Expanding the benefits of HPV vaccination to boys and men

We emphatically endorse the important arguments proffered by Kathleen Schmeler and Erich Sturigs1 (April 30, p 1798) regarding human papillomavirus (HPV) vaccination in men and boys. Two further points could have been made.

First, there is a growing number of patients who are susceptible to serious HPV-related morbidity, including cancer, because of acquired immunosuppression resulting from other diseases and their therapy. These patients include transplant recipients, patients with cancer, those with chronic inflammatory disorders treated with conventional and biological immunomodulatory drugs, and individuals with HIV (in whom, for example, the increased risk of oro-ano-genital cancer is well recognised). An opportunity is being lost to mitigate the prospective impact of HPV disease in these future patients by not currently vaccinating prepubescent boys.

Second, there is an unexploited scope for post-exposure prophylactic HPV vaccination in men and boys (as well as women and girls) in several populations, including those already mentioned. Our own interest is in men with HPV-driven penile pre-cancer and cancer, in whom we have been routinely recommending quadrivalent vaccination for years, based on a compelling rationale, indirect evidence from other groups (eg, women with cervical disease2), and the safety and low cost of the vaccine. Clearly, direct evidence from randomised clinical trials would be the gold standard, but the rarity and clinical heterogeneity of the problem, the timescale for significant outcomes (eg, progression to frank invasive squamous carcinoma and death), and the cost of the research, militate against such studies ever being undertaken or them ever yielding clinically applicable results in a meaningful timeframe for current patients.

We declare no competing interests.

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Ebola and measles can both easily generate persistent infections in cell culture, in association with evolving populations of defective-interfering genomes. Ebolavirus could possibly similarly persist in a latent and attenuated form in some patients who have recovered from acute EVD. Ebolavirus genomes are now characterised by deep sequencing, in which the number of times each region of the genome is found is recorded. Plotting the number of reads of each genome region against their EBV genome position should reveal whether cbDIs are present in these persistent infections. Detection of Ebolavirus cbDIs in immune-privileged sites could provide insights into the mechanisms of long-term persistence of Ebolavirus and predict relapses of EVD. As pointed out by Jacobs and colleagues, there is a possibility that passive immune therapy could increase the risk of viral persistence and neurological relapses. Hypothetically, the appearance of defective-interfering genomes could be an early sign of the establishment of a chronic infection and an indicator of the risk of relapse after immune therapy.

We declare no competing interests.

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Kaufman JD, Adar SD, Barr RG, et al. Association between air pollution and coronary artery calcification within six metropolitan areas in the USA (The Multi-Ethnic Study of Atherosclerosis and Air Pollution): a longitudinal cohort study. Lancet 2016; http://dx.doi.org/10.1016/S0140-6736(16)00378-0—In this Article (published Online First on May 24, 2016) the appendix has been updated. This correction has been made to the online version as of June 8, 2016.