

STIEF 

HPV and Genital Warts

Key Information



Section 1

HPV - Questions & Answers

What is HPV?

Human papillomavirus (HPV) is the name given to a group of over 150 different types of the virus that cause infection on the skin surface. It is one of the most common viral infections. Evidence suggests that the majority of individuals who have ever been sexually active experience one or more genital HPV infections during their lifetime.

Often, HPV infection causes no symptoms, and many people with HPV do not know they have it. The infection is usually short-lived, and the virus typically leaves the body within two years.

Certain types of HPV cause warts on the hands or feet, while others can cause visible warts in the genital area. These warts are harmless but may be distressing and can usually be treated successfully.

Other types of HPV can cause abnormal cells which can sometimes lead to precancer or cancer, including cervical, vaginal, vulval, anal, penile, and head and neck cancers.

For the majority of people, HPV is harmless and will not develop into warts, precancer, or cancer.

HPV is a very common infection in the genital tract.

How do you get HPV or genital warts?

Subclinical HPV (invisible to the naked eye) and genital warts are usually spread by direct, skin-to-skin contact during vaginal, anal or oral sex.

Warts on other parts of the body, such as the hands, are caused by different types of HPV. Contact with these warts does not seem to cause genital warts.

HPV can have a 'dormancy' period, which means that the virus spends some time in the body without causing any symptoms or effects. This can be a period of weeks, months, or even years, which makes it hard to know exactly when or from whom you got the virus.

It is thought most subclinical HPV infections are transmitted through sexual intercourse, although they are generally believed to be less contagious than genital warts.

How would I know if I had HPV or genital warts?

It is difficult to identify HPV. Many people with HPV will have no symptoms and therefore will not know they have HPV.

Sometimes people do not notice warts because they are inside the vagina, on the cervix, or in the anus. In addition, they are often flesh-coloured and painless. Only rarely do they cause symptoms such as itching, pain, or bleeding. Sometimes warts will be found as part of a physical examination.

From September 2023, the primary cervical screening test in Aotearoa is an HPV test. This means that people with a cervix should have a screening every five years, and from this will be informed if they have tested positive for HPV. There is more information on this below.

You should go to a doctor or clinic if:

- you notice any unusual growths, bumps, or skin changes on or near your penis, vagina, vulva, or anus; or
- you notice any unusual itching, pain, or bleeding; or
- your sex partner(s) tells you that they have genital HPV or genital warts.

If you have a positive HPV test as part of cervical screening, you will be advised by your doctor or health care provider about further testing and any necessary treatment.

Many people with HPV will not have any symptoms, but you may notice genital warts or have a positive HPV test as part of cervical screening.

What do genital warts look like and how are they diagnosed?

Genital warts are growths or bumps that appear on the vulva (the area around the vaginal opening), in or around the vagina or anus, on the cervix, and on the penis, scrotum, groin or thigh. They may be raised or flat, single or multiple, small or large. Some cluster together forming a cauliflower-like shape.

You can check yourself and your partner(s) for warts, but remember: warts can sometimes be very difficult to see. Also, sometimes it's hard to tell the difference between a wart and other bumps and pimples. If you think you have warts or have been exposed to HPV, visit a doctor or sexual health clinic for a check up.

What should my partner do if I have genital warts or HPV?

Give them this pamphlet to read. Suggest a visit to a doctor or sexual health clinic for an examination for warts, and a general sexual health check up. If one or both people in a long-term relationship have either genital warts or HPV, the benefit of using condoms to reduce the risk of transmission is unclear as partners usually share the virus.

Partners generally share HPV so it is useful for everyone to have information about the virus.

How are genital warts treated?

Treatment of genital warts is optional. Most genital wart infections will clear up spontaneously sooner or later. However, many people want to have them treated as they can be unsightly and/or uncomfortable.

The goal of treatment should be to remove visible genital warts and relieve annoying symptoms. There are several available treatments and no single treatment is ideal for all people or all warts.

The following are the recommended treatment options available:

- Imiquimod (Aldara™) cream is a patient-applied treatment for external genital and perianal warts. It is easy to use and safe if instructions are followed. It works by destroying the wart and stimulating an immune response. If other treatments are unsuitable, Aldara is available by fully subsidised prescription from your doctor. It is not recommended in pregnancy.
- Podophyllotoxin (Condyline™) solution is a patient-applied treatment for external genital warts, recommended for external penile skin only as it can irritate if applied to skin folds such as under the foreskin on the penis or vulval skin (the area around the vaginal opening). It works by destroying the wart. It is contraindicated in pregnancy.
- Cryotherapy (freezing off the wart with liquid nitrogen) can be done by a trained health practitioner.
- Trichloroacetic acid (TCA) is a chemical applied to the surface of the wart by a trained health practitioner. It is unavailable in some DHBs.
- Laser therapy (using an intense light to destroy the warts) or surgery (cutting off the warts) has the advantage of getting rid of the warts in a single visit. Laser treatment can be expensive and the health care provider must be well trained in these methods. It is only available in a few centres. Recurrences may occur.

There are a number of potential treatments for genital warts if desired and the best option for you should be determined with your health care provider.

Factors that might influence your choice of treatment include size, location and number of warts, changes in the warts, your preference, the cost of treatment, convenience, possible adverse effects and the health care provider's expertise.

Whatever the treatment, here are some important points to remember:

- It is advisable to seek medical advice before starting treatment for genital warts.
- Ask your doctor for an explanation of the treatment, including the costs and likely benefits.
- Be sure to understand the follow-up instructions, such as what to do about discomfort and when to seek help.
- Be patient – treatment often takes several visits and a variety of approaches.
- If you are pregnant, or think you might be, tell your doctor so they can choose a treatment that won't be harmful to you or your baby.
- Don't use over-the-counter treatments which are not specifically for genital warts. These are not meant for sensitive genital skin.
- It is recommended to avoid sexual contact with the infected area during treatment, to protect the treated area of skin from friction and help it heal.

Can genital warts be cured?

Treatment of genital warts can be frustrating. The average person may need several treatments to clear genital warts. None of the available treatments is a cure for HPV. The virus can remain in the skin after

treatment. Because the virus can lie dormant in the cells, in some cases warts can return months or even years after treatment. In other cases warts never recur.

How can I avoid getting HPV or genital warts?

Preventive vaccines

- HPV vaccines are highly effective at preventing almost all genital HPV infections, including genital warts, and preventing HPV-related cellular changes or cancer developing.
- Vaccination is highly recommended for both females and males and, ideally, should be completed prior to becoming sexually active. For people who are already sexually active, the vaccine may still be of benefit as it will prevent the acquisition of new HPV infections for the strains the vaccine covers.
- The HPV vaccine (Gardasil 9) is licensed for use in New Zealand for females and males aged 9–45. The vaccine is free for everyone aged 9–26 years (inclusive). Ask your GP or health provider for further information or to get the vaccine.
- The vaccine can be purchased by people aged 27 and older. As of February 2024, the cost is approximately \$180.00 plus an appointment cost per dose, so around \$600.00 for the full three doses.
- For more information, ask for our HPV Vaccine pamphlet *Preventing HPV Cancers by Vaccination*, or visit www.hpv.org.nz

HPV vaccination offers the best protection against genital warts and HPV-related cancers.

Condom use

Condoms, used correctly from start to finish each time you have sex, provide some protection if they cover the area of the genital warts. However, HPV may be present in areas of skin not covered by condoms. Condoms are recommended with all new or casual sexual partners as they do provide good protection against other sexually transmitted infections.

Spermicidal foams, creams, and jellies used as an adjunct to condoms are not proven to act against HPV and genital warts. They are best used along with condoms, not in place of condoms.

Remember that:

- Visible genital warts can usually be effectively treated, though this may take time.
- Informing yourself about HPV will help you to understand and manage the infection.
- If you discover you have HPV, you are not alone. It is estimated that 80% of sexually active people have an HPV infection at some stage in their lives. For most, it is a minor problem.

Section 2

HPV - Other Key Information

HPV and cervical screening

From September 2023, changes to the National Cervical Screening Programme in Aotearoa New Zealand mean that the primary test done as part of cervical screening is now an HPV test. This is a better first test for the prevention of cervical cancer.

The recommendation is that any person aged 25 to 69 years with a cervix should have cervical screening every five years. It is important to have these regular cervical screenings regardless of your gender identity and the gender identity of your sexual partners.

For most people, cervical screening will no longer involve a smear test with a speculum. Rather, this test can be done as a simple vaginal swab which can be completed as a self-test or performed by a clinician. Cervical screening can be done through your GP, Family Planning, sexual health services, and community health services.

While there is usually a cost involved for this service, it has been announced that free cervical screening will be provided from September for people who have not previously been screened, Māori and Pacific people, and anyone who is a community service card holder.

A negative HPV test through cervical screening means there is a very low risk of developing abnormal cells that may lead to cervical cancer within the next five years.

If your HPV test is positive, you will need to undergo further testing and this will be explained by your health care provider. The exact process depends on the type of HPV detected. **Cervical cancer almost always can be prevented through the early detection and treatment of abnormal cervical tissue.**

Cervical screening involves an HPV test done through a vaginal swab. This should be done every five years for people with a cervix and a positive test will receive further investigation.

HPV, genital warts, and cancer

While HPV is an extremely common infection, and there is a link between HPV and cervical, anal, penile, some vulval and throat cancers, it is important to know that very few people with HPV will ever develop cancer.

Most of the HPV types that produce warts on the genitals are not associated with development of cell abnormalities that progress to cancer.

As noted above, HPV vaccination and regular cervical screening are the best safeguard against cervical cancer.

Studies around the world show that HPV causes most throat cancers, although smoking and alcohol can also cause throat cancer. For more information regarding throat cancer, ask for our pamphlet *HPV and Throat Cancer: Common Questions and Answers*, or visit www.headandneckcancer.org.nz/resources

Unlike for cervical cancer, there is no current effective screening test for HPV-related cancers affecting the throat or penile regions. It is currently recommended that medical advice should be sought if persistent symptoms affect these areas.

HPV, genital warts, and pregnancy

Genital warts very rarely cause problems during delivery and pregnancy, but because of changes in the body during pregnancy, warts can grow in size and number. Smaller genital warts in pregnancy may not require treatment as spontaneous resolution after delivery often occurs. Treatment during pregnancy requires special considerations

Although HPV infection is frequently detected in pregnant women, detection of HPV in newborns is uncommon. Delivery by caesarean section is not required unless warts are blocking the birth canal, which is extremely uncommon. Rarely, babies exposed to HPV during birth may develop warts in the throat.

If you are pregnant and are aware that you have HPV or genital warts, speak to your health care provider.

HPV and people who are immunocompromised or living with HIV

People who are taking pharmaceuticals that suppress the immune system or who are living with HIV are at particular risk from HPV infection and developing HPV-associated cancer. A compromised immune system is less able to detect and fight the HPV virus.

Of particular concern is the burden of HPV-associated anal cancer experienced by gay and bisexual men (GBM) living with HIV, which is thought to be 100 times greater than the general population.

It is recommended that all males living with HIV, and particularly GBM living with HIV, receive the HPV vaccine and undergo regular health checks including a digital anal rectal exam to look for signs or symptoms that may indicate HPV-associated cancers.

Where can I get further information?

- New Zealand HPV Project website www.hpv.org.nz
- New Zealand HPV Project Helpline Toll free **0508 11 12 13**
- Your GP or Sexual Health Clinic

Sexually Transmitted Infections Education Foundation

Copies of this pamphlet are available from:

STIEF, PO Box 2437, Shortland Street,
Auckland 1140, New Zealand

Email: info@stief.org.nz
www.stief.org.nz

The New Zealand HPV Project

www.hpv.org.nz

Helpline toll free: **0508 11 12 13**

Phone: **09 433 6526**



View our consumer website with information about sexual health and all sexually transmitted infections, including a national database of sexual health providers:

www.justthefacts.co.nz

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