However, HPV vaccines are too expensive for the general public, especially for women with a low socioeconomic status. HPV vaccines cost US$360 (¥2397) for the three doses required; however, these vaccines cost as much as $271–450 (¥1806–2999) in China after fees for vaccine transportation, storage, and immunisation are added.[2,3] It has been suggested that the vaccine is not cost-effective when the price per vaccinated woman is above $50 (¥333), especially for women living in rural areas.[4] Furthermore, because HPV vaccination is not covered by medical insurance, it is very difficult to improve vaccine coverage. Finally, only about 274 000 doses of vaccines are imported into local community health centres. Therefore, women and parents have to use an online payment system to make an appointment for the vaccination service, which makes it nearly impossible for women without internet access or smartphones to get vaccinated.[2]

The introduction of HPV vaccines in China aims to protect women from HPV infection and cervical cancer. The goal is to vaccinate women from all socioeconomic classes. Almost 60% of patients with cervical cancer in China are from rural areas, where the prevalence of HPV is low, cervical cancer awareness is poor, and access to cervical cancer screening is almost non-existent.[5] Without established screening programmes, prioritised vaccination should be given to women in rural areas of China, where the disease burden is the greatest and women with a low socioeconomic status are less likely to actively seek cervical cancer screening. HPV vaccination should cover women at high risk of developing cervical cancer to compensate for the absence of established screening programmes in resource-limited countries, such as China. Otherwise, the introduction of HPV vaccines might aggravate the socioeconomic disparity in HPV infection and cervical cancer incidence rates. Greater efforts are urgently needed to address these issues to achieve high vaccine coverage and to eventually decrease cervical cancer-associated morbidity in China.

Published Online
September 18, 2017
http://dx.doi.org/10.1016/S0140-6736(17)32485-6

I declare no competing interests.

Yue Yin
lycwr@hotmail.com

Department of Pathology, Affiliated Shaanxi Provincial Tumor Hospital, College of Medicine, Xi'an Jiaotong University, Xi'an, Shaanxi 710000, China

1 Chen W, Zheng R, Baade PD, et al. Cancer statistics in China, 2015. *CA Cancer J Clin* 2016; **66:** 115–32.
2 Li H, Yang Z. HPV vaccines on the market in China, make an appointment for vaccination now. Aug 20, 2017. http://news.sina.com.cn/c/2017-08-20/doc-ifykcqaw0307804.shtml (accessed Aug 20, 2017).
3 Wei H, Li X. HPV vaccines are available in Henan, CNY602 per dose, in stock in No.27 district of Zhengzhou. Aug 3, 2017. http://henan.sina.com.cn/news/2017-08-03/detail-ifyitapp0094906.shtml (accessed Aug 3, 2017).
4 Levin CE, Sharma M, Olson Z, et al. An extended cost-effectiveness analysis of publicly financed HPV vaccination to prevent cervical cancer in China. *Vaccine* 2015; **33:** 2830–41.
5 Li S, Hu T, Lv W, et al. Changes in prevalence and clinical characteristics of cervical cancer in the People's Republic of China: a study of 10,012 cases from a nationwide working group. *Oncologist* 2013; **18:** 1101–17.

Medical education: what about the barefoot doctors?

Medical education aims to cultivate effective and essential medical human resources for protecting people's health and the nation's sustainable development. On July 11, the State Council of China introduced bold plans to deepen the reform and development of medical education, which were summarised in *The Lancet* (July 22, p 334).[1] Facing the increasing needs of health care and medical education, the Chinese Government is struggling to change the current situation and improve educational programmes, financial welfare, career promotion mechanisms, and ethical decision-making. However, education and reform for the barefoot doctors are not included in the government's plan. Barefoot doctors are farmers who received a short medical and paramedical training, to offer primary medical services in their rural villages. Good primary health care can enhance the national health status at low cost. The barefoot doctor model is a successful primary health-care pattern for low-income countries with large populations.[2] With the health reform in progress, the barefoot doctors have been facing great pressure because of their low educational level, poor financial welfare, and poor career promotion mechanisms. Although the government has tried to use general practitioners to replace barefoot doctors, so far results have been unsatisfactory. To optimise the current health-care system, as well as medical education for medical students, the government should pay more attention to the continuing medical education of barefoot doctors.

We declare no competing interests.

*Le Yang, *Hongman Wang*
cde@pku.edu.cn

Health Science Center, Peking University, Haidian, Beijing, China, 100191

1 The Lancet. Medical education reform in China. *Lancet* 2017; **390:** 334.
2 Starfield B, Shi L, Macinko J. Contribution of primary health care to health systems and health. *Milbank Q* 2005; **83:** 457–502.

Department of Error

Bhangu A, Søreide K, Di Saverio S, Assarsson JH, Drake FT. Acute appendicitis: modern understanding of pathogenesis, diagnosis, and management. Lancet *2015; **386:** 1278–87*—In this Article, the units for C-reactive protein concentration have been corrected to mg/L in the second sentence of the "Differentiation of simple from complex disease" section and in figure 2. The body temperature signs, low-risk Alvarado score, and high-risk AIR score have also been corrected in figure 2. These corrections have been made online as of Oct 12, 2017.

GBD 2016 Risk Factors Collaborators. Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet *2017; **390:** 1343–420*—In this Global Health Metrics paper, data in figure 5 have been amended. These corrections have been made to the online version as of Sept 18, 2017.