

Viewpoints

Does the availability of vaccines against viral sexually transmitted infections alter our clinical practice?

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We are aware that there is no therapeutic cure for viral infections. That is why the viral sexually transmitted infections (STIs) are becoming more prevalent worldwide. The outcome will very often depend on the interaction between host immunity and the virus. Depending on whether the virus can overcome, adapt or succumb to host immunity, the potential outcomes of viral infection include dissemination/damage, latency or recovery. Prevention is the golden key for the success of control of viral infections. Safer sex practice, including reducing the number of sex partners and consistent use of condoms, is the fundamental tool for STI prevention that is widely promoted and practised in the world nowadays. The availability of effective vaccines for prevention of viral STI, welcome by most of our clients, should not alter the current clinical practice as this is only an additional armamentarium for STI prevention and it has its own limitations. Availability of one vaccine usually gives protection to only some limited subtypes of infection but STI is not caused by only one subtype of pathogens. Longer follow-

up studies are needed to demonstrate whether its protective effect is durable or booster dose is necessary. We should also remember that the vaccine is, very often, not a therapeutic one and hence it cannot help to clear established disease. Furthermore, clinicians who prescribe the vaccine should read the inserts from manufacturers carefully for its recommendations and precautions (just like prescribing any new medication). For example, the recently launched quadrivalent human papilloma virus (HPV) vaccine is primarily for cervical cancer prevention though it will also offer protection against HPV subtypes 6 and 11 that are commonly found in genital warts.

Hence the answer to the title question is a definite "NO" and we should continue our current clinical practice for management of STIs. However, it does not mean that clinicians do not need to do anything; instead, they should keep themselves abreast of the new development in the relevant field to prepare for answering clients' questions and giving logical reasons to persuade the client to accept their advice on the current management of STIs. Clinicians should keep updated not only from the tons of digested information from manufacturers (the drug insert information) but also from their own diligent search and critical appraisal on scientific papers to come to a logical and most updated position in addressing some of the vaccine questions raised by their clients. It may be very time-consuming, but there is no fast track especially when the knowledge development

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can be very fast and input can be very biased. Clinicians should have their own independent clinical judgment from the information collected from various channels and give the best advice for the health of their clients.

For example, recently the licensing and availability of a quadrivalent HPV vaccine in Hong Kong lead to a flood of knowledge and papers on HPV vaccination that is seldom mentioned before. Should we routinely incorporate that into our current STI management? The previous paragraph is already self-explanatory. Coming back to the very basic management of genital wart, we must remember that many patients with genital warts have other concurrent STIs. Hence, patients with genital warts should have appropriate screening for STI and safer sex education counseling. Partner management should be done if feasible. The emphasis on condom use and reduction of sex partners should not be skipped. I would like to remind colleagues that the psychological care of the patient and their partners should not be taken lightly. It has been reported that the psychological impact of genital wart disease (or other STIs) can be greater than the HPV infection itself.¹ Whether

the vaccine should be given to the sex partner often depends on the psychological handling and not on its real efficacy in viral STI prevention. The current scenario is that the vaccine is safe from the data collected over past few years and it has been incorporated into the national vaccination programme in some countries as one of the strategies for cervical cancer prevention for females. Furthermore, those females vaccinated should have their cervical Pap smear screening programme unchanged.

The same argument should be applied to future potential vaccines for herpes simplex virus and human immunodeficiency virus. To conclude, doctors must master an updated knowledge in STI vaccination. The overall prevention strategies and clinical practice would not be changed much even in the presence of these new, effective and safe viral STI vaccines in future.

Reference

1. Voog E, Löwhagen GB. Follow-up of men with genital papilloma virus infection. Psychosexual aspects. Acta Derm Venereol 1992;72:185-6.



Web sites of Dermatology & Venereology in Hong Kong

The homepage of The Hong Kong Society of Dermatology & Venereology
<http://www.medicine.org.hk/hksdv/>

Hong Kong Journal of Dermatology & Venereology
 (Official Publication of The Hong Kong Society of Dermatology & Venereology)
<http://www.medicine.org.hk/hksdv/journal.htm>

The homepage of The Asian Dermatological Association
<http://www.medicine.org.hk/ada/>

