

Rebuttal: Do you approve of spending \$300 million on HPV vaccination?

NO

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The recent launch of human papillomavirus (HPV) vaccine has been showcased as successful condition branding¹ (though some would call it *disease mongering*). However, we cannot consider this product in isolation; there is no single answer to the interrelated questions about cervical cancer, sexual health, and primary care interventions. Nor can we be as sanguine as they are about vaccination programs when only limited short-term data are available.

True, the vaccine looks relatively safe; it might even be a piece of the puzzle. But at this time, we must consider whether we want to direct funding to this alone. Rather than being a “clear gesture of solidarity with Canadian women,”² the \$300 million allocation has the aura of an attempt to buy women off. If there were such goodwill toward women, the funds to purchase this expensive vaccine would be used for overall sexual and reproductive health programs and other approaches to sexual health with possibly more far-reaching effects on health generally than just protecting girls from infection with 4 strains of HPV.

Two points need clarification.

- In discussing secondary prevention, Steben appears to conflate HPV infections with cervical cancer. Yes, screening for the latter has “limitations,” but these might be the same limitations that will leave even vaccinated women at continued risk of invasive cervical cancer. We need to allocate funding to improve screening programs and to support screening registries and other methods of ensuring that women no longer develop invasive cervical cancer because of failures of the health system.

- Steben does not mention that, among those infected with HPV, 90% will spontaneously clear the virus without intervention. This needs to be emphasized so that fear and further confusion between infection and invasive cancer are both avoided.

Women and girls deserve more than being bought off with a series of shots, and they need solid and complete data if they are to make informed decisions about taking part in vaccination programs. All of us must be vigilant to ensure that private interests do not dictate health policy or take precedence over public health needs. 

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Competing interests

None declared

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References

1. Angelmar R, Angelmar S, Kane L. Building strong condition brands. *J Med Marketing* 2007;7(4):341-51.
2. Steben M. Do you approve of spending \$300 million on HPV vaccination? Yes [debate]. *Can Fam Physician* 2008;54:174-7 (Eng), 178-81 (Fr).

Cet article se trouve aussi en français à la page 345.

These rebuttals are responses from the authors of the debates in the February issue (*Can Fam Physician* 2008;54:174-7).