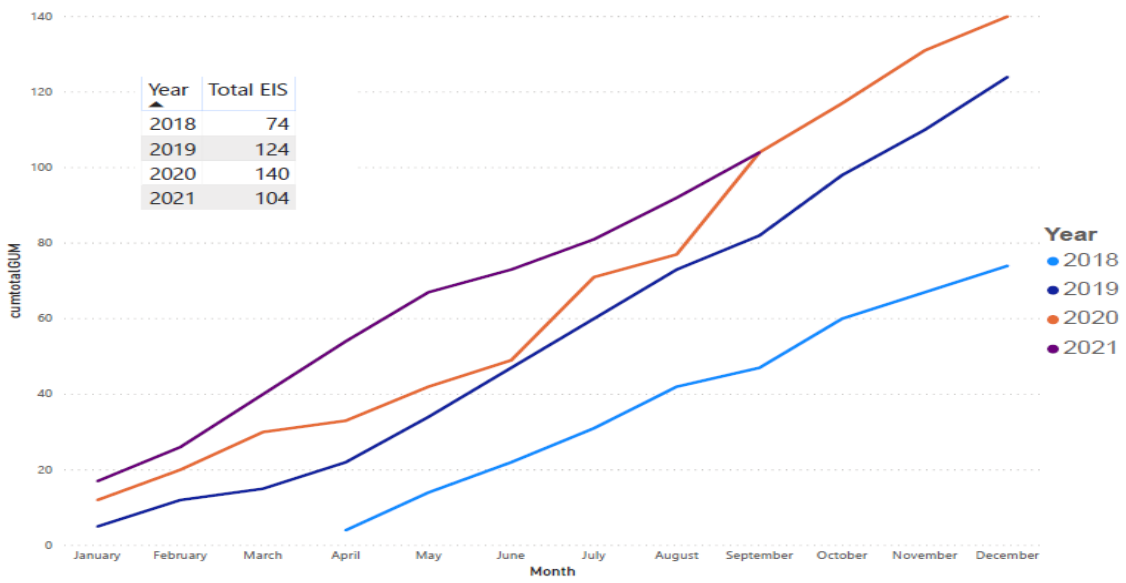
# Recent Developments in Sexual Health

Dr Rachel Coyle, Consultant in Public Health, PHA

# Syphilis diagnosis in UK have increased

Cumulative cases of Early Infectious Syphilis diagnosed in Northern Ireland, 2018-2021




## Cases of syphilis in Britain are at their highest since WWII with one patient diagnosed with an STI every 70 seconds - and London is the WORST, report reveals

- Nearly half a million cases of STIs in 2018, a rise of five per cent on previous year
- Gonorrhoea risen by 249 per cent and syphilis 165 per cent since 2009
- Report's authors blamed increase on funding cuts to sexual health services
- Also said rise of antibiotic-resistant STIs was of 'major concern'

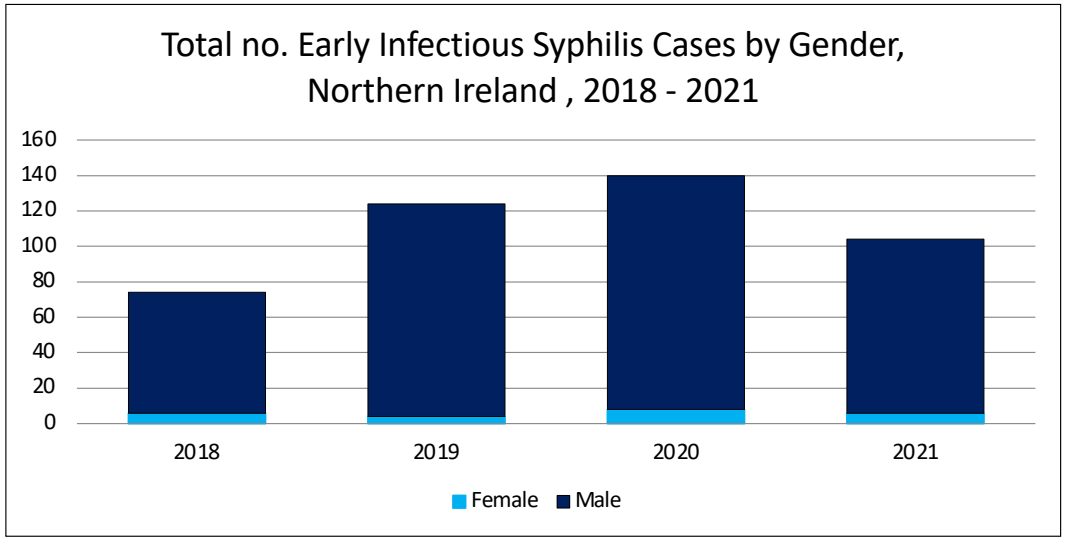
By HARRY HOWARD FOR MAILONLINE
**PUBLISHED:** 12:37, 5 February 2020 | **UPDATED:** 14:35, 5 February 2020

## Syphilis is on the rise - here's everything you need to know

The number of cases rose by 20% last year.

by PAISLEY GILMOUR 20 JUN 2018






## Epidemiology




- >90% of cases in NI occur in men
- Most diagnoses are in gay, bisexual and other men who have sex with men
- UK – cases in heterosexual men and women have also increased over last 10 years

## Treatment and complications

- Effectively treated with antibiotics
- In absence of treatment – progression to chronic infection
- Antenatal infection – congenital syphilis



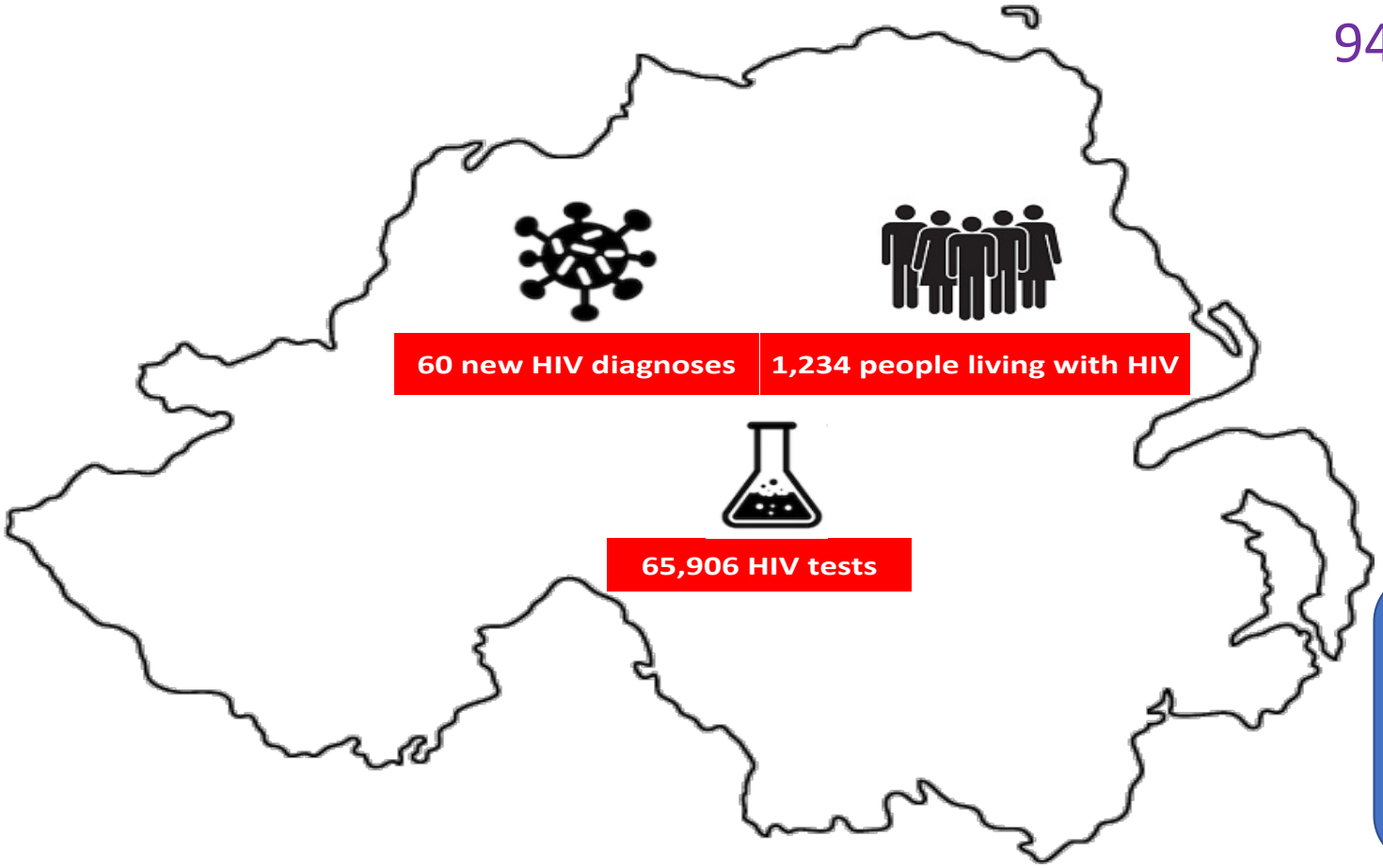
# In primary care…

- Think syphilis
- Consider wider STI testing including HIV
- Discuss with GUM

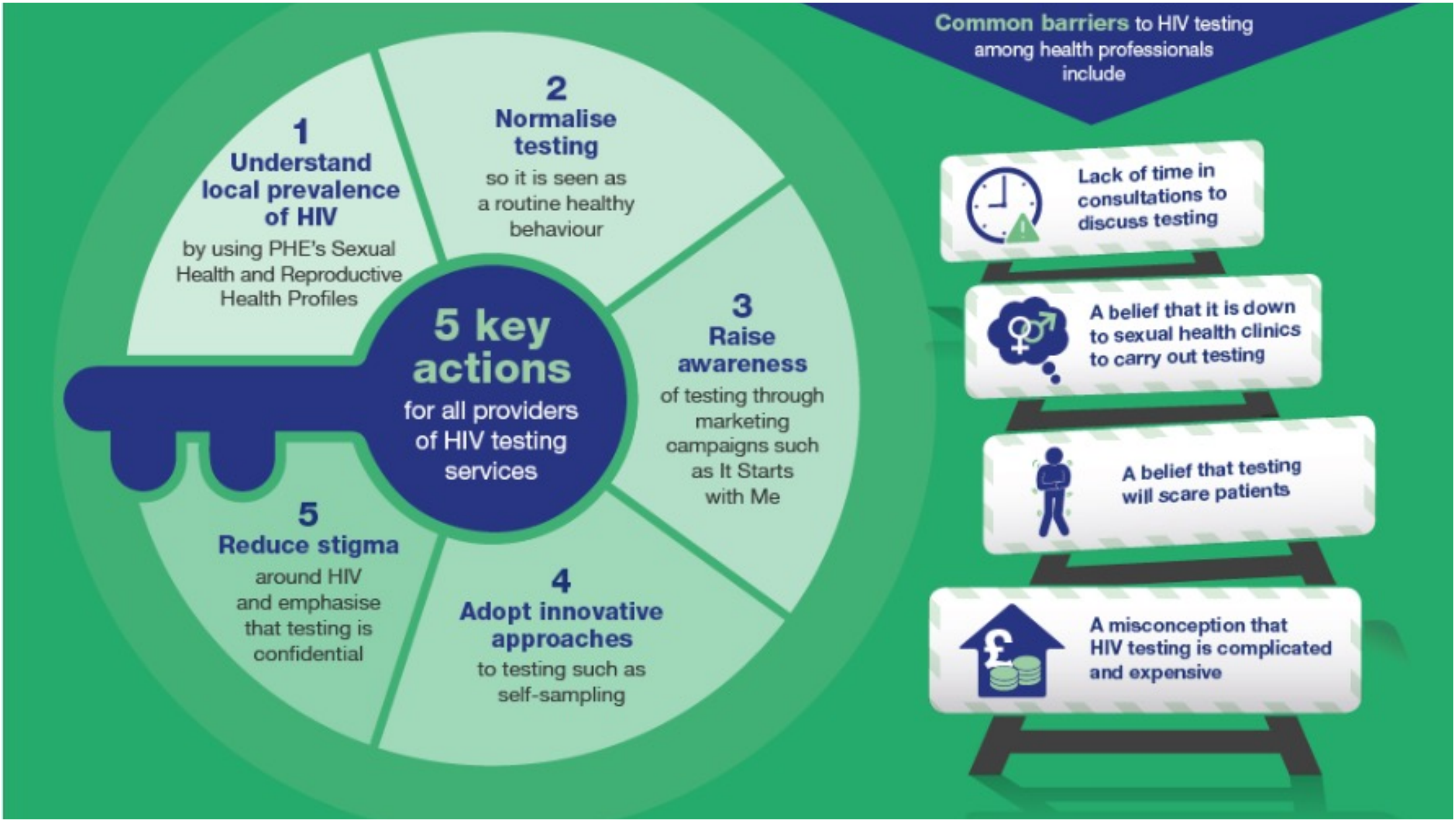
# HIV in Northern Ireland (2020)




94% 100% 97%




**Late Diagnosis –**
CD4 <350
2020 – 24/50 (48%)


5 key actions
for all providers of HIV testing services
1
Understand local prevalence of HIV
by using PHE's Sexual Health and Reproductive Health Profiles
2
Normalise testing
so it is seen as a routine healthy behaviour
3
Raise awareness
of testing through marketing campaigns such as It Starts with Me
4
Adopt innovative approaches
to testing such as self-sampling
5
Reduce stigma
around HIV and emphasise that testing is confidential
Common barriers to HIV testing among health professionals include
Lack of time in consultations to discuss testing
A belief that it is down to sexual health clinics to carry out testing
A belief that testing will scare patients
A misconception that HIV testing is complicated and expensive

## If the test is **positive**:



effective treatment with antiretroviral drugs can begin



early diagnosis means people can expect to live a long healthy life



treatment is so effective that it can prevent the virus being passed on

## If the test is **negative:**



this provides reassurance



an opportunity to offer preventive education and advice which may lead to change or reinforcement of behaviour change






**Possible case –** Febrile prodrome with contact with a confirmed case in 21 days before symptoms

**OR**

Clinician has a high suspicion of MPX

**Probable case** - Unexplained rash on any part of their body plus 1+ classical symptom since 15 March 2022 and either:

Epidemiological link to a confirmed or probable case of monkeypox in the 21 days before symptoms

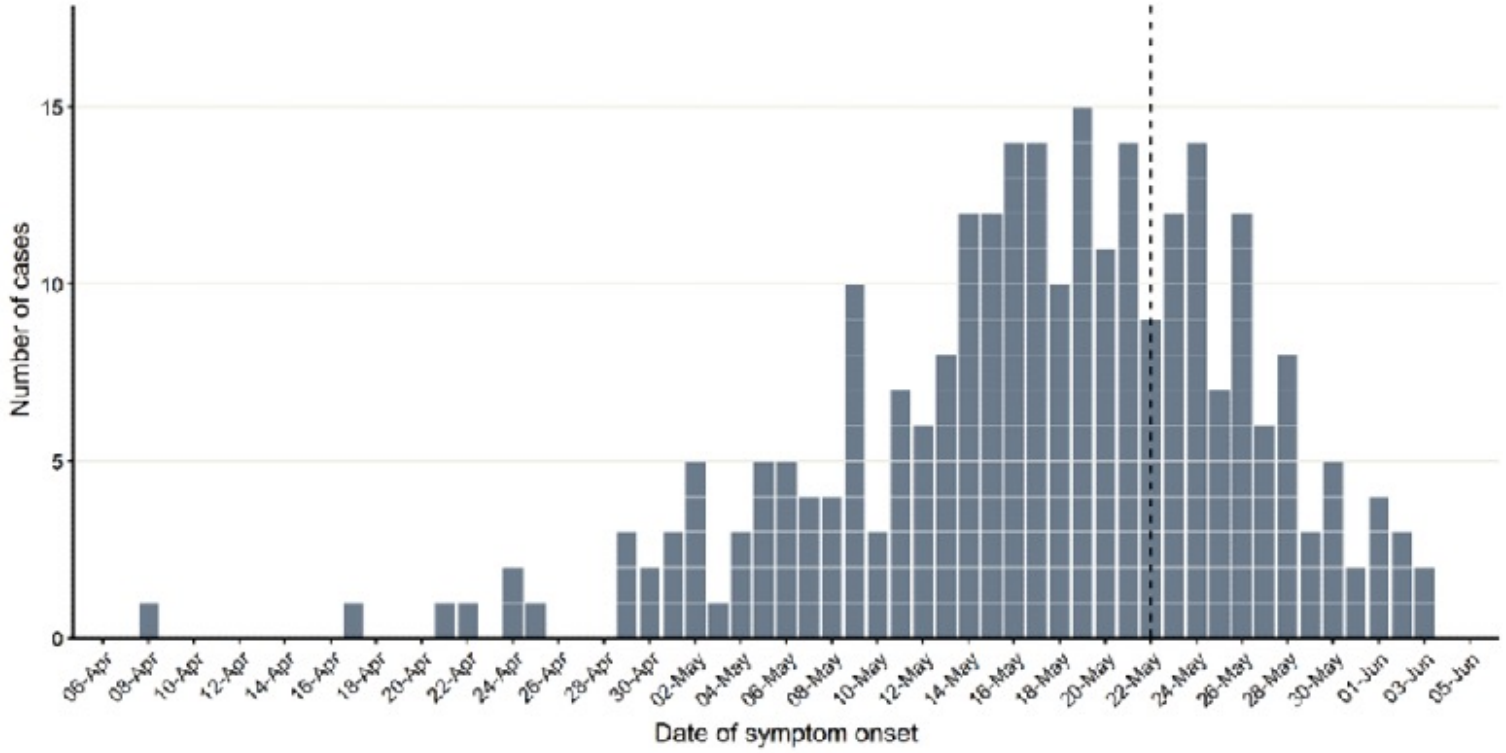
**OR**

Travel to West or Central Africa in the 21 days before symptom onset

**OR**

Is a gay, bisexual or other man who has sex with men (GBMSM)

**Incidence of confirmed monkeypox cases by day of symptom onset, as of 8th June 2022 (UKHSA)**



# In primary care…

- Initial assessment
  - Symptoms and onset
  - Risk factors and epidemiological links
  - Case definition
- Specialist advice – via Newcastle ID Consultant on-call
- Arrangements for testing

[Primary care pathway - Regional Emergency Preparedness Portal - Home (hscni.net)]

Questions?