

# Knowledge and Awareness of HPV, the HPV Vaccine and HPV-related Cancers among Indigenous Australians

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## Supplementary Tables

**Table S1:** 10-item Human Papilloma Virus (HPV) Knowledge Tool (12-month follow up survey – Section A)

A. PLEASE LOOK AT THESE STATEMENTS AND SAY WHETHER YOU THINK EACH ONE IS TRUE OR FALSE			
A1. HPV is very rare	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
A2. HPV always has visible signs or symptoms	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
A3. HPV can be passed on by genital skin-to-skin contact	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
A4. There are many types of HPV	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
A5. HPV can be passed on during sexual intercourse	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
A6. Men cannot get HPV	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
A7. HPV usually doesn't need any treatment	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
A8. Most sexually active people will get HPV at some point in their lives	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
A9. A person could have HPV for many years without knowing it	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
A10. HPV can cause cancer in men	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>

Where correct answers are; A1 False, A2 False, A3 True, A4 True, A5 True, A6 False, A7 True, A8 True, A9 True, A10 True.

**Table S2:** Baseline and 12-moth follow up survey on HPV vaccine status.

1. Baseline questionnaire-Section F  
F2: Have you ever received a vaccination for HPV? Option: 1) Yes, 2) No or 3) Don't know.
2. 12-moth follow up survey - Section E

<b>E. THESE QUESTIONS ARE ABOUT THE HPV VACCINATION: BOTH BOYS AND GIRLS CAN RECEIVE THE HPV VACCINE</b>						
E1. Which of the following statements best describes whether you have had the HPV vaccine (also called the human papillomavirus vaccine, cervical cancer vaccine, Gardasil or Cervarix vaccine)?						
<b>Please select only ONE option</b>						
Yes, I had 1 dose of the HPV vaccine <input type="checkbox"/> _1	Yes, I had 2 doses of the HPV vaccine <input type="checkbox"/> _2	Yes, I had 3 doses of the HPV vaccine <input type="checkbox"/> _3	Yes I have but I am not sure how many doses I received <input type="checkbox"/> _4	No, I was offered the HPV vaccine, but I did not have it <input type="checkbox"/> _5 <i>(Go to F1)</i>	No, I have never been offered the HPV vaccine <input type="checkbox"/> _6 <i>(Go to F1)</i>	I don't know <input type="checkbox"/> _7 <i>(Go to F1)</i>
Any comments?						
E2. Where did you receive your HPV vaccine (also called the human papillomavirus vaccine, cervical cancer vaccine, Gardasil or Cervarix vaccine)?						
<b>Please select only ONE option for each dose</b>						
<b>1<sup>st</sup> dose</b>						
School <input type="checkbox"/> _1	General practitioner/practice nurse <input type="checkbox"/> _2	Family Planning Clinic <input type="checkbox"/> _3	Specialist doctor <input type="checkbox"/> _4	Can't remember <input type="checkbox"/> _5	Other: <input type="checkbox"/> _6 Please specify: _____	
<b>2<sup>nd</sup> dose</b>						
School <input type="checkbox"/> _1	General practitioner/practice nurse <input type="checkbox"/> _2	Family Planning Clinic <input type="checkbox"/> _3	Specialist doctor <input type="checkbox"/> _4	Can't remember <input type="checkbox"/> _5	Other: <input type="checkbox"/> _6 Please specify: _____	
<b>3<sup>rd</sup> dose</b>						
School <input type="checkbox"/> _1	General practitioner/practice nurse <input type="checkbox"/> _2	Family Planning Clinic <input type="checkbox"/> _3	Specialist doctor <input type="checkbox"/> _4	Can't remember <input type="checkbox"/> _5	Other: <input type="checkbox"/> _6 Please specify: _____	
E3. Which years were you vaccinated with the HPV vaccine (also called human papillomavirus vaccine, cervical cancer vaccine, Gardasil or Cervarix vaccine)? (e.g. 2002)						
<i>The HPV vaccine first became available free for girls in year 7 in Australia from 2007 and this is ongoing. It was also available free of charge to women aged up to 26 years from 2007 until the end of 2009. The vaccine was available for boys from 2013.</i>						
1 <sup>st</sup> dose						Can't remember <input type="checkbox"/> _1
2 <sup>nd</sup> dose						Can't remember <input type="checkbox"/> _1
3 <sup>rd</sup> dose						Can't remember <input type="checkbox"/> _1

**Table S3: 12-month follow up survey - Section C**

C7. Before today, had you ever heard of HPV (human papillomavirus)?		Yes <input type="checkbox"/> _1	No <input type="checkbox"/> _2	Not sure <input type="checkbox"/> _3		
C8. Do you think your knowledge about HPV is:	Never heard of HPV <input type="checkbox"/> _1	Very poor <input type="checkbox"/> _2	Poor <input type="checkbox"/> _3	Fair <input type="checkbox"/> _4	Good <input type="checkbox"/> _5	Very good <input type="checkbox"/> _6
C9. Do you have any unanswered questions about HPV?		Please state: Yes <input type="checkbox"/> _1 _____ _____ _____			No <input type="checkbox"/> _2	

**Table S4: 10 items HPV-KT responses**

Question	HPV-KT number of each response									
	1	2	3	4	5	6	7	8	9	10
True/1	133	120	<b>241*</b>	<b>260*</b>	<b>355*</b>	62	<b>72*</b>	<b>232*</b>	<b>382*</b>	<b>259*</b>
False/2	<b>167*</b>	<b>168*</b>	70	28	32	<b>357*</b>	325	92	12	29
Don't know/3	444	457	431	457	357	328	346	420	351	455
Correct %	22.4	22.6	32.5	34.9	47.7	47.8	9.7	31.2	51.3	34.9

Bold\* indicates correct answer