Acceptability and feasibility of HPV vaccination among adolescent girls and young women living with HIV in rural Zimbabwe: a prospective cohort study.

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1 BACKGROUND

- Cervical cancer is the second most common cancer and the major cause of cancer-related deaths among women in low-income countries.
- Zimbabwe has among the highest cervical cancer mortality rates in the world (147 deaths per 100,000 women).
- Linkage studies between HIV and cancer registries have shown a 2- to 22-fold increase in the incidence of cervical cancer amongst women living with HIV.
- We assessed the acceptability and feasibility of Human Papilloma Virus (HPV) vaccination, integrated into an HIV-clinic model of care, amongst adolescent girls and young women aged 15-26 years old and living with HIV.

Figure 1: HPV vaccination supervision in a study health facility by study facilitators

2 METHODS

- Prospective cohort study design

Inclusion/Exclusion criteria

INCLUDED:
1. Adolescent girls/Young women aged: 15-26 years
2. HIV Positive
3. Receiving HIV care at a health facility in Gutu district
4. Provided Consent / Assent

EXCLUDED:
1. Pregnant
2. Acute Febrile illness
3. Unaccompanied minors (15-17 yrs)
4. Planning to fall pregnant with 8 following months
5. Enrolled by the 2018 national HIV vaccination campaign

Figure 2: Inclusion/Exclusion criteria for study participants

3 RESULTS

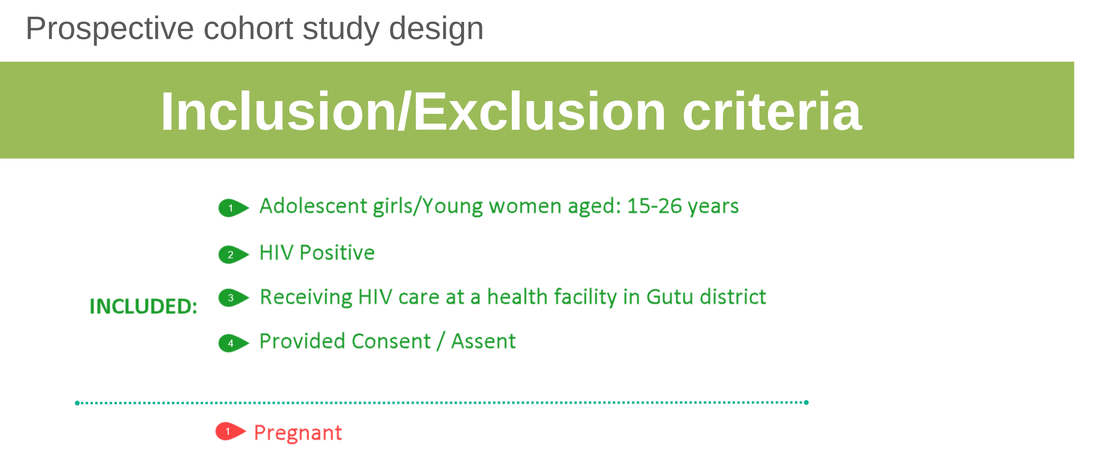

Figure 3: Flow diagram for the vaccine uptake rate, dose completion rate and drop rate for study participants

3 RESULTS continued

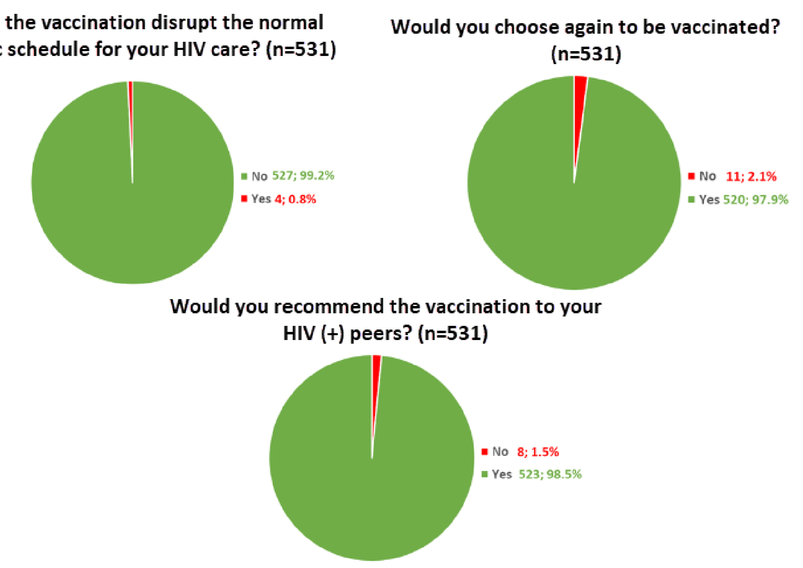

Figure 4: Feasibility and acceptability of HPV vaccination integrated into HIV care among study participants

- 816 eligible women were enrolled for HPV vaccination.
- The HPV vaccine uptake rate was high, with a primary uptake rate of 90.6% (95%CI: 88.3%-92.5%), secondary uptake rate of 93.2% (95%CI: 91.2%-94.9%) and a tertiary uptake rate of 85.5% (95%CI: 82.6%-88.0%).
- The 3-dose HPV vaccine completion rate was 79.7% (95%CI: 76.6%-82.5%) with a first dose to third dose dropout rate of 20.3% (95% CI:17.4%-23.4%).
- Only 1 in 100 participants reported any side effects; none required medical treatment.
- Acceptability of HPV vaccination integrated into HIV care was very high among study participants.
- 52% of participants reported that they would prefer to receive fewer doses.

4 CONCLUSION

- HPV vaccination in a rural setting, fully integrated into HIV care was shown to be feasible and well accepted by recipients of the HPV vaccine.
- HPV vaccination could be efficiently integrated into HIV models of care and decentralised nationwide.
- Changing to a 2-dose regimen for women living with HIV might further increase acceptability and completion.
- Further studies about effectiveness of a 2-dose regimen in women living with HIV are urgently needed.

5 ETHICS STATEMENT

This study was approved by the MSF Ethics Review Board and by the Medicines Control Authority of Zimbabwe. We obtained voluntary written permission to use the images from the persons included in this poster.

6 ACKNOWLEDGEMENTS

- **MOHCC Zimbabwe**
- **District Health Executives of the Gutu district**
- **Study Participants**
- **GUTU district clinic staff**
- **MSF team**