

HPV AWARENESS DAY – 4 MARCH 2026

# HUMAN PAPILLOMA VIRUS (HPV) HAS NO GENDER

## WHAT MEN NEED TO KNOW ABOUT HPV-RELATED CANCERS

There is a common belief that HPV primarily affects women, often through cervical cancer, and efforts to prevent HPV related infections have predominantly been focused on women and girls.

However, it's vital to address the impact of HPV on boys and men. The continuing rise in HPV related cancers in men emphasises the need for increased awareness and vaccination.

Many people and families are not aware of both the risks of HPV and the preventative options available to them and their children.

HPV also causes anal, throat and mouth cancers in both sexes and penile cancer in men. Incidence rates of men affected are increasing at the rate of 30% over a decade. In the UK, 3,300 new cases are reported annually.

HPV is a common sexually transmitted infection, and almost all sexually active people will be infected at some point in their lives, usually without symptoms.

HPV usually goes away on its own without treatment. However, some HPV strains are considered 'high-risk' because they can cause abnormal cells to develop and go on to be responsible for almost all cases of cervical cancer and mouth, throat, anal and penile cancers in men and boys.

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If the body doesn't clear it, the virus can lay dormant in cells for years before cancer becomes apparent. In the UK, penile cancer is more common in men over the age of 50; risk factors include smoking and alcohol.

The World Health Organisation (WHO) now considers it impossible to fully mitigate HPV by vaccinating only the female population, if males can carry and pass on the virus.

Here in the UK, we have an effective HPV vaccination programme, yet awareness of it remains worryingly low.

A recent survey revealed that one in three people hadn't heard of HPV, and 40% felt poorly informed about it. Only one in ten people knew that men up to the age of 25 were eligible for the vaccine, and even fewer knew that high-risk groups are eligible up to the age of 45.

Evidence shows the vaccine is most effective if administered before becoming sexually active, so since 2008, girls aged 12-13 have been offered a vaccine to protect against HPV, as part of the schools' vaccination programme. In 2019, it was extended to also cover boys.



For those who missed out on the vaccination at school, there is a catch-up programme. The HPV vaccine is available free on the NHS until the age of 25, through GP practices, and up to 45 for some people at higher risk, such as men who have sex with men and people who are immunosuppressed.

## School Vaccine Take-Up

### 2025 Statistics for 12–13-Year-Olds:

England:	Girls 71.7%	Boys 67.0%
Wales:	Girls 74.1%	Boys 67.9%
Scotland:	Girls 80.0%	Boys 75.2%
Nth Ireland:	Girls 70.3%	Boys 63.4%

Alarming, the latest Government data from January 2026 shows that vaccine uptake in schools remains below pre-Covid levels, and considerably less than the WHO's 90% target.

The HPV vaccine is a safe and effective way to protect against HPV-related cancers. Evidence shows the vaccine has already cut cervical cancer rates by 90% in England. In Scotland, there hasn't been a single case of cervical cancer in women since being vaccinated as part of the schools' programme first introduced in 2008.

There is a huge lack of information and understanding around how effective the vaccine is as a cancer prevention tool. It's the best chance of stopping six different kinds of cancer before they start.

**Every eligible young person and every parent should have the information and confidence they need to take up the offer of HPV vaccination.**

More information on HPV and our work to eradicate cervical cancer [here](#).

Soroptimists of Great Britain and Ireland (SIGBI) are a leading women's organisation, founded in 1934 and part of Soroptimist International. With 248 clubs in the UK, Ireland, Asia and the Caribbean, we focus on empowering women and girls to achieve their full potential and to eliminate barriers and discriminations that hinder women's progress.