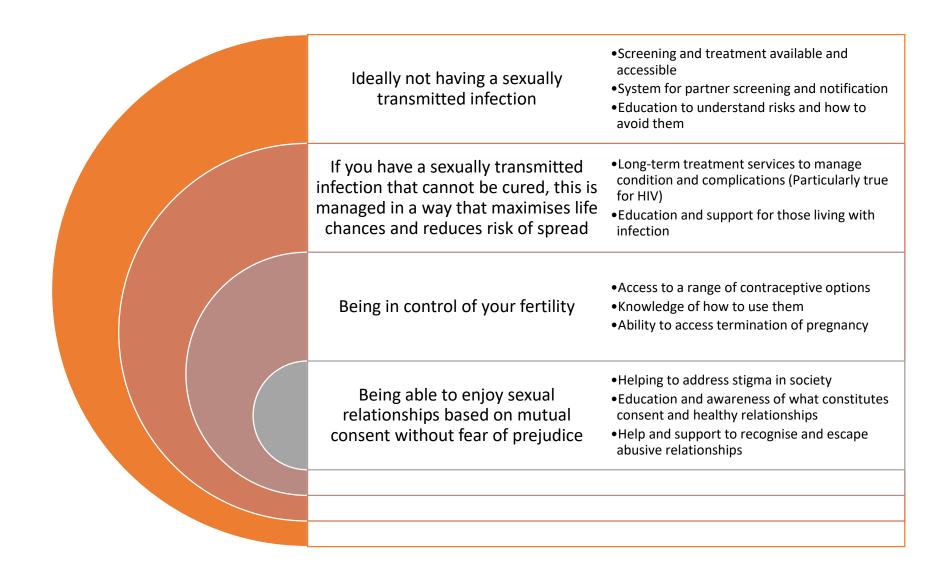
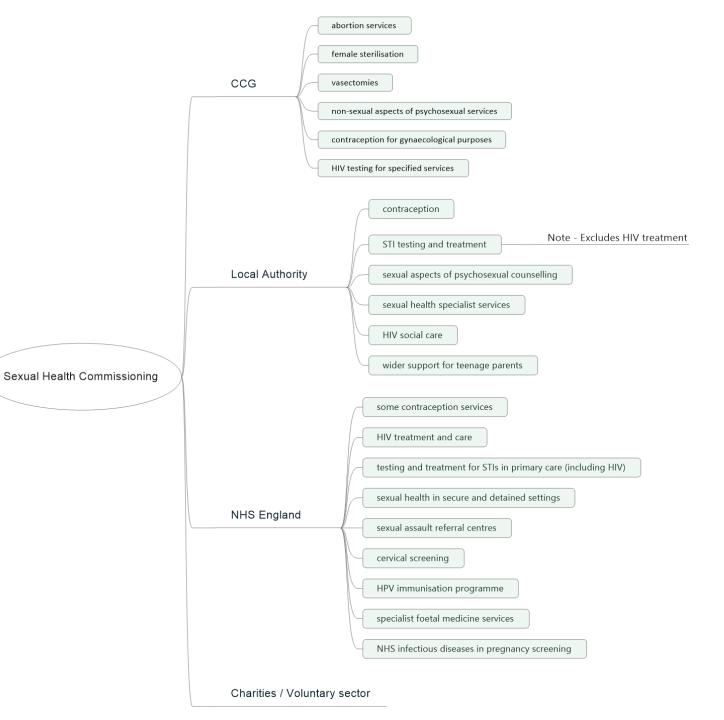
Sexual health trends Jason Horsley

What do we mean by sexual health?



A fractured commissioning landscape



Sexually transmitted infections

Problems with measuring outcomes

Almost all sexually transmitted infections have an asymptomatic period where they don't cause the individual any symptoms, but can be transmitted

Identifying and treating them in this period has a public health benefit, as it reduces spread to the rest of the population and improves outcomes for those who are infected

This requires a screening approach – and the more we look for these problems, the more we will find

Take home message for commissioners - Setting targets, especially ones with financial rewards or penalties – based on population prevalence is likely to lead to perverse incentives for providers

•If I get money based on there being a low rate of syphilis in a population, I will have a perverse incentive not to screen for syphillis

Not all sexually transmitted infections are created equal



Some of the STI we are worried about

Disease	Symptoms and Complications
Chlamydia	Discharge, pain when urinating, itching, painful testes in men, or bleeding, pain in lower back/pelvis in women. Infertility.
Genital warts and HPV	Local itch, bleeding, aesthetic changes. Increased risk of cancers.
Gonorrhoea	Discharge, burning pain when urinating, swelling, rarely disseminated infection in the bloodstream
Hepatitis A,B,C	Acute or long term damage to the liver – can cause death through liver failure or increased risk of cancer
Herpes	Blistering sores on the infected area (mouth, throat, genitals, rectum), tiredness, swollen glands. Rarely can cause serious infection in the brain
HIV	Extremely variable – weight loss, diarrhoea, increased risk of other infections and cancers through damage to the immune system
Syphilis	Painless sore where infection begins (penis, mouth, rectum), swollen glands, rash, fevers and flu-like illness, weight loss. Years after initial infection can cause (often irreversible) damage to the heart, brain, nervous system, or bones.

National Trends 2008-2017



- Number of new STI Dx (excludes HIV)
 - Chlamydia relatively stable
 10% increase
 - Herpes relatively stable –
 11% increase
 - Syphilis 148% increase (M 163% >> F 12%)
 - Gonorrhoea 183% increase in cases (M 225% > F 103%)
 - Warts 28% decrease (90% decrease in girls age 15-17 -HPV vaccine)
 - Non-specific categories all down
 - TOTAL change is 5% decrease

- STI trends are often influenced by advances in treatment, but also by social changes for example:
 - HIV was once seen as a death sentence but although treatment is expensive and challenging, a person with well managed HIV is likely to live a long and relatively healthy life, and if they are on the right treatment their risk of passing on infection becomes very low.
 - Syphilis was extremely rare a decade ago, but is increasing in frequency now.
 This is probably a result of a reduction in condom use, coupled with an
 increase in opportunities for transmission related to people meeting through
 online applications.
 - An increase in oral-anal sex practices has been linked to outbreaks of hepatitis
 - Pubic lice are becoming increasingly rare, probably because of a trend for people to shave off their pubic hair.
 - Pornography is more available than ever before and this is likely to be influencing peoples ideas of what is normal
 - Increased heterosexual anal sex
 - Increased normalisation of things that have previously been considered "a fetish"

Changing trends

Other factors that may make a difference

Alcohol and drug use

- Trend for less alcohol use in teens
- Harder to be sure about drugs

Increasing worklessness or exposure to "gig economy" in younger generation

Increasing concept of gender fluidity in todays teenagers

Increases in hate crime

Summary



Complicated commissioning landscape



Difficult to measure success



Sociological changes are having a significant impact on spread