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ParentTeen foundation /Educator Forum/ Professional Forum

March 2011

Dear ParentTeen members, educators' forum & health care professionals

A very special welcome to all our new members (I hope that you found your welcome pack a valuable tool when dealing with your children).

72 hour campaign

Rape Wise launched our 72 hour campaign on the 14 January 2011. We will train 2 500 Rape Wise volunteer ambassadors' over 3 months starting in March 2011. Each ambassador will be responsible in their community. The campaign will reach 8 million children, 3 million parents and 250 000 teachers.



Pilot 72 hour campaign launch sponsored by:

The success of **this campaign is reliable on sponsorship**, if you work for a corporate and you feel that this target market falls within your brand strategy; please find the attached "corporate sponsorship" proposal.

Thank you to our two co sponsors for their valuable input and financial assistance:



ParentTeen foundation/membership drive

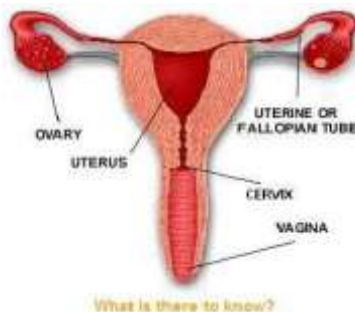
As valued members of our foundation, we would appreciate your assistance with growing our membership; please could you forward the attached letter (membership application form) to friends, family and colleagues'.

The Human Papillomavirus (HPV) – what everyone needs to know

Following many requests from our ParentTeen foundation members, we have decided that this month's newsletter should enlighten parents and educators as to the dangers of the Human Papillomavirus and the preventative medical intervention that is available to both sexes in South Africa.

Cervical cancer is the second most common cause of cancer in women worldwide and is the leading form of cancer in South Africa, where approximately 3 700 women die every year from the disease. In South Africa, women have a 1 in 26 lifetime probability of developing cervical cancer, more women die from this form of cancer than any other and the sad truth remains that, with relatively simple steps and care, most of these deaths could be prevented. Fortunately, over the past 10 years, medical research has found new ways to prevent cervical cancer.

Women are advised to visit their G.P. or gynaecologist for a routine pap smear once a year, every year.



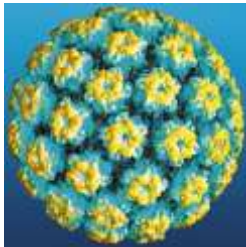
Moms often ask the question “when is it advisable for my daughter to undergo her first gynae exam”? The answer – within 12 months of commencement of sexual activity, regardless of how often intercourse has taken place or at what age it began.

When a doctor performs a pap smear, cells are removed from the cervix and are sent to a laboratory for testing. A report is then sent back to the doctor commenting on the nature of the cells. The cells may appear normal, atypical, as having low or high grade changes or as an invasive cancer.

Fortunately, progression from a normal state to cervical cancer is slow, often taking up to 10 years. Therefore regular pap smears should detect problems and permit appropriate intervention long before it is too late. More recently and through extensive medical research, it has been found that the Human Papillomavirus is the factor causing over 95% of cervical abnormalities.

More than 100 types of the HPV or wart virus have been isolated.

The HPV can cause warts anywhere on the body, such as those commonly seen on the hands and knees. However, there are approximately 40 strains that are specifically involved with problems in the genital area.



HPV virus



HPV attacking epithelial cells

During sexual contact, the virus from an infected individual enters the body of their partner through invisible micro-abrasions that are always present in the skin of the anal and genital area. The virus then multiplies in the surrounding epithelial cells at a rapid rate. Infected cells are then shed in large quantities by that individual and may infect partners. Unfortunately, the person, whether male or female, is often oblivious to the existence of such an infection, thus passing it along unwittingly. Furthermore, actual penetration is not necessary for transfer; even close genital contact is sufficient.

Genital HPV strains are classified as low risk or high risk, depending on their proven ability to cause cancerous change in infected cells. High risk strains are called Oncogenic viruses. Two specific Oncogenic strains, type 10 and 18, have been found to be responsible for over 70% of all cervical cancers.

One of the most alarming facts about HPV is that up to 80% of women worldwide will be infected with HPV at some point in their lives and the peak incidence of infection is within the first five years of commencing sexual activity.

So let's summarise the negative points regarding genital HPV:

- Up to 80% of women will develop an HPV infection during their life time
- Girls are most at risk within the first 5 years of becoming sexually active
- Infection with high risk HPV may lead to cervical cancer
- HPV can be transmitted by direct contact during any form of sexual contact
- The more sexual partners in a lifetime, the greater the risk of exposure
- HPV is responsible for external warts in both males and females and is responsible for cervical cancer in women
- The probability of transmission after sexual contact to a women from a male partner infected with HPV is greater than 50%
- HPV infections of the cervix are asymptomatic and only a pap smear or HPV swab can diagnose the problem

Some good news about HPV

- In those people in whom HPV has occurred, over 70% of the cases will resolve spontaneously within 36 months due to the body's immune system rejecting the virus
- Not all types of HPV will lead to cancer

- Tests are now available to determine what type of HPV a women is infected with, so proactive and effective management may be offered before the infection can lead to cancer
- The best news of all, is that vaccines are now available that can offer protection against the two most dangerous strains of HPV, namely 16 and 18

Currently, there are **two** HPV vaccines available in South Africa

- The first is **Gardasil**, which targets HPV types 16 and 18, as well as types 6 and 11. As we know, types 16 and 18 are responsible for causing 70% of all cervical cancers, whereas types 6 and 11 cause external genital warts. External genital warts are certainly not life threatening, but can cause a great deal of discomfort to the patient and their treatment can be both expensive and difficult.
- The second available vaccine is **Cervarix**, which targets HPV types 18 and 18 only

Both vaccines work by producing neutralising antibodies on the mucous membrane of the anal and genital areas of both females and males, so that if the individual is exposed to these strains, infection will not occur. It is important to remember that these vaccines are preventative only and will have no effect on infections that already exist.

Both vaccines are given as a course of 3 injections spread over 3 months. Gardasil is given on months 1, 2 and 6 whilst Cervarix is given on months 1, 3 and 6. The vaccine is administered as a subcutaneous injection in the upper arm. Mild and transient side effects such as local injection site swelling, lymph gland tenderness, rashes and tiredness have been reported but no long term adverse effects have been reported. The vaccine is not a live vaccine and therefore may be given to individuals who are HIV positive.

The current target population for vaccination are girls aged 9 to 26 years of age and boys 9 to 16 years of age. These are the individuals that will probably benefit the most from vaccination, with the hope that they will be fully vaccinated before they become sexually active. Another reason why the target group starts as young as 9 to 15 years of age is that the youngsters have shown a significantly higher immune response compared to the older boys and girls, suggesting that they may develop better and longer immunity when vaccinated earlier.

Furthermore, because Gardasil offers protection against the external wart, it is a very suitable vaccination for your boys.

As a parent, the choice is yours!

Warmest regards

John Buswell &

The Rape Wise team