

## Pathway for ANO-GENITAL WARTS IN CHILDREN AND YOUNG PEOPLE

Ano-genital warts (AGW) are caused by Human Papillomavirus (HPV). There are over 200 types, with two low risk types mainly responsible for ano-genital warts. It is also possible for hand wart varieties to affect the ano-genital area, particularly in children, making typing of the virus unhelpful in establishing a mode of transmission. The virus is passed through skin to skin contact, but not everyone who has been exposed will develop warts

In adults, AGW are one of the most common sexually transmitted infections and most adults have been exposed to and carry subclinical HPV. AGW can be transient or latent for many years. In children, neither the true incubation nor latency period is known. AGW may regress spontaneously in children and in adults

Four routes of transmission for ano-genital warts are proposed in children:

- Sexual
- Vertical transmission (in utero or at the time of birth)
- Autoinoculation (eg from a child's own hands)
- Hetero-inoculation (from non-sexual contact eg nappy changing)

Currently evidence only exists for the first two routes

### **Child Sexual Abuse must be considered in any child presenting with AGW**

Evidence shows that between 31 – 58% of children with ano-genital warts have been sexually abused, therefore any possible indicator of child sexual abuse, or concerns about other forms of abuse should prompt referral. The evidence does not help to support a cut off age below which vertical transmission can be assumed to occur

**NB** Children over 13 years of age may present to Integrated Sexual Health Services (ISHS) and be managed in that setting. In that case, a risk assessment must be applied to understand whether or not there are any indicators of sexual abuse or sexual exploitation. If the sexual health professional is assured that the young person is involved in a consensual relationship with a similar aged partner, it is not necessary to discuss every child aged 13 years and over with EMCYPSAS. For younger children, or if there are any concerns, referrals / discussions should take place appropriately, as indicated in the flow chart.

Telephone discussion may take place between paediatricians and clinical staff in the Integrated Sexual Health Service for advice or discussion about the best route to assess children (contact details below)

**CONTACT DETAILS: Paediatric referrals should be made in writing, with an expectation that children are seen within 4 weeks**

### **FOR PAEDIATRIC ASSESSMENT FOR ANOGENITAL WARTS: Referral by letter**

**South Derbyshire and Derby City children:** Community Paediatrician, Derbyshire Healthcare FT, Kingsway Hospital, Derby

**North Derbyshire children:** Consultant Paediatrician at Chesterfield Royal Hospital, Calow, Chesterfield



**FOR REFERRAL TO CHILDREN’S SOCIAL CARE**

Starting Point (in Derbyshire) 01629 533190

Initial Response Team (in Derby City) 01332 641172, out of hours 01332 956606

**FOR DISCUSSION WITH EAST MIDLANDS CHILDREN AND YOUNG PEOPLE’S SEXUAL ASSAULT SERVICE: (EMCYPSAS) 0880 183 0023**

**FOR DISCUSSION BETWEEN PAEDIATRICIAN AND ISHS**

Chesterfield Royal Hospital Named Doctor or deputy: 01246 513008

Derbyshire Healthcare NHS Foundation Trust: 01332 623700 ext. 31537

Integrated Sexual Health Services, Derby City and Derbyshire County: Health Advisor: 08003283383

(See next page for flow chart)

[Derby and Derbyshire Safeguarding Children Partnership website](#)

[Derby and Derbyshire Safeguarding Children Procedures](#)

[Derby City and Derbyshire Threshold Document](#)

[Derby City and Derbyshire Dispute Resolution and Escalation Policy](#)

**Version control**

<b>Policy to be read in conjunction with the Derby and Derbyshire Safeguarding Children Procedures</b>				
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