

STD, HPV and Equity in Public Attention, Continuing

Some people believe that everything is written in fate. Others strive for a fate. Here, we will argue supporting people who suffer from diseases that, besides causing serious physical problems, are linked to outstanding millennial prejudices.

There are no more doubts that HPV is a sexually transmitted disease of most incidence and prevalence around the world, infecting men and women of all social and economic classes.

There are no more doubts that time has already past for the equity in the attention to sexually transmitted diseases, not prioritizing some of them, AIDS among them, to widely cover sexual and reproductive health.

There are no more doubts that vaccines are amongst the most important benefits for the welfare of the human species, as well as of several other animals, as bovine, birds, equine...

There are no more doubts that prophylactic vaccines against HPV, that causes warts and anogenital intraepithelial neoplasia, are highly effective (above 90% for warts and above 70% for neoplasia), and are available throughout the world since 2006.

There are no more doubts that a prophylactic vaccine against HIV, with 30% efficiency, is being freely distributed by public assistance, especially in Brazil.

There are no more doubts that the public and NGO actions for HIV, in Brazil, are amongst the best in the world, and are recognized by the scientific community and politicians as well. However, there are no more doubts that these same segments are not being effective in their attention to classic STD. They are not fighting with the same strength nor are active when HIV infection is concerned (prevention, diagnosis, treatment, rehabilitation, human rights, social insertion...). They claim against gender inequality, against homophobia, against women vulnerability to HIV infection, fight for free and universal availability of the diagnosis means and classic drug treatments, but act very weakly when syphilis, chlamydia, vaginitis, and HPV are concerned.

According to the Cancer National Institute, at least 4,000 women die every year, in Brazil, with cervical cancer. However, according to the World Health Organization there are over 8,000 deaths.

On the other hand, it is big mistake to try to evaluate the diseases burden caused by HPV using only data on cervical cancer, as problems involving HPV are much enlarge.

Last year the Brazilian Urological Society struggled against penis cancer (more than half of them caused by HPV), reporting that more than one thousand penises are amputated every year in Brazil (source: SUS).

We have vaccines against those and other diseases caused by HPV, however public assistance divulge documents informing that more studies are necessary on the efficacy in our environment.

The Australian government, for example, has already freely immunized, since 2007, more than 80% of teenagers in the main

cities of that country. Australian researchers already show a significant decrease of diseases (warts and neoplasia) in men and women under 28 years. Researchers also report there is a decrease of the abnormal results in Papanicolaou in Australian women.

Are the dozens of studies published in several scientific literature around the world not valid for Brazil?

Many managers only work when there is pressure. The press (written, spoken, televised and internetized), showing lines of people in outpatient clinics or dying in emergency rooms, rather than exposes suffering of others, brings to light the inefficiency of many administrators.

The swine flu, better saying, the influenza H1N1, explodes at our faces. Last year, the national media flooded us daily with information on this problem. In less than one year, the Brazilian government was able to close contracts and build campaigns (publicity included) to try to immunize more than half of the Brazilian people with vaccines developed in less than one year. Congratulations for the efficiency! But what are the conflicts impeding that same actions are taken when the diseases caused by HPV are concerned? Lack of financial resources? Lack of political will (public health)? Lack of what?

In the financial resource item, it is known that the Brazilian government spent R\$ 1,88 billion in a recent campaign to fight H1N1. It was really an excellent work. However, it is not known how much was spent, or will be in 2010, for the classic STD (syphilis, urethritis, vaginitis, herpes, condyloma acuminata...)

Three thousand people, approximately, died last year due to complications of the flu, including the pregnant women babies.

Will the death caused by HPV – cervical, penis, vulva, vagina, anal cancer (anus cancer is more frequent in MSM infected by HIV), laryngeal cancer – less important than the death caused by H1N1 influenza? Is there such a thing as a more important death? On March 15 past, the Health minister, in a network interview (<http://video.globo.com/Videos/Player/Entretenimento/0,,GIM1230079-7822-MINISTRO+JOSE+GOMES+TEMPORAO+FALA+SOBRE+A+SAUDE+NO+BRASIL,00.html>), said the dengue problem will only be solved with a vaccine. When asked about the STDs, the minister mentioned “gonorrhea, syphilis and Aids”, but never mentioned HPV (the most prevalent viral STD) nor prophylactic vaccines against this virus.

It is a difficult issue to address: knowing the worldwide efficacy and availability of HPV vaccines, who will be responsible for the future cases of diseases caused by this virus, as the necessary means to avoid them are not available, by primary prophylaxis, for low-income young people?

Will the family and the school be responsible, since they do not efficiently address themes such as STD prevention? Will the population, mainly young people, be responsible, since they do

not use preservatives consistently? Will the media be responsible, since consistent themes such as health education and STD are not informed? Will the health network be responsible, since it is not able to diagnose, treat, nor asks for exams such as oncotic col-pocitology in a consistent way for all population in need? Will the commission for the evaluation of the HPV vaccination, which issues a contrary opinion to this public health action, be responsible? Will the public health services be responsible, which, unlike services from several countries, deny the HPV vaccination in the national calendar? Will the medical societies be responsible for not having an incisive attitude?

By a proper decision of good practice in public health policy, the Health Public System (SUS) widened the hepatitis B vaccine in Brazil since March of the present year (March 20, 2010); <http://www.aids.gov.br/data/Pages/LUMISE77B47C8ITEMID18CAB45D5BC64DDBB9BD426D1FCF7CFEPTBRIE.htm>. However, heterossexuals were simply not included, as “men who make sex with men, lesbians, bissexuals, and transgenders” are included in the benefited “group” by the public official policy. Are not heterossexuals men and women in risk of contracting hepatitis B? Is there an official prejudice from the State against heterossexuals? Is there a lack of vaccines? Why does the public health management exclude the heterossexuals from the hepatitis B vaccination?

Thus, a number of public health care services deny vaccination anti-hepatitis B for those who are not under the Ministry of Health’s new determination. Following, some data on HPV transmission:

- HPV transmission probability during sexual intercourse varies from 5% to 100%, with an average of 40% (Burchell *et al. Modeling the sexual transmissibility of human papillomavirus infection using stochastic computer simulation and empirical data from a cohort study of young women in Montreal, Canada. Am J Epidemiol* 2006; 163(6): 534-43).
- HPV transmission from man to woman is of 60% for HPV 16. (Barnabas *et al. Epidemiology of HPV 16 and cervical cancer in Finland and the potential impact of vaccination: mathematical modeling analyses. PLoS Med* 2006; 3(5):e138).
- Seventy per cent (35/50) of sexual partners of HPV infected women were positive for HPV. (Hybrid Capture II): 32% for “high risk”; 14% for “low risk”; and 24% for both. (Nicolau SM *et al. Urology* 2005; 65(2); 251-5).
- Flat penile lesions: the “invisible” infection linked to the transmission of human papillomavirus. (Bleeker MC *et al. Int J Cancer* 2006; 119(11): 2505-12).

Knowing the high taxes of HPV transmission and the distressing experiences (not to say hideous) of countless people (mostly women) have to face, such as sexual abuse and rape, we must also indicate the vaccination against HPV in thoses cases, besides the widely informed routine.

In April, 2010, we have coordinated a medical-scientific event on HPV in Rio de Janeiro. In the last day of the event, all lecturers suggested a document should be written and addressed to the public health service and management.

More than one hundred professionals participating in the event (lecturers and listeners) unanimously approved the proposal presented at that time.

The proposal is as follows:

“*The participants of the HPV in Rio, II Brazilian Symposium of Human Papillomavirus (scientific event organized by the Sexually Transmitted Diseases Division of the Universidade Federal Fluminense – RJ), most of them composed of physicians who work in the STD attention, after three days of important and consistent explanations and debates, approved the following propositions and addressed them to the STD/AIDS National Program and Viral Hepatitis of the Health Ministry of Brazil.*

1. *Actions on sexual and reproductive health must have continuous activities not only for the general population, but prioritizing public and private lower and high schools scope.*

2. *Reinforce, in the sexual and reproductive health actions, that the consistent use of preservatives is primordial in the STD prevention, including HPV.*

3. *In 2010, public service must make continuous activities for the medical education on STD themes and sexual and reproductive health, prioritizing their employees.*

4. *In 2010, public service must provide all resources for the diagnosis and treatments available in the medical practice for an effective attention to people with diseases caused by HPV (condyloma acuminata, cervical, vulva, vagina, penis, anus intraepithelial neoplasias...).*

5. *In 2010, public service must provide a vaccination program against diseases caused by HPV (condyloma acuminata, cervical, vulva, vagina, penis, anus intraepithelial neoplasias...).*

Rio de Janeiro, April 24, 2010

HPV in Rio Commission

II Brazilian Symposium of Human Papillomavirus”

Knowledge and abilities are not enough to solve a problem. Actions must be called for: people must call the competent (or incompetent) authorities to their responsibilities; the pharmaceutical industry must hold their greed; the public service and the country’s government must accomplish their role in providing the best for the public health, and also strive to reduce the abusive taxes which overloads the citizen.

Acting like that, we consider the attention becomes closer to the equity. Some people believe that the Brazilian people deserve the government they have. Others fight to live with governments who deserve the Brazilian people. I have always been in the second group.

MAURO ROMERO LEAL PASSOS

Associate professor, Head of the STD Division of the

Universidade Federal Fluminense

Editor-in-chief of the *Jornal Brasileiro de DST*