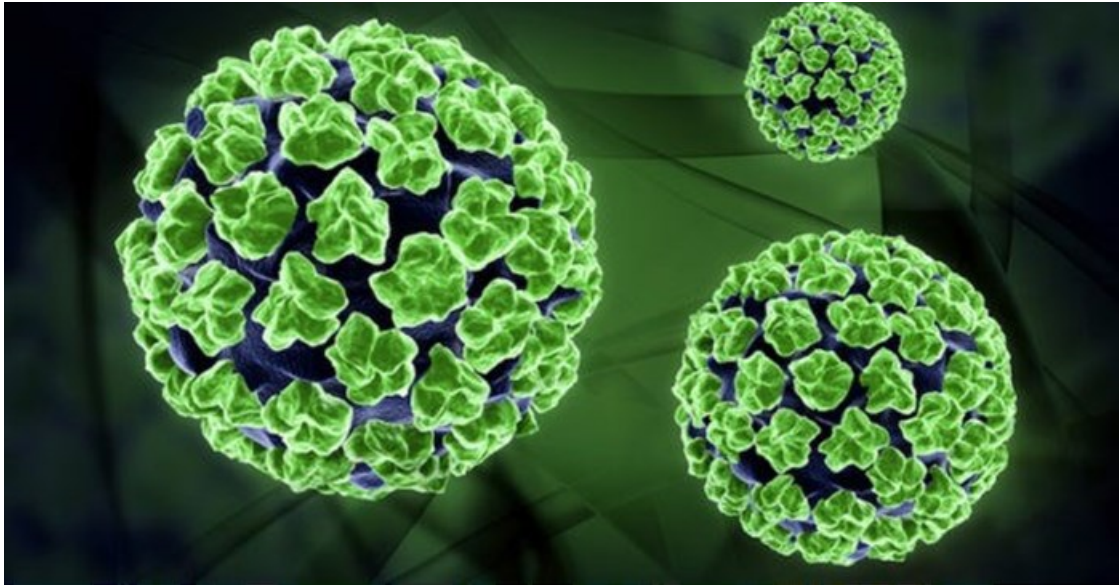


Vaccine 90-100% effective against HPV

According to the World Health Organisation (WHO), by the end of 2014, the human papillomavirus (HPV) vaccine was available in 63 countries around the world. In March of that same year the South African department of health, supported by WHO, introduced a national plan to vaccinate girls in Grade 4 (nine years and older) in public schools.

Vaccination against HPV is 90-100 % effective in causing immunity against the most important viral strains that cause disease. In this way it helps to prevent precancerous changes in the cells of the cervix.



“Vaccination programmes have been remarkably successful around the world, especially in countries like Australia and Rwanda”, says Professor Hennie Botha, head of gynaecological oncology at the University of Stellenbosch. In Australia, in comparison to before the vaccine was routinely available, the proportion of women between the ages of 18 and 24 infected with the virus has decreased by 77%.

“In order to obtain good protection of the population as a whole, we need to vaccinate at least 70 % of schoolgirls”, explains Botha. “So it is essential that parents understand how important it is to allow their daughters to be vaccinated. Myths that the vaccine is unsafe, causes infertility or leads to increased promiscuity have no basis and are simply not true.

“In contrast, not vaccinating your child leaves them at risk of devastating and potentially fatal disease in later life. At the moment only girls are receiving the vaccine, but there are plans to extend the vaccine also to boys in the future. Although the risk of cancer from HPV is lower in boys, young men can transmit the virus to their partners, so vaccinating them not

only protects their own health, but adds to protecting the health of young women and those who are not vaccinated as well.”

Dr Trudy Smith, a Johannesburg-based gynaecologist agrees. “It would be ideal to vaccinate both boys and girls, but to have a significant impact on cancer, the most important and cost-effective strategy for the government is to start with girls,” she says.

School programme

“The vaccine offered in schools helps to protect against two strains of the virus most commonly responsible for cancer (the bivalent vaccine). However, there are also two other strains of HPV that cause genital warts and a different vaccine that covers all four of these strains (the quadrivalent vaccine) is available that can protect against both cancer and genital warts. Because genital warts are common, boys benefit mostly from receiving the quadrivalent vaccine and the bivalent vaccine should not be used in boys. HPV-associated cancer is relatively rare in men, however.”

The quadrivalent vaccine that protects against the four strains of HPV most commonly responsible for anogenital warts and cervical cancer is recommended for girls and women from age nine to 45 years and boys and men aged between nine and 26.

Currently, the government does not provide free vaccination to children who are at private schools. “Parents of a girl who is not at a government-run school need to be encouraged to take responsibility for their child’s health, because it is up to them whether the child gets an HPV vaccine or not”, says Smith.

“I strongly recommend that they speak to their local private vaccination clinic or GP about vaccinating. It can be done from nine years of age and ideally before age 14, so that adolescents and young adults have the best possible protection long before they start any kind of sexual activity and are exposed to HPV. HPV is so common that almost everyone will be exposed at some point and most never know they are infected.

“So even if your daughter waits until marriage to have sex, or only has one partner in the future, she could still be exposed if her partner has been exposed to HPV. I would also advise older women to speak to their doctor about vaccination if they have not already done so.”

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