

The pro's for teenage girls getting the new hpv vaccine



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The HPV Vaccine: A Smart Decision for Young Women Since it was first approved in 2006, the new Gardasil vaccine intended for girls and young women has been the source of great debate and parental concern. The vaccine is designed to protect young women under age 26 from four strains of the Human Papilloma Virus (HPV). According to the National Cancer Institute (2008), there are more than 100 strains of HPVs in existence, most of which cause some form of genital warts and, while most of them are also benign (meaning they won't cause any serious harm), there are some types that can cause cancer. " Genital HPV infections are very common and are sexually transmitted. Of the more than 100 types of HPV, more than 30 types can be passed from one person to another through sexual contact" (National Cancer Institute, 2008). It stands to reason, then, that if a vaccine is to be effective, it must be administered before or shortly after a young woman becomes sexually active. There have been numerous arguments brought up against using the vaccine, but a coherent look into its advantages clearly indicates the positive significantly outweighs the negatives.

To begin with, the virus has proven to be effective against some of the more dangerous strains of HPV. " Studies have found the vaccine to be almost 100 percent effective in preventing diseases caused by the four HPV types covered by the vaccine - including pre-cancers of the cervix, vulva and vagina and genital warts" (Division of STD Prevention, 2006). Together, these four strains of HPV are thought to cause approximately 70 percent of cervical cancers and 90 percent of genital warts. " The vaccine covers types 6 and 11, which are thought to be responsible for more than 95 percent of genital warts cases, and types 16 and 18, which are believed to be

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responsible for more than 70 percent of cervical cancer cases” (Dempsey cited in University of Michigan Health System, 2007).

One of the main complaints against new vaccines is commonly concerns regarding the safety of the ‘cure’. In the case of the HPV vaccine, “the FDA has licensed the HPV vaccine as safe and effective. This vaccine has been tested in over 11,000 females (ages 9-26 years old) around the world. These studies have shown no serious side effects” (Division of STD Prevention, 2006). By comparison, “In the United States there are about 10,000 new cases of cervical cancer each year and around 4,000 deaths from the disease” (“A Vaccine Expert”, 2007). By providing the cure long before the behavior, many girls’ lives might be saved and a great deal of expense in attempting to treat the more serious health conditions. In addition, the vaccine has “been tested in over 30,000 girls, worldwide, and has had an exceedingly great safety profile” (“A Vaccine Expert”, 2007).

Another common reason for avoiding the vaccine is the assumption that a child is not yet sexually active and is thus not at risk. According to the Division of STD Prevention (2006), “at least 50 percent of sexually active people will get HPV at some time in their lives. Every year in the United States, about 6.2 million people get HPV. HPV is most common in young women and men who are in their late teens and early 20s” (Division of STD Prevention, 2006). Just because a child is not sexually active at the moment, it is unreasonable to assume that they will remain sexually inactive throughout their entire lives. For maximum effectiveness, the vaccine should be administered before a girl has been exposed to the virus. “About 40 percent of girls become infected with HPV within two years of becoming sexually active. By age 50, 80 percent of women have had the virus at some

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point, though many have no symptoms, and only a small percentage of infections lead to cancer” (Wallis, 2007).

Gardasil, currently the only HPV vaccine available on the market today, is a good idea for all girls and young women under the age of 26. Its effectiveness in preventing the more dangerous strains of the virus significantly outweighs the presently non-existent risks young girls run in accepting the vaccine. Arguments that a child is not yet sexually active is not a valid reason for denying them the vaccine as it is unlikely they will go through their entire life without experiencing sexual activity at least once while it is very likely that they will, at some point, contract at least one strain of HPV in their lifetime.

References

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