



SOME QUESTIONS
AND ANSWERS ABOUT
**HPV AND
GENITAL WARTS**



www.hpv.org.nz

What is HPV?

Human papillomavirus (HPV) is the name given to a group of over 150 viruses that cause infection on the skin surface. Certain types of HPV cause warts on the hands or feet, while others can cause visible warts in the genital area. Often, HPV infection causes no warts, and many people with HPV do not know they have it.

What do genital warts look like?

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.

What about HPV that causes no visible warts?

Sometimes HPV causes very subtle changes on the skin that can't be seen with the naked eye. This is called subclinical HPV. Health care providers can find these "microscopic HPV changes" only with the help of special instruments.

Who gets HPV or genital warts?

Evidence suggests that the majority of individuals who have ever been sexually active experience one or more genital HPV infections during their lifetime, though many will never know about it. Most HPV infections clear spontaneously. The most common effects of HPV infection are genital warts or abnormalities in the cervical smear.

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.

Warts may appear within several weeks, or even months, after sexual contact with an infected person, or they may never appear. This 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?

In some cases, it's difficult to know. 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.

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

While most HPV-related cancers cannot be screened for, the cervical screening programme detects precancerous cervical changes.

Sometimes warts will be found during a physical examination. For those with a cervix, an abnormal cervical smear may be the first warning sign that HPV is present, though a cervical smear is not a test for HPV.

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 an abnormal cervical smear, you should be examined and followed-up, as advised by your doctor or health care provider.

How are genital warts diagnosed?

You can check yourself and your partner(s) for warts, but remember: warts sometimes can 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, go to a doctor or clinic. The health care provider will check more closely and may use a magnifying lens to find small warts.

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.

How are genital warts treated?

Treatment 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 following are the recommended treatment options available:

- 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.
- 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 is contraindicated in pregnancy.

- 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. If other treatments are unsuitable, Aldara is available by fully subsidised prescription from your doctor. It is not recommended 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.

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.

How is subclinical HPV infection treated?

There is no proven benefit to treating subclinical HPV.

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.

What about HPV, genital warts and cancer?

The types of HPV linked to cervical, anal, penile and throat cancer are not the types linked with genital warts. But anyone with a cervix who has genital warts, should continue to have regular smears as usual. While most HPV-related cancers cannot be screened for, regular cervical smears (and HPV vaccination) are the best safeguard against cervical cancer. Cervical smears detect abnormal cells present on the surface of the cervix. Cancer can almost always be prevented through the early detection and treatment of abnormal cervical tissue.

What about HPV, genital warts and pregnancy?

Genital warts very rarely cause problems during pregnancy and delivery, but because of changes in the body during pregnancy, warts can grow in size and number. 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 have genital warts, speak to your health care provider, as some methods of treatment cannot be used during pregnancy.

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 aged 9–45 years and males aged 9–26 years. The vaccine is free for both males and females aged 9–26 years (inclusive). Ask your GP or health provider for further information or to get the vaccine.
- For more information, ask for our HPV Vaccine pamphlet *Preventing HPV Cancers by Vaccination: What Everyone Should Know*, or visit www.hpv.org.nz

Ways to lower your risk of getting any sexually transmitted disease may also be effective for HPV or genital warts:

- You can reduce your risk of getting HPV or genital warts by not having sex with anyone, or by limiting the number of sexual partners you have. People who have unprotected sex with many partners are at higher risk of getting sexually transmitted infections.

- 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.
- **Cervical cancer can be prevented by early vaccination and having regular cervical smears** as per the National Cervical Screening Programme recommendations.
- Informing yourself about HPV will help you to understand and manage the infection.
- You are not alone. It is estimated that over 80% of sexually active people have an HPV infection at some stage in their lives. For most, it is a minor problem.

Where can I get further information?

- New Zealand HPV Project Helpline
Tollfree **0508 11 12 13** or www.hpv.org.nz
- Your GP, Family Planning Clinic or Sexual Health Clinic
- National Cervical Screening Programme
www.timetoscreen.nz/cervical-screening/
Freephone **0800 729 729**

New Zealand HPV Project

Sexually Transmitted Infections Education Foundation

Copies of this pamphlet are available from:

Email: info@stief.org.nz

www.hpv.org.nz

Helpline Tollfree **0508 11 12 13** Phone: 09 433 6526



View our consumer website with information about sexual health and all sexually transmitted infections:
www.justthefacts.co.nz

Supported by an educational grant from New Zealand District Health Boards

© 2019 Sexually Transmitted Infections Education Foundation