

Bridging the gap in HPV prevention: Emphasizing male health in Pakistan

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Dear Editor, Human papillomavirus (HPV) is one of the most common sexually transmitted infections worldwide, with low-risk types (6 and 11) causing warts and high-risk types (notably 16 and 18) leading to cancer. A study indicates that the lifetime risk of getting HPV among individuals with at least one opposite-sex partner is approximately 84.6% (range 53.6%-95.0%) in women and even higher, 91.3% (range 69.5%-97.7%) in men.¹ Most infections are asymptomatic, leading to silent transmission over time. These are cleared by the human immune system in one to two years² but persistent infection can cause malignancy.

The ICO/IARC Fact Sheet for Pakistan gives us an estimate of the burden of HPV associated cancers. Although the report mainly focuses on cervical cancer in women, it also includes data on anal, penile and oropharyngeal cancers that are relevant to men. While anal cancer incidence is low in men (approximately 0.34 per 100,000),³ what these figures indicate is that HPV cannot be said to be solely a women's health concern.

Furthermore, research indicates a concerning correlation of HPV infection with impaired quality of sperm, suggesting a link between this pathogen and male infertility.⁴ The potential impact of HPV on male fertility further underscores necessity for public health interventions that are beneficial for both genders. Despite these compelling findings, most of the prevention programmes mainly focus on women because of the role of HPV in cervical cancer, leaving men considerably underserved.

A recent cross-sectional study in Pakistan revealed that while 66.7% of participants expressed willingness to receive HPV vaccine, only 3.1% had been vaccinated.⁵ This indicating a considerable disparity between acceptance

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and uptake, suggesting that while public readiness exists, systemic barriers hinder implementation. This highlights the necessity for vaccination strategies that are inclusive of all genders. In Pakistan, where screening and vaccination programmes primarily aim at women, the findings call for close attention. We suggest that the policymakers include boys and men in the HPV vaccination and education programmes. Moreover, local studies should be promoted to better delineate HPV prevalence and its clinical significance in our male population so that prevention and treatment strategies both culturally relevant and evidence-based. With these interventions, we can tackle an under-addressed HPV disease burden and progress towards more equitable and efficient health policies in Pakistan.

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