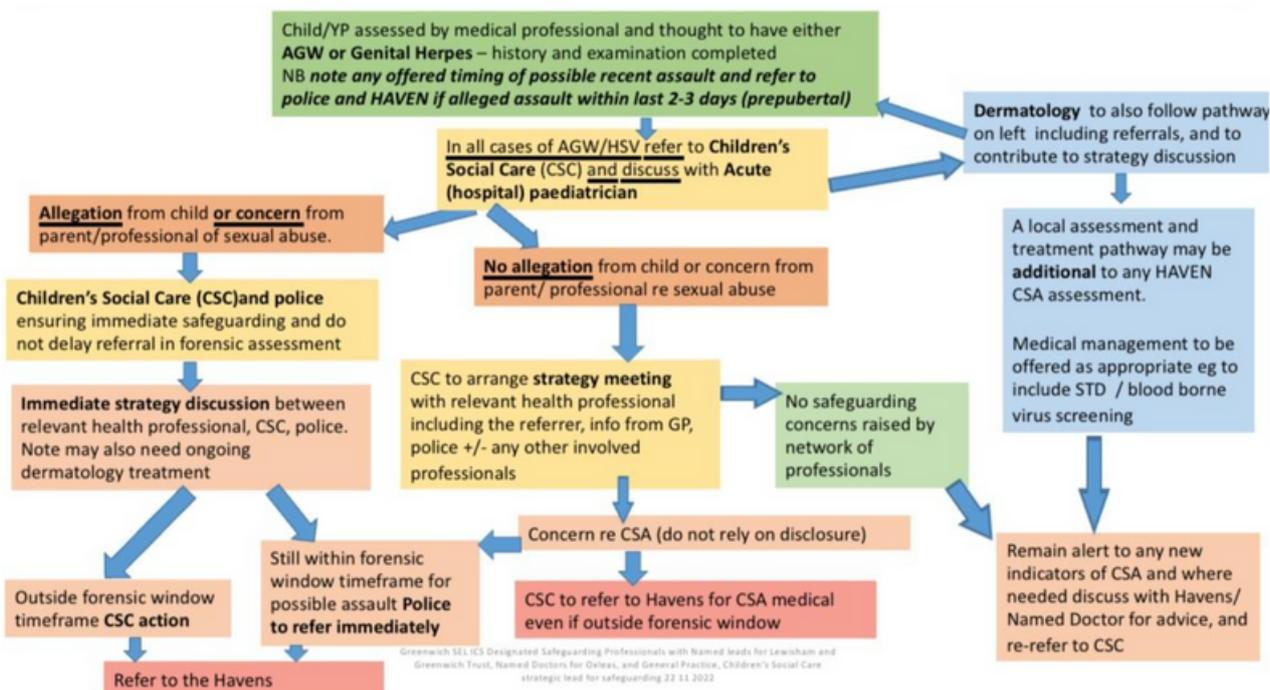


SAFEGUARDING

Please be aware of the processes we have in place for Safeguarding, should you come across any situations where you are concerned about the safety or wellbeing of one of your patients, please feel free to escalate these concerns. Please revisit the below:

Anogenital warts and genital herpes simplex pathway in PRE-PUBERTAL children



The above pathway is based on the BASHH Guidelines March 2021. Please see guidelines for full details - <https://www.bashguidelines.org/media/1262/children-and-yp-2021.pdf>

Evidence Statement for Anogenital Warts :

A significant proportion of children (31% to 51%) with anogenital warts have been sexually abused. The evidence does not help to establish the age at which the possibility of vertical transmission can be excluded.

Issues for clinical practice

- Sexual abuse must be considered in any child presenting with anogenital warts
- The diagnosis of anogenital warts in a child under 13 years of age dictates referral to child protection services; children over 13 years of age need to be considered on a case-by-case basis. A decision not to disclose should be discussed with a named or designated child protection doctor with the final decision and reasons recorded

Evidence statement for genital herpes simplex virus:

There are very few published studies to inform whether sexual abuse is likely to be the mode of transmission in children with genital herpes. However, where infected children have been evaluated, one in two and six in eight were found to have been abused.

Issues for clinical practice

- In children with genital herpes, CSA should always be considered
- Autoinoculation needs to be considered
- The diagnosis of genital herpes in a prepubertal child necessitates an urgent referral to child protection services
- A positive diagnosis of genital herpes in the mother does not exclude CSA