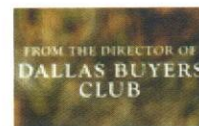


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THE OPINION PAGES | OP-ED CONTRIBUTOR

## Let's Not Talk About Sex

By PAUL A. OFFIT AUG. 19, 2014

PHILADELPHIA — EVERY year in the United States thousands of men and women die from cancers that can be prevented with a simple vaccine. Sadly, uptake of this cancer-preventing vaccine is abysmal. One reason: Doctors don't want to talk about sex. The good news is, they don't have to.

In the past decade, the Centers for Disease Control and Prevention, in concert with the American Academy of Pediatrics, has recommended three vaccines for adolescents. One to prevent meningococcus, which causes bloodstream infections and meningitis; another, given in a three-in-one shot called Tdap, to prevent tetanus, diphtheria and pertussis (whooping cough); and a third to prevent human papillomavirus (HPV), which causes several types of cancer.

In July, the C.D.C. announced the most recent results of its teenage immunization survey. Around 80 percent of adolescents now receive the meningococcal and Tdap vaccines. The HPV vaccine, however, is a different story. Only 57 percent of girls had started the three-dose series; 38 percent had finished it. In boys, for whom the vaccine was recommended a few years ago, 35 percent had started and 14 percent had finished the series.

"It's frustrating to report almost the same HPV vaccination coverage levels among girls for another year," said Dr. Anne Schuchat, director of the National Center for Immunization and Respiratory Diseases at the C.D.C., in a statement.

Why are adolescents and their parents embracing meningococcal and Tdap vaccines but not the HPV vaccine? One possible explanation is a clash between perception and reality. People just don't understand how serious an infection HPV can be. In a typical year in the United States about 150 people die from meningococcus, four from tetanus, none from diphtheria, 20 from pertussis, and

roughly 4,000 from cancers caused by HPV. People are more than 20 times more likely to die from HPV than from the other four diseases combined.

About 79 million people in the United States have been infected with HPV, and 14 million new infections occur every year. As a consequence, 18,000 women and 8,000 men suffer preventable cancers of the cervix, anus, penis and throat; it's the most common, and except for H.I.V., the most fatal sexually transmitted disease.

Another common misperception is that the HPV vaccine is ineffective and immunity is short-lived. But the truth is that the HPV vaccine is virtually 100 percent effective at preventing the precancerous lesions caused by the types of HPV contained in the vaccine, which would most likely prevent most cervical cancers. Regarding how long immunity will last, the HPV vaccine is made in the same manner as the hepatitis B vaccine, for which immunity lasts at least 30 years. Immunity provided by the HPV vaccine is likely to be no different.

Further, some high-profile — and highly irresponsible — claims have been made that the vaccine is unsafe. The HPV vaccine has now been studied in more than a million women to determine whether it causes any serious side effects. It doesn't. There is no scientific support for the suggestion by the onetime presidential hopeful Michele Bachmann that the HPV vaccine could cause "mental retardation," or for Katie Couric's giving voice to the notion that it may have caused illnesses and death.

Finally, some fear that the HPV vaccine may increase sexual promiscuity. A study of 1,243 young women and girls between the ages of 15 and 24 alleviated this concern. Those who received the HPV vaccine were not more likely to engage in risky sexual behavior. Nor did it make sense that they would. The HPV vaccine doesn't prevent other sexually transmitted diseases, like chlamydia, gonorrhea, herpes and syphilis. Indeed, the HPV vaccine doesn't even prevent all types of HPV, just the majority of those most likely to cause cancer. This argument would be analogous to the claim that people who received a tetanus vaccine could run across a bed of rusty nails with impunity.

When the C.D.C.'s Dr. Schuchat stood in front of the media in July and analyzed the woeful rates of HPV vaccination, she didn't mention any of these misperceptions. Rather, she offered something else. Adolescents weren't getting the HPV vaccine because doctors weren't recommending it strongly enough. In

fact, one of the top reasons parents gave for not vaccinating was the lack of a recommendation from their health care providers. A likely reason: Doctors are uncomfortable talking about sex with 11-year-olds. So, what to do? How do we separate “the sex talk” from the first dose of HPV vaccine?

Amy B. Middleman, chief of adolescent medicine at the University of Oklahoma College of Medicine offers one solution in the coming NOVA television special “Vaccines — Calling the Shots”: Don’t talk about sex. “The sex part,” says Dr. Middleman, “the way in which you get the target disease, is irrelevant. We don’t talk about diphtheria, and how you can get diphtheria, before we give the Tdap vaccine.” In other words, it’s not about sex. It’s about cancer.

The fact remains that millions of adolescents aren’t getting a vaccine to prevent a known cause of cancer. It takes about 20 years for an HPV infection to progress to cancer. That’s when the bill is due. Given current rates of immunization, somewhere around 2,000 adults every year whose parents had chosen not to give them the HPV vaccine will probably die from a preventable cancer. It’s unconscionable. And doctors will have only themselves to blame.

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