



On Call

by Dr. Romulo Aromin, JR

TO BE OR NOT TO BE?

vaccine were predicted by higher HPV and vaccine knowledge. On a more encouraging note, parents and caregivers view HPV vaccine favorably in light of other adolescent vaccines with the added benefit of preventing cancer.

So, what is HPV?

HPV is the most common sexually transmitted infection (STI) that affects nearly all sexually active men and women. About 79 million Americans are currently infected with HPV with about 14 million people becoming newly infected each year. There are different types, and usually it goes away, but when it becomes chronic, it can cause genital warts (cauliflower-like), with a conservative estimate of 340,000 to 360,000 women and men having genital warts caused by HPV every year. Additionally, HPV can also cause cancers of external sex organs, throat, tongue, and tonsils. It is the leading cause of cervical cancer. Every year, approximately 17,600 women and 9,300 men are affected by cancers caused by HPV. It can take years before an infection can cause symptoms. Individuals with a low immune system (or steroids, autoimmune illness, HIV/AIDS, chronic debilitating illness) are less able to mount a resistance and are more likely to develop problems from it.

Can I get tested for it?

Currently, there is no test to know your status. There is only screening for HPV, cervical cancer. Routine screening for cervical cancer is recommended for ages 21 to 65.

How to avoid it?

A good advice is to defer intimacy until an individual is psychologically and pragmatically prepared for it. When sexually active, one can be engaged in a mutually monogamous relationship. Latex condoms can lower the risk. However, areas not covered by condoms may not give full protection. And then, of course, vaccination.

Who should get vaccinated?

The current recommendation is for all boys and girls ages 11 or 12 years. Catch-up vaccines are recommended for males through age 21 and for females through age 26, if not vaccinated earlier. It is also recommended for gay and bisexual men through age 26 and men and women with compromised immune systems (including people living with HIV/AIDS) through age 26, if not vaccinated earlier.

Is there any treatment?

As there is no treatment for the virus itself, treatment is directed at the problems. Pap smears lead in addressing the problems *before* cancer develops.

What is left to do?

We still need to improve healthcare provider promotion, disseminate information and access through the use of native language, and enhance positive attitudes towards HPV vaccination. The US is significantly below its target goal of coverage, and even more so among male adolescents, compared to other developed countries. Among female adolescents, Korean and Vietnamese Americans were under vaccinated. In the Pacific Region, despite a felt need to address HPV, it still falls way below its goal of covering target individuals. High coverage is required to achieve a significant reduction in disease burden.

The following are additional resources:

[STD information\(http://www.cdc.gov/STD\)](http://www.cdc.gov/STD)

[HPV Information\(http://www.cdc.gov/hpv/index.html\)](http://www.cdc.gov/hpv/index.html)

[HPV Vaccination\(http://www.cdc.gov/vaccines/vpd-vac/hpv\)](http://www.cdc.gov/vaccines/vpd-vac/hpv)

TO BE. IT IS.

Sa dason!

This is informational, and medical care is best left with your provider. Dr. Aromin is a physician practicing in Manhattan.

Cultural factors certainly shape beliefs and values, and in particular, acculturation (the process of adapting to the culture of another) influences resulting behaviors. We see this unfold in our children who need to adjust to this newly found setting. This sometimes pits closely held, and religiously influenced Filipino traditions against more open, independent western values. It takes a more personal and sensitive slant when we consider how sexual behaviors are determined. Perceptions towards sexuality continue to evolve and practices, even by those backhome, have become more permissive, though not necessarily in itself disadvantageous. With the explosion of the social media and its accompanying anonymity, the exploration of sexuality has never been more liberating, while at the same time becoming subject to more risks.

I remember that time when the use of condoms to combat sexually transmitted disease, and then subsequently that of HIV, was met with palpable resistance. It took years of public education and campaign to change mainstream practice. In a similar vein, this resistance resurfaced again when a vaccine to combat human papillomavirus (HPV) was introduced. The association between HPV and cervical cancer has been noted more than thirty years ago. The causal link has since been established. Even among pediatricians, although about 99% routinely endorse vaccination, only about 33% will do so for HPV vaccine. Concerns included its safety and efficacy as well as unfavorable preconceived beliefs on it. Only about 55% of individuals received a recommendation for vaccination from their doctors. Even for school nurses, positive attitudes regarding the HPV