

8. Sawaya GF, Smith-McCune K. HPV vaccination—more answers, more questions. *N Engl J Med* 2007;19:1991–3.
9. Höglund AT, Tydén T, Hannerfors AK, et al. Knowledge of human papillomavirus and attitudes to vaccination among Swedish high school students. *Int J STD AIDS* 2009;20:102–7.
10. Kang HS, Moneyham L. Attitudes toward and intention to receive the HPV vaccination and intention to use condoms among female Korean college students. *Vaccine* 2010;28:811–6.

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The above letter was referred to the author of the article in question, who offers the following reply.

### **Response: Re: Parental Acceptance of a Mandatory Human Papillomavirus (HPV) Vaccination Program**

*To the Editor:* We appreciate the comments from Dr. Schneider<sup>1</sup> and concur with her observations about the human papillomavirus vaccines. It seems that German health care providers are confronted with many of the same issues we face in the United States. Given the robust efficacy and excellent safety profile of these cancer prevention vaccines, we too are extremely frustrated by the poor rates of vaccination that are documented in many parts of the world. Furthermore, a high number of individuals do not complete the entire 3-dose series. There is great room for improvement to help reduce the morbidity and mortality associated with human papillomavirus infection. A mandatory HPV vaccination program is one means of ensuring maximum coverage and protection.<sup>2</sup> All health care providers should encourage their patients to receive the vaccine. Dr Schneider's comments about making the vaccines widely available to all inhabitants of our globe are certainly appropriate. My response actually comes from our cervical cancer prevention clinic in Cusco, Peru ([www.theincca.org](http://www.theincca.org), [www.cervicusco.org](http://www.cervicusco.org)) where we see women with cervical cancer too often. To think that we now have a vaccine to prevent the horrid suffering associated with cervical cancer is simply a wonderful gift to mankind. Although secondary cervical cancer prevention efforts with cervical cytology have reduced the rates of disease, particularly in developed countries, the developing world does not have the capacity to derive the same benefits. Yet, I believe this same gift of life-saving vaccination will be shared with all one day. In fact, Merck, Sharp and Dohme Corp. has been very generous in sharing their vaccine with the developing world. We are extremely grateful to them and hope that this effort can be expanded in the future.

Daron G. Ferris, MD  
Departments of Family Medicine and Obstetrics and  
Gynecology  
Medical College of Georgia, Augusta  
DFerris@mccg.edu

### **References**

1. Schneider HB. Re: parental acceptance of a mandatory human papillomavirus (HPV) vaccination program. *J Am Board Fam Med* 2010;23:688–9.
2. Ferris D, Horn L, Waller JL. Parental acceptance of a mandatory human papillomavirus (HPV) vaccination program. *J Am Board Fam Med* 2010;23:220–9.

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### **Re: A Randomized, Controlled Trial of a Behavioral Intervention to Reduce Crying among Infants**

*To the Editor:* I applaud McRury and Zolotor<sup>1</sup> for attempting to add a validation study of The Happiest Baby on the Block (THB) video to the growing evidence base evaluating this popular approach to calming babies.

Unfortunately, as the authors state, their study has several critical flaws that weaken any conclusions. There was a small study population and a 30% drop-out rate; there was contamination by advising both the control and intervention group about the use of swaddling; a video was used instead of a digital video disc (DVD; a more user-friendly interface); and parents received no instruction in THB video techniques. The factor that most undermined the reliability of this report is that there was little confidence that the intervention was even viewed or used (mothers said they watched, but they did not refer to THB video in their comments and did not swaddle as was demonstrated in the video).

THB<sup>2,3</sup> is a novel synthesis of several steps that have been shown to calm infant crying and promote sleep. It is based on the hypothesis that babies are born with a suite of previously overlooked neonatal reflexes (the “calming reflex”) that can quickly soothe most fussing during the first months of life.

The goal of finding an effective approach to crying reduction is not trivial. Infant irritability, and the parental exhaustion that it provokes, are primary triggers for many serious problems (eg, child abuse, failure of breastfeeding, marital stress, postpartum depression, excessive visits to an emergency room or doctor, excessive treatment for acid reflux, disturbed bonding, and perhaps sudden infant death syndrome/suffocation).<sup>4</sup>

Numerous peer-reviewed studies<sup>4</sup> have confirmed the effectiveness of the interventions used in THB video (ie, swaddling, white noise, rhythmic motion, sucking). In addition, a growing body of pilot studies is finding benefits of THB video on early parent–infant interactions.

In 2007, the Department of Public Health in Boulder, CO, reported a study about reducing infant crying. Home-visiting nurses taught THB techniques to 42 at-risk families (teens, drug users, etc) who had fussy babies. Each family was given a THB DVD, compact disc of white noise, and a swaddling blanket. Most families (41 of the 42) reported an immediate, dramatic, and continuing improvement in their ability to calm crying. Many families also reported more than one additional hour of sleep.<sup>5</sup>