

Human Papilloma Virus, Vaccination and Testing

HPV

HPV (The Human Papilloma Virus) has been around for thousands of years, but has more recently been identified as a precursor for cellular change that can lead to cervical cancer. It also is responsible for genital warts, vaginal, vulvar, anal laryngeal lesions, precancerous and cancerous conditions. 85-90% of all reproductive age people have been exposed at some point in their lives. And while many of these exposures are transient and cleared by our immune systems, the virus can incorporate into our cells and remain latent for years before triggering cellular change. Independent factors such as immune suppression or smoking can allow the virus to act and/or make it challenging to clear naturally.

Because of the serious health risk, pap smear testing has been available for many years to screen for cellular changes that are precancerous and now HPV testing is available for women over age 30. Prior to age 30 it is not routinely offered as it is not going to change routine screening recommendations.

Vaccine:

Fortunately a vaccine has been designed to give women and men immunity to the high risk forms that are responsible for precancerous and cancerous change as well as genital warts. It is ideal for young women prior to sexual debut (and prior to HPV exposure). It is still of value even after first intercourse as there are many viral strains. It is currently approved by the FDA for women up to age 26. It can still be of benefit (and is not dangerous) for women older than this age, but the efficacy is less due to the likelihood of prior exposures and older immune system.

Pap smear screening is still very important after vaccination, for although it is highly effective, it is not 100%

We have Gardasil available in our office. It is designed to be effective against HPV types 6, 11, 16 and 18. These are responsible for 70% of all cervical cancer and 90% of genital warts. A total of three injections are required over a 6 month schedule. If you are late to get one of the

boosters, it is NOT necessary to start over (of course, staying on schedule is best for maximal results)

HPV testing:

*Under age 30: HPV testing is not routinely done. If a PAP smear reveals atypical cells, the test will be run as a reflex to help determine if closer inspection is warranted. HPV infections are usually transient or temporary. Young healthy immune systems often clear the virus over several months to a few years. As a result, cervical cancer is rare in young women.

*Over age 30: Co-testing with an HPV test can improve the sensitivity of the Pap smear result. As women grow older, new HPV exposures and infections become less common, but the incidence of cervical cancer increases possibly due to latent virus from prior exposure. For that reason, testing for HPV may change our choice in routine management for more or less frequent screening surveillance with or without the additional HPV test. An annual exam is still important for regular inspection of the cervix, vagina and vulva as well as the remainder of the gynecologic exam.

Additional resources:

CDC (Centers for Disease Control)

http://www.cdc.gov/cancer/cervical/basic_info/screening.htm

ACOG (American Congress of Obstetrics and Gynecology)

http://www.acog.org/publications/patient_education/bp007.cfm