

and women, "reducing the incidence of genital warts, cervical intraepithelial neoplasia, and cervical cancer by 97%, 91%, and 91%, respectively". Although the initial expense will be higher, additionally accounting for the prevention of HPV-linked cancers in men (eg, anal, penile, and oropharyngeal cancers) will make this approach cost effective. The eventual eradication, or even a drastic reduction in the rate of HPV infections, will require vaccination of both sexes.

The results of HPV vaccination of people with previous HPV 16 or 18 infection have to be interpreted with caution. Contrary to what Michele Manos suggests, any differences in cervical intraepithelial neoplasia of grade 2 or above (CIN2+) between vaccinated and non-vaccinated women were non-significant, and only 3% of the study population was both HPV 16/18 DNA-positive and seropositive.<sup>2,3</sup>

Antibody-dependent exacerbation of viral infections seems to mainly concern specific RNA viruses, such as feline coronavirus, dengue virus, and feline immunodeficiency virus.<sup>4</sup> Currently, there is little evidence that antibody-dependent exacerbation facilitates HPV infection, particularly since the presently available vaccines against high-risk HPV types seem to neutralise viral particles before cell entry.

Although Manos considers the eradication of HPV infections a "noble goal", the development of HPV vaccines was unnecessarily delayed by doubts about the causal role of HPV infections in cervical cancer.<sup>5</sup> We do not have to wait for more detailed immunological studies before we start planning large-scale interventions, since they will be highly effective public health programmes. Without a strategic vision, global programmes will not be started.

We declare that we have no conflicts of interest.

\*Karin B Michels, Harald zur Hausen  
kmichels@rics.bwh.harvard.edu

Obstetrics and Gynecology Epidemiology Center, Department of Obstetrics, Gynecology and Reproductive Biology, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA (KBM); \*Department of Epidemiology, Harvard School of Public Health, Boston, MA 02115, USA (KBM); and Deutsches Krebsforschungszentrum, Angewandte Tumorstudiologie, Heidelberg, Germany (HzH)

- 1 Elbasha EH, Dasbach EJ, Insinga RP. Model for assessing human papillomavirus vaccination strategies. *Emerg Infect Dis* 2007; **13**: 28–41.
- 2 Paavonen J, Naud P, Salmerón J, et al, for the HPV PATRICIA Study Group. Efficacy of human papillomavirus (HPV)-16/18 AS04-adjuvanted vaccine against cervical infection and precancer caused by oncogenic HPV types (PATRICIA): final analysis of a double-blind, randomised study in young women. *Lancet* 2009; **374**: 301–14.
- 3 Vaccine and Related Biological Products Advisory Committee. VRBPAC background document: Gardasil HPV quadrivalent vaccine. <http://www.fda.gov/ohrms/dockets/ac/06/briefing/2006-4222B3.pdf> (accessed Sept 30, 2009).
- 4 Huisman W, Martina BE, Rimmelzwaan GF, Gruters RA, Osterhaus AD. Vaccine-induced enhancement of viral infections. *Vaccine* 2009; **27**: 505–12.
- 5 zur Hausen H. Cervical carcinoma and human papillomavirus: on the road to preventing a major human cancer. *J Natl Cancer Inst* 2001; **98**: 250–53.

## Expanding HIV care in Africa: making men matter in Johannesburg

In their Viewpoint (July 25, p 275),<sup>1</sup> Edward Mills and colleagues highlight the need to provide HIV testing and treatment services that are more accessible to men. As they note, men make less use of routine health services than women, partly because such services are often not easily accessible to those who are employed.

In South Africa, we have established services that provide screening, care, and treatment for HIV that target inner-city workers. The Emthonjeni centre is based in central Johannesburg at a large taxi rank used by an estimated 400 000 commuters daily. It provides screening for HIV and tuberculosis, along with blood pressure and glucose checks, and is convenient for commuters and those employed locally. Currently, those found HIV-positive are referred to nearby general practitioners with

extended opening hours who provide HIV care and treatment; we plan to extend our services to provide HIV care on site. Taxi drivers are encouraged to be "ambassadors", promoting Emthonjeni services to their passengers. Additionally, Emthonjeni mobile units similarly provide screening to small (<100 employees) inner-city enterprises whose staff rarely have medical insurance.

Between March, 2008, and May, 2009, 14 494 people (57% men) were tested for HIV and received their results, of which 2432 (17%) were positive. 1784 of these are now in HIV care and 1069 have started antiretroviral therapy. We believe that initiatives like ours have potential to promote knowledge of HIV status among men and facilitate earlier access to antiretroviral therapy, thus reducing mortality.

We declare that we have no conflicts of interest.

Bulelani Kuwane, Kuku Appiah,  
Marianne Felix, \*Alison Grant,  
Gavin Churchyard  
alison.grant@lshtm.ac.uk

Aurum Institute for Health Research, Johannesburg, South Africa (BK, KA, MF, GC); and Clinical Research Unit, Department of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine, London WC1E 7HT, UK (AG)

- 1 Mills EJ, Ford N, Mugenyi P. Expanding HIV care in Africa: making men matter. *Lancet* 2009; **374**: 275–76.

## The missing ingredient in medicine patent pools

In response to your Editorial (July 25, p 266),<sup>1</sup> we do not find it any more surprising that pharmaceutical companies do not support the UNITAID patent pool, backed by nongovernmental organisations (NGOs), than the fact that NGOs give lukewarm support to GlaxoSmithKline's patent pool over neglected diseases. The pharmaceutical industry and NGOs have been vying for leadership over the issue of access to medicines in competition, rather than in cooperation, with one another.<sup>2</sup>



Photollibrary