

## LETTER TO THE EDITOR

DOI: <http://dx.doi.org/10.15446/revfacmed.v65n3.61313>**Should male children be vaccinated against human papillomavirus?***¿Se debe vacunar contra el virus del papiloma humano a niños varones?*

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Dear Editor:

Human papillomavirus (HPV) is the main risk factor for the development of cervical cancer in women and other types of malignancies in men, including penile, oropharyngeal and perianal cancer. These neoplasms take longer to be detected because the infection is asymptomatic and silent in men (1,2).

The serotypes with the highest infection frequency and greater virulence in both males and females are 16 and 18 (3). It is estimated that HPV infection has a prevalence of 7.5% in Peruvian women with normal cytological studies. Subtypes 16 and 18 have a prevalence of 3.8% in this population, and 68.3% in women with cervical cancer (4).

Between 2006 and 2011, the incidence of cervical neoplasms was 16 374 cases, with a mortality rate of 1 603 cases by 2011. In 2008, 35 489 healthy life years and 20 691 years of life lost due to premature mortality were observed (5). Furthermore, in 2014, there was an incidence of 310 oral cavity cancer cases, 72 anal cancer cases, and 42 penile cancer cases according to the National Institute of Neoplastic Diseases (INEN by its acronym in Spanish) in Peru (6). The US Food and Drug Administration (FDA) estimates that by 2020 this virus will be responsible for the incidence of penile, oropharyngeal and perianal cancers, which will be similar to or greater than the current incidence of cervical cancer, and would increase health costs for the treatment of this type of pathologies (7).

Currently, there is a tetravalent HPV vaccine that provides protection against serotypes 6, 11, 16 and 18. It is not only accessible, safe and effective, but also has few adverse effects on the male population, decreases the recurrence of anogenital cancer, reduces the incidence of intraepithelial neoplasm and persistent anal infection, and is effective in preventing external genital lesions (7).

A non-temporary vaccine is used in the United States, which, besides covering the aforementioned serotypes, protects against 31, 33, 45, 52 and 58, considered to be high risk factors for anogenital cancer. The FDA recommends its use in men—who are offered protection against genital warts and cancerous and precancerous anal lesions (1,8)—and women aged between 9 and 26.

To stop a virus from spreading, we must act on the vector, which in the case of HPV is men. Therefore, including vaccination against HPV for both men and women aged between 9 and 13 years in public health policies and immunization strategies is strongly advised.

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