Anogenital Warts
Information for professionals

Child Sexual Assault Assessment Centre

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Caring with pride
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What are anogenital warts?

Anogenital warts (AGW) are small fleshy growths, bumps, or skin changes that appear on or around the genital or anal area. A person can have a single wart, or a cluster of warts that can take on a ‘cauliflower’ appearance.

AGW are usually painless and do not cause any harm to a child or young person’s health. However, they can be unpleasant to look at and can cause psychological distress or worry.

In adults, AGW can be transient or latent for years. In children, neither the true incubation nor latency period is known. It is documented that AGW can regress spontaneously in both adults and children.

What causes anogenital warts?

Anogenital warts are caused by the human papilloma virus (HPV).

There are more than 100 strains of HPV. Different strains affect different parts of the body.

Around 90% of all cases of genital warts are caused by two strains of the virus; type 6 and type 11.

The type of HPV that causes anogenital warts does not cause cervical cancer.
How are anogenital warts passed on?

In children, there are four ways that anogenital warts can be transmitted:

1. **Vertical Transmission;** an infected mother can pass AGW on to her baby during a vaginal delivery.

2. **Autoinoculation;** someone with HPV warts on their hands could pass on an infection by touching the genital area.

3. **Hetero-inoculation;** contact between the anogenital region, an infected second party or contaminated object/surfaces (a theoretical risk).

4. They can be **sexually transmitted.**
Why is a referral made to Children’s Social Care?

Anogenital warts can be transmitted in a number of ways. When a child is diagnosed with an infection that can be sexually transmitted, the possibility of sexual abuse has to be considered.

A referral to social care is recommended by:
- The Royal College of Paediatrics and Child Health
- The Physical Signs of Child Sexual Abuse (an evidence based review for best practice RCPCH May 2015)
- The Faculty of Forensic and Legal Medicine have also undertaken a literature review of the research and studies into AGW in children.

The document concludes that “A significant proportion of children (31% to 58%) with anogenital warts have been sexually abused. The evidence does not help to establish the age at which the possibility of vertical transmission can be excluded. Currently only evidence exists for perinatal or sexual transmission”.

It is therefore recommended that;

“Sexual abuse must be considered in any child presenting with anogenital warts.

The diagnosis of genital warts in a child under 13 years of age necessitates referral to child protection services.

Children over 13 years of age need to be considered on a case by case basis”.
The Child Sexual Assault Assessment Centre (CSAAC)

The CSAAC is a specialist service for all children and young people aged 0-16 years of age. The overarching aim is to provide a comprehensive child/young person medical assessment whenever sexual abuse is alleged, has been disclosed or is suspected.

The service covers York and North Yorkshire and is a Monday to Friday service, open from 9am to 5pm.

The most likely initial presentation for a child with possible anogenital warts will be to primary care (general practitioner). Primary care will make a referral to Children’s Social Care who will contact the CSAAC to arrange an appointment.

Whilst the CSAAC can only take referrals from the Police or Children’s Social Care, we are happy to advise colleagues as to whether a child protection medical is indicated.

The Paediatrician will undertake an assessment and will conduct a medical examination. This examination will include a genital examination, to confirm the diagnosis of anogenital warts. The paediatrician may use a colposcope to examine this area.

Parental consent, or consent from the person/authority that has parental responsibility for the child will be required.
The paediatrician will complete a report which will be sent to the allocated social worker. If treatment is needed for anogenital warts which are causing discomfort, this can be arranged.

The medical examination in isolation will not determine whether a child has been sexually abused. The examination forms just a part of a full holistic assessment by all agencies.
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