FACT 1  HPV vaccination is safe.

Scientists from the CDC, the FDA, and other organizations in the US and around the world continue to monitor and report any adverse events and side effects related to HPV vaccines. Monitoring in 2009 revealed that most side effects related to HPV vaccines were mild and were similar to those seen with any other vaccine. Several studies from 2011-2015 looking at more than four million women and girls who were vaccinated show that there is no relationship between HPV vaccines and autoimmune disorders, blood clots, or other serious disorders.¹

TALKING POINT: More than 270 million doses of vaccine have been distributed worldwide, with more than 120 million doses in the US. Like with all vaccines, HPV vaccine safety is constantly monitored, and these studies continue to show that HPV vaccination is safe. All medications and vaccines can have side effects. Common side effects from the HPV vaccine are mild and can include headache, pain, and soreness in the arm where the vaccine was given.¹,²

FACT 2  HPV vaccination does NOT cause fertility issues.

There is no evidence that HPV vaccination causes fertility or reproductive problems. HPV vaccination can actually help protect fertility by preventing gynecological problems related to the treatment of cervical cancer. It’s possible that the treatment of cervical cancer could leave a woman unable to have children. It’s also possible that treatment for cervical pre-cancer could put a woman at risk for problems with her cervix, which could cause preterm delivery or other problems.²

TALKING POINT: There are no data to suggest that getting the HPV vaccine will have a negative effect on future fertility. In fact, getting vaccinated and protecting against cervical cancer can help ensure a woman’s ability to get pregnant and have healthy babies.²
FACT 3  The ingredients in the HPV vaccine are safe.

HPV vaccines contain ingredients that have been proven to be safe. Some parents are worried about aluminum, an adjuvant used in the HPV vaccine. In addition to certain vaccines, aluminum is found in breast milk, infant formula, antacids, and numerous foods and beverages, including fruits and vegetables, seasonings, flour, cereals, nuts, dairy products, and honey. Typical adults ingest 7 to 9 milligrams of aluminum per day, whereas the HPV vaccine contains no more than .5 milligram of aluminum per dose. The Global Advisory Committee on Vaccine Safety, part of the World Health Organization, has also reviewed studies and found no evidence of health risks that would require changes to vaccine policy. The HPV vaccine, like other vaccines for children and adolescents, does not contain thimerosal (a preservative that contains mercury).

TALKING POINT: As the World Health Organization notes, the ingredients in a vaccine – like the HPV vaccine – help ensure they are safe and effective. Vaccine ingredients can look unfamiliar when listed on a label but they occur naturally in the human body, the natural environment, and the foods we eat. Like the hepatitis B and Tdap vaccines, HPV vaccines contain aluminum, which boosts the body’s immune response to the vaccine. People are exposed to aluminum every day through food and cooking utensils. Aluminum-containing vaccines have been used for decades and have safely been given to more than 3 billion people.

FACT 4  The HPV vaccine is necessary, regardless of sexual activity.

Vaccines are for prevention, not treatment, so they only work if given before coming in contact with a virus. Research shows that HPV cancer protection decreases as age at vaccination increases, likely due to increased exposure to HPV, which can occur through any intimate skin-to-skin contact. Studies have shown that HPV vaccination is not associated with changes in sexual behavior. Age of onset of sexual activity, incidence of STIs, and rates of pregnancy have all been shown to be similar in vaccinated adolescents compared to unvaccinated adolescents.

TALKING POINT: People are vaccinated well before they’re exposed to an infection – just like measles or pneumonia. Similarly, they should be vaccinated before they are exposed to HPV. Vaccinating children between age 9 and 12 offers the most HPV cancer prevention.

HPV is so common that almost everyone will be exposed at some point in their lives. So even if your child delays sexual activity until marriage, or only has one partner in the future, they could still be exposed if their partner has been exposed.

Studies have shown there’s no correlation between receiving the HPV vaccine and increased rates of, or earlier engagement in, sexual activity.
FACT 5  The HPV vaccine is for boys and girls.

Both males and females can get HPV. It’s very common; scientists estimate that between 80-90% of people will be infected with at least one type of HPV in their lifetime.\(^\text{16}\)

Although cervical cancer is the most well-known type of cancer caused by HPV, persistent infection can cause several other types of cancer, including cancers of the base of the tongue and tonsils. These cancers are now the most common HPV cancers and affect more men than women.\(^\text{17}\) HPV can also cause penile and anal cancers in men. HPV vaccination helps prevent infection with the types of HPV that cause most HPV cancers in men, as well as women.\(^\text{3}\)

TALKING POINT: HPV vaccination is strongly recommended for boys and girls. Vaccination helps protect boys from cancers of the throat, penis, and anus later in life. Vaccination helps protect girls from cancers of the cervix, throat, vagina, vulva, and anus later in life.\(^\text{3}\)

FACT 6  HPV vaccination is effective and helps prevent cancer.

In studies that led to the approval of HPV vaccines, the vaccines provided nearly 100% protection against persistent cervical infections with the types of HPV in the vaccines, plus the pre-cancers that those persistent infections can cause. A clinical trial of HPV vaccines in men indicated that they can prevent anal pre-cancers caused by persistent infection.\(^\text{13}\) In addition, studies now show significant reductions in cervical cancer among vaccinated women.\(^\text{14,15}\)

Due to the ages at which different HPV cancers peak, a drop in cervical cancers has been seen before other cancer types.\(^\text{16,17}\) It will take longer to see drops in other HPV cancers. Advanced pre-cancers are universally accepted markers for cancers.

TALKING POINT: HPV vaccination works very well. Research has shown that the vaccine provides close to 100% protection against infections and pre-cancers caused by the types of HPV in the vaccine.\(^\text{13}\)

In addition, studies in the US and other countries that have introduced the HPV vaccine have shown a significant reduction in abnormal Pap test results, cervical pre-cancers,\(^\text{18,19}\) and genital warts.\(^\text{20,21}\)
FACT 7  An effective recommendation from a clinician matters.

An effective clinician recommendation – recommending the HPV vaccine in the same way and on the same day as other adolescent vaccines – is the number one reason parents choose to vaccinate their children. Recent studies show that a patient who receives a recommendation from a provider is four to five times more likely to receive the HPV vaccine. Studies have also shown that parents value the HPV vaccine equally with other adolescent vaccines. In addition, parents want to prevent cancer in their children.

TALKING POINT: Try this effective recommendation: Your child needs three vaccines today to protect against meningitis, HPV cancers, and pertussis.

FACT 8  The effectiveness of the HPV vaccine does not decrease over time.

Ongoing studies have found that those who received the HPV vaccine continue to have antibodies to the virus, providing long-term protection against infections and pre-cancers. There is no indication that they will decrease over time. Studies will continue to monitor the duration of protection.

TALKING POINT: Studies continue to monitor how long the vaccine protects against HPV infections and cancer. Protection has been shown to last more than 10 years with no signs of the protection weakening.
References


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