

HPV Vaccine

To protect against Cervical Cancer & HPV

Frequently Asked Questions

Information for Patients Considering Vaccination to protect against Cervical Cancer

The Harrow Health Care Centre is pleased to offer both **Gardasil** and **Cervarix**, the vaccines to protect against cervical cancer. Both provide 100% protection against the two main strains of HPV (human papilloma virus) which cause 70-80% of all cervical cancers. **Gardasil** also protects against the other strains of HPV which cause genital warts.

Q. What is HPV?

A. Human Papilloma virus is the infectious agent responsible for 90-100% of genital cancers and at least 90% of genital warts. We now know that it can be the cause of other cancers including anogenital, (vaginal, anal) and many head and neck cancers.

Q. How is HPV related to cervical cancer?

A. 70% of cervical cancers are caused by two HPV strains Nos. 16 and 18.

Q. How do I contract HPV?

A. HPV is spread by close intimate contact, usually but not exclusively sexual. 40% of 20-24 year olds have detectable HPV.

Q. Who gets HPV disease?

A. 80% of women contract HPV at some time in their lives and the majority clear the infection with no adverse effects. The few who have HPV persisting are more at risk of developing cervical cancer.

Q. Can I have a blood test for HPV?

A. There is no blood test for HPV, but screening can be done on a cervical smear test to identify individual specified strains. This will show if you have active HPV infection, but it will not show if you are immune to HPV, nor will it identify if this is a transient infection which your own immune system will eliminate on its own.

Q. What is the difference between the Gardasil & Cervarix vaccines?

A. Both vaccines protect against strains 16 and 18 which are responsible for 70% of cervical cancers.

Gardasil has additional protection against the non-cancer causing strains 6 and 11, which are responsible for 90% of genital warts.

Cervarix contains an adjuvant which it is hoped will give longer lasting immunity and wider cross-protection against other Human Papilloma Virus strains.

The antibody responses generated by both vaccines are extremely high and well above that of any natural immunity and the better vaccine will be the one which is shown to have the best sustained immune response over several decades. It is not yet known which of the two vaccines may be the better in this regard.

Q. Who should receive the vaccine?

A. Anyone who is sexually active may consider having the Cervical Cancer Vaccine. Peak incidence for HPV infection is between the ages 20-24. The vaccine protects best when given to people before they are sexually active and also when their immune memory is best (peaks at around age 12). This is why the Government has funded vaccination for youngsters.

There is, however, value for HPV immunisation for older women, particularly those with limited exposure to HPV i.e. those women who have not been sexually active until later). Undoubtedly the cost effectiveness of immunising older patients is much less, but it may have a value for certain individuals.

Q. Should boys be vaccinated too?

A. Boys and men have much to gain from being immunised as cancer causing HPV viruses are also responsible for a large proportion of genital cancers in men. HPV vaccination, therefore, offers protection against anogenital, (vaginal, anal) and many head and neck cancers, as well as genital warts. If boys were vaccinated against HPV this would reduce the **incidence** of HPV in the population and increase herd immunity and protect against Viral Papillomatosis, a rare but invariably fatal condition. Boys will be protected against 90% of strains of HPV causing genital warts if they receive the **Gardasil** vaccine, which protects against both cervical cancer and genital warts.

Q. Which vaccine should I choose?

A. Both vaccines are highly effective and safe. Individuals who have already received one or more doses of either **Cervarix** or **Gardasil** should complete the course with the same vaccine.

As **Gardasil** has a licence for use in boys and has additional protection against the virus causing genital warts **Gardasil** is the better vaccine to be used in boys until we have more information about long term immunity.

You may wish to discuss which is the better vaccine for you with one of our doctors, in which case we recommend a 15 minute consultation prior to your first immunisation.

Individuals who have already had genital warts or who are known to have had Types 16 and 18 HPV should perhaps choose **Cervarix**, as this may offer greater cross protection.

The choice of vaccine is dependent thereafter on your personal choice as to whether you wish to have additional protection against genital warts.

Q. What if I am already sexually active?

A. Every sexual partner carries the risk of being a carrier for various strains of HPV. The highest risk is in the 20-30 year old age group. Whilst it is sensible to have the immunisation before you become sexually active, if you have not already been immunised, it is also worth having this even if you are already sexually active.

Q. Why don't older women often have the vaccine?

A. There is no reason why older women should not receive the vaccine; it is safe and is "licensed" for use in older age groups in other countries, but it is likely to be less effective. There are certain high risk women who should consider being immunised.

Q. With the new immunisation, will we still have to have cervical screening?

A. Yes, it will be necessary to continue with the cervical screening programme for at least another 30-40 years. However, the frequency of screening for an immunised individual will be greatly reduced.

Q. Who should not have the Cervical Cancer Vaccine?

- Pregnant women
- Anyone with a depressed immune system
- Anyone who is allergic to the vaccine's components
- Anyone who has a fever or is feeling generally unwell on the day of their immunisation

Q. How much does it cost?

A. Each dose of vaccine costs **£135.00**.*

Q. How many injections are required?

A. The course consists of **3** injections to be given at zero, 1 (or 2 months) and 6 months.

***Please note that all fees in this fact sheet are correct as at 1st February 2013. These may be revised or vary from time to time, please confirm the current fee with our Receptionist when booking your appointment.**

Q. How do I proceed?

A. Please contact our Receptionists to make an appointment on **020 8861 1221 [choosing Option "0" as soon as the recorded message commences]**. To prepare for your consultation, you will be asked to read our question and answer information document before you go in to see the Doctor or Nurse. For this reason, we will ask you to arrive at least 10 minutes before your scheduled appointment time.

Dr. Jane Woyka

Jane Woyka is one of the Royal College of General Practitioners' Representatives on the Advisory Committee for Cervical Screening, which reports to the Department of Health. Jane has been an active member of this Committee for twelve years, during which time she has attended international meetings and conferences on Human Papilloma virus and Cervical Screening. She is also a Member of the HPV Implementation Group.