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Cervical cancer kills more than 250,000 women each year and, as such, is the second most common cancer to affect women. Cervical cancer is 100% attributable to infection with human papillomavirus (HPV) and the availability of a vaccine to prevent infection with high-risk HPV genotypes could therefore have an immensely positive impact on women's health.

Phase III clinical trials of an HPV vaccine based on vaccine-like particles (VLPs) are ongoing and, based on the positive results obtained in earlier trials, investigators are confident that an HPV vaccine will be licensed within the next five years. This is, of course, excellent news. However, as John Schiller and Philip Davies point out in their Science and Society article on page 343 of this issue, the availability of a vaccine that targets a sexually transmitted disease raises many complex social and ethical issues.

For example, how many parents will be willing to let their twelve-year-old daughter be vaccinated against an infection that she will only acquire when she becomes sexually active? Will the vaccination of adolescents against a sexually transmitted infection lead to an increase in sexual promiscuity? And is it possible there will be a demand for the altruistic vaccination of adolescent boys? These interesting questions are just a few of the issues that might arise when an HPV vaccine becomes available, and the issue of whether the vaccine would be protective in men requires further experimental work. For an HPV vaccination programme to be publicly accepted, it is imperative that these controversial issues are debated openly and that the development of a coordinated public health education programme is considered as a priority by the relevant governments and agencies.



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