Promoting Good Summer and Sexual Health to Your Patients
CPWY medicines optimisation
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Overview
- Scene setting-NatSal
- Sexually transmitted infections-chlamydia gonorrhoea, HIV and genital warts
- Changes in CASH services across West Yorkshire
- Sun and Skin Cancer
- Travel medicine-Malaria,Schistosomiasis

Some sobering thoughts…
- Sexual health of the UK population is in decline
- UK has highest teen pregnancy rate in Western Europe
- TOP rates are increasing
- Many women not offered a range of contraceptive options especially longer acting reversible methods (LARC)

And there is more…
- Rates of STIs are increasing
- Burden in under 25s, urban areas
- Estimated 96,000 people have been infected with HIV, 1/3rd of these undiagnosed
- Data from Health Protection Agency now part of Public Health England

NatSAL
- National survey of sexual attitudes and lifestyles
  - 1-1990
  - 2-2000
  - 3-2010

NatSAL-2 highlights
- 2000-over 11,000 respondents
- 16-24 yr olds had highest rates of new partners
- 1/3rd men and 1/10th women had at least 10 lifetime partners
- 4.3% men have paid for sex
- 5.4% men and 4.9% women had same sex contacts
- 14% men and 9% women had concurrent partnerships
### NatSAL 1 and 2
- Comparing 2000 to 1990 figures
- Earlier age of first sexual intercourse
- Increased number of lifetime partners
- Decline in marriage, growth in cohabitation
- Increased partner change
- Decreased condom use

### NatSAL-3 highlights
- 2010 figures
- 15,162 respondents
- 31% of men, and 29% women age 16-24 reported having SI before the age of 16
- Compared to 17% men and 10% women in 55-64 age group
- Approximately one in 6 people reported a health condition affecting their sex life in the preceding year
- Only one in 4 men and one in 5 women had sought medical advice on this

### NatSAL-3
- Over the past 60 years, the gap between the age people first start having sex, the age they first live with a partner, and the age they have their first child has widened
- There is now a longer period in women’s lives where efforts are needed to prevent unplanned pregnancy

### Sexually transmitted infections
Statistics from the Health Protection Agency show a 5% increase in all STIs in 2012 compared to the previous year
- Chlamydia
- Gonorrhoea
- Trichomonas
- PID
- Epididimo-orchitis
- *Non-specific urethritis*
- Warts, other ‘lumps’
- Herpes
- Syphilis
- HIV
- *Hepatitis B*
- *Hepatitis C*
- Infestations-Scabies/Lice

### And not forgetting…
- *Candida albicans* commonly known as ‘thrush’ when giving symptoms
- *Bacterial Vaginosis*
- Vaginal discharge caused by foreign body such as retained tampon
- Physiological discharge
- ……as causes of genital symptoms but NOT STIs

### Common principles of STI management
- Principles of partner notification
- Discussion with patient so THEY can inform partners about diagnosis
- Principles of epidemiological treatment-testing AND treating partners before test results available
- **ABSTINENCE** from sex whilst treatment ongoing is aspect of both principles-this is standard advice in GUM services but experience shows this is not standard advice in general practice
- When one infection diagnosed, offer tests for other STIs as ‘hunt in packs’
**Chlamydia**

- Commonest bacterial STI in the UK
- Intracellular bacteria

**Symptoms and signs**

- Up to 50% of males and 70% females infected are asymptomatic
- Untreated pool most likely responsible for onward transmission in the community
- Role for universal screening

**Chlamydia trachomatis**

- Asymptomatic
- Discharge
- From vagina (cervix)
- From urethra
- From rectum
- Dysuria
- Pelvic pain
- Testicular pain
- Irregular bleeding
- Neonatal transmission
- Conjunctivitis
- Reiters syndrome
- Sexually acquired reactive arthritis
- Triad of arthritis/conjunctivitis/urethritis
- Knees commonly affected

**Chlamydia trachomatis**

- NAAT
- Incubation period for tests -2 weeks
- Low vaginal/vulval in women
- First catch urine in asymptomatic and symptomatic men
- Urethral swab much less common now
- Rectal/Pharyngeal/Eye (conjunctival)

**Chlamydia trachomatis**

- NAAT test is so sensitive that it will detect dead chlamydia - test can remain positive for 5 weeks after treatment
- ‘Test of cure’ not previously recommended as routine as no resistance documented to azithromycin/doxycycline
- Test of cure recommended in pregnancy if erythromycin used
- NCSP now supporting test of cure 3 months after last positive test/treatment due to concerns over re-infection rates

Diagnostic tests - chlamydia

Gonorrhoea

*Neisseria gonorrhoeae*

- 25,525 new cases in 2012
- Presenting symptoms as for chlamydia
- Can also get disseminated infection (DGI - rare)
- Incubation period up to 2 weeks
- Urethral infection in men, >80% have discharge
- Endocervical infection, up to 50% asymptomatic
- Pharyngeal infection approx. 90% asymptomatic
- Bacterial infection, most common in urban areas

Gonorrhoea can give exactly same symptoms as Chlamydia

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BASHH guidelines

**Gonorrhoea 2011/2012**

- NAAT type test now widely used
- But only gives ‘positive’ or ‘negative’ results
- Culture should be taken in all cases of GC diagnosed by NAATs prior to antibiotics being given if possible, for susceptibility testing
- 1st line treatment 500mg IM ceftriaxone & 1g azithromycin
- Repeated treatment failures with 400mg oral cefixime
**BASHH guidelines**

Gonorrhoea 2011/2012
- REFER all positive gonorrhoea tests to GUM
- Will need test of cure
- Partner notification and epidemiological treatment of contacts
- **THERE IS INCREASING ANTIBIOTIC RESISTANCE TO ANTIBIOTICS**
- Microbiological cure CANNOT be presumed with currently recommended regimes

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**Leeds is now a high prevalence area for HIV (Dec 2012: 2.14/1000)**
- Need to **normalise HIV testing**
- Cannot **assume** anyone is HIV negative

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**Testing for HIV**
- Indicator diseases
  - Anyone, irrespective of other risk groups
  - Anyone with an STI
- Antenatal screening
- Acute medicine admissions
- Geographical targeting
  - Pockets of high prevalence
  - Community engagement, culturally appropriate

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**HIV**
- POCT (Point of Care Testing) – widely used
- Less reliable than serology for window period diagnostics
- Potential to falsely reassure those at highest risk
- ‘Reactive’ result always requires confirmation with serological test

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**Genital Warts**
- 73,893 cases in 2012
- Due to human papilloma virus (HPV), >100 subtypes
- If it looks like a wart, it probably is…
- BUT consider other differential diagnoses
  - Normal papillae
  - Molluscum contagiosum
  - Condylomata lata-warty lesions in secondary syphilis
- As viral-not for partner notification/epidemiological treatment
- BUT offer tests for other STIs including HIV
HPV vaccination

- Cervarix
  - Types 16, 18 (70% Cervical Ca)
  - 0, 1, 6 months
  - £80.50 per dose

- Gardasil
  - 16, 18 and 6, 11
  - 0, 2, 6 months
  - £86.50 per dose

- In Australia, 75% reduction in warts in women after 3 years
- To replace Cervarix for 12-13 yrs old girls from Sept 2012

Condom use

- To be encouraged!!
- ‘but nothing is 100%’
- ‘safer sex’ not ‘safe sex’

FSRH

Barrier methods for contraception and STI prevention
August 2012

- Male condoms are 98% effective at preventing pregnancy but only when used consistently and correctly
- Protect against transmission of STIs and HIV
- Advice on condoms should be supported by demonstration of correct use

Emergency Contraception

- By definition has had unprotected sex
- Remember to encourage STI testing
- Remember incubation periods

Levonelle

- Inhibits ovulation
- Less effective at ovulation
- Effective up to 96 hrs
- Repeat dose if vomiting within 2 hours
- Multiple doses possible
ellaOne

- Ulipristal acetate
- Synthetic progesterone receptor modulator
- Licensed for use up to **120 hours** after unprotected sex
- No reduction in efficacy over the 120 hours
- £16.95

Don’t forget Cu IUDs

- > 99% effective
- 120 hours after UPSI or within 5 days of earliest expected ovulation
- Efficacy not affected by concomitant drug use
- STI risk assessment +/- prophylactic antibiotics

**AGREE LOCAL PATHWAYS**

- Give oral EC if delay in IUD insertion
- Can keep IUD - LARC

Emergency Contraception Effectiveness

If 1000 women had UPSI and used...

- Cu IUD
- UPA
- LNG
- Nothing

James Trussell
2011

Pre-travel advice

- Immunisation.
- Malaria prevention.
- Advice on eating and drinking and staying well.
- Contraception and sexual health for travel.
- Advice on personal fitness to travel, including concurrent diseases.
- Advice on specific physical challenges of planned trip - eg, altitude, heat, exercise.
- Advice and help in preparing first aid/medical kit, including issuing prescriptions.
- Advice on whether to travel at all.

Leeds Integrated Sexual Health

…..change is the only constant…

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Travel Health

- Immunisation.
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- Advice on eating and drinking and staying well.
- Contraception and sexual health for travel.
- Advice on personal fitness to travel, including concurrent diseases.
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Travel Websites

• MASTA: Medical Advice Centres for Travellers Abroad
  www.masta-travel-health.com
• Fit for Travel; www.fitfortravel.nhs.uk
• Nathnac; www.nathnac.org
• HPA Public Health England's national health protection service www.hpa.org.uk

Facts about Melanoma in 2014
Cancer Research 2014

• Rates of malignant melanoma, the most dangerous form of skin cancer, are five times higher in the UK than they were in the 1970s.
• More than 13,000 people are now developing the disease each year compared to about 1,800 in 1975.
• Incidence rate has shot up from just over three per 100,000 of the population 40 years ago to around 17 per 100,000.

Region’s soaring skin cancer rates blamed on sunbeds and holidays
Yorkshire Post 21/4/14

The dramatic rise is partly down to the huge increase in package holidays to sunny European destinations, a boom in sunbed use, and the fashion for a “healthy” tan.

Malignant melanoma is now the fifth most common cancer in the UK and more than 2,000 people die from the disease each year.

ABCDEF of Melanoma

A - Asymmetrical Shape
Melanoma lesions are typically irregular but not symmetrical. Benign moles are usually symmetrical.

B - Border
Typically, non-cancerous moles have smooth, even borders. Melanoma lesions usually have irregular borders that are difficult to define.

C - Colour
The presence of more than one colour (blue, black, brown, tan, etc.) or uneven distribution of colour can sometimes be a warning sign of melanoma. Benign moles are usually a single shade of brown or tan.

D - Diameter
Melanoma lesions are often greater than 6 millimetres in diameter (approximately the size of a pencil eraser). 

E - Evolution
The evolution of your mole(s) has become the most important factor to consider when it comes to diagnosing a melanoma. Knowing what is normal for YOU could save your life. If a mole has gone through recent changes in colour and/or size, bring it to the attention of a dermatologist immediately.
Malaria

- Malaria is an entirely preventable and treatable mosquito-borne illness.
- Organism: Plasmodium Falciparum/Ovale/Vivax/Malariae
- In 2013, 97 countries had ongoing malaria transmission.
- Estimated 3.4 billion people are at risk of malaria; 1.2 billion are at high risk. In high-risk areas, more than one malaria case occurs per 1000 population.
- Estimated 207 million cases of malaria in 2012 and an estimated 627,000 deaths
- 90% of all malaria deaths occur in sub-Saharan Africa.
- In 2012, malaria killed an estimated 482,000 children under five years of age. That is 1300 children every day, or one child almost every minute.

Where Malaria Occurs

Schistosomiasis

- Schistosomiasis is a type of infection caused by parasites that live in fresh water, such as rivers or lakes, in subtropical and tropical regions worldwide.
- Symptoms can develop a few weeks after someone is infected by the parasite and include:
  - flu-like symptoms, such as a high temperature (fever) above 38°C (100.4°F) and muscle aches
  - a skin rash
  - a cough
- Alternatively, more serious symptoms can develop months – and possibly years – after infection, and include:
  - cystitis
  - blood in the urine
  - bloody diarrhoea
  - abdominal pain or vomiting blood
  - paralysis of the legs

Test 3 months+ after entering fresh water in the tropics - particularly prevalent in Sub-Saharan Africa (especially Lake Malawi and Lake Victoria)

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Any questions?

Thank You

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