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# Sexually Transmitted Infections

## Part 3: Viral Infections, Ano-Genital Warts/Human Papilloma Virus (H.P.V.), The Herpes Simplex Virus (H.S.V.) or Herpes, and Molluscum Contagiosum

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In this article I will continue to discuss more of the viral S.T.I.s. In part three of viral S.T.I.s I will talk about ano-genital warts / human Papilloma virus (H.P.V.), herpes simplex virus / herpes, (H.S.V.) and Molluscum Contagiosum. These viruses are the most common S.T.I.s. Many people have concerns about the following S.T.I.s, especially herpes and H.P.V. and I will attempt to provide basic knowledge of these.

As I have stated before in the previous articles, this article is to be used as information only. If you have any questions or concerns regarding these or any sexual health problems, please consult your G.P. or sexual health clinic.

***A first episode [of Herpes] during pregnancy could, however, be serious and immediate attention is required, especially in late pregnancy.***

### Ano-Genital Warts / Human Papilloma Virus (H.P.V.)

#### What causes Ano-genital warts?

Ano-genital warts are caused by Human Papilloma Virus (H.P.V.) infection. There are over 150 different strains of H.P.V. affecting various parts of the body.

H.P.V. is one of the most common sexually transmitted infections and it is estimated that 80 percent or more of the sexually active population is infected by the virus but only 1 percent of infected people develop warts (i.e. will have a visible wart or warts). Therefore most people do not know that they are infected by the virus.

H.P.V. infection presents in the following ways:

- Visible warts which can be found anywhere on the genital or anal area;
- Sub-clinical infection, which is where no warts are visible but microscopic changes show that the virus is present (this is usually found on a Pap smear or biopsy); or
- Latent infection, where the virus is only detectable using laboratory techniques reserved for research purposes. Most people infected with H.P.V. have latent infection.

H.P.V. infection is spread by genital skin to genital skin contact with another person. It is most likely to be transmitted when visible warts or subclinical infection is present. Because condoms only cover the penis, other areas, such as the groin, testes and areas surrounding the vagina many not be protected. H.P.V. may also be spread on sex toys or potentially even from fingers if they have come into contact with one person's genitals and then someone else's.

It is also important to point out that having anal warts does not mean that someone has had anal sex. Also please note that warts on other parts of the body (hands etc.), cannot spread to the genitals. Ano-genital warts only spread to this type of skin.

#### What is the treatment?

There is currently no cure for H.P.V.. Treatments can remove the warts or the infected cells but they will not get rid of the virus from the skin. Most warts can be treated by applying:

- Freezing agents such as liquid nitrogen;
- Chemical based solutions/creams such as Podophyllotoxin; or
- Immune boosting based creams such as Imiquimod.

The doctor or nurse will discuss which treatment is most suitable, depending on the number, the size and location of the warts. Treatment is usually not painful but can be uncomfortable (this may vary from person to person) and does not result in scarring.

It is possible that recurrences of ano-genital warts may occur after treatment has completed. For this reason it is sufficient to examine the anal and genital area at least once a month. If new warts develop it is easier to treat them early when they are smaller.

## Does H.P.V. cause cancer?

Specific strains of the H.P.V. have been associated with abnormal cell changes on the cervix, vulva, penis or anus. Only a few of these virus strains, however, are strongly associated with early signs of cancerous cell changes. The risk is increased by other factors, such as smoking.

## The Herpes Simplex Virus (H.S.V.) or Herpes

The Herpes Simplex Virus (H.S.V.) causes herpes, one of the most common infections in humans. There are two types of H.S.V. and both can occur in any area of the skin. Type one is usually found around the mouth and is commonly known as a "cold sore" and type two is usually found around the genital or anal area. Approximately one in eight adults carries the H.S.V.2 and the majority of those affected do not know it. This is because most people do not have symptoms or do not get the "classical" visible herpes blisters.

Once a person is infected with H.S.V., it travels along the nerves that are connected to the affected area of the skin and lies dormant in this nerve pathway. The virus can re-activate later and travel along the nerve to the skin surface and cause a recurrent episode.

### What are the symptoms?

The first episode of genital herpes may cause symptoms such as fever, muscle aches, headaches and fatigue. Local symptoms on or near the genitals include the development of fluid filled blisters (vesicles), that break and cause genital ulcers that may be painful and cause pain when passing urine. The severity of the first episode, however, is extremely variable and in some people the symptoms are very mild or may be unnoticed. All people who suspect they are having their first episode of H.S.V. should seek immediate medical attention. It is important the diagnosis is confirmed.

Recurrent episodes are usually less severe and of a shorter duration. Some people may get a variety of symptoms before a recurrence occurs. This is called a "prodrome" where symptoms such as itchiness, numbing or tingling sensations occur at the skin site.

### How does someone get infected?

H.S.V. is transmitted by close skin contact with someone who has the infection. This usually occurs during vaginal, anal or oral sex. Condoms do not remove the risk entirely as the condom may not cover the infected part or may not remain in place for the duration of the sexual activity.

Transmission can also occur if there is skin-to-skin contact without penetrative sex. Transmission occurring from individuals with obvious symptoms is well documented, but many people are unaware they are infected with H.S.V. because they have no symptoms, or very minor ones that may go unnoticed. Most herpes is transmitted from people who are shedding the virus in the absence of symptoms.

### How often does herpes recur?

Recurrent episodes occur in most, but not all people and can happen years after the first episode. The interval between episodes varies greatly between individuals. Genital infection with H.S.V.1 is much less likely to recur than genital infection with H.S.V.2. H.S.V.2 around the mouth rarely occurs. Recurrences occur when the virus inside the nerve cell is reactivated. For many people there does not seem to be a pattern to their recurrences while others notice that recurrences occur when they are premenstrual, tired, stressed, sunburnt or they consume excessive alcohol and other drugs.

### What is the test for herpes?

Most of the tests for herpes involve taking a swab at the site where symptoms are felt. Some blood tests may also be available. It's important to specify the type of H.S.V. it is to know how to manage it. Adjusting to a diagnosis can be difficult at first and support is available from your doctor, nurse or psychologist.

### Are there any treatments for herpes?

There is no cure for herpes. There is, however, a medication called "antivirals" that can help with symptoms. They are prescribed in two ways:

- Episodic treatment (a short course): to reduce the length and severity of a genital H.S.V. reoccurrence. This may be suitable for infrequent reoccurrences.
- Suppressive treatment (a long course): to reduce the frequency of reoccurrences. This may be suitable for people who have frequent reoccurrences.

### Herpes in pregnancy

H.S.V. is not transmitted by sperm, nor does it affect fertility. Recurrent episodes during a pregnancy very rarely affect the baby in the uterus. A first episode during pregnancy could, however, be serious and immediate attention is required, especially in late pregnancy. Male partners with genital herpes who have female partners who are pregnant should take precautions and discuss transmission prevention strategies with a doctor.

Women should advise their obstetrician or midwife that they have had genital herpes in case a recurrence is experienced at the time of

childbirth. In this case she may be advised to have a caesarean section to avoid transmission of herpes to the baby. A woman may be prescribed a course of anti-viral medication in the last trimester of pregnancy.

### Hints for managing recurrences

Bathing in salt water and taking mild analgesia such as paracetamol may help with pain. During an initial outbreak or a severe recurrence, people sometimes have trouble passing urine. Drinking water can help dilute urine, making it easier to urinate. Sitting in a tepid bath and urinating there may help. If recurrences are frequent or uncomfortable seek medical advice.

As with all infections discussed, condoms should be used as they may reduce the risk of transmission of herpes. It is advisable to avoid sexual contact during herpes recurrences from the time of prodromal symptoms (burning, tingling, itching sensation at or near the affected area) until the sores have completely healed.

## Molluscum Contagiosum

### What is Molluscum Contagiosum?

Molluscum Contagiosum is a viral infection of the skin. It presents as multiple round, small, waxy lumps that have a dimple or core in the middle.

In sexually active adults, Molluscum Contagiosum are found mainly in the genital area but may affect other parts of the body (such as the abdomen or thighs).

Because of their appearance they are sometimes mistaken for warts or even pimples.

### How is it spread?

Molluscum Contagiosum is transmitted by close physical (skin to skin) contact. Sexual intercourse is not required to transmit the virus.

### What is the treatment?

Molluscum Contagiosum can be removed by freezing with Liquid Nitrogen or by using a needle to "de-roof" the core. Treatment may be slightly uncomfortable. Freezing is the advised treatment.

If Molluscum Contagiosum are not treated they will eventually clear themselves. This may, however, take between two weeks and two years and, if untreated, they may be transmitted to other people.

It may be advisable for sexual partners to see a doctor for a check-up if they have any unexplained lumps.

**I hope people have found these articles on common S.T.I.s helpful. As I have often said, the aim of these articles is not to worry people but to give some information and education. Sex is meant to be enjoyable. Being aware of any risks involved in sexual activity and how to reduce these risks will hopefully add to your sexual pleasure.**

**If you have any questions or concerns regarding your sexual health, please ask your doctor, nurse or sexual health clinic.**

### Maggie Smith R.N.

**Maggie was born in Brisbane and grew up on Stradbroke Island and moved to Sydney in 1996. She has been a nurse for over twenty years and is currently working as a clinical nurse specialist in sexual health and H.I.V. services. Through this role she was introduced to the transgender community and the specific, specialised and often under-resourced area of health care and education. She is committed to improving access, knowledge and skills in health care to the transgender community especially within sexual health and is especially passionate about raising awareness within the medical and nursing field of the need for improved health services to the transgender community. As a member of the Gender Centre's Management Committee for several years, she has assisted the Manager and staff in developing health services through her knowledge of the health care system.**

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specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.