BASHH Conference 2013
Bristol 15-17th May
Feedback Slide set
No apparent rise in NG and CT in MSM in the UK (Haidari, O2)

- In 2011 The HPA reported the number of STIs in MSM in England continues to rise
  - GC diagnoses increased by 61% in MSM
  - CT diagnoses increased by 48% in MSM

- According to GUMCAD returns Guy’s and St Thomas’ GUM clinics see ~9% of GC and ~10% CT cases seen in English MSM (2011)

- Any dramatic increase in infection rates would be expected to be reflected in our data

- In our London clinics, extragenital testing with Gen-Probe APTIMA Combo 2 (AC2) has been routine since 2009

- AC2 shown to be highly sensitive and specific for extragenital sites
No apparent rise in NG and CT in MSM in the UK (Haidari, O2)

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total number of MSM testing episodes</strong></td>
<td>5570</td>
<td>6292</td>
<td>6843</td>
</tr>
<tr>
<td><strong>Cases (number of patients with a diagnosis)</strong></td>
<td>671</td>
<td>692</td>
<td>881</td>
</tr>
<tr>
<td><strong>Positivity rate</strong></td>
<td>12%</td>
<td>11%</td>
<td>13%</td>
</tr>
<tr>
<td><strong>95% confidence interval (%)</strong></td>
<td>(11-13)</td>
<td>(10-12)</td>
<td>(13-14)</td>
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</table>
West of Scotland Sexual Health Managed Clinical Network (Laird, O3)

Potential health issues

- MSM at higher risk of some STI’s/BBVs/ mental ill health/higher levels of smoking, drug and alcohol use
- Primary care can only provide help if sexuality is disclosed
- Survey performed (online and paper)
- n= 202
West of Scotland Sexual Health Managed Clinical Network (Laird, O3)

- 98% registered with GP
- >80% visited GP in last 1 year
- In 40% cases staff at GP aware of sexuality most via pt disclosure during consultation
- In cases where GP not aware: 81% said it was because they were never asked and 72% respondents stated it was ‘irrelevant’

Action plan:
- Poster on Equalities and Confidentiality
- Guide for Practice Staff – LGBT issues and sources of support
- Equalities training modules for primary care staff
The ‘3-in-1’ study (Sultan et al, O16)

Background:
- APTIMA Combo 2 (AC2) is effective for detection of CT and NG from extra-genital sites in MSM
- But testing 3 samples is a significant cost pressure for services
- The performance of AC2 to detect CT/NG from a pooled specimen (PS)
  \[ PS = (Pharynx + Urine + Rectum + ) \]
- The acceptability of self-taken PS among MSM

Methods:
- Population:
  MSM attending 2 London GU clinics
- Eligibility:
  Symptomatic (urethral/anorectal/throat) OR symptomatic NG or CT contacts
- Each patient:
- Standard of care (SOC) and PS
- Two methods of pooling the samples were compared
Method A

Specimen pot

Pharynx

Rectum

Patient adds both swabs to container

Nurse weighs urine

Nurse adds swabs to FVU to produce pooled specimen

Method B

Specimen pot

Pharynx

Rectum

Patient adds both swabs to container

Nurse weighs urine

... then SQUIDGES swabs

...pipettes urine in to AC2 tube

Lab
## Results: PS Performance by Site – NG / CT

<table>
<thead>
<tr>
<th>N = 753</th>
<th>NG</th>
<th>CT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FCU</td>
<td>Rectum</td>
</tr>
<tr>
<td>Overall sensitivity % (95% CI)</td>
<td>99 (95-100)</td>
<td>93 (87-97)</td>
</tr>
<tr>
<td>Method A % (95% CI%)</td>
<td>99 (93-100)</td>
<td>92 (84-96)</td>
</tr>
<tr>
<td>Method B % (95% CI%)</td>
<td>100 (89-100)</td>
<td>97 (84-100)</td>
</tr>
</tbody>
</table>
Cost Savings

• 90,218 MSMs tested for chlamydia in 2011 £4million cost per year

• Potentially cost saving with pooled sampling £2.7 million saved per year
Between March 2012 – December 2012

- 12,853 dual tests carried out via CSP
- Approx 1300 per month
- All patients consented for GC testing to be carried out
- 71 cases of GC were identified through the CSP in the first 10 months
- GC detected in 0.6% of all samples tested
71 cases of GC identified

59 female
- 2 not treated
  - 22 returned for TOC
  - 26 also chlamydia positive

57 treated

12 male
- 1 not treated
  - 5 returned for TOC
  - 3 also chlamydia positive

2 not treated

57 treated

1 not treated

11 treated
GC identified through Chlamydia Screening programme in Northumberland

- Initial NAAT confirmed with APTIMA2
- 25 patients came to New Croft Centre for Sexual Health
- 9 (36%) had symptoms on questioning
- 17 (68%) had never attended GUM services before
- 14/25 (56%) of patients had GC detected on extra – genital sites
- 10 rectal infections
- 8 throat infections
Severe adverse outcomes remain high in the UK in syphilis treated in pregnancy (Wallace, O8)

- **Aim:** Review local rates of adverse pregnancy outcome in the presence of positive maternal syphilis serology
- **Retrospective review** of cases of positive syphilis serology during pregnancy with an outcome between 2005 and 2012.
- **Two groups**
  - Treatment for syphilis required in the current pregnancy (inc if unable to confirm prior adequate treatment)
  - Pregnant women adequately treated for syphilis prior to the current pregnancy

<table>
<thead>
<tr>
<th>Severe Adverse Outcome</th>
<th>Minor Adverse Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Still birth</td>
<td>Birth weight &lt;2.5kg</td>
</tr>
<tr>
<td>Second trimester miscarriage</td>
<td>Pre-term delivery 32-37 weeks</td>
</tr>
<tr>
<td>Neonatal death</td>
<td>Polyhydramnios</td>
</tr>
<tr>
<td>Pre-term delivery &lt;32 weeks</td>
<td>Placental abnormalities</td>
</tr>
<tr>
<td>Congenital syphilis</td>
<td></td>
</tr>
</tbody>
</table>
60 cases of positive syphilis serology in pregnancy

3 excluded (1 relocation, 2 terminations)

31 required treatment in current pregnancy

26 treated for syphilis prior to current pregnancy (controls)

24 first treatment

7 retreatment (incomplete or unconfirmed)

Results

Women (n=42)

Black African: ~25
Asian: ~5
White UK: ~5
White Other: ~5
Black Caribbean: ~1
**Severe adverse outcomes remain high in the UK in syphilis treated in pregnancy (Wallace, O8)**

<table>
<thead>
<tr>
<th>Total cases 57</th>
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<tbody>
<tr>
<td><strong>Treated in current pregnancy (n=31)</strong></td>
</tr>
<tr>
<td>Severe adverse outcomes</td>
</tr>
<tr>
<td>5/31 (16%)</td>
</tr>
<tr>
<td>• 2 second trimester miscarriages at 20/40 and 21/40</td>
</tr>
<tr>
<td>• 1 preterm birth with neonatal death at 25/40</td>
</tr>
<tr>
<td>• 1 preterm birth at 28/40</td>
</tr>
<tr>
<td>• 1 still birth at 32/40</td>
</tr>
<tr>
<td>Minor adverse outcomes</td>
</tr>
<tr>
<td>2/31 (6%)</td>
</tr>
<tr>
<td>• 1 polyhydramnios</td>
</tr>
<tr>
<td>• 1 placental abnormalities (term delivery)</td>
</tr>
</tbody>
</table>

| **Treated prior to pregnancy (n=26)** |
| Minor adverse outcomes |
| 3/26 (12%) |
| • 3 preterm del at 33/40, 35/40 (wt 2.3kg) and 36/40 |

No cases of congenital syphilis or term neonatal death in either group
Trafficked women in an integrated sexual health service in Glasgow (Brawley, O6)

- Objectives: Assess the sexual and reproductive health, ongoing gender based violence and inter-agency care of women trafficked for sexual exploitation in an integrated sexual health service
- Methods: Women highlighted as being trafficked were identified from 2007-2012 in Glasgow SARC
- 39 women identified from 2007-2012
Results

• Mean age 24 years (15-41)
• 28% Nigerian, 41% other African states, 15% Eastern European, 8% Asian, 8% other
• 87% trafficked directly to the UK
  4 women trafficked to multiple countries
• 42% unsure of their location in UK and were moved on multiple occasions
• 79% disclosed time period of abuse (mean 32 months)
 Trafficked women in an integrated sexual health service in Glasgow (Brawley, O6)

- 18% documented on-going Gender Based Violence
  - 4 women coerced to return to prostitution
  - 2 women sexual assault post-trafficking
  - 1 case of violence within relationship
- 7 women (18%) symptomatic at presentation (Vaginal dx, LAP, PID, HPV)

STI prevalence
- 2.5% Gonorrhoea
- 5% HIV
- 5% Chlamydia
- 5% HBV surface antigen positive
- 4 women (10%) documented FGM
Case 1

ACHILLES TENDINOPATHY FOLLOWING KALETRA

(Creswell, C3)
ACHILLES TENDINOPATHY FOLLOWING KALETRA, (Creswell, C3)

- **18 yr MSM**
  - Fit and well
  - Attended GUM for PEP
  - UPAI CMP unknown HIV status
  - HIV POCT negative

- **Truvada / Kaletra**
  - Day 4
  - 2/7 bilateral swollen painful heels
  - Rheumatologist: acute Achilles tendinopathy?
    - ?ARV related

- **Completed PEP**
  - HIV negative

- **Pain free, reduced swelling**
  - Continue Truvada / raltegravir
    - 3 days

- **Kaletra switched to raltegravir**
  - Ibuprofen 2/7
ACHILLES TENDINOPATHY FOLLOWING KALETRA (Creswell, C3)

Key points

1. Two cases of Achilles tendinopathy which display a temporal relationship to starting Kaletra
2. Yellow cards are not always completed. Two further cases of tendinitis with Kaletra reported to MHRA
3. Safety profile of ARVs in HIV PEP
4. Consider switch for individuals on Kaletra with Achilles problems
5. Specialist Rheumatology / HIV joint clinic extremely helpful in managing musculoskeletal issues
A Case of Child Sexual Exploitation: Lessons Learned (Orme, C1)

- 17yr old girl
- Living at home with mother
- Attends with mother c/o pain with sex
- Male partner for 8/12
- Mother mentions partner is ‘controlling’

Initial assessment
- Denies abuse or coercion
- ‘Loves him’
- Learning difficulties
- Contraception
A Case of Child Sexual Exploitation: Lessons Learned (Orme, C1)

Subsequent Attendances

- 5 clinic attendances in 2 months
- Escalation of disclosures
- Retraction of disclosures
- Refuses police/social services
- Mother’s concern increasing

‘Is it normal for sex to be so rough?’

‘Do all boys like anal sex all the time?’

‘He shoves things inside me’
A Case of Child Sexual Exploitation: Lessons Learned (Orme, C1)

Actions:

- Discussion within MDT and advice from Named Nurse
- Agreed important to keep trust and involve sexual exploitation worker
- Further disclosure of life threatening event
- Domestic violence multi-agency forum where police involvement instigated.
- Supported through the legal process.
- Statement for learning difficulties.
- Starts to acknowledge abuse for herself and gives powerful court statement.
- Boyfriend convicted of rape and assault by penetration.
- Sentenced to 15 years in prison.
- Judge acknowledges key role of the clinic.
Reactive arthritis associated with pharyngeal CT infection (Haidari, C4)

- 32 yr old Black British MSM, well controlled HIV on HAART
  - Perianal discomfort 3/7 (recurrent HSV) with a herpetic perianal ulcer
  - Hot swollen painful knee with moderate effusion on examination
  - No urethral/throat symptoms
  - No rash or skin lesions
  - Sexual hx: recent UPAI (←→) and OI (←→) with serosorted partners

- Initial management in GUM clinic:
  - Oral aciclovir for typical HSV ulceration
  - Ibuprofen
  - Referred to rheumatology
Reactive arthritis associated with pharyngeal CT infection (Haidari, C4)

- HSV-2 DNA +ve from anal ulcer
- Pharyngeal CT POSITIVE
  - Detected by Gen-Probe Aptima Combo 2 (TMA)
  - Negative for LGV-specific DNA
- GC TMA negative throat/rectum/urine
- CT TMA negative rectum/urine
- RPR negative (prev. treated syphilis)
- Recalled and treated with 1g azithromycin

- Rheumatology review:
  - Pre-patellar bursitis of knee
  - Small effusion
  - New dactylitis right 3rd and 4th metatarsal (24 hrs)
  - USS guided aspiration of bursitis
  - IM depomedrone for pain relief

- Knee effusion aspirate
  - NEGATIVE for crystals and organisms
  - NEGATIVE CT & GC RNA TMA

SEXUALLY ACQUIRED REACTIVE ARTHRITIS (SARA)
Recreational drug use amongst GUM attendees, (Scrivener P109)

- Little collected data on drug use among GUM attendees.

- Noted anecdotal evidence of increased drug use reported to clinicians within the clinic, particularly in MSM clients presenting for PEP.

- To assess drug use among GUM attendees, its impact on sexual behaviour and preference for drug service provision.

- Method: Cross sectional, self completed surveys were offered to all attendees to 56 Dean Street over 3 days. In all, 540 completed responses were received.
Recreational drug use amongst GUM attendees, (Scrivener P109)

- 55% of drug using MSM agreed with the statement ‘When I use drugs I do things sexually that I wouldn’t do sober’.
- 34% agreed that they were more likely to have unprotected anal sex while under the influence of drugs.
- 40% would want to seek Drug advice/support at a GUM clinic
- This leads to increased sexual risk-taking which impacts on sexual health
- GUM services may be well placed to offer harm-reduction interventions alongside drug services to patients.
The End