Dear Editor,

Authors of Prevalence of high-risk human papillomavirus by cobas 4800 HPV test in urban Peru presented a cross sectional look at high risk HPV (HR-HPV) prevalence in Peru. The sample size is large and the diverse urban areas sampled reflect a national scope. We applaud the use of HPV testing to navigate existing structural barriers for cervical cancer screening in Peru.1

While we realize that some data may not have been collected, it would have been ideal to have a breakdown of HPV prevalence by smoking and oral contraceptive status, as well as sexual risk behaviors including age at first sex, sexual partnerships, previous sexually transmitted infections, and consistent condom use to examine risk factors for HR-HPV in the general population.

If the authors tested for HPV, they may be morally required to provide treatment due to ancillary care obligations.2 This may be difficult with significant barriers to treatment in Peru.3

Approximately one-third of participants in this report had a positive HR-HPV result. It is unclear if these participants were provided additional testing or treatment, referred to a specialist, or provided their HPV testing results. Sharing the HPV testing results with participants may be an ethical imperative, though it may cause undue stress in the absence of further testing.

The high cervical HR-HPV DNA prevalence (43.10%) reported among female participants 17–29 years of age is troubling, pointing to needs for HPV interventions. This is higher than previous data from women in the general population in Peru without cervical cancer precursors (14.4%), and from a large study in Brazil (14.3%).3,4 Without the cytology result, it is unclear if the Peruvian female patients began with cervical abnormalities. We can only say that the prevalence of HR-HPV in this report is high, similar to that found in a study of Peruvian female sex workers (46.2%).5 The high prevalence of HR-HPV in this report provides an impetus to provide additional details of characteristics of the general population presented in the manuscript.

Conflicts of interest

The author declares no conflicts of interest.

REFERENCES


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