

# Polyamory & HPV

Most of the research and advice available on HPV is geared towards people who are in or striving for monogamous relationships. Most HPV prevention advice highly encourages sexual monogamy as prevention. As a polyamorous person - multiple sexual relationships are generally desired, and lifetime monogamy not a suitable option. So with limited testing, high infection rates and unique risk factors related to having multiple strains of HPV (highly likely in polyamory) - what's a poly person to do?

Below are some considerations that I've had and/or implemented for myself. These are in no way a guarantee of prevention of HPV, dysplasia or cancer. Nor is this a guideline for being "responsible." Please do your own research, assess the risks for yourself and talk this concern over with your partners and potential partners. I've broken this up into sections - one for folks with no diagnosed HPV infection, and those with a diagnosis.

## For those not diagnosed with dysplasia and/or HPV:

- Encourage all women in your sexual network to get **regular annual (or more frequent) PAP Smears**. Early detection of abnormal cell changes is the #1 preventative method of cervical cancer and high grade dysplasia. If dysplasia is found and treated/monitored early - it has a very high chance of not progressing to high grade lesions and/or cervical cancer (see below for additional suggestions regarding diagnosis of dysplasia.) Most cancer diagnoses are in women who haven't had a PAP in years - PAPs can save your life! If a poly women's physician recommends reducing the frequency of her PAP smears, she may need to "come out" as polyamorous to them so they know she's at higher risk than a monogamous woman, because she may be having new exposures to HPV.
- Given new information from the recent condom study published by the [New England Journal of Medicine in June 2006](#), showing that condoms are 70% effective against the spread of the virus, but nearly 100% effective against formation of HPV-caused lesions - condoms do indeed appear to offer worthwhile protection. You may want to read some information I wrote about this, and why I think condoms protect against the lesions. It may give you some things to consider, such as not mix-n-matching fluid bonded partners and barriered partners. You can read it here: <http://smoocherie.livejournal.com/364957.html>
- Keep your immune system healthy so that it can fight off new exposure to HPV. Reduce stress (poly? reduced stress... yeah, right!), quit smoking (the toxins in tobacco concentrate in the genitals and change DNA structures), cut back on alcohol consumption (it suppresses P53 response) and take a multi-vitamin. Folic acid is particularly useful for genital health, and vitamin B-6 is depleted in women who use hormonal birth control (the pill, patch, etc.).
- Women can now be tested for high risk strains of HPV via the [Hybrid Capture II HPV DNA test](#). The FDA has approved it for general testing in women over the age of 30. I recommend that women with multiple sexual partners/connections request this test, regardless of their age. (Since I was under 30 when this test became available, I had to "come out" to my physician as being polyamorous and explain the unique risk factors - and she marked my PAP as at risk and included the test for me.) Knowledge of what you're carrying is power in making decisions about potential sexual relationships. Unfortunately, no tests are approved for men yet... but men can likely assume they have what his female partner(s) have. If you test positive for HPV, but have a normal PAP smear - that just means you've been exposed, and you may be one of the lucky 91% that never shows symptoms. However, you may still be contagious, and should discuss this with your partners.

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- If you take the time and energy to discuss STDs with new potential partners, include discussions about HPV as well. Exchange past sexual histories before genital contact to assess what the risks are for transmission of new HPV strains (and other STDs). Consider your current health status, and if you feel your immune system (and those of your partner(s)) can handle a new strain or two. Consider how many recent new strains you might have been exposed to. Consider stress factors in your life which might be impairing your immune system. Consider if you have the means and access to medical diagnosis and treatment should you become infected.
- Limit the number of new sexual partners in your circle for a given time period. Carefully consider if the benefit of a new sexual partner is worth the risk of possible new strains... and if that new sexual partner is likely to be part of your intimate circle for a while.
- Consider alternative sexual sharing as opposed to full sexual contact with new partners. This might include same room sharing that doesn't include genital touching, energy sharing or genital touching with barriers (gloves, dental dams, etc.) and/or intensive washing between touching partners and yourself.
- While women are the one's most effected by HPV, men are active (ie. contagious) carriers as well. HPV is typically treated as a women's health issue by the medical community - but it is a concern for all sexually active people. There are rare cases of penile and anal dysplasia/cancer caused by HPV for men. There is also increasing evidence of oral cancers being caused by HPV.
- You may choose that there's not much that can prevent HPV and/or dysplasia... and choose not to limit your potential exposure. This should be a decision that you and your partner(s) make together, however. I personally believe that women should have an active voice in this decision - as it's her cervix and health most at risk.

### For those diagnosed with and/or being treated for cervical dysplasia/HPV:

- If a women has dysplasia, be aware that the introduction of new strains of HPV (or other STDs) can reduce her immune system's ability to fight and repair the lesions on its own. Co-infections of multiple strains can actually allow the virus to progress to a more serious infection or even cancer quite rapidly. For this reason, I highly recommend that women with an active infection seriously consider not taking new partners into her sexual circle on until she's had a couple clean PAPs.
- When a women has lesions, particularly mild dysplasia, she is prolifically and actively shedding the HPV virus, as this is the state of the infection when the virus is using her cells to replicate itself. This is when HPV is the most highly transmittable to new partners (that's not to say it's not transmittable in the absence of lesions or in other stages... in men and women.) Any partner she's with is pretty much guaranteed to be exposed and will need to consider themselves a potential active carrier (ie. contagious) for 6-24 months and should inform future partners in this time frame of this.
- Be aware that there are some strains of HPV that can be passed into the respiratory track via oral sex (RRP - Recurrent Respiratory Papilomitosis). The risk is four times higher for men giving oral stimulation to a women with an infection. This is **very** rare (about 2000 cases a year), but an extremely serious and life threatening condition with little treatment options. There is also increasing awareness that HPV is linked to oral cancers. Giving oral sex to a woman with mild dysplasia seems to be the greatest risk, as the mouth is being bathed in fluids containing skin cells infected with HPV.
- All current sexual partners of a women who is diagnosed with dysplasia/HPV should pretty much assume they're exposed too. It's unclear how far back in a sexual history HPV might have been present - as the virus can lay dormant for up to 10 years. However, the virus can be detectable

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as early as 20 days after exposure, and lesions (abnormal PAP smear) can show up as soon as 51 days. Each person will need to consider how far back and if they want to notify past sexual partners. For men, generally the only indication they're an active carrier is if a female partner (past or present) has an abnormal PAP or positive HPV test. Of course, each person's immune system will treat the infection differently... so just because one woman in a sexual network has dysplasia does not mean all will.

- You can not be "reinfected" by the same strain. Once you have a strain... you have it. After the body has fought off a strain of the virus - it usually develops an immunity to that particular strain and can not be reinfected by that strain (but it can by others.) All of the research I've done consistently shows that continuing with your existing sexual partners will not reduce your body's ability to fight the existing infection/dysplasia, nor will it further aggravate an infection. However, in light of the latest condom studies, if I were making this choice, I would likely select to use condoms with all of my partners to prevent virus being pounded directly into my basal cells. If you've had treatment ( such as a LEEP or cryotherapy), it's usually recommended to use condoms with your existing partners for a few months - to help reduce the chance of re-infection - since you've not built up the immunity yet and your cervix is especially vulnerable as it heals.
- If a woman needs treatment for her dysplasia, all current Western Medicine methods physically remove the tissue in the cervix that is infected with the HPV virus. It is possible that the virus is still present in her genitals, however. Her physician will recommend repeat PAP and HPV testing for a couple of years.
- If a woman has mild dysplasia and her physician recommends monitoring it - there's an extremely high chance that the dysplasia will regress on its own in the matter of 6-24 months (sometimes longer). However, as long as she has dysplasia - she is actively shedding the virus. Polyamorous women who wish to rid themselves of the virus as soon as possible to become non-contagious may want to discuss treatment options with their physician despite the recommendation to wait and see.
- Until a woman tests normal for a couple of PAP smears and HPV tests in a row, I would not assume anyone in your sexual circle is clear of HPV infection. This could take a couple of \*years\* to determine.
- If you choose to pursue other sexual relationships while you or someone in your sexual circle has dysplasia or known high risk HPV, this should be part of your sexual history and health disclosure (if you do this sort of thing.) If you have mild dysplasia, or have been with someone who has in the last 6-24 months, you may be very contagious!!
- Choosing to close off new sexual relationships during this treatment time is not the end of the world... and protects both your own health as you heal and the future health of your potential partners.