

South East London Treatment Guidance

USE OF 9-VALENT HPV VACCINE (GARDASIL®) IN THE TREATMENT OF ANOGENITAL WARTS IN MEN AND WOMEN

The treatment of anogenital warts is managed by the Sexual Health Teams at LGT, GSTFT and KCH.

Standard treatments for anogenital warts are listed below. The decision to use the 9-valent HPV vaccine (Gardasil 9®) should be made only if all appropriate treatment options listed have resulted in an inadequate response (an adequate response is a >50% resolution). If a patient has an inadequate response to one treatment modality they should be switched onto another from the list, until all options appropriate to the clinical picture have been tried. The list below does not indicate which order these treatments should be used as this is dependent on individual clinical scenario and local treatment pathways. The vaccine is not considered to be an option in pregnant patients.

The dosage of 9-valent HPV Vaccine (Gardasil 9®) is a total of three doses administered at 0, 2 and 6 months.

9-valent HPV Vaccine (Gardasil 9®) must only be used following local MDT approval.

- Podophyllotoxin twice daily for 3 consecutive days a week for up to 4 weeks
- Imiquimod 5% cream once a day on alternate days for 3 days a week (e.g. Monday/Wednesday/Friday) for up to 16 weeks [review after 4-5 weeks for efficacy]
- Cryotherapy once weekly for up to 4 weeks

TABLE TO SHOW POSITION OF 9-VALENT HPV VACCINE IN TREATMENT OF WARTS

External genital warts		Perianal warts	Keratinised or bulky warts >4cm	Men: Urethral meatal warts (base visible)
Multiple warts	One or few warts			
3 rd line <i>following podophyllotoxin and imiquimod</i>	4 th line <i>following cryotherapy, podophyllotoxin and imiquimod</i>	3 rd line <i>following cryotherapy and imiquimod</i>	3 rd line <i>following cryotherapy and imiquimod</i>	3 rd line <i>following cryotherapy and imiquimod</i>

Approval date: July 2026 **Review date:** July 2028 (or sooner if evidence or practice changes)

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