TORONTO—Genital warts and human papillomavirus-related cancers in men are costly and emotionally burdensome conditions that should be prevented with HPV vaccination, according to Susan Rosenthal, Ph.D.

"So we know that HPV causes cancer in men," said Dr. Rosenthal. Indeed, based on 2008 estimates of the annual number of new cases of HPV-related cancers in U.S. men, of the 38,260 cases involving the oral cavity and oropharynx, larynx, anus, and penis, 10,969 (28.6%) were attributed to HPV infection, according to data from the American Cancer Society and other sources.

In a recent study (New England Journal of Medicine, in press, 2010), the HPV vaccine was found to be 90% effective in preventing external genital lesions, a category that included external genital warts, penile/perianal/perineal intraepithelial neoplasia, and penile/perianal/perineal cancers. Of the 1,397 men and women who received the vaccine, there were only three cases of external genital lesions, all three of which were condyloma.

"It's not fun to have these diseases or the work-up for these diseases. If we use a female-only strategy, we will not protect men who have sex with men, and we don't know at [age] 11 who are the men who have sex with men. And this is a prophylactic vaccine," said Dr. Rosenthal.

In the discussion following Dr. Rosenthal’s presentation, some controversy erupted over whether all boys should receive the HPV vaccine or only boys who are likely to have sex with other males should be vaccinated.

"Historically, at least in this country, we’re terrible at gender-based vaccination, we don’t have high uptake when we try to do risk-based strategies. Vaccinating men will also be the fastest way to achieve protection for women, and vaccinating males is an arguably more equitable public health policy because it recognizes that both genders contribute to the transmission of HPV," argued Dr. Rosenthal.

Audience member Dr. Gary Remafedi of the University of Minnesota Amplatz Children’s Hospital, Minneapolis, countered: "There is observational data indicating the benefits of immunizing young men who have sex with men, but we’re still awaiting comparable data for the general male population. As we await that data, I believe it would be a disservice not to immunize young men who are likely to have sex with other males who should be vaccinated.

"Historically, at least in this country, we’re terrible at gender-based vaccination, we don’t have high uptake when we try to do risk-based strategies. Vaccinating men will also be the fastest way to achieve protection for women, and vaccinating males is an arguably more equitable public health policy because it recognizes that both genders contribute to the transmission of HPV," argued Dr. Rosenthal.

Audience member Dr. Gary Remafedi of the University of Minnesota Amplatz Children’s Hospital, Minneapolis, countered: "There is observational data indicating the benefits of immunizing young men who have sex with men, but we’re still awaiting comparable data for the general male population. As we await that data, I believe it would be a disservice not to immunize young men who are likely to have sex with other males who should be vaccinated.

"Historically, at least in this country, we’re terrible at gender-based vaccination, we don’t have high uptake when we try to do risk-based strategies. Vaccinating men will also be the fastest way to achieve protection for women, and vaccinating males is an arguably more equitable public health policy because it recognizes that both genders contribute to the transmission of HPV," argued Dr. Rosenthal.

Audience member Dr. Gary Remafedi of the University of Minnesota Amplatz Children’s Hospital, Minneapolis, countered: "There is observational data indicating the benefits of immunizing young men who have sex with men, but we’re still awaiting comparable data for the general male population. As we await that data, I believe it would be a disservice not to immunize young men who are likely to have sex with other males who should be vaccinated.

"Historically, at least in this country, we’re terrible at gender-based vaccination, we don’t have high uptake when we try to do risk-based strategies. Vaccinating men will also be the fastest way to achieve protection for women, and vaccinating males is an arguably more equitable public health policy because it recognizes that both genders contribute to the transmission of HPV," argued Dr. Rosenthal.

Audience member Dr. Gary Remafedi of the University of Minnesota Amplatz Children’s Hospital, Minneapolis, countered: "There is observational data indicating the benefits of immunizing young men who have sex with men, but we’re still awaiting comparable data for the general male population. As we await that data, I believe it would be a disservice not to immunize young men who are likely to have sex with other males who should be vaccinated.

"Historically, at least in this country, we’re terrible at gender-based vaccination, we don’t have high uptake when we try to do risk-based strategies. Vaccinating men will also be the fastest way to achieve protection for women, and vaccinating males is an arguably more equitable public health policy because it recognizes that both genders contribute to the transmission of HPV," argued Dr. Rosenthal.
By Michele G. Sullivan

Philadelphia  After presenting to a busy pediatric emergency department, only 3% of children admitted had suspected pandemic influenza during the peak of the outbreak last year.

“Our cases of influenza-like illness were relatively mild and associated with a much lower hospital admission rate than cases we saw for other reasons,” Dr. Jeffrey Chen said at the annual meeting of the Eastern Society for Pediatric Research. “Most of the admissions [for suspected pandemic flu] were younger children and were associated with pulmonary disease.”

Dr. Chen and his associates at St. Barnabas Hospital in New York assessed the 2009 pandemic flu season by reviewing the charts of patients admitted from April 29 to June 15—the peak of the outbreak in New York City. During the study period, 4,921 patients were seen in the facility—an increase of 77% from the same period in 2008. Of those, 52% (2,543) fulfilled the criteria for influenza-like illness set forth by the Centers for Disease Control and Prevention: fever, cough, sore throat, myalgia, vomiting, or diarrhea.

Most of the patients with flu-like illness (2,472) were discharged, 71 patients (3%) were admitted to the hospital.

Pulmonary symptoms were significantly more common among those admitted with suspected flu than among those discharged (27% vs. 5%).

Despite the finding of probable flu, most patients had no confirmatory testing: 58% of admitted patients were not tested, and 70% of those discharged were not tested. ■

Disclosures: None was reported.