

STI prevention and control efforts from an international perspective

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Disclosures

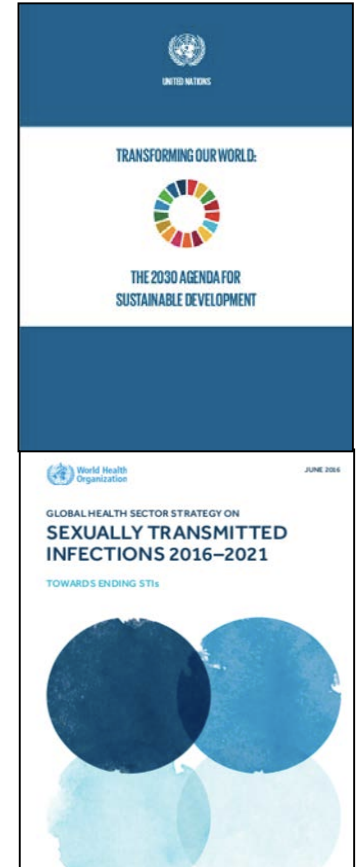
- I have received NIHR research grants and unconditional research grants from Hologic.
- I have participated in research trials sponsored and funded by Starpharma, GSK, and Mycovia.
- I have received consultancy fees from Mundipharma.

What are we aspiring to?

2015 United Nations resolution Transforming our world: The 2030 Agenda for Sustainable Development includes:

Goal 3. Ensure healthy lives and promote well-being for all ages

2016 WHO developed three global strategies on HIV, viral hepatitis, and STIs



What are we aspiring to?

All three WHO strategies highlight:

- policies and systems that deliver integrated health interventions and services
- adapting these to different populations and at different locations to achieve equitable and quality care

With the aim to:

- reduce infections and their related deaths
- improve the sexual health and well-being of all people

What might equitable and quality care look like?

Reproductive health:

contraception,
cervical cancer screening,
antenatal screening for HIV,
STIs and hepatitis B

Prevention:

behavioural change
interventions,
drug and alcohol
addiction services



STI service /prevention:

Contact tracing,
condom provision,
hepatitis A/B, HPV vaccination,
PrEP

HIV services:

early access to care,
universal ARVs,
adherence support,
partner notification

STI services:

asymptomatic detection,
management
symptomatic STIs,
targeted services for
adolescents, sex workers,
MSM, trans people

Effective balance of treating STIs between healthcare, public health, and others?

Different models worldwide – no model fits all but maybe some are better?

Balance dependant on how STI and HIV services were set up, funding and integration

Europe/much of Asia	STI services delivered by dermatovenereologist HIV care by infectious diseases
Southern Africa	Split services – driven by NGO donor policies
Morocco	STI/HIV separate services but side by side
Peru	HIV and STI services combined run by MoH HIV 0.1% general population; 1% FSW; 10% MSM

Effective balance of treating STIs between healthcare, public health, and others?

UK	Combined STI/contraception/HIV services, all free to all
Australia	Combined STI/HIV services, some payments including PrEP

Others? Self-care when other provision scarce or too expensive

- purchasing treatment +/- testing (on-line, pharmacy, others)
 - some have no links to public health or healthcare service
 - selling POCT with poor diagnostic accuracy
 - selling treatment on basis of syndromic management
 - no follow up and no contact tracing

Most effective is adequate provision of accessible, affordable STI services

What are the barriers and opportunities in healthcare, impacts of universal coverage?

Government/NGO/donor policies driving separate delivery of STI and HIV care - HIV care the priority

Silo thinking of STI, HIV and contraception service funders and providers rather than patient centred integrated services

Funding/reimbursement systems not covering 'whole package'
e.g. some health insurance will only cover one NAAT per year – not adequate for MSM - those affected by STIs often least able to supplement financially

Attitudes causing difficulty providing MSM care

Accurate and affordable POCTs for STIs

What are the barriers and opportunities in healthcare, impacts of universal coverage?

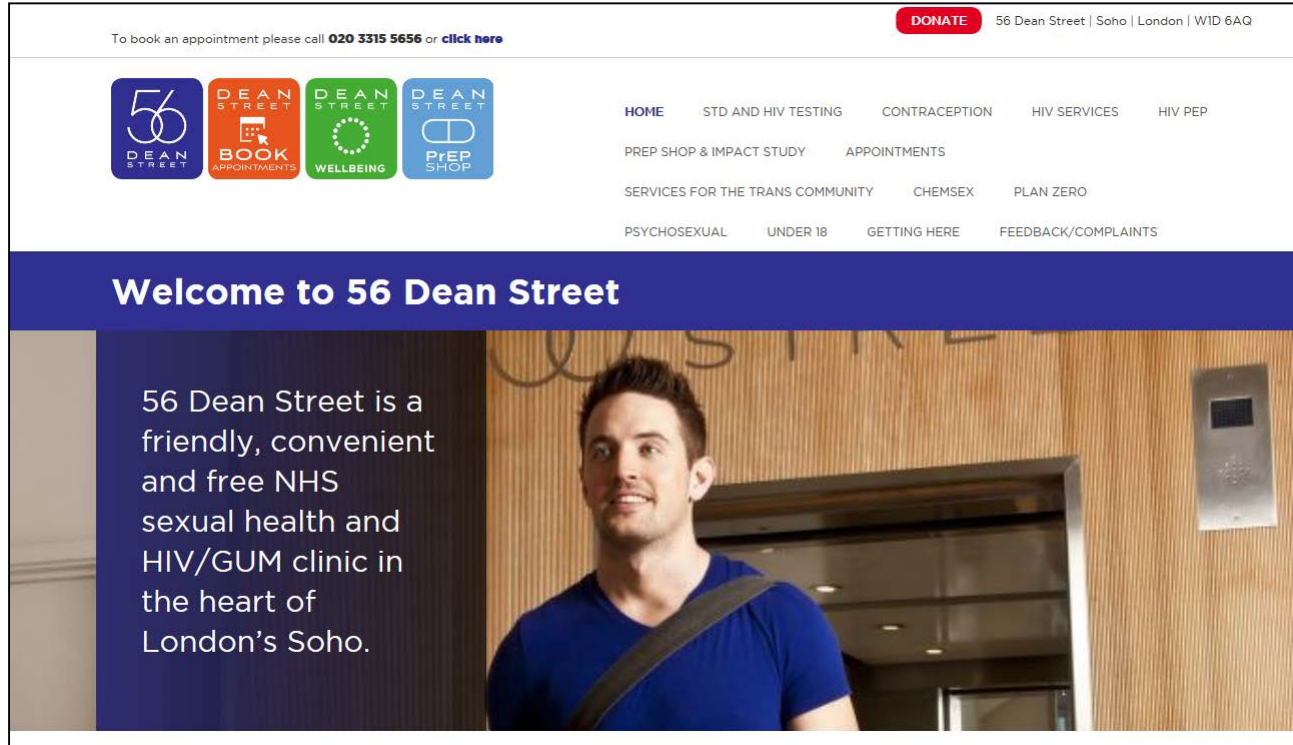
Breaking down funding silos where HIV is well funded and STIs are underfunded and undervalued

PrEP services 'bridge' STI and HIV services as need regular STI testing and long term follow for people taking ARVs

Improving integration of STI/HIV/contraception services to ensure STI screening and contraception of PLWHIV

Increasing access to testing and care by standard face to face, telemedicine, on-line, consultations

Recent innovations to prevent and control STIs



Recent innovations to prevent and control STIs

National policy for high risk MSM:

3-monthly STI screening

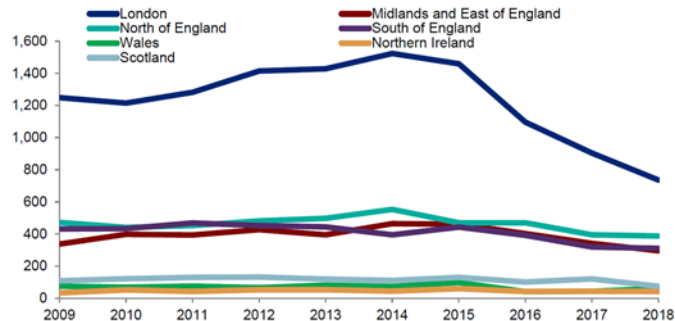
Hepatitis A, B and HPV vaccines

Condoms and lube

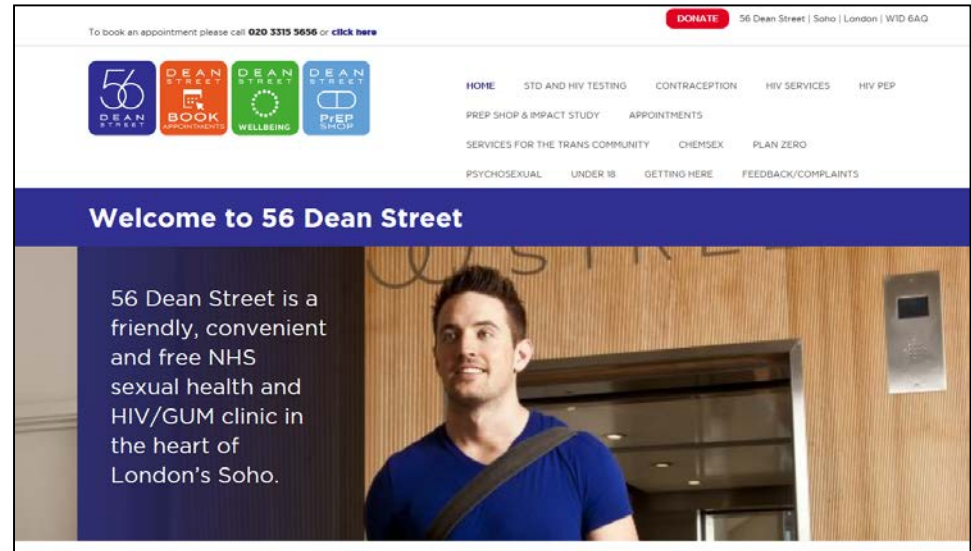
TasP, PEP and PrEP

On-line recall systems

Figure 1: Number of new HIV diagnoses among gay, bisexual and other men who have sex with men by region of residence: United Kingdom, 2009 - 2018¹



¹ See Table 1 - Key populations HIV data tables at <https://www.gov.uk/government/statistics/hiv-annual-data-tables>



Recent innovations to prevent and control STIs

Outreach teams to high-risk, hard to reach, and vulnerable groups

Asymptomatic screening, vaccination and *contraception offered to:

- MSM support/advocacy groups and MSM sex-on-site venues

- FSW support/advocacy groups, sex-on-site venues, and 'on street' with vans*

- Drug and alcohol addiction services*

- Homeless*

Drop-in clinics 3.30 – 5.30 for under 18s*

Contact tracing through Apps and expedited partner therapy trials

Recent innovations to prevent and control STIs

NHS Infectious Diseases in Pregnancy Screening Programme

[Ensuring pregnant trans men get equal quality care](#)

Jonny Fertray, 13 March 2020 • NHS Fetal Anomaly Screening Programme, NHS Infectious Diseases in Pregnancy Screening Programme, NHS Newborn and Infant Physical Examination, NHS Newborn Blood Spot Screening Programme, NHS Newborn Hearing Screening Programme, NHS Sickle Cell and Thalassaemia Screening Programme



Pregnant trans men can face some unique challenges when accessing healthcare.

[Read more](#)

Important announcement

PHE Screening has paused its social media accounts while staff support the national response to Covid-19.

Any queries in relation to the provision of screening programmes during the COVID-19 response can be made to the [NHSEI Incident Control Team](#).

The PHE Screening team

Public Health England (PHE) is the expert voice on screening, providing advice and guidance to the NHS. The national population screening programmes identify apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment and informed decisions. [Find out more about PHE Screening and this blog.](#) [Watch our 44 second video for an overview of how the blog works.](#)

Categories

NHS Infectious Diseases in Pregnant

Useful links

Opt-out service

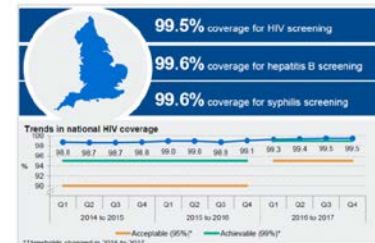
Dedicated midwives for those with infections

MDTs manage the care of all three infections in pregnancy

Management of syphilis in pregnancy has benefitted by being overseen by same team as for HIV

Infectious diseases in pregnancy screening data report out

Maddy McMahon, 10 May 2019 • NHS Infectious Diseases in Pregnancy Screening Programme



We've just published the [1 April 2016 to 31 March 2017 infectious diseases in pregnancy screening \(IDPS\) programme standards report](#). This year is special because it is the first in which IDPS standards have been collected.

THE LANCET

COMMENT | [VOLUME 364, ISSUE 9445, P1561-1563, OCTOBER 30, 2004](#)

Avoiding HIV

[Rosanna W Peeling](#) ✉ • [David Mabey](#) • [Dan W Fitzgerald](#) • [Deborah Watson-Jones](#)

Published: October 30, 2004 • DOI: [https://doi.org/10.1016/S0140-6736\(04\)17327-3](https://doi.org/10.1016/S0140-6736(04)17327-3)

‘A mother in Haiti seeks prenatal care After testing HIV-positive takes short course ART for prevention of MTCT. Post-partum she gives her baby ART and provides artificial milk to protect against HIV transmission through breastfeeding.’

Is this a success story for PMTCT?

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Avoiding HIV and dying of syphilis

[Rosanna W Peeling](#) ✉ • [David Mabey](#) • [Dan W Fitzgerald](#) • [Deborah Watson-Jones](#)

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‘A mother in Haiti seeks prenatal care After testing HIV-positive takes short course ART for prevention of MTCT. Post-partum she gives her baby ART and provides artificial milk to protect against HIV transmission through breastfeeding.’

Is this a success story for PMTCT?

No, the baby died at 3 weeks from congenital syphilis.’

Preventing and controlling STIs

Summary

- Need accessible (and affordable) services that people want to use
- No magic formula – need multiple, and innovative, models of delivery to suit different groups
- Patient-centred, rather than funder or provider centred, aiming to offer most of care people want in one visit
- To succeed, will need to break down boundaries between STI/HIV/reproductive health care