

10:30 – 11:30 am
Saturday, April 30

Concurrent Workshops

Immunizations

Joanne Embree, MD

Immunization breakout groups:

Questions to discuss:

- 1) Two HPV vaccines have been developed. One is a bivalent vaccine directed against the two subtypes that are associated with between 70-80% of cervical cancers. The second is directed against 4 HPV subtypes including the same two that are included in the first vaccine as well as the two most common subtypes associated with genital warts. Both have been shown to significantly reduce the risk of acquisition of the target HPV subtypes among uninfected women and men. Early studies show that the vaccines reduce the percentage of women who have early premalignant cervical changes. These studies are short term follow-up studies; final results of long term studies looking at the effectiveness against invasive cervical cancer are expected in ten – fifteen years.

When these vaccines become licensed, should they be made part of the routine immunization schedule for First Nations/Inuit children or adolescents? If so, who should receive these vaccines? At what age? Which vaccine would be preferable? Which vaccine would be more accepted?

- 2) Acellular pertussis vaccines that include booster protection against tetanus and diphtheria and designed for use among adolescents and adults have become available. Should they be made part of the routine immunization schedule for First Nations/Inuit adolescents and/or adults? If so, what would be the goal of their use? How should these vaccines be given – only as part of a routine immunization schedule or also given as part of emergency tetanus booster after at risk cuts and injuries?
- 3) BCG is still recommended for infants and children who reside in areas of high TB prevalence as they are at risk of disseminated TB if they become infected. However, this vaccine's effectiveness is questioned. There have been documented deaths due to disseminated BCG infection among children who developed symptomatic severe immune deficiencies (congenital and acquired) in early infancy. What should be the recommendations regarding the continued use of this vaccine?