

## 7.3.4 Sexual health (adults)

### Why is this issue important?

England continues to experience worrying levels of poor sexual health: rates of sexually transmitted infections (STIs) and unintended pregnancies remain high.

Although there was a very slight decrease (0.3%) in the number of new cases of STIs diagnosed in 2014 compared to 2013<sup>1</sup>, over the past decade diagnoses of gonorrhoea, syphilis, genital warts and genital herpes have increased considerably.

There are variations in the trends of specific infections and higher rates of infections in some population groups: younger people and men who have sex with men (MSM) and people with a black ethnicity are disproportionately affected by poor sexual health.

Chlamydia is the most common bacterial STI and is increasing, especially in those aged under 25. As Chlamydia often has no symptoms and can have serious health consequences (pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility) timely detection and treatment is imperative. As there are variations in detection rates across the country, which largely reflect differences in testing rates, the national opportunistic screening programme has been maintained to encourage and support opportunistic testing for those aged 15-24 years.

### Key outcomes

- **Chlamydia diagnoses - 15-24 year olds (Males/Females/Persons) (Public Health Outcomes Framework)**

### Impact in Brighton & Hove

In 2014, Brighton & Hove had the 2<sup>nd</sup> highest rate of common sexually transmitted infections (chlamydia, gonorrhoea, syphilis, herpes and warts) outside of London at 1,454 per 100,000 people (4,043 infections) –significantly higher than the rate in England (792) and the South East (627) (Figure 1).<sup>2</sup> However, the local rate is significantly lower than in 2012 (1,792 per 100,000 people and 4,942 new infections). Rates of most of the

individual infections far exceed those of the South East and England (Table 1).

The trend in new cases of the most common infections seen in Brighton & Hove GUM clinic is shown in Figure 2. In March 2008 the national target of offering everyone an appointment to be seen within 48 hours of contacting the service was achieved locally and has been maintained to date.

**Figure 1: Top ten local authorities outside London for highest acute rates of STIs (2014)**



Source: Health Protection Agency annual data tables

**Table 1: Rates of selected Sexually transmitted infection (STI) and acute STI diagnoses per 100,000 population (all ages): 2014**

	Brighton & Hove	South East Coast SHA	England
Chlamydia (age 15 – 24)	2,010	1,682	2,012
Chlamydia (age 25+)	360	122	173
Gonorrhoea	203	36	63
Syphilis	61	5	8
Herpes	73	51	58
Warts	202	115	128
Acute STIs	1,454	627	797

Source: Public Health England, Sexual and Reproductive Health Profiles.

<sup>1</sup> Public Health England (2015) Sexually transmitted infections in England, 2014. *Health Protection Report 9(22)*.

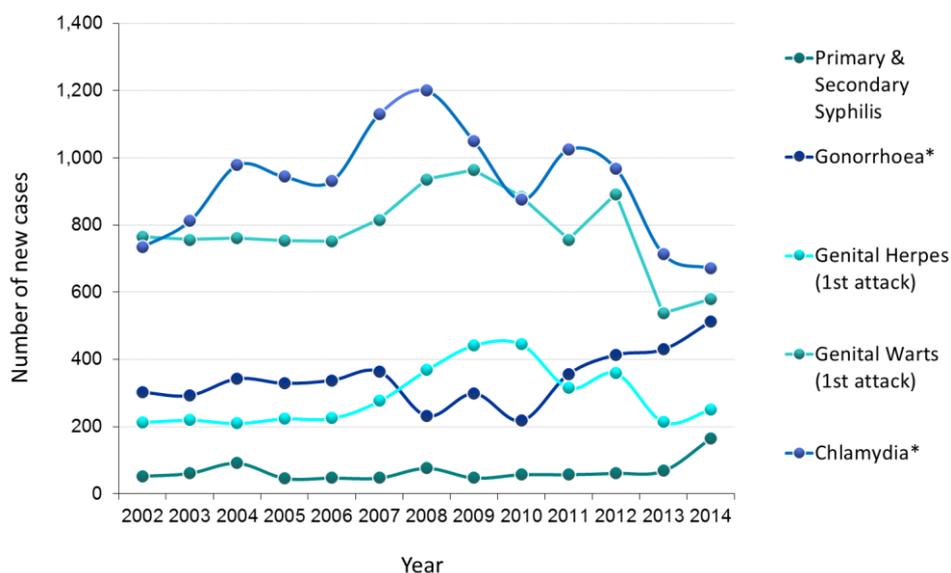
<sup>2</sup> Public Health England, Sexual and Reproductive Health Profiles. Available at <http://fingertips.phe.org.uk/profile/sexualhealth/data#gid/8000057/pat/6/a/ti/102/page/0/par/E12000008/are/E06000043> [Accessed on 28/07/2015]

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The Brighton & Hove Health Counts survey in 2012 asked people about their sexual health and if they had ever been diagnosed with an STI. Almost without exception around double the proportion of Health Counts respondents report being diagnosed with any of the STIs listed<sup>3</sup> than respondents to the national 2010 Health Survey for England (the most recent national survey).<sup>4</sup>

A sexual health service user and stakeholder consultation undertaken in 2014 showed good awareness of sexual health services with 98% of respondents being aware of at least one sexual health service in the City. The service that most respondents (89%) are aware of is the main GUM clinic the Claude Nicol Centre. The majority of respondents expressed a preference for a single 'one-stop-shop' model for sexual health services with a mix of drop-in and booked appointments.

**Figure 2: Number of new cases of the top five sexually transmitted infections seen at the GUM clinic in Brighton and Hove, 2002 to 2014**



Source: GUMCAD

\*In 2010/11 GUM clinic return KC60 was replaced by GUMCAD. The 2000 to 2009 data only includes non complicated Gonorrhoea and Chlamydia. Data for 2010 and 2011 includes both complicated and non-complicated.

<sup>3</sup> Genital warts, Chlamydia, Non specific urethritis (NSU) / Non gonococcal urethritis (NGU), Herpes, Gonorrhoea, Syphilis  
<sup>4</sup> The Health and Social Care Information Centre. Health Survey for England 2010. Chapter 6. 2011. [Accessed 13/08/2015] Available at: [www.ic.nhs.uk/pubs/hse10report](http://www.ic.nhs.uk/pubs/hse10report)

Brighton & Hove had a similar rate of terminations of pregnancy (16.6 per 1,000 women aged 15 - 44 years) in 2013 than England (16.6) – a fall in the Brighton & Hove rate from 18.5 in 2011.<sup>2</sup>

The proportion of terminations carried out early (at less than 10 weeks gestation) in 2010 was 85% in Brighton & Hove compared with 76.5% for England. In 2013 Brighton & Hove was no longer significantly better (higher) than England with 80.9% of terminations carried out at less than 10 weeks gestation in Brighton & Hove compared with 79.4% in England.<sup>2</sup>

In Brighton & Hove in 2013, 23% of abortions in women aged under 25 years were to women who have had a previous abortion (in any year), similar to England (27%).<sup>2</sup>

An increase in the provision of long acting reversible contraception (LARC) is a proxy measure for wider access to the range of contraceptive methods and should also lead to a reduction in rates of unintended pregnancy.

The rate of GP-prescribed LARC had been increasing locally and nationally since 2008. In 2010 there was a similar rate of GP-prescribed LARC in Brighton & Hove (52.2 per 1,000 GP-registered female population aged 15-44) to England (51.6). In 2013 rates remain similar at 52.5 in Brighton & Hove and 52.7 in England.<sup>2</sup>

As a proportion of all GP-prescribed LARC in 2013, provision of the most effective methods was higher in Brighton

& Hove than nationally (21.7% for contraceptive implant compared with 13.5% in Kent, Surrey and Sussex (KSS) and 12% in England and 24.8% for IUD/IUS (coil type contraceptives) compared with 19.7% in KSS and 13.3% in England) and lower for the less effective contraceptive injection (53.5% in Brighton & Hove compared with 66.7% in KSS and 74.6% in England).<sup>5</sup>

<sup>5</sup> Brighton & Hove City Council Public Health team

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### Where we are doing well

In April 2015 we began a programme of integration for sexual health and community contraception services. This will improve the sexual health of the local population by providing easy access to services through open access 'one stop shops', where the majority of sexual health and contraceptive needs can be met in one place, at the same time, usually by one health professional, in services with extended opening hours and accessible locations. We have increased access to testing and treatment services in the city – everyone seeking an appointment for STI testing and treatment is offered an appointment to be seen within 48 hours. The clinic also offers walk-in appointments, as does Brighton Station Health Centre, seven days per week. Reducing the time between infection and diagnosis and treatment should reduce the overall incidence and prevalence of infections.

### Local inequalities

The burden of sexual ill-health is not shared equally; younger people (under 25 years old), men who have sex with men (MSM) and those with a black ethnicity are disproportionately affected. Rates of STIs in these groups far exceed those of the general population locally and nationally.

Of all respondents to the 2012 Health Counts survey reporting having sex in the last year, MSM reported four times as many sexual partners as the general population. Forty per cent of MSM reported ever having been diagnosed with one of the STIs listed compared with 17% of the general population.

Lesbian, Gay, Bisexual, Unsure or other respondents were significantly more likely to have one of the listed STIs (35%). There was little difference by marital status, with the exception of widowed respondents who had a significantly lower rate of STIs (6%), though age may be a factor here. Those with no religion were significantly more likely, and those of Christian religion significantly less likely to have had a listed STI, although the relative younger age of those with no religion could explain part of this difference.

However, the survey did not show a significant difference for carers, for those with a limiting long-

term illness, disability or health problem nor between White British or Black and Minority Ethnic (BME) groups. Though national and local data suggest that in addition to younger heterosexuals and MSM, BME communities are at increased risk of acquiring gonorrhoea.<sup>6</sup>

Also in the 2012 Health Counts survey, trans respondents were more likely to have had none or one sexual partner in their lifetime so far than all survey respondents. In their lifetime so far, six of 15 trans respondents giving this information had had none or one partner (40% vs. 21% of all respondents) and the majority had had none or one partner in the last year (numbers are too small to show (compared with 86% of all respondents).

Fewer than five of the 18 trans respondents reported ever having had one of the following common Sexually Transmitted Infections (STIs): Genital warts/HPV, Syphilis, Herpes, Chlamydia, Urethritis, and Gonorrhoea – a much lower proportion than for all survey respondents (17%).<sup>7</sup> Within Count Me In Too, 38% of trans respondents (16/43) had never had a sexual health check-up.<sup>8</sup>

### Predicted future need

Current high rates of infection and the trend for increased demand year on year for all sexual health services suggest that the need for services is likely to continue to increase over the next five years. This need also includes greater emphasis on the prevention of risk-taking behaviours and increased integration with drug and alcohol services.

Increased access to LARC at the community contraception clinic and at termination of pregnancy will reduce unintended pregnancies and repeat terminations.

### Key evidence and policy

A Framework for Sexual Health Improvement in England (2013)

<sup>6</sup> Public Health England (2015) Sexually transmitted infections in England, 2014. *Health Protection Report 9(22)*. Available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/437433/hpr2215\\_STI\\_NCSP\\_v6.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/437433/hpr2215_STI_NCSP_v6.pdf) [Accessed 13/08/15]

<sup>7</sup> NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 1992-2012. Available at <http://www.bhconnected.org.uk/content/surveys> [Accessed 13/08/2015]

<sup>8</sup> Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

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Brighton & Hove JSNA 2015

<https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>

The National Strategy for Sexual Health and HIV (2001)

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4058945.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4058945.pdf)

Progress and priorities – working together for high quality sexual health. Review of the National Strategy for Sexual Health and HIV (2008)

[http://www.medfash.org.uk/publications/documents/Progress\\_and\\_priorities\\_working\\_together\\_for\\_high%20quality\\_sexual\\_health\\_FULL\\_REPORT.pdf](http://www.medfash.org.uk/publications/documents/Progress_and_priorities_working_together_for_high%20quality_sexual_health_FULL_REPORT.pdf)

Recommended Standards for sexual health services (MedFASH 2005)

[http://www.medfash.org.uk/publications/documents/Recommended\\_standards\\_for\\_sexual\\_health\\_services.pdf](http://www.medfash.org.uk/publications/documents/Recommended_standards_for_sexual_health_services.pdf)

NICE Guidelines on Long acting reversible contraception (2005, reviewed 2011)

<http://www.nice.org.uk/CG030>

### Recommended future local priorities

1. Review of Brighton & Hove HIV and sexual health action plan to ensure that targeted, evidence based health promotion and prevention interventions underpin all service provision.
2. Ensure that risk taking behaviours associated with drugs and alcohol are addressed by sexual health services through risk assessment, brief interventions and onward referral.
3. Improve integration between sexual health and drug and alcohol services.
4. Increase opportunities for HIV and STI testing in community settings accessed by at risk groups

### Key links to other sections

- Sexual health (children and young people)
- Teenage conceptions and teenage parents
- HIV and AIDS

### Further information

Brighton and Hove Sexual Health Needs Assessment 2010

<http://www.bhconnected.org.uk/content/needs-assessments>

Public Health England. Sexual and Reproductive Health Profiles. Brighton & Hove

<http://fingertips.phe.org.uk/profile/sexualhealth/d ata#gid/8000057/pat/6/ati/102/page/0/par/E12000008/are/E06000043>

### Last updated

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