

## **Gonorrhoea, Syphilis, Chlamydia and Trichomonas Infections in Children**

### **The Conditions**

Gonorrhoea, Syphilis, Chlamydia and Trichomonas are among the commonest sexually transmitted infections in adults in the UK. They are virtually always spread by sexual contact among adults. They have serious consequences if untreated, yet they are all preventable and treatable.

Rarely these infections are identified in children. In some cases the cause of the infection is obvious. For instance, they may have been transmitted before or during childbirth from the child's mother. In other cases the child may have had sexual contact with another person known to have one of these infections. Some young people over the age of thirteen may have caught the infection in a consensual sexual relationship, but children younger than this, and many young people older than thirteen, may have been sexually abused.

If a child is thought to have been sexually abused, then the identification of a sexually transmitted infection provides evidence which may help the police, court or children's services make decisions about their protection. It also means the child can be given the correct treatment.

Alternatively, if one of these infections is found without any other evidence of sexual abuse, it can be difficult to know whether child protection investigations are needed. Although these conditions are transmitted sexually in adults, this may not always apply among children.

We actually know very little about these infections in children. We do not know how frequently they are identified, and we can not be certain how children catch these diseases. Expert guidance for doctors suggests that all children in whom one of these infections is identified should be suspected of being abused, but we do not know how often this guidance is followed, nor what the outcome is for children who are investigated for possible abuse.

The answers to these questions are vital if we are to protect children from sexual abuse and to provide reliable medical advice to child protection agencies.

## **The Surveillance Study**

We are planning to collect clinical information on all cases of children under thirteen years of age who present to hospital with one or other of these infections. We will do this through the British Paediatric Surveillance Unit. This collects monthly reports from all paediatricians in the UK and the Republic of Ireland about a series of rare childhood disorders. This system enables clinical information to be collected anonymously, confidentially and untraceably. The way the British Paediatric Surveillance Unit works is described in a public information leaflet ([http://bpsu.inopsu.com/publications/leaflets/BPSU\\_public-leaflet.pdf](http://bpsu.inopsu.com/publications/leaflets/BPSU_public-leaflet.pdf)).

We will be collecting information about how the child presented, the types of laboratory investigation used, and whether there were any other medical, developmental or social factors which might have a bearing on how the child contracted the infection. We will ask the paediatrician whether there were any features which might indicate possible child maltreatment, and whether further child protection investigations were carried out.

The results will tell us how often these infections occur, what proportion are properly investigated for child sexual abuse and how frequently a reasonable alternative mechanism of infection is identified. Although we will not be able to tell whether sexual abuse has occurred in each case, the results will provide much needed information on which to base recommendations about management and child protection implications.

The study has been funded by the children's medical charity WellChild. It has been approved by the London NHS Research Ethics Committee, it has also been approved by the National Governance Information Board-Ethics and Confidentiality Committee (which approves research studies which do not seek patient consent).

The study is being run from the Norfolk and Norwich University Hospital. The chief investigator is Dr Richard Reading, consultant paediatrician at the Norfolk and Norwich University Hospital. Other members of the team are Dr Gwenda Hughes from the Centre for Infections at the Health Protection Agency, Dr Karen Rogstad, consultant in genito-urinary medicine at Sheffield University Hospitals, Dr Jo Evans, consultant in genito-urinary medicine at the Norfolk and Norwich University Hospital, and Dr Geoff Debelle, consultant paediatrician at Birmingham Children's Hospital.

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