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HPV vaccine

photo by Chris Fritchie

A Shot at Preventing Cancer

By Tricia Musslewhite

TRADITIONALLY the start of a new year is a time to set new goals or shift priorities. If you're the parent of a preteen, experts at the Centers for Disease Control and Prevention (CDC) ask that you put vaccinating your child against serious, sometimes life-threatening diseases at the top of your list.

During a child's early years most parents follow immunization recommendations closely. According to the CDC's annual National Immunization Survey (NIS), the percentage of U.S. children ages 19 to 35 months who have received the recommended series of childhood vaccines was 77 percent in 2006.

As a child grows and vaccinations are scheduled less frequently, it's easy to get out of the habit of a routine checkup. But the preteen years are an important time to make visiting the doctor a priority again.

Last August the CDC launched its Preteen Vaccine campaign, designed to inform parents, caregivers, family physicians and pediatricians about new vaccination recommendations for 11- and 12-year-olds. Endorsed by the American Academy for Pediatrics, the American Academy of Family Physicians and the CDC, the three recommended preteen vaccines include the quadrivalent meningococcal conjugate vaccine (MCV4), which protects against meningitis and its complications; Tdap, a booster against tetanus, diphtheria and pertussis, or "whooping cough;" and for girls, Gardasil, the vaccine that protects against the types of human papillomavirus (HPV) that most commonly cause cervical cancer.

Some childhood vaccines, such as those for tetanus and pertussis, wear off over time and as children get older, they're at risk of exposure. In the U.S., reported

cases of pertussis, a highly contagious respiratory infection, are on the rise. The CDC says more than 25,000 cases were reported in 2005. Pertussis is the only vaccine for a preventable disease that has increased in recent years.

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As children move into adolescence, they are at greater risk of catching certain diseases, specifically meningitis and HPV. Although meningococcal infections are



not very common—the CDC says an estimated 1,400 to 2,800 cases occur in the U.S. annually—about 10 percent of teens who get meningitis die from it and another 15 percent have long-term effects.

HPV is the most common sexually transmitted disease (STD) in the U.S. and is most common in young people who are in their late teens and early twenties. Approximately 20 million people are currently infected with HPV and an additional 6.2 million acquire new infections each year. HPV infection is responsible for five percent of all cancers and has been established as the primary cause of cervical cancer, with one study finding HPV DNA in 99.7 percent of cervical cancer specimens.

Many HPV infections go undetected and clear up on their own. Yet, when a female becomes infected with certain high-risk types of HPV and the virus doesn't go away, abnormal cells can develop in the lining of the cervix. If not discovered early and treated, these abnormal cells can sometimes lead to

cervical cancer.

Two HPV vaccines have been in development in the U.S. and in June 2006, the Food and Drug Administration (FDA) licensed Gardasil. The vaccine may help guard against diseases caused by HPV Types 16 and 18, which cause 70 percent of cervical cancers, and HPV Types 6 and 11, which cause 90 percent of genital warts in women and men. Gardasil may protect against diseases caused by other HPV types.

The FDA licensed Gardasil for use for females between 9 and 26 years old. So why the rush to vaccinate at 11 or 12? It usually takes several doses over several months for immunity to develop after a vaccine. The CDC's Advisory Committee on Immunization Practices recommends Gardasil be given as three injections over a six-month period. And, because statistics show that approximately 40 percent of girls become infected with HPV within two years of becoming sexually active and Gardasil can prevent the infection but not treat it, the idea is to immunize before exposure. What

remains to be determined is if a booster will be required years later and if boys will be vaccinated.

A large number of mothers identify with problems caused by HPV and don't want their daughters to go through it.

The recommendation to vaccinate young girls against an STD years before their parents believe they will become sexually active has launched a heated public-health debate. The Texas legislature passed a bill last May that prohibits the state from requiring the HPV vaccination for admission to an elementary or secondary school. No vaccine currently mandated for school targets a virus that

is sexually transmitted.

But, Frisco pediatrician Kathleen Stokes, M.D., urges parents to look beyond how the virus is transmitted and focus on the importance of the vaccine. "This is a vaccine that can prevent cancer," she says.

And, it's not the first. The hepatitis B vaccine prevents hepatitis B disease and its consequences, such as liver cancer. Dr. Stokes finds these advances exciting. "We can chip away at cancers one type at a time. It's phenomenal," she says.

The benefits of vaccination extend beyond health care. There are also economic advantages. For more information on the medical costs of HPV-related diseases versus the costs of the vaccine read this month's Business Department , "The Price of HPV."

Since the governor's office started talking about HPV last year, Dr. Stokes' practice has been busy fielding questions about the vaccine. "Parents are getting involved and it starts with them," she says. "A large number of mothers identify with the problems (caused by HPV) and don't want their daughters to go through what they have." But, she admits, parents are uncomfortable with their children's sexuality. She emphasizes the importance of the parent-child relationship, encourages open communication and asks parents to call on the value system they have taught since the child was born.

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Parents also ask if enough is known about the shot. "This is not a new vaccine that has been rushed to market. It has followed and completed every aspect of phase one, two and three testing," says Dr. Stokes. These studies have shown no serious side effects. Most



commonly reported side effects include pain, swelling, itching and redness at the injection site; fever, nausea and dizziness. Dr. Stokes adds that she is required to report anything that goes wrong to the Vaccine Adverse Events Reporting System (VAERS). "I have reported one migraine, but I believe the migraine was a result of the patient receiving multiple vaccinations at the same time."

In addition to vaccination status, the preteen checkup is a great time to talk with your child's physician about development and nutrition. Dr. Stokes discusses eating disorders with the preteens in her practice. "I talk openly about nutrition and because we more commonly see anorexia, we discuss that girls are supposed to have curves," she says. When the concern is obesity, tests for cholesterol, thyroid dysfunction and Type II diabetes are ordered.

Dr. Stokes is passionate about

protecting children and keeping them healthy and she credits the U.S. vaccination program for doing just that. Many diseases that were once a common and frightening part of life are now history. She cautions, however, that we must be vigilant. Under-immunized children leave the potential for outbreaks of disease. "Those diseases are out there, and they will be back if we let up on our immunization program," she says.

She is also excited about the possibility of a future that is free of cervical cancer. She adds, "HPV is the most commonly transmitted sexual disorder and preventing this and the subsequent cancer is the most important issue for parents of preteens. We can eradicate this cancer and disease. We have an opportunity."

Tricia Musslewhite is a freelance writer living in Frisco.