

Screening

- Assessment for visible HPV lesions in individuals with HIV can be accomplished through baseline and then annual examination of the peri-urethral and anogenital areas in the vagina and cervix.
- Individuals who have received HPV vaccination should still be screened for cervical and anal disease according to the recommended schedules (for more information, see the AI guidelines on Cervical Screening for Dysplasia and Cancer and Anal Screening for Dysplasia and Cancer).

Presentation and Diagnosis

- Cervical and anogenital symptoms of HPV-associated disease include itching, bleeding, pain, or spotting after sexual intercourse. HPV-associated disease should be considered in the differential diagnosis when symptoms are present.
- Failure to correctly diagnosis precancerous or cancerous HPV-related disease in a timely manner can cause delay of appropriate therapy and possible mortality. Therefore, clinicians should maintain a low threshold for obtaining biopsies of lesions that are atypical in appearance, condylomatous, have variegated pigmentation, or that fail to respond to standard treatment.

Partner Exposure to HIV and HPV

- When a patient with HIV is diagnosed with a new STI, the clinician should inform the patient about the implications of the diagnosis for his/her sex partner(s):
 - A new STI diagnosis signals that the patient was engaging in sexual behaviors that place sex partners at increased risk of acquiring HIV infection.
 - The local health department may contact a sex partner confidentially about the potential exposure and treatment options.
- Clinicians should provide patients with information and counseling about notifying partners, risk reduction, and safer sex practices.

Available Treatment Options for Anogenital Condyloma for Patients with HIV (see full guideline for references)

Condyloma Type	Treatment	Comments
Anogenital Condyloma	<ul style="list-style-type: none"> • Cryotherapy • Podophyllin resin 10%–25% in a compound tincture of benzoin* • Surgical excision • Trichloroacetic acid (TCA) or bichloroacetic acid (BCA) 80%–90%* <p>Patient self-administered treatments:</p> <ul style="list-style-type: none"> • Imiquimod 3.75% or 5% cream (may decrease likelihood of recurrences; may weaken condoms and vaginal diaphragms)* • Podofilox 0.5% solution or gel* 	<ul style="list-style-type: none"> • Extra-genital warts, including warts on penis, groin, scrotum, vulva, perineum, external anus, and peri-anus
Urethral Meatus Condyloma	<ul style="list-style-type: none"> • Cryotherapy with liquid nitrogen • Surgical excision 	—
Vaginal Condyloma	<ul style="list-style-type: none"> • Cryotherapy with liquid nitrogen • Surgical excision 	—
Cervical Condyloma	<ul style="list-style-type: none"> • Cryotherapy with liquid nitrogen • Surgical excision • TCA or BCA 80%–90% solution 	<ul style="list-style-type: none"> • Management of cervical warts should include consultation with a specialist • For those who have exophytic cervical warts, a biopsy evaluation to exclude high-grade squamous intraepithelial must be performed before treatment is initiated
Neovaginal Condyloma	<ul style="list-style-type: none"> • Cryotherapy • Imiquimod 3.75% or 5% cream (may decrease likelihood of recurrences; may weaken condoms and vaginal diaphragms)* • Podofilox 0.5% solution or gel* • Podophyllin resin 10%–25% in a compound tincture of benzoin* • Surgical excision • TCA or BCA 80%–90%* 	—

* Imiquimod, podophyllin, and podofilox (podophyllotoxin) should not be used in pregnant individuals. TCA or BCA can be used to treat small external warts during pregnancy but may not be as effective. Sinecatechins should not be used in any individual with HIV because safety and efficacy data do not exist.



← Use this code with your phone's QR code reader to go directly to a mobile-friendly version of the guideline.

■ This 1/4-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline *HPV Infection in Patients with HIV*. The full guideline is available at www.hivguidelines.org.