Greenwich Referral Pathway for Anogenital Warts (AGW) and Genital Herpes Simplex in PRE-PUBERTAL Children

Child/YP assessed by medical professional and thought to have either **AGW or Genital Herpes** – history and examination completed
NB ***note any offered timing of possible recent assault and refer to police and HAVEN if alleged assault within last 2-3 days (prepubertal)***

Dermatology to also follow pathway on left including referrals, and to contribute to strategy discussion

In all cases of AGW/HSV refer to **Children's Social Care** (CSC) and discuss with **Acute (hospital) paediatrician**

A local assessment and treatment pathway may be **additional** to any HAVEN CSA assessment.

Medical management to be offered as appropriate eg to include STD / blood borne virus screening

Allegation from child **or concern** from parent/professional of sexual abuse.

Children's Social Care (CSC)and police ensuring immediate safeguarding and do not delay referral in forensic assessment

Immediate strategy discussion between relevant health professional, CSC, police. Note may also need ongoing dermatology treatment

Outside forensic window timeframe **CSC action**

Refer to the Havens

Still within forensic window timeframe for possible assault **Police to refer immediately**

No allegation from child or concern from parent/ professional re sexual abuse

CSC to arrange **strategy meeting** with relevant health professional including the referrer, info from GP, police +/- any other involved professionals

No safeguarding concerns raised by network of professionals

Concern re CSA (do not rely on disclosure)

CSC to refer to Havens for CSA medical even if outside forensic window

Remain alert to any new indicators of CSA and where needed discuss with Havens/ Named Doctor for advice, and re-refer to CSC

Greenwich SEL ICS Designated Safeguarding Professionals with Named leads for Lewisham and Greenwich Trust, Named Doctors for Oxleas, and General Practice, Children's Social Care strategic lead for safeguarding 22 11 2022

The above pathway is based on the BASHH Guidelines March 2021. Please see guidelines for full details - https://www.bashhguidelines.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