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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Patient A

1\textsuperscript{st} 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
  o Barts Health Adviser and GU/HIV Consultant
  o PHE staff from Health Protection Unit
  o 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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