

Public Outreach Urged

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said Dr. Renee Jenkins, AAP president. "We're losing a little ground here," she said in an interview.

The idea behind the resolution was to reach out to the public in a positive way, she said, and remind parents about the strides made in public health because of vaccines. Many people have forgotten what diseases like measles look like because they haven't been seen in many years, she said. And even some physicians are unaware of the complex network of safety precautions involved in approving and continued monitoring of vaccines.

At the Annual Leadership Forum, held every March, resolutions can come from any AAP member and are debated in reference committees before being considered by the full body. While all passed resolutions go forward, at the end of the voting, the members choose the top 10 resolutions that require urgent action by the board of directors.

"They let the board of directors know what the membership is thinking," said Dr. Charles Scott, a pediatrician in Medford, N.J., who chaired one of the reference committees at this year's meeting.

Recommendations from the Annual Leadership Forum

become guidelines to the AAP's board of directors. The board is bound to respond to the recommendations but not to follow them, Dr. Jenkins said. The board of directors is scheduled to consider the recommendations at its meeting in May.

Among the top recommendations approved out of this year's forum was a resolution calling on the AAP to recognize the need for health care coverage for all children, including immigrant children regardless of their documentation status.

Initially, there was an attempt to support a policy calling for health care for all Americans, but that policy failed after some participants said there wasn't much of a direct role for the AAP in that issue. Instead, the body voted in favor of limiting the resolution to all children, Dr. Jenkins said.

Even in its more limited form, the resolution represents a significant change in AAP policy, which has been silent on this issue, Dr. Jenkins said.

Overall, 73 resolutions were introduced and 62 passed. Other resolutions addressed topics that frequently come up at the annual forum such as removing barriers to access, improving the availability of developmental screening, and increasing payment levels.

Lifestyle issues, such as obesity treatment and pre-

vention, are also common topics of discussion, Dr. Jenkins said.

In general, the resolution topics were less controversial than in the past, Dr. Jenkins said. For example, there was heated debate at the 2007 meeting on the issue of protecting the rights of children living in nontraditional families. "It wasn't as cantankerous as it had been before."

Other issues that were ranked in the top 10 by the Annual Leadership Forum attendees included:

- ▶ Advocate for at least 30 minutes of daily physical activity in the school day for children in grades K-12.
- ▶ Advocate for an increase in Medicaid and State Children's Health Insurance Program payments to at least the same level as Medicare.
- ▶ Advocate for payment changes that recognize the value of cognitive services.
- ▶ Formulate best practices for eligibility determination within Medicaid and SCHIP.
- ▶ Advocate for consistent and separate payment for developmental screening.
- ▶ Study the effectiveness of anticipatory guidance.
- ▶ Adopt the promotion of early brain and child development as a top priority within the AAP's strategic plan.
- ▶ Analyze the feasibility of expanding state mandated universal vaccine purchase programs.

HPV Infection Documented at 18% in Teen Girls, Study Shows

BY MICHELE G. SULLIVAN

Mid-Atlantic Bureau

CHICAGO — Cancer- and genital wart-associated HPV was the most prevalent sexually transmitted disease among teenage girls, affecting 18% of participants in the first large study of STDs in this population.

Overall, 26% of 14- to 19-year-olds were infected with at least one STD. Chlamydia was found in 4%, trichomoniasis in 2.5%, and herpes simplex virus type 2 in 2%, said Dr. Sara Forhan, lead author of the population-based study sponsored by the Centers for Disease Control and Prevention.

These infections occur quickly after sexual debut, Dr. Forhan noted. "Of particular importance is how fast these infections appear," she said. Among those who reported just 1 year of sexual activity, the prevalence already was 20%. Increased sexual activity leads to increased risk of infection, she said: 50% of teens who reported three or more partners had at least one of the STDs.

The results underscore the importance of HPV vaccination, as well as chlamydia screening, said Dr. Kevin Fenton, director of CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and Tuberculosis Prevention. "Today's data demonstrate the significant health risk that STDs pose to millions of young women in this country every year. Given that the health effects of STDs for women—from infertility to cervical cancer—are particularly severe, STD screening, vaccination, and other prevention strategies for sexually active women are among our highest public health priorities."

Results from a study at another meeting underscored the success of an HPV vaccine being studied right now in terms of risk of cervical cancer.

The survey highlighted sharp racial differences in STD prevalence, with black teens more than twice as likely as whites to have at least one STD. Black teens had the highest prevalence of disease, with 48% testing positive for at least one of the four

most common sexual infections, compared with 20% of white teens, investigators reported at a press briefing during a CDC-sponsored conference on STD prevention.

"While race itself is not a risk factor for an STD, the realities of life for many African American girls—limited access to health care, poverty, and a higher community prevalence of STDs—can all contribute to an increased risk of infection," Dr. Forhan said.

"For any other disease, we would be calling this an epidemic," said Dr. John M. Douglas Jr., director of the CDC's Division of STD Prevention.

"These high infection rates among young women, particularly African American women, are clear signs that we must continue developing ways to reach those at most risk. Screening and early treatment can prevent some of the most devastating effects of untreated STDs."

Dr. Forhan of the CDC extracted her data from the 2003-2004 National Health and Nutrition Examination Survey, a continuous annual study that examines a nationally representative sample of U.S. households to assess a broad range of health issues.

As part of the 2003-2004 survey, 838 girls aged 14-19 years underwent STD testing for human papillomavirus (HPV), chlamydia, herpes simplex virus, and trichomoniasis. The teens underwent urine and blood testing and provided a self-collected vaginal swab to determine if an infection was present. The analysis excluded the prevalence of gonorrhea, syphilis, and HIV infections, Dr. Forhan noted.

But because the survey identified an overall STD rate of 26%, "This means that one-quarter of our female adolescent population in the [United States]—3.2 million girls—has at least one of the STDs that most commonly affect women. Far too

many girls face the risk of serious effects from these diseases, including infertility and cancer," Dr. Forhan said.

At the annual meeting of the Society of Gynecologic Oncologists in Tampa, Dr. Diane Harper reported that the Cervarix vaccine provides protection for as long as 6.4 years against precancerous cervical lesions associated with the four most common cancer-causing types of HPV.

The initial placebo-controlled efficacy study of the GlaxoSmithKline vaccine included

1,113 women aged 15-25 years at study entry, seronegative for HPV 16 and 18, and DNA negative for 14 other high-risk HPV types. From this group, 776 participants were included in the company-supported follow-up phase.

The follow-up population comprised 383 women given placebo and 393 who received three doses of the vaccine at 0, 1, and 6 months in the efficacy phase. HPV antibody titers were assessed, and cervical samples collected at 6-month intervals.

One hundred percent of the vaccinated follow-up phase participants were seropositive for both HPV 16 and 18 at 6.4 years—with sustained antibody levels that were 10-fold higher than natural infection titers for HPV 16, and eightfold higher than natural infection titers for HPV 18, said Dr. Harper of Dartmouth College, Lebanon, N.H.

"This is an amazing result that bodes well for women's protection against cervical cancer," she commented in an interview, explaining that "there is no wait time for memory cells to recognize and re-manufacture antibodies with complete seropositivity and high antibody titers."

The antibodies are abundant and waiting to neutralize an infection, she said.

Vaccine efficacy at 6.4 years for all HPV 16 and 18 end points was substantial at 97% for incident infection, 100% for 6-month persistent infection, and 100% for 12-



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DR. FORHAN

month persistent infection. Vaccine efficacy also was 100% against cervical intraepithelial neoplasia grades 1 and higher (CIN1+) and 2 and higher (CIN2+) associated with HPV 16 and 18. There were no cases of CIN1+ or CIN2+ in the vaccinated group vs. 15 cases of CIN1+ and 9 cases of CIN2+ in the placebo group.

Dr. Harper noted that HPV types 16, 18, 45, and 31 make up more than 80% of squamous cell carcinomas and more than 90% of adenocarcinomas associated with HPV. Thus, the level of protection Cervarix provided in this study would provide "a significant possible reduction in disease."

Cervarix, which would be a direct competitor to Merck & Co's Gardasil, is marketed in Europe and Australia, but it has not yet been approved in the United States. GlaxoSmithKline submitted a Biologics License Application to the Food and Drug Administration last year for the vaccine, but a decision on approval was delayed in December pending additional information from the company. The company anticipates approval this year.

Dr. Harper said she received financial support for conducting the GlaxoSmithKline phase II and III trials of Cervarix—and for conducting phase II and III clinical trials for Merck & Co.'s Gardasil. She also has received honoraria from both companies for consultations and speaking fees.

Sharon Worcester contributed to this article.

TALK BACK

How do you counsel sexually active teens in your practice to prevent sexually transmitted diseases?

**Share your thoughts!
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