

Vaccinating Against HPV Makes Sense, Even For Young Girls

It's late on Friday afternoon and I'm preparing to leave the office when I have an "urgent" message from a patient. It's from Monica, a 39-year-old single mother of two — Nathan, 10, and Melissa, soon-to-be 13. I call her back immediately.



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"I just took Melissa to the pediatrician for her annual checkup," she sounds a little out of breath. "He told me about Gardasil, an FDA-approved vaccination for girls between the ages of 9 and 26 that prevents certain strains of the HPV [Human Papilloma Virus] virus if given before a girl becomes sexually active. He's saying I should think about vaccinating Melissa."

I asked what was upsetting her most. "I don't know — I'm just so shocked. Melissa is my little girl. I'm confused and have so many questions. I want to do the right thing; I really need to talk with you. Is that possible?"

Monica lives right down the street, so when I offer to see her, she is there in 10 minutes, with a notepad in one hand and a list of questions in the other. "Is HPV the same thing as herpes?" "Are genital warts HPV?" "Can boys get this infection?" And her last question: "Why should I vaccinate my little girl now?" (She's certainly not having intercourse and won't until she's married, if I have anything to say about it — she adds in a postscript).

I know Monica needs some facts to sort through this important decision. She picks up her pen. "OK, I'm ready and all ears," she says. "Pretend you're giving a lecture on HPV. I need the real lowdown."

Monica has a master's degree in education from Columbia and is a professor of English at a local college. She's one smart, tough cookie and a good

mom who has raised her two kids with little help. She dislikes it when I simplify things and so I promise to tell it to her straight, and she promises to have another discussion with Melissa's pediatrician afterward.

"HPV is the most common sexually transmitted infection and is highly communicable," I begin. "It's pretty confusing to folks because there are so many strains of the virus — more than 100 — from low to high risk. Some types cause no problem; others cause problems like genital warts (which can remain contagious after treatment) or cervical cancer. Low risk strains of HPV are often "cleared" by a woman's own immune system. HPV types 16 and 18 cause about 70 percent of cervical cancers. HPV types 6 and 11 cause about 90 percent of genital warts. These are the four strains Gardasil is targeted to protect against.

"You also asked about herpes. HPV is not the same infection as HIV or HSV (Herpes Simplex Virus), but they are all Sexually Transmitted Infections (STIs). They cause entirely different health risks and symptom patterns. A common misconception is that HPV can only be spread through sexual intercourse. That is not the case."

Monica stops taking notes and looks up at me — surprised.

"Even latex condoms don't provide full protection from HPV," I tell her. "The virus can be spread by contact with the scrotum, vagina, penis or anus. Virtually any skin-to-skin contact can transfer the virus. Furthermore, it can be months or years from the time of infection until a genital wart or abnormal Pap smear appears, so it's very difficult to know which partner may have infected you. There are no tests to determine if a man has been infected and how many are carrying the virus.

Statistics predict that by age 50, more than 80 percent of the women in the U.S.A. will have contracted some form of HPV.

The only way to be 100 percent certain you won't get HPV is to only have intimate contact with a partner who has never had any sexual contact with anyone else — ever. How realistic is that?

"We don't know the long-term risks of the vaccine, but every medication has risks. If we combine it with timely accurate sex education and encourage our daughters (and all other women) to get regular Pap tests and good follow-up, any abnormal findings can be treated before they might progress to invasive cancers."

"How common is HPV?" she asks.

"Estimates are that 20 million women are infected in our country and more than 300 million worldwide. Statistics predict that by age 50, more than 80 percent of the women in the U.S.A. will have contracted some form of HPV."

Monica asks how many die of cervical cancer.

"It's projected that cervical cancer will kill more than 4,600 women in 2007 — but keep in mind that we can prevent many (if not most) of these deaths.

"So, what should I do about the vaccination?" She asks.

"That is up to you." I tell her.

Monica decided to have her daughter vaccinated. The 3-series injection cost her nearly \$400, but she didn't stop there. She had some serious heart-to-heart talks with Melissa about STIs and HPV in words a 13-year-old could understand. She made sure to tell her daughter that sex is to be

shared between loving adults in a committed relationship. She left plenty of time for questions. (Melissa had lots of them — like her mother). Monica also raised the issue of regular "female check-ups" (when the time is right) to make sure everything stays healthy and normal — in the same way we check our teeth, eyes or any part of us that we value.

We all know that sex is a tough subject to talk about — especially with our kids. But if we wait too long the first thing we might hear is: "Mom — dad — I have an STD" and that's if we've developed a relationship over the years where our kids feel comfortable enough to confide in us.

Some parents argue that vaccinating their daughters against HPV will generate a false sense of security and is tantamount to giving them carte blanche to be sexually active. I disagree. The reality is that the vaccine is only a vaccine — nothing more. It doesn't, nor can it, negate the values and teachings we instill in our children through the years, but it is one important piece in the solution of a serious health problem.

So what do you think about Monica's decision? I'd love to hear your opinions at AskDrSandy@aol.com.

Check out virus.stanford.edu/papova/HPV.html for more information.

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