Updated 2010 BASHH Management of STIs and Related Conditions in Children and Young People

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Introduction

Updates reflect:

- Societal changes for young people [YP] growing up in an increasingly sexualised society through exposure to social media and internet pornography
- Successful prosecution of perpetrators in high profile child sexual abuse cases
- Increasing recognition of behaviours which identify children and YP who are vulnerable to or are being sexually abused and exploited

Has resulted in:

- Safeguarding legislation and policies becoming more robust
- Increased training, supervision and workload associated with reporting to safeguarding agencies

Overview

- Key updates
- Contents
- Highlights
- Challenges

Key updates

- "Children" includes YP under 18 yrs in line with statutory safeguarding children procedures and policies
- Evolving definitions for child sexual abuse (CSA) and child sexual exploitation (CSE) to enable successful prosecutions of perpetrators
- Management of vulnerable groups
 - Looked after children (LAC) incl unaccompanied asylum-seeking children (UASC)
 - Children and YP with learning or physical disabilities
 - Female genital mutilation (FGM)
 - Young MSM and Trans people
 - Young people living with HIV

Key updates

- You're Welcome: Quality criteria for making health services young people friendly [2017], refreshed standards for piloting
- Brook / BASHH "Spotting the Signs" A national pro-forma for identifying risk of child sexual exploitation in sexual health services [2014]
- RCPCH publication: The Physical Signs of Child Sexual Abuse (2nd Edition) 2015
- Updates to consent and confidentiality regarding children in line with new legislation:
 - Health and Social Care Act (2013)
 - General Data Protection Regulation (2018)
 - Working Together to Safeguard Children [July 2018]

What's included

- Scope
- Methodology
- Epidemiology of STIs and conceptions in children and young people
- Young people's sexual health services: delivery and standards
- Safeguarding children and young people
- Management of specific groups
- RCPCH: The Physical Signs of Child Sexual Abuse (2nd Edition), 2015
- Auditable outcome measures for young people's sexual health services
- Appendix

Scope

 For use in UK sexual health services and may also apply to other health care settings providing sexual health advice, management or treatment to YP

- Recommendations on the assessment, examination, and diagnostic tests for the effective management of children and YP at risk of, or who have an STI
- Offers guidance on consent and confidentiality issues

Methodology

- Working group members were assigned topics relating to their expertise and specialist knowledge, agreed updates incl common queries to BASHH ASIG
- BASHH CEG 2015 'Framework for guideline development and assessment' for NICE accreditation
 - GRADE system assesses evidence for recommendations
 - Where there is lack of evidence eg use of best practice documents, good practice points were adopted

Epidemiology of STIs and conceptions in children and young people

- Includes STI data from the devolved nations with similar trends
 - Rates of STIs are lower in under 16s cp 16-19s
 - Under 16s > 80% female
 - Commonest STI chlamydia
- Success of HPV vaccination programme on reducing new genital wart infections
- Teenage pregnancy rates at lowest level since reporting began
 - reduced across all levels of deprivation, with rates in most deprived areas falling more
 - YP continue to be at highest risk of unintended or unplanned pregnancies
 - TP remain higher in the UK compared with Western European countries

Young people's sexual health services: delivery and standards

Compliments:

- BASHH STI outreach standards [2016]
- BASHH standards for the management of STIs [2019]
- BASHH FSRH joint standards for online and remote providers [2019]
- Includes section on online STI testing services:
 - Robust risk assessment for child sexual abuse [CSA] and child sexual exploitation [CSE]
 - Where indicated, appropriate 1-1 or face to face follow-up
 - Following an online disclosure, safeguarding procedures should be followed

RCPCH: The Physical Signs of Child Sexual Abuse (2nd Edition), 2015

- An evidence based review and guidance for best practice has been adapted
- The STI section reviews the significance of STIs in relation to CSA with evidence statements and includes:
 - Any primary studies reporting STIs in children under 18 yrs where CSA has been confirmed or rigorously excluded in the study group
- Good practice sections useful for FME, Paed and GUM clinicians working in SARC:
 - Screening and testing for STIs in relation to CSA
 - Management of specific STIs and STI prophylaxis

YP auditable outcome measures

- Percentage and number of YP accessing services for first time:
 - Confidentiality discussed
 - CSE risk assessment using Spotting the Signs or similar risk assessment tool for under 18s
 - Pregnancy risk assessment and offer of full range of contraceptive methods incl emergency contraception or signposting to services
 - Uptake of testing for chlamydia
- STI re-infection rates in under 25s: previous acute STI and re-attending the same service, uptake of STI testing at 3/12
- Complexity of care using vulnerability codes as recommended BASHH Information Group:
 - Number of YP screened and identified
 - Drug and alcohol misuse
 - At risk of or experiencing CSE, domestic abuse, FGM and sexual assault
 - Safeguarding alerts and referrals to Children's Social Care, MASE panels and MASH

Appendix

- Data collection form audit trail for working group
- Brook Young peoples participation workshop report
- Definitions on consent to medical treatment: Fraser guidelines for under 16s and Mental Capacity Act 2005 for 16-17yrs
- Flow diagrams for STI screening in CSA
- STI treatment protocol
- CSE risk assessment

Highlights

- Recommendations and good practice points
- Inclusion of frequent BASHH ASIG queries with consensus statements
 - Information governance eg disclosure of partner information collected through STI PN
 - PEP and PReP for eligible YP; assessment includes competency, capacity and safeguarding issues
 - Prescribing in children under 16s
 - BASHH STI specific guidance documents do not cover under 16s
 - STI treatment protocol evidence base extrapolated from adults guidance using cBNF and CDC guidelines
 - Need for specialist Paed / pharmacy expertise for the use of off license dosing schedules
- Growing evidence base of STIs in under 16s as a marker of CSE

STIs as a marker of CSE

- STIs have been suggested as markers of CSE but to date very limited evidence
 - Berelowitz S, Firmin C, Edwards G. 'I thought I was the only one. The only one in the world' [The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups, 2012]
 - Spotting the signs, a national proforma for identifying risk of child sexual exploitation in sexual health services [2014]
- Recently published case control study identified 466 children aged 13-15 yrs attending SHS in 2012 using GUMCAD:
 - STI diagnosis of GC, chlamydia or trichomonas was significantly assoc with 'highly-likely/confirmed' CSE (OR 3.87, p=0.017) and safeguarding concerns (OR 1.94, p=0.022)
 - Evidence of an assoc btw STI diagnosis and 'highly-likely/confirmed' CSE persisted after adjustment for partner numbers and prior clinic attendance (OR 3.85, p=0.053)

Ward C, Hughes G, Mitchell HD, et al Association between STI and child sexual exploitation in children under 16 years old attending sexual health clinics in England: findings from a case—control study Sex Transm Infect Published Online First: 17 April 2019. doi: 10.1136/sextrans-2018-053842

Challenges

- Wide scope of guidance document, volume of statutory legislation and resulting policies and the use of grey literature, third sector and expert opinion
- Balancing safeguarding and young peoples rights to confidentiality, with whom their information is shared with and data protection
- How to increase young peoples engagement in shaping future sexual health services and BASHH PPE work to inform "PIL"
 - social media platforms / Vloggers / YouTube / Apps
- Ensuring guidance supports commissioning of sexual health services seeing children
 - auditable outcomes, updating the ISHT with recognition of the workload associated with safeguarding eg MDTs, referrals and safeguarding supervision
- How to keep the STI treatment protocols for children and YP up to date given the rapidly changing antibiotic regimes for bacterial STIs

What's next??

- Public consultation by the end of summer 2019
- Welcome your feedback and comments

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Thank you!!