Infection	Evidence for sexual abuse	Recommended action
Gonorrhea*	Diagnostic	Report†
Syphilis*	Diagnostic	Report†
HIV§	Diagnostic	Report†
Chlamydia trachomatis*	Diagnostic	Report†
Trichomonas vaginalis*	Diagnostic	Report†
Anogenital herpes	Suspicious	Consider report†¶
Condylomata acuminata* (anogenital warts)	Suspicious	Consider report †¶**
Anogenital molluscum contagiosum	Inconclusive	Medical follow-up
Bacterial vaginosis	Inconclusive	Medical follow-up

Source: Centers for Disease Control (2021) STI Treatment Guidelines. Adapted from: Kellogg N, American Academy of Pediatrics Committee on Child Abuse and Neglect. The evaluation of child abuse in children. Pediatrics. 2005; 116: 506-12; Adams, JA, Farst, KJ, Kellogg, ND. Interpretation of medical findings in suspected child abuse: an update for 2018. Journal of Pediatric Adolescent Gynecology 2018; 31:225-31.

*If unlikely to be perinatally acquired and vertical transmission, which is rare, is excluded.

† Reports should be made to the local or state agency mandated to receive reports of suspected child abuse or neglect.

§ If unlikely to have been acquired perinatally or through transfusion.

¶ Unless a clear history of autoinoculation exists.

** Report if evidence exists to suspect abuse, including history, physical examination, or other identified infections. Lesions appearing for the first time in a child aged >5 years are more likely to have been caused by sexual transmission.