

BACKGROUND

- Surveillance for sexually transmitted infections (STI) in England is performed using the Genitourinary Medicine Clinic Activity Dataset version 2 (GUMCADv2)
 - Genitourinary medicine (GUM) clinics (or 'STD clinics') are commissioned as free, open-access services and reporting of all diagnoses and services to GUMCADv2 is mandatory
 - GUMCADv2 data can be used to link care episodes to individual attendees, creating pseudo-anonymised longitudinal data
- Recent outbreaks of *Shigella flexneri* 3a and LGV in men who have sex with men (MSM) have highlighted the role of dense sexual networks, seroadaptive behaviours and recreational drug use on STI incidence
- No information on risky behaviours or the outcomes of partner notification (PN) is collected through GUMCADv2

GUMCADv3

- Enhancement of GUMCADv2 through the collection of behavioural and PN variables
 - Sexual behaviour (*number of partners, unprotected anal intercourse partners for MSM*)
 - Behavioural data (*condom use, alcohol or recreational drug use with sex*)
 - STI and HIV testing history
 - PN (*number of reported and verified partner attendances*)
- Collection of this additional information by modification of clinics' electronic patient record (EPR) systems

PILOT

Objectives:

- To determine the feasibility of enhancing GUMCADv2 to collect behavioural and PN outcome variables routinely
- To determine the acceptability of this enhancement to GUM clinicians

Design:

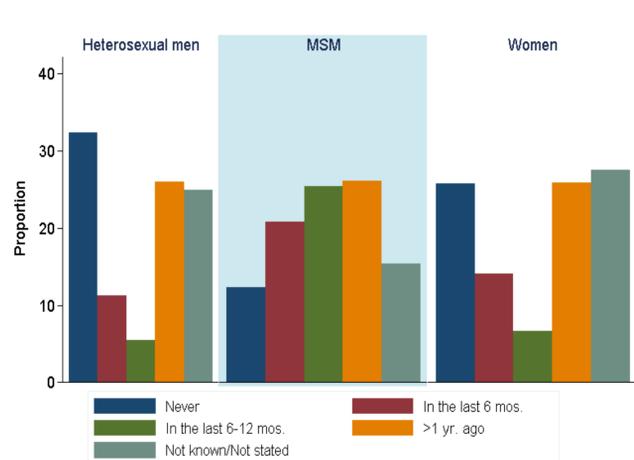
- All new/rebook patients at 6 pilot sites for 4–8 consecutive weeks
 - Specialist and non-specialist GUM (or 'STD') clinics
 - Geographical representation
 - Different patient populations
 - Different software providers

METHODS

- Pilot and GUMCADv2 data merged on clinic ID, patient ID and attendance date
- Restricted to new/rebook attendances for all diagnoses or services other than those coded 'D3' (*no service or treatment required*) or 'P3' (*contraception*)
 - Pilot data from (% of all attendances): Barnet (46%), Bedford (81%), Brighton (43%) and Croydon (78%)
- Descriptive analyses performed using Stata v13.0 (StataCorp LP, College Station, TX, USA)

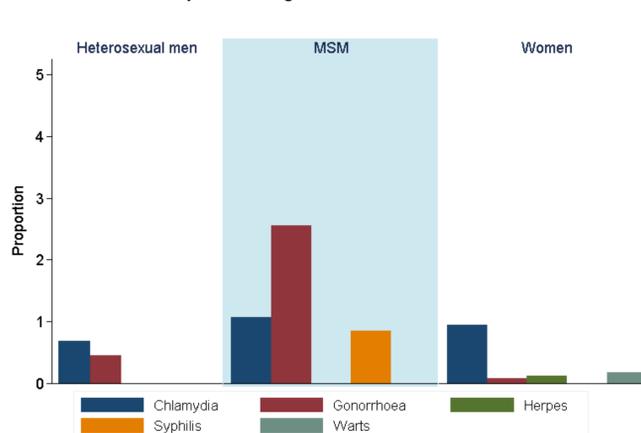
PRELIMINARY RESULTS

Figure 1. Proportion of patients[†] by history of HIV testing and gender/male sexual orientation



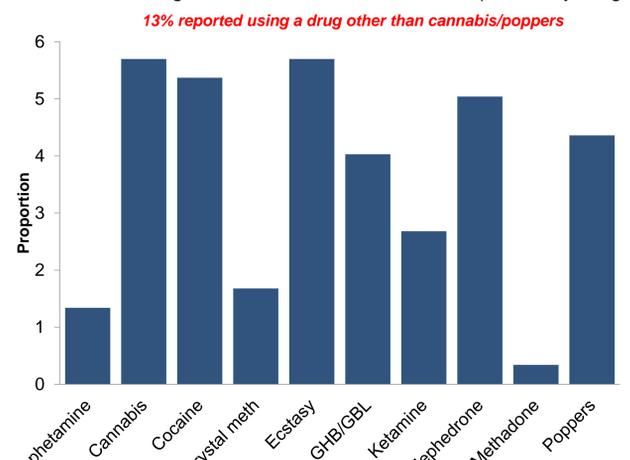
[†] N=6,438 attendances from 4 pilot clinics

Figure 2. Proportion of patients^{††} with a history of an STI in the last 12 months, by STI and gender/male sexual orientation



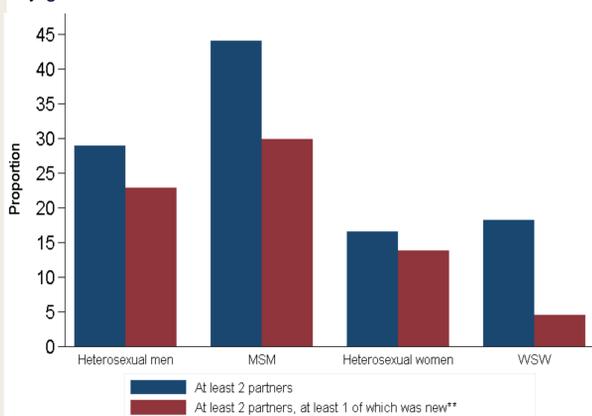
^{††} N=6,438 attendances from 4 pilot clinics

Figure 3. Proportion of MSM attendances[‡] where recreational drug use before/during sex in the last 3 months was reported, by drug



[‡] n=240 attendees self-identified as homo/bisexual and reported ≥1 male sex partner

Figure 4. Proportion of patients[†] reporting multiple recent* partners, by gender/sexual orientation



*Last 3 months; **Never had sex with before; WSW - Women who have sex with women.

[†] N=6,438 attendances from 4 pilot clinics

Figure 5. Number of MSM partners reported, by type of partner

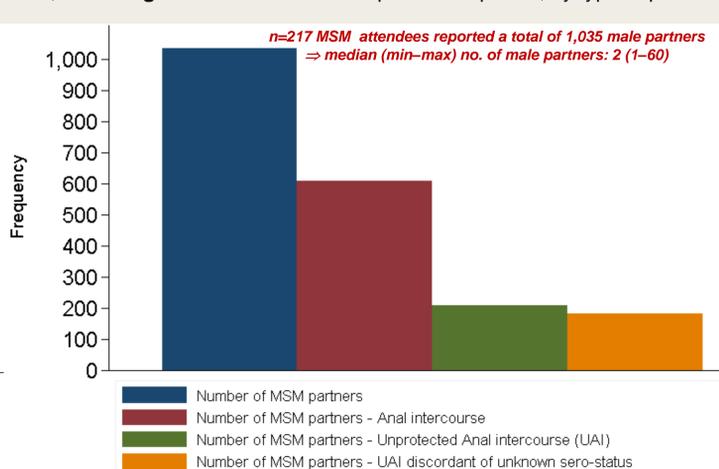
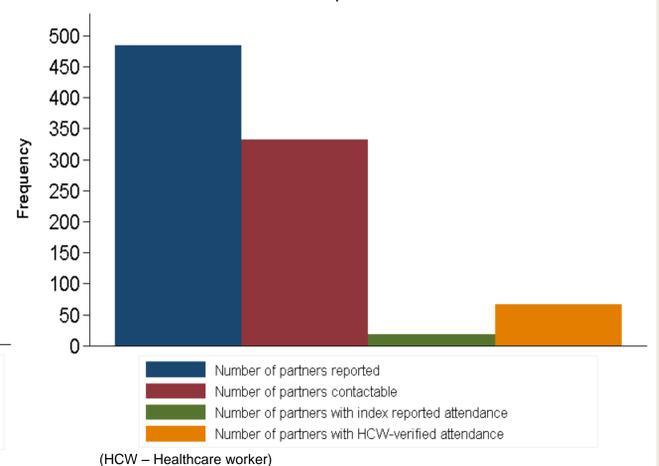


Figure 6. Number of partners reported during relevant look-back interval and outcomes of partner notification



DISCUSSION

- Preliminary results suggest that GUMCADv3 is feasible and could significantly improve public health intelligence on factors associated with poor sexual health outcomes
 - Data on risk behaviours (figures 1–5) and PN (figure 6) successfully collected
 - Some data quality issues need to be addressed, especially in the PN module (figure 6)
- Preliminary feedback suggests that GUMCADv3 is acceptable
 - Major challenge: seroadaptive behaviours and drug/alcohol use

Next steps (figure 7)

- Review pilot data for data quality and level of completeness
- Continue collecting feedback through surveys and in-depth interviews

IMPLICATIONS

- Improvement of the public health value of GUMCADv2
 - Monitoring behaviour
 - Evaluation of prevention efforts
- Development of a surveillance tool for local clinic use and regional/national monitoring
 - Triaging of patients to more targeted interventions
- More detailed surveillance data to assess risky sexual behaviours

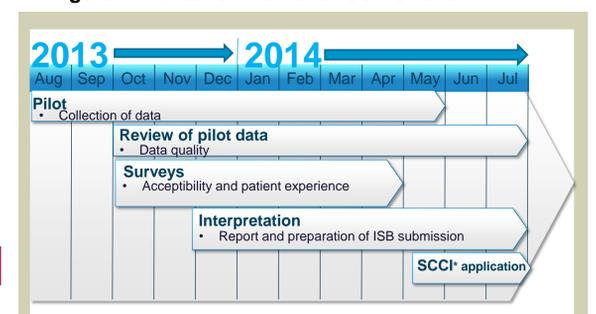
REFERENCES

- BASHH 2006 National guidelines on consultations requiring sexual history-taking.
- BASHH 2012 Statement on partner notification.

ACKNOWLEDGEMENTS

We are grateful to the staff at the clinics that participated in the GUMCADv3 pilot: Clare Simpson Clinic (Barnet), Croydon Health Services, 56 Dean St, Claude Nicol Centre (Brighton), THT/Brook Bedford, and YorClinic.

Figure 7. Tentative timeline for GUMCADv3



* Standardisation Committee for Care Information