Can Express treatment reduce onward transmission?

Dr Ruth Byrne
Dean Street Express (DSE): a new service for asymptomatic STI screening
New Express Service

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<tr>
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<th>Pre Express</th>
<th>Post Express</th>
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<tbody>
<tr>
<td>Time attendance to informing result (hours)</td>
<td>183</td>
<td>3.8</td>
</tr>
<tr>
<td>Time attendance to treatment (hours)</td>
<td>238</td>
<td>48</td>
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Treated 8 days faster (190h)

(IUSTI 2014)
Aims and Methods

To evaluate the wider Public Health benefits of faster treatment

- 8 week period
- All CT/GC infections diagnosed at DSE
  - number of sexual partners in the past 3/12
  - prevalence of high risk behaviour (fisting, condomless AI, chemsex, IVDU)
- *Partners spared exposure* per infected patient
Partners spared exposure per infected patient

- Assume
  
  • rate of partners unchanged
  • partners spaced equally over time

  e.g. Patient X diagnosed with CT at DSE
    - had 21 partners in preceding 3/12
    - (0.25 partners per day)

  Reduction in test-treatment time of 8 days
  2 partners are spared exposure
Results

- 431 patients were identified with CT and/or GC infection
- 81% (349/431) were MSM
- 20% (70/349) MSM disclosed high risk behaviour
## Faster results = Less Transmission

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<th>Average partners in last 3 months</th>
<th>Partners in 190 hours</th>
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<td>CT/GC index cases (n=431)</td>
<td>6.25</td>
<td>0.5</td>
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i.e. the number of partners spared exposure was **0.5 per index case**
Discussion

- Limiting the duration of infectivity of STIs has clear public health benefits.

- Particular value in this cohort with multiple partners who engage in high-risk behaviour.

- For every two people diagnosed with a bacterial STI at the Express service one partner was spared exposure.

- Cost savings:
  - reduction in partner notification/recall
  - fewer screens/treatments

- Ongoing efforts to make our systems more efficient
Acknowledgements

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