

Field Guide

HPV Risk and Crisis Management

About This Guide

HPV Risk and Crisis Management

The purpose of this guide is to provide the necessary guidance to implement proactive communication approaches and interventions before and after a new HPV vaccination program is introduced to a region or country, as well as guidance when an HPV vaccine-related crisis occurs. It is meant to support the development of a demand promotion plan addressing different stakeholders that are trusted by the public, such as government ministries, media members, or social influencers.

When a new immunization plan is introduced at the national or local level, there is a high chance that the public will express concerns. This is especially true if the vaccine being introduced is new and unfamiliar to those who are receiving it, and, even more so, if an adverse event occurs after the introduction.

The HPV vaccine is different from all previous vaccines introduced because it is for girls of a specific age group (even though boys are included in some countries). The vaccine targets a sexually transmitted disease that causes cancer. In this context, it's important to have a robust risk and crisis management plan in place to guide interventions and actions in a timely and effective manner.

Preparation is the key to effective risk and crisis management. This means that you and your organization should have a plan in place to respond to vaccine safety issues (VSI) and understand the potential risks involved in the introduction of a new vaccine. You must also understand the best ways to communicate with members of the public about the risks involved in vaccination and about any VSI that occur due to the HPV vaccine. This guide will assist you in developing a plan for both risk communication and crisis management.

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These field guides have been developed to support country teams and partners in their HPV communication planning, rollout and monitoring. These guides are available online/offline for use and adaptation in line with local context and requirements.

To access and download the HPV Communication Field Guides, other related resources and examples, please visit <http://globalhpv.com/>

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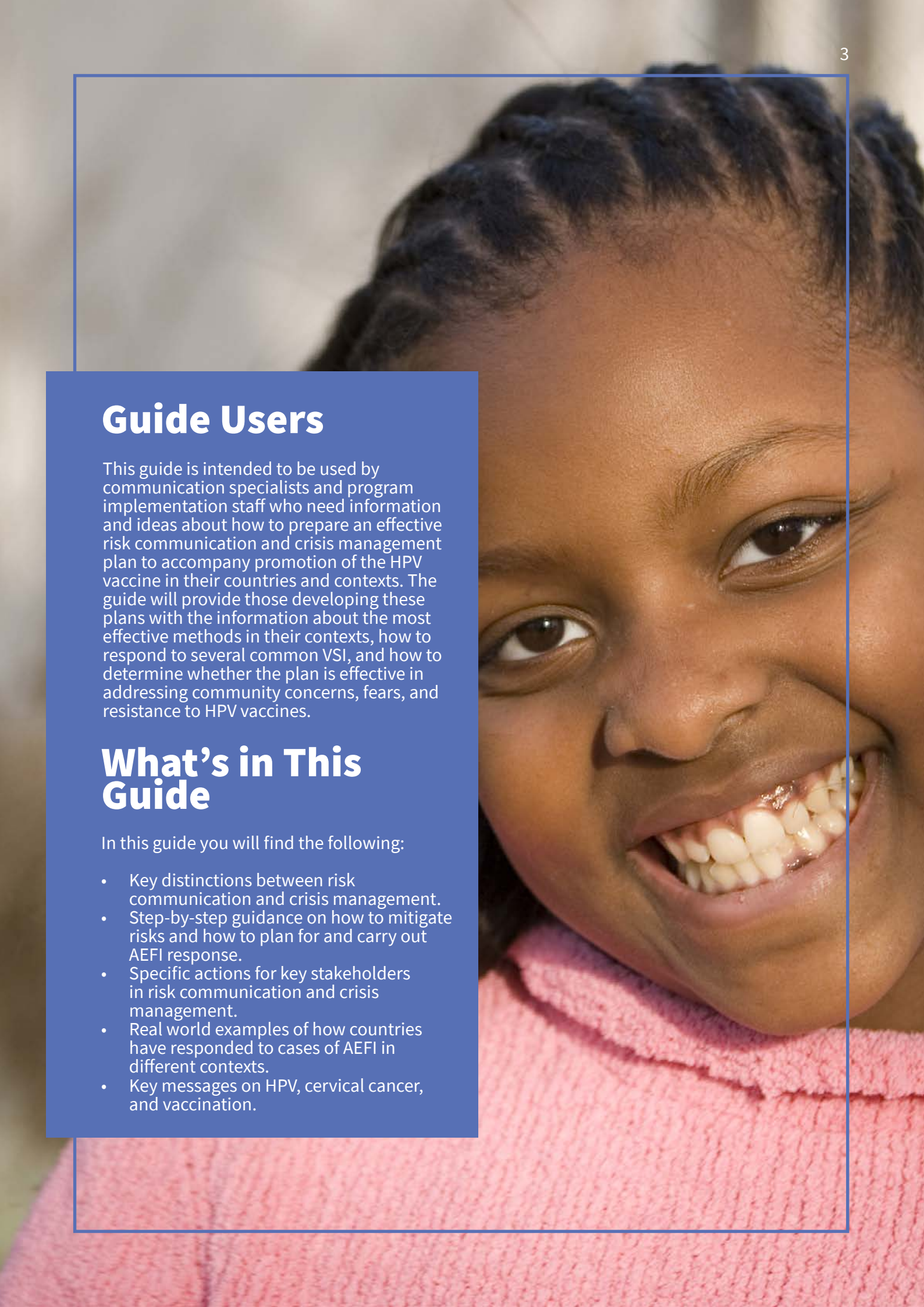
Guide Users

This guide is intended to be used by communication specialists and program implementation staff who need information and ideas about how to prepare an effective risk communication and crisis management plan to accompany promotion of the HPV vaccine in their countries and contexts. The guide will provide those developing these plans with the information about the most effective methods in their contexts, how to respond to several common VSI, and how to determine whether the plan is effective in addressing community concerns, fears, and resistance to HPV vaccines.

What's in This Guide

In this guide you will find the following:

- Key distinctions between risk communication and crisis management.
- Step-by-step guidance on how to mitigate risks and how to plan for and carry out AEFI response.
- Specific actions for key stakeholders in risk communication and crisis management.
- Real world examples of how countries have responded to cases of AEFI in different contexts.
- Key messages on HPV, cervical cancer, and vaccination.

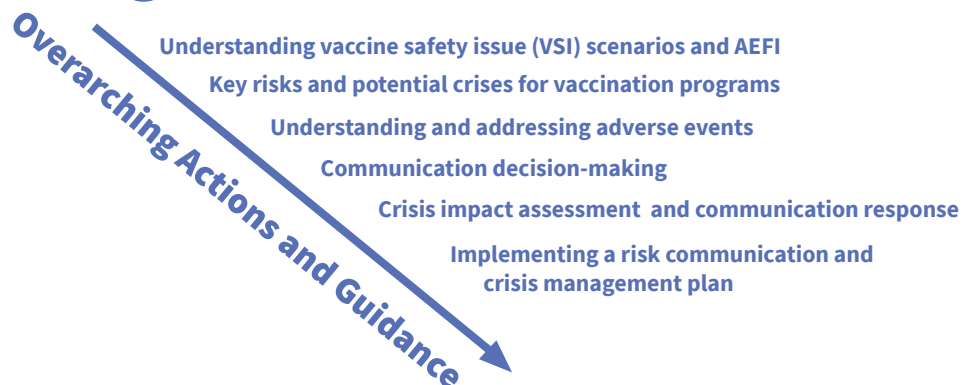


What Is Risk Communication and Crisis Management and Why Is It Important?

Risk communication and crisis management refer to two distinct types of communication which are both connected to events related to HPV vaccination. Risk communication is the process of communicating with audiences to prevent potential vaccine concerns or scares becoming vaccine crises. No medical procedure, even one as simple as vaccination, is without some element of risk. However, it is clear that the benefits of vaccination far outweigh any risks involved. Risk communication is intended to increase understanding of these risks and benefits among those seeking the vaccine, or address concerns of groups that may oppose the vaccine for religious, cultural, or other reasons. This communication is intended to change people's perceptions of the risk involved in receiving the vaccine and contribute to the likelihood that people will seek the HPV vaccination.

Crisis management refers to practices that are undertaken after vaccination in the event that an AEFI occurs. The major difference between "risk" and "crisis" is timing, where risk is anticipatory and seeks to proactively prepare for potential negative events, and crisis is intended to mitigate the effects of negative events. Crisis management, separate from risk communication, is a communication approach that addresses negative events after they have occurred. While we might think of risk communication as increasing people's understanding of the risks and benefits of vaccines as well as risks and severity of diseases, crisis management is intended to maintain or rebuild trust among the public after a negative event has occurred. Having in place a crisis management plan before an event happens is key to ensuring that the event is promptly and effectively addressed. It is also critical for maintaining public confidence in the HPV vaccine and its administration.

Overarching Actions and Guidance



Overarching Actions and Guidance

Before you develop a risk communication and crisis management plan, it's important to understand some of the potential issues that may arise during a vaccination program.



Understanding vaccine safety issue (VSI) scenarios and AEFI

There are six types of vaccine safety issues (VSI) that can negatively affect a vaccination program:

- An adverse effect following immunization (AEFI)—a medical incident that takes place after administration of a vaccine and is believed to be caused by the vaccine or immunization process.
- A new study or experimental data related to vaccines or immunization.
- A report in the media or a local rumour about vaccines.
- The temporary suspension of a vaccine.
- A vaccine recall.
- The replacement of a vaccine.

VSI fall into three categories: real (medical, research-based), perceived AEFI (coincidental event), and due to influence (reports from the media, rumours, and false information on the social media and internet, including those from anti-vaccination websites). AEFI refers to unwanted events or reactions that are observed following immunization. If this occurs, it is important that communication specialists have a plan in place and prepositioning for how to address it. AEFI can range from non-serious events, such as redness of the skin around the injection site or low-grade fever, to rare serious events. Other VSIs may have causes that are not vaccine-related but become associated with the vaccine due to misunderstandings among those who have received it. While the risk of AEFI is very small, it is always possible that an individual receiving the HPV vaccine will experience an AEFI, either due to a problem with the vaccine itself or, more likely, with its administration or handling. There is also the possibility that individuals or groups opposed to the HPV vaccine, or vaccination in general, may spread rumours about VSIs or other effects of the vaccine that should be addressed.

Even though risk communication and crisis management are different approaches,

which also require distinct actions, they are related, and the actions required for each approach often overlap. The most important issue when dealing with risk communication and crisis management is being able to anticipate potential risks, concerns, attitudes, and adverse events and putting in place structures and protocols that can be activated quickly when the need arises.



Key risks and potential crises for vaccination programs

It is important to be proactive when it comes to the potential risks involved in the introduction of a new vaccine. Some of the communication-related risks you might encounter when trying to introduce a new HPV immunization plan are as follows:

- **Rumours** – These are easily spread and are often wrong, so it is important to become familiar with the misconceptions and rumours of your area related to HPV vaccination, so you can address them directly and correct them when needed.
- **Gender** – Many may ask why it is that only girls should receive the vaccine. While boys can also be infected with the HPV, you should explain that only girls have the risk of developing cervical cancer.
- **Before onset of sexual activity** – Because young girls are the primary receivers of the vaccine, parents might make a connection between the vaccine and sexual activity; they might even go as far as to believe that the vaccine encourages sexual activity. Make sure to clarify that there is no connection between HPV vaccination and sexual activity and shift their focus towards cervical cancer prevention and the need to provide the vaccine well in advance of sexual activity.
- **Age cohorts** – Some parents will not understand why 9 to 14-year-old girls need to be vaccinated, while others may be confused as to why a second dose is needed. Explain that girls 9-14 years old require 2 doses that are spaced 6

months apart to attain the required protection against HPV. It is important that vaccinators, parents, and teachers understand these two key points. Any capacity building activities done ahead of time should include evaluation of people's understanding and retention of these points.

- **Trust** – Inform parents, teachers, and vaccinators that the vaccine has been fully tested and approved by trustworthy global health organizations and is currently being used in countries all over the world (be sure to provide updated statistics on the number of people who have been vaccinated).

Remember, participant audiences such as media members, government officials, and frontline field workers are extremely important when promoting an effective communication plan and for maintaining the public trust in the existing immunization system, so it is up to you to make sure they know the benefits and potential risks of the HPV vaccine and become a trustworthy source of information to the community.



Understanding and addressing adverse events

Anticipating what kind of adverse event might occur when introducing the vaccine against cervical cancer is essential for addressing the spread of panic and mistrust that might follow. Adverse events following immunization can be classified into five categories.

Vaccine Reaction:

An event caused or precipitated by the vaccine when given correctly and caused by inherent properties of the vaccine. This vaccine is known to cause soreness around the injection site that may last for a day or two.

Vaccine Quality:

An event that is caused by a vaccine that has one or more quality defects including its administration device as provided by the manufacturer, which rarely happens.

Program Error:

An event caused by an error in vaccine preparation, handling, or administration.

Coincidental:

An event that happens after immunization but is not necessarily caused by the vaccine; it could be a different disease, or unrelated accident or tragedy.

Injection Reaction:

An event occurring due to anxiety or pain from the injection itself rather than the vaccine. All girls receiving the HPV vaccine should be advised to wait for 15 minutes after receiving the injection.

There are a variety of strategies that the EPI program and the Communication and Social Mobilization committee can employ to minimize these events, prevent them completely, or manage them before and after they occur.



Communication decision-making

When immunization and communication managers become aware of a VSI they must decide whether or not to communicate this information. Informing the public appropriately may boost confidence in the system but telling the wider public about a problem that is not immediately relevant to the program may cause alarm.

The need for proactive communication increases as the potential impact on the vaccination program, and public trust in the program, increases.

When judging the potential impact of a VSI, the main criterion is whether the event will attract public attention and thus affect the public's trust in the vaccination program. The first step is to identify what has happened. This information is key to understanding whether the event has a low, medium, or high impact and will influence the decision to act immediately or wait for further developments.

VSI that have low impact are those which are a) not serious or b) serious but not relevant to the public (e.g., in another country with a vaccine not used in the program).

VSI which have medium impact include:

- a) a serious reaction in the country;
- b) a serious reaction with some relevance to public (e.g., in another country with a vaccine used in the program);

c) an event that draws media attention; or
d) a reaction among children, teenagers, or pregnant women.

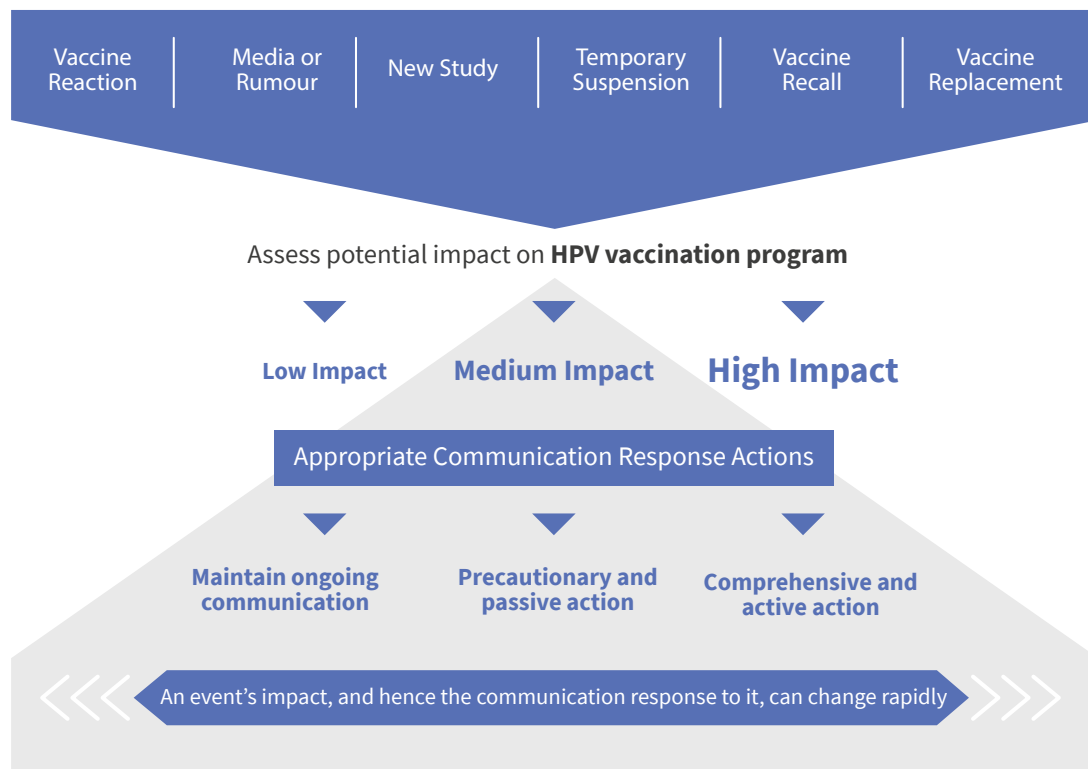
VSI which have high impact include:

- a) actual media attention;
- b) serious reaction(s) with unknown cause;
- c) a reaction that is dreaded, memorable, or dramatic;
- d) a serious reaction during a mass campaign; or
- e) serious reactions with a new vaccine.

The decision about how to communicate will depend on which category the VSI falls in. Category 1, the recommendation is to maintain your regular, ongoing communication around the program. For category 2 events, you should take some precautionary steps such as holding press conferences and making vaccine-related announcements to inform the public and address concerns. You should also review your crisis communication plan and prepare messages around the potential crisis. For category 3 events, you should put into motion your crisis communication plan in which your preplanned communication strategies are enacted.



Crisis impact assessment and communication response



Two additional principles to be taken into account during decision-making for communication action are listed below:

If in doubt, communicate. From a public trust standpoint, it is far better to err on the side of too much communication than too little.

Do not delay in deciding and implementing the communication strategy. Events unfold quickly and the situation can change. Be flexible and ready to take action if events that initially seem to have low impact on the vaccine program suddenly escalate to high impact.

In situations of uncertainty and anxiety, it is easier for rumours to spread, especially if the correct information about vaccine risk and side effects isn't readily available. In such cases, it becomes more difficult to counteract rumours and misinformation compared to a normal situation where the correct information is readily available to community members.



Implementing a risk communication and crisis management plan

Risk communication and crisis management presently require a higher level of engagement and dialogue with members of the public than in previous decades. In the past, communication professionals often simply provided information to the public through declarations; later responses included evidence to support declarations. Now, the public expects communication professionals to engage in dialogue with them. Although this dialogue may seem challenging and time-consuming to implement, it has the potential to lead to significantly better outcomes for all involved. However, for it to do so requires that you lay the groundwork for the conversation ahead of time. Therefore, implementation of a risk communication and crisis management plan includes not only the response to an VSI, but discussions about the risks and benefits of vaccines, and the actions that are taken to prepare all stakeholders for the occurrence of an VSI.

When creating a plan for both risk communication and crisis management, you must engage in two areas of work: First, you must create and strengthen systems that will enable a plan or strategy to be implemented, and second, you must develop a communication plan that includes the specific audiences, messages, channels, and objectives. Together, these two activities will prepare you and other organizations in your context to deal with VSI and other negative events associated with the HPV vaccine.

Step 1: Create or strengthen systems to support a communication plan

Before you begin creating a communication plan, you must set up systems that will make it possible for the plan to be put into action. The WHO (2016) recommends the following actions be taken in setting up systems to support a communication plan for immunization campaigns:

- Establish a national communication committee for the national immunization

program (NIP) and communication committees at subnational (provincial or district) level. If such committees already exist, make sure to strengthen them to make them more robust and active.

- Conduct a communication analysis.
- Strengthen the capacity of stakeholders and implementing partners in communication skills, programming and management.
- Set up a spokesperson system.
- Foster collaborative arrangements and mobilize partnerships for communication: Build media partnerships and alliances.

Action 1: Establish a national communication committee for the national immunization program (NIP) and communication committees at subnational (provincial or district) level. This refers to the establishment of an inter-agency and inter-ministerial committee that will take responsibility for planning, implementing, and monitoring the communication program for HPV vaccination. These committees will be tasked with the development of the communication plan to address vaccine safety issues, to appoint a communication manager and team to handle the demands of communication activities and develop and support capacity building activities for NIP implementers and stakeholders.

Action 2: Conduct a communication analysis. Communication analysis refers to developing a thorough understanding of the situation in regard to HPV vaccination program. The WHO (2016) has published an excellent guide to conducting a communication analysis, which you can find here: <https://bit.ly/2DOXMzL>

Action 3: Strengthen the capacity of stakeholders and implementing partners in communication skills, programming and management. In order to effectively implement a communication plan, you must first build capacity in partners and stakeholders to undertake the appropriate actions. This guide, along with other materials available from the World Health Organization or WHO (<http://apps.who.int/iris/handle/10665/208263>) can help you decide on your focus for capacity building activities. At a minimum, partners and stakeholders need to be able to effectively communicate with their constituencies about HPV, cervical cancer, and the benefits of the HPV vaccine. They should also know how to communicate effectively about risk and benefits of the

vaccine, and how to respond to a crisis, such as a severe AEFI.

Action 4: Set up a spokesperson system. Spokespersons are those individuals identified ahead of time who will respond to inquiries about the HPV vaccine and the immunization program, and, in the event of an VSI, speak immediately about what has occurred and begin the process of rebuilding confidence in the program. These individuals should be identified and trained prior to the rollout of the immunization program.

Action 5: Foster collaborative arrangements and mobilize partnerships for communication: Build media partnerships and alliances. Building relationships with partners and the media is a critical component of an effective communication plan. It is important to create a plan for partners that distributes effort according to each partner's expertise, resources, and relationships with other organizations, and that defines roles clearly. Media partnerships are also important because the media can create interest in the immunization campaign, reinforce messages shared through other means, and help maintain or rebuild trust.

Once you have completed these five actions to create support systems for communication planning, you should move on to the creation of the plan itself.

Step 2: Create a communication plan

The purpose of the communication plan is to communicate about risk to the appropriate audience groups and to effectively deal with crises, such as VSIs, should they arise. The WHO (2016) refers to this communication as a “vaccine safety communication plan” because it encompasses communication about the risks and benefits of the HPV vaccine and responses to crises, should they occur. You can find more information on the WHO's approach to vaccine safety communication here: <https://bit.ly/2TvGYmi>

The steps involved in creating an effective communication plan are:

1. Identify the audience groups—primary, secondary and tertiary.
 - Primary audiences are those groups who are most important to the success of immunization work—parents, guardians, vaccine recipients, heads of households, grandparents, and other relatives.

- Secondary audiences are those individuals whose actions can influence members of the primary audience, such as health care providers, vaccinators, community health workers or volunteers, community leaders and influencers, the media, and other civil society organizations.
- Tertiary audiences are those individuals and groups who have influence over the policy environment surrounding immunization campaigns, such as national and subnational leaders and decision makers, donors, regulatory authorities, and the media.

Each of these audience groups (or participant groups) have their own set of desired behaviors or actions that result from communication.

2. Define SMART communication objectives in terms of key desired behavior results and actions by each participant group.

- Communication objectives are changes in participants' knowledge, attitudes, or beliefs that lead to changes in behaviors. For example, changes in an individual's beliefs about the risk associated with the HPV vaccine may influence their decision to seek vaccination for their daughter. SMART communication objectives are those that are specific, measurable, achievable, realistic, and time-bound. The SMART Text Box in page 11 provides an example of a SMART objective that is connected to behavior. This objective indicates that crisis management following an VSI contributed to restoring people's confidence in the HPV vaccine (a change in attitudes) and that this leads to the completion of immunization schedules.

3. Prepare the strategic approach. Refer to the template available here (<https://bit.ly/2Kl1G42>) for a process for creating and preparing your strategic approach to risk communication and crisis management. The template provides additional information on each of the following steps:

- Specify communication actions for each audience group. These actions should be specified in terms of the following communication approaches:
 - a. Interpersonal and group communication
 - b. Community mobilization

- c. Social mobilization
- d. Advocacy

- Select and design the most appropriate interpersonal communication (IPC) tools, and mix of communication channels, such as mass media, social media, and community engagement.
- Develop a media engagement plan. A media engagement plan refers to the ways that you will work with media to build capacity to effectively cover HPV and its relationship to cervical cancer, the HPV vaccine and its risks and benefits, and response to crises such as numerous VSI or other events.
- Develop a work plan and budget. Create a timeline, conduct research to identify costs, and build a plan that specifies how the work will get done.

4. Prepare for managing rumours, misconceptions and anti-vaccination arguments. This preparation is critical to your ability to deal with these issues when they arise. The best way to deal with them is to build collaborative relationships with stakeholders and the media ahead of time (see Step 1) and to prepare for their occurrence. Suggested actions you can take in advance include:

Prepare materials such as Frequently Asked Questions document or packs that can be used by health workers.

- Be sure to engage and partner with the media as planned for in Step 1.
- Spend time with stakeholders discussing potential scenarios that may occur. Use these discussions to develop plans, key messages, and other materials such as press releases, that may be used when rumours arise online or in the community.
- Monitor and engage appropriately on social media and other online platforms.
- Respond to rumours, misconceptions, and anti-vaccination arguments by engaging the spokesperson system to respond online or in person.

5. Develop monitoring and evaluation frameworks. The final step in any communication planning process is to develop a plan to monitor its implementation and evaluate its effectiveness.

- **Monitoring** refers to keeping track of whether or not the campaign met its targets in terms of communication activities:

- Were the planned for number of meetings held?
- Were partners engaged in capacity building activities? Were the planned for number of communication activities conducted?
- **Evaluation** refers to assessing whether the desired changes in participant groups occurred.
 - Did people's attitudes and beliefs toward HPV and HPV vaccines change after communication activities were conducted?
 - Did people seek vaccinations after communication activities were completed?
 - How did people describe their perceptions of VSIs before and after communication activities?

Although monitoring and evaluation are often based on quantitative research, it is possible to get an idea of how effective your communication has been by doing short, informal interviews with people in each participant group.

Remember, the purpose of this communication plan is to prepare you, your organization, and your partners to communicate about the risks and benefits of the HPV vaccine, and to deal with any crises that occur, such as VSI or other events that are perceived by members of the public to be associated with the HPV vaccine and your campaign.

Step 3: Create a media engagement plan

A media engagement plan is a way to prepare yourself and your organization for effective risk communication and crisis management. It is intended to build relationships between you and media organizations, build capacity within journalists and other media professionals to effectively cover HPV-related issues, and provide you with pre-prepared materials to use in the event of high pressure situations, such as the immediate response to an AEFI or other adverse event. Your media engagement plan should include the following components:

- A database of media contacts.
- A media kit, which contains fact sheets, progress reports, case studies with

photos, graphs, and other relevant materials.

- Training and capacity building activities for journalists on HPV, cervical cancer, the HPV vaccine, and vaccination programs.
- Details of your spokesperson system (described above).
- Plan for organizing media briefings.
- Prepared press statements that can be easily adapted to various contingencies.
- Guidelines on how to engage with the media to be shared with spokespeople and other members of partner organizations.
- Details on how to prepare for an interview.
- Details on how to prepare a news/press release.
- A plan to monitor media coverage.

You'll find details on how to create an effective media engagement plan here: <https://bit.ly/2PE0sGS>

A SMART Communication Objective*

“Within 12 months after a reported serious AEFI incident from the HPV vaccine in District B, (from a baseline of 45%) 75% of parents and guardians who participated in communication activities will demonstrate their restored confidence in the HPV vaccine by completing their child’s immunization schedule.”

***(adapted from the WHO, 2016)**

Crisis Management

Please refer to the following example from Malawi on specific actions to take during the three phases of crisis management:

MALAWI HPV INTRODUCTION: KEY ACTIVITIES/ACTIONS OF THE CRISIS COMMUNICATION PLAN

| 1. Crisis PREPAREDNESS phase | | |
|--------------------------------------|---|--|
| Strategy/Domain | Activity | Expected Output/Outcome |
| <i>National Level</i> | | |
| Spokesperson System | <i>Designate and establish Spokespersons’ system.</i> | <i>Spokespersons identified, notified, and prepared.</i> |
| | <i>Develop a ‘communication tree’ of key actors.</i> | <i>‘Communication tree’ established with contacts of relevant personell in MoH, WHO, UNICEF, etc.</i> |
| | <i>Ensure availability of all Crisis Communication materials for the Spokespersons.</i> | <i>All designated spokespersons have access to the HPV Crisis Comms Guidance Note and other materials (fact sheets, FAQs, etc.).</i> |
| Crisis Communication Materials | <i>Develop Crisis Comms Guidance Note for Spokespersons/PROs.</i> | <i>Crisis Communication guide.</i> |
| | <i>Develop fact sheet, FAQs, key messages, press releases and holding statements as appropriate.</i> | <i>Finalized drafts of fact sheet, FAQs, key messages, press releases and holding statements are available in hard electronic formats.</i> |
| Media Engagement | <i>Hold media briefings on HPV roll-out, including AEFIs.</i> | <i>Media professionals and journalists have knowledge about HPV vaccine introduction, AEFIs, and are aware of their role.</i> |
| | <i>Update media contact list.</i> | <i>List of journalists with their contact details available.</i> |
| | <i>Develop a media kit on the role of media during AEFI/crisis.</i> | <i>Media Kit on HPV Crisis Communication produced and disseminated.</i> |
| | <i>Resources permitting, invite and arrange site visits for selected journalists to relevant pre-campaign preparatory activities.</i> | <i>Media-persons gain firsthand knowledge of the challenges and preparations for roll-out of HPV vaccine nationally.</i> |
| Strengthen capacity of District PROs | <i>Hold orientation sessions for district leaderships and PROs on HPV crisis communication.</i> | <i>District Leaders and Spokespersons (PROs) are aware of their role.</i> |
| | <i>Provide PROs with HPV crisis Comms materials.</i> | <i>District leadership and PROs have copies of the Crisis Comms Guidance Note and other relevant materials.</i> |
| Monitoring | <i>Ensure system for media monitoring and rumor tracking.</i> | <i>EPI at central level able to monitor media and track rumours.</i> |
| District Level | <i>Identify, activate and brief district Spokespersons.</i> | <i>All districts have identified/designated Spokespersons.</i> |
| | <i>Agree and establish simple mechanisms for media monitoring and rumor tracking.</i> | <i>All districts can monitor local media and track rumours effectively.</i> |

| 2. Crisis RESPONSE phase | | |
|--------------------------|---|---|
| Strategy/Domain | Activity | Expected Output/Outcome |
| National Level | Activate 'communication tree' of key partners. | All key partners are rapidly and simultaneously notified. |
| | Rapidly assess and characterize potential impact of the Vaccine-Related Event (VRE). | VRE rapidly assessed in terms of low/medium/high impact potential and all stakeholders informed. |
| | Prepared crisis communication materials adapted to specificity of the VRE and reproduced for rapid dissemination. | Depending on the impact potential of the VRE, relevant materials strategically disseminated to all partners and the media. |
| | Support Spokesperson(s). | Spokesperson(s) briefed and provided with all relevant information and crisis response materials. |
| | Finalize and get rapid approval from press release or holding statement, as necessary. | Press release or holding statement on the VRE disseminated to the public and the media. |
| | Convene and hold a press conference if situation demands. | Journalists are provided with key facts on the VRE and the situation. |
| | Maintain systematic flow of information to the media. | Media receive timely information on the evolving situation. |
| | Proactively respond to media queries and interview requests. Project transparency. | Media receive timely, accurate and consistent responses to their queries in a transparent manner. |
| | Activate media monitoring and rumour tracking systems. Include monitoring of social media as needed. | EPI and partners have a clear idea of what is being published and circulating in the media, including social media. |
| | Systematically document the crisis communications interventions in textual and audio-visual form. | Testimonials, real-world experience, and insights captured in multimedia format for analysis and informing future strategies. |
| District Level | Report VREs and all contextual information to EPI and the Crisis Communication Team (CCT) immediately. | EPI and CCT informed about VREs, as they occur. |
| | Liaise and coordinate response with the AEFI investigation team and the CCT. Keep key partners informed at local level. | Public receives accurate and harmonized messages from all sources. |
| | Adapt as necessary and intensify ongoing communication and social mobilization activities with affected communities. | Affected communities receive accurate information and updates. |
| | Provide systematic and continuous updates to EPI and CCT on local media and circulating rumours/misinformation. | The Communication & Social Mobilization Group and CCT receive regular updates on the VRE, and the crisis as it evolves. |
| 3. Post-Crisis Phase | | |
| National Level | Systematically review the crisis management interventions. | Distill key lessons for adjusting/refining strategy. |
| | Evaluate effectiveness of communication materials. | Refine materials based on emerging lessons. |
| District Level | Systematically review the crisis management interventions. | Distill key lessons for refining training of front-liners. |
| | Evaluate effectiveness of the interventions. | Refine messages and materials based on lessons learned. |

Measuring and Documenting Changes around Risk and Crisis

As in any health campaign, it is important to measure changes in people's behaviors, and the background and experiences that contributed to those changes. These antecedents include updated knowledge, increased confidence, changes in beliefs about something, or different attitudes towards a new behavior.

As a communication planner or implementing partner, you should prepare to measure these changes and to document as best you can why these changes may have occurred. In addition to measuring progress, you should also be sure to document lessons learned from your work on HPV vaccination. Keep track of new or innovative communication activities that resonated with participant groups. Engage journalists and others to prepare feature stories or short-form video that can be shared on social media or elsewhere. And be sure to document any lessons learned throughout the process, as these can be critical to the future success of others working on HPV immunization.

How Communication Professionals Can Make a Difference

It is highly recommended that every country develops a risk and crisis management plan as part of an integrated communication plan, aimed particularly at communities, health care workers and decision-makers. A committee or a sub-committee should be designated as being responsible for responding to VSIs during routine immunizations. The committee should have a terms of reference (TOR) as an annex to their plan that can be adapted. The TOR supplements the communication plan and the pre-existing protocols and procedures that are used during routine vaccinations. Once established, trained and prepared the VSI crisis response committee is normally dormant until an VSI occurs. By being prepared, the professionals working together

in a National Surveillance or VSI Response committee can make a huge difference when it comes to protecting the lives of young girls by investigating VSIs, reporting on them and thus responding to rumours that may have resulted. By responding rapidly and following a nationally validated risk and crisis management plan during the introduction of the HPV vaccine, you can guarantee the stable uptake and trust in the HPV vaccine. Your participation in maintaining the public's trust in the vaccine could be a deciding factor in whether cervical cancer will become an issue of the past.

Best Practices for Risk Communication and Crisis Management

Address side effects before the vaccination to reduce worries when side effects occur
All Information, Education and Communication (IEC) materials should include information about side effects and should be available before the campaign begins. Vaccinators should explain that side effects show the body's immune system responding correctly to the vaccine and developing immunity to the disease.

Responding to AEFI

Should an adverse event occur, the timing, candour, and comprehensiveness of a public announcement are critical, and may be the most important aspect of managing the communication response. Prepare materials and documents in advance to respond to AEFI so that the response can be carried out immediately after an AEFI has been reported. This is particularly critical given today's globalized, Internet-connected world, where information can be transmitted rapidly through numerous applications and platforms with the real possibility of negative publicity and negative impact to the campaign. When responding to an AEFI, it is important that the Communication and Social Mobilization committee (key internal partners) are involved in the preparation of public announcements. A short Twitter announcement can be sent immediately (validated in advance) followed by a more detailed public announcement (within 24 hours), once all the facts have been accumulated and discussed (it can take days for lab results to be released or experts to agree).

Designate Spokespersons

Identify a person in the Communication and Social Mobilization committee to serve as the primary spokesperson for communicating with the public. It is important to designate a media focal person at national, provincial and district levels. These persons should be known to be credible and trusted, have knowledge on the subject, and be prepared to communicate with the media with pre-prepared validated statements that rely on the key messages and FAQs.

Be Transparent

Communication should be conducted in an easy-to-understand, complete, and factually accurate manner. When new and relevant information becomes available, this new information should also be subsequently communicated.

Know your Participant Audiences

Clearly identify with whom you want to communicate and how you want to communicate with them. A media study will tell you how your audience likes to be communicated with: WhatsApp, Facebook, Twitter, TV, radio (which station) and during what time of day. Understanding their concerns will help ensure that the right messages are delivered through the right channels at the right time. This will enhance the impact of the message delivery process ensuring limited damage to the immunization campaign.

Express Empathy

When you show empathy to caregivers, they become more willing to listen to your message and advice because of the trust that develops when you show a sense of understanding and compassion for another person. Empathy allows you to acknowledge the experience of caregivers as legitimate including the challenges they may be facing, and this creates a very good environment for meaningful interaction.

Have a Strategic Media Plan

Having a media plan in place and trained spokespeople are a key to effective crisis management. Sensitizing the media through press briefings before and during the campaign establishes close working relationships that are helpful during the introduction of a new vaccine but also for understanding the contribution vaccines make to the health and well-being of children and the country overall. If there is an VSI the key media contacts will receive

factual, validated and timely updates through the VSI crisis sub-committee.

Monitor Social Media

Monitoring and continually evaluating social media posts, tweets, likes and comments will aid in further understanding what the public is thinking allowing the social media sub-committee to provide targeted and tailored information and responses in a timely manner during the campaign.

Please refer to the Field Guide – Digital Dialogue for HPV Vaccination for further information.

Promote Action

Prepare for your campaign in advance by having a finalized media package, videos, blurbs, photos, interviews, and quotes from women with cervical cancer, YouTube, U-Report and tweets, all using key messages pre-validated by the committee. Establish a network of media and social media influencers that place your messages throughout the Internet and contact others. These actions promote positive reactions. In addition, giving people positive steps they can take such as “talk to your doctor,” or “you can find more on this website,” or “join our WhatsApp group,” encourages them to feel better informed, in control, and empowered.

Dealing with Rumours

People who start rumours may have interests that contradict the goals of an immunization program: health workers themselves, traditional healers, medical practitioners, the media, politicians/political groups, anti-vaccine lobbyists, religious/cultural objectors. Sometimes, individuals simply start rumours online because they know that these posts can gain them significant attention and interest.

Rumours are often fueled by inadequate/inaccurate knowledge, mistrust of the government, past untoward or negative experiences with or poor treatment from health workers, ulterior motives (greed), desire for publicity, or coincidental events.

Many rumours start at a local level and are spread initially by word-of-mouth. However, rumours would not generally achieve enough momentum to worry health staff unless they are amplified by mass media such as radio, television and newspapers, and/or social media networks.

In case of rumours around vaccine safety related issues, it may be wise to respond on the same channels as those used by those who spread the rumours.

Tips to Respond to Rumours

- Clarify the extent of the rumour (type of messages circulating, and source, e.g., persons or organizations spreading the rumour); determine the motivation behind the rumour (lack of information, questioning of authority, religious opposition, or something else).
- Ask the source what the solution is, acknowledge shortcomings if necessary and offer the source the chance to be part of the solution.
- In the event of rumours about the HPV vaccine, it is more important than ever to maintain trust with key opinion leaders. Hold additional face-to-face meetings with politicians, traditional/religious leaders, community leaders, and health workers; launch a corrective campaign at the highest level; meet with local leaders at sites where the individuals/groups are comfortable and can feel at ease to ask questions and have peers present in order to counteract the effect of rumours.
- Involve all immunization partners through communication committees, Inter-agency Coordinating Committee (ICC), etc.; alert and collaborate with relevant ministries and NGOs; encourage onward briefings (cascade effect).

High Impact Actions for Government Ministries, Media Members, Social Influencers, and Health Workers

In your role as a communication professional or program, you can provide several ways in which participant audiences can play a role in building trust prior to the rollout of an immunization program and in responding to crises.

Actions for EPI/Ministries:

Ministry of Health, Ministry of Education, Ministry of Youth and the Family (or equivalent ministries in your country context)

- Create and validate a TOR for the risk and crisis management response committee.
- Create a plan for responding to AEFI and other crises relating to the vaccination program.
- Take the lead in coordinating on adverse events after immunization communications within the first 24 hours with a decision to respond or not, how to respond (through which communication medium) and level of response. Determine how to respond (locally, regionally, or nationally) and method or medium of response (radio, IPC, religious leaders, social media, or every resource available).
- Conduct a timely investigation after an adverse event, within 48 hours of the incident and issue a media report.
- Visit the affected communities accompanied by local authorities with trained community health workers from the community that are supplied with IEC materials.
- Issue a press release to media and social media immediately to communicate pertinent information.
- Activate the key partnerships with media members on the committee to have a wider reach.
- Bring together key members of the community and engage them in dialogue that leads to concrete actions at the community level. Participation is critical at all levels.
- Provide affected communities with timely, relevant information on the vaccine and the actions being taken during the investigation, as well as frequent status updates about the investigation.
- Provide the financial resources in order to solve the adverse event as quickly and as effectively as possible.
- Remain calm, in control and portray a positive yet serious attitude even in the face of public fear, anxiety, and uncertainty.
- Town meetings, should be prepared for and carefully controlled with the key community leaders briefed in advance. Encourage information exchanges and

interpersonal communication.

Actions for Media Members:

Journalists, reporters, broadcasters, and other media professionals

Provide media briefings that:

- Brief the media on validated key messages.
- Include testimonies of women with cervical cancer who support the HPV vaccination campaign.
- Include a complete press package (key messages, testimony, FAQ, facts and figures that are country specific).
- Introduce them to the spokesperson and her/his contact data.
- Provide a TV and radio script and offer names and contacts of doctors and patients willing to be interviewed.
- Include a contact and website, so that they can ask questions to avoid spreading inaccurate information.
- Make time slots available in a quiet place after the media briefing so that journalists can interview a woman/women with cervical cancer and who are advocates for the HPV vaccination campaign.
- Use sources that are directly involved with the launch of the vaccine or an adverse event related to the vaccine, such as the affected family or the health practitioner.
- Inform members of the media about any investigations being conducted before and after the immunization has been launched or after an adverse event, if deemed necessary by the VSI investigative committee.
- Monitor media and social media coverage and track attitudes and practices that are being reported after an immunization introduction or adverse events.
- Report on positive points that demonstrate progress and advances.
- Consider the balance between local media channels and national media channels in terms of geographical reach, ethnic preferences, age group, religious affiliation and beliefs relevant to immunization among the target population. It is very important to select the media channels that are appropriate to the specific audiences you aim to reach.
- Make extensive use of validated visual materials and key messages.

- Check and double-check the accuracy of facts that journalists are providing. Ask them to retract any mistakes or remove misinformation from the Internet.
- Provide the social media and media with information on a continuous, frequent basis in all formats (video, photos, text, tweets, quotes, sound bites and blurbs).

Actions for Social Influencers:

Community elders, local politicians, leaders of community groups, social media influencers, and other influencers

Often, these individuals can take the lead in spreading information and ideas about the vaccination program, if information and ideas are provided by the Communication and Social Mobilization committee.

Therefore, be sure that:

- All information from the committee has been fact-checked and has been validated by the Ministry of Health.
- Influencers keep a databank of any rumours and misconceptions that they respond to and share it with the Communication and Social Mobilization committee, especially if they need assistance on a technical response.
- Key members of the community are brought together in order to ensure that everyone understands and uses the same key messages, and that efforts are coordinated and questions are answered.
- Influencers use the same communication channels as those used by the people spreading rumours.
- If there is an investigation, influencers should let community members know, and provide regular updates on the investigation and any actions being taken.
- Influencers are able to demonstrate credible commitment that the risk factors or adverse events are being addressed.

If it is appropriate, and accompanied by local medical professionals, community leaders should visit the affected child or family and report on the visit to the District and regional Medical Officers. Influencers must also be able to:

- Remain calm and direct all focus to the positive side of the vaccine; such as the evidence that it combats cervical cancer, which is one of the most prevalent and deadly cancers among women.
- Recognize that people will often focus on the negative when they are under extreme stress; try to avoid using negative words such as no, not, never, nothing, none.
- Avoid using humour (jokes, flippancy, irony); if humour seems to be relevant, tread carefully.
- Provide people with ways to participate and to channel their energy in order to protect themselves and to gain a sense of control.
- Offer authentic statements and actions that communicate passion, hope, courage, and community spirit.

Actions for Health Workers:

Health workers, local NGOs, civic organizations, and youth

The health worker is responsible for several key functions around the vaccination program. These include reporting of AEFI, referring those who have experienced an AEFI for diagnosis to a medical doctor (if possible) and reassuring the families of girls who have experienced an AEFI. Here are a few key points of information about health workers and other local organizations:

- Health workers are an essential source of information in the investigation of an adverse event. They should know the proper method for responding to, referring and reporting AEFI cases.
- This knowledge of procedures and their importance comes from relevant training which should be implemented before the vaccine is introduced.
- Health workers, leaders of NGOs, and civic organizations should address community members' concerns and misconceptions and provide the correct information in response to the VSI.

In a crisis, all posts and updates online should come from the Communication and Social Mobilization Committee and the Ministry of Health, or the official spokesperson. However, health workers and other local organizations should:

- Provide parents with up-to-date, validated, and accurate information.
- Communicate to parents that an

investigation is currently being conducted (if the adverse event was serious enough to require an investigation).

- Let parents know that they will be provided with timely, relevant information and will be given regular updates on the status of the vaccine and any actions being taken towards an investigation.
- Share accurate facts, respond to questions, and clarify possible doubts.
- Get support from key stakeholders such as immunization managers.
- Be equipped with technical information on possible adverse events.
- Listen to, acknowledge, mirror and respect the fears, anxieties and uncertainties of parents.
- Remain calm and professional.

Examples of AEFI and Good Practices

Below you will find a list of actions that have been taken in other countries by influencers and leaders after an AEFI occurred in their country. You might find these cases useful as lessons learned. The sooner that the public understands the science supporting the vaccine and the government's commitment to correct mistakes, the easier it is to prevent the worst case scenarios (court cases and extensive negative media coverage). Therefore, it is important to respond quickly and document actions with highly qualified professionals and expert witnesses.

Think about the changes you need to make in your country to be ready, if there ever is a scenario similar to the following cases:

- In the United Kingdom, following reports of a young girl's death after receiving an HPV vaccination, the government investigated and responded within 24 hours, clarifying that the vaccine did not cause the girl's death. The rapid engagement with the media and the public was crucial to containing the spread of further negative media and loss of public confidence.
- In France, a teenage girl developed vertigo, vomiting, temporary loss of sight and use of legs, and facial paralysis two months following HPV vaccination.

In 2013 she filed a criminal complaint against her physician, Sanofi Pasteur and France's medicines safety agency, and held a press conference to explain her AEFI. The chair of the national committee stated there was no evidence to link HPV vaccination with serious autoimmune conditions, but France's Regional Conciliation and Compensation for Medical Accidents (CRCI) acknowledged a link between pathology and vaccination. However, further investigation determined that the events she experienced were not related to the HPV vaccination and were coincidental.

- In Australia, positive and transparent information about the HPV vaccine was strengthened following the adverse events experienced by several dozen Melbourne schoolgirls, such as vomiting, nausea, and headaches. The state government funded a new service titled SAEFVIC (Surveillance of Adverse Events Following Vaccination in the Community) in April 2007, which continues to monitor the implementation of vaccine programs in the country.

Conclusion and Additional Resources

Although the risks to any one particular individual are small, in a large-scale national immunization program (NIP) it is certain that at least some people will experience side effects, some of them severe. Although this is the case, your work as a communication

planner and implementer is to understand that the risks of not vaccinating are significantly greater than the risks associated with the vaccine and, through communication activities, share these risks with participant audiences.

While our goal may be to achieve 100% vaccination rates, we must respect an individual's choice about being vaccinated, also known as informed consent. Informed consent occurs when an individual has received all the information they want about the vaccine, and when they understand this information. Consent is also more likely when an individual is able to voluntarily expose themselves to risks, such as those from vaccines. When an individual believes that the benefits of vaccination outweigh the risks, they are more likely to voluntarily provide consent.

A comprehensive risk communication and crisis management plan will contribute significantly to the overall success of an NIP, because it will prepare you, your organization, and your partners to share information about the risks and benefits of vaccination with people ahead of time, and to respond quickly and competently when adverse events occur. There are many excellent resources on how to conduct effective risk communication and crisis management available from the WHO, UNICEF, and other international organizations.

<https://uni.cf/2PUYJgw>
<https://bit.ly/2qWS4pf>
<https://uni.cf/2AnUcZm>
<https://uni.cf/2QhW4Ns>



Additional Resources

Four Crisis Scenarios: Sample Draft 'Holding' And 'Press Statements'

This section provides samples of draft 'holding/press statements' from Malawi for the four likely crisis scenarios described previously. These draft statements can be adapted and used with the specifics of the real-life situation as it evolves.

Scenario - 1

There is a media report that the death of a girl has occurred following administration of the HPV vaccine.

Impact Potential: HIGH

- The situation calls for strong, rapid, comprehensive, and active actions. Anticipatory response materials prepared in advance need to be immediately deployed. Being passive at this stage is inappropriate and potentially dangerous for the program.
- The 'background rates' of age-specific mortality/morbidity should be immediately and carefully reviewed for the possibility of a 'coincidental' event, and the authorities including spokespersons should be fully prepared and briefed to engage with the media proactively.

Draft Holding Statement

We have received a report in the media today [date] of the death of a 9-year-old girl in Village X, of District Y, following the HPV vaccination activities being carried out in the village.

Our prayers and deepest sympathies go out to the family of the girl for this unfortunate and tragic event. We also fully understand the concerns of all the parents who were planning to get, or had already got, their girls vaccinated.

Even as we attend to the affected family, a team of specialists from the Ministry of Health and the WHO have arrived at the site of the incident to rapidly conduct a thorough investigation as to the cause of this unfortunate incident. It would be unwise to speculate as to the cause of this incident till the team of

specialists have completed their investigation.

The safety and well-being of all those receiving the HPV vaccine is our highest priority.

The HPV vaccine, which offers protection up to 90% from all HPV infections that can cause cervical cancer, has an excellent safety record. In more than 10 years of its usage and administration of nearly 275 million doses world-wide, including previously in Malawi, no serious adverse reactions or a death following immunization has been linked to the vaccine. This incident will be meticulously investigated, and we will hold a briefing session at 10 am tomorrow, at the Community Centre in Village X to update you with further information.

In the meantime, we urge parents to continue to bring their girls for HPV vaccination, to protect them from cervical cancer in the future.

Scenario - 2

There are rumours circulating that the HPV vaccine will cause infertility among the girls who have been vaccinated

Impact Potential: LOW to MEDIUM

- If the rumour is localized to a small geographic area and there is little or no pick-up in the media, the impact potential is assessed as LOW. There is no need to undertake any supplemental communication activities.
- If the rumour spreads to a wider geographic area or gets reported in the local media, the impact potential is assessed as MEDIUM. Precautionary, yet only passive action will be required so as not to escalate the issue.
- If the situation demands, the district authorities may wish to consider releasing an explanatory communique in the form of a press statement which is targeted at only the local media.

Draft Press Statement

We have received reports of circulating rumours and misinformation that the HPV vaccine may cause infertility among those vaccinated. This has naturally raised concerns among parents and communities.

However, nothing can be farther from the truth. The HPV vaccine does not affect fertility; in fact, it protects fertility.

Concerns such as these have often been raised and observed in many countries previously, especially when the HPV vaccine is being introduced for the first time, including in Zomba and Rumphi where the HPV demonstration project was successfully conducted from 2013–2015. These concerns and rumours have been put rest as they are totally baseless and unfounded.

Clinical studies before the first HPV vaccine was licensed in 2006, and safety monitoring since its introduction nearly 10 years ago, have emphatically confirmed that the vaccine does not cause any reproductive problems in women.

In fact, the HPV vaccine helps in protecting the fertility of women by preventing pre-cancerous cervical lesions and cervical cancer during adulthood and child-bearing age.

Parents are therefore urged to continue bringing the girls for HPV vaccination, as the protection it will provide far outweighs the unfounded risk of causing infertility.

We also request support of the media in curtailing the propagation of such misinformation, and instead, help in spreading word of the safety and protective benefits of the HPV vaccine, for the future mothers-to-be in Malawi.

For further information, please contact officials at the nearest health centre.

Scenario - 3

Negative reports of post-vaccination events such as abscesses, vomiting, and fainting are causing concern among the girls and their parents, resulting in low turnout and uptake of the HPV vaccine.

Impact Potential: LOW to MEDIUM

- If the reports are localized to a small geographic area and there is little or no pick-up in the media, the impact potential is assessed as LOW. There is no need to undertake any supplemental communication activities.
- If the reports spread to a wider geographic area or gets reported

in the local media, the impact potential is assessed as MEDIUM. Precautionary, yet only passive action will be required so as not to escalate the issue.

- If the situation demands, the district authorities may wish to consider releasing an explanatory communique in the form of a press statement which is targeted at only the local media.
- District authorities may also wish to convene meetings with the local media and community leaders and brief them about ‘background rates’ and the expected number of mild and non-severe vaccine reactions.

Draft Press Statement

It has been brought to our attention that parents and communities are concerned about reports suggesting that the HPV vaccine is causing instances of abscesses, vomiting, and fainting among the girls who are being vaccinated. We fully understand that this can be naturally quite worrisome for parents.

However, serious reactions following immunization are extremely rare. Vaccines are rigorously tested for quality and safety before their use in immunization programs. The HPV vaccine has a very high safety record, ever since its introduction nearly 10 years ago.

Most reactions are minor and include mild swelling, redness at the injection site, or a mild fever lasting less than a day. Indeed, a certain known proportion of such common reactions are known to occur whenever a mass vaccination drive is being carried out. Vaccinators are fully trained to handle these situations and advise parents.

Fainting and vomiting is also not uncommon and is often triggered by fear or anxiety of injections, among young children. It has nothing to do with the vaccine itself. Here again, health workers and the teachers in charge of the vaccination site are well trained to manage such episodes should they occur.

Parents are therefore urged to bring their girls for HPV vaccination, as the protection it provides far outweighs the minor discomfort they may experience for a day.

For further information, please contact the nearest health centre.

Scenario - 4

A temporary suspension of vaccination (or a recall or replacement of the brand of the HPV vaccine in use) has resulted in elevated public concern, which in turn is affecting vaccine uptake and coverage.

Impact Potential: HIGH

- The temporary suspension of the vaccine (or a recall/replacement) within a country should be treated as a potentially high impact event.
- Although there are likely to be very strong and compelling technical or operational reasons for such a move, the media tends to pick it up, and any speculation about the reasons for such an event will only escalate the situation. Public concern will also rise if no clear and timely information is forthcoming.
- If the suspension (or recall/replacement) is perceived to be in response to an unusual or severe reaction to the vaccine, the situation is of particularly high concern.
- The situation calls for strong, rapid, comprehensive, and active actions. Being passive at this stage is inappropriate and potentially dangerous for the program. All communication should be transparent, and updates provided regularly.

Draft Holding Statement

Following the advice of technical specialists from the Ministry of Health and the WHO, the HPV vaccination services in Area X of District Y have been temporarily suspended for a period of 3 days in order to investigate and confirm the quality of a particular batch of vaccines and/or vaccination services in Area X. This temporary suspension [or recall/replacement] is in response to the finding of [state the specific reason or circumstance transparently].

Ensuring the highest quality of vaccines and vaccination services for all Malawians is a priority for the Government of Malawi. The HPV vaccine is one of the safest and most efficacious vaccine in the world. Nearly 275 million doses have been administered worldwide and it has been licensed for uses in over 100 countries.

This temporary suspension [or recall/replacement] is just a clear sign that our ongoing quality assurance measures for vaccines and vaccination services are fully in place and without any compromises.

Vaccination services are expected to resume normally within the next few days, and we will be providing an update on that tomorrow [date] at 10 am at the District Health Office. We urge parents to bring their 9-year-old girls for HPV vaccination as soon as services are resumed, as the protection it will provide is crucial for all girls and their future.

Facts About Cervical Cancer and HPV

- Cervical cancer is one of the most common cancers affecting women. 350,000 women died of cervical cancer in 2022.¹
- Cervical cancer is one of many diseases that afflict the poor disproportionately. 94% of worldwide deaths from cervical cancer occurred among women living in low and middle-income countries, mainly due to lack of access to screening and treatment facilities.²
- Cervical cancer affects the cervix, part of a woman's uterus (womb).
- Human papillomavirus (HPV) is the primary cause of cervical cancer
- HPV is highly transmissible. The majority of the population who are sexually active, will become infected with HPV during their lives. Most HPV infection clears naturally, but in some cases, these infections will persist over years and go on to cause cervical cancer.
- Cervical cancer can impact child bearing as surgical removal of the womb may be required.³
- There are different types of HPV. HPV 16 and 18 are responsible for the majority of cervical cancer cases. Vaccines protect against these specific types of HPV.



Facts About HPV Vaccination and Cervical Cancer Prevention

- Cervical cancer can be prevented through HPV vaccination of girls, and cervical cancer screening and treatment of women.
- HPV vaccine is highly effective at preventing HPV infections, precancerous lesions, and most forms of cervical cancer.
- By 2022, over 130 countries had introduced HPV vaccines into national immunization programs.⁴ Governments in many countries offer HPV vaccine free of charge through immunization programs.
- The vaccine is most effective if administered to girls before exposure to HPV that occurs with sexual debut. WHO recommends girls aged 9 to 14 years old as the primary cohort for vaccination with a one or two dose schedule.⁵
- For girls aged 15 or older, or those with a compromised immune system, three doses within 12 to 15 months are recommended (typically given at 0, 2, and 6 months; but the second dose can be given at up to 6 months after the first dose).
- HPV vaccines are safe, effective and reliable. WHO Advisory Committee for Vaccine Safety has closely monitored the safety of HPV vaccines reviewing data and studies from all over the world. A WHO 2017 review of over 270 million doses of HPV vaccine concluded the vaccine has an excellent safety profile and no major adverse events.
- HPV vaccine is delivered with an auto-disposable (AD) syringe that is used only once and then must be safely disposed.
- HPV vaccine does not impact fertility or promote promiscuity. It is a vaccine that protects against cervical cancer.
- Evidence shows that countries with national HPV vaccination programs with high coverage have a significant reduction in new infections and cervical cancer cases over time.
- Like all other vaccines, the HPV vaccination can produce mild side effects, such as redness, swelling or soreness in the arm where the injection is given. Some people also experience headache, mild fever, aches in joints or muscles or temporary nausea. These side effects usually last a day or two and are not dangerous. If symptoms persist, the person should consult their local clinic or hospital immediately.

Endnotes

- 1 IARC 2022 <https://www.iarc.who.int/cancer-type/cervical-cancer/>
- 2 <https://www.iarc.who.int/cancer-type/cervical-cancer/>
- 3 Cancer Research UK, Available at <https://www.cancerresearchuk.org/about-cancer/cervical-cancer/living-with/fertility>
- 4 <https://www.who.int/news-room/fact-sheets/detail/immunization-coverage>
- 5 WHO HPV Vaccines Position Paper: Dec 2022

