BRITISH PAEDIATRIC SURVEILLANCE UNIT
Royal College of Paediatrics and Child Health
5-11 Theobalds Road, London WC1 X 8SH
Tel: 020 7092 6173 Fax: 020 7092 6196 Email: bpsu@rcpch.ac.uk Web: http://bpsu.inopsu.com

Gonorrhoea, Syphilis, Chlamydia, and Trichomonas infections in children aged 1 year up to thirteen years presenting to secondary care

Abstract

Infections which are sexually transmitted in adults are rare in childhood and we do not know the implications of identification of one of these infections for child protection. There is very little reliable evidence available. We do not know how commonly these infections occur, how often they are thought to be associated with sexual transmission, whether there are characteristic symptoms or reasons for presentation, nor how frequently child protection investigations are initiated and their resulting outcome.

This study of all cases of Gonorrhoea, Syphilis, Chlamydia and Trichomonas (the commonest bacterial and protozoal sexually transmitted infections in adults in the UK) among children under thirteen years in the UK and Ireland will gather epidemiological information to inform all these questions. Although we will not be able to determine the factors which would indicate sexual transmission with any certainty, the study will provide much needed epidemiological information on which to base recommendations about management and child protection implications

Principal Investigator

Dr Richard Reading
Consultant paediatrician
Norfolk and Norwich University Hospital
Colney Lane
Norwich NR4 7UY
Tel 01603 287624 Email: richard.reading@nnuh.nhs.uk

Co-investigators

Dr Geoff Debelle email geoff.debelle@bch.nhs.uk
Dr Jo Evans email jo.evans@nnuh.nhs.uk
Dr Gwenda Hughes Email: gwenda.Hughes@hpa.org.uk
Dr Karen Rogstad Email: karen.rogstad@sth.nhs.uk

Website

http://bpsu.inopsu.com/studies/current.html

Background

Gonorrhoea, Syphilis, Chlamydia and Trichomonas infections which are sexually transmitted in adults are rare in childhood and we know very little about them. They may be identified as the result of screening investigations after sexual assault or abuse, or they may present with symptoms or as a result of investigations for another apparently unrelated medical cause. Paediatricians face the dilemma of whether or not to initiate formal child protection investigations and have little evidence to present to child protection investigations. We do not know how commonly these infections occur, how often they are thought to be associated with sexual transmission, whether there are characteristic symptoms or reasons for presentation, nor how frequently child protection investigations are initiated and their resulting outcome.

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Coverage	United Kingdom and Republic of Ireland
Duration	January 2010 to January 2012
Research Questions	• Incidence of the four types of sexually transmitted infection in children aged 1 year up to thirteen years • Types of diagnostic test used • Mode of presentation • Associated clinical features • Features of the history, clinical findings or investigations which would indicate child sexual abuse • Outcome of any child protection procedures
Case definition	Any child aged between 1 and 13 years with a diagnosis of Gonorrhoea, Syphilis, Chlamydia or Trichomonas confirmed by laboratory tests. For syphilis we include infection at any site. For Gonorrhoea, Chlamydia and Trichomonas we include genito-urinary, rectal or oro-pharyngeal infections. Laboratory tests may vary at different centres but include bacteriological isolation, nucleic acid amplification tests, enzyme linked immuno-assay and serology.
Analytic case definition	Appropriate laboratory tests follow guidance in the RCPCH report on Physical Signs of Child Sexual Abuse (RCPCH 2008) and in a special supplement of the Sexually Transmitted Infections journal devoted to an evidence based review of appropriate diagnostic tests for sexually transmitted infections (Sexually Transmitted Infections 2006;82(Supplement 4)).
Reporting instructions	Please report any cases in which the diagnosis has been confirmed by laboratory tests in the last month. This includes cases with a longer history or cases of secondary syphilis, as long as the first laboratory confirmation has occurred during the surveillance period of this study.
Methods	Paediatricians reporting a case through the orange card system will be asked to complete a questionnaire seeking demographic, clinical and relevant child protection information. The questionnaire is in two parts, one containing identifying information, the other containing all other details, which are returned in separate envelopes to the investigators by the referring paediatrician in order to maintain confidentiality in the event of the post being misdirected, delivered to the wrong address or lost. If information is incomplete, for example child protection outcomes may not be known, the questionnaire will be sent out again at a time deemed appropriate by the reporting paediatrician.
Ethics approval	Approved by the London Research Ethics Committee (ref 09/H0718/56) and has been granted Section 251 Support by the Ethics and Confidentiality Committee of the National Information Governance Board ref ECC/BPSU 1-03 (FT1)/2009.
Funding	WellChild
References	• "Physical Signs of Child Sexual Abuse. An evidence based review and guidance for best practice" Royal College of Paediatrics and Child Health. Sexually transmitted infection. (Chapter 7). London: RCPCH, 2008 • A Thomas, G Forster, A Robinson, and K Rogstad, National guideline for the management of suspected sexually transmitted infections in children and young people. Arch. Dis. Child., 2003; 88: 303 - 311. • Sexually Transmitted Infections 2006;82(Supplement 4)