Introduction

Welcome to the fourth regional sexual health bulletin. We disseminate these regional bulletins on a quarterly basis and aim to include a comprehensive overview of sexually transmitted infections and HIV in the East of England region. The regional bulletins include the latest trends, relevant news and recent developments.

News

Sexually transmitted infections reach almost half a million

New figures released by the HPA on 25 August show that 15 to 24 year olds, particularly young women, continue to be the group most affected by STIs in the UK. In 2009, a total of 482,696 new STI diagnoses were reported to the agency from sexual health clinics across the UK and community based chlamydia testing.

The case for including sexual and reproductive health and HIV as a central part of the Public Health White Paper

The Medical Foundation for AIDS and Sexual Health along with other leading charities and specialist professional organisations in sexual health have put together a paper outlining the economic, health, social and moral case for prioritising sexual and reproductive health in the forthcoming Public Health White Paper in England.

SHout Loud

SHout Loud (Sexual Health Out Loud) is a collaborative project between the six leading sexual health national charities and aims to help local people and organisations have a say about sexual health, contraceptive and HIV services in England.

NICE to launch new online resource for GPs

NICE is developing a new section of the website to support and encourage the use of their guidance in general practice. An early version of the general practice pages is now available.

New film asks young people to choose—condom, no condom?

An interactive sexual health film aimed at encouraging young people to choose condoms has been launched by NHS Choices and NHS Bristol.
Rise in new diagnoses of Sexually Transmitted Infections (2009)

The 2009 STI data was released on 25th August 2010. For the first time STI data are now available by area of residence from the recently introduced Genitourinary Medicine Clinic Activity Dataset (GUMCAD) in England. Prior to this data were collected on an aggregated paper based form, the KC60 statistical return.

Key points: East of England region

- The total number of new cases of STI diagnosed in GUM clinics and community based settings for chlamydia, rose by 5% last year (37,571 to 39,536), while other STI diagnoses rose by 3% (18,990 to 19,575)
- Between 2008 and 2009 new diagnoses of genital warts, genital herpes and gonorrhoea made in GUM clinics in the East of England region rose by 2%, 8% and 9% respectively. New diagnoses of syphilis fell by 25% during the same period.
- New diagnoses of genital chlamydial infection made in GUM clinics fell by 15% between 2008 and 2009. However, there was a large increase in diagnoses made in the community particularly through the National Chlamydia Screening Programme. This meant a 12% increase overall between 2008 and 2009.
- The impact of poor sexual health is greatest in young heterosexual adults and in men who have sex with men.
- There is considerable variation in the distribution of STIs with highest rates seen in urban areas of higher deprivation.

A full set of the data tables released can be found on the HPA website (http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1203348026613).

A national summary report on the data is also available on the HPA website (http://www.hpa.org.uk/hpr/archives/2010/hpr3410.pdf). The report is in two parts. The first part presents data on trends in sexually transmitted infections (STIs) in the UK between 2000 and 2009 using data from GUM clinics and community based settings screening for chlamydia such as primary care. The second part presents a more detailed analysis of STI epidemiology in England in 2009, using data from the recently introduced GUMCAD.

The East of England Regional Epidemiology Unit has created a regional STI slide set which has been disseminated with this bulletin. If you have not received this and would like a copy please e-mail sti-eoe@hpa.org.uk.

More information on GUMCAD including the principles of accessing, storing and sharing data, specifications and guidelines can be found on the HPA website (http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SexualHealth/SexualHealthProgramme/hivsti_sexhealth_GUMCAD/)
GRASP
The Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP) was established approximately ten years ago to monitor trends in and risk factors associated with antimicrobial resistance in gonorrhoea in England and Wales.

GRASP is an enhanced sentinel survey collecting gonococcal isolates from 24 laboratories and associated epidemiological data from 26 GUM clinics over 3 months of each year. In the East of England Cambridge and Luton participate. The isolates are tested against a range of antimicrobials to determine susceptibility to therapeutically important antimicrobial agents and the results linked to the epidemiological data prior to statistical analysis.

Key points:
- The third generation cephalosporins, cefixime, ceftriaxone, are the recommended treatment for gonorrhoea and remain effective. In 2009, 94% of GRASP GUM clinic patients with gonorrhoea were prescribed a cephalosporin.
- Confirmed therapeutic failure to cefixime is rare and to ceftriaxone is undocumented in England and Wales.
- The relationship between susceptibility testing and therapeutic failure is unclear and hence MIC breakpoints to indicate resistance are tentative. However, in 2009, 1.2% of GRASP gonococcal isolates demonstrated decreased susceptibility to cefixime (MIC≥0.25mg/l), and 0.3% to ceftriaxone (MIC≥0.125mg/l).
- At a slightly lower cut off of MIC≥0.125mg/l, 10.6% of isolates showed decreased susceptibility to cefixime.
- Isolates with decreased susceptibility to cefixime and ceftriaxone were predominantly found among MSM of white ethnicity, who reported having two or more UK partners in the three-months prior to diagnosis.
- All isolates demonstrating decreased susceptibility to cefixime and ceftriaxone were also found to be ciprofloxacin (MIC≥1mg/l) and tetracycline (MIC≥2mg/l) resistant.
- The growing evidence of emerging decreased susceptibility to cephalosporins and possible dwindling treatment options highlight the need for robust strategies to promote preventative interventions.
- Despite low ciprofloxacin prescribing rates, there continue to be increases in ciprofloxacin resistance. Resistance increased from 28% to 35% between 2008 and 2009.
- In 2009, no isolates demonstrated resistance to spectinomycin (MIC ≥ 128mg/l).

Recommendations
- Ongoing monitoring of antimicrobial resistance by surveillance programmes is vital.
- Maintaining culture, in this era of nucleic acid amplification tests (NAATs), is essential.
- Clinicians should continue to be vigilant to the possibility of treatment failures among their patients.
- Clinicians should also consider performing tests of cure, particularly if symptoms persist or following pharyngeal infection.
- Any isolates from patients with therapeutic failure should be sent to the Sexually Transmitted Bacteria Reference Laboratory (STBRL) at the HPA.

References:
GRASP report of the 2009 data
GRASP 2009 Slide Set
Chlamydia—Vital Signs Indicator (April to June 2010)

- Developed by the Department of Health, Vital Signs are an approach to planning and managing some of the most important areas of health services locally and nationally. Vital signs are split into three tiers—national requirement (Tier 1), national priority for local delivery (Tier 2) and local action (Tier 3).

- Reducing chlamydia prevalence is a Tier 2 Vital Signs indicator. Testing coverage is currently used as a proxy. The standard for 2010/11 is 35%.

- The table below shows the results for the first 3 months (1st April to 30th June) of this monitoring year for the East of England region. Data includes all tests conducted outside genitourinary medicine (GUM) clinics—either through the National Chlamydia Screening Programme or other community tests (non-NCSP non-GUM).

- The East of England region tested 3.9% of the population aged 15-24 years (coverage). Out of the 10 regions in England the East of England is currently last (10th). London is currently in 1st place with 6.4%.

- Coverage in the PCTs in the East of England ranged between 2.2% in Bedfordshire to 8.1% in North East Essex.

<table>
<thead>
<tr>
<th>PCT Name</th>
<th>VSI Indicator % coverage 15-24 years</th>
<th>National ranking (out of 152 PCTs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedfordshire</td>
<td>2.2</td>
<td>150</td>
</tr>
<tr>
<td>Cambridgeshire</td>
<td>4.0</td>
<td>119</td>
</tr>
<tr>
<td>Great Yarmouth &amp; Waveney</td>
<td>3.3</td>
<td>139</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>3.4</td>
<td>136</td>
</tr>
<tr>
<td>Luton</td>
<td>5.2</td>
<td>78</td>
</tr>
<tr>
<td>Mid-Essex</td>
<td>3.3</td>
<td>138</td>
</tr>
<tr>
<td>Norfolk</td>
<td>2.9</td>
<td>146</td>
</tr>
<tr>
<td>North East Essex</td>
<td>8.1</td>
<td>15</td>
</tr>
<tr>
<td>Peterborough</td>
<td>4.9</td>
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</tr>
<tr>
<td>South East Essex</td>
<td>4.3</td>
<td>114</td>
</tr>
<tr>
<td>South West Essex</td>
<td>2.9</td>
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<tr>
<td>Suffolk</td>
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<tr>
<td>West Essex</td>
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<tr>
<td>SHA Total</td>
<td>3.9</td>
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</tr>
<tr>
<td>England Total</td>
<td>5.3</td>
<td>N/A</td>
</tr>
</tbody>
</table>


Please see actual tables for full explanation of how the information above was calculated and the caveats associated with it.
Chlamydia Testing Activity Dataset (CTAD)

The Department of HIV and Sexually Transmitted Infections at the HPA, Colindale, are currently working towards developing a new comprehensive chlamydia surveillance system – the Chlamydia Testing Activity Dataset. The proposed new disaggregate dataset would flow directly from laboratories to the HPA and would involve the reporting of all chlamydia nucleic acid amplification tests (NAATs) from all NHS and NHS commissioned laboratories in England. The principle aim of the dataset is to enable improved and streamlined monitoring of population coverage of chlamydia testing, and rates of chlamydia diagnoses, using a single data source.

In order for CTAD to be adopted as a NHS National Information Standard a three stage application is submitted to the NHS Information Standards Board (ISB) for approval. Approval from the ISB has been granted at Requirement Stage (the preliminary stage of the application process) and a small pilot study has been carried out in five laboratories. A larger pilot study in ten laboratories is now planned to demonstrate feasibility of CTAD and to provide valuable information for submission of the Draft and Full Stage Applications to the ISB.

CTAD, if approved and successfully implemented, would replace both the NCSP (National Chlamydia Screening Programme) core data return and the aggregate non-GUM, non-NCSP data return. Parallel submission of these two returns and CTAD would be required for two quarters to enable validation and ensure continuity of data flows.

The HPA will work with the ISB to issue an Advance Notification to laboratories in England, to give at least 6 months' notice that collection of the CTAD dataset will be implemented in early 2011. Laboratories will be given a six-month lag period before full implementation will be mandatory.

For further information on CTAD please contact the developers: Dr Catherine Lowndes (catherine.lowndes@hpa.org.uk) or Janice Atkins (janice.atkins@hpa.org.uk).
Outside the HPA:

48 hour Genitourinary Medicine Access Monthly Monitoring (GUMAMM)
The latest GUMAMM data was released on 21 October 2010.

Key points

GUMAMM for month ending 31st August 2010.

This data shows the number of first attendances to a GUM clinic for each clinic provider, how many of these attendances were offered an appointment within 48 hours and how many were seen within 48 hours. Main findings are:

- The percentage of 1st appointments offered within 48 hours was 99.62% for August 2010, it was 99.96% for July 2010.
- The percentage of 1st attendances seen within 48 hours as a proportion of the total number of 1st attendances was 88.85% for August 2010, it was 89.09% for July 2010.
- The total number of 1st attendances was 125,733 in August 2010 which is 5,987 per working day, it was 5,863 per working day in July 2010.
- The total number of attendances was 178,436 in August 2010 which is 8,497 per working day, it was 8,314 per working day in July 2010.
- The collection covers 142 NHS providers & 2 Independent Sector provider that are responsible for 203 GUM clinics providing type 3 services.

Further Information and Useful Links

HPA Links

Sexually Transmitted Infections

Main Page:  
http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1200660066094/

Annual Data Tables (national and regional information)  

Enhanced Syphilis Surveillance  
http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1207554950122/

GUM Clinic Activity Dataset (GUMCAD)  
1201265888302?p=1201094614842

GUMCAD 2 (Enhanced Sexual Health Services)  
1201265889778?p=1201094614842

Human Immunodeficiency Virus  
http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1200660065903/

External Links

National Chlamydia Screening Programme  
http://www.chlamydiascreening.nhs.uk

National Study of HIV in Pregnancy and Childhood  
http://www.nshpc.ucl.ac.uk/

Department of Health (including Abortion, Contraception, Conceptions)  
http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Sexualhealth/DH_094134

Department of Health 48 Hour Genitourinary Medicine Access Monthly Monitoring (GUMAMM)  