

DERBYSHIRE COUNTY COUNCIL

MEETING WITH CABINET MEMBER, HEALTH AND COMMUNITIES

01 September 2015

Report of the Director of Public Health

SEXUALLY TRANSMITTED INFECTIONS 2014

1. Purpose of the report:

To provide an update on the recently published Sexually Transmitted Infections 2014 data, annual trends and the authority's contribution.

2. Information and analysis:

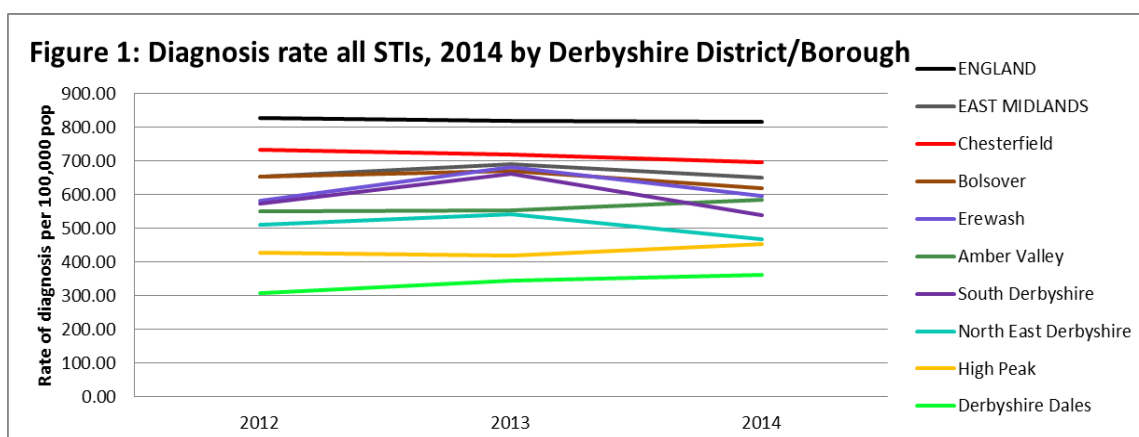
Prevention of Sexually Transmitted Infections (STIs) is an important public health priority. STIs have preventable short term and long term effects on health and well-being, which can include:

- Pelvic inflammatory disease (PID), pregnancy outside of the womb (ectopic) and difficulty getting pregnant (infertility);
- Cervical and other genital cancers;
- Inflammation of the liver (hepatitis), chronic liver disease, liver cancer;
- Chronic infection, such as human immunodeficiency virus (HIV), or recurrent infection, such as genital herpes;
- Psychological consequences and stigma

Groups most vulnerable to higher rates of STIs include young people, especially vulnerable young people, some black and ethnic minority groups, sex workers, injecting drug users, gay or bisexual men and other men who have sex with men.

Public Health England publishes STI data on an annual basis. The data presented below, published at the end of June 2015, relates to the period 1 Jan 2014 to 31 Dec 2014. There were 4,252 STIs in Derbyshire in 2014 compared with 4,524 in 2013, an overall decrease of 6% in the number of STIs between 2013 and 2014.

The rate (per 100,000 population) of STI diagnosis in Derbyshire is significantly lower than the national rate, and this is the case for all districts and boroughs within Derbyshire. However, there is some variation in diagnosis rate between different areas within Derbyshire (see Figure 1). The rate of diagnosis of STIs ranged from 361 in Derbyshire Dales to 696 in Chesterfield, compared with a rate of 815 across England as a whole.



Of the 4,252 new STI diagnoses made in 2014, the most commonly diagnosed STIs were chlamydia (2492; 58.6%), genital warts (first episode; 680; 16.0%), gonorrhoea (140; 3.3%) and genital herpes (first episode; 293; 6.9%). The number of cases of Chlamydia fell slightly between 2013 and 2014. A majority of cases (74.3%) of Chlamydia cases in Derbyshire are among young people aged 15-24 years (Figure 2).

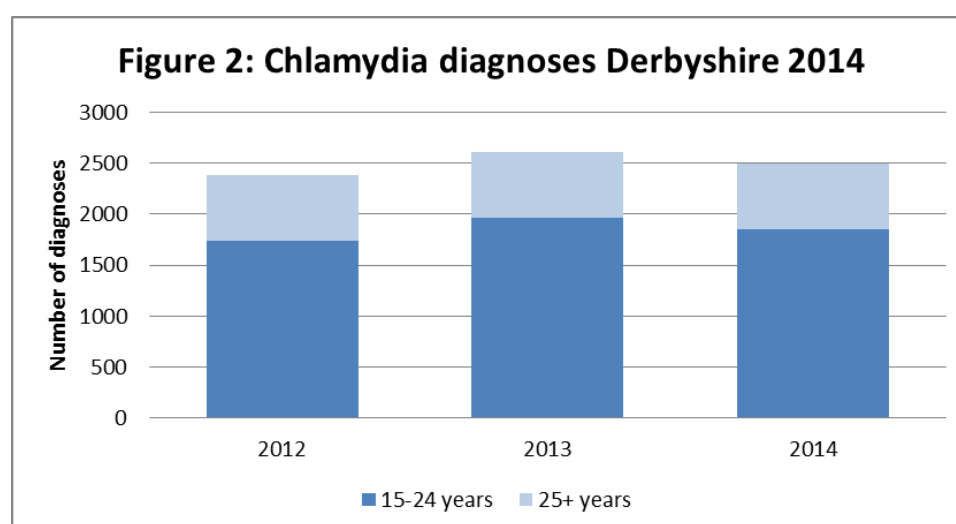


Table 1 summarises the trends in numbers of the other main groups of STIs, indicating that although herpes and warts have shown a declining trend in recent years, levels of Gonorrhoea and Syphilis persist, although overall the local figures do not reflect the significantly increasing national trend in these two diseases.

Table 1: Numbers of new diagnoses of STIs, Derbyshire 2009-2014

STI	2009	2010	2011	2012	2013	2014
Warts	812	828	874	713	780	680
Herpes	273	316	371	368	350	293
Gonorrhoea	96	100	153	140	149	140
Syphilis	17	19	26	19	9	21

The 2014 rates of STI diagnoses locally reflect the full first year of data following the transfer of Public Health into Derbyshire County Council, and demonstrate the ongoing commitment of the council to deliver its mandatory responsibilities for sexual health provision. The strategic objectives to reduce prevalence of undiagnosed STIs and prevent ongoing transmission through early identification, treatment and partner notification have been supported by the following recent developments and interventions:

- Comprehensive review of Sexual Health service provision in Derbyshire and service redesign to ensure equitable service provision in line with local need
- Establishment of joint clinics between the community-based sexual health service and the acute trust specialist STI service (GUM).
- Integration of Chlamydia screening programme co-ordination into the core sexual health service, including partner notification
- Increased testing of people in substance misuse services through the outreach sexual health clinic in Bayheath House
- Grant funding of voluntary sector organisations working with key target groups such as MSM and people living with HIV to promote condom use
- Procurement of condom wallets promoting the ISHS for distribution to groups at risk of STIs.

To further reduce prevalence of undiagnosed STIs, control onward transmission and narrow the gap in STI rates between districts and for key target groups the Council needs to continue to support and invest in:

- Open access, local STI services (as part of an Integrated Sexual Health Service - ISHS) that are responsive to the needs of key target groups, particularly young people and MSM
- Specialist sexual health promotion targeted towards individuals and groups at highest risk of STIs to promote safer sexual behaviours and regular testing in line with national evidence-based guidance.
- Collaboration between sexual health commissioners and the ISHS primary contractor to build capacity for STI prevention and testing in the voluntary sector and primary care.
- Actively promoting good sexual health and wellbeing to all young people living in Derbyshire as a universal STI prevention measure.

3. Financial considerations:

There are no additional financial implications arising from this report. However, it should be noted that discretionary spend such as the £11,000 condom funding may be at risk depending on the scale of reduction in the public health grant. The Authority continues to be responsible for paying for out of area sexual health service costs for Derbyshire residents. A

reduction in local services may lead to increased use of out of area services resulting in a financial risk for the authority.

4. Other considerations:

In preparing this report the relevance of the following factors has been considered: legal, prevention of crime and disorder, equality of opportunity, human resources, environmental, health, property and transport considerations.

5. Background papers:

Public Health England (2015) Sexually transmitted infections and chlamydia screening in England,

2014 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/437433/hpr2215_STI_NCSP_v6.pdf

Cabinet Member paper: Health and Communities (November 2014) Out of Area Sexual Health Activity.

6. Key Decision:

No

7. Call-in:

Is it required that call-in be waived for any decision on this report?

No

8. Officer's recommendation:

To note the rates and trends in STI diagnosis across Derbyshire and the Council's contribution to STI prevention, testing, & treatment, and closing the gap for at risk groups.

Elaine Michel
Director of Public Health