HPV 16 or 18 found: what it means

Your screening test found HPV type 16 or 18. These types are the most likely to cause significant cell changes, so the next step is a colposcopy, a closer look at your cervix.

KEY POINTS

- Finding HPV 16 or 18 does not mean you have cancer.
- You need a colposcopy, whatever your cells show. This is why you have been referred to me.
- If you collected your own sample, a cell sample is taken at the colposcopy.
- Many people with HPV 16 or 18 have no significant cell changes.
- If treatment is needed, it is usually a short day procedure.

Why types 16 and 18 matter

More than a dozen types of HPV can cause cancer. Types 16 and 18 are responsible for most cervical cancers, which is why they are treated differently from the other types.

Even so, the body often clears these types on its own, and cell changes usually take many years to develop. A colposcopy shows whether any changes are present now, so that they can be monitored or treated early.

What happens next

1. **Your cells are checked.** If your sample was taken by a clinician, the laboratory has already checked the cells. If you collected your own sample, cells are taken from your cervix at the colposcopy.
2. **You are referred for colposcopy.** Your GP has referred you to me. The rooms will offer you the first suitable appointment.
3. **The colposcopy.** It takes 10 to 20 minutes and is similar to a screening test. A small biopsy may be taken. See the sheet *Colposcopy: what to expect*.
4. **We make a plan together.** Results usually take 1–2 weeks. I will explain them and send a copy to your GP.

STEP 1	STEP 2	1–2 WEEKS	STEP 4
Screening test	**Colposcopy**	**Results**	**Next step**
HPV 16 or 18 found	A closer look, with a biopsy if needed	Discussed with you and sent to your GP	Follow-up testing, monitoring or treatment

Figure 1. The usual pathway after HPV 16 or 18 is found. Simplified from the National Cervical Screening Program guidelines.

What the results may show

NO SIGNIFICANT CHANGE

Usually a repeat test in about 12 months. I will explain what happens if HPV is still present.

LOW-GRADE CHANGE (LSIL)

Usually monitoring, with a repeat test in about 12 months. These changes often clear on their own.

HIGH-GRADE OR GLANDULAR CHANGE

Usually treatment to remove the abnormal area, most often a LLETZ procedure.

Looking after yourself

- Keep your colposcopy appointment, even if you feel well. HPV and early cell changes rarely cause symptoms.
- If you smoke, stopping helps your body clear HPV. Quitline: 13 78 48.
- Keep up with every follow-up test I recommend until you are back on routine screening.

Common questions

Does this mean I have cancer?

No. It means you are at higher risk of cell changes, so it is important to check. The colposcopy will show whether any changes are present.

How long have I had HPV?

It is not possible to tell. HPV can stay inactive in the body for many years before it is found.

Does my partner need testing?

No. HPV is very common, and partners do not need testing or treatment.

Will it affect having children?

HPV testing, colposcopy and biopsy do not. If treatment is needed, I will discuss any effect on future pregnancy with you beforehand.

Can I wait for my next routine test?

No. HPV 16 or 18 needs a colposcopy, even if your cells look normal.

I have had the HPV vaccine. How did I get it?

The vaccine works best before any contact with HPV. If you were vaccinated later, you may already have had the virus.

I am pregnant. What happens?

Colposcopy is safe in pregnancy. Please see the sheet *Colposcopy and abnormal screening in pregnancy*.

Is there medicine for HPV?

No. There is no treatment for the virus itself. Your immune system usually clears it over time.

Questions to ask your doctor

- Did my cell sample show any changes?
- How soon should my colposcopy be?
- Is there anything I need to do before the appointment?

When to seek help

Please do not wait for your colposcopy appointment if you have bleeding after sex, between periods or after menopause, or ongoing unusual discharge or pelvic pain. See your GP or contact the rooms.

Rooms	03 8400 6193 — appointments and non-urgent questions, business hours
Urgent, after hours	Dr James Aridas, 0459 706 061 — urgent gynaecology concerns, and pregnancy concerns before 20 weeks
From 20 weeks pregnant	The birth suite at your booked hospital: Epworth Freemasons 03 9483 3833 · Cabrini Malvern 03 9508 6000 · Jessie McPherson 03 9594 2776
Emergency	Call 000 or go to your nearest emergency department

SOURCES AND FURTHER READING

1. Cancer Council Australia. National Cervical Screening Program Guidelines, updated April 2025. cancer.org.au/health-professionals/clinical-practice-guidelines/cervical-cancer-screening
2. Department of Health, Disability and Ageing. National Cervical Screening Program: a summary guide for healthcare providers, February 2025. health.gov.au/ncsp
3. Department of Health, Disability and Ageing. Understanding the National Cervical Screening Program management pathway, 2025. health.gov.au/ncsp
4. RANZCOG. Cervical screening in Australia (patient information pamphlet), version 3, 2025. ranzcog.edu.au
5. Healthdirect Australia. Colposcopy. healthdirect.gov.au/colposcopy
6. Jean Hailes for Women's Health. Cervical screening test. jeanhailes.org.au/cervical-screening-test
7. Cancer Council information and support: 13 11 20

This information is general and does not replace individual medical advice. If your circumstances differ from what is described here, please discuss them with Dr Aridas.

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