Cervical cancer and the human papillomavirus vaccine

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Background

As a former sufferer from cervical cancer, I obviously gave a huge whoop of joy at the recent announcement about the human papillomavirus (HPV) vaccine. At last a simple, effective weapon to use against the disease. What's not to like?

But to be frank, I was sure I'd be a lone voice, at least in the wilderness of the lay domain. In an age when the fpa's (Family Planning Association) support of continued confidentiality in sexual health treatment for under-16s was greeted with a howl of outrage from press and public alike, I fully expected the same kind of shock and horror at the announcement of the new HPV vaccine – particularly the suggestion that it be given to girls as young as 9 or 10 years old. Surely this would be seen as the end of civilisation as we know it?

So, on 7 November 2005, the day the vaccine news was announced, I embarked on a two-pronged exploration of the response to that news: a review of press coverage for the month following the announcement, and a survey of parents and daughters during the 3 months following that coverage (see Author Notes). And I have to admit that what I found did surprise me.

Few attacks

To begin with the press. In the total of 13 pieces of coverage – 11 of the broadsheets and tabloids, plus the BBC News and *The Guardian* websites – there were only occasional, often single sentence, criticisms.

Five of the eleven sources made no negative comments at all, and of the six that did, four gave just a single, often toned down, sentence: "the vaccine ... *could* encourage under-age sex" (*The Sun*), "... *might* be seen as encouraging promiscuity" (*The Mirror*) and "... *could* encourage girls to become sexually active long before the legal age of consent" (*The Mail*).

Only *The Times*, in an extended article by Catholic journalist, Christina Odone, was in full attack mode. She blamed cervical cancer entirely on what she termed 'promiscuity'. Odone also attacked the Government for "preferring to launch a huge immunisation programme rather than confront the thorny issue of premature and promiscuous sex. If only our children didn't have to pay for official cowardice". Great rhetoric. Though at the time of going to press, I hadn't actually noticed the Government announcing any change in policy as a direct result of the vaccine's launch!

Press positivity

And in any case, it was Odone who was the lone wilderness voice; apart from her, the press was actively celebratory. Celebratory in their headlines: "Stunning Cervical Cancer Breakthrough" (*Guardian Unlimited*) and "Miracle of New Cancer Vaccine" (*Daily Express*). Celebratory in their copy: "dramatic results ... hugely beneficial ... revolutionary ... 100% effective".

And celebratory in their expert quotes. Unusually, the coverage didn't draw on just one expert source – though this Journal's editor, Dr Anne Szarewski, was quoted several times as saying that the vaccine held "great promise for the future". But her view was supported – in rising order of breathless enthusiasm – by Professor Peter Rigby ("very exciting"), Dr Eliav Barr ("We're breaking out the champagne") and Dr Charles Lacey ("We can see the promised land on the other side"). The impression given was that medical opinion was utterly convinced by the vaccine, and that therefore the public should be too.

Parental support

And actually the public is. The flurry of reader responses to the press coverage was also overwhelmingly positive – as one reader letter on the BBC News website put it: "This is fabulous news". Even Christina Odone was refuted by her readers; not a single published letter in *The Times* supported her and the following quote was typical: "I cannot agree that [sex education] should be enforced by denying [this] life saving vaccine".

“ I don't think anyone would decide to have sex just because they'd had a single injection. ”

And this view was also typical of the parents and daughters in my survey. Eleven of the 14 parents were unequivocal, three qualified their positivity with a request for evidence, and the fourteenth commented: "It isn't my decision ... but I'd really want her to have it". That would be a vote of confidence, then.

Parents do have reservations, mostly around the need for further research. They were concerned that, notwithstanding the stunning short-term results, the long-term implications of the vaccine aren't known. "I would need reassurance that there have been all the relevant trials", "despite assurances of safety, I am worried about unseen side effects" and "not until some years' experience has been gained after use in the wider population" were typical comments.

Plus, quite correctly, many parents emphasised that the vaccine should be part of "a whole batch of [measures taken to raise] awareness of sexual health". These parents appreciated the importance of continued smear tests, of sex education, of contraception and protection; all points with which professionals would wholeheartedly concur.

Daughter enthusiasm

Strikingly, no one overtly bought into the idea that early vaccination would increase the likelihood of early sex. On the contrary, they argued against it. "I was vaccinated aged 11 for rubella and that certainly did not encourage me to have a baby underage." "I don't think anyone would decide to have sex just because they'd had a single injection."

Hence, apart from one mother who said that she would leave the decision to her daughter, all the respondents said that they would be happy to actively mention the vaccine and would offer their daughters encouragement to have it.

The daughters were, if anything, even more in favour. All said that they would definitely want the vaccine, and couldn't see why anyone wouldn't. "It would give me reassurance ... it would protect me."

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FROM OUR CONSUMER CORRESPONDENT

They were slightly more hesitant about whether to mention their decision to their parents – not because they wouldn't feel able to raise the subject, but because they queried the presupposition that they would need to mention it. These girls saw themselves as being sexual decision-makers, saw the vaccine as being part of a necessary sexual strategy, and saw their parents' opinions as being interesting, valuable, but ultimately not the deciding factor. As one 14-year-old put it: "I would inform my mum ... and expect no more than a necessary amount of interference!"

No problems?

It seems, then, that the overwhelming majority of both press and public are in favour of the HPV vaccine. No problems then, we can simply move ahead as quickly as possible with getting the vaccine onto the open market, then sit back and enjoy the lowered rates of HPV and positive smears. Can't we? Well ... actually, no. I'm the vaccine's biggest fan. But having read the press coverage and the consumer responses, I am actually left wanting to point out a few pitfalls – things we need to bear in mind in order to move towards that envisaged widespread use.

Too little information

First, I do believe there is currently a serious lack of information in the public domain. Many of the parents I contacted for the questionnaire survey had never heard of the vaccine, despite the press coverage. They were enthusiastic, but they were uninformed – and therefore they were hesitating. In particular, as mentioned above, they wanted more proof of safety. So despite the current enthusiasm, it could be that, on launch, the vast majority of the public aren't going to rush to use the vaccine because they don't want to be guinea pigs. Yes, 5, 10 or even 20 years down the line they will be happy to use it, but not until someone else's daughters have proved it to be safe.

Too little concern

Furthermore, both public and press are still suffering from a major misapprehension, namely that the vaccine alone is all that is needed to win the cervical cancer war. Several press accounts fell into the trap of assuming that HPV is the sole cause of cervical cancer; and that with the virus beaten, the disease would be beaten too and no further health measures need be taken.

So there was no mention of any other contributory causes – just a blanket presupposition that if girls had the vaccine, then they would no longer develop cervical cancer. And no mention of screening – on the contrary, there was the strong impression that as *The Mirror* put it, the vaccine would mean "an end to smear tests for a new generation of women".

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We do need to put the record straight. Or we risk girls who have had the vaccine growing up to be women who feel that they no longer need protection, no longer need health checks, and therefore in the end are even more vulnerable than before.

Parental naivety?

I have a final concern, and it's this. The parents I questioned all said they would want their daughters to have the vaccine. But – and it's a big but – many of those then chose not to give the questionnaire to their offspring which is why, in the

end, only six of 15 possible daughters got to give their views.

Why were the parents so reticent? In three cases, the girls were way below the age where they could answer the survey. But others were exactly of the vaccination cohort (i.e. aged 12–14 years) and parents still didn't pass on the questionnaire. I have no hard evidence why, but the following comment was typical: "I will mention this to my daughter when she is 15".

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And here's the rub. If parents are not willing for their daughters even to fill in a two-question survey about the vaccine, are they really going to be willing to suggest active participation in a vaccination programme? And if they do suggest it, are they going to do so in time? Or are they – with the sort of hesitance about sex education that even the current generation of parents still feel – going to wait until they think their daughters are ready to have sex (which we know is often several years after the fact) before even opening the discussion?

So I suspect that if we see this overwhelmingly positive initial response to the vaccine as prefiguring an overwhelmingly positive take-up rate then we may be disappointed. It's possible that parents won't feel able to mention it or that they will mention it too late – not because they don't want their daughters to be protected, but because they don't believe that such protection is necessary quite yet.

Action plan

What can we do to help? Of course increase awareness – direct to girls, direct to parents. Of course continue to support parents to deliver sound sex education to their children. And of course ensure that knowledge about the vaccine is included in schools' sexual education programme, early enough to be useful – and that means in the final year of primary school.

We could also normalise the vaccine. Several parents suggested that it be made part of some routine vaccination programme such as rubella or tuberculosis, so that rather than needing to make a decision on when it would be appropriate for their particular child, families could simply back the vaccine as part of regular health prevention.

We also need to create opinion change here. We need to shift society's view that a girl who has the vaccine is a girl who is going to have sex. We need to challenge the presupposition that a girl is going to decide to sleep around just because of an injection. More, we need to publicise even more than at present that it is young women with a good grounding in sex education who have sex later and more responsibly – and that having this vaccination will therefore probably be proof of a responsible attitude, not an indication of likely promiscuity!

Author Notes

- 1 The press coverage included all the major daily and Sunday newspapers for 1 month following the announcement of the vaccine news on 7 November 2005, but only the following newspapers mentioned the topic: *Daily Express*, *Daily Mail*, *Daily Star*, *Evening Standard*, *The Guardian*, *The Independent*, *Irish Times*, *The Mirror*, *The Telegraph*, *The Times*, *The Sun* plus the BBC News website (www.bbc.co.uk) and the *Guardian Unlimited* website.
- 2 The survey questioned 14 parents (of a total of 15 daughters) with two short questions asking whether or not they would want their daughters to have the vaccine, and whether they would actively mention it and encourage their daughters to have it. Parents were then encouraged to pass on a further two-question survey to their daughters, asking whether they would want to have the vaccine and, if so, whether they would consult their mother or have it done without her knowledge. Six parents passed on this survey to their six daughters.