

COVID 19 vaccination lessons from Japanese anti-HPV vaccination lobby

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As of the 7 June, the Johns Hopkins Coronavirus Resource Center reported almost 6.9 million cases of COVID 19 infection with over 398 000 deaths worldwide. In 2012 GLOBOCAN¹ reported that well over two million of the world's 14 million cancer cases were due to infection, including 640 000 cases of human papilloma virus infection (HPV) the necessary precursor to the development of cervix cancer. By 2018, there were approximately 570 000 cases of cervical cancer globally and 311 000 deaths from the disease.²

The international community has had a fairly uniform and measured approach to the prevention of cervix cancer by screening and implementing HPV vaccination, whereas the international response to the COVID pandemic has been startlingly different and has varied across and between countries, predicated largely, for the most part, on social isolation while awaiting the development of a vaccine sometime in the future.

The development of COVID 19 vaccines has been fast-tracked with Phase 1 studies underway and with optimistic launch dates suggested as being between 6 to 9 months away.

Given the enormous international interest, and the sharing of science and of funding, we urgently need to ensure that the roll-out of any future vaccine is accompanied with clear messages to the community about efficacy and safety, and is not waylaid by the increasingly well organized and funded anti-vaccine lobby. The appropriate and early use of social media and mainstream news media will be mandatory to ensure the success of each country's national program.

Japan is an excellent example of how things can go wrong. Three years after the introduction of a structured government-supported vaccination program, the vaccination rate of 70% fell quickly to less than

1% after the publication of claims of side effects subsequently shown not to be due to the vaccine. This low uptake has continued since, especially after the program was discontinued by the Japanese government and is predicted to result in an additional 24 600–27 300 cases of cervix cancer and 5000–5700 deaths over the lifetime of cohorts born between 1994 and 2007.³

The time is right to plan a media campaign containing uniform and consistent messages so that the potential benefits of any vaccine can be realized. It is clear that the anti-vaccine lobby will already be planning an alternative view.

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