HPV It's time to talk

YOUR QUICK GUIDE





Human Papillomavirus (HPV)

HPV is the most common STI in Canada. Nearly 75% of sexually active Canadians will get the virus at some point in their lives.

What is HPV?

HPV is a highly contagious virus that is spread by skin-to-skin contact (penetration is not required) or during genital, anal or oral sex. Often, it has no visible signs or symptoms. There are more than 100 kinds of HPV, 40 of which are spread through sexual contact. Some of these can lead to, or cause, genital warts and cancer.

Am I at risk?

The risk of HPV infection is highest among people aged 15 to 24. The earlier you become sexually active, the greater your exposure to the risk of HPV infection.

How do I know I have it?

You might not. Since not all HPV infections have symptoms, you may not be able to tell if you (or your partner) are infected. Genital warts are often the only visible sign that someone has an HPV infection.

Is there a cure?

There is no cure for the virus once you're infected. There are treatments for the warts and cell changes caused by the virus, but these do not cure the virus itself. If infected, the immune system will eventually clear the virus in most people. However, they can still get another HPV infection in the future.





How do I protect myself?

Condoms and dental dams are a good way to protect yourself from many kinds of STIs. Use them consistently. But when it comes to HPV, these do not provide enough protection. You can still get HPV from infected skin not covered by the condom or dam.

Vaccination is up to 99% effective at preventing the HPV types responsible for most genital warts and HPV-related cancers. There are three vaccines that are available and approved for use in Canada, each of which protects against certain HPV types.

Studies have shown that the vaccine is safe. Over 50 million doses of the vaccine have been given in North America. Other than minor side effects (like pain from the needle), people who get the vaccine are not at risk for major complications.

The best way you can protect yourself from HPV through vaccination, regular screenings, and early treatment.

Practice safer sex

Get screened Get vaccinated

Who should get vaccinated?

Vaccination has been approved for use in Canada for females and males aged 9 and up. There is no upper age limit for HPV vaccination.

The younger you are when you get vaccinated, the better. It's best to get vaccinated before you're sexually active since it will protect you before you are exposed to the virus.

You can get vaccinated if you are already sexually active or have already had an HPV infection because you probably have not been exposed to all types of HPV that you can be protected against.



Genital warts and HPV

The wart that you may get on your hands or under your feet is not the type that is being referred to here. We are talking about genital warts. In women, they can be found on the vulva, vagina, cervix, pubis, thighs or in and around the anus. In men, they can be found on the penis, scrotum, pubis, thighs or in and around the anus.

There may be one or many warts that you can see or feel. They may look like small, red or white cauliflowers. They may be flat or feel like small, raised bumps. Most of them are painless but can sometimes cause burning or itching. Genital warts are often the only sign that someone has an HPV infection. In fact, genital warts are the most common sign of HPV in males.

Some studies have shown that 2 out of 3 people who have sexual contact with a person who has genital warts will develop genital warts within one to eight months of being exposed. These warts are considered a chronic infection, which means that once you are infected, you can develop warts at any time, for the rest of your life.

A health care provider can remove genital warts by using chemicals, laser surgery or freezing with liquid nitrogen. You can also boost your immune system to develop resistance against the HPV virus. However, that does not mean that you are cured of HPV, that the warts won't return, or that you can't spread the virus to your sexual partners or newborns.

The risk of getting genital warts increases as your number of sexual partners increases or if you smoke.

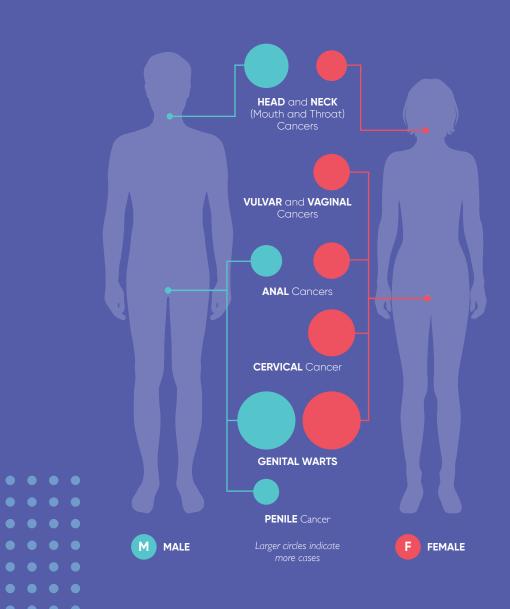
THE TWO HPV TYPES RESPONSIBLE FOR 90% OF THE CASES OF GENITAL WARTS ARE HPV 6 AND 11. VACCINATION CAN HELP PREVENT THE INCIDENCE OF GENITAL WARTS.





Cancer and HPV

HPV has been linked to many cancers, including cancer of the cervix, vulva, vagina, penis, anus, mouth and throat. These cancers can start in the 20's and 30's wand they are often fatal. You should make sure that you start protecting yourself now.

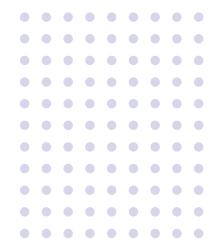


Cervical cancer

The cervix is the lower opening of the uterus. Cervical cancer is almost exclusively caused by HPV and is estimated to be the second most frequent cancer in women aged 20-44 after breast cancer. In Canada, about 1,350 women are diagnosed each year and 410 die from this type of cancer. A Pap test, or Pap smear, is a simple screening method that detects cell changes on your cervix. When abnormal cervical cells are found early, they can often be treated effectively before these changes become dangerous. If left untreated, abnormal cells can develop into cervical cancer. If the Pap test results indicate that abnormal cells were found, the first step is to have a colposcopy. This procedure allows the gynaecologist or colposcopist to examine your cervix by using a special instrument (colposcope) that shines a light on your cervix and magnifies it. Depending on the result, a control visit or treatment can be recommended. Should a treatment be required, your doctor may suggest cryosurgery, laser surgery or a LEEP procedure to remove the affected cells. Cryosurgery freezes cells off, laser surgery burns or vaporizes the cells off, and LEEP (Loop Electrosurgical Excision Procedure) removes the cells using a wire loop. The four HPV types most commonly associated with cervical cancer are HPV 16, 18, 31 and 45. Vaccination can help prevent the incidence of cervical cancer.

IN CANADA, ABOUT 1,350 WOMEN ARE DIAGNOSED EACH YEAR AND 410 DIE FROM THIS TYPE OF CANCER.





Neck cancers

Head and neck (mouth and throat) cancers in males are becoming more common than cervical cancer. These cancers include cancers of the nose, sinuses, salivary glands, throat, larynx and lymph nodes in the neck. Head and neck cancers also include oral cancer. Oral cancer is a cancer of the mouth which commonly involves the lips and tongue and may occur on the roof or floor of the mouth, cheek lining or gums. Head and neck (mouth and throat) cancers are usually associated with high tobacco and alcohol consumption but these numbers are going down while HPV related ones are going up. Head and neck (mouth and throat) cancers are linked with sexual behaviour including the practice of oral sex with a person infected with HPV. Some typical symptoms of head and neck (mouth and throat) cancers include a lump or a sore in the head and neck area that does not heal, a sore throat that does not go away, white or red patches in the mouth, difficulty swallowing, and a change or hoarseness in the voice. Any kind of mass in the back of the throat or painless swelling in the neck should be investigated.







Anal cancers

Cancer of the anus is rare but increasing. Anal cancer is similar to cervical cancer because the skin of the inside of the anus is a lot like the skin of the cervix and the skin outside of the anus is very similar to the skin of the vulva. The infection can cause warts around and inside the anus. Symptoms can include anal bleeding, difficulty passing stools, pain or lumps, itching or discharge. In the presence of signs and symptoms, an internal anal examination should be performed. In the presence of signs and symptoms of head and neck (mouth and throat) or anal cancer, a health care provider may recommend imaging tests and biopsies. Treatments may include laser surgery, microsurgery, radiation therapy and/or chemotherapy. The HPV type most commonly associated with head and neck (mouth and throat) and anal cancers is HPV 16.





Vulvar and Vaginal cancers

The vulva is the outer part of the female genitals. It includes the opening of the vagina, the outer lips and the inner lips. It extends upward to the clitoris and downward to the perineum. Vulvar and vaginal cancers are more rare types of cancers representing approximately 3% of all gynaecologic cancers, but the number of women affected is increasing. There are two types of vulvar cancer. One is associated with HPV infection and tends to occur in younger women. The other is associated with vulvar skin disease (such as lichen sclerosis) and is more frequently found in older women. Often, there are no signs or symptoms. If there are, they can appear as itching or burning that does not go away, pain in the pelvic area, abnormal vaginal bleeding, and difficulty urinating and/or painful intercourse. The Pap test does not screen for vulvar or vaginal cancers.

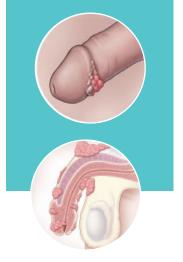


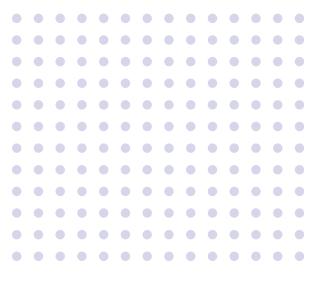


Penile cancer

Men can get cancer of the penis, just as women can get vulvar and vaginal cancers. Penile cancer is a rarer type of cancer representing less than one percent of cancers in men. Generally, penile cancer affects the head or foreskin of the penis rather than the shaft of the penis. Signs and symptoms can be a lump or ulcer on the penis. Growths can be raised, wart-like or flat and can be painful and inflamed. There may be itching and burning in the region as well. For vulvar, vaginal, and penile cancers, treatment varies depending on how advanced the cancer is. It might include laser surgery, microsurgery, radiation therapy, and/or chemotherapy. The two HPV types most commonly associated with vulvar and vaginal cancers are HPV 16 and 18. Vaccination can help prevent the incidence of vulvar and vaginal cancers, but has not been clinically proven to prevent penile cancer.

THE TWO HPV TYPES MOST COMMONLY ASSOCIATED WITH VULVAR AND VAGINAL CANCERS ARE HPV 16 AND 18.





Prevention

Condoms and dental dams are a good way to protect yourself from many kinds of STIs. Use them consistently. But when it comes to HPV, these do not provide enough protection. You can still get HPV from infected skin not covered by the condom or dam. Vaccination is up to 99% effective at preventing the HPV types responsible for most genital warts and HPV-related cancers. There are three vaccines that are available and approved for use in Canada, each of which protects against certain HPV types. Studies have shown that the vaccine is safe. Over 50 million doses of the vaccine have been given in North America. Other than minor side effects (like pain from the needle), people who get the vaccine are not at risk for major complications. In terms of cervical cancer, research has shown that because of Canada's increase in Pap test screening promotions, prevalence of cervical cancer has decreased and overall decrease in HPV related cancers with an increase in early detection of pre-cancerous conditions.



Screening

Pelvic exam (Pap test, Pap Smear)

You may have wondered before if there's a difference between a pelvic exam, a Pap test and a Pap smear. A Pap test and Pap smear are the same thing—they are a test that involves collecting cells from the cervix with a swab and then looking at them through a microscope to make sure they are normal and healthy. A Pap test is not the same as a screening test for all STIs.

Here are a few reasons why a pelvic exam is a good idea:

- To make sure that your pelvic organs (uterus, fallopian tubes and ovaries) are normal
- To detect infections that can cause vaginal discharge, pelvic pain or infertility. If you have one of these infections, a regular pelvic exam can help make sure that it's detected early so you can get treatment before any serious damage is done
- Probably the best reason to get a pelvic exam is that it includes a Pap test that can detect early stages of cervical cancer. Spotting these early signs of cancer could save your life





How do I get a Pap test?

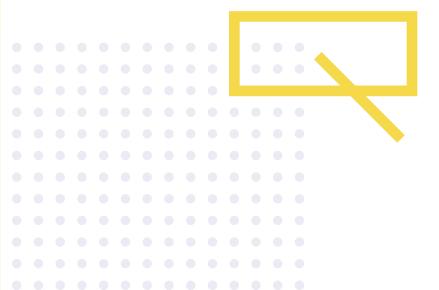
All Canadian provinces and territories offer free Pap tests through their public health care systems. Make an appointment with your health care provider. Some young people may be afraid to tell their parents about getting a pelvic exam because they don't want their parents to know that they are sexually active. While it's important to have an open relationship with your parents (and they may be happy to know that you're being responsible about your health), you don't need a parent's permission to have a pelvic exam. You can arrange the exam yourself by making an appointment with your family doctor, gynaecologist or sexual health clinic professional. Remember that what you tell your doctor is just between the two of you.

The interval for the pap test that has been proven to be safe is three years to detect pre-cancerous cells and provide treatment to prevent cancer. However, you should not go longer than three years between Pap tests.

HPV tests

In some provinces, HPV testing is replacing pap smears. The test is done in a similar way but is more sensitive to HPV. A negative HPV test means a 99% chance of not developing a high-grade pre-cancer or cervical cancer in five years, so screening will be less often. Having a positive HPV test does not equal disease; it just means that you have the virus. Having the virus is very common in young people and will often go away by itself. A Pap test will then tell you if you have any abnormal cells that would require you to take action. Many countries have already adopted this system.

There are self-testing kits for HPV being developed. Unfortunately, self-testing is not yet approved in Canada. It is a great method of alternate screening for cultures and groups who are not comfortable with traditional Pap tests.





MYTH 1

HPV, HIV and herpes are the same thing.

HPV, HIV and herpes are different viruses that can affect you differently. The one thing they have in common is that they are spread from person to person through sexual contact—they are all STIs.

MYTH 2

If I use a condom, I can't get HPV or any other STI.

Condoms can protect against most STIs including HIV/AIDS, but do not provide complete protection against HPV. The virus can spread through skin-to-skin contact with infected areas of the skin not covered by a condom (such as the scrotum, anus or vulva).

MYTH 4

HPV only affects girls and young women.

75% of sexually active Canadians will have at least one HPV infection in their lifetime. Anyone can be infected with HPV. Anyone can have genital warts and can develop cancer from an HPV infection.

• • • • • • • • • • • • • •

MYTH 5

If I only touch my partner and have oral sex, I can't get HPV.

The virus spreads through skin-to-skin contact with the penis, scrotum, vagina, vulva or anus of a person who has an HPV infection. Kissing or touching that person's sex organs with your mouth (oral sex) can spread HPV. It is not necessary to have penetrative sex to get the virus.

MYTH 3

You can tell if your partner has HPV.

You can't physically see whether a person has an HPV infection, unless the person has genital warts. Many people with HPV don't have any visible signs but they can still spread the virus.

MYTH 6

HPV will not affect me because I have only one partner.

Anyone who has sexual contact with an infected person can get HPV. You may be at risk even if you have only one partner because your partner may have had other partners in the past. You can have sex with an infected person without knowing the person has the virus. You can spread the virus without knowing you are infected because you may not have any visible symptoms. Each partner in a sexual relationship may carry the infection for many years without knowing it.

MYTH 7

If I get HPV, it means I'll get cancer.

The majority of people will get HPV at least once in their lifetime, but only a small number of infections will cause cancer. Like other infections, HPV may go away without any treatment or problems, but low-risk HPV types 6 and 11 may cause warts in the genital area and at least 15 high-risk types of HPV may cause cancer.

MYTH 8

After being vaccinated, you no longer need a Pap test.

HPV vaccination does not replace the need for regular Pap tests. The Pap test does not diagnose an HPV infection. It is used to detect cell changes in the cervix before they develop into cancer. Regular Pap tests are a key part of reproductive health, whether or not you have had the HPV vaccination. The vaccines do not protect you from all types of HPV, so there is still a risk of developing cervical cancer if you are infected with one of these other types. If you have a cervix, you should talk to your doctor about when to get a Pap test. In most provinces it's at age 21.

MYTH 9

I do not need to worry about HPV if my partner has had the HPV vaccine.

If your partner has been vaccinated, they are more likely to be free of the HPV types prevented by vaccination. But they can still carry other types of HPV. Also, if your partner was sexually active before they were vaccinated, they may already have one of the types prevented by vaccination.

17

Quiz Central

Now that you have read *HPV*: It's time to talk, you should have a better a more complete understanding of the STI. It's time to put this knowledge to the test—complete this series of fun quizzes to graduate from our program!

Feel free to come back to this quiz any time for a refresher course or to pass it on to anyone you think might benefit from taking it.

O2 Human Papillomavirus (HPV)
O7 Cancer and HPV
13 Screening
15 HPV tests
16 HPV Myths

Fill in the blanks

Complete each statement by writing the correct answers in the appropriate spaces.

01	Most HPV infections occur in young people aged to 24.
02	is the most common STI in Canada.
03	Often, there are no visible or
04	There are more than different types of HPV, of which are spread through skin-to-skin contact.
05	Vaccination is up to% effective in preventing HPV types responsible for most cases of genital warts and cervical cancer.
06	% of sexually active Canadians will get at least one HPV infection in their lifetime.
07	In females, HPV can cause cancers of the, , vulva, anus, mouth and throat.
08	In males, cancers of the , , , ,
09	A is an examination that involves collecting cells from the cervix to help prevent cervical cancer.

.

 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0

© SOGC, 2021. The information contained herein is not intended to substitute for the advice of a physician, and you are advised always to consult your health care provider for specific information on personal health matters. Unless otherwise specifically indicated, the naming of any organization, product or therapy does not imply SOGC endorsement. Reproduction of this document in whole, or in part, is strictly prohibited.

This pamphlet is made possible through the support of Merck Canada Inc. The opinions expressed in this materials are those of the authors and do not necessarily reflect the views of Merck Canada Inc.



hpvinfo.ca