

## Young people

### Common STIs & Other Genital Infections in 13 to 15 year olds (incl)

#### What's New

In the treatment of scabies, permethrin 5% dermal cream can be washed off after 8-12 hrs.

Minor change to vaccinations schedule

In addition changes to formatting (minor) and web addresses.

Background	2
1) Treatment options of common sexually transmitted infections:	
a. Chlamydia (uncomplicated)	3
b. Genital Herpes	3
c. Genital Warts	3
d. Gonorrhoea (uncomplicated)	4
e. Mycoplasma Genitalium	4
f. Pelvic Inflammatory Disease	4
g. Pubic Lice	5
h. Scabies	5
i. Trichomonas vaginalis	5
2) The prophylaxis of infection	
a. Hepatitis B vaccination in the absence of a post exposure need	5
i. Use of adult vaccinations and adult schedule	
ii. Use of adult vaccines in licensed modified schedules in 13-15 years of age	
iii. Use of licensed paediatric vaccines in licensed schedules in 13-15 years of age	
b. Hepatitis B vaccination in the presence of a known or presumed exposure within the previous six weeks	6
c. HIV	7
i. Pre-Exposure Prophylaxis (PrEP)	
ii. Post Exposure Prophylaxis for Sexual Exposure (PEPSE)	
3) Treatment options for genital infections not normally considered sexually transmitted	7
a. Vulvovaginal candidiasis	
b. Bacterial vaginosis	
References	8

WOS STI 13-15 YRS GUIDELINE	APPROVED: September 2022
WOS MCN CLINICAL GUIDELINES GROUP	VERSION: FINAL 6.1 LAST UPDATED: Sep 22
REVIEW DATE: September 2024	COPIES: www.wossexualhealthmcn.scot.nhs.uk



## Background

This WoS guideline is not exhaustive and liaison with a specialist is recommended in complicated cases. More detailed guidance can be found within the BASHH National Guideline on the Management of Sexually Transmitted Infections and Related Conditions in Children and Young People (2021)

<https://www.bashhguidelines.org/media/1268/children-and-yp-2021.pdf>

Treatment of infections in young people can differ from that recommended in adults. This guideline details treatment options. Treatment regimens presented are primarily those recommended by The BASHH National Guideline on the Management of Sexually Transmitted Infections and Related Conditions in Children and Young People (2021) <https://www.bashhguidelines.org/media/1268/children-and-yp-2021.pdf>

As far as possible, medicines should be prescribed within the terms of the marketing authorisation. However, many young people may require medicines not specifically licensed for non adult use and this may increase the prescriber’s professional responsibility and potential liability. The prescriber should be able to justify and be competent in using such medicines.

This guidance should also be read in conjunction with the West of Scotland Guideline. ‘Young People who are Sexually Active’ which includes guidance on safeguarding, consent and confidentiality and the relevant West of Scotland guideline for the condition in question.

This guideline has been restricted to young people age 13 and over since children under 13 would rarely if ever be seen within a sexual health service.

The risk of a young person acquiring a sexually transmitted infection (STI) is dependent on several factors including:

- prevalence of STIs within the local population
- type of sexual activity, e.g. penile-vaginal or penile-rectal penetration is more likely to lead to infection than other types of sexual activity
- injuries of the genital tract e.g. trauma increases the susceptibility to infection
- sexual maturity of the young person. A young person has an increased biological susceptibility to carcinogens and STIs due to physical and immunological immaturity of the genital tract
- absence of barrier contraception
- age at first intercourse and previous sexual activity as these may lead to a longer period of exposure to transmissible agents and an increased number of partners
- co-existence of other risk behaviours such as drugs or alcohol misuse

WOS STI 13-15 YRS GUIDELINE	APPROVED: September 2022
WOS MCN CLINICAL GUIDELINES GROUP	VERSION: FINAL 6.1 LAST UPDATED: Sep 22
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## Treatment options of common sexually transmitted infections

### a. Chlamydia (uncomplicated)

#### Young Person 13 to 15 years old (inclusive)

#### Preferred treatment

doxycycline 100mg orally twice daily for 7 days <sup>1</sup>

#### Alternative treatments for urethral, cervical and pharyngeal

weight > 45 kg azithromycin 1g orally as a single dose followed by 500mg daily for 2 days<sup>1</sup>

weight < 45kg azithromycin 1g orally as a single dose<sup>2</sup>

If the above alternative treatment is not suitable or need to treat rectal infection refer to BASHH 2021 Guidance and / or seek advice from a senior clinician.

### b. Genital herpes

#### Young Person 13 to 15 years old (inclusive)

#### Treatment

#### Acute episode

#### Weight > 40kg

aciclovir 400mg mg orally three times a day for 5 days <sup>1</sup>

**Suppressive therapy (see adult guideline for indications and cBNF for dosing)**

### c. Genital Warts

- Anogenital warts (condylomata acuminata) in young people are often asymptomatic and require only a simple barrier preparation such as petroleum jelly (Vaseline). Barrier preparations inevitably are oil based and patients should be counselled that oil based products are likely to damage latex condoms.
- Observation period for minimum of three months unless symptoms of pain, bleeding or irritation.
- First line treatment would be cryotherapy +/- local topical anaesthetic<sup>1</sup>.
- Podophyllotoxin and imiquimod are licensed for use in adults only. They can be used in young people with specialist advice off-licence. However these preparations can cause considerable irritation of the treated area and are therefore suitable only for young people who are able to cooperate with the treatment<sup>1</sup>. Refer to adult guideline for details with regards to which topical treatment preferred and treatment regimes.
- If all other treatment modalities have failed consider excision/electro surgery under general anaesthesia.

WOS STI 13-15 YRS GUIDELINE	APPROVED: September 2022
WOS MCN CLINICAL GUIDELINES GROUP	VERSION: FINAL 6.1 LAST UPDATED: Sep 22
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**d. Gonorrhoea (uncomplicated)  
Young Person 13 to 15 years old (inclusive)**

**Preferred treatment**

ceftriaxone 1g IM single dose<sup>1</sup>

If the preferred treatment is not suitable refer to BASHH 2021 Guidance and / or seek advice from a senior clinician.

**e. Mycoplasma Genitalium**

**Refer to BASHH 2021 Children / Young People and BASHH Adult Guidance and seek advice from a senior clinician**

**f. Pelvic Inflammatory Disease (PID)**

There are no randomised controlled trials of antimicrobial therapy for PID in children. Recommendations are based on the evidence from adult trials modified for paediatric use.

(Preferred treatment below has been agreed by the West of Scotland Managed Clinical Network for Sexual health Guideline Group)

**Young Person 13 to 15 years old (inclusive)**

**Preferred Treatment**

doxycycline 100mg orally twice daily for 14 days

plus

metronidazole 400mg orally twice daily for 14 days

plus in the following circumstance empirical gonorrhoea treatment\*

- areas of high gonorrhoea prevalence
- contacts of gonorrhoea
- positive microscopy for gonorrhoea (or positive NAAT or culture)
- severe disease (seek specialist advice)
- high index of suspicion

\*ceftriaxone 1g IM single dose

WOS STI 13-15 YRS GUIDELINE	APPROVED: September 2022
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**g. Pubic Lice**

**Young Person 13 to 15 years old (inclusive)**

**Treatment**

malathion liquid 0.5% in aqueous base<sup>1</sup>

Apply over whole body, allow to dry naturally, wash off after 12 hours or overnight  
Repeat after 7 days

**h. Scabies**

**Young Person 13 to 15 years old (inclusive)**

**Treatment**

permethrin 5% dermal cream<sup>1</sup>

Apply over whole body (including face, neck, scalp and ears) wash off after 8-12 hours. If hands are washed with soap within the 8 hours they should be retreated.  
Repeat after 7 days

**i. Trichomonas vaginalis**

**Young Person 13 to 15 years old (inclusive)**

**Treatment**

metronidazole 2g orally in a single dose<sup>1</sup>

or

metronidazole 400mg twice daily for 7 days<sup>1</sup>

**2. The prophylaxis of specific sexually transmitted infections**

**a. Hepatitis B vaccination in the absence of a post exposure need**

**i. Use of adult vaccinations and adult schedules**

No adult hepatitis B vaccinations are licensed for use as per adult schedules in young people less than 16 years of age but their use in sexual health services is common place.

WOS STI 13-15 YRS GUIDELINE	APPROVED: September 2022
WOS MCN CLINICAL GUIDELINES GROUP	VERSION: FINAL 6.1 LAST UPDATED: Sep 22
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**ii. Use of adult vaccines in licensed modified schedules in 13-15 years of age**

Some services may adopt an alternative '2 dose' schedule for young people aged 13-15 yrs (incl) using 2 doses of Engerix B® 20 micrograms at 0 and 6 months but this is only suitable when there is a low risk of hepatitis B during the vaccination course and when completion of the two – dose course can be assured. The manufacturer of Engerix B® also reports a reduced level of seroprotection at 42, 54 and 66 months in the 0,6 schedule Engerix B® 20µg compared to 0,1,6 months of Engerix B® 10µg in 11 to 15 years old<sup>3</sup>.

**iii. Use of licensed paediatric vaccines in licensed schedules in 13-15 years of age**

Vaccine	Schedule Options <sup>1</sup>	
Engerix B® 10 micrograms	0, 1 and 6 months	0, 1, 2 and 12 months
HBvaxPRO® Paediatric 5 micrograms <a href="#">HBVAXPRO 5mcg - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)</a>	0, 1 and 6 months	
Twinrix® Paediatric <a href="https://www.medicines.org.uk/emc/medicine/2062#gref">https://www.medicines.org.uk/emc/medicine/2062#gref</a>	0, 1 and 6 months	

**b. Hepatitis B vaccination in the presence of a known or presumed exposure within the previous six weeks**

The vaccine should be offered early, preferably within 24 hours, and as post-exposure prophylaxis. It may be offered up to six weeks but there is little to evidence to support its effectiveness beyond 14 days.

BASHH <sup>1</sup> recommends in young people that schedules can be

- 0,7,21 days with a 4<sup>th</sup> dose at 12 months
- 0,1,2 months with a 4<sup>th</sup> dose at 12 months
- 0, 1, 6 months

The decision on the schedule should take into consideration the age of the child (super accelerated used extensively in sexual health services) and the risk of exposure.

Hepatitis B immunoglobulin should also be considered if the young person has been exposed to someone known to have hepatitis B and there are concerns they may be infectious. If indicated hepatitis B immunoglobulin should ideally be given within 48-72 hours but can be used for up to 7 days.

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**c. Human Immunodeficiency Virus (HIV)**

**I. Pre-Exposure Prophylaxis (PrEP)**

Some young people will be identified of being at increased risk of HIV through sexual exposure for eg young MSM and appropriate advice should be sought from clinicians experienced in the prescribing of PrEP.

**II. Post Exposure Prophylaxis Sexual Exposure (PEPSE)**

Likewise, PEPSE may be indicated in young people and appropriate advice should be sought. Decision should be made according to criteria in the appropriate National BHIVA guidelines for adult and CHIVA guidelines. PEPSE must be initiated as soon as possible, ideally within one hour but at least within 72 hours, with input from a specialist experienced in the prescribing of PEPSE.

**All young people who are started on PEPSE should be assessed for continuation of PrEP post PEPSE and discussed with a clinician experienced in the prescribing of PrEP.**

**3) Treatment options for genital infections not normally considered sexually transmitted**

**a. Vulvovaginal candidiasis**

**Young Person 13 to 15 years old (inclusive)**

*Vaginal candidiasis* is rare in girls before puberty but can occur in adolescents. *Candida vulvitis* can be treated locally with cream (clotrimazole cream 1% topical application 2-3 times daily) but is almost invariably associated with vaginal infection which should also be treated with antifungal pessaries or cream inserted high into the vagina (including during menstruation). However, these are not recommended for pre-pubertal girls and treatment and external cream alone may be more appropriate. Intravaginal preparations (particularly those that require the use of an applicator) should also be avoided in young women who have not been sexually active and have no experience of using tampons, unless there is no alternative. The safety and efficacy of oral triazoles (for example fluconazole) has not been established in < 16 years but treatment with single dose oral fluconazole 150mg may be considered for girls post puberty<sup>1</sup>

**b. Bacterial Vaginosis**

**Young Person 13 to 15 years old (inclusive)**

**Preferred treatment**

metronidazole 2g orally in a single dose <sup>1</sup>

**Alternative treatments**

metronidazole 400 mg orally twice daily x 7 days <sup>1</sup>

WOS STI 13-15 YRS GUIDELINE	APPROVED: September 2022
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Metronidazole gel 0.5% and clindamycin cream 2% are not licensed for use in children. In addition intravaginal preparations (particularly those that require the use of an applicator) should be avoided in young girls who are not sexually active and have no experience of using tampons, unless there is no alternative.

## References

1. BASHH National Guideline on the Management of Sexually Transmitted Infections and Related Conditions in Children and Young People (2021) [accessed 4<sup>th</sup> August 2022]  
<https://www.bashhguidelines.org/media/1268/children-and-yp-2021.pdf>
2. The BNF for Children [accessed 4<sup>th</sup> August 2022]  
<https://about.medicinescomplete.com/publication/british-national-formulary-for-children/>
3. Engerix B 20 micrograms / 1ml suspension for injection in prefilled syringe  
Summary of Product Characteristics [accessed 4<sup>th</sup> August 2022]  
[Engerix B 20 micrograms/1 ml Suspension for injection in pre-filled syringe - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#)

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