

**Patient
Information**

HPV (Human Papilloma Virus)

Introduction

This leaflet has been produced to answer the most commonly asked questions about HPV (Human Papilloma Virus).

What is HPV?

HPV is a very common virus affecting the skin. There are over 200 different types of HPV, most of which are harmless and clear up without treatment. Each type of HPV has a number and different types affect different parts of the body. HPV types are usually split into low-risk HPV or high-risk HPV with around 40 types of HPV affecting the genital area

About 15 types of HPV are considered high-risk for cervical cancer. The 2 types known to have the highest risk are HPV 16 and HPV 18, which cause about 7 out of every 10 cervical cancers. It is important to remember that if you have any type of HPV, including high-risk HPV, your body will usually get rid of it without any problems.

About HPV primary cervical screening

HPV primary screening is a sensitive and effective test for identifying women who are at risk of cervical cancer and can help specialists identify those who require further investigations.

The HPV test is carried out using the same cytology sample of cells taken during a cervical screening (smear) test and for the time being the cervical screening experience for women will not change.

What does your cervical cytology test mean?

If your cytology sample has detected HR HPV, your sample will then be looked at for cell changes. If no cell changes are detected you will be invited back for cervical screening in 1 year. This is to make sure the HPV has cleared.

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If HR HPV and abnormal cell changes are detected then you will be invited for further tests and possible treatment at the colposcopy clinic.

Remember, attending cervical screening provides a high degree of protection against cervical cancer.

Who can get HPV?

Anybody who has ever been sexually active is at risk of contracting HPV. HPV infections are very common and the majority of individuals will have no obvious signs or symptoms. The majority of sexually active men and women will come into contact with HPV at some point in their life. Being exposed to the HPV virus is considered to be a normal effect of having sex. This is true in heterosexual or same sex relationships. There is no blame to attach to your current partner, any other partner or to yourself.

It is estimated that in 1 in every 3 women the HPV virus will become active within 2 years of starting to have regular sex, and in about 4 in every 5 women the virus will become active at some point in their lives. These types of HPV viruses do not have any symptoms, so many women will not realise they have the virus and in most cases, your immune system will get rid of HPV within 2 years without it causing any problems

HPV has no symptoms, which means that many people may have had HPV without knowing. This can sound worrying, but remember that HPV usually goes away by itself. Although these viruses are common most women who have them do not develop cervical cancer. In 9 out of every 10 cases, HPV is cleared within 2 years.

How is HPV contacted?

HPV is passed on by skin to skin contact (genital to genital, anal intercourse and oral sex). The time from exposure of the virus to the development of warts or cervical changes is impossible to determine. Therefore, it is not possible to identify from who the virus was contracted, as it can remain dormant in some people for many years. Having HPV is not an indication of having multiple partners or being in an unfaithful relationship.

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Symptoms of HPV

Some types of HPV do not cause any noticeable symptoms and the virus will pass without treatment. Other types of HPV can cause genital warts, although these types are not linked to an increased risk of the virus causing cervical cancer.

There are no symptoms associated with HPV that cause precancerous abnormalities on the cervix in women or on the man's penis. However, it is possible for genital HPV to be passed on via skin contact throughout a person's lifetime and may never cause a visible problem. These types of non-cancerous HPV can appear on the hands and feet (verruca and warts). The virus can also affect the penis, scrotum, anus and rectum causing genital warts.

In most women, the body's own immune system will get rid of the HPV virus without them ever knowing it was there. The virus is often cleared within 2 years and it is only when it becomes persistent (which happens in a small number of women) that cervical abnormalities can develop.

It is not clear why persistent HPV viruses cause more problems in some women than in others. The fact that HPV is very common but cervical cancer is not so common suggests that only a very small proportion of women are vulnerable to the effects of a HPV.

How can I reduce the risks of having HPV?

Stop smoking

In the UK, about 2 in 10 cervical cancers are linked to smoking tobacco.

Smoking can make your immune system weaker, which means it is less likely to protect against disease and infection.

Women who smoke are around twice as likely to develop cervical abnormalities as non-smokers and are less able to clear the HPV virus from the body. Stopping smoking appears to help the abnormalities return to normal. If you are considering stopping smoking, the clinic staff can refer you to the smoking cessation service. Please ask for details.

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Immune system

Leading a healthy lifestyle will help your body's natural defence stay strong against disease. A weakened immune system will not be as effective at clearing the viruses which could mean your risk of cervical abnormalities is higher than average. Women who are immunosuppressed (such as taking immunosuppressant medications following organ transplant or who are HIV positive) may be at a greater risk of developing abnormalities.

Safe sex and condoms

If you have been with a long-term partner, you may worry that having HPV means they have been unfaithful; this is not true. Although your immune system usually gets rid of HPV, it can sometimes stay in your body without causing any problems or being detected with a test. Because HPV can stay dormant it is possible that you may have contracted the virus many years ago, even decades ago but never knew you had it.

Most cases of cervical cancer are linked to certain types of HPV and can be spread through unprotected sex. Using a condom may help reduce your risk of a HPV becoming active.

However, the virus is not just passed on through penetrative sex – it can be transmitted during other types of sexual contact, such as skin to skin contact between genital areas and by using sex toys.

The risk of an HPV developing increases the earlier you start having regular sex and with the number of sexual partners you have, although women who have only had one sexual partner can also develop HPV.

Condoms offer a degree of protection against the transmission of HPV infections that cause cervical cytology abnormalities. However, other types of HPV that cause genital warts can be present all over the genitalia so this protection is considered minimal.

HPV that causes genital warts in men affects the skin of the penis, scrotum, anus and rectum. In women, it affects the vulva (area outside the vagina), the linings of the vagina, cervix and rectum. These types of HPV do not usually cause abnormal cervical smears.

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HPV vaccination

In England, from September 2019, all boys and girls aged 12 to 13 years of age (Year 8 at school) will be routinely offered the HPV vaccination. A second dose of the vaccine is usually offered 6 to 12 months after the first.

The NHS Cervical Cancer Vaccination Programme uses a vaccine called Gardasil® which protects against 4 types of HPV, including the 2 strains responsible for more than 70 out of every 100 cervical cancers in the UK (HPV16 and HPV 18).

This vaccine also prevents genital warts and is effective at stopping people getting the high-risk types of HPV that cause cancer, including most cervical cancers and some anal, genital, mouth and throat (head and neck) cancers.

Although the HPV vaccine can greatly reduce the risk of cervical cancer, it does not guarantee that the condition will not develop. Even if you have had the vaccine you should still attend cervical screening tests, when offered.

Does HPV cause cancer?

Some specific HPV viruses can cause changes to the cells on the cervix creating abnormalities which can be detected by cervical cytology tests. These abnormalities, if left untreated, can go on to become cancerous, although this will usually take several years. Regular cervical screening is the best way to identify abnormal changes in the cells of the cervix at an early stage as it saves the lives of around 4,500 women per year in the UK.

Most types of HPV that cause cervical changes do not cause visible warts.

Often a HPV infection is cleared within 2 years. It is only when it persists in a small number of women that it may develop into pre-cancerous cells called Cervical Intraepithelial Neoplasia (CIN). It is important to remember that very few women with these changes go on to have cervical cancer. It is not clear why persistent HPV infection causes more problems in some women than in others.

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Is it normal to feel emotional or upset about having HPV?

Women who have been told they have HPV frequently express surprise, anxiety and uncertainty about the link to cancer and the stigma of Sexually Transmitted Infections (STI's).

These feelings are often centred around how they contracted the virus and the effects on their partner.

Please do not hesitate to discuss any concerns you may have with the Colposcopist, clinic nurses or your GP.

Points to remember

- HPV is very common.
- HPV infection can persist in the body without causing any problems for many years and can be destroyed by the immune system.
- You are not alone. Up to three quarters of the population will at some point have an active HPV infection. For most people it is a minor problem.
- If you have HPV the risk of cervical cancer increases if you smoke.

Contact information

If you have further questions or concerns, please do not hesitate to contact the specialist nurses on the number below or by email.

Please note we are unable to give results out over the phone.

Colposcopy Advice Line

Tel: 0300 422 2385

This is an answerphone service. Your call will be returned on the same day, between 9:00am and 5:00pm, Monday to Friday

Email: ghn-tr.colposcopyhelpline@nhs.net

If you require urgent medical advice out of the above hours, please contact your GP or NHS 111.

NHS 111

Tel: 111

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Appointments

Tel: 0300 422 2914

Monday to Friday, 9:00am to 5:00pm

Email: ghn-tr.colposcopybookings@nhs.net

Gloucestershire Domestic Abuse Support Service (GDASS)

This is a county-wide service offering a variety of support programmes for women and men over 16 years old who are experiencing domestic abuse.

Tel: 01452 726 570

Monday to Friday, 9:00am to 5:00pm

Domestic Violence Helpline

Tel: 0808 2000 247 (24 hours)

Email: support@gdass.org.uk

Website: www.gdass.org.uk

Further information

NHSCSP publications

Website: www.nhs.uk/conditions/Cervical-screening-test/Pages/Introduction.aspx

Cancer Research UK

Website: www.cancerresearchuk.org/about-cancer/causes-of-cancer/infections-eg-hpv-and-cancer/does-hpv-cause-cancer

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>