JOURNAL REVIEW


We are becoming accustomed to reading recounts of reassuring reports of human papillomavirus (HPV) vaccine performance; from the initial observations where the monovalent HPV 16 vaccine prevented vaccine-type infection, to the higher prophylactic efficacy demonstrated in the various clinical trials of the bivalent and quadrivalent vaccines. Justification for the introduction of costly HPV immunisation programmes has been predicated, heavily, on the reduction of high-grade cervical lesions (as a surrogate for cancer); however, there is clearly more to HPV-related disease and, indeed, cervical disease management than high-grade cervical lesions.

As a consequence, this article reports on a combined analysis of two quadrivalent vaccine post-marketing surveillance studies (involving recruitment of over 17 000 women), where efficacy for the reduction of low-grade lesions (including low-grade cervical and vulvo-vaginal lesions and genital warts) was assessed. There were two reassuringly encouraging findings: vaccination led to a substantial reduction in the burden of all of these lesions (>95% in the per-protocol population). With respect to warts, the data are reassuring, with this novel as his high efficacy in per-protocol populations has been described previously. What is more interesting is that vaccine efficacy against any CIN 1 (irrespective of which HPV virus driving the lesion) was 30% (17–41%) in women who had received at least one dose of vaccine and who were HPV (vaccine type) negative at recruitment. It was also notable that CIN 1 and 11 appeared to contribute to around 7–8% of CIN 1. Precise data on the burden of CIN 1 attributable to low-risk HPV types have been scarce, and may become an important consideration when considering the relative benefits of the quadrivalent and bivalent vaccines.

One limitation of this study (although acknowledged by the authors) is that the HPV ‘naive’ population were tested for (only) 14 types (i.e. vaccine types and 10 others.) It is feasible that given that age of the recruits (16–26 years), other HPV types not present in the vaccine may be responsible for low-grade lesions (known to harbour greater heterogeneity of infecting types compared with high-grade lesions). This said, underreporting of HPV positivity would lead to an underestimation rather than overestimation of vaccine efficacy.

To conclude, these findings are positive: low-grade cervical abnormalities account for the majority of cervical abnormalities (in countries where cervical screening is offered) and their management can be challenging, hence the protracted and contentious debate on how to triage them optimally! Finally, from a surveillance perspective, we have an opportunity to monitor the prevalence of low-grade lesions as an early metric of vaccine success.

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Reference

FICTION BOOK REVIEW


This novel opens in 1942 in a San Francisco torn apart by wartime activity and gives hints of earlier personal failures, before shifting back to Margaret’s formative years growing up in the Midwest during the 1890s. Although a popular device, it was irritating to know the ending before the rest of the story, which is otherwise told in chronological order, with the dates heading up each chapter. The historical events occurring in the background during sixty years are only lightly drawn. Like most of the events in Margaret’s life, they flow around her, increasing her bewilderment and helplessness.

The civil war provides the backdrop to Margaret’s early years. A self-contained child, she seems outwardly little affected by being taken to see a public hanging, although it becomes apparent (much) later that the memories were suppressed. Further traumatic events include the death of her two older brothers and the suicide of her younger brother, which left Margaret with this incredibly vivid image of the man who has the universe all wrong, but is now having reality imposed on him. Margaret escapes the claustrophobic marriage lifestyle of the women of her time: she feels trapped, with her husband, the sort of fellow who has the universe all wrong, but has managed to hoodwink everyone.

Conventionally, babies are to be produced. The expectation and disappointments of a miscarriage are well portrayed, but the section describing the change in Margaret when she eventually holds her son, her overwhelming absorption into being one with him, is excellent and moving. So, too, is her gradual realisation that the baby is seriously ill and the changes wrought by Rhesus incompatibility are minutely described. The reader is reminded of Margaret’s ability to contain her emotions, to remain passive and accepting of her fate despite her evident depression following the death of the child and Andrew’s increasing eccentricity.

Margaret’s position vis-à-vis Andrew’s theories – she is increasingly sceptical of them but says nothing – and Andrew persists in refining and self-publishing his ideas in a fever of conviction that leaves no time for either them or to do much of anything else. If Andrew is guilty of megalomania and incuriosity about the woman he married, Margaret is guilty of battening down and bearing up, never saying anything to a man who needs a bit of reality. Both Andrew’s mother and Margaret’s leave hints about how marital life might be conducted otherwise – Margaret discourses as a coot while Mrs Early chastises her son for the mistakes of pride and ego to which he is prone, and Mrs Mayfield’s advice to her daughter as she leaves Missouri is that “a wife only has too much to do for the first year”. But Margaret has always been passive.

Margaret has always been passive. Daughter of Dust: Growing Up an Outcast in the Desert of Sudan

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