Children with Sexually Transmitted Diseases (STDs)

Manitoba Health
Public Health
Communicable Disease Control Unit

Case Definition

Sexual abuse of children comprises a range of exploitative acts such as exposure, sexual touching, sexual assault, prostitution and pornography.

Reporting Requirements

- A child 12 years of age or younger who has a sexually transmitted infection at any anatomical site, must be reported by health care professionals to the appropriate child protection agency, with the exception of infants who likely became infected through the birth process.
- Cases in children 12 to 18 years of age, among whom there is suspicion of sexual abuse, or in any case where the sexual partner is more than two years older, must also be reported to the appropriate child protection agency. This is in addition to the usual STD reporting requirements of Manitoba Health (see protocols for gonorrhea and chlamidial infection).

Clinical Presentation/Natural History

Physical evidence of sexual abuse may be absent or inapparent. Signs or symptoms of a sexually transmitted infection may also be absent in at least one-third of infected children, and will vary with the nature of the infection.

***N. gonorrhoeae* and *C. trachomatis*:** Due to the thinness of the vaginal wall and its alkaline pH, genital infections in female children are often characterized by vulvitis or vaginitis, together with erythema, edema, pruritus, excoriation, dysuria and pyuria. Male children with urethral infections may have mild to copious purulent discharge, dysuria and genital itching. Rectal infections may be present despite the child being otherwise asymptomatic. Conjunctival infections may present with purulent or serous discharge and inflammation.

Etiology

Sexually transmitted diseases can be transmitted to a child through sexual abuse during oral-genital, genital-genital and ano-genital contact. Rarely, if ever, are STDs transmitted by non-sexual contact, with the exception of perinatal infections. All STDs that occur in adults can also occur in children.

Epidemiology

Occurrence: The prevalence of sexual abuse in children is unknown. It is felt that only a fraction of sexual abuse cases are reported at the time of occurrence. In a national study in 1985, sexual abuse during childhood was reported by 27% of adult females and 16% of adult males. In addition, a national poll in the United States commissioned by the National Committee to Prevent Child Abuse in 1995 indicated that 23% of parents (30% of mothers, 9% of fathers) reported that as a child they had been "forced to touch an adult or older child, or had been forcibly touched by an adult or older child in a sexual way; or that they had been forced to have sex with such an individual."

The risk of STD transmission to the sexually abused child will depend upon the prevalence of STD in the community, the presence of an STD in the perpetrator and the extent and type of abuse.

Susceptibility and Resistance: The genital tract of prepubertal girls provides a different microclimate for STD pathogens than that of a post-menarchal female. The prepubertal cervix is less susceptible to infection with *N. gonorrhoeae* or *C. trachomatis*. The development of endometritis and salpingitis is also uncommon in this situation.

Diagnosis

- Positive laboratory test results for a sexually transmitted infection from the pharynx, vagina/cervix, rectum, urethra or eye.

- As children may experience the same array of sexual activity as adults, and because children may not fully disclose the history of sexual abuse activities when questioned, it is important to test for *N. gonorrhoeae* and *C. trachomatis* from oral, rectal and genital sites. Multiple site isolates can yield significant positive results not predictable by the history of the sexual abuse episode. In some studies, one third of infections were discovered at sites allegedly not involved in the abuse.

The likelihood that child sexual abuse, rather than persistent perinatal transmission, has caused an infection should be strongly considered with:

- *N. gonorrhoeae* infection in a child over one month of age, and particularly over six months of age;
- genital or rectal chlamydial infection over six months of age, although perinatally acquired chlamydial infection may colonize an infant for up to three years;
- genital or perianal warts in a child over 18 months of age, and particularly over two years, although the latest age at which perinatally acquired human papillomavirus infection (HPV) can become initially symptomatic is not clearly defined;
- genital or perianal *Herpes simplex* virus infection over three months of age, although alternative routes of infection should be considered;
- genital *T. vaginalis* infection over six months of age, although there may be non-sexual means of transmission.

  Note: Bacterial vaginosis and positive cultures for Gardnerella infection are not by themselves diagnostic of sexual abuse.

Specimen Collection and Laboratory Diagnosis:

- Testing for STDs in children should only occur if there is a history and/or physical findings that suggest sexual contact.
- Specimens should be obtained during a single visit to minimize upset for the child.
- If the suspected exposure occurred within 72 hours of the initial assessment, microbiological testing should be deferred since false-negative results can occur. Generally, specimens should be collected between three and 10 days after the incident. In cases of suspected chronic exposure, specimens should be obtained at the time of the physical examination.

  The following specific tests should be done:

  - Culture for *N. gonorrhoeae*. The culture process should ideally start within 18 hours of the swab being taken to ensure viability of the organism, but should be taken in any event. A smear should accompany both culture and GEN-PROBE swabs for *N. gonorrhoeae*. One streak, about 2 cm long, is made on a clean glass slide, and is then air dried.
  - GEN-PROBE swab for *N. gonorrhoeae* and *C. trachomatis* from the cervix, urethra or eye (not suitable for vaginal, throat or anal specimens).
  - MICRO-TRAK swab for *C. trachomatis* from vagina, throat or rectum, or from any other site.
  - A serologic test for syphilis is not routinely required due to the low seroprevalence of this infection in Manitoba. However, HIV and hepatitis B testing (HBsAg and anti-HBs) are recommended.
- STD testing in children under 12 should include tri-site testing for *N. gonorrhoeae* and *C. trachomatis* (urethra, vagina/cervix, throat). Tri-site testing will be traumatic for children. Every attempt to perform this task sensitively, with age-appropriate explanations before, during and after these procedures should be made.
- All persons 13 years of age and older should be tested genitally (urethra, cervix) for gonorrhea and chlamydia. Additional testing is not required unless the person reports that he/she has participated in oral or anal sex, or there is suspicion of sexual abuse.

- Note that female children, who have not yet reached puberty, or in whom the intact hymen prevents the taking of a cervical swab, should have vaginal swabs taken or a vaginal wash performed for both gonorrhea and chlamydia; otherwise cervical swabs should be taken.
- All isolates should be saved by the laboratory so that they are available if further testing is required.
- Urine-based testing for *N. gonorrhoeae* and *C. trachomatis* by amplified nucleic acid techniques (LCR, PCR) is not routinely available, but may become available in the future. Such testing is advantageous because of its high test sensitivity and patient acceptability (low pain and invasiveness).

Key Investigations

- The purposes of public health management of these situations are:
  - to ensure appropriate case management;
  - to identify possible source;
  - to identify and follow other cases in children and adults. It is important to identify persons with sexually transmitted infections in order that they may be treated promptly to prevent sequelae and transmission to others; and
  - to identify other children who may have been put at risk.
- Referral to or discussion with a multidisciplinary team of colleagues experienced in the area of child abuse is strongly recommended, as the examination of a child under these circumstances is critical for both medical and legal purposes.

Control

Management of Cases:

- Immediate referral to the appropriate legal authorities and social service agency (Family Services and Housing).
- Studies indicate that children less than 13 years of age, but beyond the neonatal period, usually have become infected with an STD through abuse. To confirm the diagnosis of abuse requires a careful review of the child's history, physical examination and social situation. This is best managed by experts in this field. Thus, it is recommended that all cases of suspected child abuse be referred to an experienced pediatrician for case management.
- Children over the age of 12 years experimenting sexually with other children over 12 may require referral for counselling regarding their behaviour. Decisions regarding such referrals are individualized.
- In an acute sexual assault situation, hepatitis B testing and administration of hepatitis B vaccine as well as hepatitis B immune globulin may be indicated.
- HIV testing should be accompanied by pre- and post-test counselling, which may be conducted with the parent/guardian, and as deemed appropriate.
- Treatment is disease-specific, and is described under each disease elsewhere.
- Test of cure: The benefits of performing a test of cure (identification of re-exposure to infection) should be weighed against the risks (further traumatizing the child).
- Interview for sexual contacts: This should be performed by a practitioner experienced in child abuse cases and sexually transmitted diseases. Information regarding household contacts should be obtained from a parent or guardian.

Management of Contacts:

- In cases of suspected child sexual abuse where a child tests positive for a sexually transmitted disease, other children at risk (siblings, household members, close social contacts) should also be assessed.

- In selected circumstances the Medical Officer of Health may issue a Medical Order or Warrant to ensure contacts attend for testing.
    - **Sexual Contacts**
      Persons identified by the index case as having had oral, anal or genital sexual contact with the index case.
    - **Household Contacts**
      Household contacts include any persons named by a parent (or guardian) or the child who had unsupervised access to the child for 30 days prior to the date of diagnosis. This includes the parents and the relatives who have been living or staying in the house (siblings, and other close social contacts such as baby-sitters, relatives, or friends with whom the child may have been staying).

- **Testing of Contacts**
  Contacts should be tested for gonorrhea and chlamydia. Judgement should be exercised regarding which household contacts should be tested.

  All persons who are symptomatic or have positive test results should be treated.