

Greater Glasgow NHS Board

Syphilis fast Track

Report of a Community Based Intervention

February 2006

Greater Glasgow NHS Board

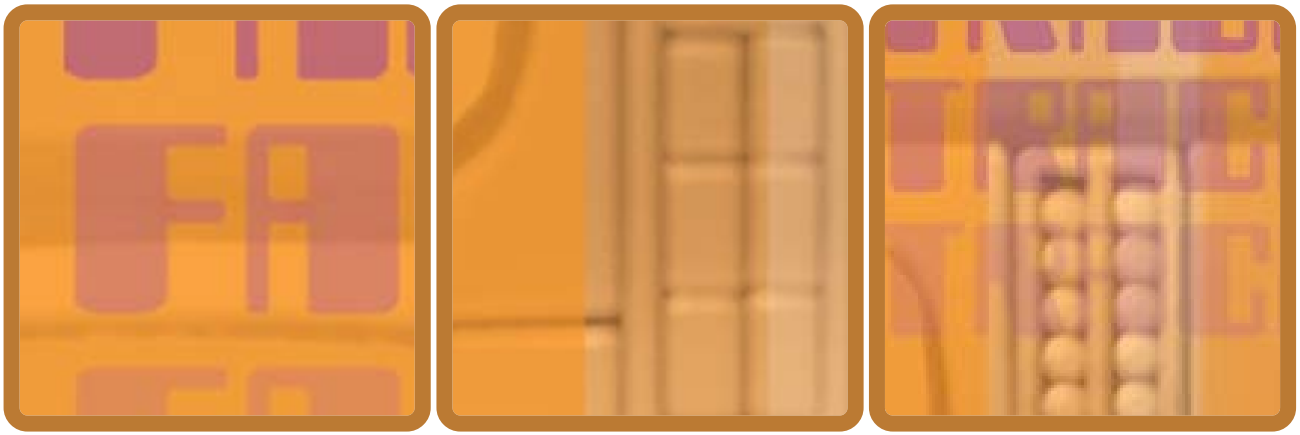
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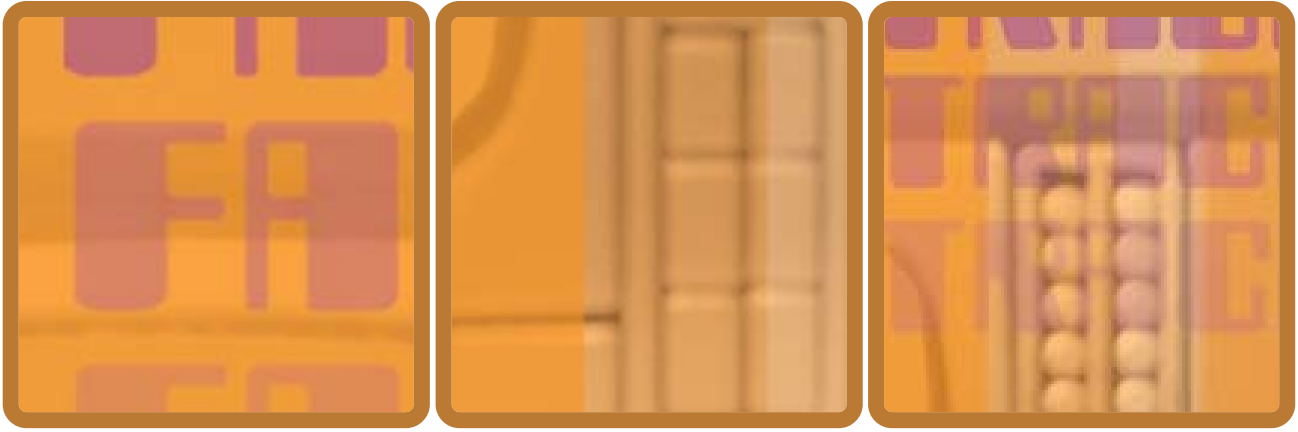
Report prepared by

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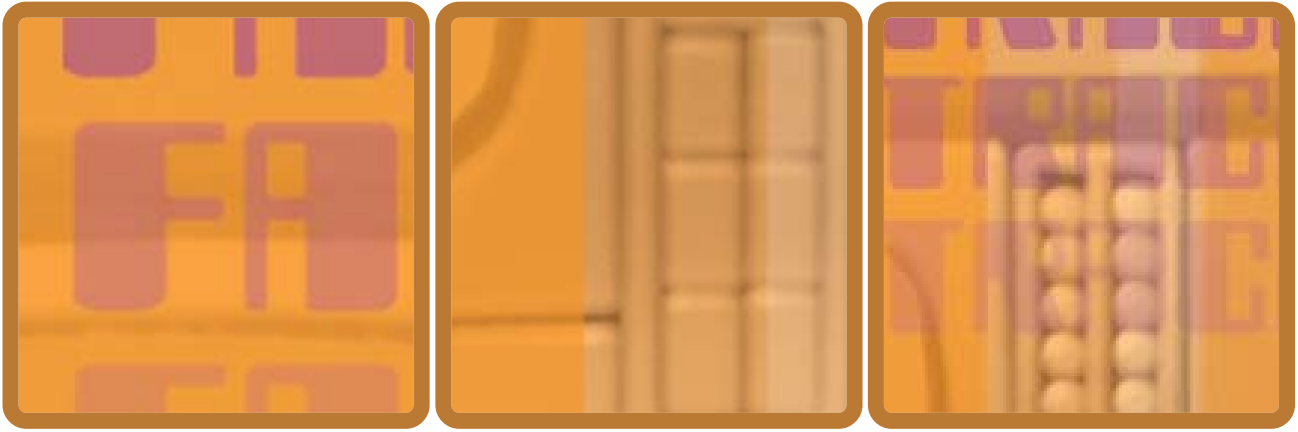
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Glossary of abbreviations and terms used

GGHNSB	Greater Glasgow NHS Board
LGBT	Lesbian Gay Bisexual Transgender. This is a shorthand expression for either the community or used with agencies that work with the community.
MSW	Male Sex Worker. A man involved in selling sex or prostitution
MSM	Men who have sex with men. This includes sexually active gay, bisexual and heterosexual men who have sex with other men.
PSE	Public Sex Environment. This would include parks, public toilets, cruising areas.
VSE	Virtual Sex Environment. Online websites either websites or bulletin boards that can facilitate virtual (cyber) or real sexual encounters
THT	Terence Higgins Trust, An HIV prevention agency based in England.
SRP	Steve Retson Project, sexual health service for men who have sex with men.
Sauna	Commercial venue aimed at men who have sex with men. Men meet and may have sex on the premises either within the sauna or in private cubicle areas.
SCIEH	Scottish Centre for Infection and Environmental Health
PHLS	Public Health Laboratory Service (England and Wales)



I. Background

An outbreak of infectious syphilis in men that have sex with men (MSM) in Glasgow became apparent in the second half of 2001. Action was taken at a very early stage to tackle the outbreak and an early intervention was planned and delivered. The Conclusions from the intervention were that:

“A targeted multi-faceted publicity campaign can significantly increase awareness of syphilis in an at-risk group and increase both use of sexual health services and uptake of syphilis tests. It is impossible to determine which elements of the campaign (posters or leaflets or outreach workers) were most effective and it is likely that all are required for maximum impact.”

What went well

- Increased uptake of **syphilis tests** in gay men
- Huge rise in service **attendance** by gay and bisexual men
- High **penetration** of campaign due to convenience advertising
- Enhanced **partnership working** across agencies
- Emergence of need for gay men's sexual health **strategic framework**
- More robust national surveillance system

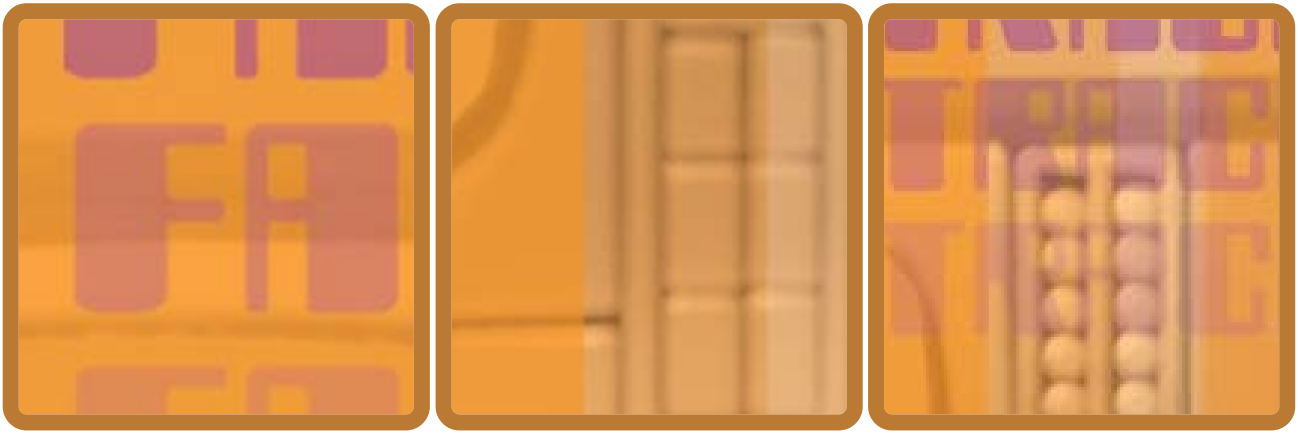
Lessons to be learned

- **Agreeing wording** between agencies took over two months
- **Printing delays** added to the late start
- Local authority concerns about condom distribution in **saunas**
- **Intervention fatigue** on scene meant that evaluation was delayed

- Some scene bars declined outreach work
- Difficult to measure **gay-specific uptake** of services and syphilis tests
- Difficult to target **less visible at-risk groups** (asylum seekers, sauna users)

Full details of this early activity is available in the report “Syphilis Outbreak Intervention and Campaign Evaluation Report” (NHS Greater Glasgow 2004), www.nhsogg.org.uk .

Since the previous interventions, Glasgow has developed a Strategic Framework to Improve the Sexual Health of Gay and Bisexual Men (2004) and future interventions are required to fit in line with the ethos and aims of this framework. This framework is also available at www.nhsogg.org.uk .



2. Management of Outbreak Intervention

An outbreak management team was formed in 2001 at Greater Glasgow NHS Board chaired by a consultant in Public Health with a specialism in sexually transmitted infections. The team consists of specialists representing:

1. Public Health
2. Health Promotion
3. Microbiology laboratory
4. A GU Consultant from the Sandyford Initiative/SRP
5. Sexual Health Advisor from Sandyford Initiative/SRP
6. Gay Men's Host Helper Coordinator - SRP
7. PHACE Scotland - Gay Men's Services
8. Health Protection Scotland

Glasgow services for MSM

PHACE Scotland

Phace Scotland - Gay Men's Services provide HIV prevention work in Glasgow with gay and bisexual men. Services include distribution of condoms and lubricant and safer sex information to commercial gay scene venues and outreach to public sex environments, saunas and online chat rooms.

The Steve Retson Project

The Steve Retson Project (SRP) is a Glasgow based sexual health service for MSM; there are two clinics per week in The Sandyford Initiative (which incorporates GUM services) and one in the Glasgow Lesbian Gay Bisexual and Transgender Centre (LGBT Centre).

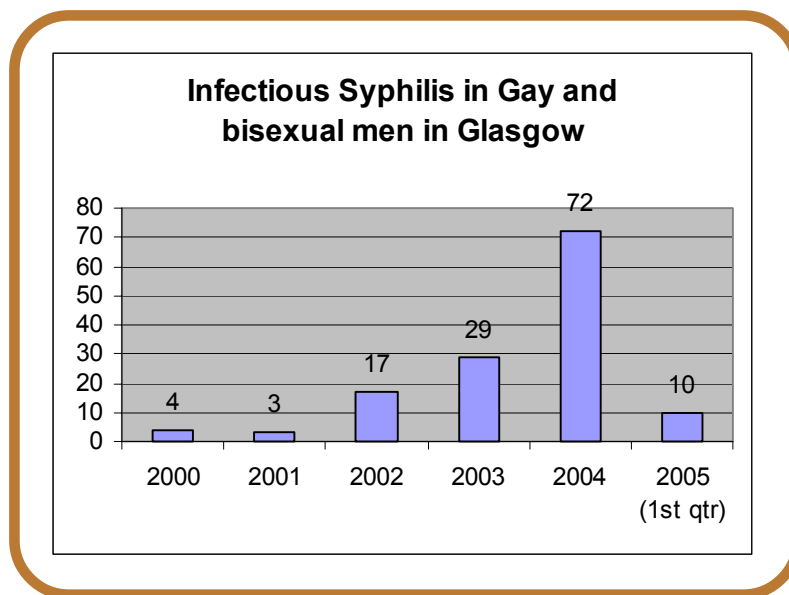
Health Promotion Department – Sexual Health Team

The team are part of Greater Glasgow NHS Board and provide a strategic lead on sexual health promotion activities in Glasgow. The team's function in relation to the syphilis outbreak has been to develop the campaign materials for Glasgow.

Syphilis Cases till March 2005

The number of cases has risen steadily – in a similar fashion to other UK cities with a large gay community. In Glasgow, there have been 135 cases of infectious syphilis diagnosed in gay and bisexual men from January 2000 to March 2005.

Table 1 below outlines the number of cases in gay and bisexual men in Glasgow since the outbreak commenced



The median age of all those diagnosed is 36 years. In common with findings from other UK cities a significant proportion of men diagnosed are also HIV positive. In Glasgow 22 of the 135 (16.2%) are co-infected with HIV. Of the remainder, 83 are known HIV negative at time of syphilis diagnosis and 30 were untested for HIV at time of diagnosis for syphilis.

Mirroring the outbreak in other UK cities the reported route of transmission is as likely to be oral sex with no penetrative sex as is penetrative sex.

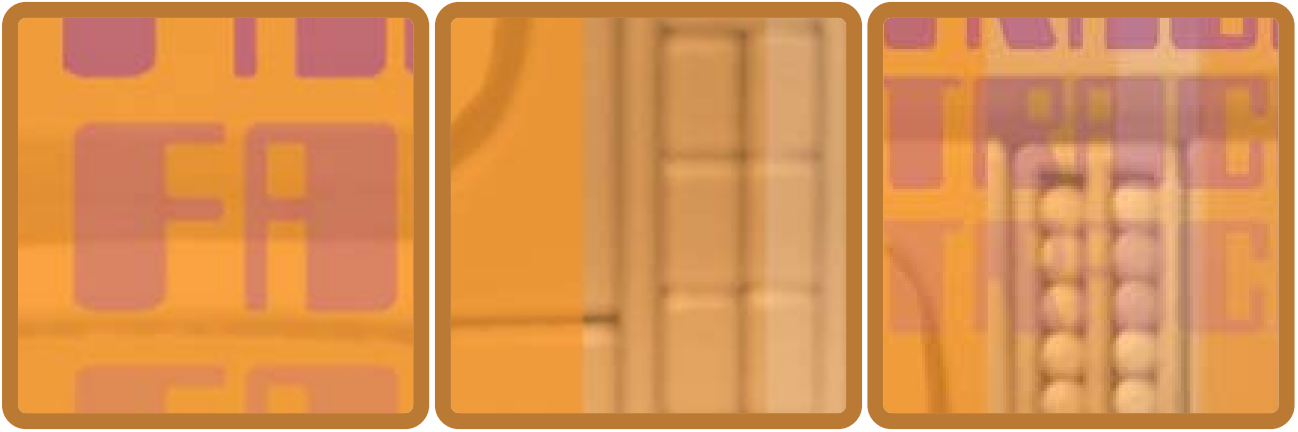
**Table 2 –
Route of transmission for syphilis among MSM in Glasgow 200- - March 2005**

Oral Sex Only	63
Not oral sex only	58
Unknown	14

Monitoring of known reported location of infection strongly indicates that ongoing syphilis infection remains very much a local issue with the vast majority of syphilis being acquired in Glasgow or Scotland.

**Table 2 –
Place of reported acquisition of syphilis among gay and bisexual men in Glasgow**

Location	Number
Scotland	93
Rest UK	19
Europe	15
World	4
Unknown	4



3. Implications for the Syphilis Outbreak Management Group

The rise in number of cases noted during 2004 indicated that although a genuine raising of awareness of syphilis had been achieved, this in itself was not sufficient to impact on the ongoing spread of syphilis

Staff from sexual health services reported that gay and bisexual men testing positive for syphilis were shocked to discover they had acquired the infection. The reports from services stated that despite being aware of syphilis, they had not realised that oral sex was an important route of transmission.

As long term sexual health improvement is an important outcome of the Strategic Framework, it was clear that further initiatives were needed:

1. To specifically enhance the awareness of oral sex as a primary route for syphilis transmission
2. To ensure men that had not thought themselves at risk had increased opportunities to test for syphilis.

At a meeting of this group on 8th September it was agreed to pilot a short term intervention to address these aims:

1. To develop a multi agency campaign using outreach, the internet and other campaigning media to increase awareness of syphilis transmission routes and of the availability of sexual health services.
2. To increase access to syphilis by introducing two non-clinical testing sites offering a finger prick rapid result test. .

Syphilis Fast Track

It was decided to name the pilot service the *Syphilis Fast Track*. The intervention commenced the week beginning the 25th of October 2004, for eight weeks in two (city centre) venues. These were the offices of PHACE Scotland on Friday evenings and a private room in the Clone Zone gay video and bookstore on Saturday afternoons.

The following two sites provided outreach syphilis “fast track” service at the times documented:

PHACE Scotland offices (Bath Street)	Fri 6pm to 9pm.
Clone Zone basement office space (Virginia Street)	Sat 1pm to 4pm.

The Steve Retson Project on a Tuesday, Wednesday and Thursday evening also offered finger prick “fast track” tests to those clients attending with the promoted literature from the advertising during this time.

The intervention was intended to conclude the week of 13th of December (final day Sat 18th Dec 2004). After reviewing the attendance data half way through the project, the Friday night PHACE Scotland outreach service was closed on the 3rd of December 2004, due to poor attendance compared with the Clone Zone Saturday service. The three sessions freed from this were transferred to Saturday’s service which extended the outreach to the 18th of January 2005.

The Abbott Determine TP finger prick test was used to detect antibodies to *Treponema pallidum*, the bacteria that causes syphilis infection, in a sample of blood from the client. The result is ready in 20mins, of. The testing kits cost approximately £3.50 per test. (£350 per 100).

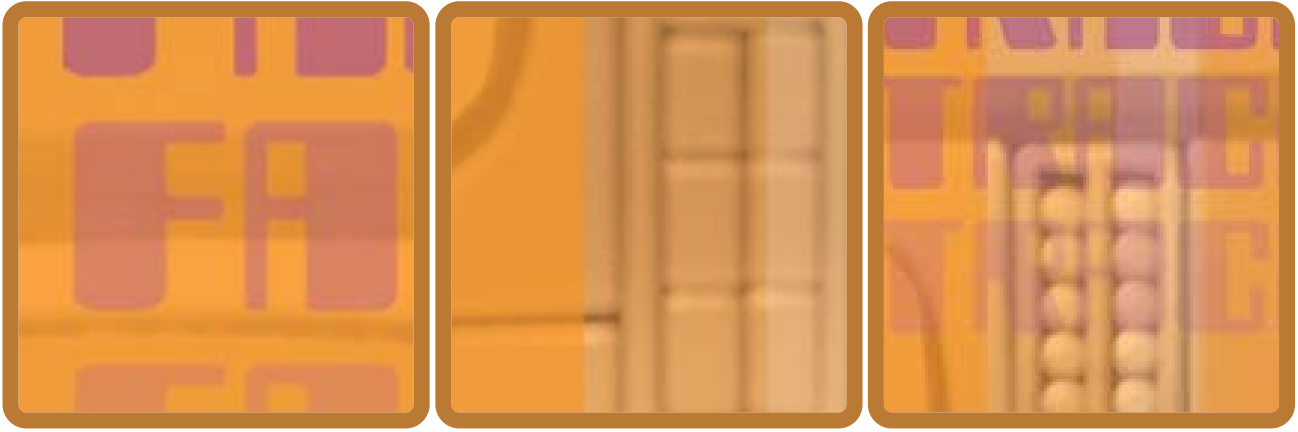
The two new outreach services were staffed by two members of staff at all times, for the health and safety of the staff and clients accessing testing. One senior trained staff member (Sexual Health Adviser/Registered Nurse) and one untrained member of staff (Health Care Assistant, Receptionist/Host Helper).

The staff worked a four hour session, the clinical service was offered for a three- hour period but 30 minutes set up time was required prior to commencing to collect the testing kits and materials from the Sandyford Initiative premises and a further 30 minutes to return all testing kits, waste material and confidential client records. No materials were left on site at either of the venues.

All clients who presented for testing were given an information sheet on confidentiality and the *syphilis “fast track”* service. They completed a registration form with contact details and were given a unique identifier number to ensure the correct result was given and which could be used again to access services at the Sandyford Initiative.

The trained member of staff then completed a very brief testing proforma (appendix 1) prior to the test, covering aspects of informed consent and service evaluation. The test was performed once consent was obtained.. The client then left the testing site and was asked to return in 20 minutes for the result: some clients returned after this time and a few asked to be telephoned with result.

When negative results were given to clients, they were informed about the potential window period between exposure to the bacteria and the development of antibodies, which would be detected by the test, in addition, they were given information on sexual health services in Glasgow. One individual, whose result was positive, was directed to the Sandyford Initiative clinical services on the Monday after testing (maximum 2 days).



4. Promoting Fast Track

A range of awareness raising methods was used to promote the SFT.

Poster

The Health Promotion Department Sexual Health Team rapidly developed a new poster and information leaflet. The posters were distributed in two ways.

Dedicated advertising frames were purchased in all gay bars and clubs for a three month period (mid October to end January).

Posters were also distributed through networks with agencies such as HIV support agencies, LGBT organisations, gay saunas etc.

Internet

An advertising banner was placed online for 8 weeks from the last week in October to the end of December, 2004. This was on the "Gaydar" website (www.gaydar.co.uk) and was targeted to appear on the personal profile pages of men in the Glasgow area logged on to the system. This meant that men seeking contacts in Glasgow would see the banner advertising the service.

By clicking the banner, men were taken to the specially constructed Syphilis Fast Track information page which was hosted on the Steve Retson Project website (www.steveretsonproject.org.uk)

Outreach

PHACE Scotland was commissioned to deliver outreach on the *Syphilis Fast Track*: This included covering (SFT) as part of the contracted hours of work in Public Sex Environments and saunas as well as specific commercial scene venue based outreach work. Evidence from Sexual Health Services indicated that the majority of men testing positive for syphilis had recently met some of their sexual partners within Glasgow's bars, clubs and saunas. This latter scene based work was conducted between **October 28th – December 10th 2004**

In October two PHACE Scotland sessional workers were recruited and trained.

The target for the Fast-track awareness raising outreach was no less than eight, two-hour shifts, scheduled to extend over the first eight weeks of the Fast-track Service.

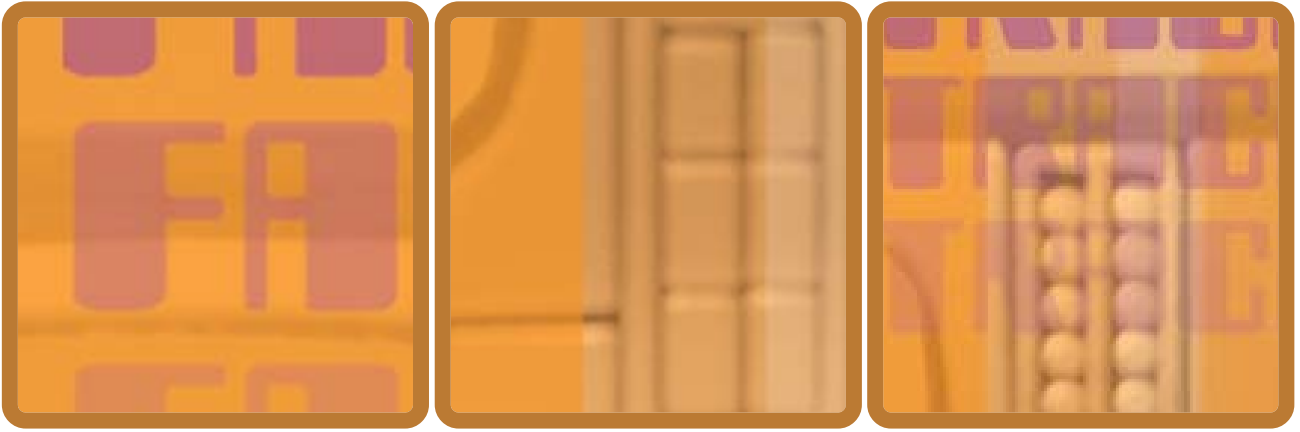
Bar- based outreach times were staggered between early and late evenings and at weekends in order to maximise contact at different periods in venues.

Once at the venue, outreach workers notified the call-in person of their safe arrival and maintained hourly contact thereafter until the end of the shift.

Cold contact was initiated in the venues where workers were made welcome to approach customers and where the light and noise levels were conducive to purposeful engagement. As with all prospective interactions, a sensitive and appropriate approach was undertaken to inform people about Fast-track Syphilis Testing and local Sexual Health Services.

Shifts were carried out in accordance with PHACE Scotland's outreach work protocols and procedures. The Fast Track leaflets were made available to contacts, with additional referral points being offered to the Steve Retson Project, the Sandyford Initiative, PHACE Scotland and the Strathclyde LGBT Switchboard as appropriate.

The pre-arrangement of a call-in volunteer, based at a fixed location before each shift commenced, provided a telephone contact point to support detached outreach workers at hourly intervals and to provide a response if workers did not call-in within an agreed period of time as a safety measure.



5. Outreach Outcomes

1. Number of clients seen and tested

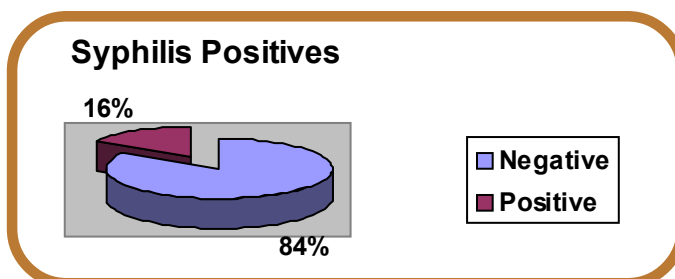
A total of 69 tests were performed - this includes testing at the clinical services provided by the Steve Retson Project (SRP) and Sandyford GUM services

Outreach Setting(s)	28 clients
SRP	18 clients
GUM	23 clients

This represents a small number of men than the outbreak team had hoped would attend the service. It is significant that a greater number took part in Fast Track within established sexual health services and that the numbers attending “non medical” spaces is smaller than expected.

2. Positive syphilis results

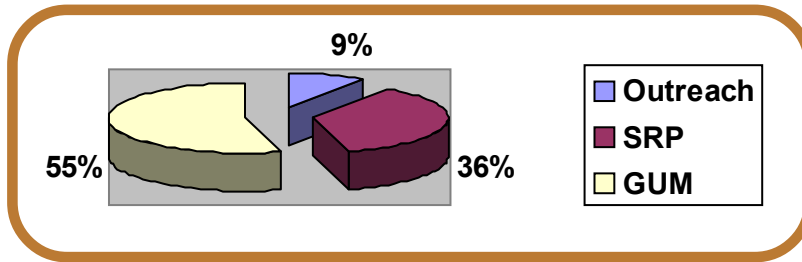
(i) There were a total of 11 positive diagnoses (16%).



(ii) Settings Where Diagnosed

Outreach	1
SRP	4
GUM	6

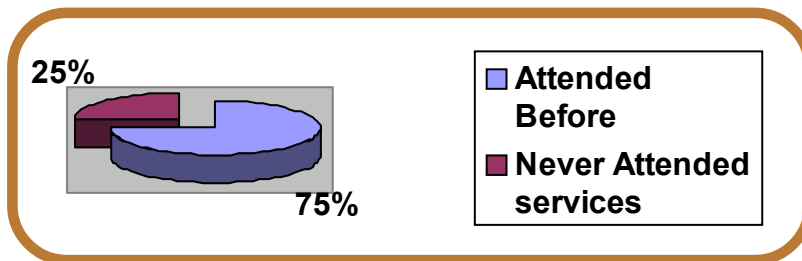
Although the service attracted smaller numbers than hoped, it did reach 11 men that might not otherwise have discovered that they had contracted syphilis. In Glasgow there has been an average of 7 cases diagnosed per month within existing services and therefore this intervention has diagnosed almost double the number again that would usually be diagnosed during the intervention.



3. Outreach Service

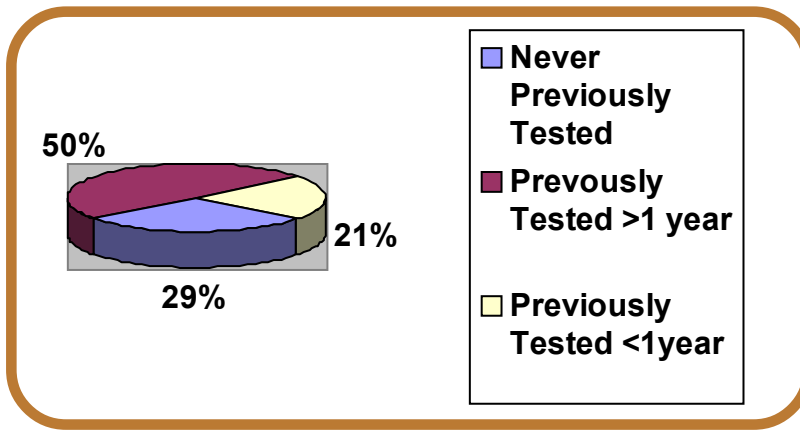
(i) Number previously attended sexual health services

21	(75%) attended
07	(25%) never attended



(ii) Number previously had a syphilis test and when?

08	(29%) never previously tested.
20	(71%) previously tested.
1	14 (70%) of those being over 1 year ago (up to maximum of 30 years)

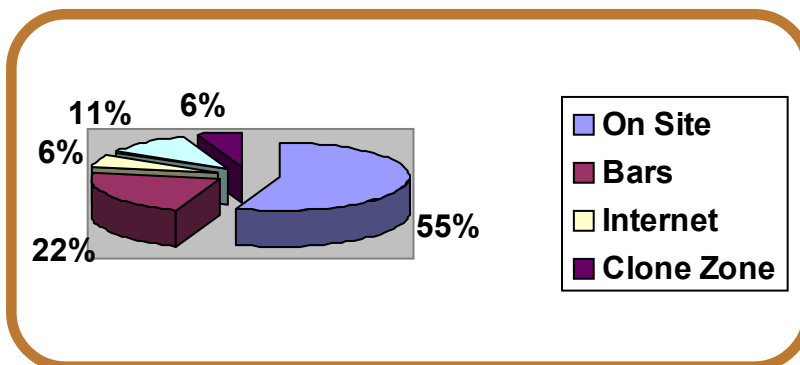


Of the 28 men that accessed the outreach service 7 had never previously attended a sexual health service. This is a quarter of all that attended and indicates that this type of community based service may be successful in reaching non users of existing sexual health services. Half of men attending had never tested for syphilis before or whose previous test was over 1 year beforehand.

4. SRP Service

(i) Where did the client hear about “fast track”

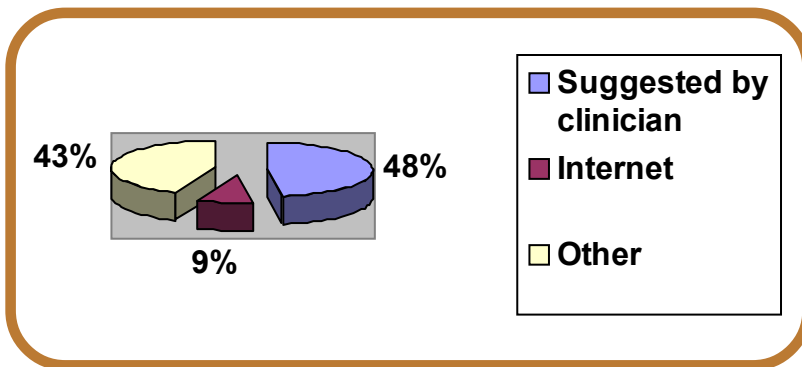
On site (SRP)	55%
Bars	22%
Internet	06%
Other (friend/partner)	11%
Clone Zone Shop	06%



5. Sandyford GUM Service

(i) Where did client hear about "fast Track"?

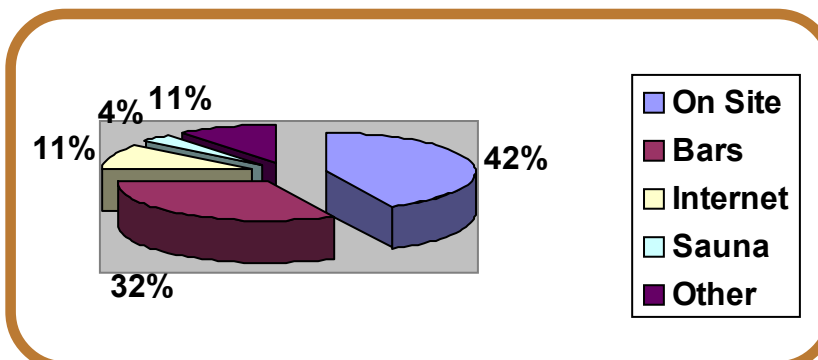
Suggested by clinician	48%
Internet	09%
Other (Friend/GP/Brownlee/Partner)	43%



6. Outreach Service

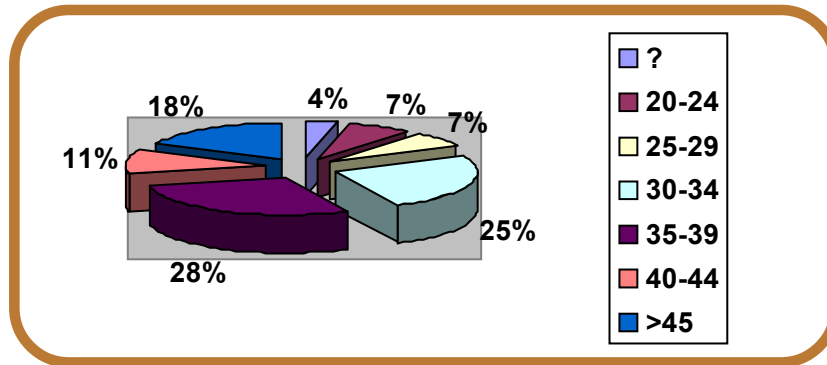
(i) Where did client hear about the "fast track"?

On site (Clone Zone & PHACE)	43%
Bars	32%
Internet	11%
Other (friend/partner)	11%
Sauna	03%



A significant amount of effort and money was spent to make men aware of the Fast Track service. However it seems that the vast majority of men that accessed the service did so opportunistically either because they were in Clonze Zone or if they were attending a sexual health service and were recommended to make use of it. There may be only limited benefit for marketing packages to promote this type of service. Of those that did attend through advertising most attended as they had received information in a bar (this could be a poster or an outreach worker) or saw the information on the internet.

(ii) Age Range of clients



The age range of attenders broadly reflects the age range of those known to most likely test positive for syphilis. As with other Glasgow sexual health services, this intervention has not managed to engage with younger gay men in their teens and few in their early twenties.

(iii) - Was the service of value to them?

100% Yes

(iv) Would they use a service like this again?

96% stated that Yes they would use this type of service again

Further client comments:

“Fast track HIV testing would be a good idea”

“Easier access”

Five 5 clients requested other sexual health services.

These findings clearly indicate that men that used the service found it acceptable and valuable. So although only small numbers were reached, those that were reached rated the service highly. This raises a possibility that services of this type located in community spaces and primarily opportunistic in its mode of engagement may be able to engage with men that might not otherwise attend sexual health services.

Interaction with Contacts in Venues

Within the eight shifts of outreach work carried out in Glasgow venues a total of 726 purposeful interactions were established with contacts within the recording period and 774 Fast-track leaflets were transferred through individual and group interactions.

Quality of interactions ranged from contacts that just listened to the information provided to those who were more engaged and entered into deeper conversation including follow-up questions in relation to sexually transmitted infections and sexual health services.

Direct feedback was diverse and mostly positive from both customers and venue staff. Queries arose with regard to outreach boundaries and the social setting on being approached.

Around four contacts per shift requested additional sexual health information or expressed the need for services including counselling and support. Referrals were made to appropriate services on the occasions where the required level of support or information lay out with the remit of the workers.

Venue	Interactions	fast-track Text
Court Bar	9	9
Delmonicas	324	324
LGBT Centre	82	104
Merchant Pride	10	15
Revolver	154	160
Waterloo Bar	147	162
Total	726	774

Observations from Bar Based Outreach

There was a good non-prompted awareness of the Steve Retson Project.

Shift times were mostly targeted to coincide with testing service times in an attempt to maximise uptake of service.

During the outreach period, venues became quickly saturated with awareness of information regarding the fast-track testing service.

Venues were mostly happy to support bar based outreach although care needs to be taken to ensure staff and management are supportive of interventions.

Evening shifts during the week proved unpredictable as to how busy the venues would be whereas later shift times proved good for contact numbers although more people presented as drunk and noise levels were greater.

Saturday afternoons were perceived to be particularly good for this kind of work. Contacts appeared more receptive, relaxed while not at work and seemed to listen more.

Awareness of the original Syphilis campaign was approximately 10% in venues at the start of the Fast-track awareness raising.

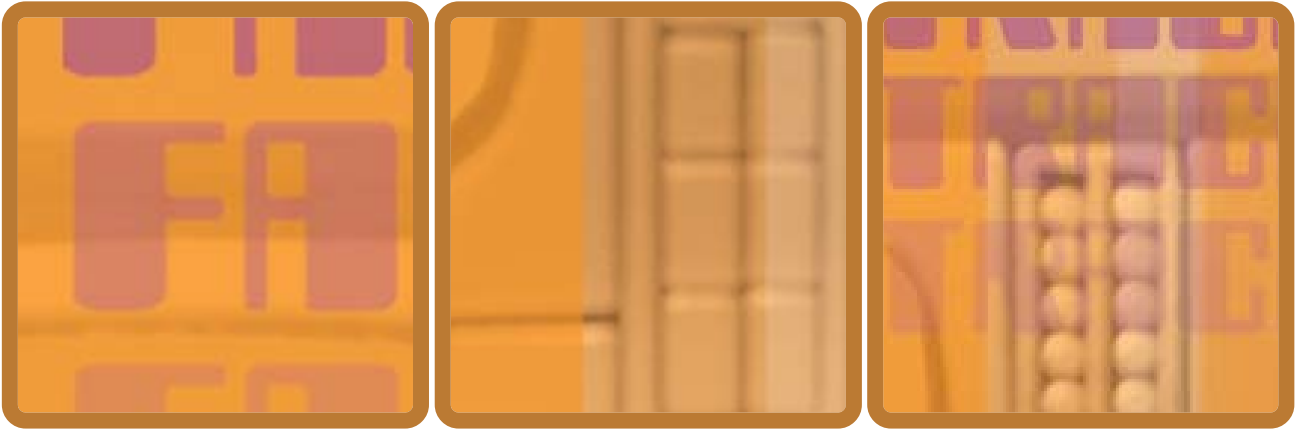
Towards the end of the initiative, between 30% and 50% of those presenting in scene venues had been approached on previous shifts.

Gaydar Results

The banner in the Glasgow Profiles section of Gaydar ran between 31st October to 23rd December 2005.

During this time the advert had 1,306,582 viewings, i.e. in Glasgow, individual profiles with the advert were viewed on this number of occasions by men in Glasgow. The average number of viewings per day was 54,441.

During the campaign the banner was clicked 970 times at an average of 40 clicks per day.



6. fast Track Conclusion

In the Community testing venues client numbers were small despite extensive advertising in a variety of sites and settings.

Community testing appears acceptable to those tested, with several requesting further tests and services.

The outreach has shown that opportunistic testing works well in the community; 42% of those who took a test did so as a result of seeing the sign for the service within the testing site itself, there was no planning or other motivation which prompted them to take a test.

High awareness levels of the Syphilis Fast Track testing services were established on the scene however this did not translate into service attendance.

As the campaign progressed, approximately one third to one half of contacts in venues were aware of the Fast-track service, primarily through the awareness of the posters. Outreach workers perceived saturation of information in venues.

Fast Track was also provided in Steve Retson Project and GU Medicine and within this setting it appears that some men preferred to make use of this service. This raises some further questions about whether the current package of care which includes detailed sexual history taking and a full range of sexual health screening offered may in itself act as a barrier for some men that may prefer a lower level package of care.

Recommendations

Community Based sexual health services have proved acceptable in this intervention. Further consultation with venues and gay and bisexual men is required to build on this work.

Options for sexual health services other than syphilis testing should be explored.

In outreach campaigns to pubs and clubs, the interventions should run for bursts of no longer than two weeks to prevent over- saturation. This is important to ensure that the message does not become intrusive or get lost with over familiarity.

The cost effectiveness of intense promotional activity of short term community based services is in doubt. Previous high spend promotional activity for services have yielded significant increases of attendance and awareness, but for future short term interventions should be carefully appraised in terms of promotion effort and spending.

Acknowledgements

Syed Ahmed, Andy Winter, Lesley Wallace, Ruth Wishart, George Sturgeon, Louise Carroll, Paul Davies, David Edwards, Susan Douglas Scott, Paul Barton, Ewan McPherson , Paula Barton, CJC Media.

Appendix I

The Steve Retson Project “Fast Track” Syphilis Proforma

CLINIC NUMBER.....

D.O.B.....

PERFORMED BY?

Health Adviser

Doctor/Nurse

The client has an understanding the Fast Track Syphilis testing system?

Syphilis, the treatment and meaning of results discussed.

Window Period – client aware the test will inform him of sex over 12 weeks ago.

Contact details on the registration sheet confirmed?

Syphilis info sheet given?

YES NO

Other Info

.....
.....
.....
.....
.....
.....
.....
.....
.....

Where did client here about this service?

.....
.....

Has the client had a syphilis test before?

If no why not?

.....
.....

9. Does the client think this service is a good idea?

10. Would the client use this service again?

Signature.....

Date.....

RESULT

Date given.....

Syphilis result given as.....

Signature.....

Referral To Sandyford? YES/NO.....

Appendix 2



Syphilis is a sexually transmitted infection. If you catch syphilis it can be serious if you don't get treatment, but the good news is **syphilis is completely treatable**.

Syphilis has **increased 40 fold** in Glasgow among gay men since 2001.

It's most easily spread through oral sex (sucking cock or being sucked). It's also very easily spread through **fucking** or **being fucked** without condoms.

Being wanked, sucked, fingered, fisted or fucked by someone that has syphilis, **whether he comes or not**, can be risky as he may have sores on his skin, mouth and hands.

You can drop in no appointment necessary between 29th October to 18th December and get a Fast Track syphilis test and result with no other sexual health tests at the following places:

PHACE Scotland 49 Bath Street, Glasgow on Friday evenings anytime between 6pm to 9pm

Clon Zone 45 Virginia Street, Glasgow (downstairs) on Saturday afternoons between 1pm to 4pm

Fast Track is also available at the **Steve Retson Project** during the usual clinic times (details at websites below or call

0141 211 0626) Make sure you tell the HostHelper if you want the Fast Track service. You now only have to have a pin prick test, not a full blood test and you will get your result within 20 minutes. If the test is positive you will be given treatment immediately.

Websites: www.sandyford.org.uk www.phacescotland.org

Syphilis often **has no symptoms** so it is possible that you or a partner could still have syphilis.

Men with HIV are more vulnerable to catching syphilis.

Having syphilis makes you **more vulnerable to catching HIV**.

If you've already had treatment for syphilis you **CAN catch it** again.

The only way to find out if you have syphilis is to have a test.

Testing for syphilis is now **earlier than ever** before.

Appendix 3



NHS
Greater
Glasgow

You can drop in **no appointment necessary** between **24th October to 10 December** to the Fast Track service at **PHACE Scotland**, 49 Bath Street, Glasgow on Friday evenings anytime between 6pm to 9pm **Clone Zone**, 45 Virginia Street, Glasgow (down stairs) on Saturdays between 1pm to 4pm

Fast Track is also available at the **Steve Retson Project** during the usual clinic times (details at websites below or call **0141 211 0620**).

Make sure you tell the Host Helper if you want the **Fast Track service**. You now only have to have a pin prick test, not a full blood test and you will get your **result within 20 minutes**. If the test is positive you will be given treatment immediately.

Websites www.sandyford.org.uk www.phacescotland.org

FAST TRACK
FAST TRACK
FAST TRACK

It's Back
and it's not going away...

SUPPLIES

PHACE



THE STEVE RETSON PROJECT

