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 (2\textsuperscript{nd} 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
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 pro forma 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)

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!!