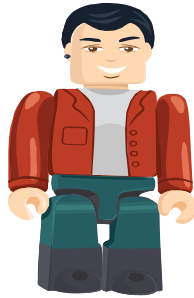


Beyond medical management: the value of public health control measures in response to a high risk MSM sexually transmitted infection cluster

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Sexual Health Adviser

Patient A



1st visit: January 2014
Reason: seroconversion illness
Outcome: HIV, GC and CT
Drugs: G, mephedrone and crystal meth (IDU)
Other: living with friends in a party house

Patient B



1st visit: March 2014

Reason: HIV transfer of care,
contact of CT & GC

Outcome: primary syphilis & HCV

Drugs: G and crystal meth (IDU)

Other: sex working; living with
friends

Patient C



1st visit: March 2014

Reason: HIV transfer of care,
contact of syphilis & HCV

Outcome: late syphilis, GC & HCV

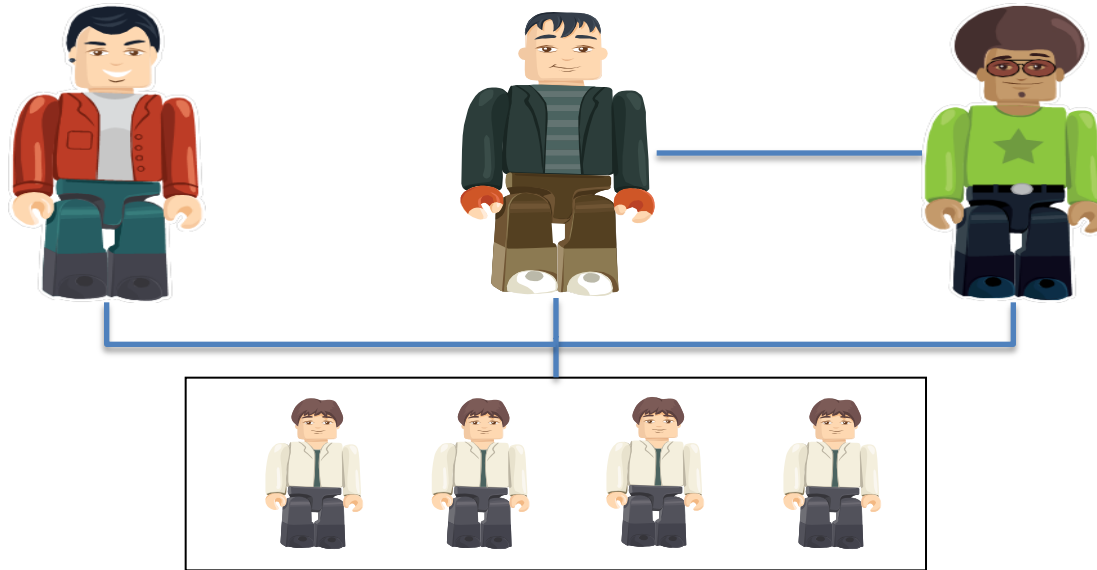
Drugs: crystal meth (IDU)

Other: sex working and adult
film

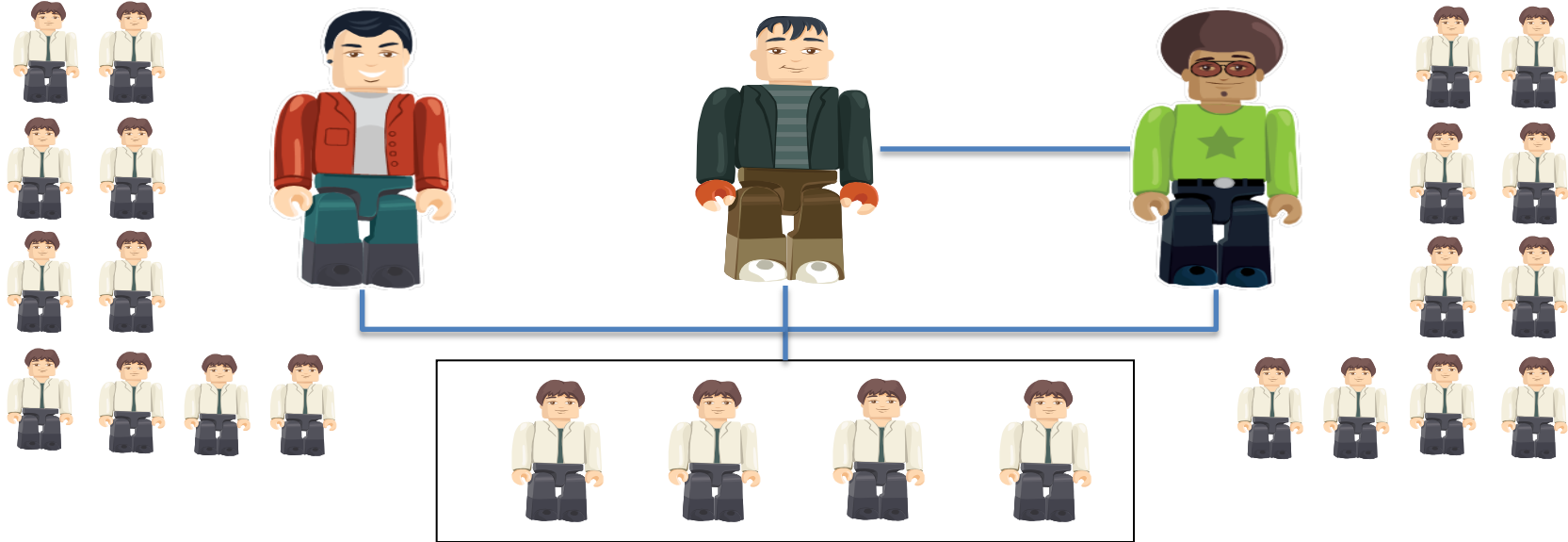
Patients A, B & C

- All were difficult to contact due to changing phone numbers
- Inconsistently attending appointments
- Patient A only accessible on email through flatmate

In April 2014, patients A, B & C found to have listed the same home address, in addition to four further patients



A second search was undertaken looking at routine PN data from January to April 2014



Why is this significant?

- Demonstrates changing profile of MSM drug user
- MSM are often the early predictors of trends
- New precedent of infections being linked to a residential address

Incident control

- An incident control team was established in April 2014
 - Barts Health Adviser and GU/HIV Consultant
 - PHE staff from Health Protection Unit
 - Local public health leads

Incident control: Immediate measures

- Outreach visit by GUM staff to the residence
- Confidential inquiries of the residence
- Assuring consistent use of Treatment as Prevention (TasP)
- MDT education on current MSM trends with enhanced training for Health Advisers
- Addition of routine drug / alcohol screening and the 'After Party' drugs clinic
- Targeted messages on geospatial MSM apps

Incident control: service development

- GU clinic needle exchange
- Improved electronic patient record data output
- Comprehensive service review currently underway of local MSM population
- Improved engagement with commissioning and local drug / alcohol services

Conclusion

- As the trend of chemsex and sex parties continues, it is likely there will be an increase in STIs linked to households
- Improved geospatial analysis, effective PN and collaborative working with public health are essential for rapid identification and control of outbreaks



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