

Where can I get further information?

- New Zealand HPV Project Helpline Tollfree 0508 11 12 13 or www.hpv.org.nz
- Your GP, Family Planning Clinic or Sexual Health Clinic
- Your Colposcopy Clinic
- National Cervical Screening Programme Freephone 0800 729 720 or www.healthywomen.org.nz

This pamphlet is endorsed by



Australia and New Zealand HPV Project

Viral Sexually Transmitted Infection Education Foundation Ltd

Copies of this booklet are available from:
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www.hpv.org.nz
Helpline Toll free 0508 11 12 13
Phone: (09) 433 6526 Fax: (09) 360 2835

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HPV Vaccine – MYTH vs FACT

MYTH: *The vaccine has caused many deaths.*

FACT: No causal link between the vaccine and death has been found.

Studies have demonstrated similar small numbers of deaths in both the Gardisal and placebo (non-vaccine) groups by e.g. road accidents, suicide, or other illnesses. The safety of Gardisal vaccine has been carefully evaluated for 8.5 years. It is in wide use internationally with many millions of doses administered and monitored.

MYTH: *The clinical trials did not prove that the vaccine prevented death from cervical cancer.*

FACT: The trials could not ethically allow cervical cancer or death to be end points for evaluation. The trials show almost 100% efficacy in the prevention of high grade HPV types 16 and 18 related pre-cancers, which cause 70% of cervical cancers.

MYTH: *The vaccine can make pre-existing HPV infection worse.*

FACT: Clinical studies show no worsening of pre-existing diseases. The vaccine does not treat existing HPV infection and ideally should be given prior to being sexually active.

MYTH: *The vaccine only lasts 5 years.*

FACT: Current data suggests the vaccine protection is stable for at least 8.5 years and with no sign of waning. The mechanism of immune memory has been demonstrated in women who have been vaccinated, suggesting the vaccine will provide long-term protection.

MYTH: *The vaccine affects fertility and if given to young girls might make them infertile.*

FACT: Gardisal does not cause infertility or sterility.

MYTH: *The vaccine can cause birth defects.*

FACT: No specific congenital abnormalities resulting from the vaccine have been demonstrated. In the clinical trials, the pregnancy rates and congenital abnormalities were the same in both vaccinated and placebo (non vaccine) groups.

MYTH: *The vaccine only protects against four strains of HPV, so other cancer-causing strains will increase.*

FACT: There is no evidence that immunity against the four genital HPV strains in the vaccine is associated with a changing prevalence of other HPV strains.

MYTH: *Because the clinical trials of the vaccine didn't include girls under 16, the vaccine is not proven to be safe for girls under 16 years.*

FACT: The clinical trials included girls aged from 9 years of age, who were tested for their immune response to the vaccine and followed up for safety. It would have been unethical to have subjected these girls to cervical smears, therefore they were not part of the efficacy component of the trials.

MYTH: *Because men are not being vaccinated, they will infect women.*

FACT: Women who are not vaccinated are susceptible to infection.

Girls who are fully immunised (prior to becoming sexually active) are protected from acquisition of the four types of genital HPV in the Gardisal vaccine for at least 8.5 years and likely much longer.

MYTH: *The vaccine has caused many serious adverse reactions.*

FACT: Gardisal has not been found to cause increased risk of any serious condition.*

MYTH: *Aluminium is used in the Gardisal vaccine and it is unsafe.*

FACT: Both aluminium and saline were used as placebo vaccines in the trials. The incidence of systemic reactions was very low in both groups. Aluminium is used in most non-live vaccines and has an excellent safety record of over 70 years.

* As with any medication, vaccines carry an extremely rare risk of an anaphylactic reaction. The rate with Gardasil is around 3/1,000,000 doses. Vaccinators are trained to manage these events.

"The combination of HPV vaccination, regular cervical screening and practising safe sex offers New Zealand women the best protection against cervical cancer and the development of genital warts."

– Dr Greg Simmons
Chief Advisor Population Health
Ministry of Health

For the full answers and supporting references addressing the above myths, go to:

www.immune.org.nz

or phone toll free:

0800 IMMUNE (0800 466 863)



HPV

AUSTRALIA AND NEW ZEALAND
HPV PROJECT

What every
woman should
know about...

Genital HPV
(Human Papilloma
Virus) Infection
and the
Cervical Cancer
Vaccines



This pamphlet tells you about developments in the prevention of cervical cancer and genital warts. Vaccine(s) are available to prevent Genital Human Papilloma Virus (more commonly known as HPV or Wart Virus), an infection which can lead to the development of abnormal cells, Cervical Intraepithelial Neoplasia (CIN) and cervical cancer.

Why is an HPV vaccine needed?

- Cervical cancer remains an important disease. Each year in New Zealand there are around 30,000 abnormal smear test results, around 180 women develop cervical cancer and more than 60 women die from it.
- Genital HPV viruses are an extremely common sexually transmitted infection. To develop cervical cancer a woman must contract certain types of HPV.
- Most sexually active people will acquire genital HPV, the majority within the first 5 years of onset of sexual activity. However it takes many years for a small percentage of women to develop cancer, most commonly caused by HPV types 16 and 18.
- Most people will never know that they have this virus.
- Most of the time, HPV goes away on its own. When HPV is gone, the cervical cells go back to normal. But sometimes, HPV does not go away. Instead, it lingers (persists) and continues to change the cells on a woman's cervix. These cellular changes may lead to cancer over time, if they are not treated.
- Cervical screening detects these abnormalities and most can be treated before the cellular changes become cancer.
- HPV related pre-cancers of the cervix generally require surgical treatment.
- HPV vaccines are highly effective at preventing some of the most common genital HPV infections and therefore preventing HPV related cellular changes or cancer developing.
- Most external visible warts are caused by HPV types 6 and 11, and these types do not cause cervical cancer. However these types may be troublesome and can be prevented by appropriate vaccination.

What HPV vaccines are available and how effective are they?

- There are two vaccines for preventing the most significant HPV types associated with cervical cancer. Both vaccines have been tested in thousands of people in many countries, including New Zealand.
- Gardasil has been licensed for use in NZ and is currently available free for girls and young women aged 12 to 18, through the HPV Immunisation Programme. Gardasil is also available as a private purchase vaccine from general practitioners and other health providers. Gardasil immunises against HPV types 16 and 18, which cause approximately 70% of cervical cancers, and HPV types 6 and 11, which cause 90% of visible genital warts.
- Cervarix immunises against types 16 and 18, which cause 70% of cervical cancers, but is not currently funded in New Zealand.
- Studies show that both vaccines are highly effective (close to 100%) in preventing infection caused by these types of HPV.
- HPV vaccination involves three doses by injection, usually spread over six months.

How safe are the vaccines?

- Both vaccines have been observed to have an excellent safety profile; the most common side effect is soreness at the injection site.

Who should be vaccinated and when?

- Gardasil is licensed for females between 9 and 26 years and males between 9 and 15 years, ideally prior to starting sexual activity and therefore before being exposed to the virus.
- Even if a person has been exposed to one or more HPV types, the vaccine will protect against other HPV types in the vaccine that the person has not yet been exposed to.

How do you get vaccinated and what will it cost?

- Girls and young women aged 12 to 18 can currently receive the HPV vaccine for free under the Ministry of Health's HPV Immunisation Programme.
- Other people can pay for the vaccine.
- The cost for the full 3 doses will vary but may be approximately \$450-\$500.
- Your Family Doctor and Primary Health Care Nurse will be able to give you more information on the cost of this vaccination.

How long does the vaccine last for?

- Vaccine studies have been running for 8.5 years so far and demonstrate that the vaccine provides very good protection for at least this length of time with no sign of waning. There is currently no evidence of a need for a booster. Ongoing research will continue to monitor the duration of vaccine protection.

Will cervical screening still be needed?

- Yes. Having the HPV vaccine will not stop the need for cervical cancer screening.
- Although the vaccine prevents infection by the most common problem HPV types there are other types of HPV not covered by the vaccine that could cause disease.
- If someone has been sexually active prior to receiving the HPV vaccine they may already be infected with HPV virus which could go on to cause disease. Therefore normal cervical screening should continue.

Do you need to find out if you are already infected before having the vaccine?

- Unless you are due for a routine smear you do not need any cervical (Pap) smear or other tests before starting the vaccinations.
- HPV testing is not required before vaccination.

The vaccine and pregnancy

- HPV vaccine is not recommended during pregnancy. However if a woman became pregnant while receiving the vaccine no further action is needed as in all the studies to date there has been no increased risk to mother or baby.
- Women who are breastfeeding may safely receive the vaccine.

What if you choose not to vaccinate?

- Regular cervical screening as recommended by the Cervical Screening Programme Guidelines will ensure early detection and management of HPV related changes and prevention of most cervical cancer.

Vaccination and safer sex practices

The HPV vaccine offers a significant measure to protect young women from contracting an HPV infection that could lead to the development of cervical cancer and other HPV related changes. We also recommend that women continue to protect their sexual health by:

- Delaying becoming sexually active
- Limiting their number of sexual partners
- Ensuring male partners use a condom every time for any casual sexual encounter
- Having a sexual health check prior to a new sexual partner and after any unprotected sex.

You can get this guide and others in pdf form from www.hpv.org.nz –

- **A Patient Guide: HPV in Perspective**
- **Some Questions and Answers about HPV and Genital Warts**
- **Cervical Smears and HPV**
- **Genital HPV Infection and the Cervical Cancer Vaccines**