

Cancer Association of South Africa (CANSA)

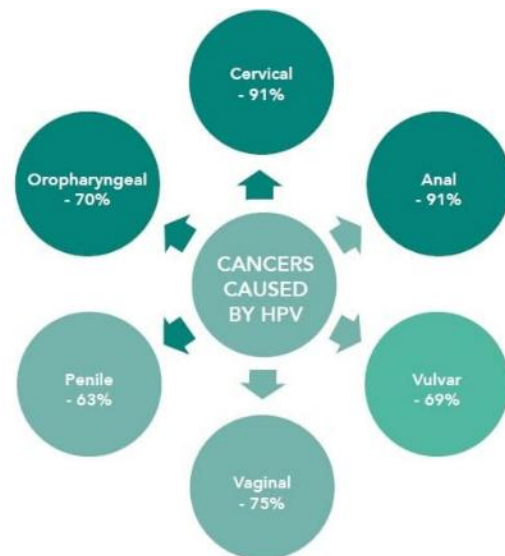


CANSA Fact Sheet on Human Papilloma Virus Infection and Cancer

Introduction

The human papillomavirus (HPV) is a DNA virus from the papillomavirus family that is capable of infecting humans. Like all papillomaviruses, HPVs establish productive infections only in keratinocytes of the skin or mucous membranes. While the majority of the known types of HPV cause no symptoms in most people, some types can cause warts (verrucae), while others can – in a minority of cases – lead to cancers of the cervix, vulva, vagina, penis, oropharynx and anus. Recently, HPV has also been linked to an increased risk of cardiovascular disease. In addition, HPV 16 and 18 infections, apart from being responsible for cervical cancer, are strongly associated with an increased risk of oropharyngeal (throat) cancer.

[Picture Credit: Cancers Caused by HPV]



High and Low Risk Human Papilloma Viruses

Most people infected with HPV never develop any symptoms, however, there are a number of conditions that can result from an HPV infection.

HPV Research Scientists have separated HPV types into those that are more likely to develop into cancer and those that are less likely. The so-called 'high-risk' types are more likely to lead to the development of cancer, while 'low risk' viruses rarely develop into cancer.

The sexually transmitted varieties of 'high-risk' HPV types include:

HPV-16 HPV-18 HPV-31 HPV-33 HPV-35 HPV-39
HPV-45 HPV-51 HPV-52 HPV-56 HPV-58 HPV-59
HPV-68 HPV-69

Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art et Scien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved for Distribution by Ms Elize Joubert, Chief Executive Officer

December 2025

A few other HPV types are also sometimes included on this list. These ‘high-risk’ HPV types cause growths that are usually flat and nearly invisible as compared to the warts caused by types HPV-6 and HPV-11.

Up to 70% of cervical cancer cases are caused by HPV-16 and HPV-18.

‘Low risk’ HPV types can cause no symptoms or may cause conditions such as genital warts, but do not cause cervical cancer. Warts can form weeks, months, or even years after sexual contact with a person who has genital HPV. It is also possible that warts may never appear. In fact, most people with ‘low risk’ HIV types never know they are infected because they do not get warts or any other symptoms.

The following table lists various conditions along with their associated types of HPV:

Disease	HPV Type
Cervical cancer	16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58
Precancerous changes	16, 18, 34, 39, 42, 55
Laryngeal papillomas	6, 11, 30
Genital Warts	6, 11, 30, 40, 41, 42, 43, 44, 45, 51, 54
Common warts	1, 2, 4, 26, 27, 29, 41, 57
Flat warts	3, 10, 27, 28, 41, 49
Plantar warts	1, 2, 4
Other cutaneous lesions (e.g., epidermoid cysts, laryngeal carcinoma)	6, 11, 16, 30, 33, 36, 37, 38, 41, 48, 60, 72, 73
Epidermodysplasia verruciformis	2, 3, 10, 5, 8, 9, 12, 14, 15, 17, 19, 20, 21, 22, 23, 24, 25, 36, 37, 38, 47, 50
Recurrent respiratory papillomatosis	6, 11
Focal epithelial hyperplasia of Heck	13, 32
Conjunctival papillomas/carcinomas	6, 11, 16
Cervical intraepithelial neoplasia	
Unspecified	
Low risk	30, 34, 39, 40, 53, 57, 59, 61, 62, 64, 66, 67, 68, 69
High risk	6, 11, 16, 18, 31, 33, 35, 42, 43, 44, 45, 51, 52, 74 16, 18, 6, 11, 31, 34, 33, 35, 39, 42, 44, 45, 51, 52, 56, 58, 66

(Cubie, H.A. 2013; HPV The New Zealand HPV Project, 2025; Public Health Scotland, 2025).

HPV Infection

Genital human papillomavirus (also called HPV) is the most common sexually transmitted infection (STI). There are more than 40 types of HPVs that can infect the anogenital areas of males and females. These HPV types can also infect the mouth and throat.

HPV can cause serious health problems, including genital warts and certain cancers. There is no certain way to tell who will develop health problems from HPV and who will not. In most cases HPV goes away by itself before it causes any health problems, and most people who become infected with HPV do not even know that they have it.

HPV is not the same as herpes or HIV (the virus that causes AIDS). Both viruses can be passed on during sexual contact, but they have different symptoms and cause different health problems

Key Statistics and Human Papilloma Virus Infection in South Africa

Crude HPV prevalence among 819 adolescent South African girls and young women aged 17–18 years, by HIV status (2024).

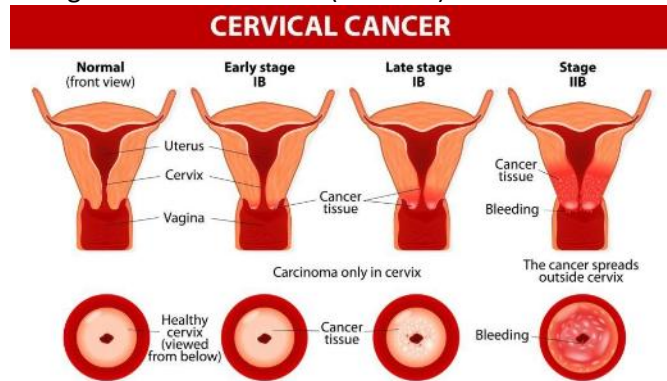
HPV groups	Overall (N = 819)	Participants without HIV (n = 571)	Participants living with HIV (n = 248)	P-value ¹
	n; % (95 % CI)	n; % (95 % CI)	n; % (95 % CI)	
Any HPV	543; 66.3 (63.0—69.5)	364; 63.8 (59.7—67.7)	179; 72.2 (66.2—77.7)	0.019
Any high-risk HPV type	463; 56.5 (53.1—60.0)	301; 52.7 (48.5—56.9)	162; 65.3 (59.0—71.2)	0.001
HPV16/18	177; 21.6 (18.8—24.6)	104; 18.2 (15.1—21.6)	73; 29.4 (23.8—35.5)	<0.001
High-risk HPV not 16/18²	428; 52.3 (48.8—55.7)	276; 48.3 (44.2—52.5)	152; 61.3 (54.9—67.4)	0.001
HPV31/33/45/52/58³	271; 33.1 (29.9—36.4)	167; 29.3 (25.5—33.2)	104; 41.9 (35.7—48.3)	<0.001
HPV35/39/51/56/59/66⁴	335; 40.9 (37.5—44.4)	215; 37.7 (33.7—41.8)	120; 48.4 (42.0—54.8)	0.004
Any low-risk HPV type	409; 49.9 (46.5—53.4)	267; 46.8 (42.6—51.0)	142; 57.3 (50.8—63.5)	0.006
HPV6/11⁵	136; 16.6 (14.1—19.3)	75; 13.1 (10.5—16.2)	61; 24.6 (19.4—30.4)	<0.001
Any HPV				
Not detected	276; 33.7 (30.5—37.1)	207; 36.3 (32.3—40.4)	69; 27.8 (22.3—33.8)	<0.001
Single infection	138; 16.9 (14.4—19.6)	113; 19.8 (16.6—23.3)	25; 10.1 (6.6—14.5)	
Two HPV types	98; 12.0 (9.8—14.4)	65; 11.4 (8.9—14.28)	33; 13.3 (9.3—18.2)	
Three or more types	307; 37.5 (34.2—41.0)	186; 32.6 (28.7—36.6)	121; 48.8 (28.7—55.2)	
Median no. (IQR)	1; (0–4)	1;(0–3)	2; (0–6)	
Any high-risk HPV				
Not detected	356; 43.5 (40.0—46.9)	270; 47.3 (43.1—51.5)	86; 34.7 (28.8—41.0)	<0.001
Single infection	171; 20.9 (18.1—23.8)	129; 22.6 (19.2—26.3)	42; 16.9 (12.5—22.2)	
Two HPV types	124; 15.1 (12.8—17.8)	84; 14.7 (11.9—17.9)	40; 16.1 (11.8—21.3)	
Three or more types	168; 20.5 (17.8—23.4)	88; 15.4 (12.6—18.6)	80; 32.3 (26.5—38.5)	
	1 (0–2)	1 (0–2)	1 (0–3)	

(Travill, D.I., Machalek, D.A., Rees, H., Mbulawa, Z., Chikandiwa, A., Munthal, R., Petoumenos, K., Kaldor, J. & Delany-Moretlwe, S. 2024).

Cervical Cancer

The presence of ‘high-risk’ HPV types may lead to abnormal cell changes and can cause genital cancers: cervical cancer as well as cancer of the vulva, anus, and penis. In fact, researchers say that virtually all cervical cancers - more than 99% - are caused by these ‘high-risk’ HPV viruses. The most common of the high-risk strains of HPV are types 16 and 18, which cause about 70% of all cervical cancers.

If the body clears the infection, the cervical cells return to normal. But if the body does not clear the infection, the cells in the cervix can continue to change abnormally. This can lead to precancerous changes or cervical cancer (WebMD).



[Picture Credit: Cervical Cancer Stages]

Please refer to CANSA’s Fact Sheet on Cervical Cancer.

Incidence of Cervical Cancer in South Africa

According to the latest edition of the National Cancer Registry (2023) the following number of cervical cancer cases was histologically diagnosed in South Africa during 2023:

Group - Females 2023	Actual No of Cases	Estimated Lifetime Risk	Percentage of All Cancers
All females	7 644	1:41	16,456%
Asian females	113	1:96	7,27%
Black females	6 511	1:35	29,94%
Coloured females	433	1:72	8,13%
White females	587	1:57	2,99%

The frequency of histologically diagnosed cases of cervical cancer in South Africa for 2023 was as follows (National Cancer Registry, 2023):

Group - Females 2023	0 – 19 Years	20 – 29 Years	30 – 39 Years	40 – 49 Years	50 – 59 Years	60 – 69 Years	70 – 79 Years	80+ Years
All females	4	125	1 199	2 302	1 949	1 314	540	211
Asian females	0	1	13	39	29	19	9	3
Black females	4	105	992	1 984	1 652	1 116	470	188
Coloured females	0	10	91	112	115	80	20	5
White females	0	9	103	167	153	99	41	15

N.B. In the event that the totals in any of the above tables do not tally, this may be the result of uncertainties as to the age, race or sex of the individual. The totals for ‘all males’ and ‘all females’, however, always reflect the correct totals.

Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art et Scien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved for Distribution by Ms Elize Joubert, Chief Executive Officer

December 2025

Laryngeal Papillomata

Papillomata are benign epithelial tumours that are caused by infection with the human papilloma virus (HPV). They are the most common benign neoplasms affecting the larynx and upper respiratory tract. Malignant degeneration to squamous cell carcinoma can occur but is very rare. Laryngeal papillomata are similar to verrucae on the skin (common wart) and *condyloma acuminatum*, or genital warts. Infection with the virus is ubiquitous (universal).

[Picture Credit: Laryngeal papilloma]



Why some infected people develop clinical expression of papilloma (respiratory, genital, or cutaneous) and some people never develop clinical disease remains uncertain. The reality is that some individuals appear to be susceptible to the virus and others do not. Although some individuals can acquire the virus through intimate contact, the virus can be transmitted from mother to foetus and laryngeal (respiratory) papillomatosis is not considered a sexually transmitted infection (Center for Voice and Swallowing).

(NHS Foundation Trust University Hospital Southampton, 2025)..

Genital warts

A genital wart is an infection of the skin, in genital or anal area, as well as the mucous membranes of the rectum, cervix and vagina. Genital warts are also known as venereal warts or *condylomata acuminata*. Genital warts are one of the most common kinds of sexually transmitted infections (STI). Certain types of HPV cause genital warts. These types do not cause cancer. Treatments can get rid of genital warts, but once one has genital warts and HPV, one can always give the STI to someone else.

[Picture Credit: Genital Warts]



HPV virus infection in men can also cause health problems. It is important for men to understand how to reduce the risks of HPV infection. HPV infection can increase a man's risk of getting genital cancers, although these cancers are not common. HPV can also cause genital warts in men, just as in women.

Warts are caused by viruses and can appear anywhere on the body. Those that show up in the genital area are caused by the human papillomavirus, commonly called HPV and are easily transmitted by sexual contact. HPV infection is one of the most common sexually transmitted infections. More than half of men who are sexually active will have HPV at some time in their life. Often, a man's body will clear the virus on its own with no health problems.

(Cleveland Clinic, 2022).

Penile Cancer

Penile cancer is a disease in which malignant (cancer) cells form in the tissues of the penis.

[Picture Credit: Penile Cancer]

- Risk factors for developing penis cancer include human papillomavirus (HPV) infection, not being circumcised, being age 60



Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art et Scien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved for Distribution by Ms Elize Joubert, Chief Executive Officer

December 2025

or older, phimosis (narrowing of the foreskin), poor personal hygiene, many sexual partners, and tobacco use

- Signs and symptoms of penile cancer include sores, redness, irritation, discharge, bleeding, or a lump on the penis
- A biopsy may be taken to determine if one has penile cancer
- Treatments for penile cancer include surgery, radiation therapy, and chemotherapy
- Prognosis and treatment options depend on the stage of the cancer, the location and size of the tumour, and whether the cancer has just been diagnosed or has recurred.

(NHS UK, 2024).

Common warts

common warts are small, grainy skin growths that occur most often on the fingers or hands. Rough to the touch, common warts also often feature a pattern of tiny black dots - sometimes called seeds - which are small, clotted blood vessels.

[Picture Credit: Common Warts]

Common warts are caused by a virus and are transmitted by touch. Children and young adults are more likely to develop common warts, as are people who have weakened immune systems. Common warts usually disappear on their own, but many people choose to remove them because they find them bothersome or embarrassing. (Cleveland Clinic, 2024).



Plantar warts



[Picture Credit: Plantar Warts]

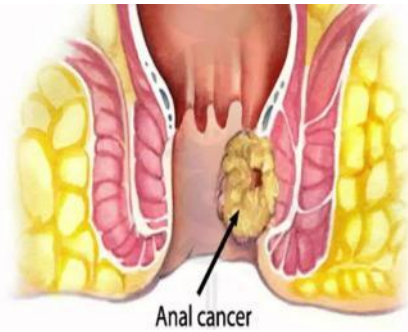
Plantar warts are noncancerous skin growths on the soles of the feet caused by the human papillomavirus (HPV), which enters the body through tiny cuts, breaks or other vulnerable sites on the skin of the feet. Plantar warts often develop beneath pressure points in the feet, such as the heels or balls of the feet. This pressure also may cause a plantar wart to grow inward beneath a hard, thick layer of skin (callus).

Most plantar warts are not a serious health concern and may not require treatment. However, plantar warts can be bothersome or painful. If self-care treatments for plantar warts do not work, one may need to see one's doctor to have them removed (WebMD).

(Mayo Clinic, 2024).

Anal Cancer

95% of anal cancers are caused by the human papillomavirus (HPV). There are many types of HPV. Some HPV types cause benign warts, but some cause lesions (also called dysplasia) that can progress to invasive cancer. HPV-16 and HPV-18 are the high-risk strains responsible for the majority of HPV-associated cancers. Nearly 80% of sexually active people will have a genital HPV infection at some point in their lives.



[Picture Credit: Anal Cancer due to HPV Infection]

HPV infections are common. Risk factors for HPV infection include:

- Number of sexual partners - the greater your number of sexual partners, the more likely you are to contract a genital HPV infection. Having sex with a partner who has had multiple sex partners also increases your risk
- Age - common warts occur most often in children and adolescents. While plantar warts may occur in adults, they're more likely to initially surface during childhood. Genital warts occur most often in adolescents and young adults
- Weakened immune systems - people who have weakened immune systems are at greater risk of HPV infections. Immune systems can be weakened by HIV/AIDS or by immune system-suppressing drugs used after organ transplants
- Damaged skin - areas of skin that have been punctured or opened are more prone to develop common warts. For example, people who bite their fingernails are more likely to develop warts around their fingernails
- Personal contact - touching someone's warts or not wearing protection before contacting surfaces that have been exposed to HPV - such as public showers or swimming pools - may increase one's risk of HPV infection

(Cancer Therapy Advisor, 2025).

Reducing the Risk for HPV Infection

Consider Abstinence - the only 100 percent effective way to prevent HPV transmission is abstinence from any sexual contact, including oral, anal, and vaginal sex. However, for most adults, complete abstinence is not a realistic option. There are other effective ways to prevent HPV from spreading and infecting one and one's sexual partners.

Get Vaccinated for HPV Prevention – two vaccines have been approved to protect women against the types of HPV that causes most cervical cancers (Cervarix and Gardasil). Gardasil also protects against most genital warts. It is best to be vaccinated before becoming sexually active. The vaccine is recommended for girls and women ages 9 to 26, but it can be given to older women as well. Gardasil also protects males against genital warts and is approved for boys and males ages 9 to 26. The FDA recently approved Gardasil for the prevention of anal cancer in both males and females ages 9 to 26. But the HPV vaccine does not protect against all types of HPV.

Limit the Number of Sexual Partners - another HPV prevention strategy is to limit the number of sexual partners one has and to be monogamous while one is in a sexual relationship. The more sexual

Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art et Scien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved for Distribution by Ms Elize Joubert, Chief Executive Officer

December 2025

partners one has, the more possible exposure one has to HPV. Some studies also suggest that knowing a new partner for eight months or longer before having sex can reduce one's risk of HPV transmission. The risk is lowered because that time period allows any HPV infection that is present in the potential partner to clear.

Use a Condom – if one is sexually active, using a condom can help lower the risk of HPV transmission. It is important to use a condom from start to finish of every sex act, including oral and anal sex. HPV is transmitted by skin-to-skin contact. Because HPV can infect areas that are not covered by the condom, condoms will not fully protect one against contracting HPV, but condoms do help in HPV prevention. Also, never reuse a condom.

Male Circumcision - research shows that the risk of HPV in men is lowered when they are circumcised. The risk for infecting their female sexual partners is also lower. There are more than 50 subtypes of HPV that are associated with cervical, penile, and other cancers, such as head and neck cancers, so by protecting oneself and one's partner from the spread of HPV, one could also be protecting oneself and one's partner from some forms of cancer.

Get the Pap Test – it is important for women to have regular check-ups, which include Pap smears to look for cervical cancer in its earliest stages - when it is most treatable. The Pap smear is a test that checks for abnormalities in the cells that line the cervix and is one of the best ways to detect cervical cancer. Every woman over age 21 should be getting routine Pap testing. The Pap test is now emerging as an important screening test for men at risk for anal lesions. Men at risk include gay, bisexual men, and HIV+ people. If one has health concerns or thinks one might have HPV, talk to a doctor.

Do not Have Sex Too Young - the younger one is when one starts having sex, the greater one's risk for HPV transmission. That is because one is more likely to come in contact with a partner who has HPV. If one is going to have sex, it is important that one be honest with one's partner about one's sexual history and that one's partner be honest about his or her sexual history, too. If one knows one's partner's history, one can make wiser choices for HPV prevention.

Adopt a Healthy Lifestyle - eat a healthy diet, one that is low in fat and sugars and rich in fresh fruits and vegetables, vitamins, and minerals. Also, get regular exercise, do not smoke, and do not consume alcohol. Keeping one's body in good shape helps boost one's immune system and a healthy immune system is able to fight off infections, including some of the more than 100 types of HPV that are out there.

(American Cancer Society, 2025,

HPV Vaccine and Cervical Cancer Screening

The Centers for Disease Control and Prevention (CDC) recommends that the HPV vaccine be given to girls and boys between ages 11 and 12. It can be given as early as age 9. It's ideal for girls and boys to receive the vaccine before they have sexual contact and are exposed to HPV. Research has shown that receiving the vaccine at a young age isn't linked to an earlier start of sexual activity.

Once someone is infected with HPV, the vaccine might not be as effective. Also, response to the vaccine is better at younger ages than it is at older ages.

Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art et Scien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved for Distribution by Ms Elize Joubert, Chief Executive Officer

December 2025

The CDC recommends that all 11- and 12-year-olds receive two doses of HPV vaccine at least six months apart. Younger adolescents ages 9 and 10 and teens ages 13 and 14 also can receive vaccination on the two-dose schedule. Research has shown that the two-dose schedule is effective for children under 15.

Teens and young adults who begin the vaccine series later, at ages 15 through 26, should receive three doses of the vaccine.

The CDC further recommends catch-up HPV vaccinations for all people through age 26 who aren't adequately vaccinated.

The U.S. Food and Drug Administration recently approved the use of Gardasil 9 for males and females ages 9 to 45. If you're age 27 to 45, discuss with your doctor whether he or she recommends that you get the HPV vaccine.

Who should not get the HPV vaccine?

The HPV vaccine isn't recommended for pregnant women or people who are moderately or severely ill. Tell your doctor if you have any severe allergies, including an allergy to yeast or latex. Also, if you've had a life-threatening allergic reaction to any component of the vaccine or to a previous dose of the vaccine, you shouldn't get the vaccine.

(Centers for Disease Control and Prevention, 2021).

Gardasil 9

The Gardasil 9 (nonavalent) vaccine is said to be effective against 9 of the Human Papilloma Viruses and can be used as follows:

Prevention of HPV in Boys & Men - demonstrated to protect against diseases/precancerous conditions caused by human papilloma virus (HPV) types 6, 11, 16, 18, 31, 33, 45, 52, and 58

Ages 15 through 26 years: 0.5 mL IM as a 3-dose series at 0, 2, and 6 months

Indications in boys and men

- Prevention of the following diseases
 - Anal cancer caused by HPV types 16, 18, 31, 33, 45, 52, and 58
 - Genital warts (condyloma acuminata) caused by HPV types 6 and 11
- Following precancerous or dysplastic lesions caused by HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58
 - Anal intraepithelial neoplasia (AIN) grades 1, 2, and 3

Prevention of HPV in Girls & Women - demonstrated to protect against diseases and/or precancerous conditions caused by human papilloma virus (HPV) types 6, 11, 16, 18, 31, 33, 45, 52, and 58

Ages 15 through 26 years: 0.5 mL IM as a 3-dose series at 0, 2, and 6 months

Indicated for prevention of the following diseases

Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art et Scien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved for Distribution by Ms Elize Joubert, Chief Executive Officer

December 2025

- Cervical, vulvar, vaginal, and anal cancer caused by human papillomavirus (HPV) types 16, 18, 31, 33, 45, 52, and 58
- Genital warts (condyloma acuminata) caused by HPV types 6 and 11

Precancerous or dysplastic lesions

Indicated for prevention of the following precancerous or dysplastic lesions caused by HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58:

- Cervical intraepithelial neoplasia (CIN) grade 2/3 and cervical adenocarcinoma in situ (AIS)
- Cervical intraepithelial neoplasia (CIN) grade 1
- Vulvar intraepithelial neoplasia (VIN) grades 2 and 3
- Vaginal intraepithelial neoplasia (VaIN) grades 2 and 3
- Anal intraepithelial neoplasia (AIN) grades 1, 2, and 3

Dosing Considerations

- Patient, parent, or guardian should be informed that vaccination does not eliminate the necessity for women to continue to undergo recommended cervical cancer screening
 - Recipients should not discontinue anal cancer screening
 - Has not been demonstrated to provide protection against disease from vaccine HPV types to which a person has previously been exposed through sexual activity
 - Not a treatment for external genital lesions; cervical, vulvar, vaginal, and anal cancers; CIN; VIN; VaIN; or AIN
 - Not all vulvar, vaginal, and anal cancers are caused by HPV
 - May not result in protection in all vaccine recipients
- (Gardasil 9 Human Papillomavirus 0-valent Vaccine, Recombinant, 2025).

Treatment for HPV Infection

There is currently no medical treatment for HPV infection. Infection with some HPV types may cause changes to cells in the cervix which can lead to cervical cancer. These are classified as 'high-risk' HPV types. If one is infected with a 'high-risk' type of HPV, one will usually have no symptoms whether man or woman.

In most women, infection with HPV causes no harm because the immune system clears up the initial infection. This is particularly the case for women who are under 30 and who tend to have many HPV infections. Most women with an HPV infection do not go on to develop cervical cancer.

In men, at present there is no reliable test to detect HPV infection, and it is often very difficult to diagnose.

One important way to prevent cervical cancer is through regular screening with the Pap smear test. An HPV test can also be used at the same time as the Pap smear test for women 30 years and older. The Pap smear and HPV tests can find early problems that could lead to cervical cancer over time.

These tests do NOT:

- Check for early signs of other cancers

Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art et Scien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved for Distribution by Ms Elize Joubert, Chief Executive Officer

December 2025

- Check your fertility (ability to get pregnant)
- Check for all HPV types –The HPV test only checks for specific HPV types that are linked to cervical cancer.
- Check for other sexually transmitted infections (STIs).

Experts recommend HPV testing for women who are:

- Age 30 or older - as part of regular screening, with a Pap test, or
- Age 21 or older - for follow-up of an abnormal Pap test result

One must request an HPV test.

An HPV test is normally not recommended as part of regular screening for younger women and teens. HPV is very common in women under age 30. It is not useful to test women under age 30 for HPV, since most HPV that is found in these women will never cause them health problems. Most young women will fight off HPV within a few years.

HPV is less common in women over the age of 30, who are at increasing risk for cervical cancer. HPV is also more likely to signal a health problem for these women, who may have had the virus for many years. Doctors may use the HPV test with the Pap smear test to tell if these women are more likely to get cervical cancer in the future and if they need to be screened more often.

Getting regular Pap smear tests, even without the HPV test, is still a good way to prevent cervical cancer - for both younger and older women (Centers for Disease Control and Prevention).

Please refer to CANSA's Fact Sheet on Cervical Cancer as well as to CANSA's Position Statement on Cervical Cancer. (World Health Organization, 2024. NHS UK, 2022).

Common Questions and Answers Regarding HPV Vaccination

Why are HPV vaccines needed?

Certain HPV types cause cancer, including cervical, vulvar, vaginal, penile, anal, and oropharyngeal (base of the tongue, tonsils and back of throat) cancers. Certain HPV types also cause most cases of genital warts in both men and women.

HPV is a common virus that is easily spread by skin-to-skin contact during sexual activity with another person. It is possible to have HPV without knowing it, so it is possible to unknowingly spread HPV to another person.

HPV vaccine is a strong weapon in prevention. These vaccines are available to protect individuals against some of the most common HPV types and the health problems that the virus can cause.

How common are the health problems caused by HPV?

HPV is the main cause of cervical cancer. It is estimated that about 1 in 100 sexually active adults have genital warts at any given time. HPV infection is responsible for 80% of cases of penile cancer. It is also a major cause of anal cancer.

Cancer Site	Percentage of Cases Probably Caused by any HPV Type
Cervix	91%
Vagina	75%
Vulva	69%
Penis	63%
Anus	91%
Oropharynx	70%

What HPV vaccines are available in the South Africa?

Two HPV vaccines are available in South Africa. These vaccines are:

- Cervarix, a bivalent vaccine made by GlaxoSmithKline
- Gardasil, a quadrivalent vaccine made by Merck.

What vaccine is used by the National Department of Health in South Africa?

The National Department of Health in South Africa makes use of the bivalent vaccine in its HPV vaccination programme for schoolgirls.

How are the two HPV vaccines similar?

- Both vaccines are very effective against diseases caused by HPV types 16 and 18 - HPV 16 and 18 cause most cervical cancers, as well as other HPV associated cancers
- Both vaccines have been shown to prevent cervical pre-cancers in women
- Both vaccines are said to be safe following trials
- Both vaccines are made with a very small part (in this case, the protein outer coat) of the human papillomavirus (HPV) that cannot cause infection
- Both vaccines are given as injections and usually require 3 doses

It has since been established that two (2) doses of the bivalent vaccine is just as effective as the three (3) prescribed doses.

How are the two HPV vaccines different?

The quadrivalent vaccine protects against HPV types 6, 11, 16 and 18 - the types that cause most genital warts. Only the quadrivalent vaccine has been tested and licensed for use in males. The bivalent vaccine protects against HPV types 16 and 18. The vaccines have different adjuvants—a substance that is added to the vaccine to increase the body's immune response

Who should get HPV vaccine?

Please refer to the ASCO Guideline published on page 8 of this Fact Sheet.

Cervarix and Gardasil are licensed, and said to be safe, and effective for females ages 9 through 26 years. The Centers for Disease Control and Prevention (CDC) in the United States recommends that all 11- or 12-year-old girls get the 3 doses (shots) of either brand of HPV vaccine to protect against cervical cancer. Gardasil also protects against most genital warts, as well as some cancers of the vulva, vagina and anus. It is further recommended that girls and young women ages 13 through 26 should get HPV vaccine if they have not received any or all doses when they were younger.

Gardasil is also licensed, and said to be safe, and effective for males ages 9 through 26 years. The Centers of Disease Control and Prevention (CDC) in the United States recommends Gardasil for all boys aged 11 or 12 years, and for males aged 13 through 21 years, who did not get any or all of the three recommended doses when they were younger.

All men may receive the vaccine through age 26, and should speak with their doctor to find out if getting vaccinated is right for them.

The vaccine is also recommended for gay and bisexual men (or any man who has sex with men) and men with compromised immune systems (including HIV) through age 26, if they did not get fully vaccinated when they were younger.

Why is HPV vaccine recommended at an early age?

For the HPV vaccine to work best, it is very important for preteens to be vaccinated long before any sexual activity begins. It is possible to be infected with HPV the very first time one has sexual contact with another person. Also, the vaccine produces higher antibody that fights infection when given at this age compared to older ages.

In South Africa the ideal age for administration of the HPV vaccine has been determined to be nine (9) years of age or older based on the onset of puberty among South African girls.

What is the recommended schedule (or timing) of the 3 HPV doses (shots)?

3 doses (shots) are recommended over six months. CDC recommends that the second dose be given one to two months after the first, and the third dose be given six months after the first dose.

It has since been established that two (2) doses of the bivalent vaccine is just as effective as three (3) doses of the vaccine.

Are the HPV vaccines safe and effective?

Both the vaccines as said to be safe and effective. Both vaccines were tested in thousands of people around the world. These studies showed no serious side effects. Common, mild side effects included pain where the shot was given, fever, headache, and nausea. As with all vaccines, CDC and FDA continue to monitor the safety of these vaccines very carefully.

Do people faint after getting HPV vaccines?

People faint for many reasons. Some individuals may faint after any medical procedure, including receiving vaccines. It is possible for falls and injuries to occur after fainting. Sitting or lying down for about 15 minutes after a vaccination can help prevent fainting and related injuries.

Can HPV vaccines treat HPV infections, cancers, or warts?

HPV vaccines will not treat or get rid of existing HPV infections. Also, HPV vaccines do not treat or cure health problems (like cancer or warts) caused by an HPV infection that occurred before vaccination. It is important for adult women to still get cervical cancer screening even if they have completed the HPV vaccine series.

How important is it to get HPV vaccine?

The HPV vaccines are important tools to help prevent cervical cancer and other HPV related cancers and genital warts.

Why are HPV vaccines not recommended for people older than 26?

Both vaccines were studied in thousands of people from 9 through 26 years old and found to be safe and effective for these ages.

According to the US Centers for Disease Control and Prevention (CDC) HPV Vaccine Recommendations are:

- HPV vaccine is recommended for routine vaccination at age 11 or 12 years. (Vaccination can be started at age 9.)
- ACIP also recommends vaccination for everyone through age 26 years if not adequately vaccinated previously. HPV vaccination is given as a series of either two or three doses, depending on age at initial vaccination.
- Vaccination is not recommended for everyone older than age 26 years. However, some adults ages 27 through 45 years may decide to get the HPV vaccine based on discussion with their clinician, if they did not get adequately vaccinated when they were younger. HPV vaccination of people in this age range provides less benefit, for several reasons, including that more people in this age range have already been exposed to HPV.
- For adults ages 27 through 45 years, clinicians can consider discussing HPV vaccination with people who are most likely to benefit. HPV vaccination does not need to be discussed with most adults over age 26 years.

Keep in mind that HPV vaccination prevents new HPV infections but does not treat existing HPV infections or diseases. HPV vaccine works best when given before any exposure to HPV.

Most sexually active adults have already been exposed to HPV, although not necessarily all of the HPV types targeted by vaccination. At any age, having a new sex partner is a risk factor for getting a new HPV infection. People who are in a long-term, mutually monogamous relationship are not likely to get a new HPV infection.

Should pregnant women be vaccinated?

HPV vaccine should only be administered to girls before they become sexually active – once infected with HPV, the vaccine has no role to play in preventing cervical cancer.

Pregnant women are not included in the recommendations for HPV vaccines. Studies show neither vaccine caused problems for babies born to women who got the HPV vaccine while they were pregnant. Getting the HPV vaccine when pregnant is not a reason to consider ending a pregnancy. Thus, to be on the safe side until even more is known, pregnant women should not be given HPV vaccines until their pregnancy is completed.

Is Parental/Legal Guardian Consent Required?

Parental/legal guardian consent is required before any child will be given a HPV vaccination in South Africa. This also applies to the HPV programme of the National Department of Health and National Department of Education in South African public schools.

Summary for the Average Reader

Human papillomavirus (HPV) is a very common sexually transmitted infection that causes nearly all cases of cervical cancer and a significant portion of other cancers, including those of the anus, vagina, vulva, penis, and mouth/throat (oropharynx). Most HPV infections are asymptomatic and clear up on their own, but persistent infection with high-risk types can lead to cancer over many years.

How HPV Causes Cancer

HPV is a group of over 200 related viruses. Sexually transmitted HPV types fall into two groups: low-risk and high-risk.

- Low-risk types (e.g., HPV 6 and 11) rarely cause cancer but are responsible for most genital warts.
- High-risk types (especially HPV 16 and 18) are oncogenic, meaning they can cause cancer.
 - In most cases (about 90%), the body's immune system clears the infection within one to two years.
 - If a high-risk infection persists, it can cause abnormal cell changes (precancers) that may develop into cancer over a long time, often 15–20 years.

Cancers Linked to HPV

HPV is responsible for a significant percentage of several cancers in both men and women:

- Cervical cancer: Virtually all cases are caused by HPV.
- Anal cancer: Over 90% are caused by HPV.
- Oropharyngeal cancers (back of the throat, including the tonsils and base of the tongue): About 70% are caused by HPV and are the most common HPV-linked cancer in men in the US.
- Vaginal cancer: About 75% are caused by HPV.
- Vulvar cancer: About 69% are caused by HPV.
- Penile cancer: Most cases (around 60%) are caused by HPV.

HPV and Cancer Link

- Mechanism: In most people, the immune system clears an HPV infection within one or two years without any lasting problems. However, a persistent infection with high-risk HPV types can integrate viral DNA into host cells, producing oncoproteins (E6 and E7) that inactivate tumour suppressor proteins (p53 and pRb), leading to uncontrolled cell growth and, eventually, cancer.
- Timeframe: It typically takes years, or even decades, for a persistent HPV infection to develop into cancer, which is why regular screening is critical for early detection of precancerous lesions.

Prevention and Screening

Cancers caused by HPV are highly preventable through vaccination and early detection.

- HPV Vaccination: The HPV vaccine can prevent over 90% of cancers caused by the virus. The Centers for Disease Control and Prevention (CDC) recommends routine vaccination for children aged 11 or 12, though it can be started as early as age 9. Vaccination is also recommended for everyone through age 26 if not previously vaccinated.
- Screening Tests: Regular screening can detect precancerous cell changes.
 - Cervical cancer is the only HPV-caused cancer for which standard screening tests (Pap tests and HPV tests) are available for the public, allowing healthcare providers to find and treat precancers before they become cancer.
 - There are currently no standard screening tests for other HPV-related cancers like those of the oropharynx or penis. However, some high-risk individuals (e.g., men who have sex with men, people with HIV) may be offered anal Pap tests.

- Safer Sex Practices: Using condoms consistently can lower the risk of HPV transmission, though it doesn't offer total protection as not all areas are covered.
- Quitting Smoking: Smoking makes it harder for the immune system to clear an HPV infection, increasing cancer risk.

(AI Overview, 2025).

Medical Disclaimer

This Fact Sheet is intended to provide general information only and, as such, should not be considered as a substitute for advice, medically or otherwise, covering any specific situation. Users should seek appropriate advice before taking or refraining from taking any action in reliance on any information contained in this Fact Sheet. So far as permissible by law, the Cancer Association of South Africa (CANSA) does not accept any liability to any person (or his/her dependants/ estate/heirs) relating to the use of any information contained in this Fact Sheet.

Whilst the Cancer Association of South Africa (CANSA) has taken every precaution in compiling this Fact Sheet, neither it, nor any contributor(s) to this Fact Sheet can be held responsible for any action (or the lack thereof) taken by any person or organisation wherever they shall be based, as a result, direct or otherwise, of information contained in, or accessed through, this Fact Sheet.



Sources and References Consulted or Utilised

AI Overview. 2025.

https://www.google.co.za/search?q=HPV+and+cancer&sca_esv=e0ee5455e7f1c925&sxsrf=AE3TifOdiWQTAK6I93ONTpkjf_Wouz-8-g%3A1764839449581&udm=50&source=hp&fbs=AlljpHxU7SXXniUZfeShr2fp4giZ1Y6MJ25_tmWITc7uy4KleuYzzFkfneXafNx60MdA4MQRJc_t_TQjwHYrzlklauOK_IaFSQcTHs2AgJbmYqOLNkKKJQfQGyrVZPSfyHC1o7w3STZ2vzY1otFmVQJB6XrX6eZ6J4yI3GBRIDW_N7Y03vVXqwNjFQxcKaOBaBbveBkZBP_1U_LV7uoB7ylXd7EGHGtSfQ&aep=1&ntc=1&sa=X&ved=2ahUKEwiPjOmjy6ORAxUeUkEAHQVLDJYQ2J8OegQIBxAE&biw=2124&bih=1060&dpr=0.9&mstk=AUtExfCt39sMHXx-yMBICJfTOXWJiZIOBmrDmN_u94Gdp5-6wXpmpmqXrtMgrHYRnEZLaxPy9osqU72Qr-ZLayLTxDeCl92_FYeJmWRAeEn82Vf-k5Zc06fXb_zR2SbPLcb_7pBSERSwvXGsbRtMx2RzIEX_sNr_kri_gs&csuir=1&mtid=HIAxaffDF-SChbIP_OiAoAQ. Accessed on 04 December 2025.

American Cancer Society. 2025. How to Protect Against HPV.

<https://www.cancer.org/cancer/risk-prevention/hpv/hpv-prevention.html>. Accessed on 05 December 2025.

Anal Cancer due to HPV Infection

Onco Care Clinic. No date. Anal Cancer. <https://oncocareclinic.ru/anal-cancer-en>. Accessed on 05 December 2025.

Bruni L, Albero G, Serrano B, Mena M, Collado JJ, Gómez D, Muñoz J, Bosch FX, de Sanjosé S. ICO/IARC Information Centre on HPV and Cancer (HPV Information Centre). 2023. Human Papillomavirus and Related Diseases in South Africa. Summary Report 10 March 2023. <https://hpvcentre.net/statistics/reports/ZAF.pdf>. Accessed on 04 December 2025.

Cancers Caused by HPV

BabyCity. 2025. Human Papilloma Virus (HPV).

<https://www.babycity.co.za/blog/post/human-papillomavirus-hpv.html>. Accessed on 04 December 2025.

Cancer Therapy Advisor. 2025. Anal Cancer Symptoms and Causes.

<https://www.cancertherapyadvisor.com/factsheets/anal-cancer-symptoms-causes/>. Accessed on 05 December 2025.

Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art et Scien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved for Distribution by Ms Elize Joubert, Chief Executive Officer

December 2025

Centers for Disease Control and Prevention

Cubie, H.A. 2013. Diseases associated with human papillomavirus infection. *Virology*. Volume 445, Issues 1–2, October 2013, Pages 21-34.

<https://www.sciencedirect.com/science/article/pii/S0042682213003565>. Accessed on 04 December 2025.

Centers for Disease Control and Prevention. 2021, HPV Vaccination Recommendations.

<https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html>. Accessed on 05 December 2025.

Cervical Cancer Stages

Dr Amy Tang. No date. Cervical Cancer.

<https://www.amytang.com.au/cervical-cancer/>. Accessed on 04 December 2025.

Cleveland Clinic. 2022. Genital Warts. *Overview*.

<https://my.clevelandclinic.org/health/diseases/4209-genital-warts>. Accessed on 04 December 2025.

Cleveland Clinic. 2024. Warts. *Overview*.

<https://my.clevelandclinic.org/health/diseases/15045-warts>. Accessed on 05 December 2025.

Gardasil 9 Human Papillomavirus 0-valent Vaccine, Recombinant. 2025. What is GARDASIL®9 (Human Papillomavirus 9-valent Vaccine, Recombinant)?

<https://www.gardasil9.com/patient-pd/#:~:text=For%20persons%2015%20through%2045,months%20after%20the%20first%20shot>. Accessed on 05 December 2025.

<https://www.gardasil9.com/patient-pd/#:~:text=For%20persons%2015%20through%2045,months%20after%20the%20first%20shot>. Accessed on 05 December 2025.

Genital Warts

Science Direct.

<https://www.sciencedirect.com/topics/medicine-and-dentistry/genital-wart>. Accessed on 04 December 2025.

Golusiński, W., Golusińska-Kardach, E., Machczyński, P. & Szewczyk, M. 2025. HPV-driven head and neck cancer: the European Perspective. *Viruses*. 2025 Apr 30;17(5):662.

HPV The New Zealand HPV Project. 2025. Strains of Human Papillomavirus (HPV).

<https://www.hpv.org.nz/about-hpv/hpv-strains>. Accessed on 04 December 2025.

Laryngeal Papilloma

Haben Practice for Voice & Laryngeal Laser Surgery. 2018. Laryngeal papilloma.

<https://professionalvoice.org/HPV-Papilloma.aspx>. Accessed on 04 December 2025.

Maroga N, Mokoena T, Ledibane N, Musekiwa A, Bida M, Kgomo M, et al. Profile of human papillomavirus genotypes in breast and oesophageal cancer patients in Pretoria, South Africa. *S Afr Med J [Internet]*. 2023 Jul. 5 [cited 2025 Dec. 4];113(7):49-54.

<https://samajournals.co.za/index.php/samj/article/view/560>. Accessed on 04 December 2025.

Mayo Clinic. 2024. Plantar Warts. *Overview*.

<https://www.mayoclinic.org/diseases-conditions/plantar-warts/symptoms-causes/syc-20352691>. Accessed on 05 December 2025.

NHS Foundation Trust University Hospital Southampton. 2025. Laryngeal papilloma. *Patient information factsheet*.

<https://www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Ear-nose-and-throat/Laryngeal-papilloma-4001-PIL.pdf>. Accessed on 04 December 2025.

NHS UK. 2022. Human papillomavirus (HPV). *Treating human papillomavirus (HPV) infections*.

<https://www.nhs.uk/conditions/human-papilloma-virus-hpv/>. Accessed on 05 December 2025

NHS UK. 2024. Symptoms of penile cancer. *Main symptoms of penile cancer*.

<https://www.nhs.uk/conditions/penile-cancer/symptoms/>. Accessed on 04 December 2025.

Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art et Scien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved for Distribution by Ms Elize Joubert, Chief Executive Officer

December 2025

Penile Cancer

Dr Marcio Macêdo. Câncer de pênis.

<https://www.marciofmacedo.com/cancer-de-penis>. Accessed on 04 December 2025.

Plantar Warts

Laguna Woods Podiatry Group. 2024. Common Foot Woes: Understanding and Treating Plantar Warts in Laguna Hills, CA. <https://www.lagunawoodspodiatry.com/blog/1231385-common-foot-woes-understanding-and-treating-plantar-warts-in-laguna-hills-ca/>. Accessed on 05 December 2025.

Public Health Scotland. 2025. Human papillomavirus (HPV). *High and low risk HPV*.

<https://publichealthscotland.scot/thank-you/>. Accessed on 04 December 2025.

Qulu, W., Mtshali, A., Osman, F., Ndlela, N., Ntuli, L., Mzobe, G., Naicker, N., Garrett, N., Rompalo, A., Mindel, A., Ngcapu, S. & Liebenberg, L. 2023. High-risk human papillomavirus prevalence among South African women diagnosed with other STIs and BV. *PLoS One*. 2023 Nov 30;18(11):e0294698. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10688634/>. Accessed on 04 December 2025.

Travill, D.I., Machalek, D.A., Rees, H., Mbulawa, Z., Chikandiwa, A., Munthal, R., Petoumenos, K., Kaldor, J. & Delany-Moretlwe, S. 2024. High prevalence of human papillomavirus (HPV) in unvaccinated adolescent girls in South Africa, particularly those living with HIV. *Vaccine*. Volume 42, Issue 26, 2 December 2024, 126442.

<https://www.sciencedirect.com/science/article/pii/S0264410X24011241>. Accessed on 04 December 2025.

World Health Organization. 2024. Human papillomavirus and cancer. *Treatment*.

<https://www.who.int/news-room/fact-sheets/detail/human-papilloma-virus-and-cancer>. Accessed on 05 December 2025.