KEY INFORMATION SUMMARY

Genital, Anal and Throat HPV Infection

Taken from: **Guidelines for the Management of Genital, Anal and Throat HPV Infection in New Zealand** 9th Edition - 2017
www.hpv.org.nz

The Ministry of Health supports the use of these clinical guidelines, developed by clinical experts and professional associations to guide clinical care.

What's new – Changes since the 2015 Guidelines

9-valent vaccine (HPV9)

9-valent vaccine (Gardasil 9 Seqirus/MSD) is registered for use in females 9-45 years and in males 9-26 years.

HPV9 is funded for both males and females aged 9-26 years (inclusive).

Those aged 9-14 years will get a two dose schedule and those aged 15-26 years will receive a three dose schedule.

Individuals who have received one or more prior doses of HPV4 may complete the vaccine course with HPV9.

HPV9 is available (but not funded) up to (and including) age 45 for females.

New patient information pamphlet

One new patient information pamphlet is available from the HPV website – Preventing HPV Cancers by Vaccination: What Everyone Should Know (www.hpv.org.nz)

The NZ HPV Project produces excellent patient information resources which are available free of charge.

1. Some Questions and Answers about HPV and Genital Warts
2. Cervical Smears and Human Papillomavirus Infection (HPV)
3. Preventing HPV Cancers by Vaccination: What Everyone Should Know
4. HPV and Men
5 . HPV and Throat Cancer: Common Questions and Answers

HPV FAQs

What are the consequences of HPV infection?

- Most HPV infections are asymptomatic and of no consequence.
- HPV causes all anogenital warts – 90% of which are caused by non-oncogenic HPV 6 or 11.
- Persistent infection with oncogenic HPV types such as HPV 16 and 18 is responsible for a portion of intraepithelial neoplasia and cancers of the anogenital tract and oropharynx (cervical 100%, vaginal 90%, anal 80%, penile 50%, vulval 40%, oropharynx 26%).
- Although genital warts and genital tract cancers are declining, HPV-associated head and neck cancers and anal cancers are increasing – especially in men.

Does natural infection induce protective immunity?

- Not always. Current evidence suggests that overall naturally acquired immunity is unlikely to be effective because of the ability of the virus to evade the immune system. Previous infection does not necessarily create long term immune memory so does not prevent future re-infection with the same HPV type.

Does reactivation of latent HPV occur?

- For most people HPV infection is transient and becomes undetectable by DNA testing within 6-12 months. HPV infection can remain latent and may reactivate years later. It is not possible to detect HPV in its latent state so it is not possible to know whether in some cases the immune system has completely cleared the virus or whether the virus remains latent in an undetectable level.

Can asymptomatic people be tested for HPV?

- There is no available test to determine the HPV status of a person.
- Current laboratory assays for HPV DNA detect only particular high risk types (in order to guide clinical management in cervical screening) so cannot be used as a screening test for 'all HPV types'.

What are the important points to know about HPV associated anal cancer?

- The incidence of anal cancer is increasing and the burden of disease is highest in men who have sex with men and HIV positive MSM. There is no effective method (including anal cytology/smear) for screening for anal cancer. Annual digital anorectal examination (DARE) is recommended for HIV positive MSM who are aged 50 years or over (see **www.ashm.org.au/hiv/management-hiv/anal-cancer**). HPV vaccination is the most effective method of prevention.

What are the important points to know about HPV-associated oropharyngeal cancer?

- Although oral cavity cancers associated with smoking and alcohol are decreasing, HPV-associated oropharyngeal cancer is increasingly common – especially in men.
- In common with anogenital HPV-related disease, a viral aetiology for oropharyngeal cancer raises questions for the patient, their partner and health practitioners. There is no clinically apparent premalignant condition and no reliable laboratory screening test. Common concerns are how the virus is acquired, whether there have been sexual partners outside of the couple and how to manage an ongoing sexual relationship. It is important to emphasise that a diagnosis of HPV-related cancer does not necessarily imply multiple sexual partners or other partners outside the relationship. There is no need to alter sexual activity with a stable partner, as sharing of HPV would have occurred long before the clinical appearance of the cancer. Female partners are not known to be at higher risk of developing cancer (at any site) themselves, but should follow standard cervical screening guidelines. A useful guide to discussing these issues includes a printable patient information sheet.[1] At the time of writing there is no clear evidence for transmission of HPV through kissing.

HPV Vaccines FAQs

Can the vaccine be given to people who are already sexually active or already have HPV infection?

- Yes. HPV vaccine can be offered to people who have HPV and would like to use the vaccine to reduce the risk of further acquisition of new HPV or further disease. Vaccine protects against the HPV genotypes which a person has not previously encountered. Limited data in women shows that vaccination may help to prevent recurrence or reactivation of HPV infection.
- The decision to vaccinate older age groups or those already sexually active should be based on the individuals' assessment of potential benefit and future risk as vaccine efficacy decreases with age.

Are the HPV vaccines interchangeable?

- Yes. All HPV vaccines may be used interchangeably to complete a course.

Will cervical screening still be needed?

- Yes. Irrespective of whether a woman has been vaccinated, routine cervical screening will need to continue for the foreseeable future. This is because of possible prior infection with HPV types causing CIN, or new infection with other HPV types not covered by vaccination.

What if the vaccine is given to a pregnant woman?

- While the vaccines are not specifically recommended for use in pregnancy, enquiring about possible pregnancy is not required before vaccination. Completion of the vaccine course should be deferred if a woman is found to be pregnant. There are no safety concerns with the use of non-live vaccines in pregnant women and it is safe to use during breastfeeding.

Can the HPV vaccine be given with other vaccines?

- Yes, HPV vaccine can be co-administered with other non-live and live vaccines.

Is the vaccine safe in patients who are on biologic agents?

- Yes, as it is not a live vaccine.

How safe is the vaccine?

- Very safe. HPV vaccine has an excellent safety profile and is well tolerated in all age groups. HPV vaccine is the most monitored and researched vaccine in history. The HPV vaccine is no different from other routine vaccinations.

1. Fakhry C, D'Souza G. Discussing the diagnosis of HPV-OSCC: common questions and answers. Oral Oncol. 2013;49:863-71.

HPV: Key Information for Patients

There is a balance to be reached between 'over-normalising' a diagnosis of a viral STI and failing to empathise with the potential psychological impact of a diagnosis. It is important to address any concerns generated by the individual by the proactive provision of information and education, e.g. handouts, directing the individual to reputable sources of information (**www.hpv.org.nz**) and referral to a sexual health specialist if required.

- Vaccination against HPV has been available for many years and everyone who is eligible should have it.
- 80% of unvaccinated adults will pick up HPV at some point in their life. In most people, it causes no symptoms (you won't know you have it) so is therefore unavoidably shared mainly through sexual (including oral) skin-to-skin contact.
- In most people the virus is harmless and causes no symptoms and will not develop into warts, pre-cancer or cancer.
- In a few people, HPV causes genital warts which are harmless and different from the types of HPV that cause abnormal cells or cancer.
- In a few people, HPV can cause abnormal cells which can sometimes lead to cancers in both men and women, including cervical, vaginal, vulval, anal and head and neck cancers and penile cancers.
- Partners will inevitably share HPV. There is no way to know which partner it came from or how long ago. Having HPV does not mean that a person or his/her partner is having sex outside the relationship.
- There are treatments for genital warts and abnormal cells.
- There is no treatment to eliminate HPV itself. HPV is usually dealt with by your body's immune system.
- HPV does not affect fertility.
- HPV does not stop you having a normal sex life.
- There is no HPV test to check HPV status. This means there is no test that can help answer the questions "Do I have HPV?", "Does my partner have HPV?", "Has my HPV gone?", "Can I have the vaccine?"