

BSIP/UGC

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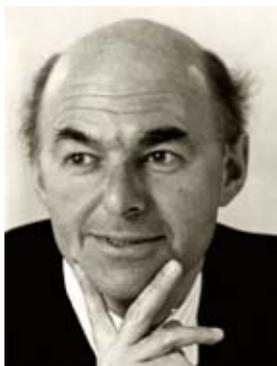
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Published weekly. US periodicals class postage paid at Rahway, NJ. Postmaster: send address changes to *BMJ*, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. \$796. Weekly



## PICTURE OF THE WEEK

The Californian photographer Peter Menzel visited 30 families around the world, photographing and detailing their weekly food purchases for the book he coauthored, *Hungry Planet: What the World Eats*. Clockwise from top left: the Bainton family from Wiltshire, who spend around £160 on their weekly food; the Aboubakar family from Darfur, Sudan, in a refugee camp in Chad, who spent 79p; the Revis family from Raleigh in North Carolina, who spent £219; and the Aymo family of Tingo, Ecuador, who spent £19.

## RESPONSE OF THE WEEK

Measles is usually thought of as a disease of children, so the emphasis tends to be on immunising children. But it is a disease of the non-immune of any age and is more severe the older the person. This used to be well known, that older children and adults tended to get much more severe disease and complications. The same applies to mumps, while, of course, the consequences of rubella are worse among populations that may be pregnant. Therefore the emphasis must be on immunising the young adults and older adolescents, even more than young children.

James A Dickinson, professor of family medicine, University of Calgary, Canada, in response to "Measles in the UK: a test of public health competency in a crisis" (*BMJ* 2013;346:f2793)

## MOST SHARED

Helping patients to die well  
Reducing sodium and increasing potassium intake  
Doctor who lied on his CV is allowed to return to work  
Are MOOCs the future of medical education?  
Publishing your research study in the *BMJ*

## BMJ.COM POLL

Last week's poll asked: "Should the legal age for buying tobacco be raised to 21?"

**80%** voted yes  
(total 1064 votes cast)

▶ *BMJ* 2013;346:f2698

This week's poll asks:

"Should everyone aged 15-64 be screened for HIV infection?"

▶ *BMJ* 2013;346:f2874

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## EDITOR'S CHOICE

## A good news tale of two diseases

**Barton and O'Mahony say the world can confidently look forward to the virtual elimination of genital warts, as well as other conditions caused by HPV**

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This week, the *BMJ* brings together two common diseases that can mar the lives of young people. Neither could be considered glamorous, but one is treatable and the other preventable, so both provide important good news stories.

Acne is almost a rite of passage for most people. It affects 90% of teenagers and, because it is usually self limiting, it may be considered a trivial condition. But as summarised by Annelise Dawson and Robert Dellavalle in their Clinical Review (p 30), half of sufferers continue to have symptoms as adults, and acne can seriously affect young people's quality of life and mental health. It can also result in disfiguring scarring which is difficult to treat. Because of this, the authors caution us not to underestimate its impact. They advise "early, aggressive, mechanistically driven therapy." And there is evidence that the right treatment works, not only on the skin but also on the psychological wellbeing of patients.

The other disease is also common and benign, but also distressing and potentially dangerous. Genital warts are the commonest infection seen in sexual health clinics in developed countries. They are recurrent in a high proportion of patients and can cause serious long term complications and sequelae.

Most cases are caused by human papillomavirus (HPV) types 6 and 11, while cervical cancer is caused by types 16 and 18. Last year the UK government changed its controversial decision about which vaccine to use in its national vaccination programme—from the bivalent vaccine, which protects only against cervical cancer, to the quadrivalent vaccine, which also protects against

genital warts. This looks likely to prove a wise decision if Australia's experience with the quadrivalent vaccine is anything to go by.

Australia's national HPV vaccination programme started in 2007. As reported by Hammad Ali and colleagues, national surveillance data on nearly 86 000 people from 2004 to 2011 show a dramatic decline in the proportion of young women presenting with genital warts, as well as a reduction in cases among young men, due to heterosexual herd immunity (p 10 and podcast on [bmj.com](http://bmj.com)). High vaccination coverage, averaging nearly 80% for all three doses, helped with the programme's success.

As Simon Barton and Colm O'Mahony say in their editorial, this is a major public health achievement (p 7). As well as preventing suffering and long term consequences, the near eradication of genital warts will substantially cut the costs of sexual healthcare, they say. And this year, the Australian government began a national HPV vaccination programme for 12-13 year old boys, to protect young men who have sex with men.

Barton and O'Mahony suggest a role for HPV vaccination in the treatment of genital warts, and they are bullish about the future. They say the world can confidently look forward to the virtual elimination of genital warts, as well as other conditions caused by HPV: recurrent laryngeal papilloma, most genital cancers, and over half of head and neck cancers. Other countries should follow Australia's lead.

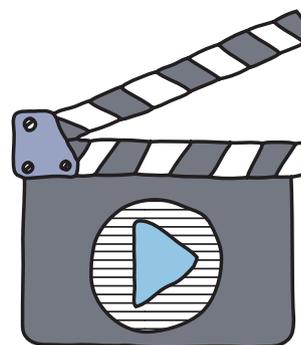
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Cite this as: *BMJ* 2013;346:f2962

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