ("HPV") and the availability of HPV vaccines.

According to the Centers for Disease Control and Prevention, nearly all sexually-active people will get at least one type of HPV. Cervical cancer is the second-leading fatal cancer for women worldwide. In the U.S., nearly 10,000 women are diagnosed with each year; 3,700 women die annually. There is no cure, only treatment!

Almost 70% of cervical cancer cases are linked to four strains of HPV that are protected through two FDA-approved vaccines. The Advisory Committee on Immunization Practices recommends routine vaccinations (a series of 3 shots over the course of 6 months) for all youth ages of 11-12. At least 25 states have enacted legislation to require, fund or educate the public about the HPV vaccine. In Hawaii, only 55-64% of adolescent girls in Hawaii are covered with one or more doses of the HPV vaccine. **No child should be at risk of getting a cancer if there is a vaccine to prevent it.**

In 2009, the state convened a working group to assess whether to require cervical cancer vaccinations. The group did not recommend requiring the HPV vaccine, because of barriers, such as, inconsistent health insurance coverage, the high cost of the vaccine, inequality of access and the substantial administrative burden. In the last five years, these barriers have been reduced or eliminated. With the Affordable Care Act, most private health insurance plans cover the HPV vaccine.

While this bill does not require vaccination, it ensures that parents receive information about HPV and the related vaccines.

Those who object to the HPV vaccination often do so based on fears that it will encourage adolescent sexual activity. Given the high incidence of date rape, sexual assault on college campuses, rape in the armed services, etc., parental objection based on moral grounds is misplaced. A parent cannot assume that their child's sexual activity will be consensual. HPV does not strike only those engaged in consensual sex. It strikes those engaged in sex – *consensual or not!* **Our children deserve the right to mature to adulthood without getting a fatal cancer that can be avoided!**

Thank you for this opportunity to testify in support of S.B. 394.

Jo-Ann M. Adams, Legislative Liaison
Gay, Lesbian, Bisexual and Transgender Caucus
Democratic Party of Hawaii

LATE

From: mailinglist@capitol.hawaii.gov
To: [EDU Testimony](#)
Cc:
Subject: Submitted testimony for SB394 on Feb 4, 2015 13:15PM
Date: Tuesday, February 03, 2015 10:31:44 PM

SB394

Submitted on: 2/3/2015

Testimony for EDU/HTH on Feb 4, 2015 13:15PM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| Melinda Wood | Individual | Support | No |

Comments: I strongly support this bill as helpful tool in protecting the health of Hawaii's young people. The HPV vaccine prevents the most common strains of the virus that cause cervical cancer. In spite of fear-mongering by a select few, there is no evidence that getting the HPV vaccine increases sexual activity among youth nor is it linked to any long-term side effects. Please let the science speak for itself and rational minds vote to support this bill.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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