



SECONDS TO DISCUSS HPV VACCINATION

IT TAKES 9 SECONDS TO SAY:

"I recommend we vaccinate today to help prevent HPV-related cancers and diseases associated with the HPV types included in the vaccine."¹

Who can you talk to about HPV vaccination?

Eligible patients aged 9 through 45 who:¹

☐

are sexually active

☐

have had a change in sexual partner

☐

have had HPV in the past

☐

are there for travel vaccines or other routine immunization discussions^{*†}

☐

have had a previous infection with an STI

☐

are there for an STI check

☐

are there for a colposcopy

☐

are there for a contraception prescription or renewal

☐

are there for a Pap test or have had a previous abnormal Pap test

HPV vaccination: A step toward HPV-related cancer prevention.
GARDASIL[®]9 does not protect against diseases caused by HPV types not contained in the vaccine.

GARDASIL[®]9 is a vaccine indicated for individuals 9 through 45 years of age for the prevention of infection caused by the human papillomavirus (HPV) types 6, 11, 16, 18, 31, 33, 45, 52 and 58 and the following diseases associated with the HPV types included in the vaccine: oropharyngeal and other head and neck cancers caused by HPV types 16, 18, 31, 33, 45, 52, and 58. GARDASIL[®]9 has been issued market authorization **with conditions**, pending the results of trials to verify its clinical benefit. Patients should be advised of the nature of the authorization.

For further information for GARDASIL[®]9 please refer to Health Canada's Notice of Compliance with conditions drug products website:
<https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/notice-compliance/conditions.html>.

GARDASIL[®]9 is also indicated for individuals 9 through 45 years of age for the prevention of infection caused by the human papillomavirus (HPV) types 6, 11, 16, 18, 31, 33, 45, 52 and 58 and the following diseases associated with the HPV types included in the vaccine: cervical, vulvar, vaginal and anal cancer caused by HPV types 16, 18, 31, 33, 45, 52, and 58; genital warts (condyloma acuminata) caused by HPV types 6 and 11; and the following precancerous or dysplastic lesions caused by HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58: cervical adenocarcinoma in situ (AIS); cervical intraepithelial neoplasia (CIN) grade 2 and grade 3; cervical intraepithelial neoplasia (CIN) grade 1; vulvar intraepithelial neoplasia (VIN) grade 2 and grade 3; vaginal intraepithelial neoplasia (VaIN) grade 2 and grade 3; anal intraepithelial neoplasia (AIN) grades 1, 2, and 3.

As for any vaccine, vaccination with GARDASIL[®]9 may not result in protection in all vaccine recipients. This vaccine is not intended to be used for treatment of active external genital lesions; cervical, vulvar, vaginal, anal, oropharyngeal and other head and neck cancers; CIN, VIN, VaIN, or AIN. GARDASIL[®]9 will not protect against diseases that are not caused by HPV.¹

The effectiveness of GARDASIL[®]9 against oropharyngeal and other head and neck cancers caused by HPV types 16, 18, 31, 33, 45, 52 and 58, is based on the effectiveness of GARDASIL[®]9 and GARDASIL[®]9 to prevent persistent infection and anogenital disease caused by HPV types covered by the vaccine.

HPV=human papillomavirus; STI=sexually transmitted infection.

^{*}Information for concomitant use of GARDASIL[®]9 with travel immunization is not available.

[†]Refer to the Product Monograph for complete information on dosing, administration and concomitant administration of GARDASIL[®]9 with other vaccines.

[‡] GARDASIL[®]9 is no longer available/marketed in Canada.

GARDASIL[®]9
[Human Papillomavirus
9-valent Vaccine, Recombinant]

Did you know these 9 facts about HPV?

1. An estimated **75% of sexually active Canadians** will have **at least one HPV infection** during their lifetime.²
2. In 2012, **oropharyngeal cancer was the most common HPV-related cancer** in Canada (1,335 cases of oropharyngeal cancer, followed by 1,300 cases of cervical cancer and 475 cases of anal cancer).³
3. HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58 **cause approximately 95% of oropharyngeal cancers**.¹ In 2012, it was reported that the incidence of HPV-related oropharyngeal cancer was at least **4.5X higher in males than females** (n=1335; 6.4 cases/100,000 in men).^{4*}
4. Cervical cancer is the **3rd most common cancer** among Canadian women 20–40 years of age.¹
5. Persistent infection with oncogenic HPV types is responsible for **almost all cases of invasive cervical cancer** in Canada.¹
6. Persistent infection with oncogenic HPV types causes approximately, 25% of vulvar, 74% vaginal, 80–90% of anal cancer cases, and HPV types 6 and 11 cause 90% of genital warts.¹
7. HPV vaccination is **recommended by the NACI and PIQ**.^{5,6,†‡}
8. A patient survey found that vaccine cost or lack of private insurance was a **barrier for only two-in-ten patients** [survey takers: vaccinated women (n=337), unvaccinated women (n=802), and men (n=200); 20% of women (n=227/1139) and 18% of men (n=36/200) said cost was a reason not to get vaccinated against HPV].^{7§}
9. A 2017 PHAC statement suggests that the **best way to help prevent HPV is by getting vaccinated**.^{2§}

Please consult the GARDASIL®9 Product Monograph at https://www.merck.ca/static/pdf/GARDASIL_9-PM_E.pdf for important information relating to contraindications, warnings, precautions, adverse reactions, drug interactions, dosing and conditions of clinical use. The Product Monograph is also available by calling 1-800-567-2594.

HPV=human papillomavirus; NACI=National Advisory Committee on Immunization; PHAC=Public Health Agency of Canada; PIQ=Protocole d'immunisation du Québec.

* For HPV types 6, 11, 16, and 18-related, persistent infection, CIN (any grade), or external genital lesions, efficacy in men 27–45 was inferred from efficacy data in women 24–45. For HPV types 6 and 11 in boys and men who were PCR negative and seronegative at baseline, efficacy against penile/perineal/perianal intraepithelial neoplasia grades 1/2/3 penile/perineal/perianal cancer was not demonstrated.¹

† GARDASIL®9 is indicated for use in individuals 9 through 45 years of age.¹

‡ Refer to the NACI and PIQ for complete recommendations.

§ An online survey was completed with vaccinated women (n=337), unvaccinated women (n=802) and men (n=200) between May 7th and June 2nd, 2016 using Leger's online panel, LegerWeb. A probability sample of the same size would yield a margin of error of +/-2.7%, 19 times out of 20. The main research objective was to explore the level of HPV awareness among the general population in Canada, specifically among adult women aged 18–45 and young men 18–26. It was demonstrated in the survey that the lack of physician discussion was one reason reported for not getting vaccinated against HPV [39% of unvaccinated women (n=313/802); 30% of men (n=60/200)].⁷

References: 1. GARDASIL®9 Product Monograph. Merck Canada Inc. May 17, 2024. 2. Public Health Agency of Canada. Ministerial Message for Human Papillomavirus (HPV) Prevention Week. October 1–7, 2017. Available at: https://www.canada.ca/en/public-health/news/2017/10/ministerial_messageforhumanpapillomavirus 3. Canadian Cancer Society, Statistics Canada, Public Health Agency of Canada, Provincial/Territorial Cancer Registries. Canadian Cancer Statistics, 2016. Special topic: HPV-associated cancers. Available upon request at: stats@cancer.ca. Last accessed November 8, 2022. 4. Office of the Chief Dental Officer of Canada. Human papillomavirus and oral health. *Can Commun Dis Rep*. 2020;46(11/12):380–3. <https://doi.org/10.14745/ccdr.v46i1112a03> 5. An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI): Updated Recommendations on Human Papillomavirus (HPV) Vaccines: 9-valent HPV vaccine and clarification of minimum intervals between doses in the HPV immunization schedule. April 2017. Available at: <https://www.canada.ca/en/public-health/services/publications/healthy-living/9-valent-hpv-vaccine-clarification-minimum-intervals-between-doses-in-hpv-immunization-schedule.html>. Last accessed September 26, 2022. 6. Protocole d'immunisation du Québec (PIQ). Vaccins. VPH : vaccin contre les virus du papillome humain. June 7, 2024. Available at: <https://www.msss.gouv.qc.ca/professionnels/vaccination/piq-vaccins/vph-vaccin-contre-les-virus-du-papillome-humain/>. Last accessed June 18, 2024. 7. Data on File. Leger Market Research 2016.


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