

British Association for Sexual Health and HIV (BASHH) and Society for the Study of Sexually Transmitted Diseases in Ireland (SSSTDI)

Annual Conference 18th-20th June 2017
Europa Hotel, Belfast

KEY FINDINGS

(Slides collated by Dr Sean Cassidy and Holly Mitchell on Behalf of BASHH)



Sunday 18th June

ABSTRACT SESSION 1

Ogaz et al.

- National surveillance data (GUMCAD) have shown a 23% decline in new HIV diagnoses among MSM from 2015-2016, with smaller declines among heterosexuals.
- The decline in MSM was concentrated in five London sexual health clinics (36%) with smaller declines noted elsewhere.
- The decline represents the success of combination prevention: scale-up of repeat testing, rapid time to treatment and PrEP.

Charles Witzel et al.

- Black MSM (BMSM) who were clinically eligible for PrEP did not perceive themselves to embody characteristics that they would associate with PrEP use (e.g. risky sexual activity).
- BMSM felt marginalised and often serotyped as sexually dominant and promiscuous. There was a fear that accessing PrEP would exacerbate this.
- Men often accessed clinics outside of their local area to avoid stigma and to avoid bumping into someone they knew. There was also a fear of being seen by a clinician of a similar cultural background.
- Marginalisation is a key issue for BMSM and should be considered when developing interventions and communications around eligibility.

Lacey *et al.*

- In the PROUD trial, the rate of rectal chlamydia was lower in the deferred arm compared to the immediate arm during the deferred phase. This was only significant in those who did not report rectal chlamydia in the year before baseline.
- The rates of rectal chlamydia and rectal gonorrhoea were similar in both groups during the post-deferred phase (i.e. when everyone had access to PrEP). This may be due to chance or reflect an influence of PrEP on sexual practices.

Lyons *et al.*

- Based on the PrEP eligibility criteria from France, 23% (706/3,045) of respondents from The Men who have sex with men Internet Survey Ireland (MISI) were eligible for PrEP.
- This estimate was applied to the MSM population in Ireland, taking into account the over-reporting bias from a non-national sample, the proportion of MSM engaged in services (15-45%) and reported PrEP uptake from the MISI survey (60%).
- 865-2,596 MSM are eligible for PrEP. This will help to inform PrEP policy in Ireland.

Chow et al.

- MSM attending a “test and go” screening service for asymptomatic men in Melbourne were more likely to be aged >30 years old, Australian-born and have had fewer than 5 sexual partners in the past 12 months compared to individuals attending the clinic for a check-up.
- MSM who used the “test and go” service had less syphilis but there was no difference in other STIs or HIV diagnoses.
- The “test and go” service required less clinician time and created additional capacity to see patients at higher risk.

Sunday 18th June

ABSTRACT SESSION 2

Fitzpatrick *et al.*

- Hepatitis C transmission among HIV-negative MSM who do not inject drugs is low.
- Testing could be targeted to HIV-negative men who disclose reported risk factors – chemsex, group sex, fisting and use of PrEP.
- Targeted testing could lead to a reduction in unnecessary Ab tests and associated costs without compromising patient care.

Edelstein *et al.*

- The ongoing Hepatitis A outbreak among MSM in England consists of 3 strains of genotype 1a, previously not seen in the UK.
- Initial multiple importations from abroad (mainly Spain) followed by secondary sexual transmission within the MSM population in England. There has been some spread into the wider community (e.g. school outbreaks).
- Other MSM outbreaks with the same strains are occurring elsewhere in the UK and in Europe.
- Vaccination of MSM attending clinics is recommended.
- Global shortage of vaccine is a challenge; monovalent adult doses prioritised to HIV positive patients.

Meshner *et al.*

- 58% of MSM attending a London sexual health clinic had no serological or DNA evidence of exposure to HPV infection 16/18.
- There was a strong association between HPV DNA detection and same-type HPV seropositivity.
- Data support targeted HPV vaccination of MSM attending clinics; a pilot is currently underway.

Coleman *et al.*

- There was a significant reduction in subsequent episodes and potential new episodes of genital warts among a young population of MSM (<27 year olds) receiving at least 1 dose of HPV vaccine (6/11/16/18) compared to those not receiving the vaccine.
- Limitations include the small sample size, heterogeneous population and lack of HPV testing.
- The potential health benefits and cost savings from late initiation may be greater than anticipated.

Smolarchuk *et al.*

- Anogenital herpes rates were highest among women, individuals of black Caribbean ethnicity & in those aged 15-34 years.
- A high proportion of anogenital herpes diagnoses among MSM were in HIV-positive individuals (22%) compared to heterosexuals (0.6%). Most (>60%) individuals knew their HIV status before their herpes diagnosis.
- The distribution of HSV-1 and HSV-2 differed by gender.
- The prevalence of anogenital herpes is unknown; asymptomatic infection and limited data from GPs may underestimate infection.

Cannon *et al.*

- Anonymous questionnaires completed by clinicians & nurses revealed inconsistencies in the management of recently diagnosed HSV-2 when compared to the guidelines.
- Mystery shopping study of patient with new HSV-2 diagnosis found that clinic staff performed less well on topics such as disclosure (66% acceptable) and pregnancy (54% acceptable).
- Need for BASHH educational events and updated guidelines.

Maxwell *et al.*

- In-house LGV testing with real-time PCR improved average turnaround time for results by 23 days (average 12 days turnaround time with in-house testing).
- 10% of all CT-positive specimens were LGV positive. 24% of CT-positive rectal swabs were LGV positive.
- 17% (11/65) of cases would not have been tested if following BASHH guidelines.

Pollard *et al.*

- Qualitative analysis of interviews with a small number of MSM accessing PEPSE revealed that chemsex and ‘chill-out’ parties provide an environment for social contact to overcome social and emotional barriers of homophobic stigma and marginalisation.
- Chemsex was a barrier to ‘real’ intimacy and destructive to emotional relationships.
- Interventions to address the harms of chemsex need to recognise the complex psychosocial context of risk.

Ward et al.

- Review of consent among chemsex clinic users (April 2015-Mar 2017) found that 31% (23/72) had reported sexual assault.
- During April 2015-Jan 2016, clinicians used the term 'forced into sex' and found that 5/30 (17%) individuals had experienced sexual assault.
- From Jan 2016-March 2017, discussions around consent were prioritised and adapted and 18/42 (43%) individuals had experienced sexual assault.
- There is a lack of understanding regarding sexual assault and consent among patients. This needs to be explored in further detail during consultations.

Sunday 18th June

ABSTRACT SESSION 3

Banerjee *et al.*

- Evaluation of 'Umbrella' home CT/GC testing service in Birmingham and Solihull vs clinic-based testing
- Home testing service more popular among 16-24 age group (65%), female (65%) and white ethnicity (72%)
- Lower STI positivity rate in the home-testing group (8% vs 10%) likely to reflect higher levels of those asymptomatic (80% vs 51%); treatment rates similar in both groups

Scholfield *et al.*

- Service evaluation of online home-sampling for STIs in Solent NHS Trust
- Home-test kits most likely to be ordered by heterosexual females and males; MSM and WSW saw lowest uptake
- Asymptomatic clinic attendances dropped between March 2014 and February 2016 during the pilot
- 95% would use the service again or recommend to a friend; 95% found the kit overall easy to use
- 39% found blood samples difficult or very difficult

Hollis et al.

- Used surveillance datasets (CTAD and GUMCADv2) to analyse chlamydia testing trends across England between January 2015 and December 2016
- 86% increase in chlamydia tests ordered online during this time period, which corresponded to a 13% reduction in clinic chlamydia testing
- Online chlamydia tests more likely to be used by <25 age group compared to traditional GUM and SRH settings
- Highest rates of chlamydia test positivity in 15-19 age group: 10.9%

Holdsworth et al.

- Compared online STI testing service use across England
- SH:24 reported 45,000 STI kit orders with a 76% return rate and 3 day result turnaround
- Lambeth and Southwark had higher rates of BME (43%) and MSM (15%) compared with sites outside London, but lower rates of under 25s (34% vs 55%)
- 87-92% of users were asymptomatic; positivity rates varied from 6.8% to 11% and <25s bore a disproportionate burden of chlamydia infection
- In some areas 34% had never attended a GUM clinic before accessing online testing (19% in London)

Logan et al.

- Aimed to investigate the nature and outcome of HIV testing in English abortion services
- Overall positivity rates exceeded those required to make HIV testing cost-effective
- Approximately half of CCGs were not commissioning HIV testing in abortion services, including 54% in high prevalence areas
- Large variation in coverage with some CCGs reporting high uptake; national guidelines being implemented inconsistently

Vera et al.

- Aimed to assess the acceptability of HIV self-testing in MSM sauna clients in Brighton
- 32% had never tested for HIV previously; of these 44% felt they were not at risk of HIV acquisition
- Most MSM found HIV testing to be acceptable either in the venue or at home

Monday 19th June

ABSTRACT SESSION 4

Reid et al.

- Focus group discussion of 61 MSM to determine which STIs were found to be most scary and why
- HIV, Hepatitis C, syphilis and herpes ranked most scary; scabies ranked least scary
- Themes identified which impacted on level of fear included knowledge and/or experience of diagnosis, transmission & severity, and testing, immunisation & treatment

Wayal et al.

- Aimed to understand typologies and drivers of concurrency for STI prevention among people of black Caribbean ethnicity
- Identified key characteristics of different concurrent relationships including situational, open and experimental relationships
- Socio-cultural factors related to black Caribbean culture felt to influence concurrency including social media, music and peer acceptance of concurrent relationships
- Partner notification could be facilitated in 'open' and 'situational' concurrent partnerships in order to reduce STI transmission
- Regardless of concurrency type, need to continued emphasis on condom use and regular STI testing

Dalrymple *et al.*

- Aimed to explore older heterosexual adults' attitudes to sexual risk-taking behaviour
- STIs were found to be stigmatised in older as well as younger age groups
- More was known about HIV than any other STI, but much uncertainty around STIs was noted
- Existing knowledge about STIs was not always utilised in sexual situations by this cohort

Nambiar *et al.*

- Identified approximately 2760 trans and non-binary adults living in Brighton and Hove, with previously low rates of sexual health attendance
- Clinic-T was set up to meet the sexual health needs of trans and non-binary people
- Only one acute STI (gonorrhoea) found from 44 STI screens carried out; 3 patients were known to be HIV positive
- 38.3% of attendances were for advice about, or monitoring of, hormone therapy; 23% had self-medicated with hormonal treatment

Brook *et al.*

- Mandatory EPR proforma was introduced for all women >18 reporting FGM
- 33% underwent FGM as adults; 97% of these were Type 4 (usually genital piercing)
- In those <18, Types 1-3 were most common; average age at FGM was 6 years
- <18s with FGM had higher rates of BV and PID; those who had FGM older than 18 had higher BV rates

Scrivener *et al.*

- User survey of <25s attending a level 2 sexual health clinic in Brighton to determine experiences of sex education at school
- Median age 20, 64% were female and the majority were heterosexual
- 90% recalled receiving some form of sex education at school, but only 63% felt they were well-informed before they first had sex
- Overall 31% (and 57% of MSM) described having ever felt pressured or forced into having sex

Ovens *et al.*

- Brighton clinic introduced MG testing for all NGU and PID diagnoses
- 15.3% of all NGU cases were MG positive; 9.4% of all PID cases were MG positive
- Of those returning for TOC, 40% remained MG positive suggesting macrolide resistance
- Risk of re-infection and being symptomatic at TOC were associated with a positive TOC

Mercer *et al.*

- Aimed to explain ethnic variations in STI diagnosis using results from Natsal-3
- Black Caribbean and Black African men were more likely to have a greater number of sexual partners and a higher degree of concurrency than other ethnic groups
- Black Caribbean women were significantly more likely to report ever using EHC
- Findings point to a need to target ethnic groups with holistic interventions to address modifiable risk factors

Coyle et al.

- Aimed to investigate the relationship between ethnicity and sexual health in women and heterosexual men attending GUM clinics in the UK
- Black/mixed African women were less likely to report condomless sex than white ethnicity women
- STI rates were higher among black/mixed Caribbean men and women
- Population factors including risk within one's sexual network were thought likely to contribute to STI risk

Monday 19th June

ABSTRACT SESSION 5

Morris *et al.*

- A new local code was introduced to monitor attendances by military personnel to the local sexual health service.
- A matched analysis by gender, age group, sexuality and presence/absence of symptoms found that chlamydia positivity was significantly higher among military personnel compared to non-military personnel (17% vs 9.8%). This was most significant in men aged <25 years (23% vs 14%).
- Further exploration of risk factors and better integration of services are required for this dynamic population.

Edelman *et al.*

- After adjusting for age, having multiple male partners (2+) in the past year was associated with weekly binge-drinking and smoking among a convenience sample of women aged 16-44 years attending Brighton sexual health clinic. There was no association with intimate partner violence.
- Risk of unintended pregnancy in the past month was not associated with any of these issues.
- Sexual health clinics may be an appropriate setting to address issues of binge-drinking, smoking and intimate partner violence along with wider lifestyle choices.

Furegato *et al.*

- During Mar 2016-Jan 2017, four infants with congenital syphilis were born to UK-born mothers who screened negative during the first trimester.
- Time series analysis identified exceedances in infectious syphilis rates among heterosexual women in the incident areas (i.e. affected and immediate surrounding counties of congenital syphilis cases).
- The proportion of men who self-identified as bisexual was greater in incident areas.
- Increased syphilis transmission among MSM in incident areas may have created opportunities for syphilis acquisition in women.

Jackson *et al.*

- Despite guidelines being available for acute epididymo-orchitis, a case-note audit found discrepancies in the investigation and management by GUM and Urology departments.
- 90% of GUM patients were prescribed the recommended treatment. Antibiotic treatment for Urology patients was varied and differed from guidelines.
- A combined clinical pathway could facilitate inter-speciality working and improve patient outcomes with clear referral routes where appropriate.

Hartley *et al.*

- Non-STI genital dermatology represents a significant proportion (20%, 75/382) of symptomatic new walk-in appointments at sexual health clinics in the UK.
- 17% required senior review at the initial appointment and 33% required follow-up.
- Sexual health clinics have the expertise to deal with non-STI GD to ensure optimal management. However, commissioning arrangements are variable.

Bailey *et al.*

- Literature reviews and qualitative field work uncovered common myths and misconceptions about contraception including worries about side effects, hormones and 'naturalness', weight gain and irregular bleeding.
- Women are also worried about appointments (e.g. painful procedures) and asking 'stupid' questions.
- The Contraception Choices website (trial version) provides information on effectiveness, the types of contraception, FAQs and a decision tool. It aims to address concerns and to provide tailored advice.

Blomquist *et al.*

- Implementing online behavioural surveys in GUM clinics and linking them to GUMCAD data is highly acceptable and technically feasible.
- 73% (4,585/6,283) of individuals who agreed to participate in the behavioural survey logged in and consented.
- Consent to GUMCAD linkage was >90% and 81% of questionnaires were successfully matched, providing a large bio-behavioural dataset to explore behavioural drivers of STI risk.

Rai *et al.*

- Semi structured interviews with adults recruited from two HIV clinics found that individuals cope with their HIV management through a combination of (i) taking control of their viral load and keeping up to date with their immunological status, (ii) keeping their diagnosis hidden from others and (iii) by referring to themselves and their situation as unique.
- When things are not going well, some individuals become emotionally dependent on their clinicians.
- Funding cuts may lead to a loss of psychosocial support. HIV clinics must remain alert to changes in individual circumstances.

End