



### Editorial

# HPV Gender Neutral Vaccine in India: A Long Way Ahead

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On September 2021, the first-ever gender-neutral Human Papillomavirus (HPV) vaccine GARDASIL-9 was launched in India with a vision to mitigate the overall HPV burden among men as well as women vulnerable to HPV-associated infections including but not limited to cervical cancer, penile cancer as well as precancerous lesions. The HPV vaccine GARDASIL-9 was developed to target both girls and women between the age group 9 to 26 years as well as boys in the age group of 9-15 years claiming to provide optimal protection against 9 HPV serotypes. This was a stepping stone against the debilitating HPV scenarios in the Indian hemisphere profoundly afflicting both men and women with varied socio-economic strata.<sup>1</sup>

Although, the HPV related infections among Indian women hold a substantial proportion of the HPV burden among the Indian populace,<sup>2</sup> the proportion of Indian men afflicted with HPV and related diseases also plays a significant role in the estimation of overall prevalence as well as the incidence of HPV with penile cancer accounting for 6% of all cancers among Indian men and 30% of oropharyngeal malignancies. This disproportionate rise in the HPV burden is due to the persistent lack of awareness as well as public health advocacy regarding HPV infections among men despite the fact that HPV is preventable. Also, the high prevalence of HPV infection and associated conditions among Men who have sex with men (MSM) population<sup>3</sup> highlights the worrisome scenario as there is a high possibility of the Indian MSM populace plays a bridging role in the transmission of HPV infection in both men as well as women owing to its significant bisexual behaviour and profound high-risk sexual practices owing to the age-old cultural norms and deep-rooted stigma.<sup>4</sup>

This forms the rationale for the prompt adoption of the immunization program with the inclusion of gender-neutral HPV vaccines for adolescents irrespective of gender by the government of India which might curb the overall HPV burden. We strongly believe that the implementation of optimal public health advocacy in the urban as well as rural milieu along with the context-specific public health campaigns regarding gender-neutral HPV vaccines and their associated benefits at the community level will not only mitigate the rising burden of HPV



infection, it will also make the vaccination more accessible as well as affordable to the large population exhibiting risk-taking behaviours thus making them more vulnerable to the HPV associated infections.

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