

Information Tool Kit for Educators



hpvinfo.ca

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Funding for this document was provided by the Public Health Agency Canada.



Agence de la santé
publique du Canada

Public Health
Agency of Canada

LA SOCIÉTÉ DES
OBSTÉTRICIENS ET
GYNÉCOLOGUES
DU CANADA



THE SOCIETY OF
OBSTETRICIANS AND
GYNAECOLOGISTS
OF CANADA



Appendix A – Information on HPV

The Human papillomavirus, or HPV, is the most common family of viruses. HPV is one of the most common sexually transmitted infections (STI) in the world today. Chances are a person will contract some form of the HPV virus in their lifetime and not have any signs or symptoms.

There are over 100 different types of the HPV virus. Most types are totally harmless, cause no signs or symptoms and actually clear up by themselves.

Some types of the HPV virus are considered “low risk” and can cause genital and anal warts. These low risk types are rarely linked to cancer.

However, types that are considered “high risk” can cause pre-cancerous lesions and cancer in the cervix, anus and other genital areas.

Most people who have an HPV infection in the anogenital tract do not know they have been infected. Most VPH infections do not have any symptoms and disappear without treatment within a few months, and sometimes within a few years.

Precancerous and cancerous lesions caused by an HPV infection usually do not present visible symptoms. It is a good idea to have regular exams. For women, at present, the Pap test is the most efficient way to detect abnormal and precancerous lesions in the cervix.

How is HPV transmitted?

The HPV virus can infect anyone who has ever had a sexual encounter even without penetration. The most common transmission is by skin-to-skin contact with the penis, scrotum, vagina, vulva, or anus of an infected person. Kissing or touching a partner’s genitals with the mouth can also transmit the HPV virus.

Using a condom is an excellent protection for most sexually transmitted infections. The fact is that condoms cannot cover all the skin surfaces around the genitals and the anus, and therefore does not guarantee complete protection against HPV.

How do people know they have HPV?

There are no tests available to detect the HPV virus. Most people will have contracted an HPV infection before the age of 50, but will never know they have it and will have absolutely no problems because most of the time, the HPV virus clears up by itself.





Having HPV does not mean a person has a disease. Most people who get HPV don't have any signs or symptoms.

There are, however, some low risk types of the HPV virus that cause genital warts, and these can appear several weeks, and sometimes months, after sexual contact. In rare instances, the virus persists, especially the high risk types of the HPV virus, and can develop pre-cancerous lesions and cancer. For woman, the Pap test is an effective way to find early signs of abnormalities and pre-cancerous cells in the cervix.

Sources of information:

Public Health Agency of Canada (www.phac-aspc.gc.ca)
Web site on HPV – www.hpvinfosite.ca



Appendix B – The burden of illness of HPV

HPV infections are capable of causing benign and cancerous anogenital disease. Transmission of the HPV infection is also possible through mucous membrane of the mouth and throat and can cause benign and malignant head and neck lesions.

HPV & genital and anal warts

Some low risk types of HPV can cause genital and anal warts. In women, genital warts can appear on the vulva, urethra, cervix, vagina, anus or thighs. In men, warts can appear on the penis, scrotum, anus or thighs. Genital and anal warts appear as unsightly cauliflower-like growths. They are usually painless but can cause itching or a burning sensation and occasionally, minor bleeding following a bowel movement.

Genital and anal warts are very contagious and are spread during oral, vaginal or anal sex with an infected partner. Most people (66%) who have sexual contact with a partner infected by genital warts will develop warts themselves usually within three months. These warts may last for years and eventually go away. Sometimes they come back.

There are home therapies available and some treatment options are available in the doctor's office. The average timeframe required for the successful treatment of cervical, anal and genital warts is approximately eight (8) months. Eliminating the visible aspect of the warts will not always eliminate the HPV virus completely and the warts can reappear.

If there are too many warts or they are bulky, a physician may recommend a therapy that involves the direct application of powerful chemicals.

There are factors that will affect the successful treatment of genital and anal warts such as smoking, or having another sexually transmitted infection.

Psychological and social impact

People who contract genital and anal warts are usually self-conscious and may become embarrassed of having intimate relations. They can also cause depression and sexual dysfunction. Some long-term relationships can be disrupted as people become afraid of rejection from their sexual partner.

HPV & cancer

The majority of cervical dysplasia and cervical cancer are the consequences of infection by





certain high risk types of the HPV virus (types 16 and 18). HPV infections have also been linked to cancer of the penis, anus, vulva or vagina.

In women, high risk types of the HPV virus can infect cells on the vagina and cervix where they can't be seen. These lesions are considered to be pre-cancerous and can be detected by a Pap test.

Pre-cancerous lesions rarely cause any noticeable symptoms. These are usually detected through a Pap test (smear) or colposcopy. It does take many years (as much as 10 years) for pre-cancerous cells to develop into cancer, so having a regular Pap test will ensure that any abnormal cells are detected early. The most common reason a woman develops cervical cancer is because she did not have a Pap test.

Pre-cancerous lesions can usually be treated successfully. Options at this stage can include loop electrosurgical excision procedure (LEEP) which involves the removal of a tissue using a wire loop. Other treatments include laser therapy or cryotherapy.

Recurrent Respiratory Papillomatosis (RRP)

Recurrent respiratory papillomatosis (RRP) is a rare condition. It is characterized by recurrent warts or papillomas in the upper respiratory tract, particularly the larynx. There are likely many people with minor manifestations that never come to medical attention.

The juvenile form, generally defined as onset before 18 years, is better characterized than the adult form. In some cases, papillomas can enlarge and cause respiratory problems. This is managed by repeat laryngoscopy and bronchoscopy for the removal of warts every 2 to 3 months. Most people will ultimately clear these papillomas following recurrent removal.

Sources of information:

Public Health Agency of Canada (www.phac-aspc.gc.ca)

Web site on HPV – www.hpvinfosite.ca





Appendix C – Screening for HPV

Currently, screening methods to determine if a person is infected by the HPV virus, or has been infected in the past, are not currently available.

There are DNA tests available which can be of benefit in detecting an HPV infection in certain situations. In Canada, HPV DNA tests have been approved for use in women, but access and availability is limited. HPV DNA testing is not part of a regular check-up, pelvic exam, screening tests for sexually transmitted infections or a Pap test.

The Pap test is the only way to detect abnormal cells in your cervix. If someone has an abnormal Pap test, this may mean that there are cells that are precursors to cancer and there is a small chance that you may develop cancer. This can be treated successfully at this stage because the progression to cancer takes many years, sometimes up to 10 years.

A young woman should have her first Pap test within three years of becoming sexually active, and then every two years after that.

If you need information to teach young girls on what to expect when having a Pap test, you can obtain a brochure from the Society of Obstetricians and Gynaecologists of Canada.

Sources of information:

Public Health Agency of Canada (www.phac-aspc.gc.ca)

Society of Obstetricians and Gynaecologists of Canada (www.sogc.org)

Web site on HPV – www.hpvinfosite.ca





Appendix D - Prevention and vaccination

Because the HPV virus is so contagious, total prevention of the HPV virus is not easy.

Abstinence of all sexual contact, even skin-to-skin sexual activity without penetration, is the only way to avoid contracting the HPV virus.

Lifelong monogamy – having one long term sexual partner – is another effective way to avoid contracting the HPV virus.

Limiting the number of partners – the more sexual partners a person has, the higher their risk of contracting HPV.

Using *condoms is an excellent prevention* strategy for sexually transmitted infections. Condoms may not eliminate completely the risk of transmitting HPV because the virus can be contracted through skin-to-skin contact beyond the covered area. However, condom use is a good risk-reduction strategy and provides excellent protection against other sexually transmitted infections.

Regular Pap testing is the only way to detect abnormal cells in a women's cervix that could lead to cervical cancer later in life. A woman should have a Pap test within three years of becoming sexually active, and then repeat testing every two years.

A vaccine has been developed and is currently available on the Canadian market to prevent the two most common types of HPV associated with cancer and the most common types associated with genital warts.

Vaccination

Vaccination protects against the two most common high risk types of the HPV virus (16 and 18), which cause approximately 70% of cases of cervical cancer, and the two common low-risk types (6 and 11) that cause approximately 90% of anogenital warts. There is no evidence that the vaccine will have an impact on an existing infection. The HPV vaccine is not a treatment for HPV infection or related disease and is recommended as a prevention option only.

Health Canada, which approved the vaccine June 10, 2006, the National Advisory Committee on Immunization (NACI) and SOGC recommend it for girls and women aged 9 to 26 years. Ideally the vaccine should be given before sexual début and thereby before exposure to HPV. Vaccination of younger girls is important, as 20% of girls in grade 9 and 46% of those in grade 11 have had sexual intercourse. Vaccination before sexual début ensures maximum efficiency against all HPV subtypes covered by the vaccine.





The vaccine is not yet approved for males in Canada, but it has been approved for use in males in Australia, Mexico and the European Union. There are ongoing studies to find out if the vaccine prevents HPV infection and disease in males. If the results show that it is safe and effective in males, Health Canada may consider approving the vaccine for men.

The vaccine is injected into the deltoid muscle in 3 doses over a 6-month period. It is important to follow the schedule. To be effective, all 3 doses of the vaccine must be given within a maximum 1-year period.

Vaccination is not currently funded publicly. The cost of the full 3-dose schedule is approximately \$450, with each dose costing approximately \$150. Some private drug insurance plans may cover the cost of all or part of this vaccination.

Certain provinces have rolled out free school-based immunization for specific age groups. Check with your local public health office for details.

Sources of information:

Public Health Agency of Canada (www.phac-aspc.gc.ca)

Society of Obstetricians and Gynaecologists of Canada (www.sogc.org)

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