



Hon. Maureen MacDonald  
Minister of Health  
P.O. Box 488  
Halifax, N.S. B3J 2R8

March 1, 2012

Dear Minister:

It is the position of NSRAP that the province of Nova Scotia should publicly fund the quadrivalent HPV vaccine Gardasil® for boys/young men between the ages of 9 and 26 in Nova Scotia. In particular and perhaps with more cost avoidance over the long term we suggest public funding for the vaccine for the higher risk male population, specifically men whom have sex with men (MSM).

NSRAP has been working since 1995 across Nova Scotia as a voice for the Lesbian, Gay, Bisexual, Transgender and Queer Community (Rainbow Community.) We have accomplished much in the past; areas of note include providing national leadership in the recognition of same sex relationships including marriage, community research and education. Part of our role is advocating for Nova Scotians' access to health care, including vaccinations that have particular relevance to members of our community.

Support for our specific recommendation has come from extrapolation of data already published leading to public vaccination in young females, recent evidence by Giuliano et al,<sup>1</sup> and the recent NACI recommendations. NACI has recommended that all Canadian males and specifically high risk groups such as MSM receive this vaccine.<sup>2</sup>

NSRAP acknowledges the significant added cost of providing this vaccine and administering it to Nova Scotian boys. Our organisation considers public funding of this vaccination specifically in MSM similar to that of Hepatitis A & B vaccinations (already currently covered). We do appreciate cost related concerns, however minimal some may consider them. As with other vaccinations we are confident that the overall reduction in health care costs over the long term justifies this expansion of our publicly funded vaccination program. The proposed implications of improved quality of life and reduced lost productivity from the implicated cancers and known infections make this effort highly significant in long-term preventative health. Although ideal hard clinical outcome data in these areas will likely be lacking for many years, we are confident in the validity of expanding vaccination to MSM specifically given the reasonable extrapolation from current data. You can appreciate that such preventative health initiatives are an important part of the effectiveness and sustainability of our health care system in Nova Scotia.

We eagerly await your response to our inquiry. In the interim please do not hesitate to contact us for any clarification or further community input that we can provide.

With best regards,

Lucas Thorne-Humphrey BSc Pharm, ACPR  
Board Member, Health Committee Chair  
Nova Scotia Rainbow Action Project

c. Elaine Holmes, Dee Mombourquette, Public dissemination

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<sup>1</sup>Giuliano AR, Palefsky JM, Goldstone S, et al. Efficacy of quadrivalent HPV vaccine against HPV infection and disease in males. N Engl J Med. 2011 02/03;364(5):401-11.

<sup>2</sup>Update On Human Papillomavirus (HPV) Vaccines. Canada Communicable Disease Report. Volume 37 ACS-8; January 2012.

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| NSRAP | 202-3115 Veith St, Halifax, NS B3K 3G9 | (902) 444-3206 | nsrap@nsrap.ca | <http://nsrap.ca> |