

Correspondence

Oral Human Papillomavirus (HPV) Infection—Are There Implications for HPV Vaccination?

To the Editor—It was with great interest that we read the recent article by D'Souza et al [1], who investigated oral sexual behaviors as possible modes of transmission of human papillomavirus (HPV) in 332 control patients from an outpatient clinic and 210 college-age men. Oral HPV infection was associated with oral sex, confirming that HPV can be sexually acquired during oral sexual intercourse. However, in this report it was noted that oral HPV infection was also detected among individuals who did not have a history of performing oral sex—that is, an association between open-mouthed kissing and oral HPV infection was reported. This is the first report to suggest the existence of an association between open-mouthed kissing and oral HPV infection, indicating that oral-to-oral contact may contribute to human-to-human transmission and circulation of HPV among populations.

The authors concluded their report by raising a question about the possible implications of the modes of oral HPV transmission in relation to the timing of administration of HPV vaccine. Currently, 2 HPV vaccines have been approved by the US Food and Drug Administration, as well as by the European Union, and have already been introduced into the vaccination programs of several countries for girls aged 11 years and above [2]. Clinical trials have shown that the quadrivalent vaccine for HPV types 6, 11, 16, and 18 is highly immunogenic, safe, and well tolerated in females aged 9–26 years. Moreover, the efficacy of this vaccine remains high for at least 5 years after vaccination [3]. Similar results have been demonstrated in clinical trials of the bivalent vaccine. To optimize

the efficacy and thus cost-effectiveness of the vaccine, it is necessary for it to be administered at an age when the greatest possible proportion of vaccinated individuals have not been exposed to HPV. For this reason, in the American Academy of Pediatrics provisional recommendations HPV vaccination is recommended for girls 11–12 years of age, before they become sexually active [4].

Although several researchers [5–9] have suggested that the presence of oral HPV infection has implications for the age at which HPV vaccine should be administered, evidence of a possible connection between oral and genital infection has yet to be established. To date, no data are available on the oral HPV status of individuals included in the ongoing clinical trials investigating the effectiveness of HPV vaccines [3]. In this context, it will be of great interest to clarify whether the recommendation to include HPV-naïve subjects as the target population of HPV vaccination necessitates the exclusion of individuals with oral HPV infection. Further research is therefore necessary to evaluate whether there is any relationship between oral HPV infection and the effectiveness of HPV vaccines. If this proves to be the case, then the age at which HPV vaccine is administered will need to be reconsidered.

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Reply to Sourvinos et al

To the Editor—The potential transmission of human papillomavirus (HPV) through oral sex has important implications for the spread of infections with this virus, because oral sex is common among US teenagers (Figure 1) and is often initiated at an earlier age and with more partners than vaginal sex [3]. The existing