

GARDASIL vaccine is available at Minnesota State University, Mankato Student Health Services.

GARDASIL is a vaccine (injection/shot) that helps protect against the following diseases caused by Human Papillomavirs (HPV) Types (6, 11, 16, and 18):

- Genital Warts
- Cervical Cancer
- Abnormal and precancerous cervical, vaginal and vulvar lesions

GARDASIL helps prevent these diseases-but will not treat them. You cannot get these diseases from GARDASIL. For more information about the GARDASIL vaccine: visit their website at www.gardasil.com

Most frequently asked questions about HPV*

How, When, or from Whom Did I Get HPV?	Genital HPV is primarily a sexually transmitted virus. It is usually impossible to know from whom or when one acquired HPV because most people don't know they have it. HPV is very common
Will HPV Affect a Pregnancy or a Baby?	Most treatments for cervical dysplasia will leave the cervix intact enough to preserve fertility. During pregnancy, warts and lesions may grow faster. Warts may have to be removed if they are bleeding or obstructing the birth canal. HPV is rarely passed on from mother to child; in rare instances, HPV types 6 and 11 can cause wartlike growths in the throat; this condition is called Juvenile Onset Recurrent Respiratory Papillomatosis.
Can a Person Get or Give HPV through Oral Sex or from Hands?	Although HPV may be transmitted this way, it has been impossible to prove that it happens. Recent studies indicate a relationship between HPV and some head and neck cancers, but the route of acquisition is not clear.
How Can I Get Tested for HPV?	Warts are diagnosed by clinical visual inspection. In women, HPV-related cervical lesions (dysplasia) can be detected by Papanicolaou (Pap) tests. Women with uncertain Pap tests may undergo HPV testing or repeated Pap screening. There is no FDA-approved screening test for detecting HPV in men.
Will I Always Have HPV?	A healthy immune system suppresses the virus. It is difficult to predict when HPV is no longer contagious. Experts disagree on whether the virus is eliminated from the body or whether it is reduced to undetectable levels.
How Can I Prevent Giving or Getting HPV?	Lifetime mutual monogamy and abstinence are the best possibilities for prevention. Most sexually active people will get HPV. Condoms prevent many bacterial and viral infections, but if HPV is present on uncovered skin, transmission is possible.
Can Partners Reinfect Each Other?	Reinfection with the same type of HPV is unlikely; however, no studies have been conducted regarding reinfection or the effects of treatment on infectivity. Partners are likely to share the same HPV type. Exposure to the same HPV types does not appear to cause a person to experience more symptoms.
Does HPV Cause Cervical Cancer?	HPV causes cervical cancer, but regular screening and appropriate follow-up treatment prevent most women from getting cervical cancer. Other factors (immune system, other STDs, smoking, genetics, number of partners, hormonal contraceptive use) might increase the risk of cancer.
What Should I Tell My Partner about HPV?	Most sexually active people will get HPV. For most people, the signs and symptoms of HPV are only temporary. The majority of people do not develop symptoms; therefore, they do not know they are infected. Understanding the psychological, social, and physical impact of HPV will help put the virus in perspective.
What Are the Best Treatment Options for HPV?	HPV itself is never treated; however, symptoms and signs of the virus are. Providers treat warts by freezing, burning, or cutting them off or by prescribing creams that are self-applied. Providers usually do not treat minor Pap test abnormalities because most will go away on their own. The most common treatments for abnormal Pap tests are cryotherapy (freezing of abnormal cells) or LEEP (the excision of the abnormal cells). Patients should discuss all treatment options with their provider before deciding on one treatment.

*Content adapted from Gilbert LK, Alexander L, Grosshans JF, Jolley L., Sex Transm Dis 2003;30:193-194. Table reprinted with authorization from Anhang R, Goodman A, Goldie SJ. CA Cancer J Clin 2004;54:248-259.