HIV CLINICAL RESOURCE ¼-FOLDED GUIDE

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PREVENTION AND MANAGEMENT OF HPV INFECTION IN ADULTS WITH HIV

NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINE NOVEMBER 2022

ALL RECOMMENDATIONS P.1

HPV Prevention

- Given the increased lifetime risk of persistent HPV infection and increased prevalence of HPV-related cancers, clinicians should recommend the 9-valent HPV vaccine 3-dose series at 0, 2, and 6 months to all individuals with HIV who are 9 to 45 years old regardless of CD4 cell count, prior cervical or anal screening results, HPV test results, HPV-related cytologic changes, or other history of HPV-related lesions. (A3)

Cervical and Anal Cancer Screening

- Clinicians should perform cervical and anal cytologic screening for individuals with HIV, regardless of their HPV vaccination status, as recommended in the NYSDOH AI guidelines Screening for Cervical Dysplasia and Cancer in Adults With HIV and Screening for Anal Dysplasia and Cancer in Adults With HIV. (A3)
- Clinicians should examine the neovagina in transgender women who have undergone vaginoplasty to assess for visible HPV lesions at baseline and during the annual comprehensive physical examination; examination can be done using an anoscope, a small vaginal speculum, or nasal speculum. (A3)
- At each routine monitoring visit, clinicians should ask all patients about sexual behaviors and new sex partners to assess for risk behaviors that require repeat or ongoing screening. (A3)

Presentation and Diagnosis of HPV Infection

- Clinicians with limited expertise should refer individuals with abnormal anogenital physical findings, such as warts, hypopigmented or hyper-pigmented plaques/lesions, lesions that bleed, or any other lesions of uncertain etiology, for expert evaluation, which may include colposcopy, HRA, or biopsy. (A3)

Continued on P.2 →

ALL RECOMMENDATIONS *(continued from P.1)* **P.2**

Presentation and Diagnosis of HPV Infection *continued*

- Clinicians should maintain a low threshold for obtaining biopsies of lesions that are atypical in appearance; condylomatous; hypopigmented, hyperpigmented, or variegated; or that fail to respond to standard treatment. (A3)
- Clinicians should conduct or refer patients with abnormal cervical or anal cytology results for colposcopy, HRA, or biopsy as recommended in the NYSDOH AI guidelines Screening for Cervical Dysplasia and Cancer in Adults With HIV and Screening for Anal Dysplasia and Cancer in Adults With HIV. (A3)
- Clinicians should refer individuals with visible urethral lesions to a urologist experienced in HPV biopsy and diagnosis. (A3)
- Clinicians should diagnose, treat, and follow up on HPV-related lesions in patients with HIV in consultation with a clinician experienced in the management of HPV and HIV. (A3)

HPV Treatment

- Clinicians should not use sinecatechins in patients with HIV. (A3)
- Clinicians should obtain a biopsy to exclude dysplasia or cancer for condyloma that have not responded to treatment. (A3)
- Clinicians should switch treatment modalities if biopsy-confirmed warts or condyloma have not improved substantially within 4 months of therapy. (A3)
- Clinicians should refer patients with lesions that are resistant to topical therapies; that change in appearance; that have ulceration, irregular shape, or variegated pigmentation; or with biopsy-proven dysplasia to clinicians experienced in the management of HPV and HIV. (A3)
- Clinicians should refer patients with visible urethral lesions to a urologist for treatment. (A3)
- Clinicians should refer patients with HIV who have anogenital cancer to an oncologist for treatment. (A3)
- Clinicians should avoid imiquimod during pregnancy unless the benefits outweigh the risk. (A3)
- Clinicians should not use sinecatechins, podophyllin, or podofilox (podophyllotoxin) in pregnant individuals. (A3)

ALL RECOMMENDATIONS *(continued from P.2)* **P.3**

Partner Exposure to HIV and HPV

- When a patient with HIV is diagnosed with HPV, clinicians should advise the patient to encourage sex partners to seek evaluation for possible exposure to both HPV and HIV. (A3)

- **REQUIREMENT:** New York State Public Health Law requires that medical providers talk with individuals with HIV about their options for informing their sex partners that they may have been exposed to HIV, including the free, confidential partner notification assistance offered by New York State Department of Health and New York City Department of Health and Mental Hygiene.

KEY POINTS

HPV Prevention

- HPV testing is not recommended before administration of the HPV vaccine.
- Inform patients with HIV about the risk of acquiring HPV and other STIs from close physical contact with the external genitalia, anus, cervix, vagina, urethra, mouth and oral cavity, or any other location where HPV lesions are present.
- Consistent and correct condom use remains an effective way to prevent the transmission of most STIs, including HPV. However, inform patients that barrier protection such as condoms and dental dams may not fully protect against HPV.

Cervical and Anal Cancer Screening

- Regardless of cytology results, it is important that screening for STIs is performed routinely in patients who engage in risk behaviors. For more information, see 2021 CDC STI Treatment Guidelines.
- Assessment for visible HPV lesions in individuals with HIV can be accomplished through baseline and then annual examination of the perineum and anogenital areas and the vagina and cervix.

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KEY POINTS *(continued from P.3)*

Presentation and Diagnosis of HPV Infection

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

Partner Exposure to HIV and HPV

- The local health department may contact a sex partner confidentially about a potential HIV exposure and treatment options.
- Counsel patients about partner notification, risk reduction, and safer sex practices.

Available Treatment Options for Anogenital Condyloma for Patients With HIV [a]		
Condyloma Type	**Treatment** [b,c]	**Comments**
Anogenital condyloma	· Cryotherapy with liquid nitrogen or cryoprobe · Surgical excision · TCA or BCA 80%–90% solution [d] **Patient self-administered treatments:** · Imiquimod 3.75% or 5% cream [e] · Podofilox 0.5% solution or gel [e]	· Use for external anogenital warts, including warts on penis, groin, scrotum, vulva, perineum, external anus, and perianus. · Patients with external anal or perianal warts may also have intra-anal warts and therefore might benefit from inspection of the anal canal by digital examination or anoscopy (standard or high resolution). · Imiquimod may weaken condoms and vaginal diaphragms.
Urethral meatus condyloma	· Cryotherapy with liquid nitrogen · Surgical excision	—
Vaginal condyloma	· Cryotherapy with liquid nitrogen · Surgical excision · TCA or BCA 80%–90% solution [d]	Cryoprobe use in the vagina is not recommended because of the risk for vaginal perforation and fistula formation.
Cervical condyloma	· Cryotherapy with liquid nitrogen · Surgical excision · TCA or BCA 80%–90% solution [d]	· Management of cervical warts should include consultation with a specialist. · For patients who have exophytic cervical warts, a biopsy evaluation to exclude high-grade squamous intraepithelial lesions must be performed before treatment is initiated.
Intra-anal condyloma	· Cryotherapy with liquid nitrogen · Surgical excision · TCA or BCA 80%–90% solution [d]	Management of intra-anal warts should include consultation with a colorectal specialist.
Neovaginal condyloma [f]	· Cryotherapy with liquid nitrogen or cryoprobe · Surgical excision · TCA or BCA 80%–90% [d] **Patient self-administered treatments:** · Imiquimod 3.75% or 5% cream [e] · Podofilox 0.5% solution or gel [e]	Imiquimod may weaken condoms and vaginal diaphragms.

Abbreviations: BCA, bichloroacetic acid; TCA, trichloroacetic acid.

Notes:

a. Adapted from 2021 CDC STI Treatment Guidelines unless otherwise noted (see full guideline for references).

b. Sinecatechins should not be used in any individual with HIV because safety and efficacy data do not exist.

c. Podophyllin resin is no longer recommended because of the number of safer options available.

d. TCA or BCA can be used to treat small external warts during pregnancy but may not be as effective.

e. Imiquimod, podophyllin, and podofilox (podophyllotoxin), and sinecatechins should not be used in pregnant individuals.

f. If the neovagina was made using sigmoid colon tissue, treatments for intra-anal condyloma should be used.

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

This ¼-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline *Prevention and Management of Human Papillomavirus Infection in Adults With HIV*. The full guideline is available at www.hivguidelines.org.