



Sexual Health

Belinda Loftus – Registered Nurse
Cluster Manager (Wakefield, Barnsley, Prison ISH)



www.spectrum-cic.org.uk
pr@spectrum-cic.nhs.uk

Aim of the Session



- To provide an update on Sexually Transmitted Infections (STIs) and related conditions.
- Things you might not have heard of
- What is on the horizon?

Objectives



- To leave the session with refreshed knowledge
- Leave the session with new knowledge
- Take away something which you can implement into your own practice



Sexually Transmitted Infections



www.spectrum-cic.org.uk

pr@spectrum-cic.nhs.uk

History



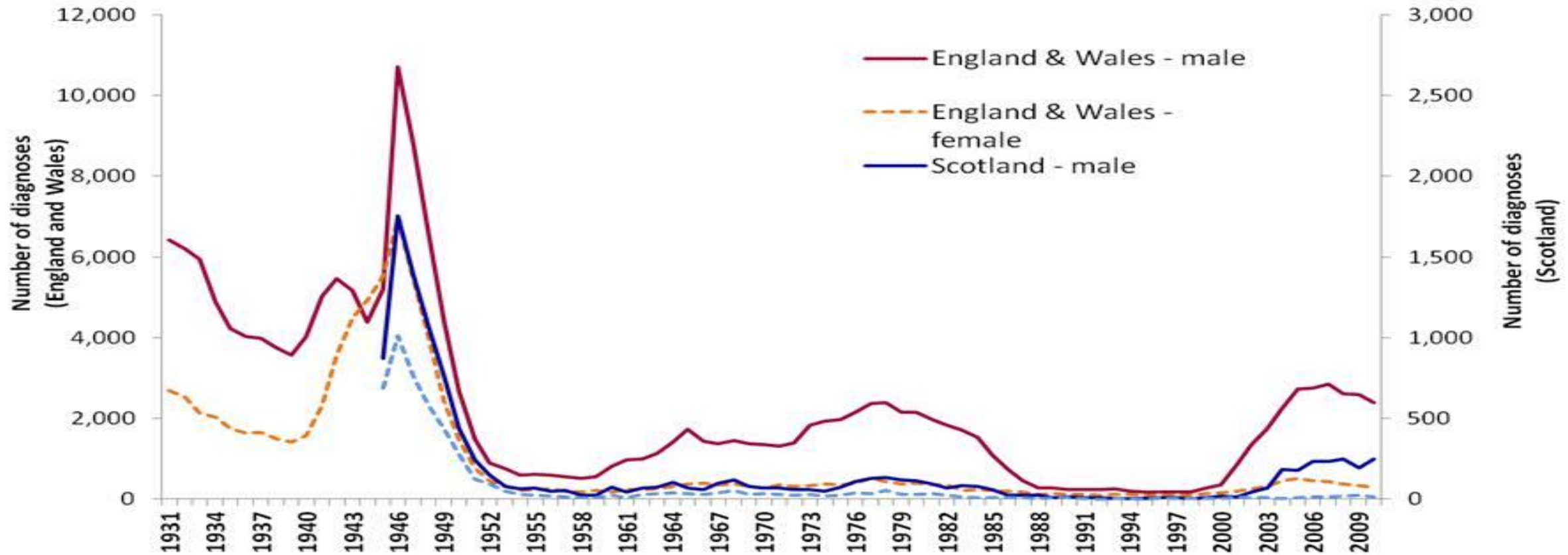
- Syphilis is well documented in the 1400s
- By 1490 there was a syphilis epidemic with estimated 1/20 Europeans infected
- Good documented evidence that it was being treated by Mercury in various forms, by the 1800s this includes injecting
- Dr John Hunter tried to evidence that GC and STS were the same disease just different stages
- Dr Benjamin Bell established that the diseases were quite different

History



- Syphilis and Gonorrhoea were first described as different between 1777 and 1788, so STI are an established public health issue
- Armies in the first world war had seen STIs debilitate their troops
- 1918 saw the recognition post war that there was a need for specialist “Venereal Disease” clinics and the Venereal Disease Act referred to 3 STIs Syphilis, Gonorrhoea and Chancroid.
- Many of the principles of these services still stand today
 - Separate records – so other practitioners can’t see SH access, to give patients confidence to attend
 - Open Access – patients can just turn up, no referral required, services are often in discreet locations
 - Free Treatment dispensed on site, so patients don’t have to risk disclosure of diagnosis by their treatment
 - Partner Notification done anonymously by our trained staff if preferred
 - Anonymity not just confidentiality – patients can attend any service outside their area and some choose to give a false name

Number of diagnoses of syphilis (primary, secondary and early latent) by sex, GUM clinics, England, Wales and Scotland*:1931-2010



*Equivalent Scottish data are not available prior to 1945. Northern Ireland data from 1931- 2003 are incomplete, therefore, have been excluded.
 Routine GUM clinic returns



Syphilis

Asymptomatic Testing – 12 weeks after LSI



www.spectrum-cic.org.uk

pr@spectrum-cic.nhs.uk

“He who knows syphilis, knows medicine”

Sir William Osler

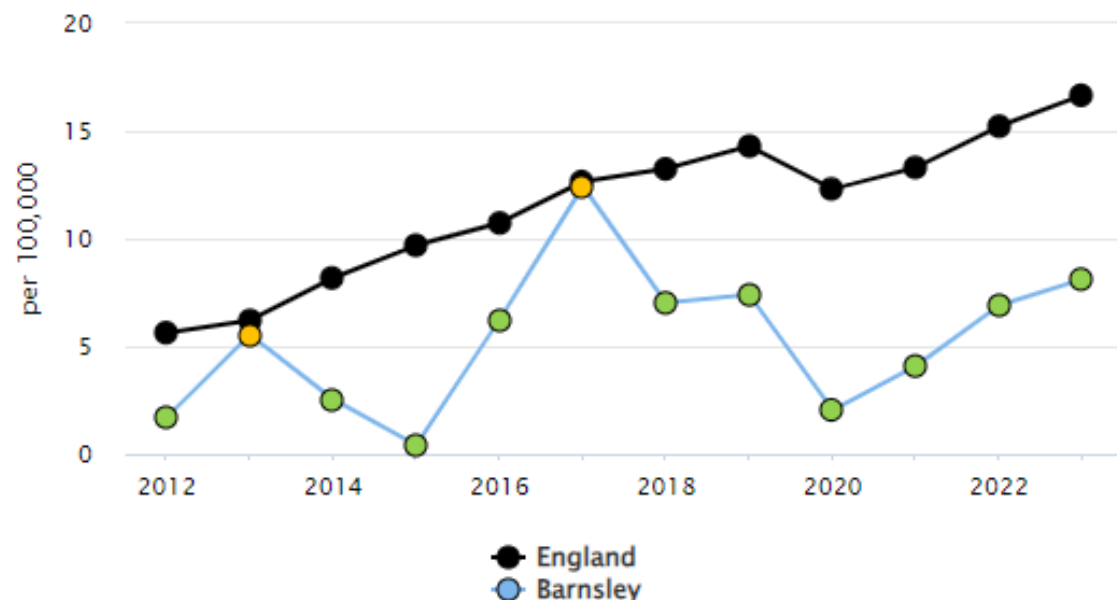
Syphilis diagnostic rate per 100,000

Crude rate - per 100,000

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[More options](#)



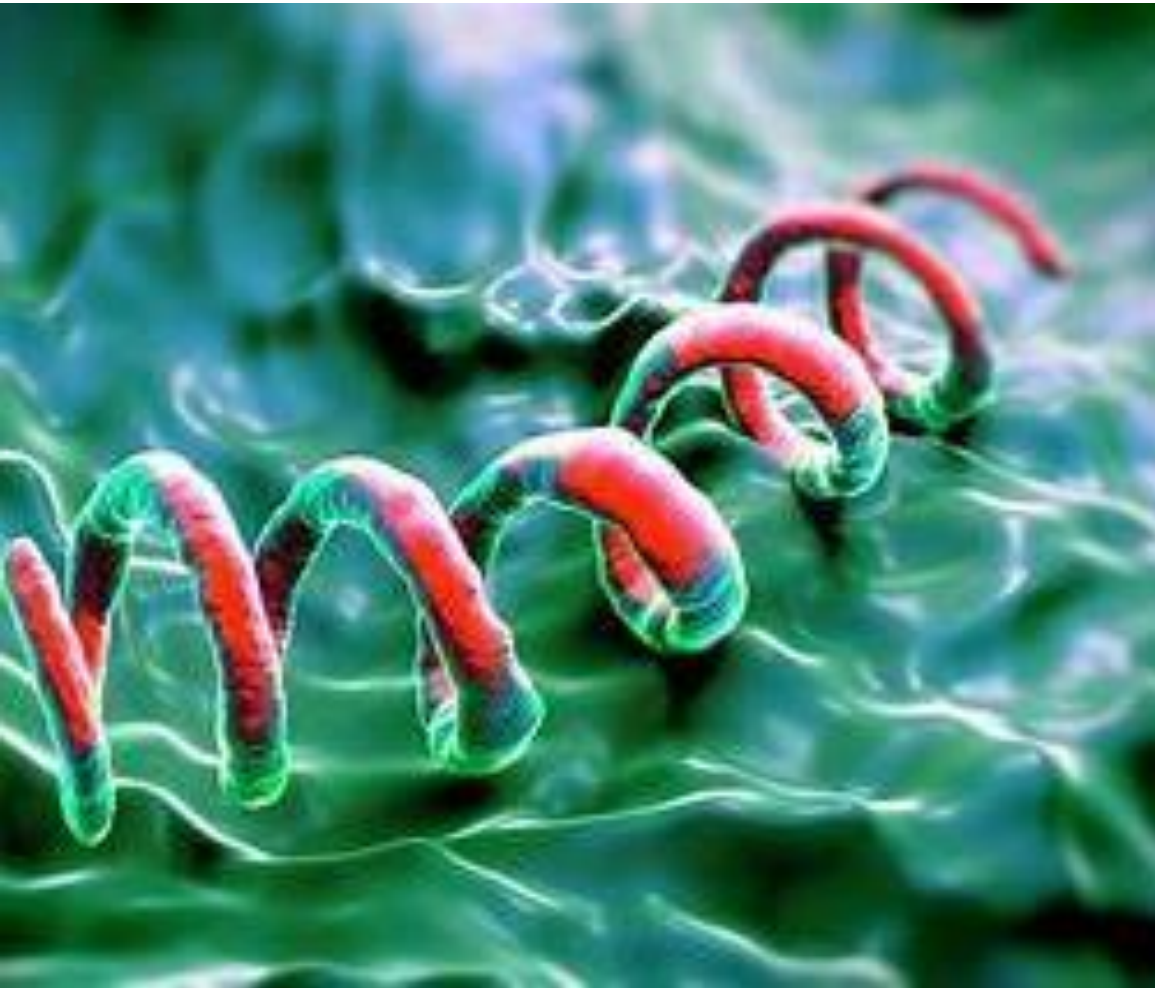
Recent trend: ➔ No significant change

| Period | Barnsley | | | | Yorkshire and the Humber | England |
|--------|----------|-------|--------------|--------------|--------------------------|---------|
| | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2012 | 4 | 1.7 | 0.5 | 4.4 | 2.9 | 5.6 |
| 2013 | 13 | 5.5 | 2.9 | 9.5 | 3.8 | 6.2 |
| 2014 | 6 | 2.5 | 0.9 | 5.5 | 3.7 | 8.2 |
| 2015 | 1 | 0.4 | 0.0 | 2.3 | 3.7 | 9.7 |
| 2016 | 15 | 6.2 | 3.5 | 10.3 | 6.7 | 10.7 |
| 2017 | 30 | 12.4 | 8.4 | 17.7 | 7.5 | 12.7 |
| 2018 | 17 | 7.0 | 4.1 | 11.2 | 7.5 | 13.2 |
| 2019 | 18 | 7.4 | 4.4 | 11.7 | 6.2 | 14.3 |
| 2020 | 5 | 2.0 | 0.7 | 4.8 | 4.6 | 12.3 |
| 2021 | 10 | 4.1 | 2.0 | 7.5 | 5.9 | 13.3 |
| 2022 | 17 | 6.9 | 4.0 | 11.0 | 8.1 | 15.2 |
| 2023 | 20 | 8.1 | 5.0 | 12.5 | 8.5 | 16.7 |

Source: UK Health Security Agency

[Indicator Definitions and Supporting Information](#)

Primary Syphilis



9-90 days after contact (typically 21 days)

Single

Painless

Papule

Indurated

Clean base with discharging serum

No pus

May even go unnoticed

However,.....may also be painful, multiple, purulent and destructive

Can present anywhere; most commonly anogenital mucosa



Make sure you visit a sexual health clinic if you're presenting these symptoms and have put yourself at risk of contracting an STI (Stock photo) (© Getty Images/iStockphoto)

Unexpected syphilis symptom men may easily miss - as cases soar

As cases of STIs soar across England, experts are warning an unusual symptom may be caused by syphilis. It doesn't affect the downstairs department and can be much harder to notice

By **Liam Golliver**
08:30, 17 Mar 2024



New research reveals increase in syphilis in Darlington

20th January

HEALTH NATIONAL GOVERNMENT CLEVELAND DARLINGTON MEDDLESBROUGH REDCAR

Malta has the highest rate of syphilis in the EU

The rate of infection in Malta was almost three times the EU average in 2022

National Health Statistics Europe

7 March 2024 | James Cummings | 52

2 min read



The United States was on course to eliminate syphilis. Now it's surging

The syphilis crisis is hitting pregnant people and newborns especially hard

Secondary Syphilis

- 4-10 weeks after chancre
- Widespread mucocutaneous (skin and membranes) rash
- Generalised lymphadenopathy
- Rash may be maculo-papular (flat and raised), papular (small round bumps), macular (flat)
- Can, but not usually itchy
- Affects palms of hands and soles of feet
- Hair follicles resulting in patchy alopecia
- Mucous patches
- Condylomata Lata
- Malaise
- Feeling generally unwell





Syphilis Chancres

Can develop into a
Balanitis (Balanitis of
Follmann)





Secondary Symptoms

Latent Syphilis

- If it's not treated, syphilis can cause serious and potentially life-threatening problems including:
 - heart problems like angina, aortic aneurysm and heart failure
- Affects the brain and neuro system resulting in fits (seizures), memory problems, personality changes and dementia, nerve problems like shooting pains, pins and needles, joint pain and gradual damage the joints
- problems with the skin, bones, testicles, liver and any other organ
- Some of these problems may not appear for many years after being infected with syphilis.

Latent Disease

- Secondary Syphilis symptoms will resolve spontaneously 3-12 weeks
- Asymptomatic Latent phase
- Early Latent – within 2 years
- Late Latent – 2yr+ (resulting in tertiary disease)



Tertiary Disease

Gummatous – usually affect skin and bones, but can be anywhere



Cardiovascular disease – affects ascending aorta (dilations/regurgitation)



Neurological

Infectious arteritis, can result in ischaemic stroke

General Paresis

Progressive dementing illness

Initial forgetfulness/personality change



Congenital Syphilis

- Cases remain small but are increasing
- Has lifelong effects
- Irreversible

Congenital syphilis

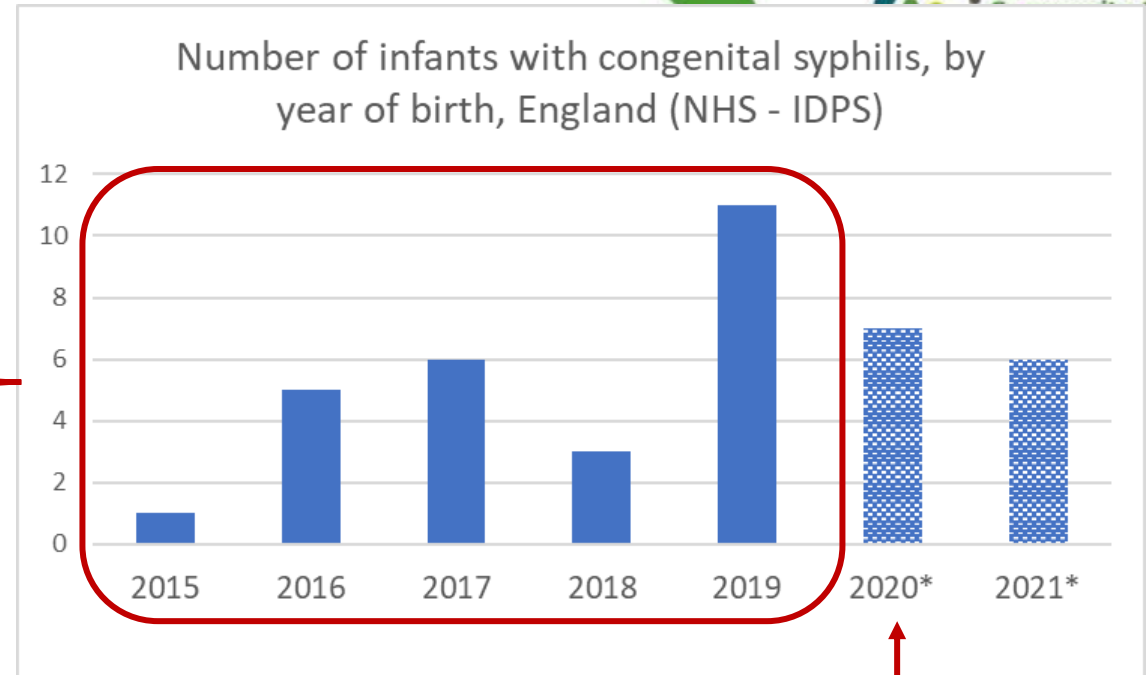
ISOSS congenital syphilis review: 2015 – 2019

For all 24 infants diagnosed with congenital syphilis, screening was offered and accepted by all women.

For 15 infants, the women had negative antenatal screening results, meaning the women became infected with syphilis later during their pregnancy.

Of these women:

- <5 presented to sexual health services with symptoms postnatally
- <5 had a screen positive result in a subsequent pregnancy
- 10 were diagnosed following their symptomatic infant's diagnosis
- <5 was diagnosed following a stillbirth investigation



ISOSS syphilis report 2022

Overall, 390 of 906 (43.0%) women booked in 2020 with a positive result for syphilis required treatment in pregnancy. Newly diagnosed women requiring treatment accounted for 33.0% of screen positive results and 9.8% of women were previously diagnosed requiring treatment. Three women who were found to be positive for syphilis in pregnancy had previously screened negative earlier in their pregnancy.





Gonorrhoea

Asymptomatic Testing – 2 weeks after exposure



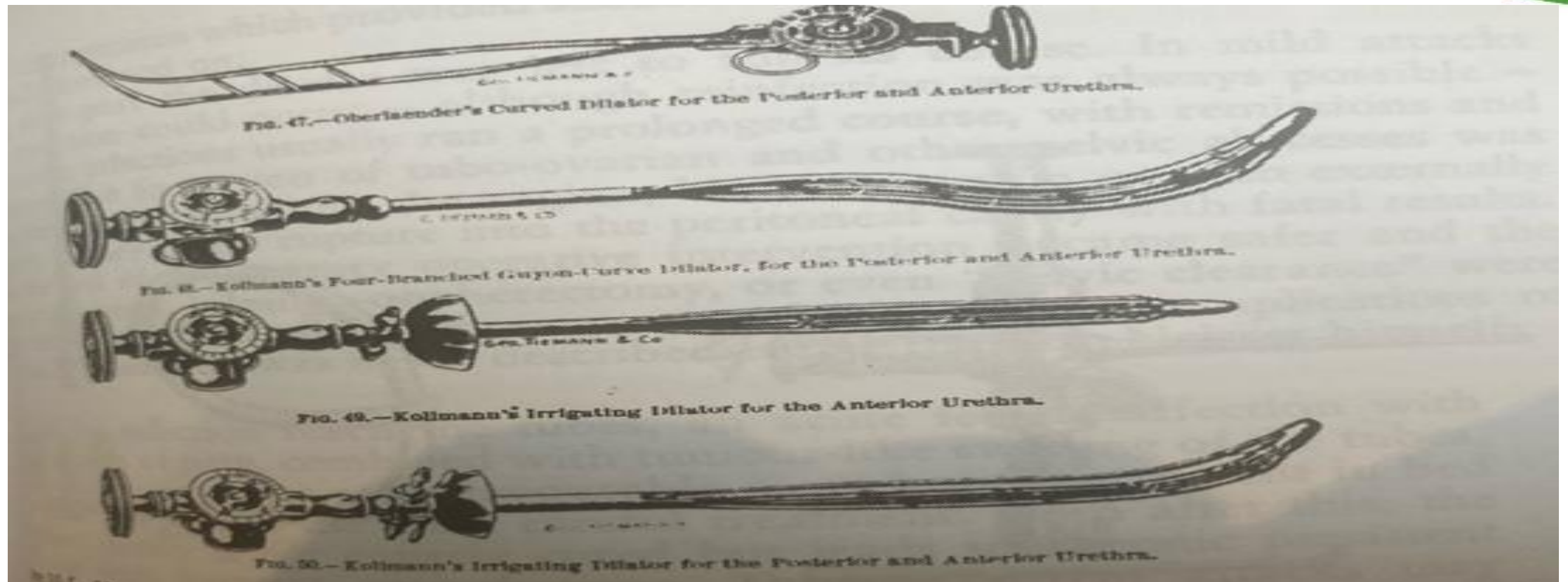
www.spectrum-cic.org.uk

pr@spectrum-cic.nhs.uk

Gonorrhoea

- Described in 1689
- “Chaude Pisse”
- “Clap” dates back to 1378 – district in Paris where CSWs gathered which became known as “Les Clavier”
- Used mercury for its treatment but was decided it wasn’t effective towards end of 18th century
- Urethral irrigation remained the mainstay of GC treatment until the advent of Abs

1900 urethral dilators used to treat gonorrhoea



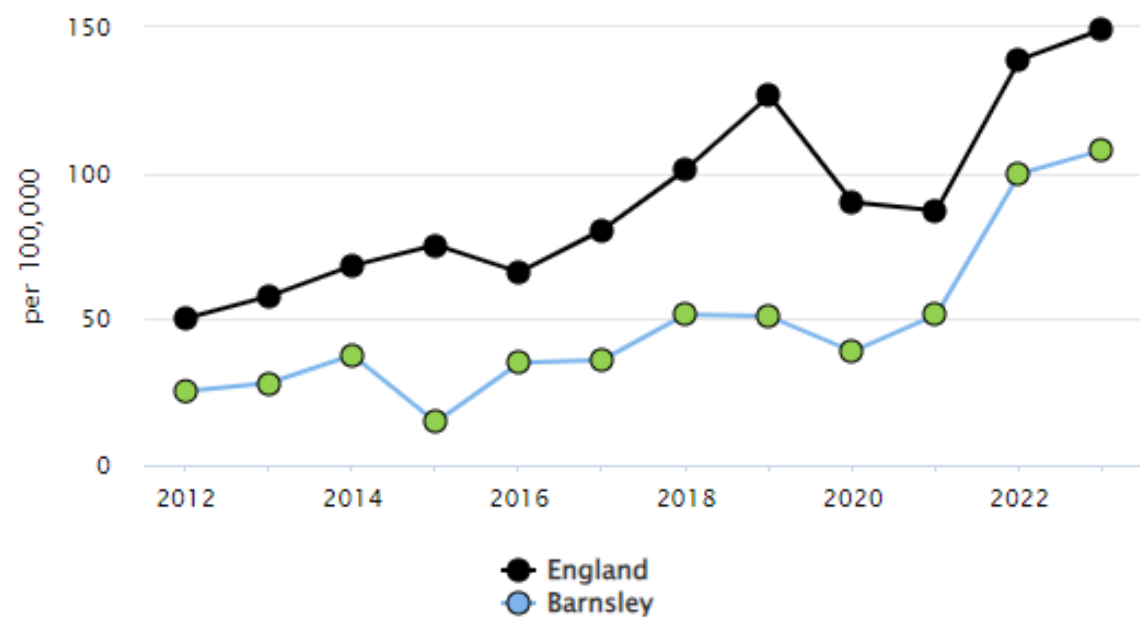
Gonorrhoea diagnostic rate per 100,000

Crude rate - per 100,000

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[▶ More options](#)

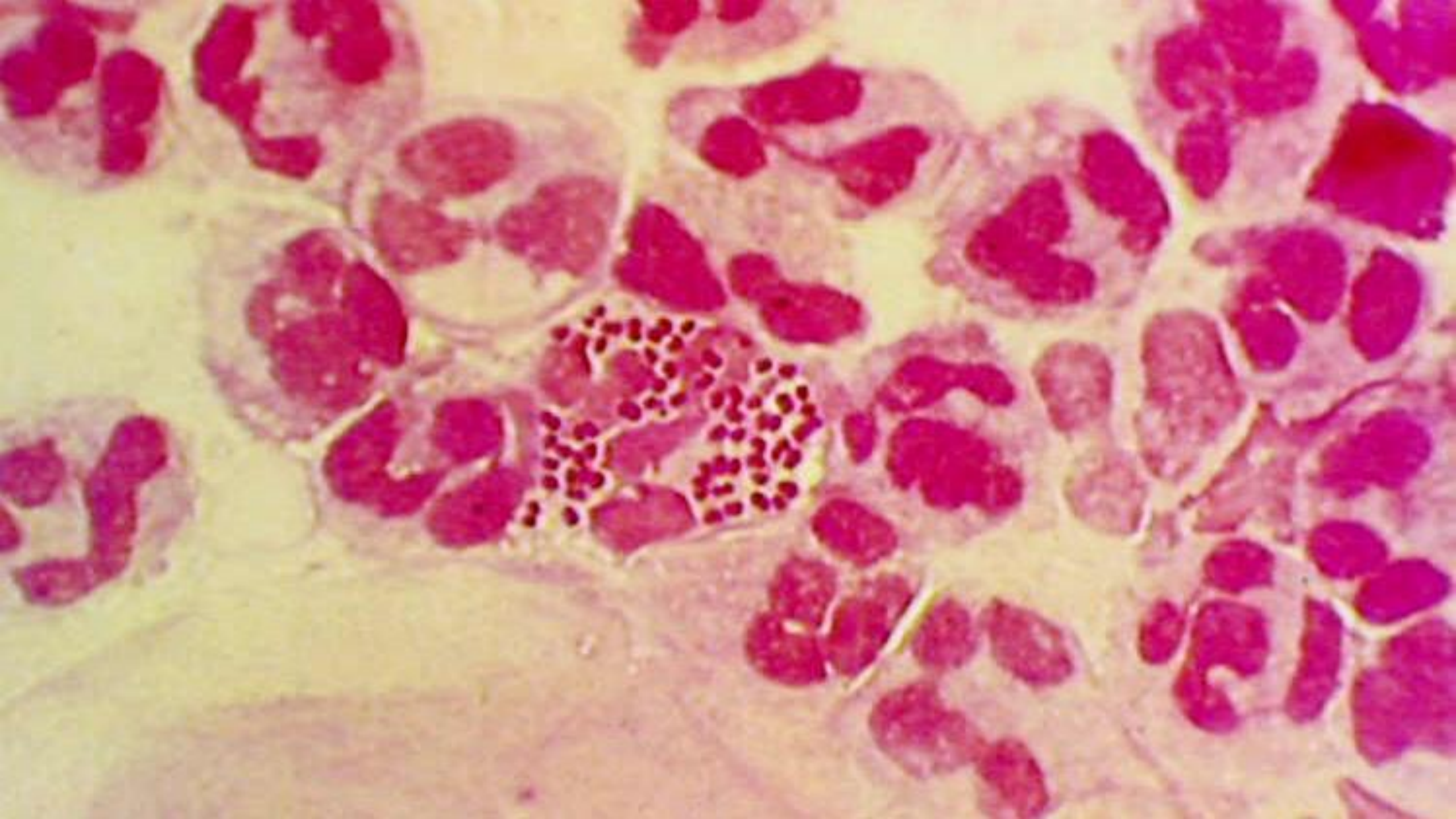


Recent trend: ↑ Increasing & getting worse

| Period | Barnsley | | | | Yorkshire and the Humber | England |
|--------|----------|-------|--------------|--------------|--------------------------|---------|
| | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2012 | 59 | 25 | 19 | 33 | 27 | 50 |
| 2013 | 66 | 28 | 22 | 36 | 38 | 58 |
| 2014 | 89 | 38 | 30 | 46 | 45 | 68 |
| 2015 | 35 | 15 | 10 | 20 | 45 | 75 |
| 2016 | 84 | 35 | 28 | 43 | 46 | 66 |
| 2017 | 87 | 36 | 29 | 44 | 53 | 81 |
| 2018 | 125 | 52 | 43 | 61 | 68 | 101 |
| 2019 | 124 | 51 | 42 | 61 | 81 | 127 |
| 2020 | 95 | 39 | 31 | 48 | 54 | 90 |
| 2021 | 126 | 51 | 43 | 61 | 60 | 87 |
| 2022 | 246 | 100 | 88 | 113 | 119 | 139 |
| 2023 | 266 | 108 | 95 | 122 | 107 | 149 |

Source: UK Health Security Agency

[Indicator Definitions and Supporting Information](#)



Gonorrhoea

- Increasing in prevalence
- Developing significant AMR





Chlamydia

Asymptomatic Testing – 2 weeks after LSI



www.spectrum-cic.org.uk

pr@spectrum-cic.nhs.uk

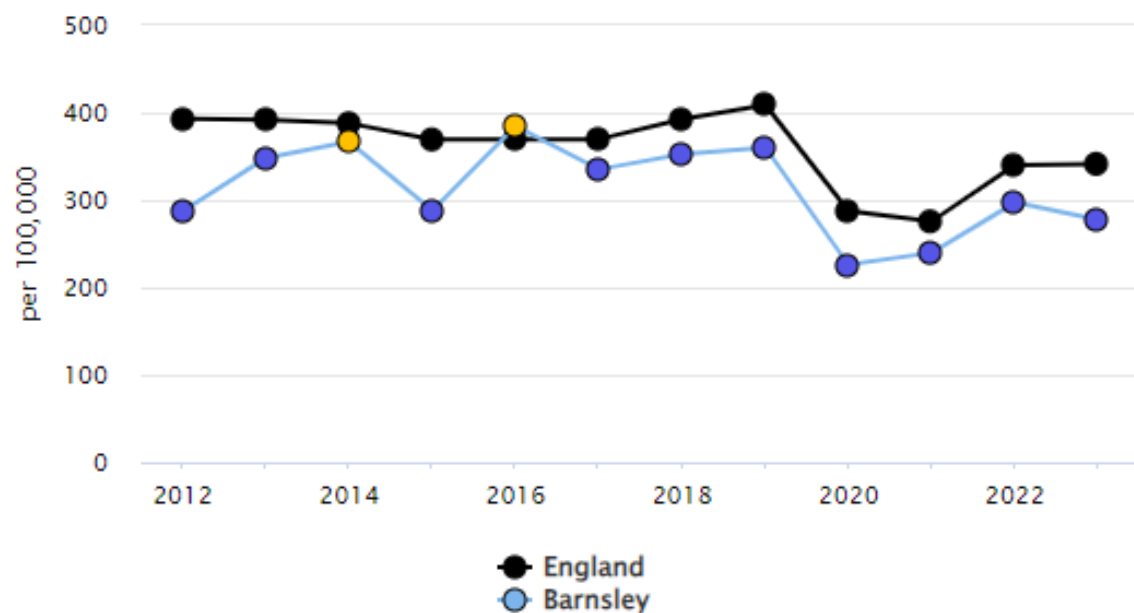
Chlamydia diagnostic rate per 100,000

Crude rate - per 100,000

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[More options](#)



Recent trend: ➔ No significant change

| Period | Barnsley | | | | Yorkshire and the Humber | England |
|--------|----------|-------|--------------|--------------|--------------------------|---------|
| | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2012 | 670 | 287 | 266 | 310 | 363 | 393 |
| 2013 | 818 | 348 | 325 | 373 | 402 | 392 |
| 2014 | 867 | 367 | 343 | 392 | 410 | 388 |
| 2015 | 686 | 288 | 267 | 310 | 380 | 369 |
| 2016 | 923 | 384 | 360 | 410 | 389 | 370 |
| 2017 | 809 | 335 | 313 | 359 | 401 | 370 |
| 2018 | 855 | 353 | 330 | 377 | 374 | 393 |
| 2019 | 877 | 360 | 337 | 385 | 395 | 409 |
| 2020 | 552 | 226 | 208 | 246 | 270 | 287 |
| 2021 | 587 | 240 | 221 | 260 | 276 | 276 |
| 2022 | 733 | 297 | 276 | 320 | 341 | 340 |
| 2023 | 684 | 278 | 257 | 299 | 311 | 341 |

Source: UK Health Security Agency

[Indicator Definitions and Supporting Information](#)

Chlamydia

- Most common bacterial STI
- National Screening programme for females only





Genital Warts

Visual Diagnosis



www.spectrum-cic.org.uk

pr@spectrum-cic.nhs.uk

Common viral STI

Has seen significant decline because of vaccination programme

GBMSM vaccinated up to age of 45 in clinic

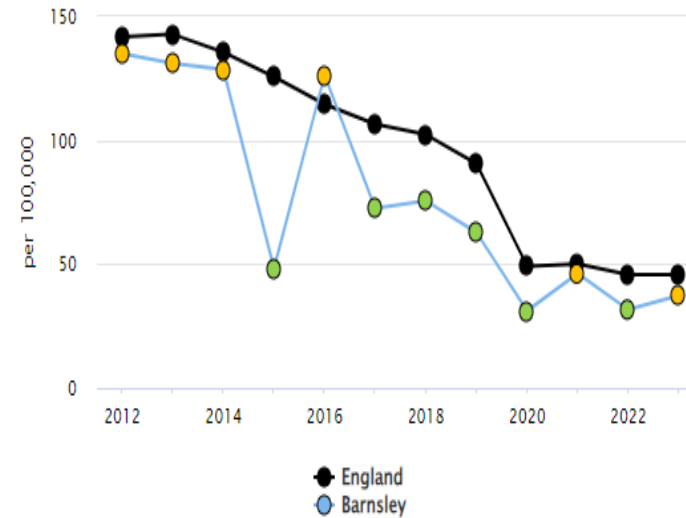
The 9 valent (6,11,16,18,31,33,45,52,58) vaccine is supplied for the national vaccination programme for both adolescents and GBMSM

Genital warts diagnostic rate per 100,000

Crude rate - per 100,000

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: ➔ No significant change

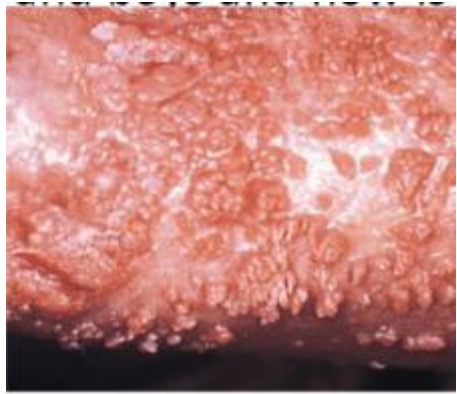
| Period | Barnsley | | | | Yorkshire and the Humber | England |
|--------|----------|-------|--------------|--------------|--------------------------|---------|
| | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2012 | 315 | 135.0 | 120.5 | 150.8 | 121.8 | 141.7 |
| 2013 | 308 | 131.1 | 116.9 | 146.6 | 127.3 | 142.8 |
| 2014 | 304 | 128.6 | 114.5 | 143.9 | 133.2 | 135.5 |
| 2015 | 115 | 48.3 | 39.9 | 57.9 | 111.6 | 125.7 |
| 2016 | 303 | 126.2 | 112.4 | 141.3 | 101.4 | 114.6 |
| 2017 | 175 | 72.5 | 62.2 | 84.1 | 90.3 | 106.4 |
| 2018 | 183 | 75.5 | 65.0 | 87.3 | 83.6 | 102.3 |
| 2019 | 153 | 62.8 | 53.3 | 73.6 | 74.8 | 90.6 |
| 2020 | 76 | 31.1 | 24.5 | 39.0 | 38.3 | 49.1 |
| 2021 | 113 | 46.1 | 38.0 | 55.5 | 40.3 | 50.1 |
| 2022 | 78 | 31.6 | 25.0 | 39.5 | 37.2 | 45.7 |
| 2023 | 92 | 37.3 | 30.1 | 45.8 | 41.0 | 45.8 |

Source: UK Health Security Agency

[Indicator Definitions and Supporting Information](#)



Warts





Herpes Simplex Virus



www.spectrum-cic.org.uk

pr@spectrum-cic.nhs.uk

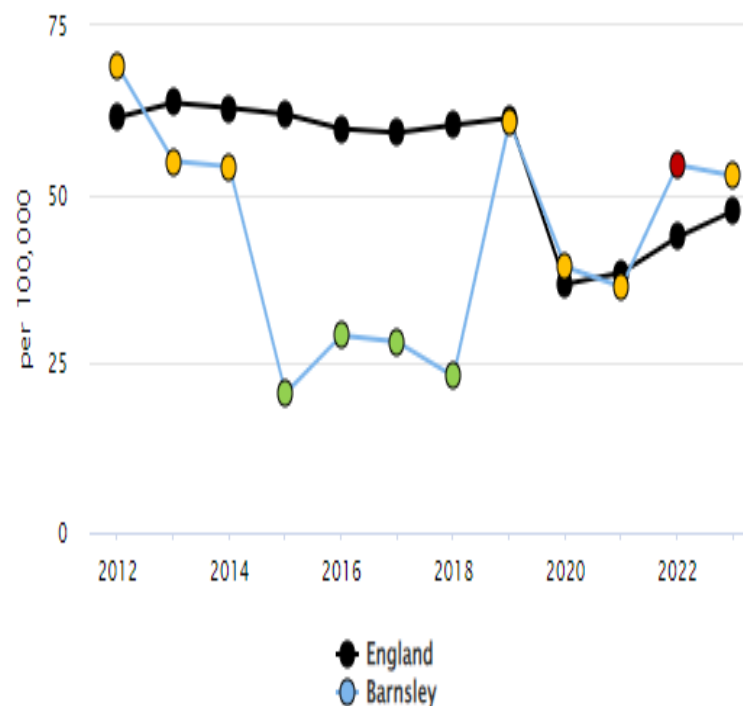
Genital herpes diagnosis rate per 100,000

Crude rate - per 100,000

- Viral STI
- Type 1 – most common cause of genital HSV
- Type 2 – most likely to cause recurrent AG symptoms
- 2-14 days
- PCR test
- General Advice
- Medication
- Subsequent episodes

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: ➔ No significant change

| Period | Barnsley | | | | Yorkshire and the Humber | England |
|--------|----------|-------|--------------|--------------|--------------------------|---------|
| | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2012 | 161 | 69.0 | 58.8 | 80.5 | 51.6 | 61.4 |
| 2013 | 129 | 54.9 | 45.9 | 65.3 | 52.0 | 63.6 |
| 2014 | 128 | 54.1 | 45.2 | 64.4 | 51.9 | 62.8 |
| 2015 | 49 | 20.6 | 15.2 | 27.2 | 46.6 | 61.9 |
| 2016 | 70 | 29.2 | 22.7 | 36.8 | 47.2 | 59.7 |
| 2017 | 68 | 28.2 | 21.9 | 35.7 | 46.3 | 59.2 |
| 2018 | 56 | 23.1 | 17.5 | 30.0 | 46.7 | 60.3 |
| 2019 | 148 | 60.8 | 51.4 | 71.4 | 51.8 | 61.3 |
| 2020 | 96 | 39.3 | 31.8 | 48.0 | 33.7 | 36.7 |
| 2021 | 89 | 36.3 | 29.2 | 44.7 | 32.8 | 38.4 |
| 2022 | 134 | 54.4 | 45.6 | 64.4 | 39.0 | 43.7 |
| 2023 | 130 | 52.7 | 44.1 | 62.6 | 42.2 | 47.6 |

Source: UK Health Security Agency

[Indicator Definitions and Supporting Information](#)





Sarcoptes scabiei var hominis

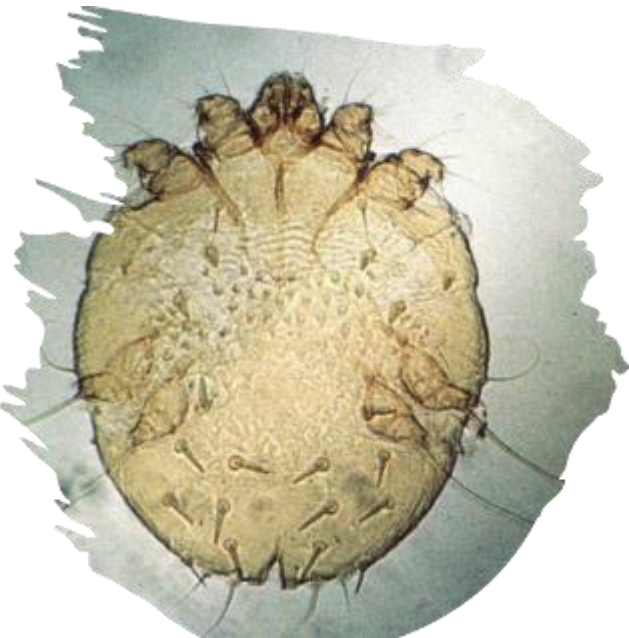
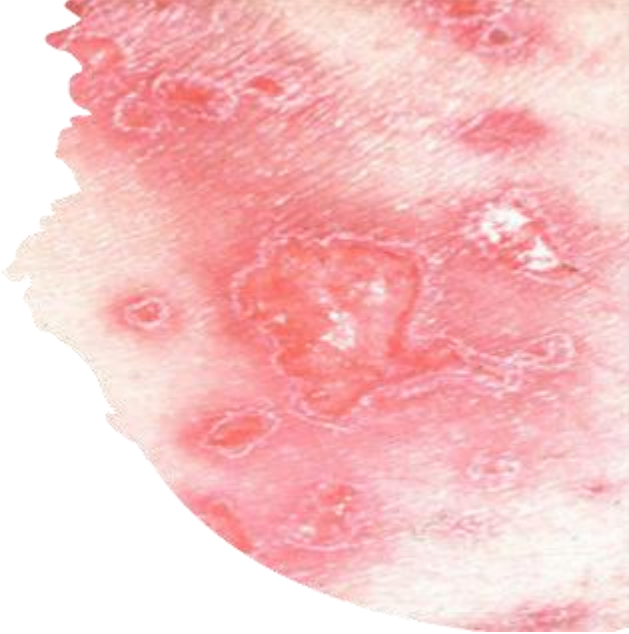
Visual Diagnosis

Skin Scrapings



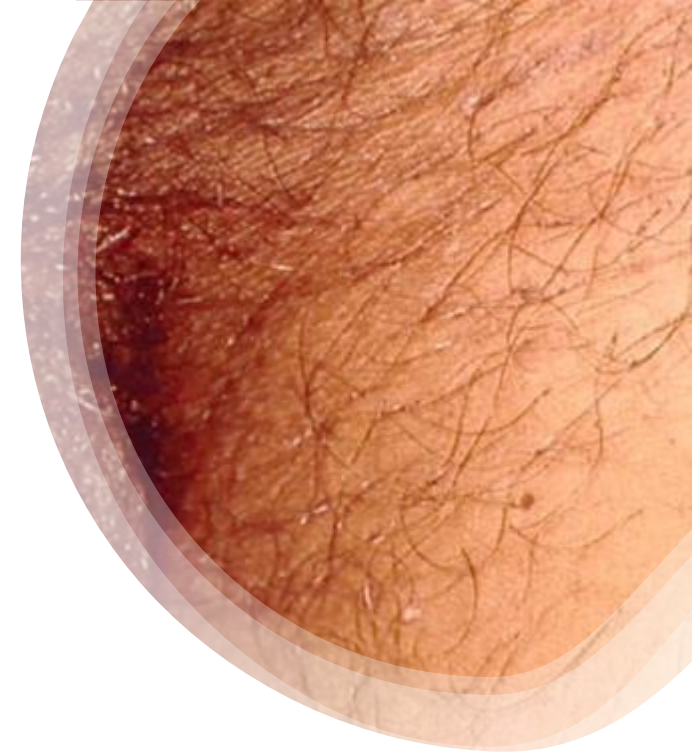
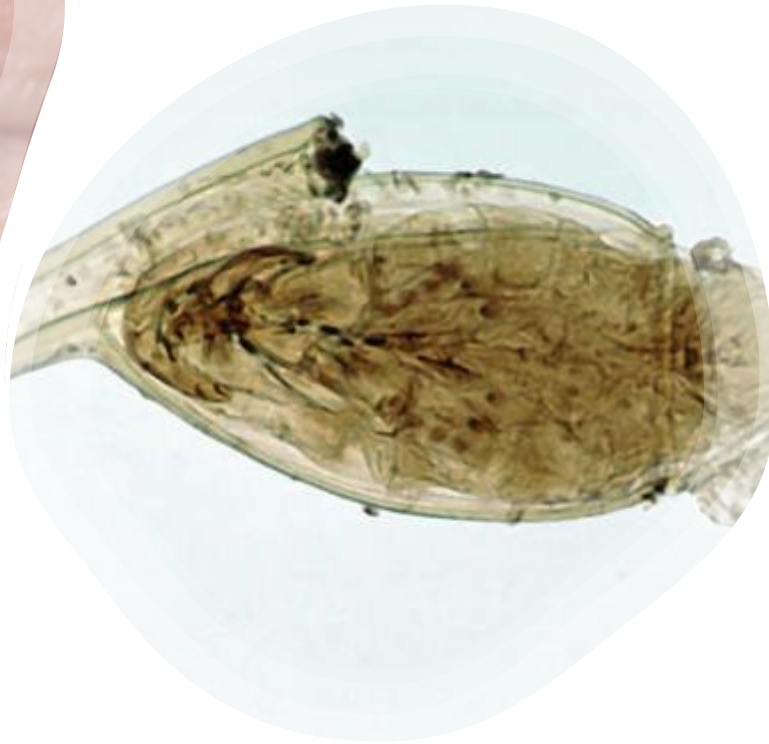
www.spectrum-cic.org.uk

pr@spectrum-cic.nhs.uk



Scabies

- Can survive off host for 24-36hrs
- Formite transmission
- Generalised itching – worse at night
- Symptoms begin 3-6 weeks
- Pathognomonic silvery lines are caused by burrowing
- Nodular lesions may also be seen especially scrotum/penis/buttocks/groin/axillary regions
- Currently significantly high numbers presenting and increasing concerns about developed resistance
- Unclear whether resistant mites of treatment failures/non concordance



Pthirus pubis Visual Diagnosis

Close body contact
5 days to several weeks
Lice and Eggs, blue maculae (feeding sites)
visible
Infest pubic area/body hair
eyebrows/eyelashes

Trichomonas Vaginalis

Asymptomatic Testing – not usually done



www.spectrum-cic.org.uk

pr@spectrum-cic.nhs.uk

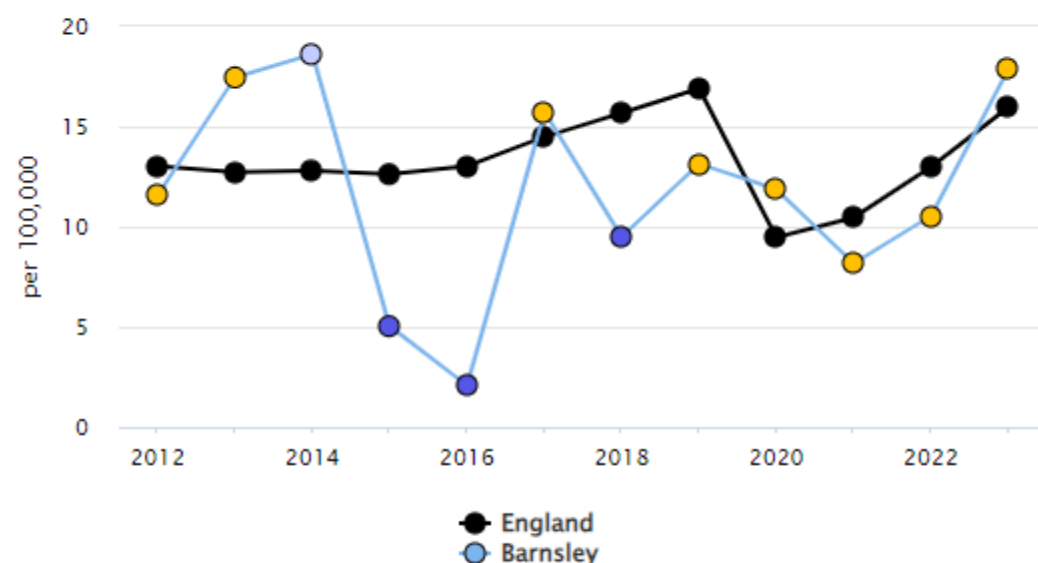
Trichomoniasis diagnostic rate per 100,000

Crude rate - per 100,000

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[▶ More options](#)



Recent trend: ➔ No significant change

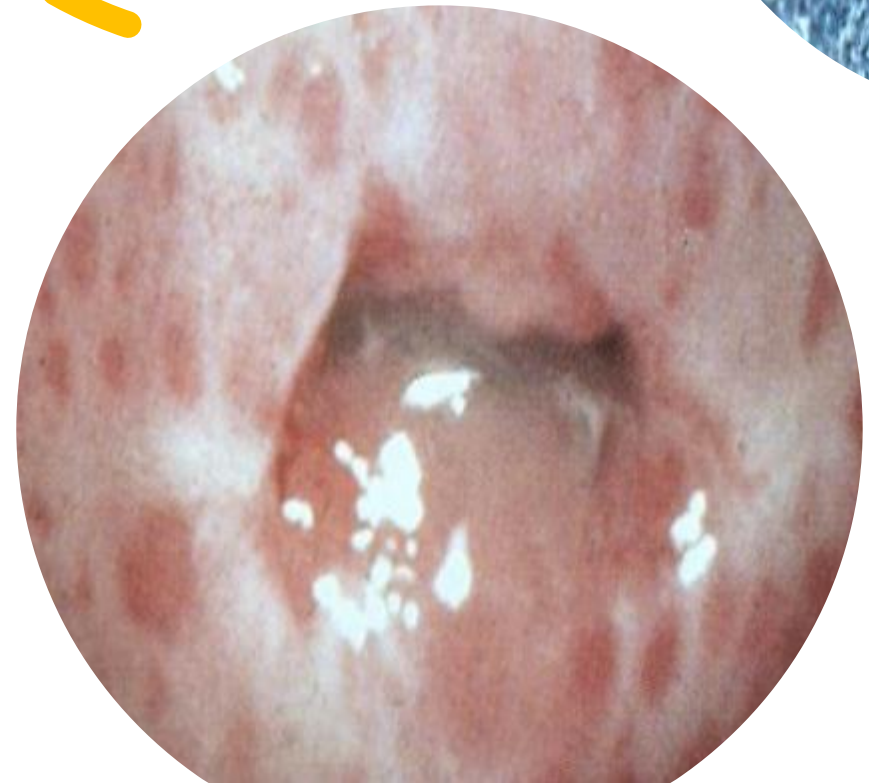
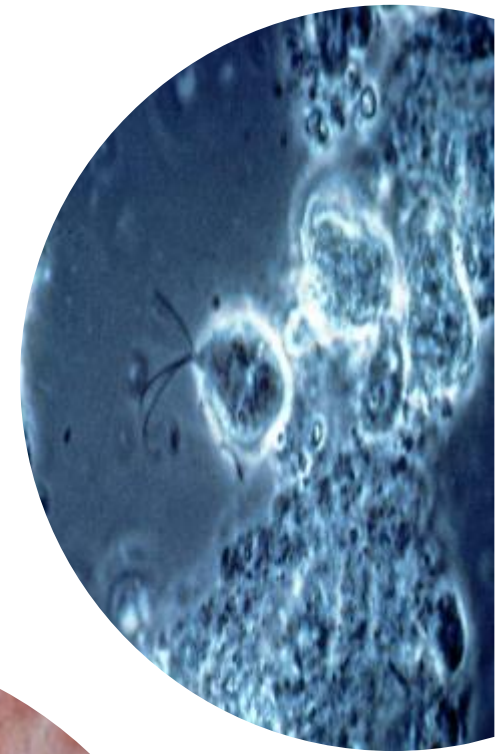
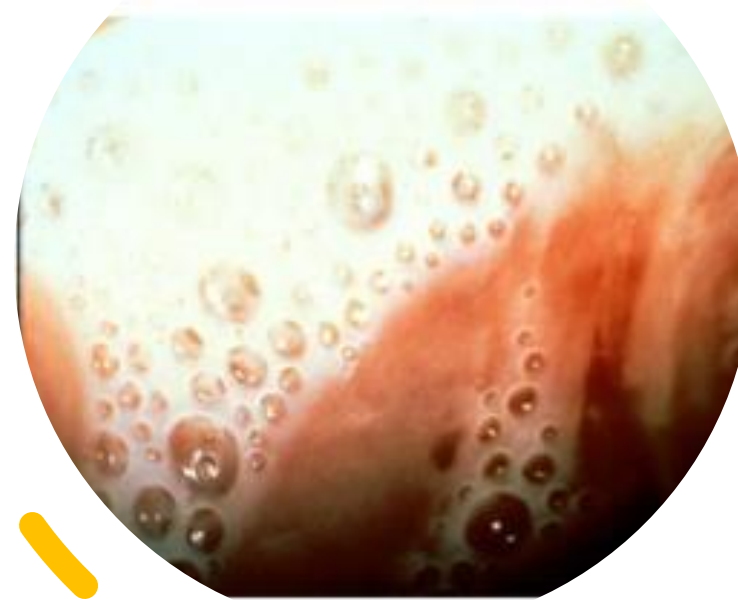
| Period | Barnsley | | | | Yorkshire and the Humber | England |
|--------|----------|-------|--------------|--------------|--------------------------|---------|
| | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2012 | 27 | 11.6 | 7.6 | 16.8 | 8.1 | 13.0* |
| 2013 | 41 | 17.5 | 12.5 | 23.7 | 9.5 | 12.7* |
| 2014 | 44 | 18.6 | 13.5 | 25.0 | 9.0 | 12.8* |
| 2015 | 12 | 5.0 | 2.6 | 8.8 | 8.4 | 12.6* |
| 2016 | 5 | 2.1 | 0.7 | 4.9 | 9.0 | 13.0* |
| 2017 | 38 | 15.7 | 11.1 | 21.6 | 12.0 | 14.5* |
| 2018 | 23 | 9.5 | 6.0 | 14.2 | 12.7 | 15.7* |
| 2019 | 32 | 13.1 | 9.0 | 18.5 | 14.8 | 16.9* |
| 2020 | 29 | 11.9 | 8.0 | 17.1 | 8.8 | 9.5* |
| 2021 | 20 | 8.2 | 5.0 | 12.6 | 10.0* | 10.5* |
| 2022 | 26 | 10.5 | 6.9 | 15.5 | 10.1 | 13.0* |
| 2023 | 44 | 17.9 | 13.0 | 24.0 | 13.8 | 16.0* |

Source: UK Health Security Agency

[Indicator Definitions and Supporting Information](#)

Trichomoniasis (TV)

- STI
- Caused by a parasite *Trichomonas Vaginalis*
- Symptoms usually appear about 12 weeks after infection
- Men may not have any symptoms but are always treated if known contacts of TV
- Generally, causes abnormal discharge in women different to other abnormal discharge as is “frothy”
- Soreness/swelling and itching
- “Strawberry Cervix” can indicate infection
- Pain passing urine/having sex
- Treated with antibiotics
- Some cases can be difficult to treat for unknown reasons





Some things you might not have heard of



www.spectrum-cic.org.uk
pr@spectrum-cic.nhs.uk

Mycoplasma Genitalium

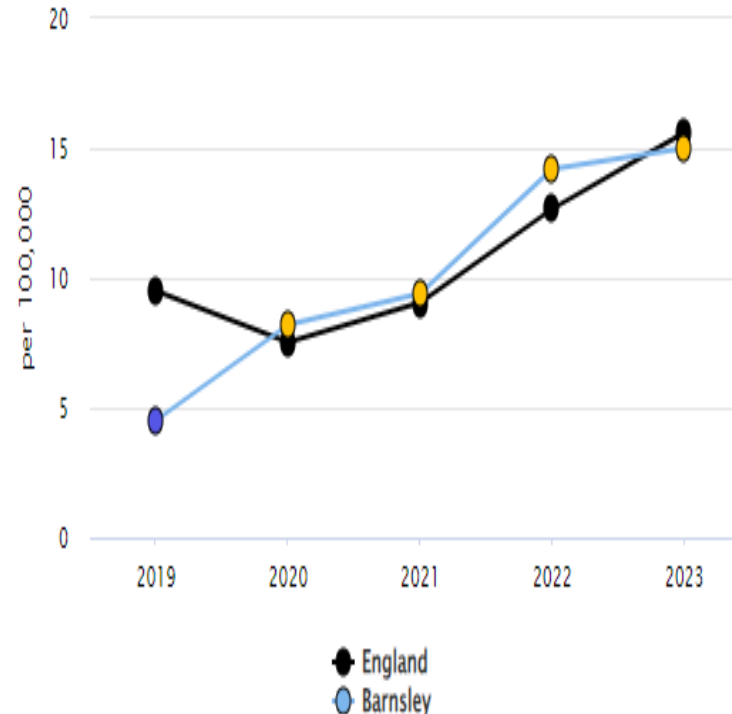
- High Levels of resistance
- Can be asymptomatic
- Can present with symptoms similar to other STIs
- Not currently routinely tested in all clinics, guidance available from BASHH

Mycoplasma genitalium diagnostic rate per 100,000

Crude rate - per 100,000

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: ↑ Increasing

| Period | Barnsley | | | | Yorkshire and the Humber | England |
|--------|----------|-------|--------------|--------------|--------------------------|---------|
| | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2019 | 11 | 4.5 | 2.3 | 8.1 | 3.9* | 9.5* |
| 2020 | 20 | 8.2 | 5.0 | 12.6 | 3.7 | 7.5* |
| 2021 | 23 | 9.4 | 6.0 | 14.1 | 3.8 | 9.0* |
| 2022 | 35 | 14.2 | 9.9 | 19.7 | 7.7 | 12.7* |
| 2023 | 37 | 15.0 | 10.6 | 20.7 | 8.0 | 15.6* |

Source: UK Health Security Agency

[Indicator Definitions and Supporting Information](#)

Shigella

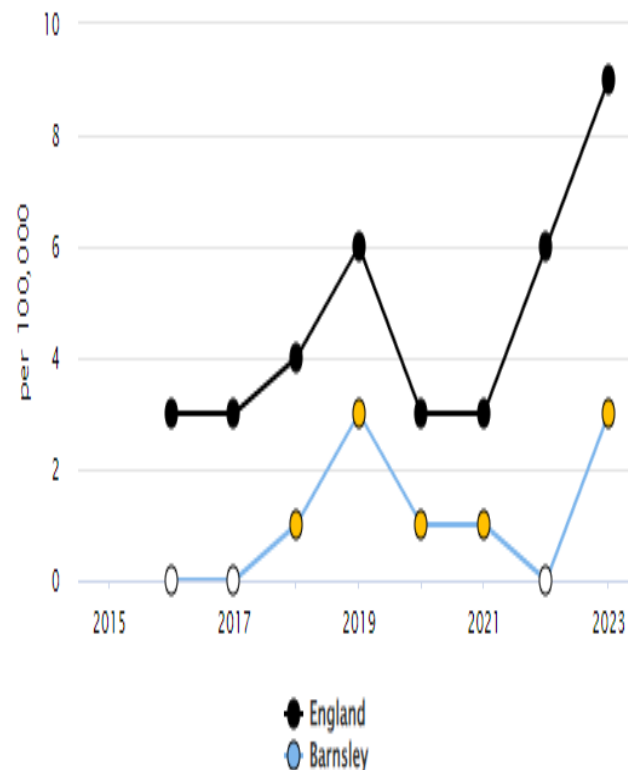
- Outbreak of Shigella in UK pre lockdown (flexneri/sonnei)
- Post lockdown increases in the North West and Manchester, South East and London
- GBMSM
- Can be sexually transmitted and sexual transmitted route now more common than travel
- Often seen/more likely to present in primary care due to symptoms
- Consider Shigella in people with diarrhoea, especially bloody, and/or proctitis

Sexually transmitted Shigella spp. per 100,000 adult male population

Crude rate - per 100,000

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: ➔ No significant change

| Period | Count | Barnsley | | | Yorkshire and the Humber | England |
|--------|-------|----------|--------------|--------------|--------------------------|---------|
| | | Value | 95% Lower CI | 95% Upper CI | | |
| 2016 | 0 | 0.0 | - | - | 2.0 | 3.0 |
| 2017 | 0 | 0.0 | - | - | 1.0 | 3.0 |
| 2018 | 1 | 1.0 | 0.0 | 6.0 | 2.0 | 4.0 |
| 2019 | 3 | 3.0 | 1.0 | 9.0 | 2.0 | 6.0 |
| 2020 | 1 | 1.0 | 0.0 | 6.0 | 1.0 | 3.0 |
| 2021 | 1 | 1.0 | 0.0 | 6.0 | 1.0 | 3.0 |
| 2022 | 0 | 0.0 | - | - | 3.0 | 6.0 |
| 2023 | 3 | 3.0 | 1.0 | 9.0 | 4.0 | 9.0 |

Source: UK Health Security Agency

[Indicator Definitions and Supporting Information](#)

Shigella

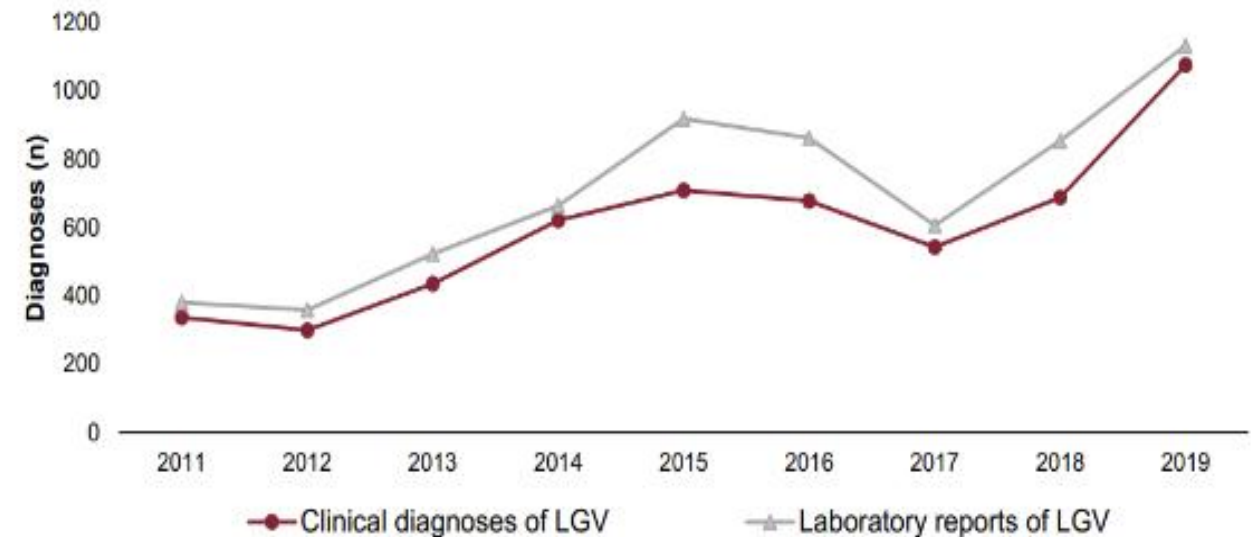


- Take a sexual history +/- Refer for STI screen
- Send stool for bacterial PCR/culture in symptomatic MSM
- There is an XDR S sonnei outbreak in the UK Do not treat outpatients with antibiotics unless persistent. Discuss with microbiology
- Inform local primary care networks & EDs Notify cases to local Health Protection Team for enhanced UKHSA surveillance

Lymphogranuloma Venereum (LGV)

- Part of CT Family Serovars L1,2, 3
- Incubation period 3-30 days
- May be transient and imperceptible in the form of a painless papule or pustule or shallow erosion or ulcer
- Often found on coronal sulcus of men and posterior vaginal wall, fourchette, vulva or cervix of women
- Some ulcers in recent MSM outbreak have been indurated and of variable tenderness, lasting as long as several weeks
- Extra-genital lesions reported eg perianal ulcers and fissures in MSM, lip, oral cavity, extra-genital lymph nodes.

Figure 1. Number of LGV reports among men by data source,* 2011 to 2019, England



*Clinical diagnoses of LGV as reported in GUMCAD STI Surveillance System. Laboratory reports of LGV refer to combined data from CTAD Chlamydia Surveillance System and Modular Open Laboratory Information System (MOLIS).

LGV

- Haemorrhagic proctitis is the primary manifestation of infection seen in MSM; a similar picture might present in the case of rectal exposure in women.
- Symptoms include rectal pain, anorectal bleeding, mucoid and/or haemopurulent rectal discharge, tenesmus, constipation and other symptoms of lower gastrointestinal inflammation.
- Systemic symptoms such as fever and malaise.
- LGV can cause symptomatic ulceration and pharyngitis as well as asymptomatic carriage at this site.



LGV

- If CT+ Rectal then we ask for LGV testing in addition
- LGV is CT Serovars L1,2,3
- Treatment – Doxycycline 21 days



HIV



www.spectrum-cic.org.uk

pr@spectrum-cic.nhs.uk

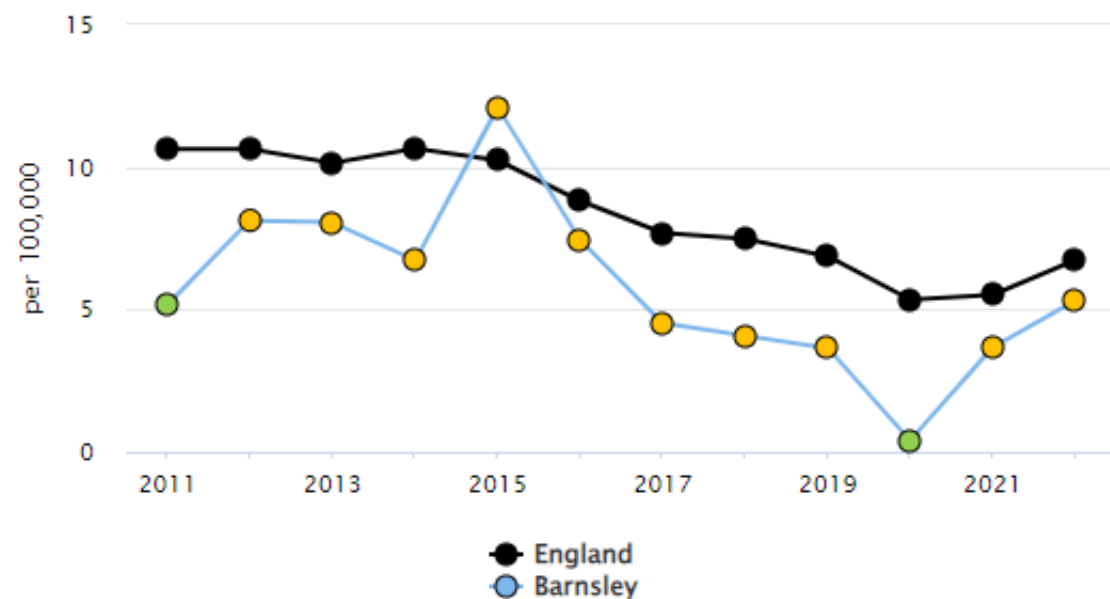
New HIV diagnosis rate per 100,000

Crude rate - per 100,000

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[▶ More options](#)



Recent trend: → No significant change

| Period | Barnsley | | | | Yorkshire and the Humber | England |
|--------|----------|-------|--------------|--------------|--------------------------|---------|
| | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2011 | 12 | 5.2 | 2.7 | 9.0 | 7.0 | 10.6 |
| 2012 | 19 | 8.1 | 4.9 | 12.7 | 6.5 | 10.6 |
| 2013 | 19 | 8.1 | 4.9 | 12.6 | 6.5 | 10.1 |
| 2014 | 16 | 6.7 | 3.8 | 10.9 | 6.8 | 10.6 |
| 2015 | 29 | 12.1 | 8.1 | 17.4 | 6.2 | 10.2 |
| 2016 | 18 | 7.4 | 4.4 | 11.8 | 5.1 | 8.8 |
| 2017 | 11 | 4.5 | 2.3 | 8.1 | 4.9 | 7.7 |
| 2018 | 10 | 4.1 | 2.0 | 7.5 | 5.5 | 7.5 |
| 2019 | 9 | 3.6 | 1.7 | 6.9 | 4.6 | 6.9 |
| 2020 | 1 | 0.4 | 0.0 | 2.2 | 3.5 | 5.4 |
| 2021 | 9 | 3.7 | 1.7 | 7.0 | 4.5 | 5.5 |
| 2022 | 13 | 5.3 | 2.8 | 9.1 | 6.5 | 6.7 |

Source: UK Health Security Agency

[Indicator Definitions and Supporting Information](#)

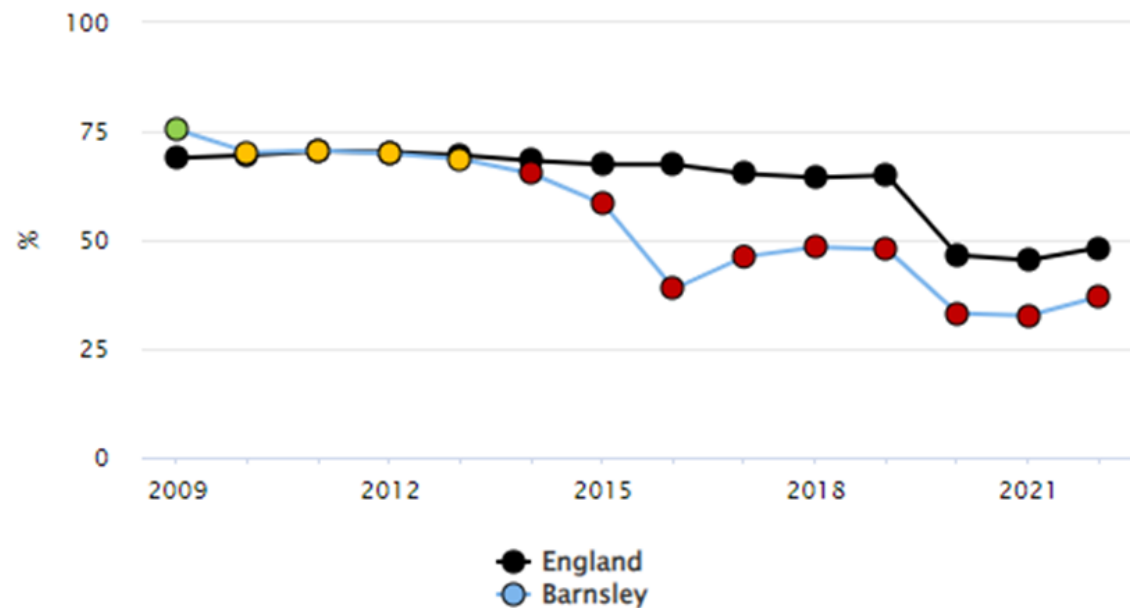
HIV testing coverage, total

Proportion - %

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[More options](#)



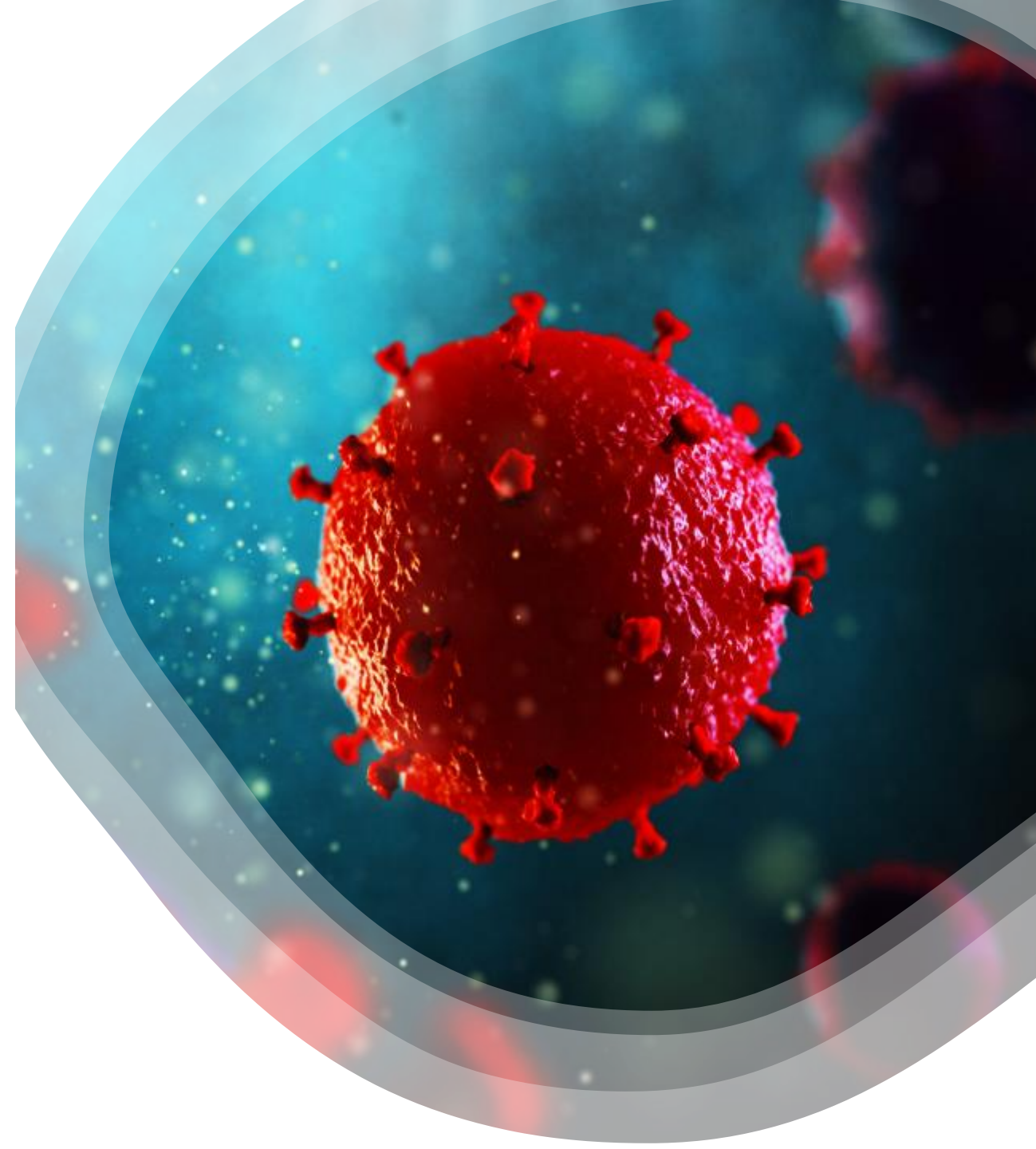
Recent trend: ↓ Decreasing & getting worse

| Period | Barnsley | | | | Yorkshire and the Humber | England |
|--------|----------|-------|--------------|--------------|--------------------------|---------|
| | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2009 | 3,244 | 75.4% | 74.0% | 76.6% | 69.3% | 68.9% |
| 2010 | 2,882 | 70.2% | 68.7% | 71.6% | 69.4% | 69.5% |
| 2011 | 2,929 | 70.7% | 69.3% | 72.1% | 72.0% | 70.5% |
| 2012 | 2,830 | 69.9% | 68.5% | 71.3% | 68.2% | 70.2% |
| 2013 | 2,663 | 68.6% | 67.1% | 70.1% | 69.3% | 69.5% |
| 2014 | 2,595 | 65.3% | 63.7% | 66.7% | 64.0% | 68.3% |
| 2015 | 964 | 58.3% | 55.9% | 60.7% | 62.0% | 67.4% |
| 2016 | 2,824 | 38.9% | 37.7% | 40.0% | 57.4% | 67.4% |
| 2017 | 3,680 | 46.2% | 45.1% | 47.3% | 58.6% | 65.3% |
| 2018 | 3,753 | 48.4% | 47.3% | 49.5% | 59.5% | 64.4% |
| 2019 | 3,781 | 47.9% | 46.8% | 49.0% | 62.4% | 64.9% |
| 2020 | 1,673 | 33.1% | 31.8% | 34.4% | 46.8% | 46.5% |
| 2021 | 1,686 | 32.7% | 31.4% | 34.0% | 44.0% | 45.4% |
| 2022 | 2,054 | 37.0% | 35.7% | 38.3% | 46.3% | 48.2% |

Source: UK Health Security Agency

[Indicator Definitions and Supporting Information](#)

- Human Immuno- Deficiency Virus
- Attacks CD4 Cells
- Depletes CD4 Cells
- Transmitted through semen, vaginal and anal fluids, blood and breast milk.
- Not transmitted through sweat, urine or saliva
- Fragile virus
- Short self-limiting viral illness 2-4 weeks after infection
- Monitoring involves CD4 Count and Viral Load
- Considered a treatable, manageable disease



HIV

Around 106,890 PLWHIV

Aim is for no new HIV transmissions by 2030

PEP

PreP

Increased Testing – 4,400 people undiagnosed



HIV

- 90/90/90 UNAIDS (UK Exceeded this target 95/98/97 [2019])
- U=U
- Increased numbers on treatment
- Earlier commencement of treatment
- Key Performance Indicators in most contracts for HIV testing
- Fast Track Cities [Welcome to Fast-Track Cities | Fast-Track Cities](#)
- Retention in treatment
- Injectable treatment available – only required every few months



**Prevention is
better than
the cure**

Prevention Strategies

- Hepatitis Vaccines (A/B)
- HPV Vaccine for GBMSM up to 45
- Pre-Exposure Prophylaxis (PreP)
- Post-Exposure Prophylaxis (PEP)
- Monkey Pox Vaccine
- *Condoms
- Motivational Interviewing
- POCT
- Chlamydia Screening
- Testing

Condoms

Only condoms prevent STIs;

If used properly

No contact before condom is in situ

Condom is put on properly – no risk of splitting (inside out/lack of lube etc)

Condom stays in place – “stealthing” (removal of condom without person knowing)

Condom is removed properly

“ChemSex”

- Chemsex means using drugs as part of someone’s sex life
- It’s most common among men who have sex with men
- Increasingly more common among people having heterosexual sex and people identifying as LGBT+
- People take part in chemsex for different reasons:
 - Less inhibition
 - Increases pleasure
 - Address issues in their sex life
 - Self-esteem

Drugs Involved

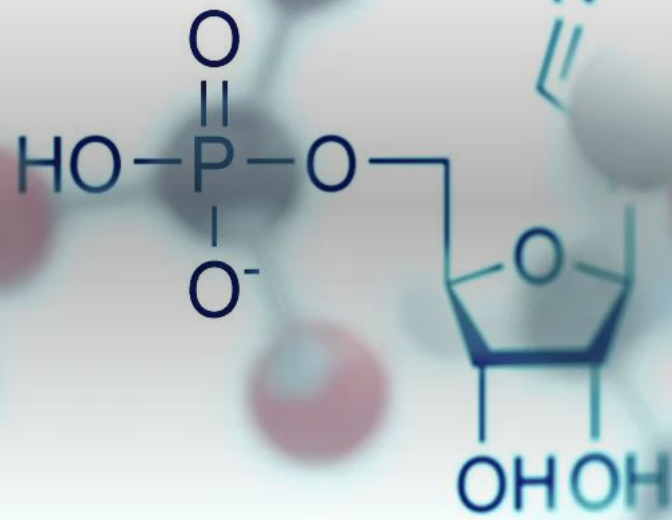
- There are three specific drugs usually involved:
- Methamphetamine, a stimulant.
 - Crystal meth, crystal, meth, tina and crank.
- Mephedrone, a stimulant
 - meph, drone or meow meow.
- GHB and GBL, sedatives.
 - Gammahydroxybutyrate and Gammabutyrolactone,
 - G, gina, geebs and liquid ecstasy.

Challenges



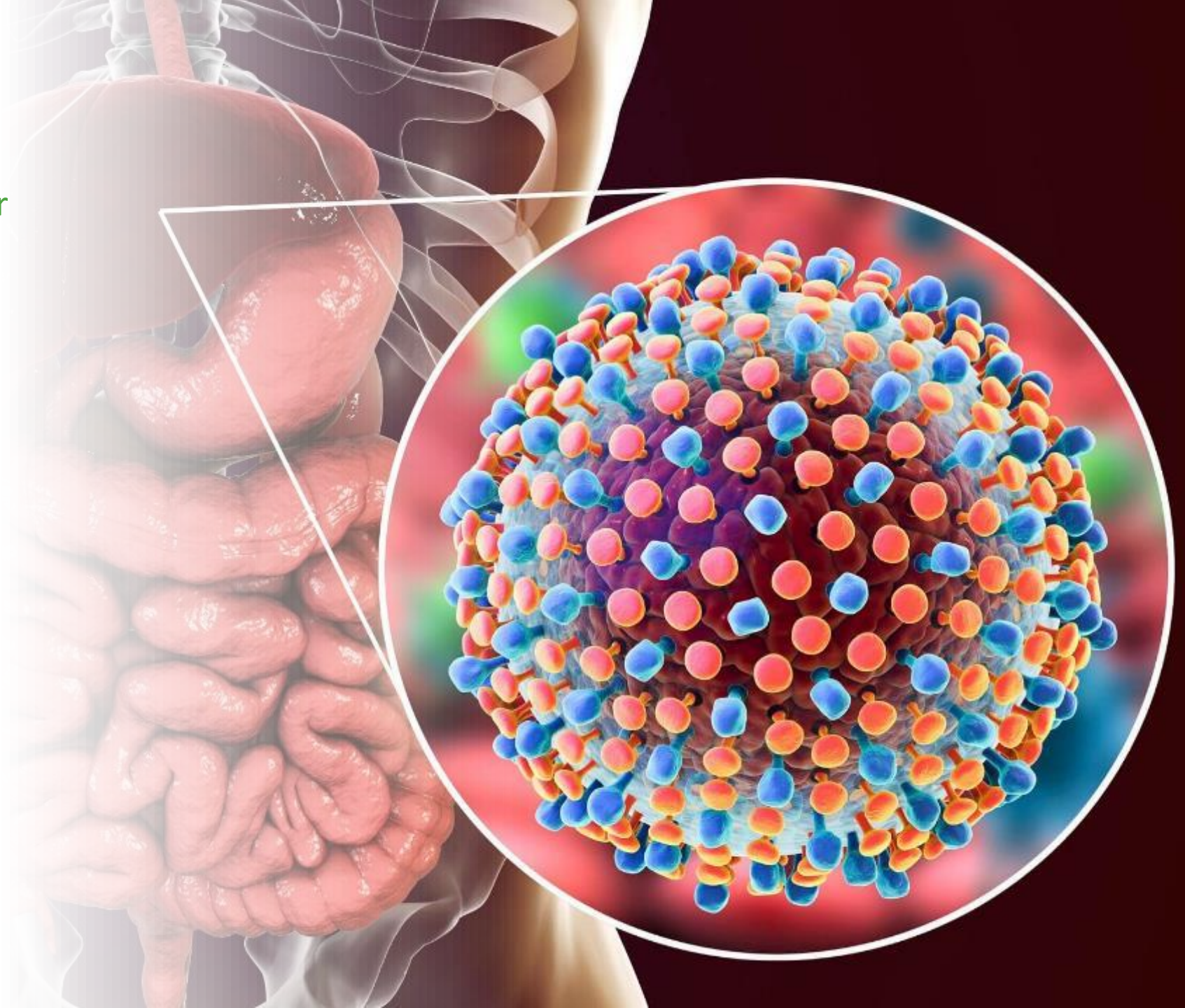
- Different risks involved
- Condoms don't prevent transmission
- Can't recall what happened e.g type of sex
- Mixing substances
- Transmission of STIs/BBV including Hepatitis
- Can affect physical and mental health
- Consent
- Very few specific clinics
- Patient can “fall between cracks” of SMS and ISH
- Injecting/language

Hepatitis A/B/C



Hepatitis

- Test those at risk either sexual or other
- Refer to specialist BBV services
- Vaccinate those at risk/partners of those at risk





MPOX



www.spectrum-cic.org.uk

pr@spectrum-cic.nhs.uk

Previous to current outbreaks we had seen minimal MPX in the UK:

- in 2018 there were 3 cases of monkeypox in the UK. 2 travel to Nigeria related
- The 3rd case was in a healthcare worker involved in the care of 1 of the cases and was infected following contact with contaminated bed linen
- in 2019 1 case of monkeypox occurred in the UK Nigeria travel again
- in 2021 3 monkeypox cases were reported from within the same family; the index case had recent travel history to Nigeria
- on 7 May 2022, a case of monkeypox was reported in 1 person who had recently travelled to Nigeria

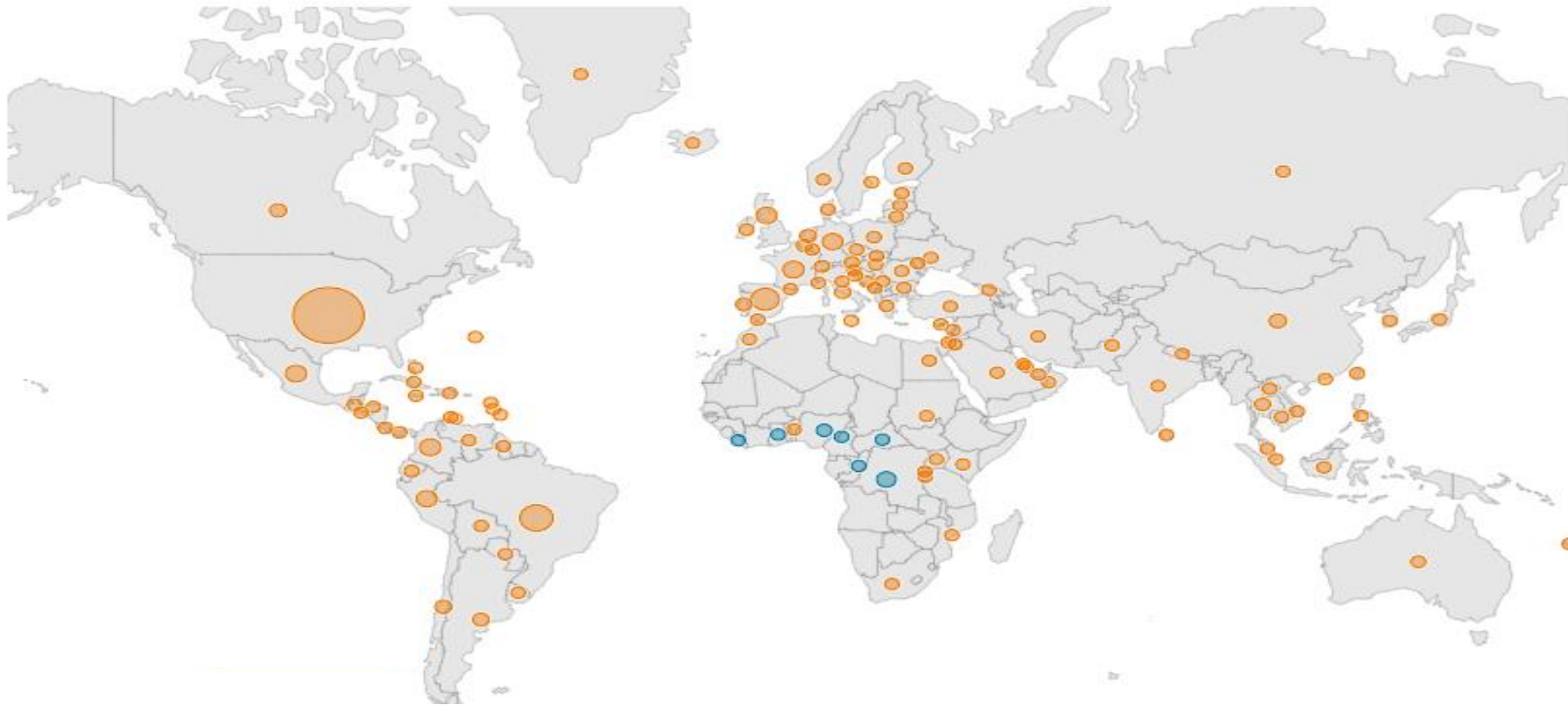
What happened in 2022?



- On 14 May, 2 further cases, with no known links to the case announced on 7 May, were reported in individuals from the same household
- On 16 May, 4 additional monkeypox cases were reported in England. These cases had no known connections with the cases reported on 7 and 14 May
- By 17 August worldwide cases nearly **86,000**, most of which in Europe and America's in GBMSM
- 96 Deaths

2022-2023 Mpox Outbreak Global Map

Data as of 06 Aug 2024 5:30 PM EDT



2022-2023 Mpox Outbreak Global Map



Data as of 06 Aug 2024 5:30 PM EDT

Confirmed Cases

99,518

Total Cases

95,196

in locations that have not
historically reported mpox

4,322

in locations that have historically
reported mpox

Locations with cases

122

Total

115

Has not historically reported
mpox

7

Has historically reported mpox

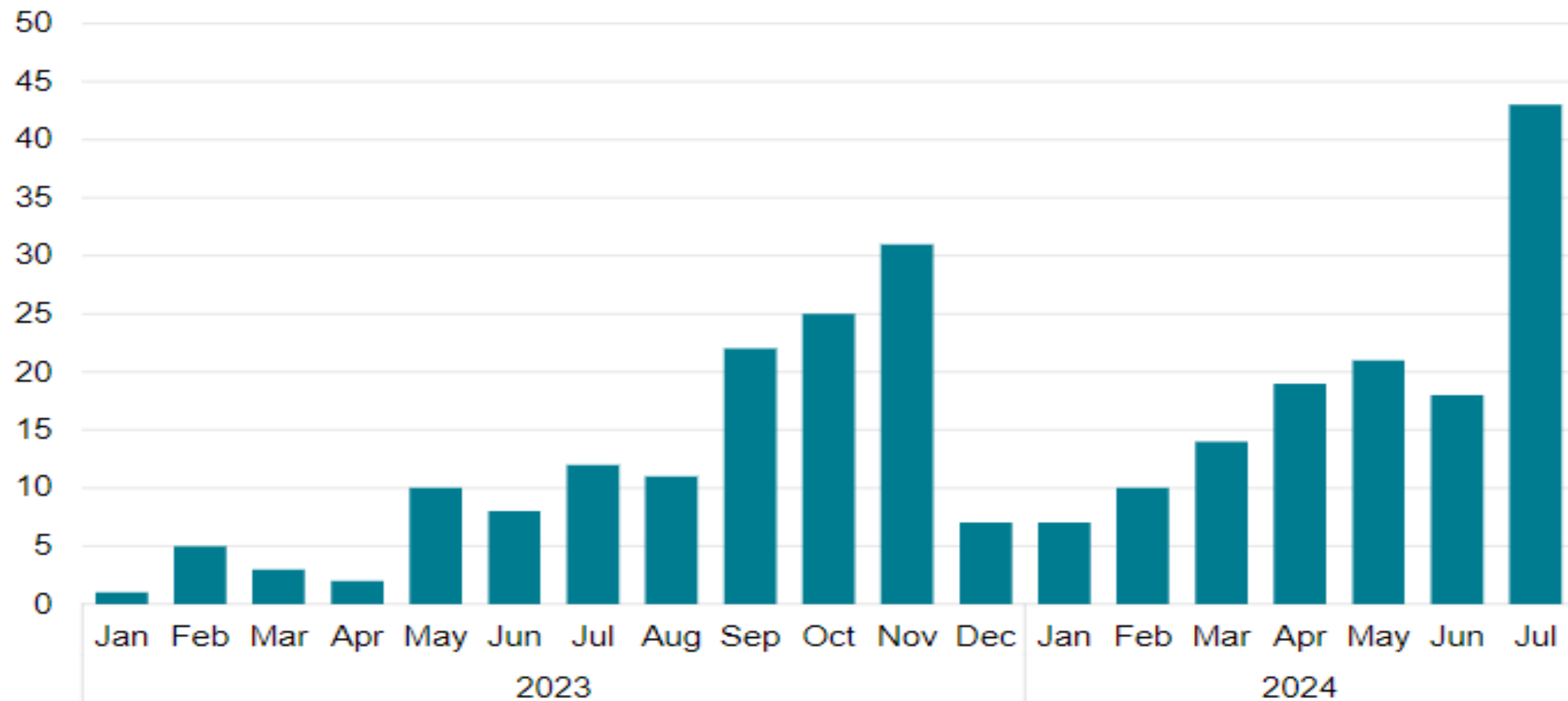
Table 1. Number of confirmed and highly probable mpox cases by UK nation of residence, 6 May 2022 to 31 July [note 1]

| UK nation | Cases reported in 2022 [note 2] | Cases presumed acquired in the UK in 2023 and 2024 | Cases presumed acquired outside the UK (imported) in 2023 and 2024 | Cases awaiting classification in 2023 and 2024 | Total (2022 to 2024) |
|------------------|----------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------|
| England | 3,553 | 116 | 82 | 71 | 3,822 |
| Northern Ireland | 34 | 1 | 1 | 3 | 39 |
| Scotland | 97 | 3 | 7 | 1 | 108 |
| Wales | 48 | 0 | 1 | 0 | 49 |
| Total | 3,732 | 120 | 91 | 75 | 4,018 |

[note 1] Based on data extracted on 6 August 2024.

Figure 1. Number of confirmed and highly probable mpox cases in England, by month in 2023 and 2024

Number of mpox cases



MPOX

- the symptoms of monkeypox are usually mild and self-limiting for most people, particularly for infections with the West African strain
- however, severe illness can occur, and symptoms can progress to multi-organ involvement, with bronchopneumonia, encephalitis and sepsis
- the risk of severe disease is higher in children, pregnant women and immunosuppressed individuals
- the illness begins with:
 - fever
 - headache
 - muscle aches
 - backache
- within 1 to 5 days after the appearance of fever, a rash develops, often beginning on the face, then spreading to other parts of the body
- Outbreak cases were mostly in London are also presenting with very localised issues e.g proctitis
- Clinical diagnosis can be difficult – with differential diagnosis being Chicken Pox, Herpes Simplex Virus, Syphilis – all tested for as routine when sending for MPX

MPOX

- the lesions go through several different stages
- unlike chickenpox, the lesions are usually all at the same phase of development
- they heal by crusting over and scabbing
- the skin lesions resolve within 2 to 4 weeks
- an individual is contagious until all the scabs have fallen off and there is intact skin underneath
- the scabs may also contain infectious virus material



a) Early vesicle
3mm diameter



b) Small pustule
2mm diameter



c) Umbilicated pustule
3-4mm diameter



d) Ulcerated lesion
5mm diameter



e) Crusting of a mature
lesion



f) Partially removed scab

MPOX

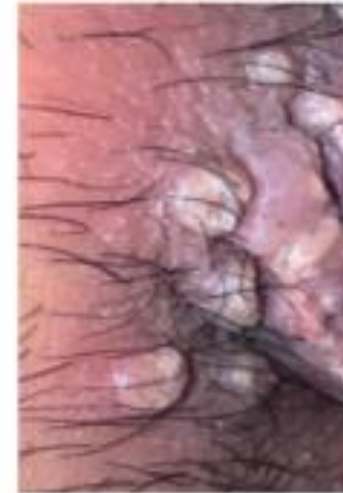


However, in sexual health presentations
can be atypical:



Monkeypox Genital Lesions
NEJM 2 July 2022

MPOX



Demographic and clinical characteristics of confirmed human monkeypox virus cases in individuals attending a sexual health centre in London, UK: an observational analysis

The Lancet – online publication 2022

Differential Diagnosis





Horizon Scanning



www.spectrum-cic.org.uk

pr@spectrum-cic.nhs.uk

Doxy PEP

- Doxycycline taken as Pre- or Post-Exposure Prophylaxis for syphilis or chlamydia is not currently endorsed by BASHH or the UK Health Security Agency (UKHSA).
- The use of other antibiotics for syphilis and chlamydia or to prevent other (STIs) is unlikely to be effective and should be discouraged.
- Many clinicians report their patients are taking DPreP usually in areas of high GBMSM prevalence
- BASHH and the UKHSA recommend that clinicians inform patients about potential risks and limited benefit. Clinical monitoring for adverse effects and advice should be offered to patients who are using doxycycline as prophylaxis for STIs.
- Several clinical studies are currently underway to measure the impact of prophylactic doxycycline on antimicrobial resistance (AMR) at an individual and population level.

Vaccinations

- JCVI has recommended routine targeted vaccination programme for MPOX and Gonorrhoea
- MPOX currently used during outbreak – Small Pox vaccine will be a routine targeted offer
- GC vaccine will be Meningitis B vaccine (4CMenB)
 - Genetically related
 - Evidence shows some cross protection against Gonorrhoea
- Sitting with ministers at DoH
- Likely to be targeted at those with highest risk, which includes those who are not GBMSM but with equivalent risk including hetero or identify otherwise



Phase 3 Gonorrhoea Treatment Trial

- The Global Antibiotic Research & Development Partnership (GARDP) has announced positive results from a large phase 3 trial of a first-in-class oral antibiotic to treat gonorrhoea.
- The drug, called zoliflodacin, was compared against the combination of injectable ceftriaxone and oral azithromycin.
- Study investigators found that oral zoliflodacin demonstrated statistical non-inferiority of microbiological cure at the urogenital site when compared to treatment with intramuscular (IM) injection of ceftriaxone and oral azithromycin
- In the study, zoliflodacin was found to be generally well tolerated and there were no serious adverse events or deaths recorded in the trial.



References

- BASHH UK national guidelines [Guidelines | BASHH](#)
- CDC – MPOX Data [Mpox | Poxvirus | CDC](#)
- Davenport-Hines, R (1990) Sex, Death and Punishment
- Dermnet – Dermatology resource available at: [DermNet | Dermatology Resource \(dermnetnz.org\)](#)
- Gott, M et al (2004) Opening a can of worms: GP and practice nurse barriers to talking about sexual health and primary care
- Gott, M (2003) General Practitioner attitudes to discussing sexual health issues with older people
- Hinchliff et al (2004) I daresay I might find this embarrassing: a general practitioner's perspective on discussing sexual health issues with lesbian, and gay patients
- Klaeson, K et al (2016) Sexual Health in Primary Healthcare – A qualitative Study of nurses' experiences
- Luetkemeyer, A et al (2023) **Postexposure Doxycycline to Prevent Bacterial Sexually Transmitted Infections Available online at [Postexposure Doxycycline to Prevent Bacterial Sexually Transmitted Infections | New England Journal of Medicine \(nejm.org\)](#)**
- Oriel, JD. (1994) The Scars of Venus
- Quetel, C (1992) History of Syphilis
- Sexual Health, Reproductive Health & HIV Policy eBulletin: May 2024 Issue
- Syphilis in the illness of John Hunter Journal of the History of Medicine and Allied Sciences [Vol. 8, No. 3 \(July 1953\)](#), pp. 249-262 (14 pages)Oxford University Press
- UKHSA – 2022 Sexually Transmitted Disease Datasets
- US Department of Health Education and Welfare (1968) Syphilis; A synopsis
- Venereology for Nurses - (1964) R D Catterall
- WHO – MOX Data [Mpox \(monkeypox\) outbreak 2022 - Global \(who.int\)](#)
- Zannoni, R et al (2021) Addressing sexual problems in German Primary Care – A qualitative Study,



Thank you for
listening

Belinda Loftus RN (A)

Belinda.loftus@spectrum-cic.nhs.uk

07711481829

