

Letter to the Editor

Dear Editor of the JBDST:

The public administration is marked by the pursuit of improving life quality for the entire population, and the driving force of this transformation culminates in the full implementation of public policies for the collectivity. Therefore, when we delimit the field of public health, we need to initially describe its pillars: health prevention, promotion, and recovery. These paradigms listed, prevention is the main foundation upon which health policies should be established, and vaccination activities are the most successful strategies to improve the health indicators of a population.

However, if we understand that for every R\$ 1.00 spent on prevention, R\$ 4.00 are saved on treatment, and if we consider that treating a disease imposes risks, whether a sequel or even death, we believe that public administration should not save efforts to reinforce prevention. The choice of a vaccine to be implanted takes into account a number of factors. But, if we want to synthesize, we must comply with the criteria of cost-effectiveness, in which the amount spent on prevention is smaller than that of the treatment of that aggravation. To do so, after these stages are surpassed, what is essential is the sensitivity of the ruler in daring and deciding for the sake of its population and the health of future generations. Although our country has an excellent immunization program, several vaccines are yet under study to be implemented, such as the vaccines against hepatitis A, varicella, and human papillomavirus (HPV).

HPV has more than 100 different types, 30 of which affect the genital tract. The most prominent are types 6 and 11, which cause about 90% of genital warts, and types 16 and 18, which are responsible for more than 70% of the uterine cervix cancer cases.

In this leading spirit, the present administration of the city of Campos dos Goytacazes (RJ) presents its municipal program of immunization, the largest in Brazil and one of the largest in the world, incorporating vaccines (such as 13-Valent Pneumococcal Conjugate Vaccine (PCV13), hepatitis A, HPV) in its calendar to protect inhabitants considered most susceptible from the epidemiological point of view. Such decisions met the successful total sum of the guiding technical indicators with the political will for change, along with the fact that these are vaccines internationally considered cost-effective. And excellent results are already being observed, such as the non-occurrence of pneumococci meningitis after the introduction of PCV13 throughout 2010.

However, the HPV vaccine is the most important immunobiological drug described in the vaccine therapy literature from a cost-effectiveness perspective, as this virus causes lesions such as genital warts and cervix cancer, is responsible for 4,000 deaths of women per year in Brazil, and is involved in the genesis of several other cancers such as anus, vulva, vagina, penis, tonsil, among

others. The combination of tracing with prevention associated with vaccination is considered the state of the art in the fight against HPV. There are two HPV vaccines in Brazil, with different action profiles on clinical results, but both are effective in their purpose.

Again, our city of Campos dos Goytacazes pioneered, and released, in October 2010, 51,000 doses of the quadrivalent HPV vaccine for a population of 17,000 young women aged from 11 to 15 years, in a hybrid strategy that combined vaccination in all public and private schools, with two fixed health stations to complement the vaccination of absentees, kids out of school, or exception cases. Coupled to this strategy, two mobilization and vaccination "D days" were created on Saturdays, and a School Health Program was instituted (PSE), with educational lectures on the caution against HPV in all schools who received the vaccine. Also, in a pioneer way, we started to vaccinate all HIV-positive women in the age group from 9 to 26 years through the DST/Aids Program, as international studies allow us to affirm the increasing incidence and recurrence of HPV in seropositive individuals. About R\$ 10 million, an income resulting from the oil royalties, were invested in these complementary vaccines to those of the National Immunization Program (PNI).

Since then, almost 45,000 doses have already been applied, corresponding to the coverage of 100% in the first dose, 85% in the second dose, and 70% in the third one. It is known that the Ministry of Health is implementing vaccines against hepatitis A, varicella, and HPV in the whole country, and we praise this Federal Government attitude, which demonstrates that our municipality was on the right track in anticipating these decisions.

Finally, we understand that the sensitivity to decide what is best for public health involves individual and collective responsibilities that, taken together, demonstrate the desire to offer a better life quality for the entire population.

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