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## Cervical Cancer Action News Brief | December 2012

### News and views of interest to our community

#### **CCA launches updated Report Card at GAVI Partner's Forum with new maps—and now in French!**

The seminal CCA publication "Progress in Cervical Cancer Prevention: The CCA Report Card" was originally published in April 2010 and launched at the United Nations in New York. The Report Card proved to be extremely popular, with thousands of copies downloaded from the CCA website over the past two years. Of special interest were maps showing global uptake of cervical screening (countries with national or pilot programs for visual inspection with acetic acid—VIA—and for HPV DNA testing) and the extent of HPV vaccination (countries with national or pilot vaccination programs).



Because the cervical cancer prevention landscape is changing rapidly worldwide, CCA has updated the maps and other report information. And for the first time we have translated the report card into French, to complement the English and Spanish editions. Thanks to CCA partners and especially the American Cancer Society for supporting the updates and to PATH for providing the French translation, revising the maps, and laying out all three new versions.

The new reports were launched at the GAVI Alliance Partners' Forum in Dar es Salaam, Tanzania, on December 5th. They are available on the CCA website [publications page](#).

Please share this announcement with colleagues who might value this information!

#### **CareHPV DNA Test approved for sale in China**

QIAGEN's *careHPV*<sup>™</sup> Test has been approved for sale by China's State Food and Drug Administration (SFDA). The test, which is produced in China, will be commercially available in the country in January 2013. It is likely to become available in India later in the year, with other countries to follow.

The long-awaited announcement means that low-resource countries, which for the most part have not been able to mount successful, national-scale cervical cancer screening and treatment programs, soon will have a new option to consider. *CareHPV* provides results in less than three hours, is portable, and is the only HPV DNA test designed especially for use in clinics that lack reliable clean water or electricity.

*CareHPV* is a molecular test that detects the DNA of 14 oncogenic HPV types. Used as a primary screening test, *careHPV* could be paired with visual evaluation for treatment selection, followed by cryotherapy treatment, all in the same clinic. This screen-and-treat approach could dramatically reduce the loss to follow-up that results when women are required to return to the clinic several times for screening, diagnosis, and treatment (as happens with the Pap test).

Of special interest to CCA members: operational research on the field use of *careHPV* in India, Nicaragua, and Uganda compared several different screening modalities, including an option for the woman to collect a vaginal mucus sample herself, without a speculum exam. Results indicate that the sensitivity of *careHPV* is better than Pap or VIA, whether using a cervical mucus sample or a vaginal sample. The studies also documented that vaginal sampling, including self-sampling, is an attractive option for many women. Some providers initially were skeptical of self-sampling, but they quickly began to see

its potential for reducing the burden of pelvic examinations and dramatically increasing the ability of a clinic to collect and process many samples in a cost-effective and rapid manner.

CareHPV was developed in partnership with PATH's Screening Technologies to Advance Rapid Testing for Cervical Cancer Prevention (START) project and its successor, START-UP.

QIAGEN will offer the careHPV Test through a differential, tiered-pricing model that will allow low-income countries to be charged a reduced price compared with the open market rate.

## The costs of delivering HPV vaccine in Tanzania

Two open-access (free) peer-reviewed articles focusing on cost analyses of HPV vaccination in Tanzania were published in November on the BioMedCentral website.

### A case study using the United Republic of Tanzania: costing nationwide HPV vaccine delivery using the WHO Cervical Cancer Prevention and Control Costing Tool

[Hutubessy R. et al. BMC Medicine 2012, 10:136 doi:10.1186/1741-7015-10-136](#)

Conclusions: When countries expand their immunization schedules with new vaccines such as the HPV vaccine, they face initial costs to fund critical pre-introduction activities, as well as incremental system costs to deliver the vaccines on an ongoing basis. In anticipation, governments need to plan ahead for non-vaccine costs so they will be financed adequately. Existing human resources need to be re-allocated or new staff need to be recruited for the program to be implemented successfully in a sustainable and long-term manner. Reaching a target group not routinely served by national immunization programs previously with three doses of vaccine requires new delivery strategies, more transport of vaccines and health workers and more intensive IEC activities leading to new delivery costs for the immunization program that are greater than the costs incurred when a new infant vaccine is added to the existing infant immunization schedule. The WHO C4P tool is intended to help LMICs to plan ahead and estimate the programmatic and operational costs of HPV vaccination.

### Costs of delivering human papillomavirus vaccination to schoolgirls in Mwanza Region, Tanzania

[Quentin, W. et al. BMC Medicine 2012, 10:137 doi:10.1186/1741-7015-10-137](#)

Conclusions: Project costs of class-based vaccination were found to be below those of age-based vaccination because of more eligible girls being identified and higher vaccine uptake. We estimate that vaccine can be delivered at costs that would make HPV vaccination a very cost-effective intervention. Potentially, integrating HPV vaccine delivery with cost-effective school-based health interventions and a reduction of vaccine price below US\$5 per dose would further reduce the costs per fully HPV-immunized girl.

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## Cervical Cancer Action Governing Council



## Secretariat



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