What about the future?
You should keep having regular cervical smear tests as advised, to detect cell changes that could, if untreated, lead to cervical cancer. Give your body the best possible chance to deal with the virus by maintaining a healthy lifestyle. Eat a balanced diet, get enough sleep and exercise and try to reduce unnecessary stress. There is no evidence that HPV will affect your ability to have children.

Evidence suggests that smoking decreases the immune system’s ability to deal with the wart virus and therefore may increase your risk of developing abnormal cell changes. So, most importantly, try to give up smoking.

HPV vaccines
Preventive vaccines are now available which provide protection from some of the most common genital HPV types.

For further information please ask for our information pamphlet on Genital HPV Vaccines.

Cervical cancer can be prevented by HPV vaccination and having regular smears.

Where can I get further information?
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New Zealand HPV Project
Sexually Transmitted Infection Education Foundation Ltd

Copies of this booklet are available from:
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Cervical Smears and Human Papilloma Virus Infection (HPV)

If you have had a smear abnormality and/or have been referred to the colposcopy clinic you should read this pamphlet. Nearly all women with smear abnormalities have had HPV infection in the cervix, vagina or vulva.

Almost all women with cervical smear abnormalities have had an HPV infection.

What is HPV?

HPV is one of the most common viral infections and may occur in up to 75% of sexually active people. More than 150 types of HPV have been identified. Different types of HPV can infect the skin surface in any part of the body and some types infect the vulva, vagina, cervix and penis. Some types of HPV may cause visible genital warts which can be treated. However, the majority of people do not have genital warts or any other symptoms and the virus can only be identified on cervical smear, colposcopy examination, biopsy or HPV DNA tests. This is known as subclinical or latent infection and cannot be treated.

HPV is a very common infection in the genital tract of men and women.

How and when did I get HPV?

HPV is transmitted by direct skin to skin contact, usually during sex. It is not known if it can be transmitted by non-sexual means. Many experts believe HPV infection should be considered an inevitable consequence of sexual activity. It can occur when there has been intercourse with only one sexual partner.

Evidence of HPV infection can appear within 3 months. HPV can lie dormant for many years and may not be detected in a cervical smear. It is usually impossible to know when you got HPV.

The interval between infection with HPV and a cervical smear abnormality can vary from months to decades. Abnormal smears can occur in women who have not been sexually active for many years. Most genital tract HPV infections are relatively brief and most infections have disappeared within 2 years.

It is usually impossible to know when HPV infection occurred. HPV infection is usually transient.

What does having HPV mean for me?

Some types of HPV are linked to abnormal cell changes on the cervix which place women at higher risk of abnormal cervical smears and developing cervical cancer. The vast majority of women with HPV infection never get abnormal cervical smears or cervical cancer. The woman's immune system will fight the HPV infection.

Only a very small number of women with HPV infection are at risk of cervical smear abnormalities or cervical cancer.

What is the management of abnormal cervical smears?

HPV infection is usually cleared by the body's own immune system within months to a few years. Treatment will only be required if there are abnormal cell changes on the cervix. These changes are called 'Cervical Intraepithelial Neoplasia' (CIN) or cervical dysplasia. CIN is categorised as low grade CIN1, and high grade CIN2 to 3. The majority of cases of CIN1 usually return to normal without any treatment. In some women, CIN1 persists without progressing to cancer. More frequent monitoring is indicated as a precaution in this group of women. Women with CIN2 to 3 are treated because of a risk of progressing to cancer if not treated.

Depending on the degree of smear abnormality and sometimes HPV DNA result, your doctor or nurse will recommend that you have a colposcopy examination.

HPV DNA tests are used in certain clinical situations, usually in conjunction with your smear test. The test can be helpful in deciding what follow-up you require. More information on HPV testing is available on www.nsu.govt.nz/files/NCSP/HPV_and_HPV_testing_fact_sheet_for_women.pdf.

A coloscope is like a pair of medical binoculars on a stand and it magnifies the cells on the cervix. Colposcopy shows where the abnormal cells are. A tiny piece of tissue may be removed (a biopsy) which may cause brief discomfort. The biopsy is sent to a laboratory to confirm if an abnormality is present. These procedures are simple and require only a short visit to a hospital clinic or private specialist.

Depending on the results of the colposcopy and/or biopsy, you may be advised to have a repeat cervical smear, a further colposcopy, or it may be recommended that the abnormal cells are removed by a simple outpatient treatment.

In some situations your specialist may request HPV Type testing to assist in further management.

What does this mean for my partner?

The vast majority of sexually active people will acquire the virus at some time during their lives. HPV is transmitted between sexual partners even if there are no signs of the infection. Condoms do provide some protection against HPV and offer good protection from many other sexually transmitted infections.

If visible warts are present on the genitals, these should be treated.

Telling partners about your HPV is an individual decision.

Partners usually share HPV.
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