

Should HPV vaccines be mandatory for all adolescents?

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Catching up with the rest of the world, the European Commission last week licensed the first human papillomavirus (HPV) vaccine, Gardasil, for use in children aged 9–15 years and women aged 16–26 years. The vaccine offers protection against HPV types 16 and 18, which are responsible for 70% of all cervical cancers, and types 6 and 11, which cause about 90% of cases of genital warts.

Following earlier approval by the US Food and Drug Administration of the vaccine in girls and women, the Michigan Senate passed a bill on Sept 21, ruling that all girls entering the sixth grade of school (11–12 years old) should be immunised. This is the first legislation of its kind in the USA, and a decision from which the EU member states should take heed.

However, despite these welcome developments, key questions remain. Who will fund these routine immunisations? Reassuringly, Gardasil has been added to the US Vaccines for Children Program that provides free immunisations to those that most need them, and the UK Department of Health is also considering government

funding. But, even with these resources, the debate remains over who should be immunised. Contrary to the FDA's recommendations, there is growing support for the vaccination of both boys and girls. Modelling studies have shown that a female-specific approach would be only 60–75% as effective at reducing HPV prevalence in women as strategies that target both sexes. And other benefits of the vaccine should not be overlooked; it also offers protection against genital warts and malignancies such as anal cancer, which affect both sexes. Furthermore, previous gender-specific initiatives have not always succeeded—in 1995, the UK's rubella immunisation programme was modified after 25 years to include boys as well as girls, after a rise in the number of pregnant women contracting rubella.

For effective and long-term eradication of HPV, all adolescents must be immunised. Data from the vaccine trials in boys are urgently needed; in the mean time, EU member states should lead by making the vaccinations mandatory for all girls aged 11–12 years. ■ *The Lancet*

Water and sanitation: the neglected health MDG

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A joint report from UNICEF and WHO published last month showed that 1.1 billion people do not have access to clean water and 2.6 billion people do not have access to basic sanitation. Last week, UNICEF launched its own report card on water and sanitation giving detailed statistics from each global region. It is grim reading despite UNICEF's optimism that some regions may now be on track to meet the water target in the seventh Millennium Development Goal—to halve the proportion of people without sustainable access to safe drinking water and sanitation by 2015.

Some areas, such as rural sub-Saharan Africa, lag way behind on the water target, and most regions are failing spectacularly on sanitation targets. The report's headline statistic is that 1.5 million children die every year from preventable diarrhoeal illnesses and many thousands more are disadvantaged by wide-reaching health and educational consequences because of these failings. Unfortunately, experience to date suggests that statistics like this numb the mind rather than shock it into action as there is a distinct lack of political will to do more.

Most government donations to water and sanitation programmes have reduced or stayed static over the past few years, despite frequent reports, similar to this UNICEF one, detailing the statistics and the need for more funding. And there are few rich foundations or organisations lining up to give money to build toilets or to fund education programmes to teach small children how to wash their hands. The health-care community also seems to have lost sight of how fundamental clean water and sanitation are to health, preferring to get involved in more directly medical interventions, such as access to drugs and vaccines. It is dangerously short sighted to pour immense time and resources into vaccinating children only for them to die a few years later from diarrhoeal illnesses.

The health-care community is noticeably absent in the recommended partnerships to progress MDG 7 that UNICEF lists in its report. The global health community, and not just those working in public health, must get health priorities right, and take water and sanitation more seriously. It is time to become active participants in the global effort to achieve MDG 7. ■ *The Lancet*

For the UNICEF report *Progress for Children. A report card on water and sanitation* see http://www.unicef.org/media/files/Progress_for_Children_No_5_-_English.pdf