

as females, raising the issue of whether HPV vaccination should now be routinely offered to boys as well as girls.

An increasing number of patient and professional groups, as well as individual clinicians, believe it is time to follow the lead of the Australian government and extend the HPV vaccination programme to boys. HPV Action, an advocacy collaboration representing 22 organisations, including the British Dental Health Foundation (BDHF), the Mouth Cancer Foundation and the Throat Cancer Foundation, supports this. The Faculty of Public Health and Cancer Research UK also believe it is time for a change.

The arguments for vaccinating both boys and girls are clear. Even though the UK's HPV vaccination programme reaches over 80% of girls, there are many communities (both geographic and socio-cultural) where coverage rates are much lower. Vaccinating males would therefore help to protect females in these groups from cervical cancer and other HPV-related diseases. Males themselves would also be protected from HPV infection by non-vaccinated females, whether they are from the UK or other countries, and by other males. The current girls-only vaccination programme leaves men who have sex with men (MSM) at particular risk of infection because they do not benefit from any 'herd protection'.

It would be untenable to extend the programme just to MSM because it would be unlikely to reach most of this population and because optimal protection occurs only if vaccination is administered before sexual debut. It would not be possible to target MSM at the age of 12/13 because sexual preferences are not established and it would in any event be unethical to question boys about this.

The cost-effectiveness of extending the programme to boys is difficult to ascertain because of uncertainties about the cost of the vaccine and also whether the evidence for switching from a 3-dose to a 2-dose schedule proves compelling. Cost-effectiveness is also influenced by the range of diseases taken into account. The Throat Cancer Foundation estimates that it would cost about £2 million a year to vaccinate boys in Scotland; if this is correct, the costs for the whole of the UK would not be significant compared to the

major long-term public health benefits.

Readers who support HPV vaccination for boys can write to their MP and/or the public health minister Jane Ellison MP at the Department of Health. HPV Action's website, [www.hpvaction.org](http://www.hpvaction.org), contains further information.

**P. Baker, Campaign Director, HPV Action**

1. Stanley M. Vaccinate boys too. *Nature* 2012; **488**: S10.
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DOI: 10.1038/sj.bdj.2013.1150

## NOT JUST THE JOINTS

Sir, I read the letter *Lack of TMJ knowledge* (*BDJ* 2013; 215: 443) with interest. I completely agree that teaching in diagnosis and management of temporomandibular disorders is sadly lacking in undergraduate teaching and also with the sentiment that 'examination, knowledge and pathology is not well understood and more training ... is warranted'. I do, however, have some issues with the emphasis of the letter. When addressing the issue as a 'Lack of TMJ knowledge' this excludes the implication of the mandibular muscles and the occlusion which are the other two parts of the trilogity. The term temporomandibular disorders (TMD) is a better generic term which involves the articulatory system, not just the joints (TMJ). This letter is written from a surgeon's viewpoint and I feel general practitioners must remain aware that the treatment of TMD falls into a conservative, not surgical, regime. Surgical intervention is necessary in less than 1% of all TMD patients seen on a clinic dedicated to the management of 'TMD' patients who are secondary or tertiary referrals therefore the incidence in general practice of such a necessity is remote. I agree, however, that practitioners should always be aware of the place surgery has to offer in the rare instances it is required. The Cochrane analysis that the author refers to did not include soft splints in its consideration. This therefore does not give justification for suggesting that the soft vacuum formed splint provides a 'good alternative' to a splint specifically designed for an individual patient's needs. It does not.

**R. Gray, by email**

DOI: 10.1038/sj.bdj.2013.1151