GENITAL WARTS

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OVERVIEW

• Genital warts are caused by the human papillomavirus (HPV); most commonly subtypes 6 and 11. Often HPV infection causes no visible warts, and most people will not know they have it. Genital warts can develop anywhere in the genital area, including the vulva, vagina, cervix, penis, scrotum and anus. Very occasionally warts can develop in the mouth.

• Genital HPV is transmitted by skin-to-skin contact; micro-abrasions in the recipient’s skin allow viral access to the basal layers of the epithelium.

• Evidence suggests that the majority of individuals who are unvaccinated and have been sexually active experience one or more genital HPV infections in their lifetime. The vast majority of young women have been vaccinated, and this protects not only young females but also males through herd immunity.

The school program did not begin vaccinating boys until 2013, consequently those most at risk of HPV infection are gay and homosexually active men.

SYMPTOMS

• The first sign of genital warts are growths or lumps in the genital and/or anal area which can appear up to 3 – 12 months after infection with HPV.

• Warts are usually painless but may cause itching and occasionally bleeding.

TESTING

• Genital warts are usually diagnosed based on clinical appearance and can be detected by checking for visible warts on the skin around the genitals and anus.

• No specific diagnostic test for warts is available. STI screening for other infections should be performed.

TREATMENT

Genital warts can be treated by the following options:

• Cryotherapy
• Cauterisation
• Application of topical paints or creams that are available on prescription:
  Podophyllotoxin paint (0.5%) or cream (0.15%) applied by patient BD for three days, then four days off, repeated weekly for 4-6 cycles.
  * Easy and safe to use, but not to be used in pregnancy
  Imiquimod (Aldara TM) 5% cream applied by patient at home. 3 times per week at bedtime until resolved (up to 16 weeks). This works as a specific immune stimulant (not tissue destruction).
  * It is relatively expensive

PREVENTION

• Condoms: can reduce the risk of HPV transmission but are not completely effective because they do not cover all areas where the virus can be present.

• The HPV vaccine (Gardasil): protects against HPV subtypes 6, 11, 16 and 18. Young gay and homosexually active men who have had few partners should be offered vaccination.

CONTACT TRACING

Current sexual partner(s) may benefit from assessment as they may have undetected genital warts, undetected other STI, or need an explanation and advice about disease process.

Tracing of previous sexual partner(s) is not recommended.

For further information patients can be referred to:
www.thebottomline.org.au

Further information, key websites, and resources for GPs and patients:

CHECK IT OUT!

Sexual Health Update, STI testing guidelines for MSM and more are on the revamped STIGMA webpage:

Update
SEXUAL HEALTH
Issue 15, Spring - Summer 2015
Provided by your Sexual Health Clinics
We extend an invitation to GPs, practice nurses and relevant clinicians to receive this free twice-yearly newsletter and updates on sexual health. To subscribe please email your name, job title and workplace to: Jeffrey.Dabbhadatta@sesiahs.health.nsw.gov.au

SUBSCRIBE

A new online learning module aims to inform GPs who wish to become more 'gay friendly'.

The case-based modules explore stigma and discrimination, sexual health screening, common STIs, and specific issues faced by gay men and men who have sex with men (MSM).

Duration: 1 hour
CPD: RACGP 2 Category 2 & QI&CPD points
Target Audience: GPs, health professionals


GAY FRIENDLY GP LIST

If you are interested in being listed on the Gay Friendly GP List located on the ACON website, please contact Elissa Magner, ph: 9382 7444 or email: Elissa.Magner@sesiahs.health.nsw.gov.au

RESULTS:
The OLM consists of three modules; towards a better understanding of gay men and MSM, discussing sexual history and testing for STIs, and issues facing this population group. As an incentive for GPs to participate, the Royal Australian College of General Practitioners' Continuing Professional Development points are allocated to those who complete the training.

CONCLUSION:
The Gay Friendly GP OLM is Australia's first online training that promotes optimal care for MSM in general practice settings.

Responding to the needs of key populations in general practice can help bridge the gap between health professionals and the populations they serve. This training package will assist GPs to improve consumer engagement, understand sexual diversity and promote effective screening and treatment of STIs in gay men and MSM.

DISCLOSURE OF INTEREST STATEMENT:
Nil