and adenocarcinoma in situ. This reduction in cytological abnormalities, treatment of CIN and its associated followup is likely to have the greatest impact in the UK and other developed countries in terms of health care costs and the social and emotional costs to women. After 1-3 decades the vaccinated cohort should show a reduction of 70% in the incidence of cervix cancer and if screening has continued and if its coverage has been maintained at current levels then the reduction could reach more than 90%. If HPV 6 and 11 are included in the vaccine mix then in a reasonably short time period genital wart incidence would be reduced by more than 90%. This really does look like the beginning of the end for HPV-associated disease in women.

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