

Prevention of HPV and warts

HPV is transmitted easily when visible warts are present, but there is an infectious period before they appear and after they resolve. The length of this period is unknown. People with subclinical HPV infection, therefore show no symptoms, may pass it on without realizing they have the infection.

Condoms help to prevent spreading warts and offer some protection against HPV infection, but this is limited as the infection is usually at many sites in the anal and genital areas and often involves skin not covered by condoms. Hence, condoms only protect the area they cover and may not provide full protection. For people in steady sexual relationships, the benefit of condoms is less clear, especially if both partners have warts. Discuss this with your doctor.

There are vaccines available that offer excellent protection against several strains of the HPV virus.

- > Gardasil provides protection against HPV 6, 11, 16 and 18.
- > Gardasil 9 provides protection against HPV 6, 11, 16, 18, 31, 33, 45, 52, and 58.
- > Gardasil 9 would prevent 90% of genital warts and 85% of cervical and anal cancers.

These vaccines work if given before you first have sex **but** you can use them even after sexual activity has commenced. Please discuss this with your doctor.

Coping with warts

It is common for people with warts or HPV infection to feel upset, ashamed or concerned about the risk of cancer. This is normal, and it may help to remember the following points:

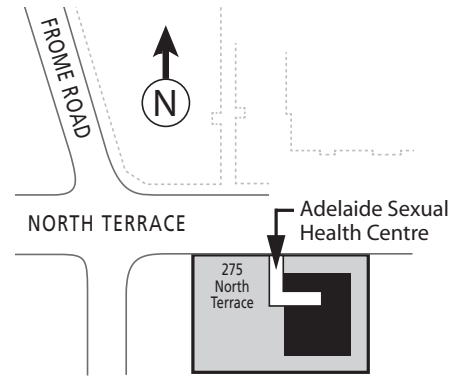
- > genital warts can be managed. With patience and persistence, the warts will go away
- > cervical cancer, the most serious problem associated with HPV, is easily prevented by regular cervical screening tests and treatment of abnormalities if detected. There are also very effective vaccines available

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Please refer any questions about this information to your treating medical officer and/or nursing staff.

Location



For more information

Adelaide Sexual Health Centre
(formerly Clinic 275)
Sexually Transmitted Diseases Services

Monday and Friday

9am – 4.30pm

Thursday

1pm – 4.30pm

Tuesday and Wednesday

11am – 6.30pm

1st floor, 275 North Terrace
Adelaide 5000

Telephone: (08) 8222 5075

Toll free country call: 1800 806 490

Email: std.services@sa.gov.au

STD Services web site:

www.stdservices.on.net/std/warts

If you require this information in an alternative language or format please contact SA Health on the details provided above and they will make every effort to assist you.



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Genital warts and HPV

No appointment necessary

Free and confidential advice, testing and treatment for all STDs including HIV/AIDS

Genital warts and HPV

Genital warts (including anal warts) are a common sexually transmitted infection in Australia. They are caused by genital infection with the Human papillomavirus (HPV).

There are about 100 strains of HPV. Most do not affect the genitals but of the strains that do, HPV 6 and 11 cause 90% of genital or anal warts.

Genital warts

- > These are growths that appear around the genitals or anus, and sometimes in the vagina, rectum or urethra.
- > They may be raised or flat, single or multiple, small or large, and may cluster together with a cauliflower-like appearance. They are painless and rarely cause discomfort.

Subclinical infection

- > Most HPV infections are asymptomatic (without symptoms), such as subclinical infections.
- > No warts are visible, but microscopic changes in cells show evidence of the virus.

Transmission

HPV is spread by direct skin contact with a partner during vaginal or anal intercourse. Infection may occur by contact with a visible wart, and possibly also from an area of skin with no visible wart (subclinical infection).

After sex with an infected person, warts may take a few weeks to many months (or even years) to appear.

Diagnosis

Genital warts are diagnosed by looking for them.

Subclinical HPV infection is difficult to diagnose. However, HPV infection on the cervix may show up on a cervical screening test. There are no blood tests or swab tests to diagnose genital warts. When there is uncertainty about the diagnosis, a biopsy (sending part of the lesion to the laboratory to examine under the microscope) is sometimes performed to help make the diagnosis.

Treatment

Treatment removes visible warts, but does not eradicate the virus. No treatment is an option. HPV infections in 80% of cases tend to resolve in 12-24 months. However, most people do request treatment. There are several types of treatment. Each may cause mild irritation. If you experience significant discomfort or inflammation you should tell your doctor, as an alternative treatment may be required.

Treatment of subclinical warts is not recommended.

Cryotherapy

Warts are frozen by applying liquid nitrogen or dry ice once a week. You may not be able to see the warts yourself, so it is important to continue the treatment until the doctor says the warts have gone.

Podophyllotoxin paint or cream

Podophyllotoxin paint (Condyllyne 0.5% sln) or cream (Wartec cream 0.15%) is a plant extract that is easily absorbed through the skin. It should be carefully applied to the warts twice daily for three days, followed by a break of four days each week.

This treatment may be repeated for 4-5 weeks and your doctor should review your progress in 4 weeks. There is a potential for local irritation.

Podophyllotoxin should not be used by pregnant women, cervical warts or in areas of skin affected by dermatitis.

Imiquimod

Imiquimod 5% cream (Aldara) helps stimulate the immune system to destroy cells infected with HPV. Studies suggest it works better in women than men.

Rub a small amount of cream (1/3-1 sachet) on to the warts, avoiding the surrounding skin. Wash the cream off with soap and water after six to 10 hours. Apply the treatment three times a week (on alternate nights) for up to 16 weeks. A doctor must prescribe Imiquimod.

Imiquimod should not be used by pregnant women or women who are breastfeeding, patients less than 18 years of age, patients with dermatitis, vaginal, cervical and internal anal warts.

Laser treatment, diathermy, surgical removal

May be used when warts are in places that are difficult to reach, very extensive and large, resistant to other treatments or where other treatments cause too many side effects.

These treatments will not remove the HPV. This means that warts can recur after the procedure.

These treatments may be administered in hospital under a general anaesthetic.

Recurrence after treatment

Most of the treatments destroy cells that are infected by the wart virus, but do not remove the virus from the body.

Because the virus may persist in the skin, it is possible for warts to return after treatment. If warts reappear, it does not necessarily mean that you have been re-infected.

80% of HPV infections resolve within 12-24 months, hence, in most people, warts eventually resolve and do not reappear. This is thought to be due to the body's natural defenses.

HPV and cancer (cervical and anal)

Some strains of HPV infect the cervix, they cause changes to its cells. These changes can be detected following a cervical screening test and may be present in women who have never had visible genital warts. Often these cells return to normal without treatment, but sometimes the abnormalities persist and there may be increased risk of developing cancer of the cervix in future. The risk is further increased in women who smoke. Fortunately, treating the abnormal cells can prevent cancer.

The most common HPV strains associated with an increased chance of cervical and anal cancer are HPV 16 and 18. In fact, 70% of cervical and anal cancers are caused by HPV 16 and 18.

Cervical cancer is one of the most preventable cancers in women. Cervical screening has changed in Australia. The pap smear test has now been replaced with a new cervical screening test. This test is expected to protect up to 30% more women.

The cervical screening test feels the same as the pap smear but tests for HPV. HPV tests or cervical screens are offered to women aged 25 to 74, five yearly.

The first cervical screening test is due 2 years after the last pap test and if normal, testing thereafter is every 5 years.