

Summer
2019

Sexual Health

Quarterly Bulletin

Issue 62

PHE,
North West
Update

Lancashire
& South Cumbria
Update

Sahir House
News

News
Latest news & events

Available online [here](#)

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Foreword

Welcome to the summer edition of the North West Sexual Health Quarterly bulletin.

Dr Roberto Vivancos, Consultant Epidemiologist from PHE North West, highlights figures for sexually transmitted infections in the North West of England in 2018.

Richard Jacob, Dental Clinical Fellow, NHS England & Rebecca Stretch, Senior Health Protection Nurse, PHE North West, provide details of the dental response to syphilis in Lancashire & South Cumbria.

Serena Cavanagh, Health Promotion Lead at Sahir House offers information around the Keith Haring exhibition and upcoming Sahir House training sessions.

We also highlight STOP-SV: a training programme to prevent nightlife-related sexual violence. Picking up on its key points, including training implementation, associated impact and nightlife workers experiences of sexual violence/ vulnerability.

Plus current news & events.

Please enjoy the latest issue of the bulletin.

Ann Lincoln



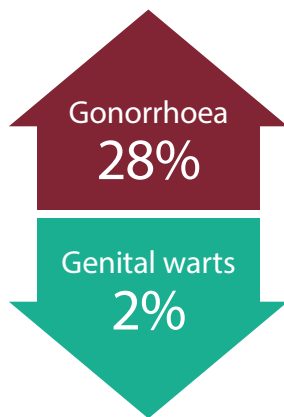
Sexually transmitted infections in the North West, 2018 – Highlights

Dr Roberto Vivancos / Consultant Epidemiologist

In 2018, there were 447,694 new STI diagnoses made at sexual health services (SHSs) in England. Of these 56,814 (13%) were in the North West, where chlamydia with 29,449 (52%) new diagnoses was the most commonly diagnosed STI. At the same time gonorrhoea accounted for 6,079 (11%).

Ups and downs

The total number of attendances at Sexual Health Services (SHSs) in the North West increased by 5% between 2017 and 2018 (from 471,751 to 494,383), continuing the increasing trend over the past five years.



Overall, the largest increase in STI diagnoses between 2017 and 2018 was for gonorrhoea (28%). This is of concern because of the recent emergence of the extensively drug resistant Neisseria gonorrhoea and the first case acquired in the UK. Syphilis diagnoses (primary, secondary and early latent stages) also increased by 11% in the last year, which continues the increasing trend seen in recent years.

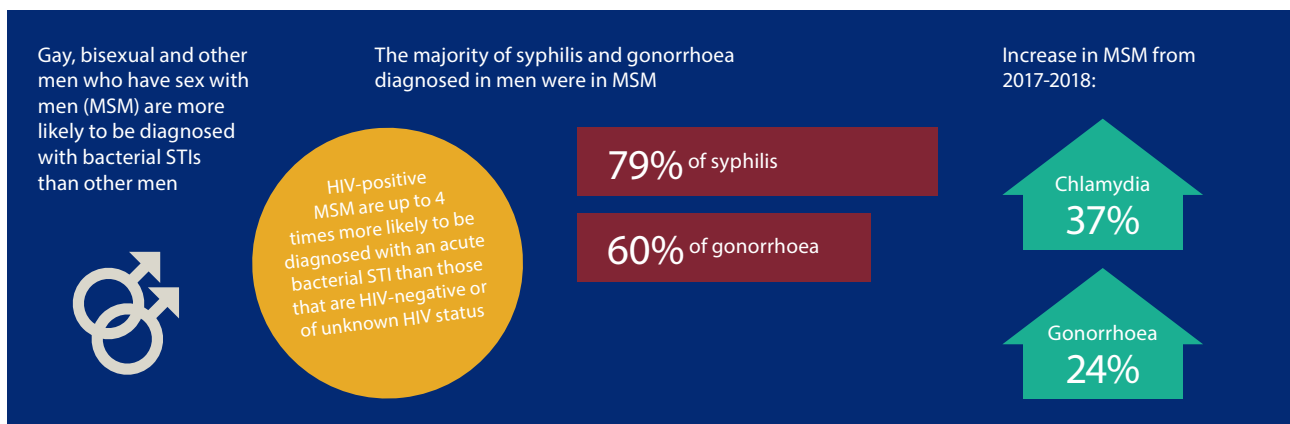
In the same period, new diagnoses of genital warts continued to decrease (2%). The sustained decrease in genital warts is largely due to the substantial decrease in younger women, the majority of whom would have received the quadrivalent HPV vaccine when aged 12 or 13 years.

Young people

Young people are more likely to get diagnosed with an STI. Among those aged 15 to 24 years, men are twice and women six times more likely to be diagnosed with an STI than their counterparts aged 25 to 59 years. Among heterosexuals attending sexual health services, most chlamydia (65%) and gonorrhoea (55%) diagnoses were in people aged 15 to 24 years.

MSM

Of the new STI diagnoses in MSM in 2018, gonorrhoea was the principal STI (2,453 diagnoses), followed by chlamydia (1,844). Between 2017 and 2018, there were large increases in diagnoses of gonorrhoea (24%), chlamydia (37%), herpes (5%) and syphilis (2%). These increases may be due to better detection, as well as increased risk behaviours, like condomless anal intercourse, chemsex and group sex facilitated by social network applications.





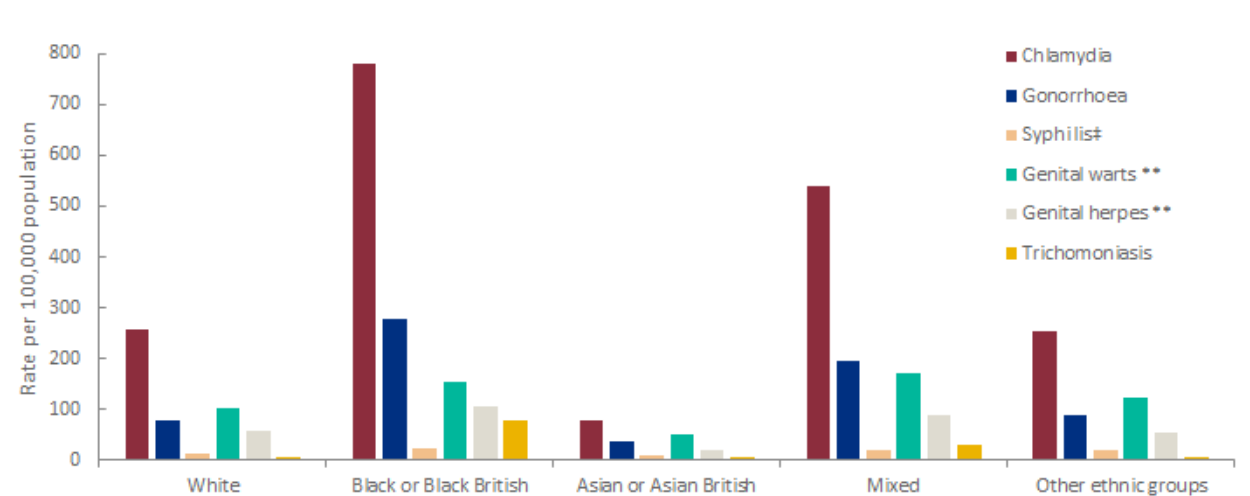
Sexually transmitted infections in the North West, 2018 – Highlights

Dr Roberto Vivancos / Consultant Epidemiologist

Black Minority Ethnic (BME) population

The rate of gonorrhoea and chlamydia in BME is three times that of the general population, with rates of other STIs also higher in this group (Figure 1). There are marked differences among BME groups; from national figures Black Caribbean and Black non-Caribbean/non-African people have the highest diagnosis rates of many STIs of all ethnic groups, while black Africans have relatively lower rates. Numbers are relatively small to show differences in the North West diagnosis data.

Figure 1 Rates of selected sexually transmitted infection (STI) diagnoses* by ethnicity and STI, 2018, North West



* Data from routine specialist and non-specialist sexual health services' returns to the GUMCAD STI Surveillance System;

** First episode; ‡ Primary, secondary and early latent.

Further Information

Further information about STIs in England can be found in the recently published 'Sexually transmitted infections (STIs): annual data tables' and in the 'Sexual and Reproductive Health Profiles' (on Fingertips).

Links:

[Sexually transmitted infections \(STIs\): annual data tables](#)

[Sexual and Reproductive Health Profiles](#)



Dentists respond to a sexual health problem in the North West



Richard Jacob / Dental Clinical Fellow NHS England

Rebecca Stretch / Senior Health Protection Nurse PHE (North West)



Raising Awareness for Partners

Most people who attend dentists are usually well, giving dentists the opportunity to provide care for people who are not necessarily seeking medical care at that time. Therefore, by using client's medical histories and clinical examinations, dentists have the opportunity to prevent ill-health, identify those at risk or in the early stages of some diseases, and signpost them to appropriate support.

This holistic approach to care, means that as well as improving the oral health of people, dentists can contribute to improving general health, and encourage positive health-related behaviour changes amongst clients.

Syphilis is a rare disease with potentially serious consequences. Over the last five years in England there has been a substantial increase in the number of people diagnosed with syphilis (see [here](#)). Locally there has been an exceedance in the number of expected cases seen in two Genito-Urinary Medicine (GUM) clinics within Cumbria and Lancashire in the past year. It is therefore more likely that dentists and their teams may see patients with undiagnosed or diagnosed syphilis. Some of these patients may present with oral signs and symptoms of this disease, therefore dental team members need to be aware that oral lesions may in fact be caused by oral syphilis.

To address this, Lancashire and South Cumbria Local Dental Network (LDN) and Public Health England's Lancashire and South Cumbria Health Protection Team worked collaboratively to compose a short briefing document for dentists, their teams and allied healthcare professionals. This was intended to refresh their existing knowledge gained at undergraduate or pre-registration level. It provided concise, standardised, evidence-based messages about syphilis, covering the following:

Overview

An overview of syphilis described its causation, method of spread, number of stages and impact on the population. It then covered impact if untreated and treatment options. It served as a reminder for readers that syphilis is an infectious, rare condition, but that it remains a public health problem worldwide. Emphasising the fact that if untreated, patients suffering from syphilis may experience a life changing illness. In addition, the impact of congenital syphilis can lead to problems at birth and, if undiagnosed, lead to damage to the child's bones, teeth, eyes, ears, and brain as they develop.



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The brief then continued to describe the general and oral manifestations of syphilis at each of the three stages.

Primary syphilis

Readers were reminded that the first symptoms of syphilis usually develop around two or three weeks after infection. The main symptom is a small, painless sore or ulcer called a chancre that people might not notice or ignore. The lesion will typically be on the penis, vagina, or around the anus, although they can sometimes appear in the mouth or on the lips, fingers or buttocks. These signs and symptoms usually pass within two to eight weeks. If the infection is not treated using appropriate antibiotics, it may progress to a second stage.

Secondary syphilis

Skin rashes and, or mucous membrane lesions (sores in the mouth, vagina, or anus) mark the second stage of symptoms. Rashes associated with secondary syphilis can appear when the primary chancre is healing or several weeks after the chancre has healed. Signs and symptoms of secondary syphilis include a blotchy red rash that can appear anywhere on the body. A characteristic ulcer identified as a snail track ulcer may appear in the mouth. Flu-like symptoms, such as tiredness, headaches, joint pains and a high temperature (fever) are common. These symptoms usually pass within a few weeks.

Tertiary syphilis

Finally readers were reminded that, without treatment, a syphilis infection can last for years or decades without causing any symptoms. Eventually, it can spread to parts of the body such as the brain or nerves and cause serious and potentially life-threatening problems.

Syphilis is still treatable at this stage, but it is sometimes not possible to reverse damage that has already been done.





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Actions for readers if they suspect syphilis

The brief provided advice to readers on what to do if a person presented to them with signs and symptoms which led them to suspect syphilis. This advice included:

- Refer the person to a local GUM clinic
- Advise the person to avoid sexual contact of any kind, or expose other people to active lesions, until either the diagnosis is excluded, or successful treatment of the condition has been confirmed.

The brief provided links to the local GUM and sexual health clinics in their locality.

It is too soon to evaluate if this reminder / education of our dental teams and allied health and social care professionals has had a positive effect on reducing the prevalence of syphilis, either by early treatment or by sending consistent health messages that encourage behaviour changes. What can be established is that a closer working relationship between dental team members and partners working across the health social care can provide opportunities to improve people's health and wellbeing.

Further reading:

Alam, F., Argiriadou, A.S., Hodgson, T.A., & Porter, S.R. (2000). Primary syphilis remains a cause of oral ulceration. *British Dental Journal*, (189), pg 352-354.

Barbosa de Paulo, L.F., Servato, J.P.S., Oliveria, M.T.F., Durighetto Jr, A.F., Zanetta-Barbosa, D. (2015). Oral Manifestations of Secondary Syphilis. *International Journal of Infectious Diseases*. (35), pg 40-42.

With thanks to:

- Mark Pearce – Chair Lancashire and South Cumbria Local Dental Network Research and Development Group NHS England.
- Melanie Catleugh - Consultant in Dental Public Health (Lancashire).
- Eric Rooney – Chair Lancashire and South Cumbria Local Dental Network.
- Nicholas Barkworth - Dental Contract Manager NHS England and NHS Improvement - North West.



Keith Haring exhibition Tate Liverpool



Friday 14th June – 10th November

Tate Liverpool presents the first major exhibition in the UK of American artist Keith Haring (1958–1990).

The exhibition brings together more than 85 works exploring a broad range of the artist's practice including large-scale drawings and paintings, most of which have never been seen in the UK.

Haring was a unique presence in 1980s New York, playing a key role in his generation's counterculture and creating an immediately recognisable style. Best known for his iconic motifs, such as barking dogs, crawling babies and flying saucers, Haring's work was politically charged and motivated by activism.

As an openly gay man, Haring's work as an AIDS activist and educator remains his most essential legacy.

Sahir House have partnered with Tate Liverpool and is exhibiting a UK AIDS Quilt in the Tate Exchange during the week Monday 22nd July – Sunday 26th July running alongside this exhibition. Accompanying the exhibited quilt will be short films and images looking at the history of HIV on Merseyside, health campaigns and World AIDS Day campaigns. Sahir House will also be offering guided walks around the exhibition on the evening of Friday 26th July, guides will be talking about the exhibition and their life with HIV today. This has no admission fee on the evening; however, Sahir House will be collecting at this event.

Sahir House Training Sessions

Sahir House 1 hour information session - Monday 1st July – Ideal bite size session for those working in the public sector including the voluntary and statutory sectors, student community and local businesses wanting to support Sahir House. This session is free to attend but booking is essential. Booking form available on the website [here](#).

Sahir House HIV awareness training courses – Sahir House Training Service provides up to date information and opportunity to explore current thinking about HIV. Training increases confidence and knowledge when supporting clients and colleagues around HIV. All course information can be found on the Sahir house websites training page [here](#).

World AIDS day (WAD) planning group – next meeting Thursday 1st August 1.30pm – 3pm. The aims of the group are to raise the profile of WAD and National HIV Testing Week (HIVNTW) by bringing together local professionals and supports to mutually work together to provide a range of HIV related health promotion event and activities. If you would like to support this campaign on Merseyside, please contact Serena at Sahir House to be added to the mailing list.



STOP-SV: a training programme to prevent nightlife-related sexual violence (evaluation)



Dr Zara Quigg / Reader of Behavioural Epidemiology

Introduction

Globally, sexual violence places large burdens on individuals' health and well-being, as well as local communities and services. Sexual violence that occurs in recreational settings, such as nightlife, is of increasing concern. Studies have started to emerge highlighting the nature and prevalence of sexual violence in nightlife, and critically have found that some forms of violence are often not recognised as such, and are thus socially accepted. This highlights the importance of developing and implementing prevention strategies. However, few prevention strategies exist that specially aim to prevent and respond to nightlife related sexual violence.

STOP-SV Project

As part of the European Union Rights, Equality and Citizenship programme, in 2016 the STOP-SV (staff training on prevention of sexual violence) project was established with partners from Czech Republic, Portugal, Spain and the United Kingdom. The primary aim of STOP-SV is to support the prevention of nightlife related sexual violence, through:

- Mobilising local nightlife communities and developing coalitions to work together to prevent nightlife related sexual violence.
- Providing local stakeholders with resources to train nightlife workers (e.g. servers, security) so that they can recognise, prevent and respond to sexual violence in nightlife.
- Training nightlife workers so that they can recognise and effectively prevent and respond to sexual violence in nightlife.

Training Implementation

In 2017/18 28 stakeholders from Czech Republic, Portugal and Spain were provided with resources to train nightlife workers leading to the training of 114 nightlife workers.

In each location, local stakeholders were provided with approximately 20 hours of training to become STOP-SV training facilitators.

- Occupational background, levels of confidence in discussing the topic, and time constraints affected some training facilitators' ability to fully engage with the STOP-SV training (including delivery to nightlife workers).
- Nightlife worker training sessions lasted approximately 2-3 hours.¹
- The STOP-SV training was generally well received. Some of those engaged in the training suggested that it could be less academic and provide a greater focus on experience of sexual violence across genders.

Nightlife worker perceptions of the STOP-SV training, post-training survey

- 85% of people said the training was useful in their current job role in nightlife
- 85% of people said the training will help them to deal with sexual violence in nightlife more effectively
- 93% of people said the trainer did a good job teaching and supporting them through the training session





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Associated impact of the STOP-SV training on nightlife workers

Attitudes/Perceptions

Post-training participants were significantly more likely to show increased agreement with the statements:

- Consent can be taken back at any time.
- Sexual violence is never the fault of the victim.
- I think I, and staff working in nightlife venues, can do something about sexual violence.
- I think sexual violence is a problem at the venue where I work.

Confidence

Post-training, participants were significantly more likely to show increased confidence in:

- Asking someone they work with to help them address sexual violence.
- Expressing concern if someone said they had an unwanted sexual experience but did not call it rape.
- Doing something if they saw a woman in a venue surrounded by men and she looked uncomfortable.

Nightlife workers experiences of sexual violence/vulnerability

In the last three months:

- 73% had seen someone who looked drunk being escorted out of a venue by another patron.
- 66% had seen a person who had had too much to drink passed out in a venue.
- 58% had seen someone who seemed upset in a venue.
- 20% had seen a woman in a venue surrounded by a group of men looking uncomfortable or upset.
- 14% had someone tell them that they had an unwanted sexual experience but did not call it rape.
- 9% had heard someone making excuses for forcing someone to have sex with them.

Conclusion

Findings suggest that the STOP-SV training programme is associated with: improvements in knowledge; improved attitudes towards sexual violence; and, greater confidence to intervene in sexual violence, amongst nightlife workers. A longer-term follow-up study will aim to assess whether participation in the STOP-SV training programme is associated with positive bystander behaviours to prevent and respond to sexual violence in nightlife, and if associated improvements in knowledge, attitudes and confidence have been sustained three months post-training.

¹ One pilot site conducted the training of nightlife workers over a 6-hour period.



News and Events

South West Sexual Health Board Newsletter Summer 2019

The summer newsletter from the South West Sexual Health Board has recently been published and can be accessed via the link below –

[Click here](#)

Brook Success Report 2018/19

Brook have published their Learning & Impact report for 2018/19. Last year they supported more than 787,800 under 25s. The full report can be found here –

[Click here](#)

Government announcement

The Government has announced that free sanitary products will be offered to girls in all primary schools in England from 2020. This is a welcome development following on from the commitment to fully-fund access to free sanitary products in all secondary schools and colleges. DfE announcement can be read here –

[Click here](#)

It Starts with Me campaign

The summer phase of the It Starts with Me campaign began on Wednesday 19th June 2019. The focus is to raise awareness and promote various ways to prevent HIV: testing, treatment, condoms and pre-exposure prophylaxis (PrEP). Read more about the campaign here –

[Click here](#)

Government appoints first National Adviser for LGBT Health

The Government has appointed its first ever National Adviser on LGBT Health in the NHS. An Advisory Panel has also been appointed to guide government policy and help deliver changes set out in the LGBT Action Plan. Read the press release below –

[Click here](#)

Sexual Health Quarterly Bulletin

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