

HPV VACCINE

Providing protection or promoting promiscuity?

Cervical cancer is a major cause of disease and death in women worldwide with over 450,000 new cases each year. Though in the UK, there are just over 1,000 deaths annually from cervical cancer, in countries that do not have any cervical screening programme, the death toll is much higher.

Human papillomavirus (HPV) is the main aetiological agent in the development of cervical cancer and now that 'vaccine prospects are bright'¹ for this virus, the next few years will see major promotions by the two companies competing for vaccine sales.

In the hype surrounding what is a major advance in prevention, important messages will tend to be drowned out by the advertising excesses on the one hand and the likely moral backlash against something that could be mistakenly seen as 'promoting promiscuity'.

The first thing to emphasize is that neither vaccine has been proven to prevent cervical cancer. The disease usually takes many years to develop and the trials show that the vaccines are so far 100% effective in reducing HPV 16 and 18 pre-cancer changes.² Though these two types of the virus account for around 70% of cervical cancer, this still leaves women at risk from other types and cervical screening will be just as important and must be implemented just as vigilantly after vaccine introduction as before.¹ Even if a vaccine against all types of HPV were introduced tomorrow it is likely that cervical screening would continue for another 20 years. The vaccine is therefore going to be an additional expense to such screening rather than a substitute.

Secondly, the vaccine is not a prophylaxis against promiscuity. Though HPV is the most common viral sexually transmitted infection (STI), it is only one of well over 20 STIs. The two vaccines only protect against two (Cervarix) or four (Gardasil) strains of HPV. Those who have sex with even one partner, let alone more than one, whose sexual history they do not know are still at considerable risk of acquiring an STI even if using condoms³ and even if they are vaccinated. The need for the 'saved sex' message will not diminish even should HPV vaccination become universal.⁴ In fact, the necessity for the vaccine emphasises the importance of the 'saved sex'. Condoms offer little or no protection against HPV transmission and only minimal protection against HPV-related disease,⁵ so 'abstinence outside marriage and faithfulness within it' will remain an important sexual health promotion message.

Thirdly, many unknowns will remain for a long time to come. Though no adverse effects attributable to the vaccine have occurred in any trials so far, the MMR debacle and concerns about pertussis vaccine before that, have shown that public perception of vaccine safety cannot be taken for granted. We do not as yet know how long immunity will last and whether booster doses will be needed. The age at which the vaccination should be given has also not been settled, nor whether boys as well as girls should be offered it. And despite the fact that HPV infection simply does not enter into the

equation when young teenagers decide to have first sex, many parents will intuitively feel uncomfortable about the idea of their youngster being vaccinated against an STI.

If any Christian doctor feels that he or she must totally denounce the vaccine, they should certainly answer some tough questions first. If an effective HIV vaccine should be developed, there would surely be no grounds for giving it only to haemophiliacs. In which case, why is HPV vaccine any different in principle? HPV infection and cervical cancer isn't always 'the woman's fault' – surely denying women the vaccine implies it is? What of women who are raped? What if they are faithful but their husbands have had lots of partners, with or without their knowledge? Shouldn't we be offering these women a protective vaccine against cervical cancer? And if these women, why not all women?

There are many unhelpful pressures on underage children to engage in premature sex with all its associated risks and it would be tragic if the introduction of this vaccine simply added to that pressure. Jesus' warning about the dire consequences of leading children into harm should always be at the forefront of our minds.⁶ Though we have a clear mandate never to 'do evil that good may result',⁷ it is always more difficult when others take advantage of our doing good to do evil. Even the coming of Christ led to the slaughter of many innocent children by Herod.⁸ Few CMF members will doubt that protection against HPV infection in itself is good. The CMDA, our sister organisation in the US, 'enthusiastically welcomes' the vaccine.⁹ In my view, we should do likewise but we also need to pray that in its eventual introduction, others don't exploit the situation by downplaying the many remaining physical, psychological and spiritual health risks to young people of underage sex.

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