Managing HPV
A New Era in Sexual Health

HPV Curriculum Development Project

Included Inside:
Lesson Plans for Youth, Parents & Community Groups
HPV FAQ
Tips for Working with Diverse Audiences
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Introduction

The *Managing HPV: A New Era in Sexual Health* education curriculum is jointly sponsored by Planned Parenthood® Federation of America, Inc. (PPFA) and the Association of Reproductive Health Professionals (ARHP). It is made possible by grants from Merck and Co, Inc., Graceway Pharmaceuticals, Hologic and QIAGEN.

**Purpose**

The introduction of the human papillomavirus (HPV) vaccine to prevent cervical cancer has captured a tremendous amount of national attention. It has brought to the forefront questions about all aspects of HPV and reproductive health. Young girls and boys and their parents are questioning whether or not to get the vaccine. They want to know: How does it work? How long will it be effective? What is cervical cancer screening? Do genital warts lead to cancer? These are just a few of the many questions that health care personnel are being asked by clients every day.

*Managing HPV: A New Era in Sexual Health* is a comprehensive education program that was created by Planned Parenthood Federation of America, Inc., the Association of Reproductive Health Professionals, and the American Society for Colposcopy and Cervical Pathology. It is designed to increase the awareness and knowledge of health care providers, frontline staff, business personnel, and educators about HPV, cervical cancer screening, the treatment of genital warts, and the HPV vaccine. The program consists of a continuing-education curriculum for medical providers and a tool kit geared to non-licensed staff. The tools in the tool kit are intended to educate all health care personnel regarding comprehensive HPV services and client needs.

As you may know, HPV has been confirmed as the primary etiologic agent for cervical cancer and genital warts. The incidence of HPV infectivity is huge. In fact, the American Social Health Association (ASHA) estimates that about 20 million people — women and men — are thought to have HPV infections at any given time with about six million new genital HPV cases occurring each year. In about one million of these cases, HPV appears as genital warts. ASHA also reports that three out of four Americans between the ages of 15 and 49 have been infected with genital HPV in their lifetime. In addition, although exact figures are not available, laboratory surveys from the College of American Pathologists (CAP) indicate that more than one million women each year are diagnosed with low-grade intraepithelial lesions and 500,000 will be found to have high-grade, cervical abnormalities. Recent studies also show that 25–35 percent of mouth and throat cancers are caused by HPV. Pap testing, HPV tests, and a myriad of treatment options have greatly contributed to the reduction of lower genital tract cancer rates in the United States. With the approval of two HPV vaccines by the U.S. Food and Drug Administration, a true HPV prevention modality is now available to the public.

This education curriculum was designed by an experienced team of community educators who belong to the Association of Planned Parenthood Leaders in Education (APPLE).

1  www.ashastd.org
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Planned Parenthood Values

Planned Parenthood believes that sexuality is an integral part of personhood, and education about sexuality is the right of every human being. The following is a list of values regarding sexuality that Planned Parenthood holds and that can be helpful to any educator:

- Sexuality is a natural, healthy, lifelong part of being human.
- Every individual has a right to pursue sexual health information and services without fear, shame, or exploitation. That right involves access to adequate, accurate, and age-appropriate information about sexuality, including advantages and disadvantages of sexual expression.
- All people, regardless of gender or sexual orientation, have rights that need to be respected and responsibilities that need to be exercised.
- It is unacceptable to pressure, force, or exploit another person sexually.
- In a pluralistic society we must respect diverse sexual attitudes and behaviors, as long as they are based on ethics, responsibility, justice, equality, and nonviolence.
- Information about becoming pregnant and about postponing, preventing, continuing, or terminating pregnancy should be easily available; the choice of whether or not to parent should be free and informed.
- Every child should be wanted, loved, and cared for.
- Abstaining from sexual intercourse is the most effective method of preventing pregnancy and sexually transmitted infections.
- Young people explore their sexuality as part of a process of achieving sexual maturity; adolescents are capable of expressing their sexuality in healthy, responsible ways.
- There are many healthy ways to express sexual feelings, alone or with a partner; sexual intercourse is only one form of sexual expression.
- Uninformed or irresponsible sexual behavior poses risks.
- Women, men, girls, and boys benefit from fairness and flexibility in gender roles.
- Individuals and society benefit when children are able to discuss sexuality with their parents and/or other trusted adults.
- Individuals and society benefit when childbearing is postponed until maturity.
Principles of Sexuality Education

Educators work in a variety of settings and with participants at different levels of understanding regarding sexual health. It is important to have a set of sexuality education guidelines that direct the learning process. The following are principles that can help guide the work of sexuality educators.

1. **People Need and Deserve Respect.** This indicates treating them as intelligent and capable of making changes in their lives.

2. **People Need to Be Accepted Where They Are.** This means listening and hearing what people have to say, though we might disagree. In general, we are much better off helping people explore the possible pitfalls of their attitudes rather than moralistically telling them what they ought to believe.

3. **People Learn From Each Other.** Often, if we ask for people’s advice, let them talk, and allow them to respond to each other’s questions and comments, they feel empowered and take responsibility for their own learning.

4. **Explicit Information and Communication about Sexuality Is Essential.** Mixed messages are commonly received that sex is hidden, mysterious, and something you should not talk about in a serious and honest way. Limiting what can be talked about and using vague terminology perpetuates the “secrecy” of sex.

5. **A Positive Approach to Sexuality Education Is the Best Approach.** This means moving beyond talking about the dangers of sex and acknowledging — in a balanced way — the pleasures of sex. It means associating things that are open, playful, and humorous with sexuality as well as things that are grave and serious. It means offering a model of what it is to be sexually healthy rather than focusing on what is sexually unhealthy.

6. **All People Have a Fundamental Right to Sexuality Education.** People have a right to know about sexuality and how it will change throughout their lifetimes. They have the right to have their many questions answered. People who have explored their own values and attitudes and have accurate information are in the best position to make healthy decisions about their sex lives.

7. **Gender Equality and Greater Flexibility in Gender-Role Behaviors Let All People Reach Their Full Potential.** Strict adherence to traditional gender-role behaviors limits people’s choices and restricts their potential. Flexible gender-role behavior is fundamental to personal and sexual health in all its dimensions.

8. **All Sexual Orientations and Gender Identities Must Be Acknowledged.** It is important to create an environment that recognizes the needs of LGBT (lesbian, gay, bisexual, and transgender) people. Teaching frankly about sexual orientation also benefits heterosexual people because it allays fears about same-sex feelings that many of them experience.

9. **Sex Is More than Sexual Intercourse.** This means teaching that there are many ways to be sexual with a partner besides intercourse, that and most other kinds of sex play have fewer health risks than intercourse. The word “sex” as a synonym for intercourse is avoided whenever possible because of its vague meaning. When talking about intercourse, the word “intercourse” is used. When vaginal intercourse is meant, the word “vaginal” should also be used.
Model of Behavior Change

In any group, participants fall into a spectrum of behaviors regarding preventing pregnancy and avoiding sexually transmitted infections (STIs). Some will choose to be abstinent; some will have unprotected sex, while others will practice safer sex. The better understanding an educator has for group participants, the more successful an educator will be in addressing the participants’ sexual health needs. The stages below will assist educators in thinking about those needs.

**STAGE I**
Pre-Contemplation
- Not thinking about preventing pregnancy and avoiding STIs
- Possible Needs
  - Obtain information about STIs.
  - Obtain information about unplanned pregnancy.
  - Assess one’s own risk.
  - Become aware of how others learn to use contraception and practice safer sex.

**STAGE II**
Contemplation
- Thinking about preventing pregnancy and avoiding STIs
- Possible Needs
  - Obtain more information about using contraception or practicing safer sex.
  - Develop skills for communicating and negotiating about contraception and safer sex.
  - Gain community support for taking care of one’s sexual health.

**STAGE III**
Preparation
- Ready to prevent pregnancy and avoid STIs
- Possible Needs
  - Practice talking with a partner about using contraception and safer sex.
  - Rehearse how to select, buy, and use condoms and other protection.
STAGE IV
Action
- Preventing pregnancy and avoiding STIs
- Possible needs
  - Have new behavior reinforced.
  - Rehearse handling difficult situations.
  - Gain social approval for taking care of one’s sexual health.

STAGE V
Maintenance
- Preventing pregnancy and avoiding STIs becomes a way of life
- Possible Needs
  - Have continued support for taking care of one’s sexual health.
  - Help others understand the importance of contraception and safer sex.

Relapse - Returning to Earlier Stage
- Relapse can occur at any stage. In order to actively work toward a maintenance or action stage, people may need to:
  - Realize that every time they prevent pregnancy or avoid STIs, they reduce their risk.
  - Learn from the experience, rather than see it as a failure.
Creating a Group Atmosphere Conducive to Learning About Sexuality

A positive group atmosphere is crucial to the success of sex education. All of the conditions below will affect how “safe” participants feel in the group and therefore how much they will learn.

1. **Ground Rules** — Set clear ground rules at the outset. Keep them posted and enforce them when they are violated. Here are four key ground rules for both youth and adults (others may be added):

   **Youth-Focused Rules**
   - No put-down statements, looks, groans, or gestures.
   - Listen to and respect others’ right to express their opinions.
   - It’s okay to pass.
   - Observe confidentiality (explain further).

   **Adult-Focused Rules**
   - Observe confidentiality (explain further).
   - Respect others.
   - Listen to others.
   - One person shares at a time.

2. **Group Make-Up** — Be aware of the unique character of each group you educate. For some groups, literacy may be an issue, and this will affect the way you present information. Sexual knowledge and experience may likewise vary. These factors and others will influence your program. It is important to assess if any of these factors apply to the group you are facilitating:
   - ability to manage feelings
   - age and physical maturity
   - cognitive skill level
   - gender ratio
   - sexual attraction between members (with teens especially) in the group
   - social skill level

3. **Adults in Youth Group Settings** — If you are teaching in a non-school environment, encourage staff who are trusted by the young people to be present during the programs. Urge them to participate (e.g., assist the facilitator in some manner) rather than observe from the outside, or do other work. But do not let them dominate the discussion.

4. **Comfort with Talking about Sex** — The more at-ease and matter-of-fact the educator is while talking about the material, the more comfortable participants will feel about participating and asking questions.

5. **Varying Perspectives** — It is important for the educator to begin by listening and trying to understand the attitudes, beliefs, feelings, and values of participants. Only then will the educator be able to help group members examine, and hopefully change, values that may impede growth toward sexual health.

6. **Tone of the Program** — Try to set a balanced tone: one that is open, yet not inappropriately personal; humorous but not silly; fun yet serious.

7. **Comfort of the Space** — If possible, arrange to have the programs in a comfortable room with a rug or padded chairs. Arrange the chairs in a semi-circle or circle to help facilitate discussion.
8. **Size of the Group** — When it is possible to control the size of the group, consider that smaller may be better, with an ideal size of 20 to 25 participants. Smaller groups do not allow participants enough room to hide if they need to; larger groups might become unruly and unfocused.

9. **Avoid Distractions** — A specific time and place should be set aside for sex education. It helps to have a room with no television, stereo, Internet, magazines, etc.

10. **Inclusive Language** — Whenever possible, use gender-neutral terms that do not imply that everyone is heterosexual. For example: “A guy and his partner went to this party ...” “What if this girl was going out with someone who was worried about HPV...?” Heterosexual participants may not notice the difference, but lesbian, gay, and bisexual participants will, and they may appreciate the message that their sexual orientation is not being ignored.

11. **Other Language Considerations** — Be aware of the language with which your audience is comfortable. It is helpful to pair the formal terms with the slang so that everyone knows what is being said. Example: “Let’s say a guy is giving oral sex to his partner — going down on his partner...” It is much more important to communicate rather than stick to formal terms.
Human Sexuality — Some of the Things Children Need to Know

Understanding one’s sexuality is a lifelong process. Here are some of the developmental markers for what children need to know about sexuality — from infancy through adolescence. It is an abbreviated list of some of the guideposts that can help parents, caregivers, and educators decide when a discussion of a given subject is age-appropriate.

By Age 5

Here are some of the things that children need to know about human sexuality:

- love should make people feel good, safe, and wanted
- people’s bodies are different sizes, shapes, and colors
- their bodies belong to themselves
- touching their sex organs for pleasure is normal
- how pregnancy happens — how the baby “gets in” and “gets out”

Ages 6 to 9

In addition to earlier information, here are some of the things about human sexuality that children need to know:

- that all creatures reproduce themselves
- how plants and animals grow and reproduce, what they need, and how we care for them
- that all people, including our parents and grandparents, live through a life cycle that has a beginning and an end and includes sexuality at all ages
- that everyone has sexual thoughts and fantasies and that having them is normal
- that there are different types of caring home backgrounds
- about sexual abuse and its dangers — that sexual predators may seem kind, giving, and loving, and may be friends or family members
Ages 10 to 13

In addition to earlier information, here are some of the things about human sexuality that preteens need to know:

- the general stages of the body's growth
- the range of times at which normal developmental changes begin, including normal differences in the timing of these events for girls and boys
- how female and male bodies grow and differ
- about menstruation and wet dreams
- that emotional changes are to be expected during this time

Ages 14 to 18

In addition to earlier information, here are some of the things about human sexuality that teens need to know:

- how different aspects of sexuality — biological sex, gender identity, sexual orientation, etc. — form sexual identity
- about the range of difference in sexual behaviors and relationships, including abstinence, marriage and domestic partnership, and opposite and same-sex partnering
- about the mixture of independence and responsibility needed at their age
- about the potentially harmful consequences of sexual relationships
- that everyone has the right not to have sex
- how to access contraceptives and how these methods work
HPV Overview
Frequently Asked Questions

Educators often hear questions and comments from participants about HPV and the HPV vaccine. Providing consistent, factual information is vital within any group setting.

The following information is intended for educators to expand their knowledge base and should not be distributed to group participants. Please use the fact sheet following this section for distribution to program participants.

General HPV Information

1. **What is HPV?**
   - HPV stands for human papillomavirus.
   - About 40 types of HPV can infect the genital area — the vulva, vagina, cervix, rectum, anus, penis, and scrotum.
   - There are high-risk types — associated with cervical cancer and less commonly with anal, vulvar, vaginal and oral (mouth and throat) cancers.
   - There are low-risk types — associated with genital warts.

2. **How common is HPV?**
   - It is very common among sexually active people.
   - Three out of four people have HPV at some point in their lives.

3. **How do people get HPV?**
   - Most commonly, from vaginal and anal intercourse.
   - Less commonly, from skin-to-skin genital contact or oral sex.

4. **How do I know if I have HPV?**
   - Most people never know — it can come and go without you ever knowing.
   - You may get genital warts. *(See genital warts section.)*
   - You may have an abnormal Pap that is caused by HPV. *(See cervical cancer screening section.)*
   - You may get a positive HPV test as part of your cervical cancer screening.

5. **Is there an HPV test?**
   - Yes, there are FDA-approved tests that can tell you if you have HPV. Some tests cannot tell you specifically which HPV type you have. One FDA approved test can tell you if you have HPV 16 and/or 18.
   - None of the HPV tests are approved for routine STI screening.

6. **Can I get tested for HPV?**
   - Yes, as part of cervical cancer screening.
     - The HPV test is approved for routine screening for cervical cancer in women 30 and older when combined with a Pap test.
     - It is commonly used after a slightly abnormal Pap for women 21 and older to help plan Pap follow-up.
7. **Is there a cure for HPV?**
   - Like other viruses, there is no cure — but HPV infection usually goes away by itself.
   - Although we are not certain, some studies suggest that using condoms may help the infection go away quicker.
   - If you test positive for HPV as part of your cervical cancer screening, it’s important to follow up as directed by your health care provider. *(See cervical cancer screening section.)*

8. **If my HPV infection goes away by itself, can I still give HPV to a partner?**
   - Probably not, but we can’t be sure that an infection has gone away completely.

9. **How can I prevent/reduce my risk of getting HPV?**
   - Practice abstinence.
   - Have a mutually monogamous relationship.
   - Use condoms every time. But since HPV is transmitted skin to skin and condoms do not cover all affected areas, even condom users may get HPV.
   - Get the HPV vaccine to lower your risk of HPV infection and diseases related to it. *(See HPV vaccine section.)*

10. **I’ve been told I have HPV. How can I prevent giving it to my partner?**
    - It’s always a good idea to use condoms. They offer the best protection from sexually transmitted infections — including HPV.
    - Since HPV is transmitted skin to skin, not all areas can be covered, so even condom users may get HPV.
    - Once you’ve had unprotected sex with a partner, the benefit of using condoms to prevent additional HPV transmission is uncertain.

11. **Can I find out who gave me HPV?**
    - No, it could be from any previous partner that you’ve had. Most sexually active individuals have the virus at some point.

12. **Do men need to be tested?**
    - There are no national guidelines to test men who don’t have symptoms. Men with no symptoms do not need to be tested.
    - Men with warts should consult their health care provider. *(See genital warts section.)*
    - Men who are HIV positive and MSM (men who have sex with men) may be at higher risk of developing HPV-related anal cancer and should consult their health care provider.

13. **Will HPV affect my pregnancy or hurt my baby?**
    - Your prenatal provider will work with you if you have warts during your pregnancy or at the time of your delivery.
    - On rare occasions, newborns may be exposed to the wart virus and could later develop problems with their airways (breathing). *(See genital warts section.)*

14. **Do people who are HIV positive or who have other immune system problems need to be more worried about HPV?**
    - Yes, women and men who are immune compromised — such as people who are HIV positive — have special needs and should consult with their health care provider about HPV infection and associated cancer risks.

15. **Is there any test or examination I should get to protect myself from anal cancer?**
    - Currently there are no national screening or testing guidelines for anal cancer.
    - Gardasil is effective in reducing anal cancers and precancers.
    - Men and women who are HIV positive and MSM (men who have sex with men) may be at higher risk of developing HPV-related anal cancer and should consult their health care provider.
HPV FACT SHEET

What is HPV?

HPV stands for human papillomavirus. There are more than 100 types of HPV. HPV is so common that 3 out of 4 people will have it at some point in their lives.

Some types of HPV produce warts on the hands or feet. About 40 types of HPV can infect the genital area — the vulva, vagina, cervix, rectum, anus, penis, or scrotum. These types are transmitted through oral, anal, or vaginal sex and other skin-to-skin contact. HPV in the genitals may cause:

– Genital warts (low-risk types)
– Cell changes which may lead to cervical and certain other cancers (high-risk types)

Most types seem to have no harmful affect at all. Most HPV infections will go away in 8-13 months, some will not. HPV that does not go away can hide undetected in the body for years. This makes it difficult to know when people became infected, how long they have been infected, and who passed the infection to them.

How many people are infected?

Genital HPV infections are very common among sexually active individuals. At any time, about 20 million people have a genital HPV infection. Seventy-four percent of new infections occur among young people age 15-24.

Does HPV cause cervical cancer?

YES. High-risk types of HPV can cause cervical cancer.

Does HPV cause other types of cancer?

YES.

– About 25-33 percent of oral (mouth and throat) cancers are caused by the HPV virus.
– The HPV virus is associated with about 90 percent of anal cancers.
– However, HPV-related oral, anal, vulvar, and vaginal cancers are much less common than HPV-related cervical cancer.

How is HPV spread?

Any kind of sexual activity involving skin-to-skin genital contact with an infected person — intercourse isn’t necessary. A person with HPV may not show any signs or symptoms and can pass the virus on without knowing it.

What are the symptoms of high-risk HPV infection associated with cervical cancer?

High-risk types of HPV do not usually cause any symptoms. Most women feel fine even when they have cell changes in their cervix that can lead to cancer. Regular Pap tests can detect these cell changes. Treatment is simple and effective.
What are the symptoms of high-risk HPV infection associated with other types of cancer?

- People with anal cancer may not experience any symptoms. For invasive types, they may experience pain or tenderness around the anus, bleeding, a lump, itching or discharge, pain, or a sense of fullness. (http://www.ucsfhealth.org/conditions/anal_cancer/). There are no national screening guidelines for anal cancer.
- People with oral (mouth and throat) cancer may experience unusual bleeding, difficulty or pain when chewing or swallowing, a lump in the neck or on the lip that does not heal, and many other symptoms. Routine screening at the time of a dental exam can help detect oral cancer. http://www.ucsfhealth.org/conditions/oral_cancer/index.html

How can one avoid HPV Infection?

- Practice abstinence.
- Have only one partner who has no other intimate partners.
- Have sex play that does not include vaginal, oral, or anal intercourse.
- Use condoms every time.
- Get the HPV vaccine.

HPV Vaccine

There are currently two HPV vaccines available, Gardasil and Cervarix. Both of the vaccines are given in three separate injections over the course of six months. They provide the following protection against HPV:

- Gardasil protects against four strains of the human papillomavirus — HPV 6, 11, 16, and 18.
- Cervarix protects against HPV 16 and 18.
- HPV 6 and 11 cause about 90 percent of all genital warts.
- HPV 16 and 18 cause about 70 percent of all cervical cancers and are associated with about 80 percent of anal cancers.

The U.S. Food and Drug Administration approved the use of both vaccines for girls and women, and the Gardasil vaccine for boys and men. The HPV vaccine is recommended for girls 11 or 12 years of age, although it may be given to girls starting at age 9. The vaccine is also recommended for girls and women ages 13 to 26 who did not get all three doses when they were younger.1 The Gardasil vaccine is approved for boys and men ages 9 to 26.2 Anyone can talk to her or his health care provider to find out if the vaccine is right for her or him.

1. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a4.htm?s_cid=mm5920a4_e
2. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a5.htm?s_cid=mm5920a5_e
Genital Warts

1. What are genital warts?
   - Genital warts are flesh colored or gray growths found in the genital or anal area of women and men.
   - They are caused by low-risk HPVs (not cancer causing) — 90 percent from types 6 and 11.

2. What are the signs and symptoms?
   - Genital warts start as small bumps that appear in the anogenital region — the vulva, vagina, cervix, rectum, anus, penis, and scrotum.
   - They may be single or clusters and have a cauliflower-like appearance as they grow larger.
   - They are painless but may cause itching or irritation.
   - Occasionally there is bleeding and rarely urinary blockage.
   - It’s possible to get low-risk types of HPV without getting warts — when that happens there are no symptoms.

3. How does someone get genital warts?
   - Genital warts are gotten through sexual intercourse or skin-to-skin contact with a person who has them or has been infected with one or more of the HPV types that cause them. Infected partners may not have any symptoms when they transmit the infection.
   - It can take anywhere from a few weeks to many years to develop warts after being exposed to the virus.

4. How are warts diagnosed?
   - The diagnosis is usually based on medical history and exam findings.
   - Occasionally, skin biopsies may be taken.

5. Is there a cure?
   - There is no cure for HPV, but the warts can be treated.
   - Warts can go away without treatment.

6. What is the treatment for genital warts?
   - Topical chemicals/medications — these are applied to the warts on a regular basis for a period of time either at home or in the health center.
   - Cryotherapy — the wart is frozen off.
   - Laser, electro-cautery, or other surgical treatment may be used when there are many warts — abnormal tissue is destroyed with a laser beam, electrical current.

7. I have genital warts. How do I prevent my partner(s) from getting them?
   - Abstinence is the only way to provide 100 percent protection. Otherwise condoms are the best defense.
8. Should my partners (women or men) be examined if I have warts?
   - No, if your partner(s) do not develop warts or other symptoms, there is no need for a medical evaluation.

9. Do genital warts cause cancer?
   - No, the types of HPV that cause genital warts do not cause cancer.

10. Will genital warts affect my pregnancy or hurt my baby?
    - Warts may appear for the first time during pregnancy.
    - Warts may go away on their own after the pregnancy.
    - On rare occasions, newborns may be exposed to wart viruses and could later develop problems with their airways (breathing).
HPV Vaccine

1. **What are the names of the HPV vaccines?**
   - Gardasil
   - Cervarix

2. **What does the vaccine do?**
   - Gardasil protects against four strains of the human papillomavirus — HPV 6, 11, 16, and 18.
   - Cervarix protects against HPV 16 and 18.
   - HPV 6 and 11 cause 90 percent of all genital warts.
   - HPV 16 and 18 cause about 70 percent of all cervical cancers and are associated with about 80 percent of anal cancers.

3. **Who should get the vaccine?**
   - Women between the ages of nine and 26 can receive the vaccine.
   - Men between the ages of nine and 26 can receive Gardasil.
   - Ideally, the vaccine should be given before the onset of sexual activity, but women and men who are sexually active can still be vaccinated.

4. **I’m older than 26; can I get the HPV vaccine?**
   - Yes — It is approved for women and men to age 26, but older people may be candidates to receive the vaccine. Talk with your health care provider for more information.

5. **How effective is the vaccine?**
   - When given before exposure, both vaccines are very effective in preventing cervical cancers and precancers caused by HPV 16 and 18.
   - Gardasil is also very effective in preventing genital warts caused by HPV 6 and 11.

6. **How safe is the vaccine?**
   - The vaccine is safe.
   - It is made from an inactive protein that does not contain the virus, so you cannot become infected from getting the vaccine.

7. **Are there reasons I should not get the HPV vaccine?**
   - Yes, talk to your health care provider, let your provider know if you
     - are allergic to any of the ingredients in the vaccine.
     - are pregnant.
     - have a fever of more than 100°F (37.8°C).

8. **How is the vaccine given?**
   - It is a series of three injections in a six-month period given in the upper, outer part of the arm.
9. **Does the HPV vaccine cause side effects?**
   - The most common side effect is swelling and tenderness at the site of the injection.
   - Others include nausea, vomiting, and dizziness.
   - Some people faint after getting the shot.

10. **I’m late for my next injection. What should I do?**
    - Even if you come late for your second or third injection, you can still receive the vaccine. There is no need to start the series over.
    - You should wait at least three months between the second and third injections.

11. **Do all three doses have to be the same vaccine?**
    - Yes, for men.
    - For women, it is best to get three doses of the same vaccine. But if that’s not possible, either vaccine can be given.

12. **How much does the vaccine cost? How will I pay for it?**
    - The cost is about $125 per injection or $375 for the full series.
    - It is covered by many health insurance plans as well as the Vaccine for Children program (VFC).
    - There are Vaccine Patient Assistance Programs. Check with your health care provider for more information.

13. **What is the Vaccine for Children program?**
    - VFC is a program that provides vaccines for those 18 years old or younger who do not have private insurance or are enrolled in Medicaid.

14. **Do I need my parents’ permission to get the vaccine at Planned Parenthood?**
    - All parents or guardians must be given a Vaccine Information Statement (VIS) before a minor can receive the vaccine.

15. **Where can I get the vaccine?**
    - Check with your local Planned Parenthood health center.
    - Call your local health department.
    - Many private practice pediatricians and OB/GYNs offer the vaccine.

16. **If I get the vaccine, do I still need to get Pap tests?**
    - Yes, because the vaccine does not protect against all cancer-causing types of HPV viruses.

17. **If I’ve already had an abnormal Pap test, should I get the HPV vaccine?**
    - You still might benefit from the vaccine because you may not have been exposed to all four of the viruses for which the vaccine offers protection. It may still give you some protection.
Screening for Cervical Cancer

1. **What kinds of screening tests are there for cervical cancer?**
   - Pap test only — The sample of cells taken from the cervix is examined in the lab to look for abnormal, precancerous changes. Pap samples can be put into a liquid (liquid-based Pap) or onto a glass slide (conventional Pap).
   - Pap test plus HPV test — The sample of cells taken from the cervix is examined in the lab to look for high-risk HPV types (high risk for cancer) and abnormal precancerous changes. This type of screening is a recommended option for women 30 and older. If both tests are negative, the woman does not need to be screened for three years. (See general HPV section.)

2. **Who needs to have screening?**
   - All women should have Pap screening following established guidelines. (See #3 and #4.)

3. **When should I start getting my Pap test?**
   - At age 21.

4. **How often do I need to get my Pap test?**
   - It is generally recommended that once Pap screening has started (See above for when to start), it should be done every two years until age 30.
   - From age 30 on, Pap screening can be extended to every three years — if you have had three normal Paps in a row.
   - From age 30 on, Pap + HPV is also a recommended option. If both tests are normal, evidence shows that it’s safe to wait three years before retesting.
   - If you have an abnormal Pap, you will be told to come back more frequently or have special testing.

5. **I got the HPV vaccine. Why do I need a Pap test?**
   - The HPV vaccine protects against the two high-risk types that cause most (70 percent) — but NOT all — cervical cancer.
   - If you got the vaccine after becoming sexually active, it may not give you full protection. (See HPV vaccine section.)

6. **If my Pap or HPV test is abnormal, should my partner get tested for HPV?**
   - No, neither men nor women should be tested for HPV unless it’s done as part of cervical cancer screening.

7. **I’ve been told I have high-risk HPV. Is there anything I can do to reduce my risk of getting cervical cancer?**
   - Yes, if you smoke cigarettes, STOP! Studies have shown that tobacco is a co-factor in the development of cervical cancer.
8. **What happens if my Pap test is abnormal?**
   - Depending on the result, you may be advised to repeat the Pap test, have an HPV test, and/or have other tests like a colposcopy and biopsy.

9. **What is a colposcopy?**
   - An office procedure in which your cervix is examined by a clinician with a special magnifying instrument.
   - Biopsies — small samples of tissue — may be taken if abnormalities are seen. The biopsies go to a lab where they are examined under a microscope by a specialist in order to make a diagnosis.

10. **What if my colposcopy results are abnormal?**
    - It depends on the results —
      - Sometimes, repeat testing is all that you need.
      - Other times, you may need treatment that will remove or destroy the abnormal cells.
      - Talk with your clinician for more information.
Incorporating HPV Information into Your Existing Program

It is possible, and even likely, that you will find that you do not have 45 minutes to talk about HPV, but have a few minutes to devote to the subject as part of another presentation. It is also likely that you will be receiving more questions about HPV because of media interest in the HPV vaccine.

You can use this guide to help you develop a short HPV section for your audience. Below are some tips for incorporating information about HPV in some of the presentations you may already be doing. Additionally, many of the lesson plans include shorter versions that can be adapted from the full-length plan.

**School-Based Presentations**

Many sexuality educators do lessons in schools about STIs, anatomy and physiology, sexual decision making, puberty, and the like. Each school-based lesson has a short section that you could adapt into one of these lessons.

**8- to 10-Year-Olds** — If you have only 5 to 10 minutes, you could use steps 1 through 8 of the lesson plan for 8- to 10-year-olds.

**11- to 13-Year-Olds** — The *Know the Facts* worksheet in the lesson plan for 11- to 13-year-olds can be completed in about 10 minutes.

**14- to 18-Year-Olds** — The true and false game in the lesson plan for 14- to 18-year-olds (steps 15 through 23) is a good 5 to 10 minute activity for this age group.

**Adult Presentations**

**Parents** — If you have 10 minutes, you could use the *HPV 101 PowerPoint Presentation* included in the parent lesson plan. If you only have 5 minutes, consider an adaptation of the myth/fact activity.

**Community Professionals** — If you have 10 minutes, you could present the *HPV 101 PowerPoint Presentation* included in the community professional lesson. If you have 5 minutes, consider an adaptation of the myth/fact activity.

**Create Your Own**

This guide provides you with the information and tools to create your own talking points about HPV for your audience, setting, topic, and time frame. The section *HPV 101 PowerPoint Presentation* has essential information about the virus. You can read through that and decide on the essential points you wish to give your audience. The *Human Sexuality — Some Things Children Need to Know* and *Working with Diverse Audiences* sections can help you to tailor those talking points to meet your audiences’ needs.
Working with Diverse Audiences

Many educators have participated in cultural competence training and are skilled at adapting curricula to meet the needs of a particular audience. This HPV prevention curriculum is readily adapted for use with many audiences. However, when providing HPV prevention education to some populations, the educator should be aware of certain tips to ensure effective programming. The following sections have been included to increase the ability of educators to provide relevant and effective HPV prevention education programs to diverse audiences:

- Working with Latinas
- Working with African-American Women
- Working with Gay, Lesbian, Bisexual, and Transgender Women and Men
- Working with Men

It’s important to remember that educators may have opportunities to provide programming to groups made up exclusively of members of these identified groups. However, any group could have members from each of these four groups. Educators should always take measures to create an environment of inclusiveness and cultural respect regardless of the apparent composition of the group. The resource list at the end of this section will provide educators with additional information related to cultural competency and working with diverse populations.

Working with Latinas

The incidence rate of cervical cancer is about twice as high among Latina women living in the U.S. than among non-Hispanic whites. Furthermore, the death rate due to cervical cancer is about 50 percent higher for Latinas than for non-Hispanic whites. These disparities are thought to be due to low rates of Pap testing and failure to follow up with treatment after abnormal Pap test results among Latinas. Clearly, information regarding HPV is vital for Latina clients. The following tips may be useful when delivering this curriculum in the Latino community.

- Use bilingual, bicultural staff people whenever possible. If you have a promotor program, consider training those volunteers to deliver this curriculum. Promotoras are community health workers who live in the communities they serve, often reaching underserved populations. For a Guide to Promotora Programs from Planned Parenthood, visit [http://www.plannedparenthood.org/files/PPFA/programs-promotoras-guide.pdf](http://www.plannedparenthood.org/files/PPFA/programs-promotoras-guide.pdf).
- Recognize that sexuality is a taboo subject for many Latinas. Emphasize the importance of this information from a health perspective and the need for a woman to get beyond her discomfort with sexuality in order to care for her health.
- Be aware of the barriers Latina clients face in accessing health care, including cost, transportation, and fear of unknown medical procedures.
  - Be familiar with the locations and systems in your community for free or low-cost Pap testing, and be prepared to explain these systems in a step-by-step manner to clients.
  - Research transportation options to the clinic in your community before conducting outreach and education.
  - Some clients may rely on home remedies and traditional healing practices for most health problems. Be respectful of traditional practices, while emphasizing the importance of medical screening and demystifying the procedures for Pap testing and pelvic exams.
• There is a great fear of Immigration and Customs Enforcement (ICE) in much of the Latino community.\(^2\) A healthcare setting may seem like a vulnerable place for Latina clients because of its official nature, especially if funding is provided by government agencies. Research laws regarding the enforcement of immigration policies, and assure your clients of the safety of seeking medical care, whenever possible. For information on immigration policies and referrals for pro bono legal services, visit [www.usdoj.gov/eoir/](http://www.usdoj.gov/eoir/).

• Partner with community-based organizations that have already established relationships with the Latino community. These collaborations may help gain the respect and trust of Latina clients.

• Recognize the importance of family in Latino culture.\(^3\) Relating messages regarding individual health back to familial health may help them resonate with Latina clients. Even in traditional families with a strong male head of household, Latina women may take the lead in caring for their families’ health needs. You can empower them to incorporate HPV-related care into that responsibility. Additionally, you may appeal to Latino men with targeted messages related to caring for their partner(s)’ health and well-being.

• The following websites may be of additional help in adapting this curriculum for use with Latinas:
  * [Our Bodies, Ourselves](http://www.ourbodiesourselves.org/programs/lhi/default.asp) Latina Health Initiative
  * Racial and Ethnic Approaches to Community Health [www.cdc.gov/reach](http://www.cdc.gov/reach)

3. Sawer, Barbara, Evaluating Latino Outreach Programs with Attention to Cultural Factors, (Oregon Outreach, 2000.)
Working with African-American Women

In the U.S., the incidence of cervical cancer is about 50 percent higher among African-American women than among whites.4 Furthermore, the death rate due to cervical cancer is about twice as high for African-Americans than it is for whites. These disparities are thought to be the result of widespread poverty, which leads to decreased access to medical care, diagnosis at a later stage of disease, and unequal treatment. Clearly, information regarding HPV is vital for African-American clients. The following tips may be useful when delivering this curriculum in the African-American community.

• Use African-American staff members whenever possible.

• Be aware of the barriers African-American clients face trying to access health care, including cost, transportation, and fear of prejudice by medical providers.
  • Be familiar with the locations and systems in your community for free or low-cost Pap testing.
  • Research transportation options to the clinic in your community before conducting outreach and education.
  • Consider identifying African-American physicians in your community who may make patients feel more at ease. Consult the National Medical Association at www.nmanet.org.

• Recognize that there is often great mistrust of the medical system in the African-American community.5 This feeling is rooted in a long history of mistreatment by medical professionals, and it may create yet another barrier to care for African-American clients. Address this concern whenever possible by acknowledging past abuses honestly and assuring clients of the safety of seeking medical care.6

• Partner with community-based organizations that have already established relationships with the African-American community. These collaborations may help gain the respect and trust of African-American clients. Also, consider partnering with faith-based organizations in your community.

• The following websites may be of additional help in adapting this curriculum for use with African-American women:
  • The ISIS Project, a faith-based initiative aimed at reducing HPV and cervical cancer among African-American women
    www.theisisproject.org
  • National Breast & Cervical Cancer Early-Detection Program
    www.cdc.gov/cancer/nbccedp
  • Racial and Ethnic Approaches to Community Health
    www.cdc.gov/reach

6 Tuan, Nyounti, Young African-American Women and HIV, (Advocates for Youth, 2006.)
Working with Lesbian, Gay, Bisexual, and Transgender Women and Men

Lesbian, gay, bisexual, and transgender (LGBT) people are just as likely to become infected with HPV as opposite-sex partners since HPV is spread via genital skin-to-skin contact, touching, or sex toys. Men who have sex with men (MSM) are 17 times more likely to develop anal cancer than heterosexual men. Men who are HIV-positive are even more likely than those who are uninfected to develop anal cancer.7

Persons who identify as LGBT often face additional barriers to accessing routine health care and may feel marginalized within educational programs that assume heterosexuality. The following tips may be helpful when providing educational programming regarding HPV to people in these communities:

• Before reaching out with education programming to LGBT communities, investigate available resources within the wider community. Know which health care providers are providing quality, culturally competent, and non-biased health care to these communities. Prepare a list of resources for HPV prevention education, testing and treatment, Internet information listings, and support groups and cancer support organizations.

• Assume any group you provide education to may have members who are LGBT. Always provide information in a non-biased manner. Use gender-neutral language such as “date” or “partner” and never make assumptions about the orientation, identity, or behavior of education staff or participants.

• Make sure all program materials are inclusive of LGBT communities. Use images and language that are also inclusive.

• Consider providing educational materials at local gay pride events, LGBT community centers, and other venues. Many LGBT communities have websites, referral hotlines, and newspapers that allow local health organizations to promote their services.

• The following websites offer information regarding HPV or providing competent care to LGBT communities and may be of additional help:
  - Information about health and wellness issues that affect the lesbian, gay, bisexual, and transgender communities [www.lgbthealthchannel.com](http://www.lgbthealthchannel.com)
  - Lesbian health and cancer information from the National Lesbian Health Organization [www.mautnerproject.org](http://www.mautnerproject.org)
  - International Lesbian, Gay, Bisexual, Trans and Intersex Association [www.ilga.org](http://www.ilga.org)
  - Health information for LGBT women and men from the CDC [www.cdc.gov/lgbthealth](http://www.cdc.gov/lgbthealth)

Working with Men

HPV prevention education programs may not seem as relevant to men as women. HPV prevention efforts, vaccines, and low-cost Pap-testing programs seem to focus on women. However, more than half of sexually active men in the United States will have HPV at some time in their lives.8,9 Men have a vested interest in their own health as well as that of their partners, children, and community. When providing HPV prevention education to men, it may be helpful to emphasize the following points:

- Studies have shown the HPV vaccine to be effective in men in preventing two types of HPV that are responsible for 90 percent of genital warts. It is also likely that vaccinating boys and men will have indirect health benefits for girls and women.8 Men can talk with their health care providers to determine if the HPV vaccine is right for them, their partners, or their children.

- Men can get low-risk HPV infections of the anus, rectum, penis, or scrotum.

- Men can get high-risk HPV infections of the anus, rectum, penis, or scrotum that might lead to cancer.

- Most women who become infected with any type of HPV get it from male partner(s).

- Men can help prevent or reduce the risk of HPV infections in themselves and/or their partners by:
  - Practicing abstinence.
  - Having only one sex partner who has no other sex partners.
  - Choosing sex play that does not include vaginal, anal, or oral intercourse.
  - Using condoms every time.
  - Getting the Gardasil HPV vaccine.
  - Men can encourage their partners to have routine reproductive health care including screening for signs of HPV — Pap tests.

- Men can educate themselves and their partners about HPV. The following websites may provide additional helpful information when working with men:
  - CDC Fact Sheet on HPV and Men
  - Information on anal and penile cancers from the American Cancer Society
    [www.cancer.org](http://www.cancer.org)
  - What men should know about HPV from the American Social Health Organization
    [www.ashastd.org/hpv/hpv_learn_men.cfm](http://www.ashastd.org/hpv/hpv_learn_men.cfm)


General Resources

In addition to the sources listed above, the following websites provide excellent training modules for working with diverse audiences and may be helpful to you and other educators.

• *Sexuality Information and Education Council of the United States (SIECUS)*

• *Communicate to Make a Difference, Exploring Cross-Cultural Communication*
  New York New Jersey Public Health Training Center

• *Think Cultural Health*
  U.S. Department of Health & Human Services, Office of Minority Health
  [https://www.thinkculturalhealth.hhs.gov/](https://www.thinkculturalhealth.hhs.gov/)
Answering Difficult Questions

Educators are often faced with difficult questions or misinformation from group participants regarding the HPV vaccine. The following are basic talking points to help facilitate discussion concerning this important health topic.

Discussing HPV Immunization

*There are already so many required vaccines for children. Why does my child need another one?*  
*Shouldn’t parents have the right to decide whether or not their child receives an HPV immunization?*  
*How do I explain to my 10-year-old that she’s getting a shot for an STD?*

The HPV vaccine is a major breakthrough in the fight to prevent cervical cancer.

Every year, about 10,000 women in the U.S. are diagnosed with cervical cancer and about 4,000 American women die of the disease. Worldwide, cervical cancer is the second-leading cause of cancer deaths among women.

The best way to protect girls and women from cervical cancer is to make sure they get vaccinated before they are at risk of infection — in addition to routine cervical cancer screening.

As a major step forward in the fight against cervical cancer, the vaccine should be considered a routine, normal part of health care.

In addition to cervical cancer screening, an important path to eliminating cervical cancer is widespread vaccination. The most successful immunization programs, such as those for polio, are those that require immunization for school entry.

Planned Parenthood supports a school-entry requirement for HPV immunization, up to grade seven, as long as certain considerations are met:

- The school-entry requirement should not create a financial burden for parents. Adequate public and private funding should be made available to help parents afford the vaccine. It would be unconscionable for students to be excluded from school because their families cannot afford the vaccine.
- The school-entry requirements should reflect the guidelines from the U. S. Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP).
- ACIP recommends routine vaccination for those who are 11 to 12 years old, and as young as 9. (Note — ACIP also recommends vaccination for those who are 13 to 26 years old, but emphasizes the importance of reaching girls before the onset of sexual activity.)
- This vaccine is administered in the same way and should be treated in the same manner as all vaccines required for school entry, especially with regard to opt-out policies.
- There is a public education program in place that adequately informs women and families about the benefit and safety of the HPV vaccine.
Concerns about Sexual Initiation after Vaccination

Isn’t getting my child vaccinated like giving him/her permission to have sex? Will the vaccine make my child promiscuous?

Prevention does not promote sexual activity or early initiation of sexual activity.

A vaccine to prevent cervical cancer will not cause promiscuity any more than an umbrella causes rain or seat belts cause reckless driving.

Cancer is a critical public health challenge. Ideology should not be allowed to get in the way of saving lives. Everyone can agree that cancer prevention is preferable to cancer treatment. The HPV vaccine is a red light to cancer — not a green light for sexual activity.

Safety and Health Concerns

How can I be sure that the vaccine is safe, since it’s so new? Isn’t it true that vaccines can sometimes cause long-term health problems?

- This vaccine meets the FDA requirements for approval. That means it has been extensively tested to ensure safety.
- The HPV vaccine is safe and effective. During clinical trials, the HPV vaccine was tested in more than 20,000 young women and 4,000 young men throughout the world, including in the U.S.\(^9\),\(^10\)
- The experiences of patients receiving the vaccine since FDA approval have been consistent with the clinical trials and are consistent with typical immune responses to vaccines. Side effects have included soreness at the injection site, redness, tenderness, and swelling.
- The HPV vaccine does not contain any mercury or thimerosal. Thimerosal is a mercury-containing preservative used in some vaccines and other products since the 1930s. No harmful effects have been reported from thimerosal at doses used in vaccines, except for minor reactions like redness and swelling at the injection site. However, in July 1999, the Public Health Service (PHS) agencies, the American Academy of Pediatrics (AAP), and vaccine manufacturers agreed that thimerosal should be reduced or eliminated in vaccines as a precautionary measure. Today, with the exception of some influenza (flu) vaccines, none of the vaccines used in the U.S. contain thimerosal as a preservative.
- Parents who have concerns about vaccine additives should be reassured by the recent study in the journal *Pediatrics*, which found that small quantities of additives contained in vaccines are likely to be harmless on the basis of exposure studies in humans.

Parental Consent

What if I don’t want my child to get an HPV vaccine?

Parents should be sure they get all the facts about HPV. This vaccine has amazing potential to protect their daughters from the most common forms of cervical cancer.

Planned Parenthood supports school-entry requirements for the HPV vaccine as long as they are consistent with all other required vaccines. Parents should have the same opt-out and exemption guidelines for all vaccines required for school entry.

The bottom line is that we support vaccination requirements because the potential public health benefits are so great.

9. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a4.htm?s_cid=mm5920a4_e
10. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a5.htm?s_cid=mm5920a5_e
Managing HPV
A New Era in Sexual Health

Lessons
What is HPV?

- HPV stands for human papillomavirus.
- There are more than 100 types of HPV.
- HPV is so common that three out of four people will have it at some point in their lives.

What is HPV? (continued)

- Some types of HPV produce warts on the hands or feet.
- About 40 types of HPV can infect the genital area — the vulva, vagina, cervix, rectum, anus, penis, or scrotum.
  - These types are transmitted through vaginal, anal, or oral, sex and other skin-to-skin contact.

What is HPV? (continued)

- Certain types of HPV in the genitals may cause
  - Genital warts (low-risk types)
  - Cell changes which may lead to cervical and certain other cancers (high-risk types)
- Most HPV infections seem to have no harmful affect at all.

What are Genital Warts?

- Genital warts are caused by a low-risk type of HPV.
- They are flesh-colored or gray growths found in the genital or anal area of men and women.
- A clinician can diagnose them based on medical history and exam.
- They do not cause cancer.
How many people are infected?
- Genital HPV infections are very common among sexually active individuals.
- At any time, about 20 million people have a genital HPV infection.
- 74 percent of new infections occur among young people age 15–24.

Does HPV cause cervical cancer?
- YES. High-risk types of HPV can cause cervical cancer.

Can HPV cause head and neck cancer?
- YES — about 25-33% of head and neck (mouth and throat) cancers are caused by the HPV virus.
- Head and neck cancers are much less common than cervical cancer.

How is HPV spread?
- Any kind of sexual activity involving skin to skin genital contact with an infected person — intercourse isn't necessary.
- People with HPV may not show any signs or symptoms, so they can pass the virus on without knowing it.

What are the symptoms of high-risk HPV infection?
- High-risk types of HPV do not usually cause any symptoms.
- Most women feel fine even when they have cell changes in their cervix that can lead to cancer.
- Regular cervical cancer screening can detect changes. Treatment (if needed) is simple and effective.

What about head and neck cancers?
- Currently there is no specific exam to detect head and neck cancers other than the routine screening at the time of a dental exam.
Avoiding HPV Infection

• Practice abstinence.
• Have only one partner who has no other intimate partners.
• Have sex play that does not include vaginal, oral, or anal intercourse.
• Use condoms every time.
• Get the HPV vaccine to lower your risk of HPV infection related to genital warts and cervical cancer.

Is there an HPV Test? Yes, for Women

• It tests for many high-risk HPV types
• It is approved for routine screening along with the Pap test for women 30 and older
• If both tests are negative – repeat in 3 years
• It is used after an abnormal Pap for women 21 and older to plan follow-up care.

Is there an HPV Test? No, for men

• No high-risk HPV test available for men.
• Men with HIV are at higher risk of developing HPV-related anal cancer and should consult their health care provider.

HPV Vaccine

• There are two HPV Vaccines –
  – Gardasil protects against the two types of high-risk HPV that cause 70% of all cervical cancer, and the two types of low-risk HPV that cause 90% of all genital warts
  – Cervarix protects against the two types of high-risk HPV that cause 70% of all cervical cancers.
• The HPV vaccine is given in 3 separate injections over the course of 6 months.

HPV Vaccine

• Women between the ages of 9 and 26 can receive Gardasil
• Women between the ages of 10 and 25 can receive Cervarix
• Men between the ages of 9 and 26 can receive Gardasil
• People can talk with their health care providers to find out if the vaccine is right for them.
• The American Cancer Society recommends the vaccine for women age 11 to age 18.
Myth or Fact?

• Most HPV infections are harmless and go away on their own.

FACT

19

Myth or Fact?

• People with HPV may not show any signs or symptoms, so they can pass the virus on without knowing it.

FACT

20

Myth or Fact?

• There are steps people can take to minimize their risk for HPV infection.

FACT

21

Myth or Fact?

• High-risk types of HPV can cause cell changes that may lead to cervical or other types of cancer.

FACT

22

Myth or Fact?

• A PAP test can detect the cell changes that can be caused by high risk HPV.

FACT

23

Myth or Fact?

• Either of the HPV vaccines available can help prevent the types of HPV associated with about 70% of cervical cancer.

FACT

24
Myth or Fact?

- People can discuss with their health care providers whether the HPV vaccine is right for them.

FACT
Lesson Plans

This section contains lesson plans for educating about HPV with the following audiences:

- 8- to 10-Year-Olds
- 11- to 13-Year-Olds
- 14- to 18-Year-Olds
- Community Professionals
- Parents

These lessons can be adapted to suit many different audiences. For example, a lesson for adult consumers of the vaccine was intentionally omitted, as this population could be present in groups of Community Professionals and/or Parents; you may even find it suitable to use materials from the 14 to 18 Year Old lesson plan for certain adult groups. Ultimately, you, as an educator, know your audience best and can adapt these materials as you see fit.
HPV Lesson for 8- to 10-Year-Olds

The following lesson is intended for groups of 8- to 10-year-olds. It can be used in its entirety (30 minutes) and can also be adapted to suit shorter time frames. We recommend the following modifications:

If you have only... Follow steps...

15 minutes 1 to 8
20 minutes 1 to 12

If you are incorporating material on HPV into a longer lesson on a health topic and you have 5 to 10 minutes, make sure you discuss the following key points:

• HPV stands for human papillomavirus.
• Genital HPV is sexually transmitted from direct skin-to-skin sexual contact with an infected person.
• There is a vaccine available to help prevent the serious forms of genital HPV.

In the end, you know your class best and can figure out the best way to adapt this lesson to suit your needs!
HPV Lesson for 8- to 10-Year-Olds
(15–30 Minutes)

Enduring Understanding
There is a vaccine that can protect girls and boys from some types of the human papillomavirus.

Essential Questions
1. What is a vaccine?
2. Why would someone get the HPV vaccine?

Assessments
• Group discussion
• Brainstorm
• “True” and “False” class responses

Materials
• Overhead or easel paper prepared with the following points titled “Important Facts About Genital HPV”:
  • Genital HPV is something that kids don’t usually get.
  • Genital HPV is sexually transmitted.
  • People cannot get genital HPV from …
  • Genital HPV can
    • have no effect
    • be the kind that can cause warts on a person’s genitals
    • be the kind that can cause cancer to grow on a person’s genital area
• Copies of HPV crossword puzzle (one for each student)
• Copies of the post-test (one for each student)
Lessons

Procedure

1. (5 Minutes, Steps 1 through 3) Introduction — Introduce yourself and explain why you are here today.
   “Today we are here to talk about an infection called HPV. Infections can cause diseases. We’re talking about HPV because having information can help us not be afraid. Information can also help us to be prepared so we can stay safe.”

2. Who has heard of the word vaccine? What is a vaccine?
During your discussion write the following definition on the board and read aloud: “A vaccine is a substance that is given to people to protect them from infection and disease.”

   What are some of the infections and diseases you know people can get vaccinated for?
   Some examples given could be measles, mumps, rubella, polio, chicken pox, hepatitis A, hepatitis B, tetanus, etc.

   What are some things you wish you could get vaccinations for?
   Encourage funny as well as serious answers such as homework, cleaning your room, bedtime, etc. Write these responses on the board.

   Vaccines are available that can protect girls and women and boys and men from an infection called HPV, which stands for human papillomavirus. It’s recommended that people get vaccinated between the ages of nine and 26.

3. (10 Minutes, Steps 4 through 7) Just the Facts
   “I am now going to talk about some very important facts you should know about HPV.”
   Display the prepared overhead or easel paper titled Important Facts About Genital HPV.

4. Read the fact — Genital HPV is an infection that can affect people’s private parts — their vaginas and penises. They are something that kids don’t usually get. Explain that if they get vaccinated when they are young, they will already be protected when they become older and are at risk.

5. Next read the fact — Genital HPV is sexually transmitted. Relay to students that this means that the only common way a person gets it is to have sexual contact with someone who already has the infection. Sexual contact is when people come into close contact with another person’s genitals, which can be defined for boys as their penis and for girls as their vulva. Sexual contact is also known as genital contact.

6. Continue with the next fact — People cannot get genital HPV from … . Brainstorm a list with the students and write their responses on the board or on easel paper. Some examples could be hugging, kissing, sharing food, swimming, sports, etc.

7. State the last fact — Genital HPV can do three things: Most of the time they do nothing. Some can cause warts on a person’s genitals. Explain that the genital HPV that cause genital warts are contagious by sexual, skin-to-skin, contact. The HPV that cause other kinds of warts that grow on other parts of the body — hands and feet for example — are very unlikely to be transmitted to the genital area. Some can cause cancer to grow in a person’s genital area. Because some genital HPV can cause warts and others can cause cancer, many people are happy there is a vaccine that can help to provide protection against both.
8. (5 Minutes – Steps 9 through 17) True/False Review
   So, let’s do a quick review. I will say a sentence, and you will hold up a hand if you think it is “True” and leave your hands down if you think it is “False.”

9. The first statement is: **Warts that people sometimes get on their hands and feet are not sexually transmitted. (T)**
   Although these warts are caused by certain types of HPV, they are not spread from person to person by genital contact.

10. The next statement is: **A vaccine can protect you from doing your chores at home. (F)**
    Sorry, it is false, but we wish it were so!

11. Continue reading the next statement: **A vaccine can help to protect you from getting some diseases. (T)**
    This is true, as vaccines save many people’s lives all over the world.

12. The next statement is: **We get some infections by smiling. (F)**
    You cannot get an infection by smiling, but smiling is contagious!

13. Read the next statement: **HPV is not the same as HIV. (T)**
    HIV and HPV sound the same, but they are completely different types of viruses.

14. Continue reading the next statement: **We can get some infections, like colds or the flu, by just being near someone else who has that infection. (T)**
    Some infections, like colds, are very easy to catch because the infection travels through the air when we cough or sneeze. That’s why it’s very important to cover your mouth and also wash your hands throughout the day.

15. The next statement is: **Genital HPV are infections that are transmitted by very close skin-to-skin contact during sexual activity. (T)**
    We cannot get HPV just by standing near someone, sharing food, hugging, or kissing.

16. Finish with the last statement: **There is a vaccine that can help to protect girls and boys from getting certain types of HPV. (T)**
    There are actually two different vaccines available for women and girls, and one for men and boys. Girls and women just need to get one of the available HPV vaccines — not both of them. The HPV vaccine has been shown to be very effective in protecting against the most dangerous kinds of HPV.

17. (10 Minutes) Conclusion — To conclude the lesson, hand out the post-test and ask students to complete. Read aloud to the students if necessary.
    Next, distribute the HPV crossword puzzle for students to take home. In addition, answer any remaining questions and take time for additional questions if possible.
Use the following words:
cancer
sexual
warts
girls
boys
HPV
virus
vaccine
contagious
genitals
protect

DOWN
1 One of the HPV vaccines is approved for these people
2 A serious disease that may be caused by HPV
4 Human papillomavirus
6 Able to spread from one person to another
7 Both of the HPV vaccines are approved for these people

ACROSS
3 Genital HPV is spread by this type of contact
5 A substance that protects a person against disease
7 The area of the body affected by genital HPV
8 Bumps on the skin that may be caused by HPV
9 It's possible to _______ yourself from HPV
10 A type of infection that causes disease
Post-Test Questions: HPV Lesson for 8- to 10-Year-Olds

Directions: Check the correct answers.

1. A vaccine is something people use to help protect themselves from infections and diseases.
   - [ ] T
   - [ ] F

2. Vaccines protect people for:
   - [ ] One day
   - [ ] One week
   - [ ] One year
   - [ ] Many years

3. Genital HPV is a disease that happens a lot to kids my age.
   - [ ] T
   - [ ] F

4. We can get HPV if someone coughs or sneezes on us.
   - [ ] T
   - [ ] F

5. People I can talk to about HPV and the HPV vaccine include:
   - [ ] My parents/guardians
   - [ ] My teacher
   - [ ] My doctor
   - [ ] My school nurse
   - [ ] My dog or cat
HPV Lesson for 11- to 13-Year-Olds

The following lesson is intended for groups of 11-to 13-year-olds who have some prior knowledge of sexuality, including basic reproductive anatomy and sexually transmitted infections. It can be used in its entirety (50 minutes) and can also be adapted to suit shorter time frames. We recommend the following modifications:

**If you have only...**  **Follow steps...**

- **20 minutes**  6 to 8
- **35 minutes**  6 to 11

If you are incorporating material on HPV into a longer lesson on STIs and you have less than 15 minutes, make sure you hit the following key points:

- HPV stands for human papillomavirus.
- Genital HPV is one of the most common STIs in the U.S.
- Genital HPV is sexually transmitted from skin-to-skin, sexual contact with an infected person.
- There are steps you can take to protect yourself from the serious consequences of genital HPV.
- There is a vaccine available to help protect against serious forms of genital HPV.

In the end, you know your class best and can figure out the best way to adapt this lesson to suit your needs!
HPV Lesson for 11- to 13-Year Olds
(50 Minutes)

Enduring Understanding
I can take steps to protect myself from the serious consequences of HPV.

Essential Questions
1. What is HPV and how is it transmitted?
2. What are the most important affects of genital HPV on men and women?
3. What can I do to prevent genital HPV?

Assessments
- Question game and discussion
- Folder activity worksheet
- Three take-home points

Materials
- Blank note cards
- Pens or pencils
- An overhead or easel paper prepared with the following questions
  - What have you heard about HPV? What questions do you have?
  - What is a vaccine? What are some vaccines you know about?
  - What are some ways people can protect themselves from HPV?
- One copy of Worksheet for each student
- Five manila envelopes prepared with one of the following facts printed on the outside of each
  - HPV stands for human papillomavirus.
  - Genital HPV is one of the most common STIs in the U.S.
  - Genital HPV is sexually transmitted from skin-to-skin, sexual contact with an infected person.
  - There are steps you can take to protect yourself from the serious consequences of HPV.
  - There is a vaccine available to help prevent the serious forms of HPV.
- Cut out the information cards at the end of the lesson and place the cards in their corresponding envelopes ahead of time.
- Blank paper
- One copy of Post-test for each student
Lessons

Procedure

1. **(2 Minutes) Introduction** — Introduce yourself and explain why you are here today.

   “Today I am here to talk about a sexually transmitted infection, or STI, called HPV. HPV stands for human papillomavirus. How many of you have heard of this infection before? HPV is a very common STI. It is not curable, though it can be treated. Most importantly, we can each learn steps to protect ourselves from the serious consequences of the infection. In fact, there is a vaccine available that offers a lot of protection against the infection itself. So today we will learn what HPV is all about and how we can protect ourselves. We are going to start with a game.”

2. **(10 Minutes, Steps 2 through 5) Questions in Pairs**

   Ask students to form pairs with people sitting near them. Give each pair three blank note cards and a pen or pencil. Have students number their cards 1 to 3.

   3. Display the three questions on the overhead or easel paper. Ask the students to discuss them and write their answers on the corresponding note cards. Spelling and punctuation are not important, but they should try to make their handwriting clear and legible. Allow about one minute per question.

   4. Ask students to stand and to exchange each of their cards with a different group so that the cards are all mixed, and each pair ends up with three cards that are not their own.

   5. Discuss their answers to the questions as a class.

      Write the questions they have about HPV on the board and check them off as you answer them throughout the lesson.

3. **(25–30 Minutes, Steps 6 through 8) Envelope Activity**

   Pass out a copy of the worksheet to each student.

   Divide the class into five groups and give each group one of the five manila envelopes.

   Instruct students to empty the contents of their envelopes and divide the information among their group members to review.

   When they are finished reading through the information, they should work as a group to answer the questions on the worksheet that correspond to the fact on the outside of their envelope. Each student should fill out her or his own worksheet.

   7. When the groups are finished, instruct them to rotate envelopes so that every group has a new fact to learn. They should repeat the process three more times so that all groups have reviewed all the envelopes, and every student has a completed worksheet.

   8. Reconvene the class to discuss the answers to the worksheet and answer any questions the students have.

9. **(Optional) Vaccine Controversy** — Explain to the class that some people think that giving the HPV vaccine to pre-teen and teen girls and boys might promote sexual activity. Others say the vaccine will be most effective if given to girls and boys before they have had sex. They say that offering protection is not the same as promoting sexual behavior.

   What do you think? Ask the students to share their opinions with a partner or with the whole class.
10. **(10 Minutes, Steps 10 through 18) Take-Home Points** — Hand out blank sheets of paper to the students. Ask them to imagine they are telling a friend or family member about HPV. What are the three most important pieces of information you would want them to know? Please write these down.

11. To conclude the lesson, ask each student to share one of the take-home points from her or his paper. Repeats are fine.

12. **(10 Minutes) Conclusion** — Check the questions you posted on the board in Step 5. Answer any remaining questions and take time for additional questions if possible.

    Then distribute the post-test and ask students to complete. Read aloud to students, if necessary.
FACT #1: HPV Stands for Human Papillomavirus

There are more than 100 types of HPV. Most of these do not cause problems. But some types cause warts in the genital areas. These are not the same as warts people sometimes get on their hands, which are also caused by HPV, but not the HPV that are sexually transmitted. The types of genital HPV that cause genital warts spread very easily from one person to another during genital, skin-to-skin contact. Some other types of genital HPV can cause cancers of the cervix, vagina, vulva, penis, and anus. Most of the time, genital HPV goes away by itself and nothing happens.

HPV is not the same as HIV. HPV stands for human papillomavirus and HIV stands for human immunodeficiency virus. While they are both viruses that can be transmitted sexually, they have very different effects on the body. Certain types of HPV can cause genital warts. Certain other types of HPV can cause cervical cancer, or other cancers. HIV weakens a person’s immune system and can lead to AIDS. HPV infections do not lead to AIDS.
FACT #2: HPV Is One of the Most Common STIs in the U.S.

The highest rates of new genital HPV infections occur among young adults between the ages of 15 and 24. One in four young adults in the U.S. is infected with a sexually transmitted infection each year.

One reason sexually active young women are more likely to get HPV is that the cervix is more sensitive in teens and young adults than in older adults. Also, young people often change partners more frequently than older adults and may have multiple partners. One way to reduce your risk of getting HPV is to have only one partner who only has intercourse with you.

How Many People in the U.S. Get a Viral STI Each Year?

<table>
<thead>
<tr>
<th>STI</th>
<th>Number of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital HPV</td>
<td>5,000,000</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>40,000</td>
</tr>
<tr>
<td>Genital Herpes</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>78,000</td>
</tr>
</tbody>
</table>

FACT #3: HPV Is Sexually Transmitted by Direct Skin-to-Skin Genital Contact with an Infected Person

Vaginal and anal intercourse spread genital HPV infection. Other kinds of skin-to-skin sexual contact, such as body rubbing and oral sex, can also transmit HPV. People can get HPV from an infected partner even if warts or other symptoms are not present.

People can reduce their risk of contracting HPV by practicing abstinence, having only one sex partner who has no other intimate partners, having sex play that does not include vaginal or anal intercourse, using condoms every time, and getting the HPV vaccine. Condoms can reduce the risk of HPV infection if they are used every time. But they are not as effective in preventing HPV as they are in preventing some other infections because HPV may be present in skin that is beyond the area covered and protected by a condom.
FACT #4: There Are Steps You Can Take to Protect Yourself from the Serious Consequences of HPV

Aside from condoms, women can also protect themselves from cervical cancer by getting regular screenings. Women should have a Pap test every two years starting at age 21. It is a recommended option that women 30 and older have both a Pap test and an HPV test. If both of these are negative, a woman will not need to be screened for three more years. These tests can help find precancerous or cancerous conditions. Very early precancerous conditions are easily treated to prevent cancer from developing.

During a pelvic exam, a clinician examines the external and internal genitals for signs of irritation, discharge, cysts, injury, or any other problems. The pelvic exam includes a bimanual exam in which the clinician uses her or his hands to examine the genitals. An instrument called a speculum is used to open the vagina so that the clinician can examine the cervix. Cells for a Pap test are collected from the cervix with a small spatula or tiny brush. Pelvic exams and the collection of cells for a Pap test should not be painful, although they can be uncomfortable. It helps to relax and take deep breaths.

Side view of speculum in place while cells for Pap test are collected.
FACT #5: There Is a Vaccine Available to Help Prevent High-Risk Types of HPV

A vaccine is a substance that is injected into the body to protect against infection and disease by stimulating the body’s immune system — its shield against infection. Some common vaccines you may have heard of include measles, mumps, and rubella (MMR); hepatitis A and B; influenza (flu shots); and tetanus.

There are two vaccines that offer protection against two of the types of HPV that cause most cases of cervical cancer and anal cancer, and one of the two vaccines also protects against two of the types of HPV that cause most cases of genital warts. Tests have shown that these vaccines are both safe and effective. The U.S. Food and Drug Administration approved the use of both of the vaccines for girls and women and one of them for boys and men. The HPV vaccine is recommended for girls 11 or 12 years of age, although it may be given to girls starting at age nine. Boys and men can be vaccinated between the ages of nine and 26.
Worksheet: HPV — Know the Facts!

**FACT #1: HPV stands for human papillomavirus.**

What are the two main health problems caused by HPV? ____________________________________________

What is the main difference between warts on the hands and genital warts? __________________________

Circle the body parts that can be affected by genital HPV:

**FACT #2: HPV is one of the most common STIs in the U.S.**

Why are young women more likely to get HPV? __________________________________________________

Shade in on the chart the percentage of young people who get an STI each year:
FACT #3: HPV is sexually transmitted from direct skin-to-skin genital contact with an infected person.

What is the main way that HPV is transmitted? 

Why don’t condoms protect a person completely from HPV?

FACT #4: There are steps you can take to protect yourself from the serious consequences of HPV.

List all the activities a person would have to abstain from to be 100 percent safe from HPV:

If people are sexually active, what can they do to reduce the chances of getting HPV?

At what age should a woman start getting Pap tests? How often should she get them?

FACT #5: There is a vaccine available to help prevent the serious forms of HPV.

What is a vaccine?

When should girls and boys get the HPV vaccine? Why?
Post-Test Questions: HPV Lesson for 11-to 13-Year-Olds

Directions: Check the correct answers.

1. The letters in HPV stand for:
   - Human Papillomavirus
   - Hot Potato Virus

2. HPV is transmitted by:
   - Skin-to-skin contact in the genital area
   - Contact with infected blood
   - An infected person’s coughs or sneezes

3. I can reduce my risk of getting HPV by:
   - Getting the HPV vaccine
   - Using condoms if I have sexual intercourse
   - Practicing abstinence
   - Taking birth control pills

4. The HPV vaccine protects against every type of the virus.
   - T
   - F

5. After taking this class, I plan to talk to my parents/guardians about getting the HPV vaccine.
   - Yes
   - No
HPV Lesson for 14- to 18-Year-Olds

The following lesson is intended for groups of 14- to 18-year-olds who have some prior knowledge of sexuality, including basic reproductive anatomy and sexually transmitted infections. It can be used in its entirety (55 minutes), and can also be adapted to suit shorter timeframes. We recommend the following modifications:

If you have only... Follow steps...
20 minutes 15 to 24
35 minutes 15 to 28

If you are incorporating material on HPV into a longer lesson on STIs and you have less than 15 minutes, make sure you address the following key points:

• HPV stands for human papillomavirus.
• Genital HPV is one of the most common STIs in the U.S.
• Genital HPV is transmitted from direct skin-to-skin sexual contact with an infected person.
• There are steps you can take to protect yourself from the serious consequences of HPV.
• There is a vaccine available to help prevent the serious forms of HPV.

In the end, you know your class best and can figure out the best way to adapt this lesson to suit your needs!
HPV Lesson for 14- to 18-Year-Olds
(55 Minutes)

Enduring Understanding
I can take steps to protect myself from the serious consequences of HPV.

Essential Questions
1. What is HPV and how is it transmitted?
2. What are the most serious effects of HPV on women and men?
3. What can I do to prevent HPV?

Assessments
- Transmission game and discussion
- “True” and “False” class responses
- Three take-home points

Materials
- Pencils or pens
- A blank index card for each participant. Write the letter “I” on a back corner of one card lightly in pencil; of the remainder, write “C” on the backs of about 25 percent of them, write “A” on the backs of about 25 percent of them, and write “V” on the backs of about 25 percent of them. Leave the other 25 percent of the cards blank.
- Two index cards of different colors for each participant. Designate one color as “True” and the other as “False.”
- Overheads or easel paper prepared with the following facts, one per page:
  - HPV stands for human papillomavirus.
  - Genital HPV is one of the most common STIs in the U.S.
  - Genital HPV is transmitted from direct skin-to-skin sexual contact with an infected person.
  - There are steps you can take to protect yourself from the serious consequences of HPV.
  - There is a vaccine available to help prevent the serious forms of HPV.
- Anatomy charts or overheads
- Blank paper
- One copy of the post-test for each student
Procedure

1. **(2 Minutes) Introduction**—Introduce yourself and explain why you are here today.
   
   “Today I am here to talk about a sexually transmitted infection, or STI, called HPV. HPV stands for human papillomavirus. How many of you have heard of this infection before? Genital HPV is a very common STI. It is not curable, though it can be treated. Most importantly, we can each learn steps to protect ourselves from the serious consequences of the infection. In fact, there is a vaccine available that offers a lot of protection. So today we will learn what HPV is all about, and how we can protect ourselves. We are going to start with a game.”

2. **(10 Minutes, Steps 2 through 7) Transmission Game** — Distribute an index card and a pen or pencil to each participant.
   
   Explain that, in a moment, they will talk with three different partners about some questions you will provide. After each question, they should sign their partner’s card and find a new partner from across the room.

3. Ask them to stand, find a partner, and discuss the following questions: **What have you heard about HPV? What questions do you have?**

4. After one minute, ask them to sign each other’s cards, find a new partner, and discuss the following questions: **What is a vaccine? What are some vaccines you know about?**

5. After one minute, ask them to sign each other’s cards, find a new partner, and discuss the following question: **What are some ways people can protect themselves from HPV?**

6. After one minute, ask them to sign each other’s cards and return to their seats.

7. Discuss their answers as a class. Write the questions they have about HPV on the board and check them off as you answer them throughout the lesson.

8. **(10 Minutes, Steps 8 through 14) Discussion** — Ask the students to look at the back of their cards. Ask the student with the “I” to stand and read the names now on the card.
   
   Explain that we will pretend that the “I” means this person is infected with HPV.

9. Ask the students whose names were read to stand. Explain that they too could be infected because we’re pretending that, instead of talking with the people whose names are on their cards, they had sexual contact with those people.

10. Ask the students who are now standing to read the names on their cards, and ask those students to stand because they may have been exposed to HPV as well. Repeat again, and continue until everybody or nearly everybody is standing.

11. At this point, ask the people standing to look again at the back of their cards. If there is an “A” on the card, they may sit, because they have been continuously abstinent from all kinds of sex play such as body rubbing, oral sex, and vaginal or anal intercourse and have no risk of getting HPV.
12. Those students with a “V” on their cards received the HPV vaccine so they may all sit because they have all taken steps to significantly reduce their chances of contracting genital warts and cervical cancer.

Those students with a “C” on their cards used a condom. They may sit down because they too have taken significant steps to reduce their chances of contracting genital warts and cervical cancer.

13. Those who have no letter on their cards should still be standing. They represent sexually active people who are at high risk for HPV infection because they do nothing to reduce their risk. Tell them they may also sit because, of course, HPV is not spread by talking to someone as imagined in this exercise!

**Discussion Questions**

- How did it feel to imagine you might have HPV? Or to find out you were not infected because you were being continuously abstinent, had received the vaccine, or had used a condom?

- Note that only about 25 percent of the group used condoms. In actuality, research shows that most teens in the U.S. do use condoms during intercourse, but not every time.¹,²

- Note that about a quarter of the class did not have intercourse. In fact, just over half (53 percent) of U.S. high school students have never had intercourse.³

14. (15 Minutes, Steps 15 through 24) True/False Activity — Pass out the “True” and “False” note cards to students. Display the prepared overheads or easel paper, one at a time, and ask a student volunteer to read the first fact — **HPV stands for human papillomavirus.**

Explain that there are more than 100 types of HPV. Most of these do not cause problems, but some types cause warts in the genital areas. These are not the same as warts people sometimes get on their hands, which are caused by HPVs that are not sexually transmitted. The HPV types that cause genital warts spread very easily from one person to another, but they do not always cause warts.

A few other types of HPV can cause cancers of the cervix, vagina, vulva, penis, anus, and even head and neck¹ — but they most often don’t.

Show these areas on a chart of female and male anatomy.

15. Read the following statements, and ask the students to hold up their “True” or “False” note cards to indicate their agreement or disagreement:

**Some kinds of HPV can lead to cancer. (T)**

**The warts that people get on their hands are sexually transmitted. (F)**

16. Ask a student volunteer to read the next fact — **HPV is one of the most common STIs in the U.S.** Explain that the highest rates of new genital HPV infections occur among young adults between the ages of 15 and 24. One in four of all young adults in the U.S. is infected with a sexually transmitted infection each year.

17. Read the following statement, and ask the students to hold up their “True” or “False” note cards to indicate their agreement or disagreement:

**Most new HPV infections occur among older people, ages 35–45. (F)**

18. Continue with the third fact — **HPV is sexually transmitted from direct skin-to-skin sexual contact with an infected person.** Vaginal and anal intercourse easily spread genital HPV infection. But other kinds of skin-to-skin sexual contact, such as body rubbing and oral sex, may also transmit HPV. People can get HPV from an infected partner even if warts or other symptoms are not present.
19. Read the following statement, and check for student agreement with the note cards:

People can get HPV from oral, vaginal, and anal sex, and from skin-to-skin sexual contact. (T)

20. Continue with the fourth fact — There are steps you can take to protect yourself from the serious consequences of HPV.

Explain that people can reduce their risk by practicing abstinence, having only one sex partner who has no other intimate partners, having sex play that does not include vaginal or anal intercourse, using condoms every time, and getting the HPV vaccine.

Condoms can reduce the risk of HPV infection if they are used every time. They are especially good at protecting the vagina, cervix, and anus from HPV infection. But they are not as effective in preventing HPV in general as they are in preventing some other infections because HPV may be present in skin that is beyond the area covered and protected by a condom.

Aside from condoms, women can also protect themselves from cervical cancer by getting regular screenings. Women should have a Pap test every two years starting at age 21. It is a recommended option that women 30 and older have both a Pap test and an HPV test. If both of these are negative, a woman will not need to be screened for three more years. These tests can help find precancerous or cancerous conditions. Very early precancerous conditions are easily treated to prevent cancer from developing.

21. Check student agreement with the following statements:

Condoms offer excellent protection from HPV infections of the vagina, cervix, and anus. (T)

Regular Pap tests can prevent cervical cancer from developing. (T)

22. Conclude with the last fact — There is a vaccine available to help prevent the forms of HPV that cause most of the serious damage. Ask who knows what a vaccine is. What are some vaccines the students have heard of?

Explain that there are two vaccines that offer protection against two of the types of HPV that cause most cases of cervical cancer, and that one of the two vaccines also protects against two of the types of HPV that cause most cases of genital warts. Tests have shown that these vaccines are both safe and effective. The U.S. Food and Drug Administration approved the use of both of the vaccines for girls and women and one of them for boys and men. The HPV vaccine is recommended for girls 11 or 12 years of age, although it may be given to girls starting at age nine. Boys and men can be vaccinated between the ages of nine and 26.

23. Check student agreement with the following statements:

The HPV vaccine protects a person from all of the strains of HPV. (F)

A girl or boy who isn’t yet sexually active shouldn’t get the vaccine. (F)

24. (15 Minutes, Steps 25 through 28) Take-Home Points — Explain to the class that some people think that giving the HPV vaccine to preteen and teen girls and boys might promote sexual activity. Others say the vaccine will be most effective if given to girls and boys before they have had sex. They say that offering protection is not the same as promoting sexual behavior. What do you think?

Ask the students to use their “True” and “False” cards to judge the following statement, and be ready to explain their answers: Giving the vaccine to girls and boys before they are sexually active is important for their protection.
25. Ask the students to share the reasons for their opinions, either with the class or in pairs.

26. Hand out a blank sheet of paper to the students. Ask them to imagine they are telling a younger friend or family member about HPV. What are the three most important pieces of information they want their friends and families to know? Have them write these down.

27. To conclude the lesson, ask each student to share one of the take-home points from her or his paper. Repeats are fine.

28. **(3 Minutes) Conclusion** — Check the questions you posted on the board in Step 7. Answer any remaining questions, and take time for additional questions if possible. Then distribute the post-test and ask students to complete.

Post-Test Questions: HPV Lessons for 14- to 18-Year-Olds

Directions: Check the correct answers.

1. The letters in HPV stand for:
   - [ ] Human Papillomavirus
   - [ ] Hot Potato Virus

2. HPV is transmitted by:
   - [ ] Skin-to-skin contact in the genital area
   - [ ] Contact with infected blood
   - [ ] An infected person’s coughs or sneezes

3. I can reduce my risk of getting HPV by:
   - [ ] Getting the HPV vaccine
   - [ ] Using condoms if I have sexual intercourse
   - [ ] Practicing abstinence
   - [ ] Taking birth control pills

4. The HPV vaccine protects against every type of the virus.
   - [ ] T
   - [ ] F

5. After taking this class, I plan to talk to my parents/guardians about getting the HPV vaccine.
   - [ ] Yes
   - [ ] No
HPV Lessons for Community Professionals

The following lesson is intended for community groups and professional organizations. These could include boards, civic groups, coalitions, social service organizations, youth-serving organizations, and others. It can be used for any group of adults who are not specifically meeting together as parents. It can be used in its entirety (65 minutes) and can also be adapted to suit shorter time frames. We recommend the following modifications:

If you have only... Follow steps...
20 minutes 1 to 3
40 minutes 1 to 6

If you are incorporating information on HPV into a longer program and you have 5 to 10 minutes, make sure you discuss the following key points:

• HPV stands for human papillomavirus.
• Genital HPV is sexually transmitted from direct skin-to-skin sexual contact with an infected person.
• Most HPV infections seem to have no harmful effect at all.
• There is a vaccine available to help prevent the serious forms of HPV.
HPV Lessons for Community Professionals

(65 Minutes)

Enduring Understanding
I can promote health and wellness in my community by being well informed about HPV.

Essential Questions
1. What is HPV?
2. When it comes to HPV, how can I promote health and wellness for my community and myself?
3. What is the HPV vaccine, how can it help, and where can someone get one?
4. What are the resources and services available to my community and me related to HPV?
5. How would it feel to know that I contributed to the health and wellness of my community?

Assessments
1. HPV Myth vs. Fact game
2. Group brainstorm identifying ways to impact individuals and groups
3. Role play to practice applying information and to gain perspective of other views
4. One-step impact commitment to influence health of community
5. Word whip to identify personal feelings

Materials
- Pencils or pens
- HPV 101 PowerPoint presentation with optional Myth or Fact slides
- Flip chart, paper, and markers
- Role-play scenarios
- Impact Commitment handout
- One copy of post-test for each participant
- Clock or watch with second hand
- Chime (optional)
- Handout Resource/Referral List (affiliate materials, relevant resources from this binder, or other local resources)
Lessons

Procedure

1. **(2 Minutes)** Introduce yourself and explain why you are here today. "Today I am here to talk about a sexually transmitted infection, or STI, called HPV. HPV stands for human papillomavirus. How many of you have heard of this infection before? HPV is a very common STI. It is not curable, though it can be treated. Most importantly, we can each learn steps to help protect those we serve and our community from the serious consequences of the infection. In fact, there are vaccines available that offer a lot of protection. So today we will learn all about HPV and learn what we can do in our community."

2. **(10 Minutes) HPV 101 PowerPoint** — Review PowerPoint slide presentation. Be careful not to read each slide directly but generally review the content of each slide. Take time to answer questions as they occur.

3. **(5 Minutes) Myth vs. Fact** — Review Myth or Fact slides. Have participants try to guess the answer for each question. Ask after each slide, "What have you learned about HPV today that helps you answer this question?"

4. **(6 Minutes) Group Brainstorm** — On flip-chart paper, write responses to the following question. "In your personal and professional lives, you may have opportunities to impact the health of your community by sharing information that you’ve learned about HPV and prevention strategies. Let’s brainstorm some groups, individuals, or situations you might encounter in which you could share what you’ve learned today.” Possible responses include business networking meetings, family, friends, grocery checkout, letters to the editor, neighbors, organizational leaders, own children, people we serve professionally, parent night, PTA, etc.

5. **(10 Minutes, Steps 5 to 6) Discussion** — Group participants in pairs by having them turn to someone near them. Explain that each person will speak for one minute while the other person is silent, only listening. Call time or ring the chime at the end of one minute so pairs can switch roles, allowing the other person in the pair to speak. Participants are to discuss this question: When it comes to HPV and the health of my community, I feel my role is to …

6. Facilitate a brief discussion, allowing participants to share some of what they’ve discussed. Write brief notes on a flip chart regarding professionals’ roles as discussed by the group.

7. **(20 Minutes, Steps 7 through 12) Role Play** — Explain that you’re going to give participants an opportunity to practice having a conversation with someone about HPV and HPV prevention strategies by having them do some role play.

8. Ask for two volunteers. Provide a copy (this role play and others are available on a separate handout at the end of the lesson) of the following role play, and ask the two volunteers to each play one of the roles. Explain that one person in the role play is the questioner and the other is the “expert.” The questioner will assume the identity on the scenario card. The “expert” will do her or his best to share information about HPV and prevention strategies.

   **Margo and Kate are at the grocery checkout. Margo notices a news magazine with a cover story about HPV and the vaccine.**

   **Margo says to Kate, “Why would anyone give a shot for an STD to a nine-year-old child? That’s just crazy!”**

   **Kate responds, “Funny you should ask, we just had a speaker at work about that the other day. Here’s what I learned.”**

   Have volunteers continue the discussion, with Margo asking questions and Kate sharing what she’s learned.
9. Allow volunteers to role play the scenario for three to five minutes. If they get stuck, allow other participants to offer possible lines in the role play.

10. After the role play is complete, facilitate a brief discussion. Discussion questions: What were the key points the “expert” made in each scenario? What additional information might have been helpful?

11. Divide the participants in pairs and distribute copies of scenarios. All participants could do the same scenario, or the facilitator can use multiple scenarios. Have each pair practice a two-to-four-minute role play dialogue for their scenario.

12. After all groups have practiced, facilitate a brief discussion. Discussion question: What were the key points the “expert” made in each scenario? Write these key points on flip-chart paper.

13. Distribute resource materials. Many professionals have great opportunities to increase awareness about HPV, including prevention strategies. However, some professionals may feel they are not well prepared to answer challenging questions. This resource list will help you direct people to local resources for additional information and referrals.

14. (5 Minutes) Impact Commitment — Distribute Impact Commitment handout to each participant. Lastly, since all of us have the opportunity to impact the health of our community by providing information and resources, let’s talk about steps we can take to begin to do so. Consider what step you can take to begin informing fellow professionals and community members about HPV and prevention strategies. Have participants write their ideas on the cards. Have them share in pairs as in step 5, with one person speaking at a time for one minute each. Use this sentence stem as a starter: I plan to impact the health of my community by committing to...

15. (5 Minutes) Feeling-Identification Whip Around After completing the paired discussions, ask each person to share one word that describes how it would feel to take that step. Examples might include empowered, happy, nervous, proud, etc. Acknowledge that participants might experience a broad range of feelings when taking that step. Recognize that everyone in the community has a role in having an impact on the health of her or his community.

16. (10 Minutes) Closing — Answer any remaining questions. Thank everyone for participating. Distribute post-test and ask participants to complete before leaving.
HPV Curriculum Development Project

HPV Role-Play Scenarios

Role Play #1 — Margo and Kate

Margo and Kate are at the grocery checkout. Margo notices a news magazine with a cover story about HPV and the vaccine.

Margo: “Why would anyone give a shot for an STD to a nine-year-old child? That’s just crazy!”

Kate: “Funny you should ask, we just had a speaker at work about that the other day. Here’s what I learned.”

Role Play #2 — Theresa and Raul

Theresa and Raul are married partners. Raul has just returned from taking their 11-year-old daughter Chantel to the pediatrician’s office, where an HPV vaccination was recommended. Raul opted to discuss it with his wife before allowing their daughter to be vaccinated.

Raul: “The doctor recommends that Chantel have the HPV vaccine. What do you think?”

Theresa: “I’m not sure. I don’t know much about it. What can you tell me?”

Role Play #3 — D’Andra and Shelly

D’Andra is Shelly’s supervisor at work. D’Andra wants Shelly to arrange to bring a speaker in to talk about HPV and HPV prevention strategies because the teens in their after-school program have some questions.

D’Andra: “The girls keep reading about it in their magazines. I think they really need the information. I’ve been doing some research, and I’ve learned a lot.”

Shelly: “I’m worried if we bring someone in to talk about this, the girls will get the wrong idea. Some of them are only 14 years old, after all.”

Role Play #4 — Marqueisa and Robert

Marqueisa and Robert are members of an advisory board for a youth-serving organization. Robert’s daughter just had her first HPV vaccination, and he feels strongly that all young women should have the opportunity to get the vaccine. When he proposes to the board that they offer some education on HPV and prevention strategies as part of a comprehensive sexuality education program, Robert gets some strong opposition from Marqueisa.

Robert: “It’s really important we provide some information to the young people we serve and perhaps even to their parents and guardians.”

Marqueisa: “It’s not our place. Besides, telling these kids about condoms and stuff will only encourage them to have sex.”

Role Play #5 — Ms. Curtis and Maria

Ms. Curtis is the school nurse at a local middle school. Maria, a regular in the nurse’s office, has come to talk to Ms. Curtis.

Maria: “I’m worried … I’ve got some bumps. I’m worried I might have those warts or something. Can you give me that wart shot?”

Ms. Curtis: “I’m glad you came to me. Let me tell you what I know.”
Community Professional Post-Test

I) Please answer each of the questions below:

<table>
<thead>
<tr>
<th></th>
<th>HPV (human papillomavirus) is sexually transmitted from direct skin-to-skin genital contact with an infected person.</th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Most types of HPV are harmless and go away on their own.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>B</td>
<td>A person with HPV can only pass HPV to a partner if she or he has symptoms.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>C</td>
<td>There are steps people can take to minimize their risk for HPV infection.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
</tbody>
</table>

II) Please answer each of the questions below:

<table>
<thead>
<tr>
<th></th>
<th>Regarding HPV, community professionals can impact the health and wellness of their community.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>As a professional, I’m prepared to provide basic information about HPV to others.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>B</td>
<td>I can identify resources and services in my community related to HPV.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
</tbody>
</table>

III) Please describe what was most helpful about today’s training.

____________________________________________________________________________________

IV) Please describe one action you will take as a result of today’s training.

____________________________________________________________________________________

V) What additional information or resources do you need regarding HPV?

____________________________________________________________________________________
HPV Lessons for Parents

The following lesson is intended for groups of parents or adult caregivers. It can be used in its entirety (75 minutes), and can also be adapted to suit shorter time frames. We recommend the following modifications:

If you have only... Follow steps...

15 minutes 6 to 8
30 minutes 6 to 10 (using only the role play for talking with a child)

If you are incorporating information on HPV into a longer program and you have 5 to 10 minutes, make sure you discuss the following key points:

• HPV stands for human papillomavirus.
• HPV is sexually transmitted from direct skin-to-skin genital contact with an infected person.
• Most HPV infections seem to have no harmful effect at all.
• There is a vaccine available to help prevent the forms of HPV that do the most harm.
HPV Lessons for Parents
(75 Minutes)

Enduring Understanding
I can promote my child’s health and wellness by making informed decisions about the HPV vaccine and by talking with my child.

Essential Questions
1. When it comes to HPV, how can I promote my child’s health and wellness?
2. What is HPV?
3. What is the HPV vaccine? How does it work, and what are the risks and benefits?
4. What are the resources and services available to my family and me related to HPV?
5. How would it feel to know that something I do for my children now would help them stay healthy as adults?

Materials
- PowerPoint presentation “HPV 101” on computer/screen
- Handouts
- “Find Someone Who” handout
- Role-play cards (two for each participant)
- One copy of post-test for each participant
- Optional Resources
  - Brochures “HPV and Cervical Cancer: Questions and Answers” and “Genital Warts: Questions and Answers” (see General Resources section for ordering information)
  - HPV fact sheet found at http://www.cdc.gov/std/HPV/STDFact-HPV.htm
- Any agency information that is appropriate
Procedure

1. **(15 Minutes) Welcome and Introductions** — Introduce yourself to the group, and welcome participants to the session. Provide a brief overview of your organization. Explain that you’ll be talking about HPV — the human papillomavirus — the HPV vaccine, and how they can help their child to stay healthy.

2. Read through the agenda, and ask whether anyone has questions about what you will be covering.

3. **Group Introductions** — Go around the room and ask each parent to introduce her or himself by sharing the following:
   - Their first names
   - The number and age of their children

4. **Mixer Activity (15 Minutes)** — Introduce the icebreaker/mixer and distribute the “Find someone who …” handout. As you distribute the handout, invite participants to get up and talk with one another to identify who has done the things on the list. When people say they have done one of the items, ask them to sign their names. They should sign their own sheets where appropriate if they have done something on the list. Participants should try to get as many signers as they can by actually asking the questions on the handout, not just asking what item the other can sign for. After about seven minutes, ask participants to take their seats.

5. Ask
   - What was it like to do this activity?
   - How did it feel to ask someone these questions?
   - Were there any questions that were more difficult to ask? If so, which ones? What was hard about it?
   - Why do you think we asked these questions? In processing this activity, support participants for sharing their challenges while talking about these issues with people they may not know, their efforts to talk with their children and others about sexuality and health, and their health-seeking behaviors. The reasons for asking these questions are to give participants practice in speaking to someone else about the issues, to assess their degree of comfort in doing so, to assess how many participants have practiced the listed behaviors, and to prime them for the next two questions. We view all of the items on the list as positive, healthy activities.
   - Which of the activities on the list do you think are most important? Why?
   - What else might parents do to promote their child’s health and wellness (particularly regarding HPV and other sexually transmitted infections)?

6. **(10 Minutes) HPV 101 PowerPoint Presentation** — Tell participants that you’ll be presenting information about HPV and the HPV vaccine and will welcome questions at the end of the presentation. While making the presentation, deliver the information on the slides, and supplement it with information from the printed resources.
7. **(5 Minutes) Myth/Fact** — At slide 19, tell participants that you’ll be reviewing the material you just covered by posting some statements that are either facts or myths. You’ll be asking them to identify which is which.

- Most HPV infections are harmless and go away on their own. **Fact**
- A person with HPV may not show any signs or symptoms, so she or he can pass the virus on without knowing it. **Fact**
- There are steps one can take to minimize their risk for HPV infection. **Fact**
- High-risk types of HPV can cause cell changes that may lead to cervical or other types of cancer. **Fact**
- A Pap test detects the cell changes that can be caused by high-risk HPV. **Fact**
- The HPV vaccine can help prevent the types of HPV most often associated with cervical cancer. **Fact**
- Anyone can talk to her or his health care provider to find out whether the HPV vaccine is right for her or him. **Fact**

Continue the discussion and ask participants

- What else have you heard about HPV or the vaccine that might be a myth or a fact? Respond with factual information using the resources, as needed. Hand out optional resources to participants such as the brochures, fact sheets, resource lists, etc., and describe each.

8. **Ask if they have any questions and respond.**

9. **Practice (15 Minutes)** — Tell participants that the next activity will help them practice talking about what they’ve learned. They will be able to use the resources just handed out for reference.

- Ask why it is important to talk with family members about sexuality and health. Support and reinforce the concepts that family communication about sexuality normalizes the topic and makes it possible for children to learn from parents, helps children recognize that the topic is an acceptable one to discuss in the home, and builds stronger connections among family members, thereby increasing the likelihood of healthier behaviors. Depending on the number of participants, divide the group into pairs or trios. Hand out role-play cards to each participant. Ask participants to have a conversation with their partner(s) in the following scenarios, as printed on their card:
  - Talking with their children about staying sexually healthy as they grow up and/or about getting the HPV vaccination.
  - Talking with a partner/spouse/close friend about what they’ve learned about HPV and the vaccine.

After five minutes, ask the partners to switch roles, and have the other partner do the talking. During the role plays, act as a friendly monitor and resource, checking in with pairs as they work.

10. **(10 Minutes) Process** — When the activity is done, ask

- How did it feel to do this activity?
- Do you feel as though you had the information you needed to have the conversation?
- How did it feel to know that you could help your child be healthy as she or he grows up?
- Was there anything you noticed that you’d like to share with the group?
- What questions came up for you?

Answer any questions with factual information, affirming differences in values among participants, and supporting their investment in helping to keep their children healthy.

11. **(5 Minutes) Close** — Explain that you have reached the end of the session and that you want to bring to a close what you have done together. Go around the room and ask each parent to say one new thing she or he learned from being at the session. Thank them for coming and answer any remaining questions. Then distribute the post-test and ask participants to complete before leaving.
## Find Someone Who Has …

(Have parents sign their first names on the space next to the item.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given her/his child instructions or advice about staying healthy</td>
<td></td>
</tr>
<tr>
<td>Talked with her/his child about preventing sexually transmitted infections</td>
<td></td>
</tr>
<tr>
<td>Had her/his child vaccinated (for anything)</td>
<td></td>
</tr>
<tr>
<td>Read an article about HPV in a newspaper or magazine</td>
<td></td>
</tr>
<tr>
<td>Talked with her/his child about the family's values and expectations</td>
<td></td>
</tr>
<tr>
<td>Regarding teen sexual behavior</td>
<td></td>
</tr>
<tr>
<td>Been to a Planned Parenthood health center for services or education</td>
<td></td>
</tr>
<tr>
<td>Talked to someone at her/his child’s school about health or sex education</td>
<td></td>
</tr>
<tr>
<td>Discussed with her/his child the changes that happen during puberty</td>
<td></td>
</tr>
<tr>
<td>Gone online to get information about HPV</td>
<td></td>
</tr>
<tr>
<td>Had her/his child vaccinated for HPV</td>
<td></td>
</tr>
<tr>
<td>Talked with a non-family member about sexuality</td>
<td></td>
</tr>
<tr>
<td>Talked with her/his child about how to stay healthy</td>
<td></td>
</tr>
<tr>
<td>Asked a health care professional about HPV</td>
<td></td>
</tr>
<tr>
<td>Talked about her/his child’s health with a spouse/partner/friend</td>
<td></td>
</tr>
</tbody>
</table>
Role-Play Cards

Print twice the amount of cards as there are participants in the session, so that each participant can have two different cards.

You are the parent/caregiver of a 12-year-old. You want your child to know how to stay sexually healthy as she or he grows up. You are watching the TV news together and see a story about the rates of HPV infection. What do you tell your child about sexual health and your expectations of her or him?

Your partner/spouse/close friend asks what you did tonight. You tell her or him that you went to this workshop, and you explain what you learned and how you’re going to use the information.
Parent Post-Test

I) Please answer each of the questions below:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A) HPV (human papillomavirus) is sexually transmitted from direct skin-to-skin genital contact with an infected person.</td>
<td>TRUE</td>
</tr>
<tr>
<td>B) Most types of HPV are harmless and go away on their own.</td>
<td>TRUE</td>
</tr>
<tr>
<td>C) A person with HPV can only pass HPV to a partner if she or he has symptoms.</td>
<td>TRUE</td>
</tr>
<tr>
<td>D) There are steps people can take to minimize their risk for HPV infection.</td>
<td>TRUE</td>
</tr>
</tbody>
</table>

II) Please answer each of the questions below:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) I would get my child vaccinated against HPV.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B) I can identify resources and services in my community related to HPV.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C) It is important to talk to other parents about HPV.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I) Please describe what was most helpful about today’s program.

________________________________________________________________________

________________________________________________________________________

II) Please describe one action you will take as a result of today’s program.

________________________________________________________________________

________________________________________________________________________

III) What additional information or resources do you need regarding HPV?

________________________________________________________________________

________________________________________________________________________
Managing HPV
A New Era in Sexual Health

HPV Resources
Additional resources can be found in the Working with Diverse Audiences section.

**Vaccine Information**

- **GlaxoSmithKline** (Cervarix Vaccine Information)  
  [www.gsk.com](http://www.gsk.com)

- **Infectious Diseases Society of America (IDSA)**  
  1300 Wilson Blvd, Suite 300 Arlington, VA 22209  
  [www.idsociety.org](http://www.idsociety.org)

- **Institute for Vaccine Safety**  
  Johns Hopkins Bloomberg School of Public Health 615 N. Wolfe Street Room W5041 Baltimore, MD 21205  
  [www.vaccinesafety.edu](http://www.vaccinesafety.edu)

- **Merck (Gardasil Vaccine)**  
  [www.gardasil.com](http://www.gardasil.com)

- **National Cancer Institute**  
  [www.cancer.gov](http://www.cancer.gov)

- **National Cervical Cancer Coalition**  
  7247 Hayvenhurst Ave. Suite A-7 Van Nuys, CA 91406  
  [www.nccc-online.org](http://www.nccc-online.org)

- **National Foundation for Infectious Diseases (NFID)**  
  4733 Bethesda Avenue Suite 750 Bethesda, Maryland 20814  
  [www.nfid.org](http://www.nfid.org)

- **National Institutes of Health (NIH)**  
  9000 Rockville Pike Bethesda, Maryland 20892  
  [www.nih.gov](http://www.nih.gov)

- **The National Women’s Health Information Center**  
  [www.4woman.gov](http://www.4woman.gov)

- **Planned Parenthood Federation of America**  
  [www.plannedparenthood.org](http://www.plannedparenthood.org)

- **U.S. Centers for Disease Control and Prevention (CDC)**  
  [www.cdc.gov](http://www.cdc.gov)

- **World Health Organization (WHO)**  
  [www.who.int](http://www.who.int)

**Support Groups**

- **Eyes on the Prize**  
  [www.eyesontheprize.org](http://www.eyesontheprize.org)

- **Daily Strength**  
  [www.dailystrength.org/](http://www.dailystrength.org/)

- **National Cervical Cancer Coalition Hotline**  
  1-800-685-5531

**Disease Information, Testing, & Treatment**

- **American Academy of Family Physicians**  
  [www.familydoctor.org](http://www.familydoctor.org)

- **American Cancer Society**  
  [www.cancer.org](http://www.cancer.org)

- **American Social Health Association (ASHA)**  
  STI Resource Center Hotline: 1-800-227-8922  
  [www.ashastd.org](http://www.ashastd.org)

- **Association of Reproductive Health Professionals**  
  2401 Pennsylvania Avenue NW Suite #350 Washington, DC 20037  
  [www.arhp.org](http://www.arhp.org)

- **Black Women’s Health Imperative**  
  [www.blackwomenshealth.org](http://www.blackwomenshealth.org)

- **The HPV Test (Digene)**  
  [www.thehpvtest.com](http://www.thehpvtest.com)

- **Mayo Foundation for Medical Education and Research**  
  [www.mayoclinic.com](http://www.mayoclinic.com)

- **Medline Plus (Health Information Database)**  
  [www.medlineplus.gov](http://www.medlineplus.gov)

**Materials/Ordering Information**

- **Planned Parenthood Store**  
  [www.ppfastore.org](http://www.ppfastore.org)

- **ETR & Associates**  
  [http://pub.etr.org](http://pub.etr.org)

- **“Genital Warts and HPV” brochure** (available in English & Spanish)

- **“HPV and Cervical Cancer” brochure** (available in English & Spanish)

- **“What Is HPV?” brochure** (available in English & Spanish)
Sources & References


(May 28, 2010) Center for Disease Control and Prevention Morbidity and Mortality Weekly Report: “FDA Licensure of Bivalent Human Papillomavirus Vaccine (HPV2, Cervarix) for Use in Females and Updated HPV Vaccination Recommendations from the Advisory Committee on Immunization Practices.” http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a4.htm?s_cid=mm5920a4_e

(May 28, 2010) Center for Disease Control and Prevention Morbidity and Mortality Weekly Report: “FDA Licensure of Quadrivalent Human Papillomavirus Vaccine (HPV4, Gardasil) for Use in Males and Guidance from the Advisory Committee on Immunization Practices.” http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a5.htm?s_cid=mm5920a5_e