EDITORS' NOTE ON NONAVALENT HPV VACCINE (9HPV)

Nota dos editores sobre a vacina nonavalente contra o HPV (9HPV)

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In the first place, I would like to emphasize and thank the great initiative and exceptional Editorial by Professor Edson Fedrizzi.

Despite all that has been said, we should not fail to mention that the frequent use of male or female condoms (long forgotten in educational campaigns, of free distribution in public events and put for sale at commercial establishments) is an essential method to prevent all sexually transmitted diseases (STDs), including the Human papillomavirus HPV, hepatitis B, and HIV. Frequently, people infected with STD are those who already acquired another STD. Vaccination against HPV does not protect these people against other STDs. Therefore, since there are no vaccines against classic STDs (except for hepatitis B), any information on HPV should (and, in fact, have) support vast actions against all other STDs.

On the other hand, appeals for the prevention of HPV infections and associated diseases should not insist on exclusive statements that this is a vaccine against cervical cancer. In our point of view, keeping on spreading messages that cause fear/terror with "heavy" words, such as cancer, means missing a valuable opportunity to create a "kind" channel to broadly talk about sex and STDs, without prejudice, to the entire population, especially adolescents. We point out that this is also the vaccine against premalignant and malignant lesions of the penis, anus, vulva and oropharynx.

Sure of the importance of the HPV vaccine, we support the expansion of the administration by the Brazilian public health system for people of both genders, aged from 9 to 17, *people of both genders up to 45 years of age* living with HIV, solid organs transplanted people, bone marrow, oncologic, people victims of rape and sexual abuse, and for users of pre- and post-HIV prophylaxis (PrEP and PEP). These groups of people have the most severe outcomes when affected by HPV. At this moment, 9HPV vaccine is the best way to prevent HPV infections/diseases.

We must also get out of the monotony that is up to the public sector only to fight STDs. All sections and actors, including health and education professionals (public, private, and non-governmental organizations), public and private health managers/supplementary medicine (diseases prevention and treatments impact corporate finances), professionals from health scientific societies and education, communication and social sciences, media professionals in general, social influencers, and people in general are also responsible, considering we lack books, plays, movies, social media posts, lectures, seminars, articles, and interviews in newspapers and magazines on the matter, that is, general pieces of raising awareness. Every action leads to more information, dialogues about sexuality, and emotional and social repercussions involving STDs. It will provide the basis for correct information, minimizing the impact of fake news and actions of anti-vaccine groups⁽¹⁾.

For a long time, since the pre-launch, launch and post-launch dissemination of bi and quadrivalent vaccines against HPV in Brazil, we have been "flooded" by vaccine producing companies with the speech that we have to make and offer what is most effective against infections/diseases caused by different types of HPV. Thus, we work on a day-to-day basis on various problems.

Today, the world made available a vaccine with a higher action spectrum against HPV. However, as already said, the 9HPV vaccine has been approved in Brazil since 2017. However, it is not available neither to the Brazilian population (in the public and private sphere) nor to several other countries in Latin America and Africa. Areas in which infections/diseases (including cancer) caused by HPV are the largest in the world. Please refer to the Brazilian data already available.

We have information that the 9HPV vaccine is already available in China, where the public service, as far as we know, has not sponsored the purchase of 4HPV vaccine for public vaccination in same the scale that Brazil has implemented and implements since 2014.

As informed by immunization market professionals, the producer of 4HPV and 9HPV vaccines is having trouble to meet the demands, especially with the entry in the Chinese market.

The commercialization of the 9HPV vaccine to new countries, however, given that the manufacturer cannot produce for all the market, made impossible to the Brazilian population (public and private) to have the best product in the prevention/ fight against infections/diseases caused by HPV, because this is an evolution of 4HPV, implemented in Brazil in the public network since 2014, and commercialized, concurrently, in the private system since 2007.

Situations like these strengthen the speech that above respecting and solidifying advances in public health, by the concept of private pharmaceutical companies, is the opening of new fields of business, trades and profit. Issues such as improving people's health are secondary⁽²⁾.

As far as we know, the 9HPV vaccine is available in public and private spheres in the United States, Canada, Chile, Ecuador, Peru, Croatia, Denmark, Scotland, Gibraltar, Italy, Lietchtentein, Wales, Portugal, United Kingdom, Czech Republic, Serbia, Switzerland, Turkmenistan, Israel, Qatar, South Korea, Singapore, Australia, New Zealand, China, Hong Kong⁽³⁾.

When will Brazil have the 9HPV vaccine available, at least for the private system, like what happened with 2HPV and 4HPV?

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Ethics Committee

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