

Genital Human Papilloma Virus (HPV)

Overview

HPV is a group of more than 150 related viruses. At least 40 of these types are known to cause genital infection and HPV is the most common sexually transmitted infection. Most sexually-active persons will be infected with HPV at least once in their lifetime. Most HPV infections are self-limited and are asymptomatic or unrecognized. Some HPV types can cause genital warts and are considered low risk, with a small chance for causing cancer. Other types are considered high risk; these have the potential to progress to cancer of the vulva, vagina, penis, anus or the back of the throat

Transmission

Most of the time, people get HPV from having vaginal and/or anal sex. Men and women can also get HPV from having oral sex or other sex play. A person can get HPV even if their partner doesn't have any signs or symptoms of HPV infection. A person can have HPV even if years have passed since he or she had sexual contact with an infected person. Most people do not realize they are infected. They also don't know that they may be passing HPV to their sex partner(s). It is possible for someone to get more than one type of HPV.

Symptoms

Most often there are **no symptoms**. Warts can be various shades of brown, gray or pink. They may be clustered (resembling cauliflower), raised bumps or semi-flat formations. Often there is no visible evidence that the virus is present. In females HPV can infect the vulva, vagina, cervix, perineum, urethral opening and rectal area. In males HPV can affect the penis, urethra, scrotum and surrounding area, as well as in and around the rectum.

Complications

Women carry a higher risk of developing complications related to HPV. Certain HPV types are co-factors in the development of cervical cancer. Prior to the development of cancer, various degrees of dysplasia (abnormal cell growth) can be detected on cervical Pap smears and can be treated before they progress to cancer. Vulvar, vaginal, rectal and penile cancers have also been associated with the HPV virus, but these are not as common as cervical cancer.

Patients may feel an emotional impact of having HPV; we have many resources to assist you with this. Please call for an appointment to discuss your concerns.

Testing

Presently, there is no routine test available to confirm the presence or absence of HPV. Examination of the genital area remains the best means of identification for genital warts. HPV testing is limited to women who have abnormal pap smears or to help determine the timing of next pap smears. There is no HPV testing available for men.

There is much about HPV that is still unknown. Recent research indicates HPV infection frequently may last for several years, not life-long as previously suspected. Because routine tests are not available and re-infection occurs frequently, it is difficult to offer the assurance of an infection-free state that most people would desire.

HPV Vaccine

Gardasil is the HPV vaccine recommended for girls/women and boys/men 9-26 years of age*. The vaccine protects against 9 types of HPV which are responsible for about 80% of all cervical cancer and about 90% of genital warts. Gardasil is available through the Specialty Clinic. Book an appointment online or call (510) 643-7177 to schedule your appointment.

Safer Sex

Consistent and correct condom use helps reduce your risk of HPV; however, it only protects the areas that are covered/protected by the condom.

For more information got to www.ashastd.org, Facts and Answers, HPV

Appointment with Health & Sexuality Peer Educator: (510) 642-2000 – or schedule on eTang

* the specific immunization recommendation for boys/men is ages 13 through 21 in general, and through age 26 for gay, bisexual and other men who have sex with men, transgender people and for immunocompromised persons (including those with HIV infection) not adequately vaccinated previously

HPV (continued)

Treatment of Genital Warts

There are many different types of treatment including chemicals, freezing, electrocautery, laser treatments. Some are in-clinic and some are at-home treatments. You will discuss with your clinician which treatment is appropriate for you.

Most warts will need several treatments; some can take up to 3 months to remove.

These treatments help remove actual warts and abnormal cells, but unfortunately, there is **no medication available to completely eradicate the virus.**

In-clinic treatments at UHS

Trichloroacetic acid (TCA) – TCA is an acid, which is applied every 7-14 days by a clinician. It produces a transient, intense stinging sensation when applied to the skin. It is safe to use in pregnancy.

Cryotherapy – Often referred to as “freezing the warts”, is a liquid nitrogen preparation. Liquid nitrogen is usually applied every 7-14 days by your clinician. After application it produces a very cold and/or stinging sensation.

At-home, prescription treatments

Podofilox (Condylox) - The medication is applied twice per day for 3 consecutive days; the treatment cycle is repeated weekly for a maximum of 4 weeks. During the treatment period, podofilox will gradually destroy the wart tissue. Its safety in pregnancy is unknown. There are no symptoms/sensations when the solution is first applied, however, within several days irritation and/or soreness may occur.

Imiquimod (Aldara) cream – It is applied at bedtime on three non-consecutive days per week (i.e. Monday, Wednesday, Friday or Tuesday, Thursday, Saturday, etc.) until the warts clear or for a maximum of 16 weeks. Its exact mechanism of action is not known. It is believed to work by enhancing the body’s immune system, which then works to destroy the abnormal cells. Its safety in pregnancy is unknown.

Common side effects of treatments are irritation and soreness at the application site. If you have severe pain or open sores, please return to the clinic as soon as possible for further evaluation

Care of Treated Areas

1. **Zinc oxide cream** can be purchased over the counter and is available at the UHS Pharmacy for a minimal fee. This ointment can be applied to the externally treated areas to help promote healing and prevent discomfort when urinating
2. **Preparation H** or **Anusol cream** can be applied as a soothing cream.
3. **Sitz baths** (sitting in a tub of warm water) can provide significant relief from burning, irritation and itching.
4. **2% topical xylocaine jelly** (*prescription needed*) can be obtained at the UHS Pharmacy. This jelly can be applied externally to treated areas and provides a temporary numbing effect. Occasionally, it can lead to a local allergic reaction. Stop using it immediately if an irritating reaction occurs.
5. **Analgesics** such as acetaminophen (e.g., Tylenol), aspirin and ibuprofen (e.g., Advil, Motrin) provide significant relief when needed for pain and when taken as instructed on the package. For more severe pain, your clinician may prescribe a different type of medication.

General Comfort Measures

1. Wear loose clothing that “breathes” well.
2. Use only mild fragrance-free soap around your genital area.
3. If you experience burning on treated areas while urinating, try pouring water over your vulva.
4. Don’t wipe after urinating or defecating; pat yourself with dampened toilet paper, a Tucks pad or a fragrance-free baby wipe.
5. Prevent irritation by avoiding intercourse, tampon use, prolonged sitting, and bicycle riding.
6. A generally healthy lifestyle which includes a balanced diet of nutritious foods, regular exercise, plenty of rest, and many forms of relaxation or meditation can be very helpful in promoting healing and preventing recurrences.

Check our website: www.uhs.berkeley.edu to learn more about this medical concern or others.

For an appointment www.uhs.berkeley.edu or call **510-642-2000** Clinic Nurse **510-643-7197** for advice