

POWER TO PREVENT CANCER



Misinformation and Crisis Response TOOLKIT

MISINFORMATION AND CRISIS RESPONSE TOOLKIT

A practical resource that helps partners recognize and respond to inaccurate or misleading claims about HPV vaccination and HPV cancer prevention.

HPV vaccination and HPV cancer prevention are sometimes pulled into fast-moving news cycles, policy debates, misinformation, and emotionally charged conversations. This toolkit helps HPV vaccination advocates, coalitions, healthcare organizations, and partners respond quickly, accurately, and with empathy.

The goal is not to win every argument. It is to protect trust, provide accurate information, support people who have questions, and keep the focus on preventing HPV cancers and working toward HPV cancer elimination.

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UNDERSTANDING A CRISIS AND MISINFORMATION

What Is a Crisis?

A crisis is an event that creates an immediate or potential threat to public confidence in HPV vaccination, access to vaccination, HPV cancer prevention, or the credibility of the organizations and professionals supporting them.

A crisis could include:

- **Government or policy action:** A federal executive order, regulatory change, or change to vaccine recommendations or access.
- **Provider malpractice or misconduct:** An incident involving a healthcare provider that raises broader questions about vaccination or patient trust.
- **Disease or cancer-related developments:** New data, outbreaks, reports, or events that generate questions about HPV vaccination or HPV cancer prevention.
- **Actual or perceived vaccine harm:** A reported adverse event, investigation, lawsuit, viral story, or individual experience that receives public attention.
- **Rapidly spreading misinformation:** False or misleading claims that begin affecting vaccination confidence or behavior.

Not every negative comment or question is a crisis. Before responding, determine the potential impact, who is affected, how quickly the issue is spreading, and whether your organization is the right voice to respond.

Questions, Concerns, Misinformation and Disinformation

Question: Someone is looking for information.

“Why is HPV vaccination recommended before the teen years?”

Concern: Someone has a genuine worry or uncertainty.

“I’m worried about whether the vaccine is safe for my child.”

Misinformation: False or inaccurate information shared without necessarily intending to deceive.

Disinformation: False information deliberately created or shared to mislead people.

These require different responses. Questions and concerns deserve conversation. Misinformation may require correction. Deliberate disinformation may be better documented, monitored, moderated, or reported rather than amplified.

BEFORE A CRISIS

The best time to prepare for a crisis is before one happens. Build the relationships, resources, and processes your team will need to respond quickly and confidently.

- **Know your spokespeople.** Identify who can speak about HPV vaccination, vaccine safety, cervical cancer prevention, and policy issues.
- **Build relationships with reporters.** Be a helpful, reliable resource on HPV vaccination and cervical cancer before a crisis occurs.
- **Prepare your core messages.** Keep approved talking points, FAQs, current data, and trusted sources easy to access. Build a page on your website with information for reporters to use.
- **Know your process.** Decide who needs to be notified, who approves messages, and who responds to media and social media.
- **Know your partners.** Identify medical experts, public health agencies, cancer organizations, and community messengers you can call on quickly.
- **Watch for emerging concerns.** Pay attention to recurring questions, misinformation, policy developments, and news that could affect HPV vaccine confidence.

Don't wait for the crisis to decide what you believe, who should speak, or how you'll respond.

RESPONSE FRAMEWORK: WHEN A REPORTER CALLS

Understand the Ask

Before responding, understand what the reporter needs and **do not feel pressured to answer immediately.**

Ask:

- What is the story about?
- What specific questions are you hoping we can answer?
- What prompted the story?
- Who else are you speaking with?
- What is your deadline?
- Is this on the record?
- When and where will the story appear?

Get the reporter's name, outlet, contact information, and deadline. It is okay to say, **"Let me gather the most accurate information and get back to you."**

Then determine whether you are the right spokesperson or whether a medical expert, coalition leader, parent, survivor, or other trusted messenger would be more appropriate.

Evaluate the Situation

Before the interview, quickly assess what is happening and how significant the story could be.

- **Routine:** A general HPV vaccination or cervical cancer prevention story.
- **Emerging:** New misinformation, changing recommendations, declining vaccination rates, or a local issue generating attention.
- **Crisis:** Major policy action, significant vaccine safety allegation, provider misconduct, or an event that could substantially affect HPV vaccine access or confidence.

The greater the potential impact, the more important it is to coordinate internally, verify facts, prepare the spokesperson, and agree on your core messages before responding.

Find the Question Behind the Question

Listen carefully to what the reporter is asking—and consider what their audience actually needs to understand.

A question about **HPV vaccine safety** may be part of a larger story about whether parents can trust vaccine recommendations.

A question about **vaccinating at ages 9–12** may really be asking why children need HPV vaccination years before parents associate them with HPV exposure.

Before the interview, identify the **one or two things you want the reporter and their audience to understand**, regardless of how the question is phrased.

Acknowledge the Concern

When a reporter raises a concern that parents or community members may have, acknowledge it without validating inaccurate information.

Try:

“We understand why parents may have questions when they’re hearing conflicting information about vaccines.”

Then bridge to what you want the audience to know.

Try:

“That’s why it’s so important that families have access to clear, evidence-based information from healthcare professionals they trust.”

Share the Facts—and Return to Your Message

Answer the reporter’s question, but don’t stop there. Give one or two clear facts and connect them to your core message.

Try:

“HPV vaccination is cancer prevention. It helps prevent infections that can cause cervical cancer and several other cancers. Vaccinating before exposure to HPV provides the strongest opportunity for prevention.”

Avoid overwhelming the reporter with statistics or technical language. Answer & provide context & return to your core message.

If you don’t know an answer, don’t guess.

Try:

“I don’t have that number in front of me, and I don’t want to speculate. I can confirm it and follow up with you.”

Keep the Conversation Going

At the end of the interview, ask:

“Is there anything else I can help clarify?”

“Would additional data, research, or a medical expert be helpful?”

Follow up promptly with any information you promised, along with relevant sources, fact sheets, local data, or contacts.

Remember: **The first interview is the beginning of the relationship, not the end of it.**

A reporter who learns that you provide timely, accurate, understandable information may return to you the

BUILDING YOUR MESSAGES

Be a Trusted Messenger

Sometimes the most effective response is not another statistic.

Speak from your role as a healthcare professional, advocate, cancer survivor, caregiver, community leader, or parent.

Try: “As a parent, I understand wanting to know exactly what we’re giving our children. What matters to me is that we have a vaccine that can prevent several cancers.”

Personal experience can help people connect the science to something meaningful: protecting people from cancer.

RESPONSE PRINCIPLES

Lead with empathy.

People may be receiving conflicting information from healthcare providers, government officials, news outlets, friends, family, and social media. Acknowledge that confusion.

Acknowledge the concern.

You can recognize someone's question without agreeing with a false premise.

State accurate information clearly.

Lead with what is true rather than repeating the misinformation.

Avoid unnecessarily repeating false claims.

Repeating sensational misinformation can give it more visibility. Focus on the accurate information people need.

Keep it simple.

Use plain language and one or two strong facts rather than a wall of statistics.

Give people somewhere to go next.

Offer a trusted source, healthcare professional, webpage, fact sheet, or other next step.

Keep HPV vaccination connected to cancer prevention.

HPV causes HPV cancer and related precancerous disease. HPV cancer prevention also includes appropriate screening, which can identify precancerous changes before they develop into invasive cancer.

USING AI? FACT-CHECK YOURSELF.

AI can help draft messages, summarize information, brainstorm responses, and translate technical information into plain language.

It should not be your final source of truth.

Before publishing AI-generated health information:

- Check factual claims against trusted health and medical sources.
- Open and verify every source or citation.
- Check that recommendations are current.
- Have a qualified expert review medical claims when appropriate.

READY-TO-USE MATERIALS

Use these materials to build ready-to-go responses to your next crisis or misinformation conversation.

Brief Conversation Response

Concern:

"I'm hearing conflicting things about the HPV vaccine."

Response:

"I understand why that can be confusing. HPV vaccination is an important cancer-prevention tool because HPV can cause HPV-related cancers and several other cancers. I'm happy to talk through the specific concern you've heard."

Email Response

Thank you for reaching out. We understand that changing headlines and conflicting information can make vaccine decisions confusing.

Our commitment remains focused on cancer prevention and providing accurate, evidence-based information about HPV vaccination and HPV cancer prevention. If you have a specific question or concern, please send it to us. We are happy to help connect you with reliable information.

Social Media Reply

"Thanks for your question. HPV vaccination is cancer prevention. We're happy to share reliable information or answer specific questions about HPV vaccination and HPV cancer prevention."

Comment Moderation Language

"We welcome respectful questions and discussion. To keep this space useful for everyone, comments containing harassment, spam, threats, or repeatedly posted false information may be removed according to our community guidelines."

DIGITAL RESPONSE GUIDANCE

When to Respond

Consider responding when:

- Someone appears to be asking a genuine question.
- A misleading claim is receiving significant attention.
- People in your community could reasonably be confused by the information.
- Silence could create additional confusion.
- Your organization has expertise relevant to the issue.

Remember that your response is not only for the person posting the claim. It is also for everyone else reading the conversation.

When to Move Offline

Move a conversation to email, phone, direct message, or a healthcare setting when it involves:

- Personal medical information
- Individual vaccine reactions or health concerns
- A complex situation requiring clinical guidance
- A lengthy back-and-forth unlikely to be productive publicly

When to Hide, Remove or Report

Consider moderation when content includes:

- Blatant misinformation
- Threats or harassment
- Hate speech
- Spam
- Personal medical information about another person
- Repeated posting of identical misinformation
- Coordinated attempts to disrupt discussion

Use a written moderation policy consistently rather than making decisions based on whether someone agrees with your organization.

Coordinated Misinformation

If the same false claim suddenly appears across multiple accounts or channels:

1. Document it.
2. Avoid responding individually to every post.
3. Determine whether broader audiences are encountering the claim.
4. Prepare one clear, evidence-based response if needed.
5. Alert organizational leadership and partners.
6. Continue monitoring.

Public health misinformation guidance emphasizes understanding the information environment and choosing interventions strategically rather than treating every inaccurate statement the same way.

Document and Escalate

Save:

- Screenshots
- URLs
- Dates and times
- Media inquiries
- Frequently repeated questions
- Responses your organization provided

Escalate significant issues to communications leadership, organizational leadership, medical experts, legal counsel, or partner organizations as appropriate.

BEYOND THE CRISIS

The best crisis communications work happens before the crisis.

Build Relationships With Reporters

Identify journalists covering:

- Health
- Cancer
- Vaccines
- Parenting
- State health policy
- Local healthcare

Become a reliable source before controversy happens. Offer experts, local data, patient perspectives, and clear explanations of HPV vaccination and HPV cancer prevention.

Build a Quick-Reference Response Deck

Maintain a small internal resource containing the following. Update it regularly so your team does not have to start from scratch during a crisis.

- Three core HPV vaccination messages
- Three HPV cancer prevention messages
- Current vaccination recommendations
- Current HPV cancer screening information
- Frequently asked questions
- Approved organizational language
- Trusted source links
- Spokesperson names and contact information
- Media contact information
- Organizational approval process

QUICK-RESPONSE CHECKLIST

Before responding, ask:

- ☐ **VERIFY:** Is the claim accurate? What is the source?
- ☐ **ASSESS:** Is this actually a crisis, or is it a question or isolated concern?
- ☐ **AUDIENCE:** Who needs to hear from us?
- ☐ **MESSENGER:** Who will be most trusted to deliver this information?
- ☐ **MESSAGE:** What is the one thing we want people to remember?
- ☐ **SOURCE:** Can we connect people to a reliable source?
- ☐ **ACTION:** What should people do next?
- ☐ **MONITOR:** Is the issue growing, declining, or changing?
- ☐ **DOCUMENT:** Are the same questions or claims appearing repeatedly?

Above all: keep returning to the truth.

HPV vaccination is a cancer-prevention tool. HPV cancer prevention combines vaccination with appropriate screening. Effective communication helps people understand those tools and make informed decisions based on reliable evidence.

IN-PERSON CORRECTING MISINFORMATION GUIDANCE

Misinformation does not only happen online. It can surface during community events, presentations, coalition meetings, healthcare conversations, media events, or casual conversations. In person, the goal is to respond without turning the interaction into a debate.

When Someone Shares Misinformation

Use a simple approach:

1. Listen.

Make sure you understand the actual question or concern before responding.

2. Affirm the concern, not the misinformation.

"I understand why hearing conflicting information about HPV vaccination could raise questions."

3. Share one clear fact.

Keep your response short and return to cancer prevention.

"HPV vaccination helps prevent the HPV infections that cause most HPV cancers and several other cancers."

4. Connect to a trusted source.

Offer a fact sheet, QR code, website, healthcare professional, or other reliable resource where the person can learn more.

5. Invite a question.

"What questions do you have about HPV vaccination?"

6. Plan the Follow-Up

A "no thank you" does not have to be the end the HPV vaccination conversation. Research has found that some parents and caregivers who initially decline HPV vaccination later choose to vaccinate, making it important to revisit the recommendation at future visits.

If someone declines:

- Respect the decision without ending the conversation.
- Document the concern or reason for declining when appropriate.
- Provide a trusted resource they can review later.
- Make a plan to **recommend HPV vaccination again at the next appropriate opportunity.**
- Give the parent or caregiver permission to come back with questions.

Try:

“That’s okay. If you have questions after you leave today, we’re happy to talk about them. We’ll also check in about HPV vaccination again at your next visit.”

The goal isn’t to pressure someone into saying yes today. Keep the door open for the next conversation.

Know When to Keep Talking

Continue the conversation when someone:

- Is asking genuine questions.
- Seems interested in understanding the evidence.
- Has a specific concern you can address.
- Is willing to have a respectful conversation.

You do not have to know every answer. It is okay to say:

“I want to make sure I give you accurate information. Let me check that and get back to you.”

Know When to Stop

Not every person is looking for an answer. Someone may be trying to provoke an argument, dominate a meeting, or repeatedly introduce false claims.

You can respectfully close the conversation:

“I appreciate you sharing your perspective. But we both care a lot about our community’s health. We want to make sure others have an opportunity to ask questions, too.”

For a public presentation:

“We may not agree on that point. But we both care a lot about our community’s health. For today’s conversation, we’re going to rely on established evidence and our trusted medical and public health sources.”

Don’t let one person spreading misinformation take over a meeting or prevent others from participating.

When Misinformation Happens in Front of a Group

Remember that **your audience is bigger than the person asking the question.**

If someone makes an inaccurate statement publicly:

- Correct important misinformation briefly.
- Lead with the accurate information rather than repeating the false claim.
- Keep your tone calm and respectful.
- Avoid getting pulled into a lengthy debate.
- Offer a trusted source for anyone who wants additional information.
- Return to your core message: HPV vaccination is cancer prevention.

After the Conversation

A difficult question can help you identify what your community needs to know.

After an event, document recurring questions and misinformation. Use them to improve FAQs, talking points, presentations, social content, spokesperson preparation, and future outreach.

Think of the first conversation as the beginning of your response—not necessarily the end of it.

KEY MESSAGES

“The HPV vaccine is not safe.”

Response: HPV vaccination has been studied for decades and continually monitored since its U.S. introduction in 2006. CDC reports that more than 135 million doses have been distributed in the United States, with more than 15 years of monitoring supporting its safety. The most common side effects are mild, such as soreness, redness, headache, nausea, or temporary fainting.

Resources:

- [CDC: HPV Vaccine Safety](#)
- [CDC: HPV Vaccine Safety and Effectiveness Handout](#)
- [Immunize Colorado: HPV—What You Need to Know](#)

“The vaccine is too new.”

Response: The first HPV vaccine was licensed in the United States in 2006. Gardasil 9 was approved in 2014 after clinical trials involving more than 15,000 participants. HPV vaccines have now been used and studied for approximately two decades.

Resources:

- [CDC: HPV Vaccine Safety](#)
- [CDC: Impact of HPV Vaccination](#)
- [American Cancer Society: HPV Vaccines](#)

“My child is too young.”

Response: Vaccination begins early because vaccines work best before exposure. Children ages 9–12 also develop a strong immune response and generally need fewer doses than people who begin the series later.

Resources:

- [VAX 2 STOP CANCER: 9 & On Time](#)
- [Immunize.org: A Parent’s Guide to HPV Vaccination](#)
- [CDC: Talking with Parents About HPV Vaccination](#)

“The vaccine encourages sexual activity.”

Response: Research has not found that receiving the HPV vaccine makes young people more likely to become sexually active or begin sexual activity earlier. Vaccination provides cancer prevention, not permission or protection against other sexually transmitted infections.

Resources:

- [CDC: Talking with Parents About HPV Vaccination](#)
- [Immunize Colorado: HPV—What You Need to Know](#)
- [Children’s Hospital of Philadelphia: Questions About HPV and the Vaccine](#)

“HPV vaccination causes infertility.”

Response: CDC and FDA have not found evidence that HPV vaccination causes fertility or reproductive problems. Preventing HPV cancers may protect fertility because cervical precancer and cancer treatments can affect a person’s ability to become pregnant or carry a pregnancy.

Resources:

- [CDC: Impact of HPV Vaccination](#)
- [CDC: HPV Vaccine Safety](#)
- [Immunize Colorado: HPV—What You Need to Know](#)

“Boys do not need the vaccine.”

Response: HPV can cause penile, anal and oropharyngeal cancers in males. About four in ten HPV-related cancers occur among men, and oropharyngeal cancer is the most common HPV-related cancer in men. Vaccination is recommended regardless of sex.

Resources:

- [CDC: Cancers Caused by HPV](#)
- [Immunize.org: A Parent’s Guide to HPV Vaccination](#)
- [ImmunizeAR: HPV Information and Vaccine](#)

“Natural immunity is better.”

Response: Most HPV infections clear naturally, but there is no way to predict which infections will persist and lead to precancer or cancer. Relying on infection also means accepting the risk of transmitting HPV and developing HPV-related disease. Vaccination provides protection before exposure without causing HPV infection.

Resources:

- [National Cancer Institute: HPV Vaccine Fact Sheet](#)
- [Children’s Hospital of Philadelphia: Questions About HPV and the Vaccine](#)
- [Vaccinate Your Family: HPV](#)

“HPV vaccination is unnecessary if someone is screened.”

Response: Vaccination and screening serve different purposes. Vaccination prevents new infections that can cause six cancers. Cervical screening looks for HPV or abnormal cervical cells after exposure. Screening is not routinely available for the other five HPV-related cancers, and people who have been vaccinated still need recommended cervical screening.

Resources:

- [American Cancer Society: Cervical Cancer Fact Sheet for Patients](#)
- [Prevent Cancer Foundation: Cervical Cancer Prevention and Screening](#)
- [National Cancer Institute: HPV Vaccine Fact Sheet](#)

“The vaccine has not been proven to prevent cancer.”

Response: Large population studies have directly demonstrated lower cervical cancer rates among vaccinated people. A Swedish study of nearly 1.7 million women found an almost 90% reduction in cervical cancer incidence among those vaccinated before age 17. Vaccination has also produced major declines in cancer-causing HPV infections and cervical precancers.

Resources:

- [National Cancer Institute: Large Study Confirms HPV Vaccine Prevents Cervical Cancer](#)
- [CDC: Impact of HPV Vaccination](#)
- [National Cancer Institute: HPV Vaccine Fact Sheet](#)

What Do I Say?

HPV Vaccination & HPV Cancer Quick-Response Cheat Sheet

When a difficult question, misinformation, or a crisis comes your way, you do not need to have the perfect answer. Be calm. Be clear. Be human. Come back to what you know.

The 4-Step Response

1. LISTEN

What is the person actually asking? Listen for the concern underneath the question.

2. AFFIRM

Acknowledge the concern without agreeing with misinformation.

"I understand why that would raise questions."

"There is a lot of conflicting information out there right now."

3. SHARE THE FACTS

Give **one clear fact** and connect it to cancer prevention.

"What we know is that HPV vaccination prevents infections that can cause HPV cancer and several other cancers."

Keep it short. You do not need five statistics when one clear fact will do.

4. INVITE

Keep the door open.

"What other questions do you have?"

"Would it be helpful if I shared a trusted resource where you can learn more?"

When You Don't Know the Answer

Don't guess. Don't fill the silence. Don't let AI decide for you.

"That's a good question. I want to make sure I give you accurate information, so let me verify that and get back to you."

Then check a trusted medical or public health source.

When Someone Shares Misinformation

Don't: Repeat the false claim over and over, ridicule the person, overwhelm them with evidence, or get pulled into an argument.

Do: Acknowledge → Correct → Redirect.

"I understand why hearing that could be concerning. What the evidence shows is _____. That's why we continue to recommend _____."

Then return to your core message:

HPV vaccination is cancer prevention.

When Someone Wants to Debate

You don't have to win the argument.

"I appreciate you sharing your perspective. I want to make sure everyone has an opportunity to ask questions."

Or:

"We may not agree on that point. For this conversation, we're going to rely on established medical evidence and trusted health sources."

Remember: If you're speaking in public, you're also talking to everyone listening—not just the person challenging you.

In a Crisis: STOP Before You Respond

- ☐ **VERIFY:** What actually happened? Is the information accurate?
- ☐ **ASSESS:** Is this one question, emerging misinformation, or a larger crisis?
- ☐ **AUDIENCE:** Who actually needs to hear from us?
- ☐ **MESSENGER:** Who is the most trusted person to respond?
- ☐ **MESSAGE:** What is the **one thing** we want people to remember?
- ☐ **SOURCE:** What trusted evidence supports our response?
- ☐ **ACTION:** What should people do next?

Your Three Anchors

When a conversation gets complicated, come back to:

CANCER PREVENTION: HPV vaccination helps prevent cancers caused by HPV.

EMPATHY: People are hearing conflicting information. Questions deserve respectful, accurate answers.

TRUST: Use reliable medical and public health evidence—and be transparent when you need to verify something.

Before You Hit Send—or Step Up to the Microphone

Fact-check yourself.

Check the source. Verify the science. Make sure recommendations are current. Use AI to help you communicate—not as your source of medical truth.

You don't have to answer everything. Communicate what you know clearly, accurately, and with empathy.

Resources

Strengthen Vaccination Communications | CDC

A practical resource for healthcare providers focused on building vaccine confidence through clear, positive, consistent communication. CDC emphasizes that trust is built through conversations with doctors, nurses, pharmacists, practice staff, and community members. It includes strategies for answering questions, directing people to reliable information, training staff, and incorporating vaccine-positive messages into websites, newsletters, social media, and patient interactions. This is especially useful for preparing **trusted messengers to talk about HPV vaccination**. ([CDC](#))

Practical Playbook for Addressing Health Misinformation | Johns Hopkins Center for Health Security

A comprehensive, action-oriented guide for deciding **whether, when, and how to respond to health misinformation**. The playbook walks communicators through preparing before misinformation appears, monitoring rumors, assessing their potential impact, identifying priority audiences, selecting trusted messengers and channels, developing messages, and evaluating the response. Its worksheets and templates for audience identification, message development, framing, and even responsible use of large language models are particularly useful. ([NPHIC](#))

Beyond Misinformation: Developing a Public Health Prevention Framework for Managing Information Ecosystems | The Lancet Public Health

This research article encourages public health organizations to think beyond simply **debunking false information after it appears**. The authors propose treating misinformation as a prevention challenge and using strategies that strengthen the overall information environment before, during, and after misinformation spreads. For HPV vaccination communications, it supports investing in trusted relationships, filling information gaps, improving access to accurate information, and building resilience before a controversy or crisis occurs. ([ScienceDirect](#))

Vaccine Crisis Communication Manual | World Health Organization

A step-by-step guide for communicating during events that could damage public confidence in vaccines or vaccination programs. The manual covers preparation, active crisis response, and post-crisis assessment, with particular attention to managing the communications component of a vaccine crisis. This is a strong resource when developing protocols for **HPV vaccine safety concerns, sudden policy changes, adverse-event stories, or other high-profile events that could affect confidence in HPV vaccination**. ([World Health Organization](#))

WHO Vaccine Communication Resource | World Health Organization

This WHO resource complements crisis communication planning by offering additional guidance on communicating vaccine confidence and safety. WHO's broader vaccine communication guidance emphasizes understanding why concerns arise, listening to audiences, building trust and relationships, communicating risk clearly, and shaping messages for specific audiences. These principles are especially useful when preparing HPV vaccination spokespeople and responding to emotionally charged, rather than purely factual, concerns. ([World Health Organization](#))

Note: The direct WHO IRIS link you provided doesn't show its title in the URL, so I would verify the document title before labeling it in the final toolkit.

The Public Health Communicators Guide to Misinformation | Minnesota Department of Health

A concise guide that explains how misinformation, disinformation, and malinformation differ, why people share false information, and how communicators can assess and respond to it. It also looks at how identity, emotion, algorithms, media literacy, and information habits influence what people believe and share. The guide helps HPV communicators decide whether a claim represents a genuine question, an emerging misinformation problem, or a higher-risk narrative requiring a coordinated response. ([GovDelivery](#))

HPV Cancer Screening (PDQ®) | National Cancer Institute

An evidence-based clinical resource explaining HPV cancer screening, including Pap testing, HPV testing, benefits, potential harms, and the evidence supporting different screening approaches. It is particularly valuable as a **fact-checking resource** when responding to questions about the relationship between HPV infection, precancerous changes, screening, and HPV cancer. It also helps communicators reinforce an important distinction: HPV vaccination prevents HPV infections that can lead to cancer, while screening can detect HPV or precancerous changes so they can be appropriately managed. ([Cancer.gov](#))

World HPV Cancer Elimination Day 2025 Advocacy Toolkit | World Health Organization

A communications and advocacy toolkit centered on the global goal of HPV cancer elimination. It provides ready-to-use key messages about HPV vaccination, screening, treatment, equity, and the WHO **90–70–90 elimination targets**. For HPV communicators, it is especially useful for keeping crisis responses connected to the larger positive message: HPV cancer is preventable, the tools to eliminate it already exist, and HPV vaccination is a central part of that strategy. ([cdn.who.int](#))