ELSEVIER

Contents lists available at ScienceDirect

Papillomavirus Research

journal homepage: www.elsevier.com/locate/pvr



The Cape Town declaration on human papillomavirus related disease[★]



In 2017, we already have the knowledge and experience to prevent much of the human papillomavirus (HPV)-related disease burden globally. As a multidisciplinary research community, involving disciplines across the spectrum from basic science, epidemiology, vaccinology and screening to public health, we have provided much of the evidence base that has been translated into highly effective public health programs around the world. Notably prophylactic HPV vaccination programs have already prevented HPV infections, genital warts and cervical pre-cancers in many countries. HPV based screening programs now have strong evidence to support their use as a more sensitive way to detect underlining cervical abnormalities, and we eagerly await the positive impacts of these emerging programs, which will be applicable in both unvaccinated and vaccinated populations. There is an imperative, with the tools now available, to provide every woman with access to effective cervical screening and every girl with access to prevention through vaccination. Access should be available irrespective of where a girl or woman lives, her social status or whether she is immunocompromised. HPV-related cancers also affect men, and efforts to prevent HPV infection in men through HPV vaccination have the potential both to prevent many of these cancers and to reduce the risk of HPV transmission to sexual partners. The International Papillomavirus Society (IPVS) believes all countries should consider and promote national guidelines and programs to prevent HPV-related diseases, supported by international guidelines, access to international expertise and support for implementation through increased access to more affordable vaccines and screening technology (e.g. through revolving funds for vaccines). IPVS could be a bridge for these efforts.

As the HPV 2017 conference is in a region of the world with a very large burden of HPV-related disease, complicated by a large burden of HIV in many countries, we call on governments to acknowledge both their current challenges and the immense opportunities to save lives by adopting the tools we already know can work to prevent HPV and HPV-related cancers.

Anna-Lise Williamson*

Institute of Infectious Disease and Molecular Medicine and Gynaecological Cancer Research Centre, University of Cape Town, Cape Town, South Africa E-mail address: Anna-Lise.williamson@uct.ac.za

Suzanne Garland

Department of Microbiology and Infectious Diseases, The Royal Women's Hospital, Melbourne, Murdoch Children's Research Institute, Melbourne, Victoria, Australia, and Department of Obstetrics and Gynaecology, University of Melbourne, Melbourne, Victoria, Australia

E-mail address: Suzanne.garland@thewomens.org.au

Joel Palefsky

Department of Medicine, University of California, San Francisco, USA E-mail address: joel.palefsky@ucsf.edu

Ed Rybicki^{a,}

^a Institute of Infectious Disease and Molecular Medicine and Gynaecological Cancer Research Centre, University of Cape Town, Cape Town, South Africa

^b Biopharming Research Unit, Department of Molecular and Cell Biology, University of Cape Town, South Africa

E-mail address: ed.Rybicki@uct.ac.za

c On behalf of the International Papillomavirus Society and the Local Organizing Committee of HPV 2017, Cape Town, South Africa

^{*} Correspondence to: Institute of Infectious Disease and Molecular Medicine, Faculty of Health Sciences, University of Cape Town, Anzio Road, Observatory, 7925 Cape Town, South

Margaret Stanley Department of Pathology, University of Cambridge, UK E-mail address: Mas1001@cam.ac.uk

Silvia de Sanjosé

Cancer Epidemiology Research Program, Institut Català d'Oncologia (ICO)-IDIBELL and CIBER Epidemiologia y Salud Pública, Spain E-mail address: s.sanjose@iconcologia.net