ADDRESS LETTERS TO
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The catch up program for human papillomavirus vaccine

Dear Editor

I am uncertain how many general practitioners are aware that the program providing free human papillomavirus (HPV) vaccination to women aged 18–26 years ends 30 June 2009. Termination of the program means that any vaccine given after 30 June 2009 will not be subsidised under the Pharmaceutical Benefits Scheme and will attract a cost of at least $150 per dose. This applies not only to young women who start vaccination after 30 June 2009, but also to women who have started the course of vaccination but not completed all three injections by the end of June. Any vaccine given after the 30 June 2009 will attract the full price.

In practice this means that women who start the vaccination course after the end of January 2009 will have to pay full price for at least one injection.

My concern is that this cost will deter women from completing the full vaccination course, impairing their future immunity to HPV infection. The reduction in incidence of cervical cancer in Australia depends on maximal coverage of eligible women.

I urge all GPs to opportunistically prompt all women aged 18–26 years who have not yet had a course of the HPV vaccine to start vaccination before 31 January so that they can complete the requisite course by the 30 June 2009. Furthermore, I would encourage all GPs to ensure that they recall eligible women to complete the course within the time frame of the program. Although the first two doses should be given 4 weeks apart, giving the third dose some time later than 6 months does not impair its efficacy.

It is likely that most women in this age group will already be sexually active, but they can still derive some benefit from a course of HPV vaccine.

In phase three trials of the quadrivalent vaccine, 94% of participants at baseline had a median of two lifetime sexual partners and 73% were naïve to all four types of HPV covered by the vaccine. Even in women who have had more lifetime sexual partners it is unlikely that they will have come into contact with all four HPV types and so may still derive protection against at least one or more of the HPV types in the vaccine, even if they do not obtain the maximum benefit.

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Lessons from the TAPS study – warfarin: a major cause of threats to patient safety

Dear Editor

The Threats to Australian Patient Safety (TAPS) study investigated a compilation of anonymous error reports from a sample of Australian GPs,[1] enabling analysis of potentially preventable threats to patient safety due to warfarin (*AFP* October 2008).[2] Errors ascribed to these threats, alongside the authors' lessons, highlight the complexities associated with a model of care reliant on multiple health providers. Warfarin is often recommended by specialists who hand over patient management to the GP. This is usually within a multitiered model of care comprising the specialist, GP, pharmacist, pathology provider, and last but not least, the patient.

Such a model creates opportunities for communication lapses between stakeholders, thereby creating a barrier that has the potential to compromise optimal patient care and lead to adverse events. Warfarin management requires a holistic approach including collaboration of all stakeholders – GPs, pharmacists, pathology providers, specialists, hospitals and patients.

The TAPS study clearly identifies important lessons for GPs for error prevention, however there is a need to acknowledge patients' characteristics. This critical link in the warfarin model of care needs attention with a specific focus on patients' capacity and ability to understand and manage the intricacies associated with warfarin. Clearly there needs to be a stronger emphasis for patient warfarin education in an environment of shared responsibility between GP and hospitals.

We stress that GPs regularly review their patients' cognition and social support to ensure these important lessons in the prevention of warfarin related errors be implemented optimally. This would be in the context of developing a patient focused care plan that encourages effective collaboration between all stakeholders.

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