The Vaccine and Cervical Cancer Screen (VACCS) project: Linking cervical cancer screening to HPV vaccination in the South-West District of Tshwane, Gauteng, South Africa

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Background. Cervical cancer is preventable, but still highly prevalent in South Africa (SA). Screening strategies in the country have been ineffective, and new ways to prevent the disease are needed.

Objectives. To investigate the feasibility of linking cervical cancer screening in adult women to human papillomavirus (HPV) vaccination in schoolgirls.

Methods. Ten primary schools in the South-West District of Tshwane, Gauteng Province, SA, took part in the study. Cervical cancer and HPV vaccine information was provided to schoolgirls and their parents. Consented schoolgirls were vaccinated and their female parents were invited to participate in self-screening.

Results. Among 1 654 girls invited for vaccination, the consented and invited uptake rates were 99.4% and 64.0%, respectively. Vaccine completion rates were higher in schools where the vaccination programme was completed in the same calendar year than in those where it was administered over two calendar years. Of 569 adult females invited, 253 (44.5%) returned screen tests; 169 (66.8%) tested negative and 75 (29.6%) positive for any high-risk HPV (hrHPV). There were no differences in level of education, employment status or access to healthcare between women with positive and those with negative screen results.

Conclusions. Implementation of HPV vaccination in a primary school-based programme was successful, with high vaccine uptake and completion rates. Self-screening reached the ideal target group, and it is possible to link cervical cancer screening to the cervical cancer vaccine by giving women the opportunity of self-sampling for hrHPV testing. This is a novel and feasible approach that would require some adaptive strategies.

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Secondary population-based cervical cancer screening has not been implemented successfully in resource-poor settings or developing countries anywhere in the world. [1] Reasons for this failure include the difficulties of conventional cytology screening and the

fact that many prerequisites need to be in place and functioning well for population-based screening to be implemented; if any one of the components fails to deliver, the whole screening programme fails.^[2]

Cervical cancer screening in South Africa (SA) is mainly opportunistic, and although the National Department of Health has a cervical cancer screening policy, it has not been implemented at any level. Opportunistic screening tends to over-screen some sub-populations, while many others do not take part. In addition, the main target groups are often not well represented, including age and sociodemographic groups. [3,4] In SA, the communication of results and follow-up of screen-positive women are known to be very problematic. Consequently, the incidence of cervical cancer remains high and the majority of women who are diagnosed present with advanced-stage disease.

To improve screening efforts in SA, new approaches to screening need to investigate improvements in uptake, inclusion of the correct target population, and successful communication of results.

Primary prevention of cervical cancer is now possible with the availability of human papillomavirus (HPV) vaccines targeting HPV types 16 and 18, which cause the majority of cervical cancers

worldwide, as well as in Africa. [5] The target population for primary prevention is initially girls between the ages of 9 and 11 years attending primary school. The Vaccine and Cervical Cancer Screen (VACCS) project was a cervical cancer vaccine implementation study, which also provided the opportunity to investigate the outcome of cervical cancer screening when linked to the vaccination of schoolgirls. Potential advantages of this approach are the linking of two relevant, but different, health interventions aimed at cervical cancer prevention and the possibility of exploiting the educational and logistic opportunities inherent to school-based programmes. In addition, this project utilised new molecular screening technology that offered the opportunity to use self-sampling in a home setting.

Methods

This was a national study conducted in Gauteng and Western Cape provinces, SA, with the approval of the national and provincial departments of Basic Education and Health. The study methodology differed slightly between the two provinces, and in this report the method and results of the Gauteng arm of the study are described.

In Gauteng, ten primary schools were identified in Atteridgeville and the South-West District of Tshwane. After obtaining consent from the governing body and principal of each school, information events were held at the schools during 2011 and 2012. All the girls in grades 4 - 7 and their female parents or guardians were invited to attend these events.

During the information event, attending female parents and guardians were interviewed and completed questionnaires (Appendix 1, available in the online version of this article), after which they attended a session at which information on cervical cancer, the vaccine for primary prevention and screening for the disease was provided by a medical doctor in the form of a 15-minute PowerPoint presentation as well as through the distribution of information leaflets in English or Tswana. During the vaccination programme, telephonic interviews were conducted, repeating the questions that tested knowledge and screening behaviour (Appendix 1, available in the online version of this article).

Female parents and guardians attending the information events were invited to take part in self-administered HPV screening and to take a screen kit for themselves as well as for a friend or family member. The screen kit consisted of a tampon with user instructions; women were to insert the tampon vaginally and remove it after one hour. The used tampon was placed in a container with buffer and, together with personal information, returned to the school in a sealed envelope. DNA was extracted from the tampon specimens and tested using Roche linear array for HPV DNA testing as described previously. [6]

Parents and guardians of girls aged 9 years and older in grades 4 - 7 were invited to provide consent, and all girls were requested to provide consent for HPV vaccination. The vaccine was administered per protocol by a team of registered nurses during school hours. Both bivalent and quadrivalent vaccines donated by the manufacturing companies were available to be administered.

The ages and previous screening histories of women who accepted the invitation to screen were determined to assess whether an appropriate target population for secondary prevention was reached. HPV test results were interpreted as positive if DNA of any of the 15 high-risk viral types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68, 73, 82) were demonstrated, and as invalid if no DNA amplification occurred as tested by the internal control. Women testing positive for the two most oncogenic HPV types (16 and 18) were reported separately.

Definitions

The invited cohort (IC) was defined as all female learners enrolled in the selected schools in grades 4-7. The consented cohort (CC) was defined as participants with written consent and assent from the learner. Girls with consent whose parents or guardians did not attend vaccine events were included in the CC. The vaccinated cohort (VC) was defined as all girls who received one vaccine dose. Vaccine uptake rates were calculated in a number of ways in order to allow comparison with other published HPV vaccine reports. The consented uptake rate (CUR) was calculated as VC/CC, with the invited uptake rate (IUR) calculated as VC/IC.

Vaccine completion was calculated using the vaccinated cohort as denominator. The vaccine completion rate (VCR) was calculated using all girls who received all three vaccine doses. Girls who received only two vaccine doses within a short period of time were then separated from those who received the two vaccines at least 6 months apart, and the latter group was considered sufficiently vaccinated based on recent data suggesting protective antibody levels against vaccine HPV

	IC	СС	VC	Single dose	Doses 1 and 2	Doses 2 and 3	Doses 1 and 3	All 3 doses	Doses 1 and 3 +/- dose 2
Description	All girls in grades 4 - 7	All girls with consent and assent	Received at least one dose	Received only 1 vaccine dosage	Received 2 doses, 6 weeks apart	Received 2 doses, <6 months apart	Received 2 dosages, 6 months apart	Received all 3 doses	Received at least 2 doses, min. 6 months apart
Three vaccine do	ses administ	ered within o	ne calendar y	ear: eight sch	ools				
B1	61	54	54	0	1	0	0	53	53
B2	87	79	79	2	3	0	1	74	75
В3	183	118	119	1	1	3	6	108	114
B4	223	127	127	0	3	4	3	117	120
В6	123	59	59	1	1	3	7	47	54
B7	166	70	70	1	5	1	2	61	63
B8	181	136	136	0	1	4	0	131	131
В9	155	99	95	3	0	3	40	48	88
Subtotal	1 179	742	739	8	15	18	59	639	698
Vaccination rates	Vaccination rates IUR 62.9% CUR 99.6% IVR 5.5%							VCR 86.5%	SVR 94.5%
Three vaccine do	ses administ	ered over two	calendar or	school years:	two schools				
B5	225	159	159	1	43	1	11	103	114
B10	250	158	155	0	22	4	1	128	129
Subtotal	475	317	314	1	65	5	12	231	243
Vaccination rates		IUR 66.7%	CUR 99.1%	IVR 22.6%				VCR 73.5%	SVR 77.4%
Total Gauteng co	hort: ten sch	ools							
Total	1 654	1 059	1 053	9	80	23	71	870	941
Vaccination rates		IUR 64.0%	CUR 99.4%	IVR 10.6%				VCR 82.6%	SVR 89.4%

types in similar recipients.^[7,8] The insufficiently vaccinated rate (IVR) was calculated using the number of girls who received only one dose, or two doses <6 months apart.

Statistical analysis

Questionnaire data were obtained from women who participated in the study and consisted of basic demographic data as well as data on access to and use of healthcare facilities. In addition, knowledge about cervical cancer and prevention of the disease was tested before and after the information event. Knowledge scores were calculated by awarding points for correct answers to a maximum score of 5 marks each for symptoms of, screening for and vaccination against cervical cancer. Changes in knowledge as tested by the same questions asked before and after the information event were measured and compared between groups. A p-value of <0.05 was regarded as statistically significant.

Women who participated in self-screening were compared with a matched control group of women who did not participate. Within the participants of self-screening, data from all women with positive screen results were compared with a matched subgroup of those who screened negative. Matching of both control groups was done using age and the school attended by the child. There were no significant differences with regard to level of education, employment status and access to healthcare between the three groups of women.

The study was approved by the Research Ethics Review Committee of the Faculty of Health Sciences, University of Pretoria (219/2009).

Results

Vaccination data

In the ten schools included in the project, the IC consisted of 1 654 girls, of whom 1 059 had given full consent (CC); 1 053 girls received the first vaccine dose (VC). The CUR was 99.4% and the IUR 64.0%. In the CC group, 498 parents or guardians provided informed parental consent during the information events held at the different schools, while 561 provided written informed consent on the basis of the information leaflet that learners took home. Five hundred and sixty-nine parents or guardians attended the information events and questionnaire interviews, while 1 085 received only leaflet information. Consent for vaccination was therefore provided by 561 of 1 085 parents (51.7%) who received only leaflet information, and by 498 of 569 (87.5%) who attended the information events (*p*<0.0001).

In eight of the ten schools, all three doses of the vaccination were completed in the same calendar year. Vaccine completion rates were superior in these schools compared with the two schools in which vaccination was scheduled over two calendar years. Vaccine uptake and VCRs per school as well as the effect of scheduling over one and two calendar years are shown in Table 1. No serious adverse events related to vaccination were reported.

Screening results

The 569 female parents or guardians attending the information events at the different schools were invited to take self-screening kits home. A total of 795 screen tests were handed out, of which 253 (44.5%) were returned and tested for the presence of high-risk HPV (hrHPV) DNA. The mean age (standard deviation) of the screened population (Fig. 1) was 38.3 (10.2) years (95% confidence interval 37.0 - 39.6), and the median age was 38.5 years.

Of the 253 samples tested, 9 (3.6%) were reported as invalid, 169 (66.7%) tested negative for hrHPV and 75 (29.6%) were positive for any

hrHPV. The hrHPV results are shown in Fig. 2. Twenty-three samples (9.1%) were positive for HPV type 16 and/or 18, and 52 (20.5%) were positive for one or more of the remaining 13 high-risk types. Of the 75 positive specimens, 43 (57.3%) had a single type and 32 (42.7%) tested positive for more than one hrHPV.

Cervical cancer knowledge

Knowledge scores for cervical cancer symptoms, screening and vaccines for the total group before and after the educational intervention are shown in Fig. 3. Initial knowledge of all aspects was insufficient, but improved scores were obtained in the second questionnaire.

Considering the screened and unscreened groups, there was no difference in initial knowledge of cervical cancer and its symptoms, which was poor in both groups. Around 70% in both groups obtained 0 or 1 out of the potential 5 marks awarded. Among women who participated in self-screening, the level of cervical cancer knowledge improved significantly after the information event (n=132;

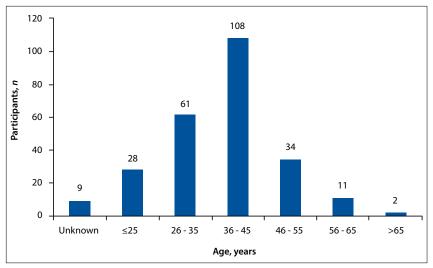


Fig. 1. Age distribution of screened women.

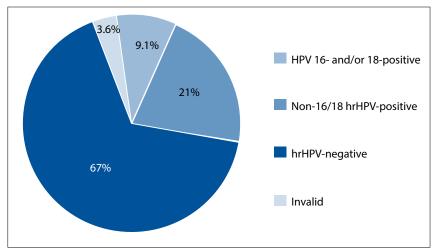


Fig. 2. Molecular results of self-collected cervical screening tests.

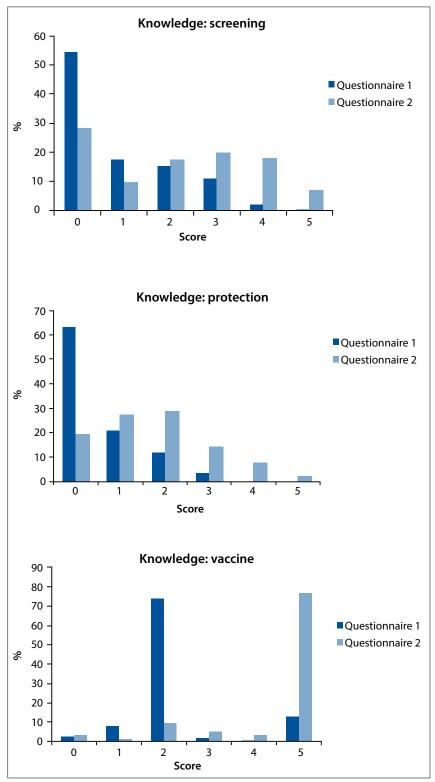


Fig. 3. Improvement in knowledge scores for cervical cancer symptoms, screening and vaccines.

p<0.001) (Table 2), while among unscreened women the improvement was not statistically significant (n=41; p=0.06) (Table 2).

With regard to knowledge of cervical cancer prevention, knowledge of screening and vaccination improved significantly after the information event among screened

and unscreened groups (data not shown, p<0.001).

Screening behaviour

Self-reported previous screening behaviour did not differ significantly between women who participated in self-screening compared with those who did not (p=0.169); 51.2% of women who participated in self-screening reported no previous screening ever or did not know whether they had had screening in the past, compared with 48.8% of non-participants.

It is interesting that after participating in the project, 45 of 131 screened women (34.3%) reported that their last 'cervical cancer test' was more than 5 years ago. Despite this disparity, there was still a significant improvement in reported screening behaviour in this group between the two questionnaires (p<0.001) (Table 3) compared with the control group, which did not show significant improvement (p=0.036) (Table 3).

Discussion

Vaccine uptake data differ worldwide and are influenced by numerous social, religious and economic factors. In addition, vaccine programme and communication strategies have a very large effect on uptake. Uptake of HPV vaccines is low in the USA and Germany^[9,10] and high in Australia,^[11] while uptake rates in Africa vary.^[12-14]

Vaccine uptake, calculated as the proportion of girls who received one vaccine dose from the total IC, was 64.0% for the total group in this study. The project protocol allowed for the provision of only sketchy information to prospective participants, because another aim of the study was to test baseline knowledge. Although it can be argued that interested and informed parents were more likely to attend, the relatively low vaccine uptake (51.7%) among parents who did not attend the information event compared with those who did attend (87.5%) could probably be attributed in part to this lack of information.

Moodley et al.[15] reported overall HPV vaccine uptake in an implementation study in KwaZulu-Natal Province, SA, of 99.7%, 97.9% and 97.8% for the first, second and third vaccination doses, respectively. These data represent the uptake and completion rates of those who consented, but uptake as a proportion of girls available for vaccination was not provided. In the current study, similar success in vaccination of consented girls of 99.4%, 98.6% and 82.6% for one, two and all three doses, respectively, was achieved. In addition to uptake and completion rates, the proportion of the VC that received at least two vaccine doses at least 6 months apart was calculated. To our knowledge it is the first time that HPV vaccine data from an implementation or demonstration project have been presented in this way, and these results therefore cannot be compared.

In a school-based programme, it is acknowledged that VCRs are largely influenced by the number of follow-up visits to

Table 2. Improved knowledge on cervical cancer and its symptoms (upper triangles of table, above the grey tint) among screened and unscreened women

	Knowledge	e about cervic	al screening: s	cores after in	formation eve	nt		
Screened women*								
Knowledge about cervical	Score	0	1	2	3	4	5	Total
screening: scores before	0	30	6	11	6	13	6	72
information event	1	4	2	2	6	6	2	22
	2	2	2	5	8	2	1	20
	3	1	0	1	7	3	3	15
	4	1	0	0	1	1	0	3
	5	0	0	0	0	0	0	0
	Total	38	10	19	28	25	12	132
Unscreened women†								
Knowledge about cervical screening: scores before information event	Score	0	1	2	3	4	5	Total
	0	9	2	6	2	0	0	19
	1	2	3	3	1	1	0	10
	2	0	2	2	2	1	0	7
	3	0	0	0	1	3	0	4
	4	0	0	0	0	1	0	1
	5	0	0	0	0	0	0	0
	Total	11	7	11	6	6	0	41

*p<0.001. *p=0.06.

Table 3. Improvement in self-reported screening behaviour (upper triangles of table, above the grey tint) among screened women but

	Self-report	ted screening	behaviour aft	er interventio	n			
Screened women*								
Self-reported screening	Score	0	1	2	3	4	5	Total
behaviour before	0	33	4	1	1	2	25	66
intervention	1	0	0	0	0	0	0	0
	2	0	0	0	1	1	3	5
	3	1	0	0	5	1	2	9
	4	2	0	0	0	16	13	31
	5	0	0	0	1	4	15	20
	Total	36	4	1	8	24	58	131
Unscreened women†								
Self-reported screening behaviour before	Score	0	1	2	3	4	5	Total
	0	11	2	0	0	0	5	18
intervention	1	0	0	0	0	0	2	2
	2	0	0	0	0	0	0	0
	3	0	0	0	0	0	2	2
	4	0	0	2	2	6	1	11
	5	0	0	0	0	1	7	8
	Total	11	2	2	2	7	17	41

the school. In an attempt to simulate large-scale rollout of schoolbased vaccination, extra follow-up visits to schools where unforeseen school activities and absenteeism prevented a large number of girls from attending scheduled vaccination were limited to one. In view

of this limited effort to improve vaccine completion, the attained VCR of 82.6% and a sufficiently vaccinated rate (SVR) of 89.4% are considered very satisfactory.

Vaccination in a single calendar year was more successful than vaccination scheduled over two years, as reflected by better VCRs (86.5% v. 73.5%) and SVRs (94.5% v. 77.4%). The difference can possibly be attributed to the December holiday break, children changing schools and promotion to secondary schools, which resulted in fewer girls receiving the important third dose. Although not surprising, this is to our knowledge the first confirmation of this effect reported from SA. The projected large loss of immune response and resulting herd immunity caused by an inefficiently vaccinated population is of huge importance for the planning of all vaccine roll-out programmes using school-based infrastructure.

Screening uptake, calculated as the proportion of women screened from those invited, was 44.5% in this study. Furthermore, in this study 253 women took up screening, of whom more than half reported no previous cervical cancer screening. Molecular screening results identified cervical cancer risk in 28.8% and a high risk for future disease in 9.1%. Using the school infrastructure as well as mobile phone technology, all women received screen results and this was confirmed for all screen-positive women.

All five of these parameters compare favourably to the limited data available for the existing cytology-based countrywide screening programme. According to the World Health Organization, cervical cytology coverage of eligible women in SA for the period 2000 - 2006 was estimated to be 17%. [16] Screening will have the largest effect on cancer incidence if coverage is large, the correct high-risk target group is reached, and the biggest possible number of screen-positive women can get results and receive preventive therapy. HPV screening in low-resource settings is feasible, and self-sampling offers the added benefits of eliminating a clinic visit, speculum examination and the need for a healthcare provider to perform screening.

In addition to screening, education about cervical cancer symptoms and screening was successfully linked to the cervical cancer vaccine by the provision of information to parents or guardians of girls invited to be vaccinated. Knowledge about cervical cancer-related matters was lacking in this group of urban mothers, but improved following the provision of information. Neither demographics nor baseline knowledge predicted screening uptake in this study. Positive screening behaviour was associated with an improvement in knowledge about cervical cancer. As expected, most screening participants reported an improvement in screening behaviour after the tampon test, reflecting an understanding of the intention of the test. The finding that some women who took part in self-screening were not aware of the fact that they were screened could be attributed to a lack of knowledge or the structure of the questionnaire.

Conclusion

Implementation of HPV vaccination in a primary school-based programme was hugely successful. No serious adverse events were reported, and uptake rates of 64.0% of the IC and 99.4% of the CC were achieved. Vaccine completion was optimal when all vaccine doses were offered within a single calendar year.

Self-screening tests reached the ideal target group, and results were successfully reported to all participants. Linking cervical cancer screening to the cervical cancer vaccine was possible by providing women the opportunity to self-sample. This is a novel approach that would require some adaptive strategies, but was feasible and practical in the setting of this trial.

Knowledge about cervical cancer, its symptoms and prevention is generally poor, and school-based vaccine programmes offer a unique opportunity to provide appropriate information. This report of the Gauteng part of the VACCS project confirmed a measurable improvement in knowledge following health education. In addition, it was demonstrated that improved knowledge correlated with the uptake of screening.

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Appendix 1

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		Study N	No	
	OFOTION 4: Coalle D	4		
	SECTION-1: Socio-Demographic Charact READ: "To start I am going to ask you some qu	CEFISTICS		
No.	Questions and filters	Coding categories	Code	Instructions
101	How old are you?	County categories	Code	IIIstructions
101	How old are you!	Age in years	1 1 1	
		- · · · · · · · · · · · · · · · · · · ·		
		Missing	-66	
102	What is the highest level of education you	No formal schooling	1	
	have completed?	Grade 1/Sub A to Grade 7/Std 5	2	
	CIRCLE ONLY ONE	Grade 8/Std 6 to Grade 11/Std 9 Grade 12/Std 10	3	
	CIRCLE ONLY ONE	Diploma course	4 5	
		Technikon degree	6	
		University degree	7	
		Other course: Specify		
		,		
		Missing	-66	
103	What is your source of income, if any?		Yes No	
		Are you paid a salary	1 0	
		Are you self employed	1 0	
	READ RESPONSES ONE BY ONE	Do you receive a grant	1 0	
	CIRCLE MORE THAN ONE IF NEEDED	Do you receive financial support from other members of the family Other	1 0	
	CIRCLE MORE THAN ONE IF NEEDED	Other: Specify	1 0	
		Other. Specify	' '	
		No Income	9	
		Missing	-66	
	SECTION-2: Use of Health Care Facilities	j		
	READ: Now I would like to ask you some qu	uestions about your use of health care facilities.		
No.	Questions and filters	Coding categories	Code	Instructions
201	When did you last visit any health care	In the last month	1	h
	centre?	In the last 6 months	2	
		In the last year	3	Skip to 203
		In the last 5 years	4	
	CIDCLE ONLY ONE	Unsure	88	Ρ
	CIRCLE ONLY ONE	More than 5 years ago	5	Skip to 202
		More than 5 years ago Missing	-66	Skip to 202
		Wilsoning	-00	
202	Why have you not visited a health care		M NM	
	centre for more than 5 years	No health problem	M NM 1 0	L
	•	Don't have the money	1 0])
		Too far away	1 0	
	DO NOT READ RESPONSES	No transport to get there	1 0	
		Don't have enough time to go there	1 0	Skip to 301
	CIRCLE ① IF MENTIONED	Don't believe they can help my me with my health problem	1 0	
		Have to wait too long at the clinic	1 0	
	Probes:	The service at the clinic is poor The clinic is not open when I can go there	1 0 1 0	
	Anything also?	Other	1 0	IJ
	Anything else?	Other: Specify	. 0	ľ
		Missing	-66	
				·

		Study	No	
No.	Questions and filters	Coding categories	Code	Instructions
203	Which service do you most often visit when you go for health care? READ ALL RESPONSES THEN CIRCLE ONLY ONE	Government clinics Government hospitals Private doctors/hospitals Traditional healers Other	1 2 3 4 5	
		Missing	-66	
204	What is the name of the health care centre you most often visit?	NAME		
	b) Is it easy to get to this facility?		<u>Yes</u> <u>No</u> 1 0	
	c) How do you usually travel to this facility?	Missing Walk	-66 1	
	CIRCLE ONLY ONE	Taxi Public transport Car	2 3 4	
		Missing	-66	
205	What was the reason for your most recent visit to any health care centre? READ RESPONSES ONE BY ONE CIRCLE MORE THAN ONE IF NEEDED	For treatment of a disease For medicines for yourself For family planning for yourself For a Pap Smear or gynaecological examination for yourself To accompany someone else Other	Yes No 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	
		Other: Specify Missing	-66	

		Study N	No	
s	ECTION-3: Knowledge of Pap Smears and ca	ncer of the cervix		
R	EAD: "Now I would like to talk to you about cerv	ical cancer and how to prevent it."		
No. 301	Questions and filters a) Can you explain what you understand about cervical cancer – that is cancer of the mouth of the womb?	Coding categories OPEN RESPONSE	Code	Instructions
	IF CLIENT SAYS SHE KNOWS NOTHING ABOUT CERVCAL CANCER, SKIP TO SECTION 4			
302	What changes in your body would make you think that you had cervical cancer? DO NOT READ RESPONSES CIRCLE ① FOR ALL RESPONSES MENTIONED Probe: Anything else?	Pain Discharge from vagina Odour from vagina Ulcers/sores on private parts Unusual bleeding There are no signs Don't know Other	M NM 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	
		Other: Specify Missing	-66	
303	Do you know how a woman can protect herself against developing cervical cancer?	Yes No Unsure Missing	1 0 88 -66	Skip to 304 Skip to 305 Skip to 304
304	How can a woman protect herself against developing cervical cancer? DO NOT READ RESPONSES CIRCLE ① FOR ALL RESPONSES MENTIONED Probe: Anything else?	Regular pap smear Regular examination of womb Seeing a special doctor Regular visit to General Practitioner Not having sex Using condoms Vaccine/injection Other screening tests Other	M NM 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	
		Other: Specify Missing	-66	
305	Do you think cervical cancer can be cured with treatment?	Yes No Unsure	1 0 88	
		Missing	66	1

Study	No.		

SECTION-4: Cervix cancer screening History
READ: "Now I would like to ask you about any cervix cancer screening tests you may have had"

Have you ever had a test for cervical cancer? Skip to No O O O O O O O O O
Unsure Missing -66
Missing -66
What test did you have? Pap smear Vaginal Examination 1 0 0 1 0 0
402 If YES What test did you have? Pap smear Vaginal Examination 1 0 0 1
What test did you have? DO NOT READ RESPONSES CIRCLE ① FOR ALL RESPONSES MENTIONED Probe: Anything else? Other: specify Missing Other: specify Missing Other: specify Missing -66 Other: specify I don't have the money of the skinds of tests of
What test did you have? DO NOT READ RESPONSES CIRCLE ① FOR ALL RESPONSES MENTIONED Probe: Anything else? Other: specify Missing Other: specify Other: specify Missing Other: specify Other: specify Missing -66 Skip: Other: specify Missing -66 Other: specify Missing -66 Other: specify Other: specify Other: specify I on't have the money of the specify I don't like having these kinds of tests of tests of the specify of the specify of the specify Anything else? Other specify Other specify Other specify Other specify
DO NOT READ RESPONSES CIRCLE ① FOR ALL RESPONSES MENTIONED Probe: Anything else? Other: specify Other: speci
DO NOT READ RESPONSES CIRCLE ① FOR ALL RESPONSES MENTIONED Probe: Anything else? Other: specify Other: specify Other: specify Missing Other: specify Missing -66 Other: specify Missing -66 Other: specify Other: specify Missing -66 Other: specify Missing -66 Other: specify Missing -66 Other: specify Do Not Read Responses CIRCLE ① FOR ALL RESPONSES MENTIONED Probe: Anything else? Other specify Other specify Other specify Other specify Other specify Other specify
CIRCLE ① FOR ALL RESPONSES MENTIONED Probe: Anything else? Other: specify
MENTIONED Probe: Anything else? Other: specify
Probe: Anything else? Other: specify
Missing -66 403 If NO Why have you never had a test for cervical cancer? DO NOT READ RESPONSES CIRCLE ① FOR ALL RESPONSES MENTIONED Probe: Anything else? My partner wouldn't like it 1 0 I don't have the money 1 0 I don't like having these kinds of tests 1 0 I have never heard about this before Didn't know where to go Didn't know where to go Didn't think it would help me Did not have a reason to go for one 1 0 Other specify Other specify Other specify
403 If NO Why have you never had a test for cervical cancer? Embarrassed My partner wouldn't like it I don't have the money I don't like having these kinds of tests CIRCLE ① FOR ALL RESPONSES MENTIONED Probe: Anything else? My partner wouldn't like it I 0 I don't like having these kinds of tests I have never heard about this before Didn't know where to go Didn't think it would help me Did not have a reason to go for one Other Other specify Other specify
Why have you never had a test for cervical cancer? Embarrassed 1
Why have you never had a test for cervical cancer? Embarrassed 1
cancer? Embarrassed My partner wouldn't like it I don't have the money I don't have the money I don't have the money I don't like having these kinds of tests I have never heard about this before Didn't know where to go Didn't think it would help me Did not have a reason to go for one Anything else? CIRCLE ① FOR ALL RESPONSES I have never heard about this before I don't like having these kinds of tests I don't have never heard about this before I don't have a reason to go for one I don't think it would help me I don't have a reason to go for one I
DO NOT READ RESPONSES CIRCLE ① FOR ALL RESPONSES MENTIONED Probe: Anything else? My partner wouldn't like it I don't have the money I don't like having these kinds of tests I have never heard about this before Didn't know where to go Didn't think it would help me Did not have a reason to go for one Other Other Other Other specify Other
DO NOT READ RESPONSES CIRCLE ① FOR ALL RESPONSES MENTIONED Probe: Anything else? I don't like having these kinds of tests I have never heard about this before Didn't know where to go Didn't think it would help me Did not have a reason to go for one Other Other Other Other Other Other Other
DO NOT READ RESPONSES CIRCLE ① FOR ALL RESPONSES MENTIONED Probe: Anything else? I don't like having these kinds of tests I have never heard about this before Didn't know where to go Didn't think it would help me Did not have a reason to go for one Other Other Other specify Other specify
CIRCLE ① FOR ALL RESPONSES MENTIONED Probe: Anything else? I have never heard about this before Didn't know where to go Didn't know where to go Didn't think it would help me Did not have a reason to go for one Other Other Specify Other specify
MENTIONED Probe: Anything else? Didn't know where to go Didn't think it would help me Did not have a reason to go for one Other Other specify Other specify
Probe: Anything else? Didn't think it would help me Did not have a reason to go for one Other Other specify Other specify
Anything else? Did not have a reason to go for one Other Other Specify
Anything else? Other specify
Other specify
Missing -66
Missing -66
Missing -66
404 How many years ago was your last test for cervical Less than 1 year ago 1
cancer? 1-5 years 2
6-10 years 3
CIRCLE ONLY ONE > 10 years ago 4
Don't know 88
Missing -66
405 What was the result of your last test? Normal 1 Skip to
Abnormal 0 Skip to
Abnormal 0 Skip to
CIRCLE ONLY ONE Don't know 88 Skip to
CIRCLE ONLY ONE Don't know 88 Skip to Missing -66
CIRCLE ONLY ONE Don't know 88 Skip to Missing -66 Did you have any treatment for this? Yes 1
CIRCLE ONLY ONE Don't know 88 Skip to Missing -66 Did you have any treatment for this? Yes 1 No 0
CIRCLE ONLY ONE Don't know 88 Skip to Missing -66 Did you have any treatment for this? Yes 1
CIRCLE ONLY ONE Don't know Missing -66 Did you have any treatment for this? CIRCLE ONLY ONE Don't know Missing -66 Skip to Only to the property of t
CIRCLE ONLY ONE Don't know Missing -66 Did you have any treatment for this? Yes No 0

Study No. ____ ___

	SECTION-5: Vaccination Knowledge and attitu READ: "Now I would like to ask you about your of			
No.	Questions and filters	Coding categories	Code	Skip To
501	Have you ever heard of a vaccine or injection to prevent cervical cancer?	Yes No Unsure Missing	1 0 88 -66	Skip to 502 Skip to 503 Skip to 503
502	IF YES: Who is the vaccine or injection for? DO NOT READ RESPONSES CIRCLE ① FOR ALL RESPONSES MENTIONED Probe: Anybody specific?	Women/girls only Men and women/girls Women/girls under a certain age Women/girls who have not had sexual intercourse yet Don't know enough about it Other Other: Specify	M NM 1 0 1 0 1 0 1 0 1 0 1 0	
		Missing	-66	
503	Do you think a vaccine to prevent cervical cancer would be good to have?	Yes No Unsure Missing	1 0 88 -66	Skip to 505 Skip to 504 Skip to 504
504	IF NO or unsure: Why do you think it would not/ might not be good to have a vaccination to prevent cervical cancer? End interview. Thank the client for her help and ask: "Do you have any questions?"	OPEN RESPONSE		
505	SAY: There is such a vaccine: ASK: Would you advise primary school girls to have it?	Yes No Unsure	1 0 88	
	End interview. Thank the client for her help and ask: "Do you have any questions?"	Missing	-66	
	Signature of Interviewer (post-interview) (Your signature verifies that you have reviewed the resresponse marked.) INTERVIEWER: Is this survey complete? 1 = Complete 2 = Incomplete If not complete please give reasons:	sponses given by the interviewee, corrected any problems, and tha	t ALL question	ns have a

Study	No.		

VACCS Project – Second Interview

SECTION-6: **Knowledge of Pap Smears and cancer of the cervix**READ: "Now I would like to talk to you about cervical cancer and how to prevent it."

No.	Questions and filters	Coding categories	Code	Instructions
601	a) Can you explain what you understand about cervical cancer – that is cancer of the mouth of the womb?	OPEN RESPONSE		
	IF CLIENT SAYS SHE KNOWS NOTHING			
	ABOUT CERVCAL CANCER, SKIP TO SECTION 4			
602	What changes in your body would make you think that you had cervical cancer?	Pain Discharge from vagina	M NM 1 0 1 0	
	DO NOT READ RESPONSES	Odour from vagina Ulcers/sores on private parts	1 0 1 0	
	CIRCLE ① FOR ALL RESPONSES MENTIONED	Unusual bleeding There are no signs	1 0 1 0	
	Probe: Anything else?	Don't know Other	1 0	
		Other: Specify		
		Missing	-66	
603	Do you know how a woman can protect herself against developing cervical cancer?	Yes No Unsure	1 0 88	Skip to 304 Skip to 305 Skip to 304
		Missing	-66	
604	How can a woman protect herself against developing cervical cancer?	Regular pap smear	M NM 1 0	
		Regular examination of womb Seeing a special doctor	1 0 1 0	
	DO NOT READ RESPONSES	Regular visit to General Practitioner	1 0	
	CIRCLE ① FOR ALL RESPONSES MENTIONED	Not having sex Using condoms	1 0 1 0	
	Probe: Anything else?	Vaccine/injection Other screening tests Other	1 0 1 0	
		Other: Specify		
		Missing	-66	
605	Do you think cervical cancer can be cured with	Yes	1	
	treatment?	No Unsure	0 88	
		Missing	-66	

Study	No.		

SECTION-7: Cervix cancer screening HistoryREAD: "Now I would like to ask you about any cervix cancer screening tests you may have had"

No.	Questions and filters	Coding categories	Code	Instructions
701	Have you ever had a test for cervical cancer?	Yes	1	Skip to 402
		No	0	Skip to 403
		Unsure	88	Skip to 501
		Missing	-66	
702	If YES	_	M NM)
	What test did you have?	Pap smear	1 0	
	DO 1107 DE 10 DESCRIPCIO	Vaginal Examination	1 0	
	DO NOT READ RESPONSES	Tampon test	1 0	Skip to 40
	CIRCLE ① FOR ALL RESPONSES	Other	1 0	
	MENTIONED	Other: specify		IJ
	Probe: Anything else?	Other. specify		
		Missing	-66	
		Missing	-00	
703	If NO		M NM	
100	Why have you never had a test for cervical	Scared	1 0	1
	cancer?	Embarrassed	1 0	
	California.	My partner wouldn't like it	1 0	
		I don't have the money	1 0	
	DO NOT READ RESPONSES	I don't like having these kinds of tests	1 0	
	CIRCLE ① FOR ALL RESPONSES	I have never heard about this before	1 0	Skip to 5
	MENTIONED	Didn't know where to go	1 0	\
	Probe:	Didn't think it would help me	1 0	1 /
		Did not have a reason to go for one	1 0	
	Anything else?	Other	1 0	
		Other specify		
				1
				,
		Missing	-66	
		Wilsoling	-00	
704	How many years ago was your last test for cervical	Less than 1 year ago	1	
	cancer?	1-5 years	2	
	34.133.1	6-10 years	3	
	CIRCLE ONLY ONE	> 10 years ago	4	
		Don't know	88	
		Missing	-66	
705	What was the result of your last test?	Normal	1	Skip to 501
100	virial was the result of your last lest?	Abnormal	0	Skip to 301
	CIRCLE ONLY ONE	Don't know	88	Skip to 400
	5	Bont know		Jp 10 001
		Missing	-66	
706	Did you have any treatment for this?	Yes	1	
		No	0	
	CIRCLE ONLY ONE	Unsure	88	
		Missing	-66	

Study No. ___ __ __

	Questions and filters	Coding categories	Code	Skip 1
Ī	Have you ever heard of a vaccine or injection to			
	prevent cervical cancer?	Yes	1	Skip to
		No Unsure	0 88	Skip to Skip to
		Olisule	00	Skip to
		Missing	-66	
l	IF YES: Who is the vaccine or injection for?		M NM	
		Women/girls only	1 0	
		Men and women/girls	1 0	
	DO NOT READ RESPONSES	Women/girls under a certain age Women/girls who have not had sexual intercourse yet	1 0 1 0	
	CIRCLE ① FOR ALL RESPONSES	Don't know enough about it	1 0	
	MENTIONED	Other	1 0	
	Probe: Anybody specific?	Other: Specify		
	, , .			
			00	
		Missing	-66	
Do you think a vaccine to p	Do you think a vaccine to prevent cervical cancer would be good to have?	Yes	1 0	Skip to
I	would be good to have?	No Unsure	0 88	Skip to
I		Missing	00	OKIP to
		•	-66	
IF NO or unsure:		OPEN RESPONSE		
	Why do you think it would not/ might not			
	be good to have a vaccination to prevent cervical cancer?			
	End interview. Thank the client for her help and			
	ask: "Do you have any questions?"			
l	SAY: There is such a vaccine:	Yes	1	
	_	No	0	
	ASK: Would you advise primary school girls to	Unsure	88	
I	have it? End interview. Thank the client for her help and	Missing	-66	
	ask: "Do you have any questions?"	Wilsoning	-00	
	Signature of Interviewer (post-interview)			
	Your signature verifies that you have reviewed the res	ponses given by the interviewee, corrected any problems, and the	t ALL questior	ns have a
	response marked.)			
	NTERVIEWER: Is this survey complete?			
	1 = Complete			
	2 = Incomplete			
	f not complete please give reasons:			
			 	
•				