HPV Transmission

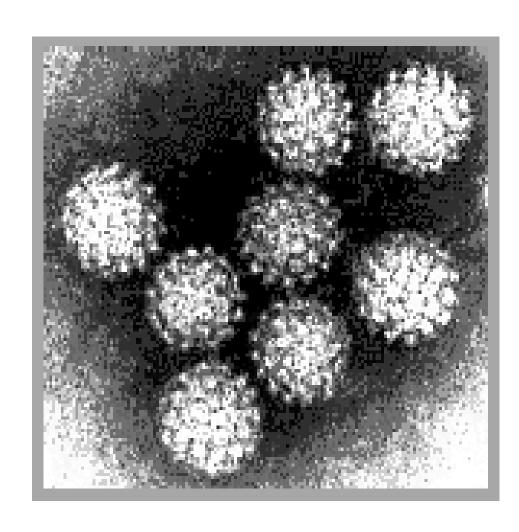
Rachel Winer, PhD, MPH
Department of Epidemiology
University of Washington
rlw@u.washington.edu

Disclosure Information

I have no financial relationships to disclose.

Human Papillomavirus (HPV)

- DNA virus
- Over 100 HPV types
- ≥40 genital HPV types



Genital/Mucosal HPV Types

HPV TYPE	CLINICAL <u>FINDINGS</u>	CANCER POTENTIAL*
6, 11	genital warts, low grade lesions, recurrent respiratory papillomatosis (RRP)	Low (negligible)
40, 42, 54, 55/44, 61, 70, 72, 81, CP6108	low grade lesions	Low (negligible)
16, 18 , 26, 31, 33, 35, 39, 45, 51, 52, 53, 56, 58, 59, 66, 68, 73, 82/IS39	low grade lesions, high grade lesions, cancer	High

Uncertain cancer potential: HPV * Cancer pote 57, 62, 64/34, 67, 69, 71, 83, 84 * Vaccine 2006

* Cancer potential: Muñoz et al., *Vaccine* 2006;24S3:S3/1

Modes of Transmission

- SKIN contact, not blood or bodily fluids
- Sexual
- Intercourse (vaginal or Anal) (most common route)
- Genital (non-penetrative), oral, digital contact
- Non-sexual
- Mother to newborn (vertical transmission rare)
- Auto-innoculation
- probably important for site-to-site transmission

Epidemiology of HPV

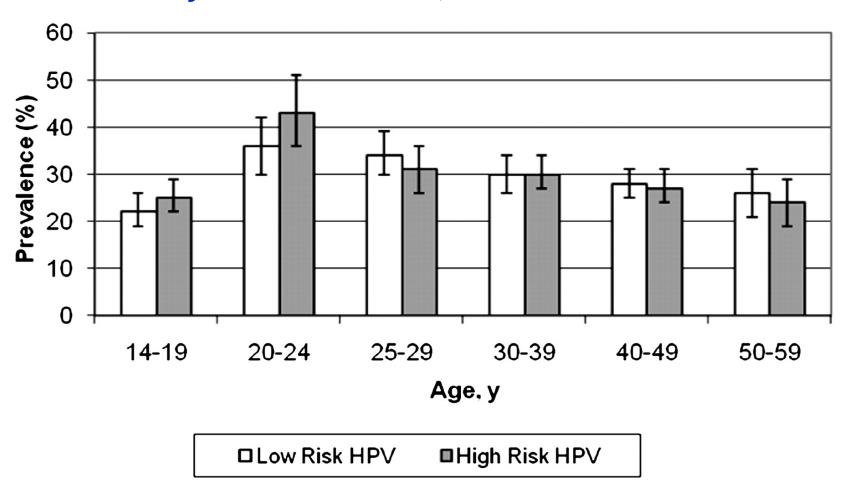
- The most common STD in the US and worldwide
- •80% sexually active adults in the US infected with at least one HPV type by age 50¹
- •Estimated incidence: 6.2 million per year¹

1. Centers for Disease Control and Prevention. Rockville, Md: CDC National Prevention Information Network; 2004

Epidemiology of HPV

- Peak prevalence during adolescence and young adulthood
- In sexually active 15-24 year olds, ~9.2 million are currently infected.¹
 - An estimated 74% of new infections occur in this age group.¹
- Prevalence declines with age
- 1. Weinstock et al (2004) Sex Reprod Health

Prevalence of low-risk and high-risk HPV among 4150 14-59 year old females, NHANES 2003-2006

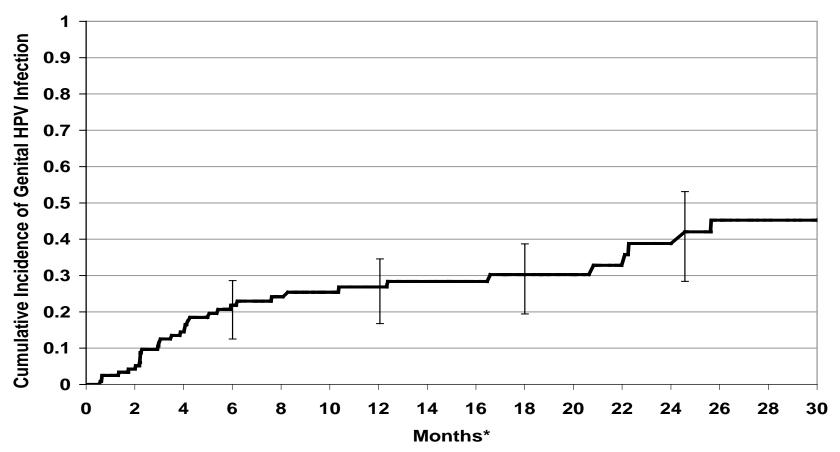


Hariri S et al. Prevalence of Genital HPV among Females in the United States, the National Health and Nutrition Examination Survey, 2003-2006 J Infect Dis. 2011;204:566-573



Female Risk of Acquiring Genital HPV Infection from her First Male Sex Partner

Winer et al. *J Infect Dis* 2008;197:279-82



^{*}From date of first reported vaginal intercourse with a male partner (Women were censored at reported date of a second sex partner)

HPV in Virgins

- 2-year cumulative incidence of genital HPV in female university students
 - Non-virgins: 38.8%
 - Virgins who initiated vaginal intercourse: 38.9%
 - Virgins who remained virgins: 2.4%
 - Non-penetrative sexual contact was associated with ↑ risk in virgins.

Winer et al, AJE 2003;157:218-26

Duration of HPV Infections

- Vast majority of infections resolve spontaneously (90% within 2 years)
- Duration of infections seems to be shorter in men than in women
- Can't be sure whether an infection has "cleared" or become "latent"

Duration of HPV Infections

- In newly sexually active female university students, 90% of new infections cleared within 2 years (half cleared within 9.4 months).¹
 - 19% of "cleared" infections were re-detected within 1 year.

¹Winer et al. Cancer Epi Bio Prev 2011; 20: 699-707

Risk Factors for HPV Infection in Women

- Recent new partners
 - Increased risk with new partners reported in the past year
- Time having known a partner before sex
 - Women knowing their partners for <8 month at greater risk than women knowing their partners for ≥8 months
- Sex partner's number of previous partners
 - Increased risk with one or more previous partners
 - Even greater risk if the number of previous partners was unknown!
- Inconsistent condom use with new partners

Association between incident HPV infection and condom use over the past 8 months (Winer et al. *N Eng J Med* 2006; 354:2645-54)

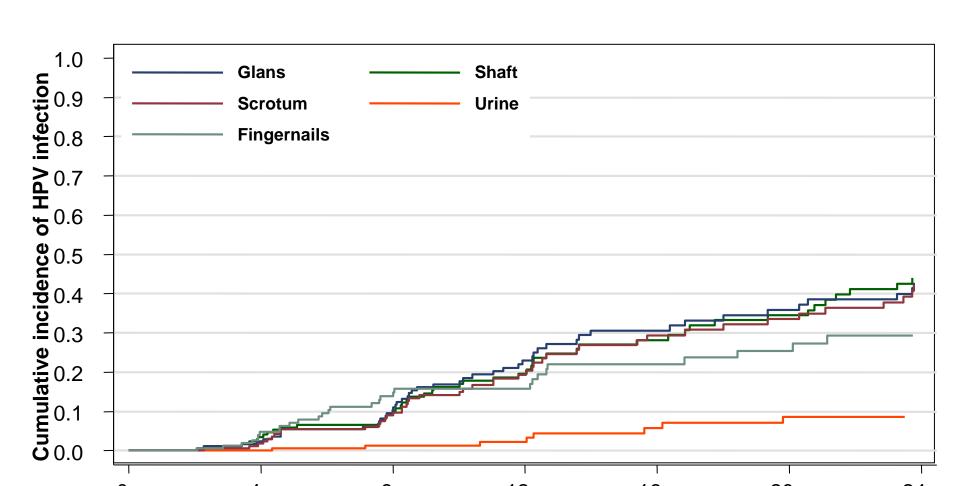
Newly sexually active HPV naïve female university students who used condoms consistently (100% of time) reduced their risk of acquisition by 70%.*

Those who used condoms at least half the time reduced their risk of acquisition by 50%.*

*Compared to those who used condoms <5% of the time, adjusting for numbers of new partners and numbers of partners' new partners.

Incidence of Genital HPV Infection by Anatomic Site Among Sexually Active Male University Students (18-23 Years Old)

(Partridge et al. *JID*, 2007;196:1128-36)



Circumcision and HPV?

- A meta-analysis of 21 studies (including 2 RCTs in Africa) showed that HPV was less prevalent in circumcised than uncircumcised men (OR=0.6, 95% CI: 0.4-0.8)¹
 - No effect on HPV acquisition or clearance
- A longitudinal in young heterosexual men showed no effect on overall HPV acquisition, but multi-focal genital infection was more common in uncircumcised men.²
- Does it affect men's susceptibility to infection and/or infectivity and persistence?

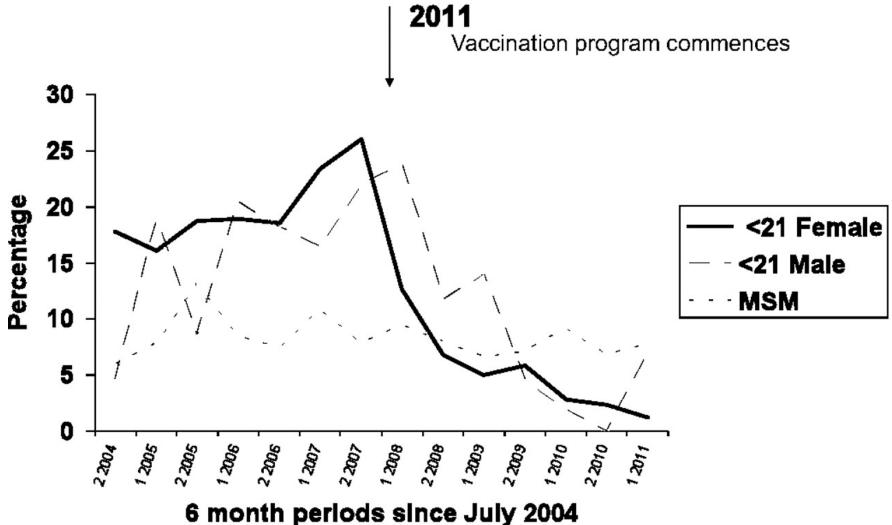
¹Albero et al, Sex Transm Dis 2012; 39:104-113

²Vanbuskirk et al, Sex Transm Dis 2011; 38:1074-81

Transmission Dynamics

- HPV not restricted to "core groups"
- Concurrency and serial monogamy likely increase rate of transmission
- HPV is more transmissible than other viral STDs, but similar to bacterial STDs
- Male-to-female less efficient than femaleto-male

Presentations with warts in men and women <21 years, and MSM all ages, July 2004 to end June



Read T R H et al. Sex Transm Infect doi:10.1136/sextrans-2011-050234



HPV in mid-adult women

 Are mid-adult women at risk for new HPV infections, or are the majority of "new" infections due to reactivation or persistence of infections acquired at younger ages?

It is impossible to distinguish between new infection and reactivation.

There are no perfect markers of prior infection.

Risk of incident high-risk HPV infection in female mid-adult online daters (n=421)¹

Sexual activity in prior 6 months	Hazard Ratio
Not sexually active with male	1.0
partners	
Sex with 1 male partner who was	1.2 (0.7-2.3)
not new	
Sex with new partner(s) or	3.0 (1.7-5.2)
multiple partners	

¹Winer et al. Abstract presented at IPV 2011 conference, Berlin, Germany.

HPV Reactivation from Latency

 In HIV+ women who were not recently sexually active, low CD4+ T-cell count was associated with increased HPV incidence.¹

 Age-related / post-menopausal immune senescence may contribute to increased persistence or reactivation of latent infections.

¹Strickler et al. J Natl Cancer Inst 2005;97:577-586.

Does Re-infection Occur?

- Neutralizing antibodies likely protect against re-infection with the same HPV type.
- Difficult to distinguish re-infection from reactivation.
- Limited epidemiologic data for and against.

HPV in non-genital sites

HPV in Fingers

- HPV detected on fingers of 38% of women and 64% of men with genital warts.¹
- The 2-year cumulative incidence of HPV in fingernail tips was 32% in male university students.²
- 14% of fingernail tip samples from female university students were HPV+.³
 - The same HPV type was concurrently detected in 60% of vaginal samples.
 - Re-detection at the next visit was less common in fingernail tip samples (15%) than in vaginal samples (73%).

¹Sonnex et al. Sex Transm Infect 1999;75:317-9.

²Partridge et al. J Infect Dis 2007;196:1128-36.

³Winer et al. Cancer Epi Bio Prev 2010;19: 1682-5.

HPV in Fingers

- True infection?
- Deposition?
- Autoinnoculation?

Autoinnoculation

- In a small study of 25 heterosexual couples, the rate of autoinnoculation (between genitals, anus, hands) in men was comparable to the rate of female-tomale transmission.¹
- In female university students, vaginal HPV infections tended to precede cervical infections.²

¹Hernandez et al. Emerging Infectious Diseases 2008;14:888-94.

²Winer et al. AJE 2003;157:218-26.

Oral HPV

Oral HPV

- HPV linked to oropharyngeal squamous cell carcinomas (OSCCs) (~90% due to HPV16)¹
- Incidence of OSCCs is increasing and expected to surpass that of cervical cancer by 2020²

Oral HPV Prevalence

- National survey of healthy individuals aged 14-69 years¹:
 - Any HPV: 6.9%
 - HPV16: 1%
 - Prevalence higher in men (10.1%) than in women (3.6%)
 - Bimodal age distribution (peak prevalence in adults aged 30-34 and 60-64 years)

¹Gillison et al. JAMA 2012; 15(307):693-703

Oral HPV Transmission

- Oral HPV is predominantly sexually transmitted.
 - Oral HPV prevalence 8-fold higher in sexually experienced individuals, and associated with lifetime numbers of sex partners.¹
- Link between oral sex behaviors/open mouth kissing partners and oral HPV is inconclusive.
- Smoking, immunsuppression, and genital HPV infection have also been associated with oral HPV.
- Data on oral HPV acquisition and natural history are lacking.