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Welcome

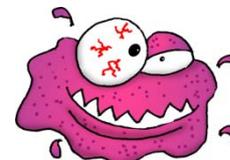
Welcome to Bromley's Annual Public Health Report for 2020. As the Director of Public Health it is my responsibility to monitor the health of the population in Bromley and implement prevention services and interventions where possible to improve the health of our residents now and in the future.

All Directors of Public Health produce an annual Public Health report to raise the profile of emerging health issues or to highlight an area of particular interest to a wide variety of audiences.

This year I have chosen sexual health and in particular sexually transmitted infections.

Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations.

I hope you enjoy reading the report.



What are sexually transmitted infections?

- Sexually transmitted infections (or STIs) are specific bacterial or viral infections that can be caught or passed on when individuals have unprotected vaginal, anal or oral sexual contact, with another person who already has an STI.
- STIs are communicable diseases that must be controlled. Once acquired, STIs need to be diagnosed and treated quickly to prevent onward transmission to partners. It is therefore essential to provide accessible screening, diagnosis and treatment management for those affected and their partners. Prevention methods and advice are a crucial part of the care pathway to minimise the re-infection rates within the community.



Introducing the key STIs

Chlamydia

Most common bacterial STI that often has NO symptoms but can give individuals long term abdominal or testicular pain and can lead to infertility or other serious medical illnesses [males & females]. Can be prevented with the use of condoms and can be treated with antibiotics. Young people under the age of 25 should be tested every year and with every new partner.

www.sexualhealthbromley.co.uk



Gonorrhoea Another bacterial STI that can cause irritation, discharge with odour and pain but also can have NO symptoms. It can be treated with specific antibiotics but there is Public Health concern regarding this STI becoming resistant to antibiotics and therefore treatment MUST be managed by a specialist Sexual Health [GUM] Clinic. It is rapidly spreading, especially among Gay communities but affects ALL sexual orientations. www.sexualhealthbromley.co.uk

Annual Public Health Report – Talking About Sex in Bromley

Herpes A viral STI that leads to painful small blisters and ulcers.

Although cannot be completely cured, with treatment, symptoms could become less severe over time.



Genital Warts Common viral STI

have become less common since the introduction of the HPV vaccination programme. Involves localised treatment and may keep returning

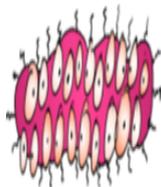


Syphilis This serious STI has returned to the scene and is on the increase [especially in Gay and Bi-Sexual men] It causes sores, ulcers and body rashes but if left untreated can become very serious.



Hepatitis Serious viral infections that affect the liver [Hep A, Hep B and increasingly Hep C] can be contracted by unprotected sexual intercourse

HIV A serious sexually transmitted viral infection [can also be contracted in other ways] leaving individuals with a life-long infection that requires anti-viral medication for life. With treatment, individuals are likely to live a NORMAL LIFE-SPAN as long as the infection is



DIAGNOSED EARLY. Bromley Public Health promotes EARLY testing to give individuals the opportunity of life without serious illness.

[CONFIDENTIAL TESTING AVAILABLE AT GP PRACTICES]

Evidence of effectiveness

There is strong evidence that supports the effectiveness of Public Health sexual health programmes when they are part of an overall strategy of commissioning cost effective early interventions.

Condom Schemes

A national survey looking at free condom schemes was conducted by Public Health England and published in 2017.

The findings concluded that condom availability was a key component of the sexual and reproductive health economy due to their significant reach and easy access. The schemes were particularly successful in engaging 15-19 year olds with similar gender access noted. It was also found that the Community Pharmacy outlets to be the most commonly used venues nationally and Bromley has always demonstrated this pattern of use also. The report demonstrates that running costs of condom schemes are low compared to treating the population with new STIs, HIV or unplanned pregnancies.

Popularity and acceptability of the C-Card schemes was reflected in the high number of repeat users although the survey demonstrated only 6% of the young adult cohort are registered with this type of scheme. It was also found that if young people were encouraged to use condoms at a sexual debut, they were twice as likely to use condoms in their most recent sexual encounters.

The PHE survey reinforced that correct and consistent condom use remains a major intervention preventing STIs and unplanned pregnancies with condom schemes found to be a key and economical way of promoting condom use.



Evidence of effectiveness

National Chlamydia Screening Programme (Dual Testing for Chlamydia & Gonorrhoea) and STI testing

In view of the latest PHE data showing that young adults continue to experience the highest rates of sexually transmitted infections, targeting STI testing in this cohort remains essential. Early detection with rapid open access treatment and partner notification can reduce the risk of further complications and spread of infection. Dr Anthony Nardone, Consultant Epidemiologist at PHE commented that a survey of young adults found that screening has a positive impact on sexual behaviour and provides an important channel for the delivery of safe sex messages. Dr Nardone also reports that this enhances the cost effectiveness of Chlamydia Screening beyond that of the testing itself.

PHE recommends LAs should ensure under 25s have continued access to chlamydia screening and reinforces this by offering support to local areas through the 'Chlamydia Care Pathway Workshops' that aim to increase diagnostic and treatment opportunities without increasing testing volume. Bromley commissioners and providers have jointly and uniquely taken advantage of this annual PHE support being offered and increased efficiencies in diagnostic rates and partner treatment management as a result.



Evidence of effectiveness

STI Trends (HIV Syphilis & Gonorrhoea)

Interventions that encourage early testing for HIV along with provision of anti-retroviral medication, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for high risk individuals is lowering the number of new HIV infections on a national scale. Although black and ethnic minorities are more often diagnosed later, the outcome is improved by targeting these groups in clinics and GP settings.

Although Gonorrhoea and Syphilis continue to rise and are of concern, PHE has released a Syphilis action plan titled 'Addressing the increase of Syphilis in England' that optimises key pillars of implementation to support control and prevention of Syphilis (and Gonorrhoea) with the greatest impact on gay or bi-sexual men. These include, testing high risk MSM (men who have sex with men), includes re-testing, robust delivery of Partner Notification and participation in targeted condom schemes to prevent onward transmission of infections.



Evidence of effectiveness

LARC

Local Authorities are required to offer reasonable access to a broad range of contraception methods. This supports women controlling their own fertility but Nice Clinical Guidance found there could be considerable difference between the effectiveness of several methods based on 'typical use' and 'perfect use'. For example, oral contraception methods depend on the user remembering to take it consistently and as prescribed to be effective. This contrasted with the effectiveness of LARC (long acting reversible contraception) methods such as, Sub-Dermal insertions (SDI), IUCD (Intra Uterine Contraception Devices), which once fitted, provides effective contraceptive cover for many years without further action required by the user. PHE and NICE have noted that not only have cost savings been made with the increased use of LARC methods, but the number of unwanted conceptions is decreasing year on year. Therefore Local Authorities are advised to continue facilitating and promoting the provision of these cost effective methods where messages on sexual health promotion can also be included as part of conversations.



Evidence of effectiveness

EHC

Timely access to Emergency Hormonal Contraception (EHC) continues to contribute to the decline in teenage pregnancies and unplanned pregnancies in the under 25s. There is considerable cost savings made for every averted pregnancy which is outlined by PHE in the 'Contraception: Economic Analysis Estimation of the Return on Investment'.

Although EHC is widely available from many settings, Community Pharmacies are found to be the main route young adults choose to access this method. There are possibly many reasons for this, such as potential difficulty in accessing a GP appointment in time (within the required 72 hours) but also pharmacies are usually situated locally, are easy to access and opening times are convenient. PHE released a document 'The Pharmacy Offer for SH & Reproductive Health' March 2019 highlighting the success and potential by describing Community Pharmacies as social and community assets.

Community Pharmacies are the most frequented health care settings in England and these encounters offer opportunities to offer an integrated package of sexual health that goes beyond a single treatment approach. Implementing 'Making every contact count' (MECC) is proven ideal in this setting and Pharmacists can proactively engage the service user in discussions on safe sex and provide advice on contraception during appropriate confidential consultations.

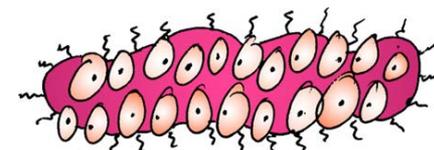
A higher percentage of Chlamydia screening test results are also found positive for infection from this setting.



Key facts in Bromley

Bromley Public Health team produced a Sexual and Reproductive Health Needs Assessment for Bromley in 2019. The findings of which have informed this Annual Public Health Report on Sexually Transmitted Infections in Bromley.

- A total of 2,082 new STIs were diagnosed in residents of Bromley in 2018 (1,140 in males and 937 in females), a rate of 632.1 per 100,000 residents (males 720.0 and females 547.8).
- Overall, of all those diagnosed in 2018 with a new STI in Bromley, 54.8% were men and 45% were women.
- The at risk populations continues to be young people aged 15-24 who are at highest risk of chlamydia infection, MSM and Black African /Caribbean ethnic groups who have the highest rates of new STI infections in Bromley.
- Where recorded, 19.5% of new STIs diagnosed in Bromley were in people born overseas.
- The majority of new STIs were diagnosed in the more deprived areas of Bromley (2017).



Key facts in Bromley

- The data shows that Chlamydia, Gonorrhoea and Syphilis have seen increases in the percentage change between 2014 and 2018.
- Bromley ranks 64th highest for Gonorrhoea and 51st highest for Syphilis (out of 326 Local Authorities).
- In 2017, the diagnosed HIV prevalence rate in Bromley was 2.6 per 1,000 population aged 15-59 years, compared to 2.3 per 1,000 in England.
- 23% of the middle super output areas (MSOAs) in Bromley had a HIV prevalence rate higher than 2 per 1,000 population, all ages.
- In 2017, 18 adult residents of Bromley were newly diagnosed with HIV.
- The rate of new HIV diagnosis per 100,000 population among people aged 15 years or above in Bromley was 6.8.
- Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. It is a critical component of the Public Health Outcomes Framework and monitoring is essential to evaluate the success of local HIV testing efforts.
- In Bromley, between 2015 and 2017, 44.7% (95% CI 28.6%-61.7%) of HIV diagnoses were made at a late stage of infection (CD4 count \leq 350 cells/mm³ within 3 months of diagnosis) compared to 41.1% (95% CI 40.2-42.1) in England.
- Also within Bromley 35.7% (95% CI 12.8%-64.9%) of gay and bisexual men and 55% (95% CI 31.5%-76.9%) of heterosexuals were diagnosed late.



What are we doing now?



What are we doing now?



What are we doing now?

Sexually Transmitted Infections (STIs) are communicable diseases and controlling their spread is a key aim of sexual health services. This is particularly crucial in light of the emergence of extensively drug resistant gonorrhoea.

There is strong evidence showing that the transmission of STIs can be reduced by ‘early diagnoses’ through delivery of the National Chlamydia Screening Programme (NCSP), provision of online testing, condom schemes, ‘safer sex’ messages and early behavioural interventions. Early diagnosis of HIV infection is crucial for a better treatment outcome. It is also now proven that onward transmission has been reduced to zero from individuals taking antiretroviral medication effectively. Providing broad opportunity for early testing in the GP setting and in non-specialist health care settings as well as increasing the frequency of testing for those most at risk, plays a key role in tackling HIV infection.



What are we doing now?

Local sexual health services include the following and are provided either in clinic or in the community settings such as community pharmacies or GP surgeries as well as online STI testing service:

Diagnosis and Treatment of STIs with HIV Community Support

- ‘Open access’ sexual health clinics that offer screening, health advice, diagnosis, and management of all STIs for those affected and their partners. Vaccination is also offered to control genital warts, hepatitis A and hepatitis B.
- HIV Clinical Nursing and Community Specialist service to support people newly diagnosed with HIV and those living with the disease to manage their conditions, adherence to treatment and to further reduce risks of transmission.

Prevention and Early Detection

- Sexual health advice and condom schemes are at the heart of preventing and controlling STIs. Frequent screening of risk groups is important as STIs are often asymptomatic.
- Provision of online testing facility
- Screening for Chlamydia and Gonorrhoea in under 25s and targeted testing to detect undiagnosed HIV (and Syphilis) to avoid the serious consequences of untreated and onward transmission of these infections.
- Condom distribution schemes for the most at risk population groups such as young residents under the age of 25 and other groups most at risk of contracting HIV.



What are we doing now?

Commissioning and Contract Arrangements

Services are commissioned from a number of providers in different settings:

- Community Sexual Health Early Intervention Service is commissioned from Bromley Healthcare. Included in this contract are HIV Clinical Nursing Service and Contraception.
- STI & HIV screening at GP practices. This is part of a broad sexual health provision.
- Open Access clinic based Sexual Health Services. Acute Hospitals across London are commissioned to provide these via a London wide commissioning collaborative arrangement with contracts held by lead commissioners in sub-regional level.
- Sexual Health London is the London wide online STI testing service. This is commissioned in collaboration with other London Boroughs.



What are we developing?

In Bromley we are working hard in developing the following for residents of Bromley:

- A local integrated offer
- PrEP - pre-exposure prophylaxis
- Strengthening our focus on prevention, promoting the use of the most effective method of condoms



Impact of Covid-19 on Sexual and Reproductive Health

It may be premature at this stage to comment on the long term effect of Covid-19 on the health outcomes of sexual and reproductive health while in-depth work is already underway by a number of national and regional agencies to assess and understand this. However, there are already early signs that suggest the following impacts of the pandemic:

- **Infection Rate**

The online service has seen a significant increase in activities with a rise in positivity rate, especially in Gonorrhoea and Syphilis. This is concerning due to the increasing resistance of both Gonorrhoea and Syphilis to treatment. This rise in positivity rate could be the result of increased testing and potentially due to the change in pathway of treating online those symptomatic patients who are assessed as low risk. This requires further analysis and the continuation of close monitoring to understand this trend.



Impact of Covid-19 on Sexual and Reproductive Health

- **Abortion and Conception Rates**

The latest figures on abortion and conception rates for 2019 are showing an upward trend especially in the older age group of women. There are concerns that this may continue to accelerate in 2020 potentially due to the restricted access to contraception clinics during the pandemic. This requires further analysis to ascertain whether the pandemic could be a contributor towards the increase in these rates.

- **Access**

The lockdown earlier in the year and the subsequent restrictions coupled with the required Covid safe measures had greatly reduced clinical capacity, especially in contraception. While our service providers have swiftly found alternative ways to deliver such as switching to postal and online contraception, a waiting list has emerged when clinics gradually resume their service. The recovery plan of our providers especially on addressing access is an area of close scrutiny by our commissioners to ensure the waiting list is managed and reduced over time. This is particularly important to ensure that access will not adversely affect those who are vulnerable and high risk.



Impact of Covid-19 on Sexual and Reproductive Health

While there are early signs of adverse effects that could be attributed to the pandemic on sexual and reproductive health, there have been rapid changes and innovation in how sexual and reproductive health services are delivered due to the COVID-19 response. Locally and regionally in London, sexual health commissioners have worked hard with clinicians in drawing up new pathways to increase the range of online provisions during the pandemic. This includes shifting the testing and treating symptomatic patients who have been assessed by clinic staff as low risk to SHL (the London sexual health online service), and provision of online oral contraception including emergency hormonal contraception. This resulted in a further shift of clinic based activities to online services. The pace at which changes we have seen so far by providers and the partnership working in such an extremely and intense set of circumstance is encouraging. We will continue to work closely in capitalising the innovation we have developed further in the coming months.



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Glossary

BHC	Bromley HealthCare
BAME	Black and Minority Ethnic Groups
C&RH	Contraception and Reproductive Health
EHC	Emergency Hormonal Contraception
GUM	Genitourinary Medicine
HIV	Human Immunodeficiency Virus
LARC	Long-Acting Reversible Contraception (injections, implants and intrauterine devices)
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Questioning
MSM	Men who have sex with men
NCSP	National Chlamydia Screening Programme
RSE	Relationship & Sexual Education
SHS	Sexual Health Services
STI	Sexually Trnsmitted Infection
TOP	Termination of Pregnancy

