

TABLE 3

HPV VACCINE AND HIV VACCINES: HOW DO THEY COMPARE?

## KEY SIMILARITIES

New vaccine designed to prevent a sexually transmitted infection.

HPV vaccine requires three immunizations; AIDS vaccines currently in development also require a series of patient visits.

For maximum individual and public health impact, both vaccines are ideally delivered to young people before sexual debut (i.e., 10-13 years of age). This group is not currently reached effectively by health or social services.

Both vaccines have the potential to raise complex social and familial concerns about behavioral disinhibition, “promiscuity” and so forth.

A young woman’s ability to access an HPV—or AIDS—vaccine will be influenced by many interlocutors— policymakers, providers, parents, and peers. In some settings, the actual people—in research, regulatory agencies, or ministries— may be the same.

Partial efficacy—although the HPV vaccine has been hailed as “nearly 100% effective” that is only against the four targeted strains of HPV. In effect this means that even with perfect coverage, it will potentially be able to prevent around 70% of cervical cancers.

HPV vaccine was developed in the absence of a validated animal model or correlates of protection. Industry acted on a breakthrough (generation of virus-like particles).

## KEY DIFFERENCES

HPV vaccine can be—and is being—positioned as an “anti-cancer” vaccine, which can potentially distance it from the more sensitive world of sexually transmitted infections and sexuality, especially for girls and young women.

Burden of disease is very different—HPV is a significant public health problem for women and accounts for substantial morbidity and mortality with some 500,000 new cases diagnosed and 250,000 deaths each year. However, no where near the scale of the HIV/AIDS epidemic.

Low levels of awareness of cervical cancer in many settings, even among health professionals and policy makers. Even in settings where there is some overall awareness, little knowledge of association between HPV and cervical cancer.

For AIDS, especially in high prevalence and incidence settings, pervasiveness of educational messages—and impact on families and people—mean people will likely be more aware and willing to consider being vaccinated against HIV than against HPV which is relatively unknown on its own or in connection with cervical cancer.

AIDS has very vocal constituency and commitment and leadership at the highest levels; HPV will need to build constituency and political will.