

GENITAL HERPES IN CHILDREN UNDER ELEVEN YEARS OF AGE PRESENTING TO SECONDARY CARE

Abstract

Genital herpes in prepubertal children is rare, and when it occurs, raises the question of possible sexual transmission. There is scanty evidence on modes of transmission, yet this information may determine whether or not a child protection investigation proceeds. This study will measure the incidence of genital herpes in young children in the UK and Ireland, and describe clinical, social, developmental and demographic features which might be associated with different possible modes of transmission. Paediatricians will be asked to report all possible cases first presenting to secondary care in children under 11 years of age. Evidence of virological confirmation of the diagnosis will be sought. The outcome of any subsequent child protection investigation or court proceedings will be collected. This will provide reliable, contemporaneous population based evidence about genital herpes in children and may guide policy and practice in this difficult area.

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Background

Genital herpes in prepubertal children is rare, and when it occurs, raises the question of possible sexual abuse. Paediatricians currently have very little evidence on which to base an opinion on possible mode of transmission, yet their advice is key to whether or not a child protection investigation proceeds. A recently published literature review highlights both the inconsistency in current guidelines and the weakness of epidemiological data on this condition (Reading and Ranaan-Eliya, 2006).

This study will provide data on the incidence of genital herpes in young children in the UK, and describe clinical, social and other features which might point to possible modes of transmission (sexual and non-sexual). It will not be able to confirm the mode of transmission because there is no way of definitively ascertaining whether sexual abuse has occurred or not. However, indicative data on anything more than a handful of cases is currently not available.

A national surveillance study is necessary to provide such data because of the rarity of the condition, the need to collect true population based data to eliminate referral bias, and because most cases will be referred to a paediatrician at some stage in the initial presentation because of the child protection implications.

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| Coverage | United Kingdom and Ireland |
| Duration | April 2007 - April 2008 (13 months). |
| Research Questions | <ol style="list-style-type: none"> 1. To estimate the incidence of genital herpes in children < 11 years in the UK and Ireland by age and sex 2. To describe the clinical presentation of cases 3. To describe clinical, developmental and social features which might indicate possible modes of transmission 4. To describe the extent and outcome of child protection enquiries consequent on a diagnosis of genital herpes. |
| Case definition | <p>Children age one month to ten years inclusive with typical herpetic vesicular lesions in genital or perineal area presenting as new cases to secondary care (includes recurrent cases seen for the first time in secondary care).</p> <p>(1) Proven cases: Herpes simplex isolated by viral culture, or PCR in association with typical lesions.</p> <p>(2) Suspected cases: Supportive evidence in addition to typical clinical lesions, e.g. rising paired antibody titres, viral culture from lesions elsewhere (such as oral lesions), giant multinuclear cells on cytology or positive viral culture in a physical contact.</p> <p>Excluded cases: Recurrent lesions previously identified <u>and</u> seen in secondary care. No viral isolation and no supportive clinical or virological evidence.</p> |
| Reporting instructions | Please report any case first seen by you or known to you in the last month that meets the case definition even if you believe it may have been reported by someone else. This particularly applies if you have been consulted by a non-paediatrician, e.g. a forensic medical examiner or a genito-urinary physician. Please note that notification to the BPSU does not replace other forms of reporting genital herpes infection to the HPA. |
| Methods | Paediatricians reporting a case through the orange card system will be asked to complete a questionnaire seeking information on infant diagnosis, management and outcomes. A further follow-up questionnaire will be sent when the infant is one year of age. |
| Ethics Approval | This study has been approved by the London MREC (Ref: 07/MRE02/9) and has been granted PIAG Section 60 Support (Ref: 4-06(FT6)/2006) |
| Funding | Birmingham Children's Hospital Research Fund. |

Supporting information for paediatricians

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2. The Stationary Office <http://www.everychildmatters.gov.uk/resources-and-practice/IG00060/>
3. Royal College of Paediatrics and Child Health. *Child Protection Companion*. RCPCH, 2006 <http://www.rcpch.ac.uk/Publications/Publications-list-by-title#C>
4. Royal College of Physicians. Physical signs of sexual abuse. London: RCP, 1997
5. Thomas A, Forster G, Robinson A, Rogstad K, Clinical Effectiveness Group. (2003) National guideline for the management of suspected sexually transmitted infections in children and young people. *Sex Transm Inf* 2002;78:324-331

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1. Health Protection Agency. STI data resource page. Retrieved Sep 14th 2005 from http://www.hpa.org.uk/infections/topics_az/hiv_and_sti/epidemiology/dataresource.htm
2. Reading R, Rannan-Eliya Y. Evidence for sexual transmission of genital herpes in children. *Archives of Disease in Childhood* 2006 ADC Published Online First: 5 December 2006. <http://dx.doi.org/10.1136/adc.2005.086835>
3. Scoular A. Using the evidence base on genital herpes: optimising the use of diagnostic tests and information provision. *Sexually Transmitted Infections* 2002;78:160-165