



HPV is the most common sexually transmitted infection (STI). Nearly all sexually active adults will have an HPV infection at some point in their lifetime. While most individuals’ immune systems will clear the virus, HPV can persist and result in at least six different types of cancer and warts. Countries where the HPV vaccine is available have an opportunity to drastically reduce cases of HPV-related cancers and anogenital warts. Currently there are two vaccines approved to protect against HPV, Gardasil and Cervarix. Although the two vaccines treat the same virus, there are some major differences between the two. Here is some information to help you choose which vaccine is right for you or your loved one:

	Gardasil (Merck)	Cervarix (GlaxoSmithKline)
Gender	Females and Males	Females
Age	9-26	9-25
Recommended age at vaccination	11	11
HPV types	16, 18, 6 and 11	16 and 18
Protects against	Anal, cervical, vaginal, vulvar cancers and warts	Cervical cancer
Dosage	Three over a six-month period	Three over a six-month period
Safe?	Yes	Yes

It is recommended that individuals receive the vaccine at 11 years of age; the younger it is administered the more effective the vaccine. Here are the answers to common questions:

If my child is not sexually active, why should I worry about vaccinating him/her against a sexually transmitted infection?

The vaccine is most effective *before* one becomes sexually active and is exposed to HPV. This is why it is best to vaccinate your child before he/she becomes sexually active. Nearly all sexually active adult will catch a sexually related HPV strain at some point in their lifetime. Currently 79 million Americans have HPV. In addition, people of younger ages mount a stronger immune response to the vaccine.

Will the vaccine make my child more sexually active?

No. There is no evidence to suggest that individuals will become sexually active as a result of the vaccine. An individual can become infected with HPV from having only one sexual partner in his/her lifetime.

If condoms are used during every sex act, isn’t that enough to protect against HPV?

No. While it is best to always use condoms and other barrier methods (i.e. dental dams) during every sex act, individuals can still be infected with HPV when condoms are used. Because HPV is transmitted through skin-to-skin contact, any area of the genitals that is not covered by a barrier is at risk for being infected with HPV. Similarly, HPV can be transmitted through intimate contact other than intercourse.



Can the vaccine treat an HPV infection that is already present?

No. It is important to be vaccinated for HPV before potential exposure because it only *prevents* the infection, and does not *treat* or *cure* it.

I have been diagnosed with HPV, should I still get the vaccine?

Yes. You can be infected with multiple strains of HPV at the same time. The vaccine could protect you from a strain you have not yet been exposed to.

Doesn't the virus resolve on its own for most people?

Yes, although HPV-related cancers are on the rise, especially anal and oral cancers. Over 26,000 people are diagnosed with HPV-related cancer a year in the US. It is not possible to determine who will have a persistent HPV infection and who will not.

Up to what age is the HPV vaccine recommended?

The CDC currently recommends the vaccine for individuals up to the age of 26. Other countries, such as Canada, do recommend the vaccine for individuals over the age of 26.

It is not recommended that pregnant women receive the vaccine. Individuals and caregivers of minors should consult their healthcare providers regarding vaccination. For more information on the HPV vaccine, please visit our website at www.analcancerfoundation.org or CDC.gov.

For a glossary of terms, please see our Common HPV and Anal Cancer Terms page.

These fact sheets were reviewed by an oncologist and a nurse.