Management of Anogenital Warts in Children

Reference: 1842v1.1
Written by: Dr Anna Ramsbottom, Consultant Paediatrician CAU.
Peer reviewer: Dr Edna Asumang, Named doctor for safeguarding children.
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Review Due: November 2021

Purpose

This guideline is for the management of anogenital warts presenting in children. This guideline aims to ensure that the management of anogenital warts at Sheffield Children’s Hospital follows the best practice guidance published by the RCPCH in ‘The Physical Signs of Child sexual Abuse, An evidence-based review and guidance for best practice, May 2015.’ The guideline aims to ensure a consistency of approach, and an assessment of child protection needs where required, as well as treatment of the warts if required.

Intended Audience

Child Assessment Unit Paediatric Consultants, Dermatologists and Paediatric medical teams, Referring GPs and Children’s social workers.
1. Introduction

Anogenital warts are caused by the human papilloma virus, HPV, and are the most common clinical presentation of genital HPV infections, the majority of which are subclinical. In adults, anogenital warts are acquired through sexual transmission and most adults have been exposed to and carry subclinical HPV. In children four mechanisms for infection have been proposed,

- Vertical transmission from an infected mother
- Auto-inoculation from non-genital warts (i.e. on their own hands)
- Hetero-inoculation – contact between the child’s anogenital region and infected other person or contaminated object/surface.
- Sexual transmission

Currently evidence only exists for perinatal vertical transmission or sexual transmission. In adults anogenital warts can be transient or latent for many years. In children the true incubation or latency period is not known. Anogenital warts can regress spontaneously in children and adults.

Key Messages from Published Evidence;

- Anogenital warts have been reported in sexually abused children.
- Sexual transmission has been reported to be the cause of infection in a significant proportion of children with anogenital warts.
- Older children are more likely to have sexual transmission confirmed or proven as the route of transmission, but this may be affected by the fact that pre-verbal younger children are less likely to disclose abuse.
- There is a lack of evidence to support a cut-off age below which vertical transmission can be assumed to have occurred.
- HPV typing does not help to clarify whether or not sexual abuse is the route of transmission.

Recommendation for clinical practice

- Sexual abuse must be considered in any child presenting with anogenital warts.
- Children under 13 years old with anogenital warts should be referred to child protection services for an assessment.
- Children over 13 years of age with genitourinary warts should have their need for a referral to child protection services considered on a case by case basis.

Summary of information from – The Physical Signs of Child Sexual abuse, an evidence based review and guidance for best practice, May 2015. RCPCH

2. Intended Audience
Paediatric Consultants in the Child assessment Unit, Paediatric Dermatology Consultants and Associate Specialists, GPs in Sheffield and Children’s social care.

3. Guideline Content

**Presentation of Child to GP with ano-genital warts.**

History to be taken by GP

- Has there been any disclosure by the child of sexual abuse?
- Do the parents / carers of the child have any concerns that the child has been sexually abused?
- Does the child have, or have they ever had, a child protection plan?
- Do any other children in the family have, or have they ever had, a child protection plan?
- Does the GP have concern that the parents / carers or other household members or close contacts could pose a risk to children?
  - Known perpetrators of sexual abuse. Concerns about neglect, domestic violence, substance abuse etc.
  - It is not intended that the GP conducts a child protection assessment - but they should check for recorded vulnerabilities on the child’s GP records.

**Yes** to any of the above questions –
Refer to Children’s Social Care (as you would usually do for a child protection concern) Sheffield Safeguarding Hub – 0114 2734855 and request that a Child Protection Medical Assessment to assess for possible sexual abuse is arranged in the Child Assessment Unit at the Sheffield Children’s Hospital. Arrangement of a medical by Children’s Social Care will ensure that all the relevant information is available to the paediatrician to conduct a full assessment, and that any Child Protection assessment required by CSC is conducted at the same time.

**No** to all of the above questions –
- If child < 13 years old; GP to refer directly to the Child Assessment Unit at Sheffield Children’s Hospital for a medical assessment.
  Tel 0114 2267803

Please state in your referral that you are referring for assessment and treatment of ano-genital warts, and there are currently no added concerns about sexual abuse.
  - If Child > 13 years old
    - Can be referred to the CAU as for < 13 years old.
    - Can also refer directly to dermatology.
May refer / self-refer to Sexual Health Sheffield for assessment and treatment.

Assessment in Child Assessment Unit

Cases referred in by CSC – to be managed as usual for acute / historical concerns about CSA.

Cases referred in by GP
- To be booked in to Child Protection clinic on Friday morning.
- Timescale – To be seen in CAU within 4 weeks
- Child Protection Enquiry to be made in advance to see if the child or family are known to CSC by calling CPET; Tel 2734925
- May also require a Dermatology clinic appointment on the same day to discuss treatment—see Dr Manar Moustafa / Dermatology nurse practitioner. Agreement in place with Dr Moustafa that one child may attend at the end of Friday morning dermatology clinic on an ad-hoc basis.

Assessment

- Full medical assessment, using standard child protection proforma to be done including a family history of warts and site / type.
- Full examination, including video colposcopy of genital examination with consent.
- Infection screening for STI's
  - Urine - NAAT screen for chlamydia and gonorrhoea
  - Finger prick blood test for HIV, Hep B/C, and Syphilis serology (to be done in out-patient dept after assessment.)
  - X2 perianal swabs - 1 for MC&S
    - 1 NAAT for Chlamydia /gonorrhoea
  - Girls – x2 vulvo-vaginal swabs for MC&S / NAAT for chlamydia / gonorrhoea
  - Boys – x2 meatal swab if there is discharge for MC&S / NAAT for chlamydia / gonorrhoea

Management after CAU assessment

- If after assessment it is thought that sexual abuse is a probable / likely cause of ano-genital warts – refer to Children's Social Care.
- Treatment of ano-genital warts to be done in the dermatology clinic, with appropriate clinical follow-up arranged by the dermatology team.
- Signpost parents / family to Sexual Health Sheffield if required.
- Results of STI screening to be sent by letter to parents / carers and GP.
- Positive STI screening results will require referral to CSC and follow-up in CAU.
4. References

The Physical Signs of Child Sexual abuse, an evidence based review and guidance for best practice, May 2015. RCPCH

5. Appendices

1. Flowchart for GP management
2. Sample Standard letter to GP to explain the guideline and method of referral.
3. Template letter to parents / carers to explain the need for a CAU assessment.
1. Flowchart for GP Management

Management of Anogenital Warts in Children

Anogenital warts seen by GP

Screening questions

- Has there been any disclosure by the child of sexual abuse?
- Do the parents / carers of the child have any concerns that the child has been sexually abused?
- Does the child have, or have they ever had, a child protection plan?
- Do any other children in the family have, or have they ever had, a child protection plan?
- Does the GP have concern that the parents / carers or other household members or close contacts could pose a risk to children?

Yes to any questions,
Refer to Children’s Social Care
Sheffield Safeguarding Hub – 0114 2734855
Request that a Child Protection Medical Assessment to assess for possible sexual abuse is arranged in the Child Assessment Unit at the Sheffield Children’s Hospital.

No to all questions.

Child < 13 years old.
GP to refer directly to the Child Assessment Unit at Sheffield Children’s Hospital for a medical assessment.
Tel 0114 2267803
Please state in your referral that you are referring for assessment and treatment of anogenital warts, and there are currently no added concerns about sexual abuse.

Child > 13 years old
Can be referred to the CAU as for < 13 years old.
Can also refer directly to dermatology, Sheffield Children’s Hospital.
Can also refer / self-refer to Sexual Health Sheffield for assessment and treatment.

2. Sample Standard Letter to GP: For those referrals received directly by dermatology, or general paediatrics, or to CAU without full information. To be sent on SCH headed notepaper and from CAU

Dr Anna Ramsbottom, Consultant Paediatrician Child Assessment Unit
Review date: November 2021
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Dear GP,

You have referred [Insert Child's name] to the Sheffield Children's Hospital for assessment and treatment of anogenital warts.

In adults, ano-genital warts are acquired through sexual transmission and most adults have been exposed to and carry subclinical HPV, wart virus.

Ano-genital warts in children are known to be transmitted by perinatal vertical transmission or sexual transmission. In children the true incubation or latency period is not known.

- Ano-genital warts have been reported in sexually abused children.
- Sexual transmission has been reported to be the cause of infection in a significant proportion of children with ano-genital warts.

The current recommendation is therefore that all children presenting with ano-genital warts have a child protection assessment by a paediatrician to determine their risk of sexual abuse.

Please refer to the enclosed flowchart for referral and guideline for ano-genital wart management.

Please contact the Child Assessment Unit at Sheffield Children's Hospital 0114 2267803 to inform us if;
- you are making a referral to social care, or
- wish us to proceed with an assessment in CAU without social care referral.

We will contact the parents / carers to inform them why an assessment in CAU is required,

Thank you,
Yours sincerely,
3. **Template for letter to Parents:** To inform parents of the need for a CAU assessment.

**CHILD ASSESSMENT UNIT**  
Sheffield Children’s Hospital, Western Bank, Sheffield, S10 2TH  
Tel. 0114 22 67803 Fax 0114 22 67865

Consultant:  
Consultant code  
Hosp no.  
NHS no.  

Date  
**Private and Confidential**  

Parent(s) Guardian(s)  
Child’s name  
Address  

Dear Parent(s) Guardian(s)  

**Re: Name and DOB**  

We have received a referral letter at the Children’s Hospital from your GP, [GPs name]. We have been asked to see [name] who I believe has some warts on their genital area.  

**We would like to see [name] in our paediatric clinic in the Child Assessment Unit on Friday morning [date] at 11am.**  

Children with warts on their genital area need a full assessment before they are treated. Genital warts are quite common. They are caught in a number of different ways. Children can get the virus from their mothers during their birth; the warts may not show up for many years. Warts can also be a sexually transmitted infection. This is the commonest way in which adults get them. It isn’t clear whether or not children can get warts on their genital area from warts on their fingers or other areas.  

Because there are a number of different ways in which children can get genital warts we do need to do a full assessment of [name] before arranging for treatment.  

After [name's] appointment in the Child Assessment Unit we will send them straight round to the dermatology clinic for treatment if this is required. The dermatologist will then follow up to complete the treatment course.  

I am sorry if this type of assessment causes anxiety, do please bring any questions that you have to the Child Assessment Unit and we will do our best to answer them.  

Thank you  

Yours sincerely  

**Checked and electronically signed to prevent delay**  

**Consultant Paediatrician**  
copy to GP  

Dr Anna Ramsbottom, Consultant Paediatrician  
Child Assessment Unit  
Review date: November 2021  
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