KENT PUBLIC HEALTH OBSERVATORY

Sexual Health

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Produced by

Faiza Khan: Public Health Consultant (faiza.khan@Kent.gov.uk)
Gerrard Abi-Aad: Head of Health Intelligence (gerrard.abi-aad@kent.gov.uk)
Correspondence to: wendy.jeffreys@kent.gov.uk

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Sexual Health

Introduction

Poor sexual health creates a significant burden of disease through sexually transmitted infections, particularly repeat, diagnosed late or undiagnosed infections.

Good access to emergency contraception and termination of pregnancy services can support women, but planned contraception makes for better sexual health.

Key Issues and Gaps

a rates of syphilis and gonorrhoea in Kent are increasing; locally mirroring the national trend
b high crude rate of hospital admissions for pelvic inflammatory disease (PID) amongst 15-44 year olds continues to increase in North and West Kent districts
c there is a single point of access for free termination of pregnancy services in Kent
d the populations where the burden of infections is greatest or increasing is changing.

Who is at Risk and Why?

There are different risks to wellbeing and sexual health for different sectors of the population including; sexuality, sexual preference, gender identification, lifestyle and behaviours, age and ethnicity. In turn these vary depending upon individual self-esteem, resilience or self-confidence.

Who is Most at Risk?

- men who have sex with men
- an individual who has unprotected sex, whether oral, anal or vaginal
- those with multiple or co-partners
- men who engage in unprotected chem-sex
- individuals questioning their gender identity
- specific ethnic groups where there is higher prevalence of HIV
- females and males misunderstanding relationships.

Risk of Infection

- Sexual health and wellbeing is affected by sexually transmitted infections (STIs). Everyone who is sexually active risks exposure to sexually transmitted infections. Some groups are at greater risk from exposure to infection, who may already have undetected viruses such as Hepatitis C, Hepatitis B or HIV. The greatest burden of infection is seen amongst men who have sex with men (MSM and amongst 20-24 year olds. The latter may be explained by the earlier introduction and acceptance of screening and testing for infections. Reinfection is a significant risk amongst MSM in

particular and therefore retesting, if positive or if there is a partner change, is encouraged.

Risk of Unwanted Pregnancy

- This is discussed in relation to under 18s in greater detail in the teenage pregnancy section. Inconsistent contraception use or no contraception puts all women of reproductive years at risk of pregnancy. Risks are increased when there is: no contraception used; non-compliance to take oral contraception at the same time each day; a gap in maintaining continuity of injectable contraception; poor or no use of barrier methods; lack of knowledge about emergency contraception, for example, when it can be used and how to access it.

There are factors that may increase the risk of sexually transmitted infections (STI) and/or pregnancy

- having unprotected sex
- having multiple sex partners
- having a history of one or more STIs
- sharing sex toys
- misusing alcohol or using recreational drugs
- chemsex
- transmission from mother to infant.

Contraception

There are currently 15 types of contraception available to suit the differing needs and lifestyles of females. The correct and consistent use helps prevent unwanted pregnancy. There has been a small increase in the use of long-term contraception over the last four years. The percentage of women in 2015 choosing injection as their main method of contraception at sexual reproductive health services in Kent was 16%, compared to England 9.2%. The implementation of a user self-injection option for *Noristerat* will reduce the need for access to services.

Long acting reversible contraception includes intrauterine contraceptive devices and subdermal implants. These can be effective for three to five years.

Emergency oral contraception is available free through many pharmacies to women under 30 years of age and is also available through general practice and sexual health services.

Condoms are the most commonly used barrier method.

Termination of Pregnancy

The methods of abortion available are surgical and medical. The rates of termination of pregnancy are measured per 1,000 resident female population aged 15-44 years and shown below. There is wide variation in the presented information across the CCGs which require

different responses. The most notable change is the increase over the time period; 2013-2015 in Canterbury amongst the age ranges 18-19, 25-29 and 30-34 years.

Table 1: Legal abortions: Rate per 1,000 resident women aged 15-44 years by CCG in Kent 2013- 2105

	crude rate per 1,000 women aged 15-44 years			rate per 1,000 resident women aged 15-44 years by CCG 2013-2015																	
				under 18			18-19 years			20-24 years			25-29 years			30-34 years			35 +		
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
Ashford	16.7	16	16	10	10	10	32	18	35	31	31	28	24	24	26	18	14	15	7	8	7
Canterbury	12.3	12	13	11	7	6	13	13	18	21	16	17	18	22	23	10	11	15	7	6	7
DGS	16.8	18	18	11	11	10	30	28	32	30	31	32	24	24	24	16	18	18	8	9	9
South Kent	17.1	17	17	15	10	13	25	29	26	33	35	29	22	21	26	17	17	17	8	7	8
Swale	17.5	16	18	10	13	15	42	32	30	31	34	31	27	18	25	17	18	16	7	5	8
Thanet	19.7	17	19	12	11	14	34	31	33	39	33	35	28	24	29	19	16	17	8	8	9
West Kent	14	15	14	9	8	7	20	25	23	29	28	25	19	22	22	13	17	14	7	6	7
Kent LA	15.7	16	16	11	10	10	24	24	26	29	28	26	22	22	24	15	16	16	7	7	7
England	16.6	17	16	12	11	10	25	24	24	29	28	28	23	23	24	17	17	16	7	8	7

Source: PHE

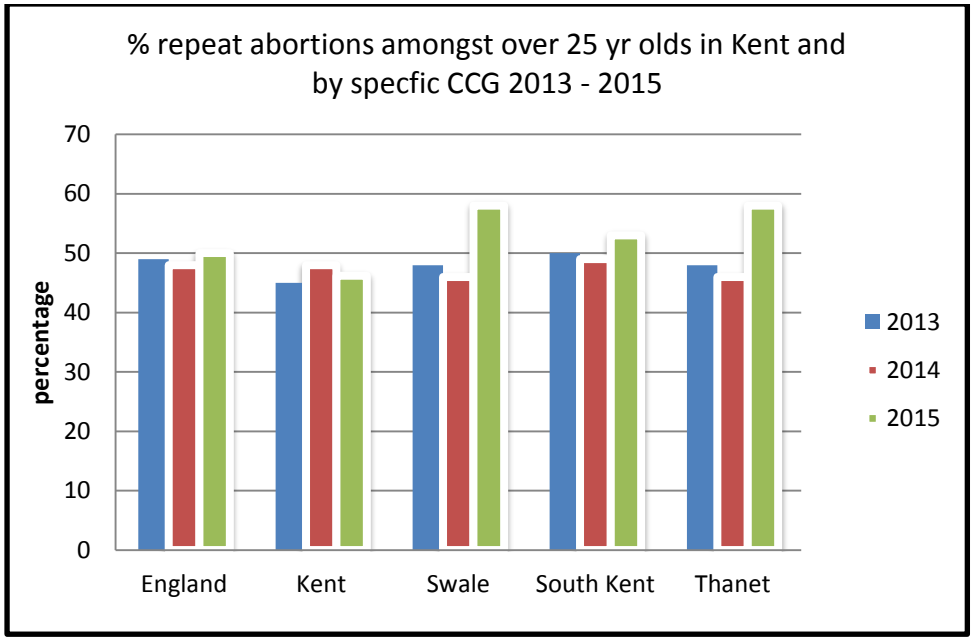
Table 2: Percentage of repeat terminations 2013-2015 by CCG in Kent

	% Repeat abortions all ages			% Repeat abortions under 25			% Repeat abortions over 25		
	2013	**2014**	**2015**	**2013**	**2014**	**2015**	**2013**	**2014**	**2015**
England	37	37.6	38	27	27	45.8	45	45.6	46.2
Ashford	39	41	41	20	31	28	53	48	51
Canterbury	35	35	34	22	23	19	52	48	49
DGS	43	40	40	32	26	25	52	49	51
South Kent	37	37	42	23	25	28	50	49	53
Swale	45	38	44	37	27	32	53	50	55
Thanet	39	38	45	29	30	29	48	46	58
West Kent	36	37	34	26	23	22	44	47	43

Source: ONS

The percentage of repeat terminations has been consistently higher than the England average in Kent across the time frame. An increase in the percentage of repeat termination in the over 25s during this time period is seen in South Kent Coast, Swale and Thanet CCGs, which is shown below.

Figure 1: Percentage of repeat abortions amongst over 25 year olds in Kent and by specific CCG 2013-2015



Source: DH

Cervical Screening

Cervical screens are important to identify early cervical changes which may become cancerous. Females aged 25-64 years are encouraged to have a regular cervical screen every three or five years respectively. The number of women screened within the eligible population in Kent decreased by approximately 4,000 from 2013-14 to 2014-15.

Table 3: NHS cervical screening programme: Target age group 25- 64 Kent 2013-2015

	25-49 [000s]	50-64 [000s]	25-64 [000s]
2013/14	243.6	119	362.8
2014/15	244.1	122	366.1

Source: NHS digital

Human Papilloma Virus (HPV) Vaccination Programme

This national vaccination programme was implemented in 2008 with the offer of HPV vaccination to all Year 8 females (13 year olds), initially with requirement for three vaccines. Two vaccines became the requirement from September 2014 to offer protection against types 6, 11, 16 and 18 HPV. Type 6 and 11 HPV are associated with the most common viral sexually transmitted infection, genital warts. The presentation of information shows the HPV vaccination coverage for one dose (two doses can be up to 24 months apart) in 2014/15 was 83.1 in Kent and 89.4 in England.

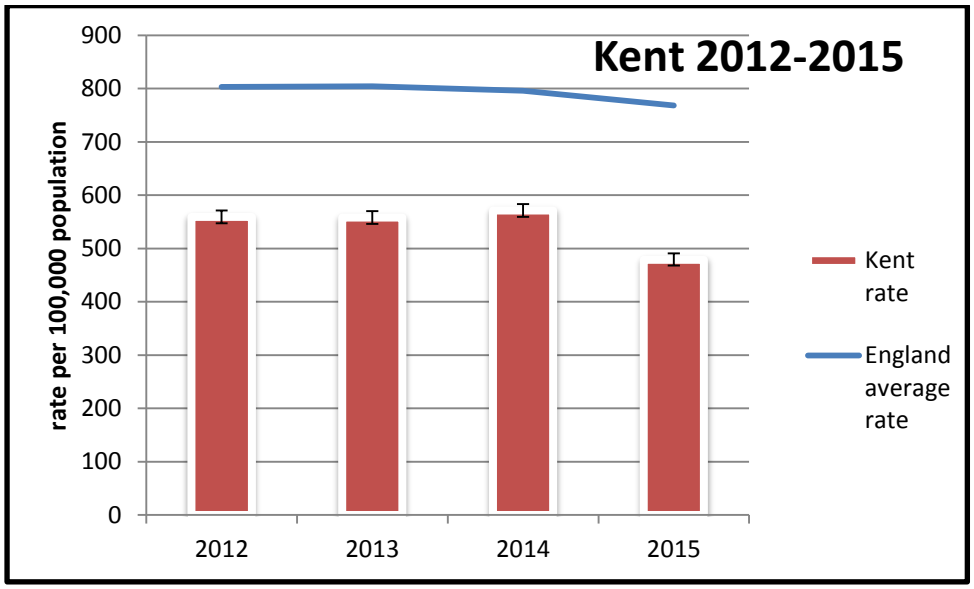
A phased HPV vaccination programme is expected to be introduced for MSM.

Sexually Transmitted Infections (STI)

Acute STI rates are collated from data collected from 12 STI groups including HIV, chlamydia, warts, herpes, gonorrhoea and syphilis.

In 2015, the rate of acute STI infections in Kent indicated that some districts bear a higher burden of acute infections compared to others, namely Thanet, Dartford, Maidstone and Canterbury.

Figure 2: Rates of new sexually transmitted infections per 100,000 population in Kent 2012-2015



Source PHE

STI Testing and Treatment

Provision of free STI testing, treatment and the notification of sexual partners of infected people are important in the control of sexually transmitted infection outbreaks.

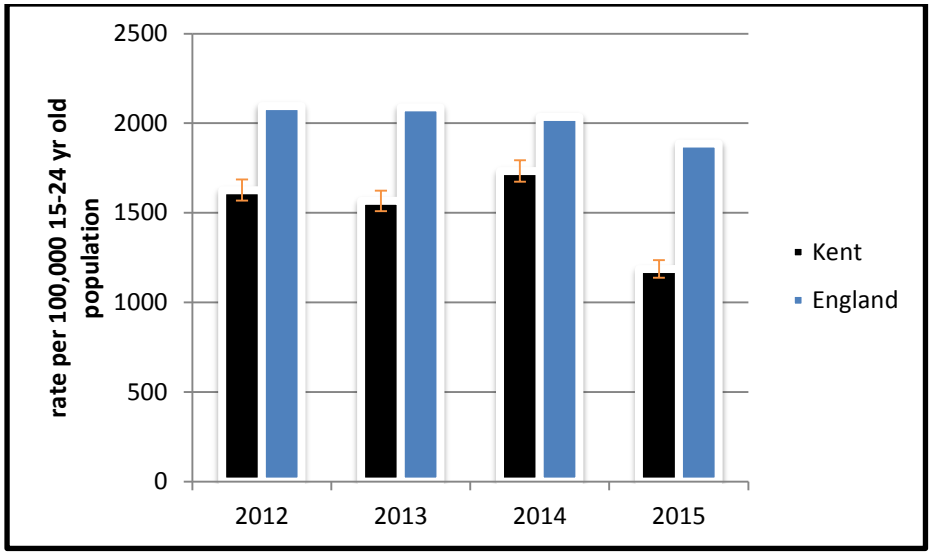
Higher rates of gonorrhoea and syphilis seen in a population reflect higher levels of risky sexual behaviour. The rates of gonorrhoea in Kent have increased, but still remain lower than the England average.

Chlamydia

Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people at highest risk. As chlamydia often has no symptoms and can have serious and costly health consequences (eg pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility) it is vital that it is picked up early and treated. There is a national programme of screening aimed at the highest prevalence age group, 15-24 year olds.

This age specific burden of infection will be due largely to the increase in targeted testing. The programme requires a diagnosis rate of 2,300 per 100,000 population in the target age group. Figure 2 illustrates that Kent has not yet met that target.

Figure 3: The rate of diagnosed chlamydia per 100,000 population aged 15-24 years in Kent 2012-2015

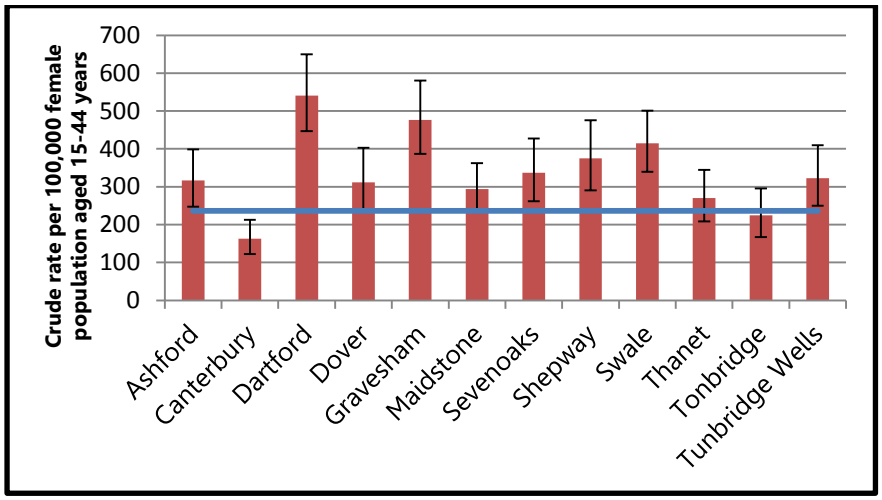


Source PHE fingertips

Pelvic Inflammatory Disease (PID)

This disease can be present without any symptoms and may become evident when conception is difficult or a conception results in an ectopic pregnancy. Kent has had a significantly higher rate of PID hospital admissions per 100,000 15-44 year old females, over the last five years with rates of particular concern in Dartford and Gravesham districts.

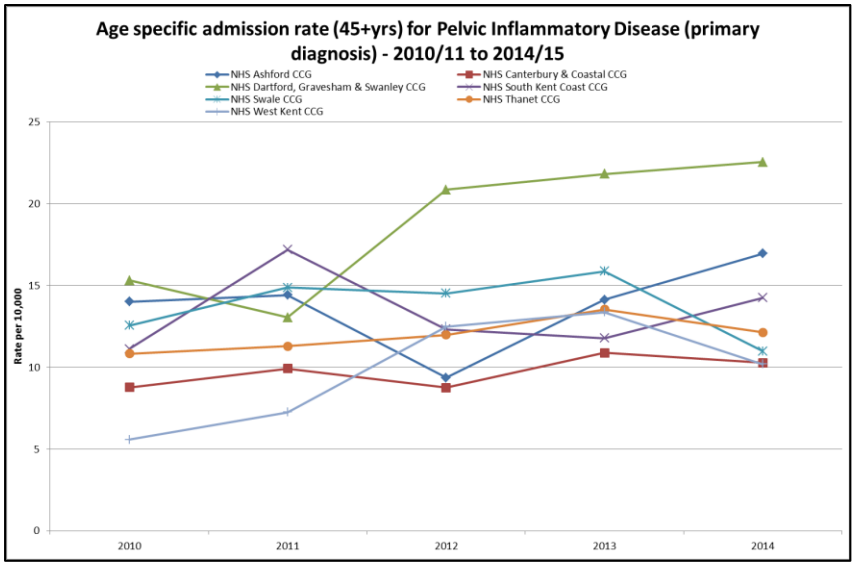
Figure 4: Crude rate of pelvic inflammatory disease (PID) admissions amongst 15-44 year olds by district, 2014-15



Source: PHE

The indicator above refers to a specific age group. Further exploration illustrates that PID related admissions are not specific to 15-44 year olds only. The higher rates in Dartford and Gravesham are mirrored amongst attendances of 45 year olds and over as shown below.

Figure 5: Age specific admission rate (45 + years) for PID 2010-11 to 2014-15 by CCG

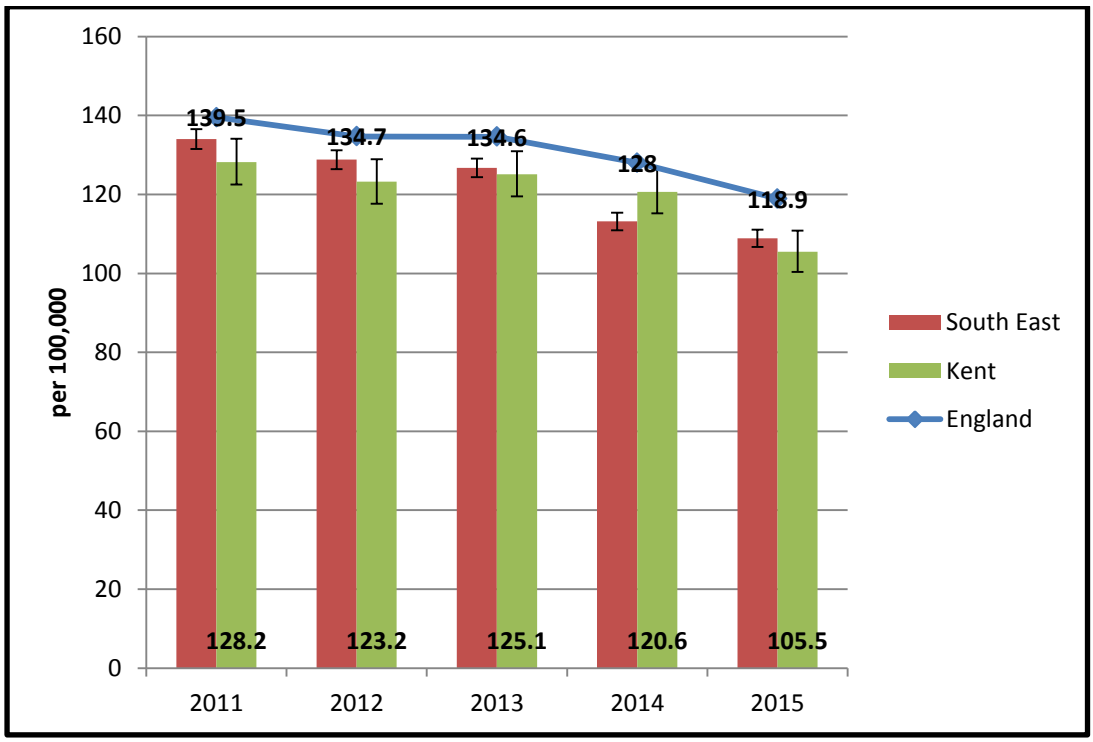


Source: PH observatory

Genital Warts

Genital warts are the most commonly diagnosed sexually transmitted infection. The burden remains highest in Canterbury district with Dover district showing the largest increase in the diagnosed rate of genital warts in 2015. The following table shows first episode only, although the condition presents in reoccurring episodes requiring long-term management.

Figure 6: Rates of first episode of genital warts per 100,000 population in Kent 2011-2015

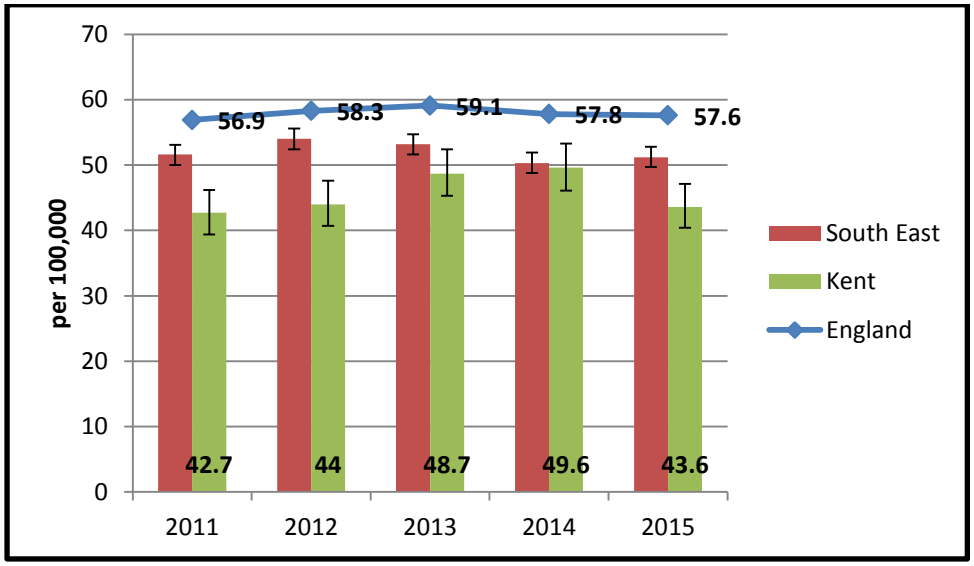


Source: PHE

Genital Herpes

Again this presentation does not reflect the true burden of this condition, as affected individuals have repeated outbreaks, possibly six or more a year, requiring longer courses of treatment, referred to as suppressive therapy. Diagnosis of first episodes remains highest in Maidstone district with the greatest increase seen in Dover district.

Figure 7: Rates of first episode of genital herpes per 100,000 population 2011-2015

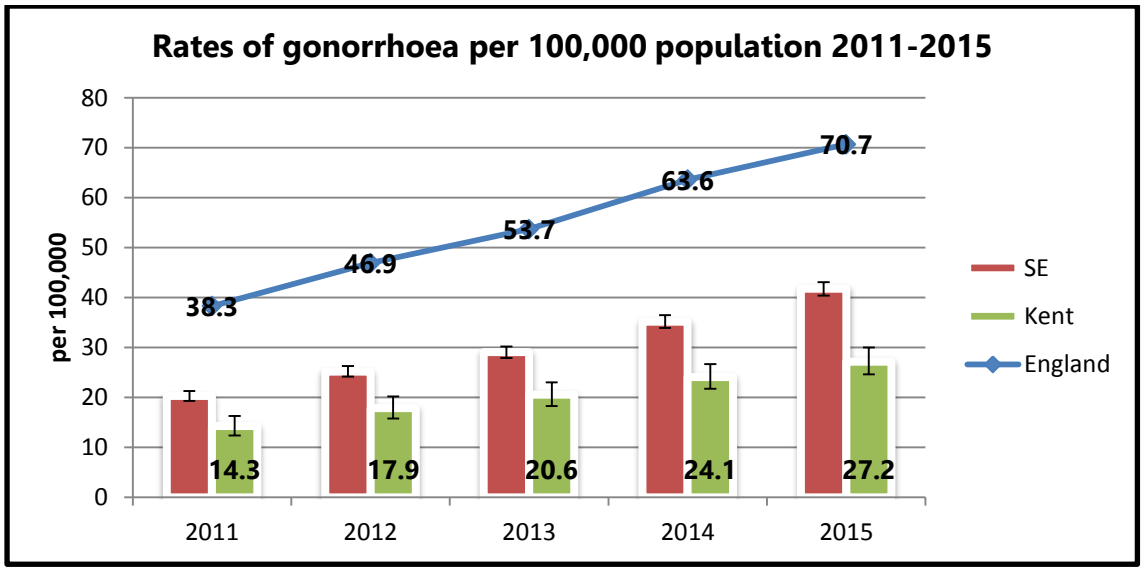


Source: PHE

Gonorrhoea

Detected rates of gonorrhoea in Kent are rising although the burden of infection is moving. In 2012 rates in Canterbury, Shepway and Ashford were higher than the South East region of 25.1 per 100,000 population. In 2015 rates were higher in Dartford and Maidstone with Maidstone being higher than the South East region rate of 41.8 per 100,000 population. The burden of diagnosed gonorrhoea in the population is highest amongst men who have sex with men.

Figure 8: Rates of gonorrhoea Per 100,000 population in Kent and England 2011-2015

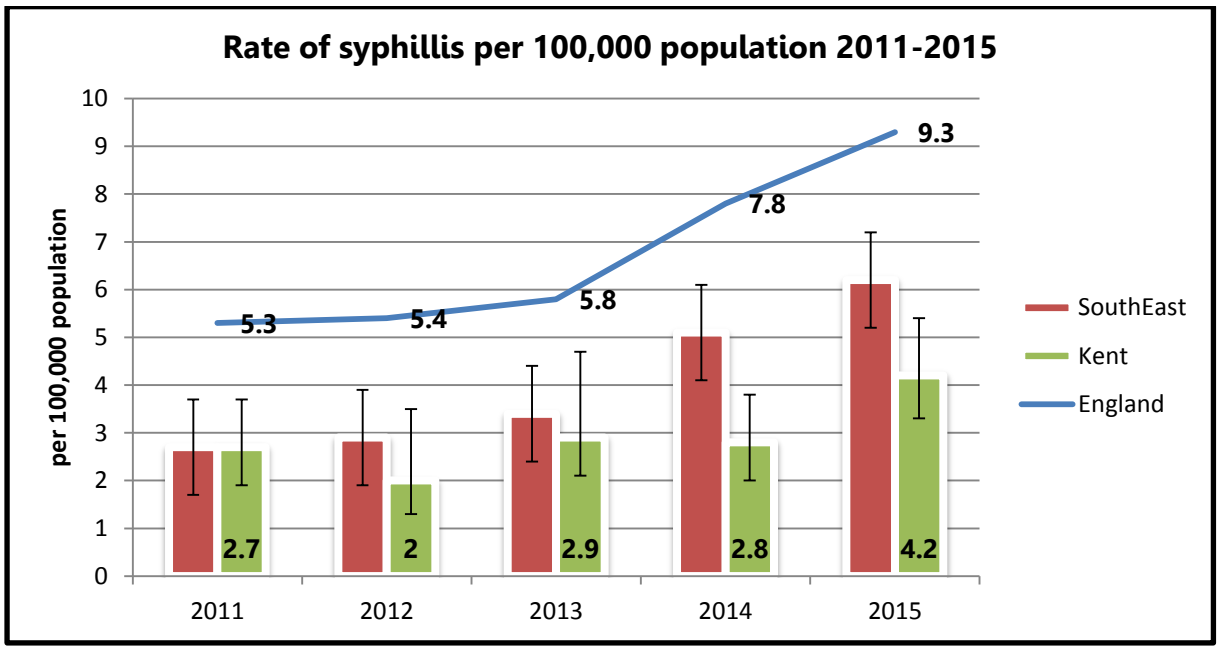


Source: PHE

Syphilis

Infection rates of syphilis in Kent have increased in the last two years mirroring the pattern seen in the region and nationally. The number of syphilis infections detected is small but the changing pattern should not be ignored with increased rates of infection observed in Maidstone, Shepway and Gravesham in 2015: with Gravesham higher than the England average with a rate of 9.7 per 100,000 population in 2015.

Figure 9: Rates of syphilis per 100,000 population in Kent



Source: PHE fingertips

The average rate of change over time 2011-2015 for syphilis in Kent was 3.9 over the regression line fitted over that period.

Human Immunodeficiency Virus (HIV)

HIV is considered a long-term condition and the prevalence of this condition continues to increase. The following figures illustrate that whilst Kent is not a high HIV prevalence area, which is a rate of two or more per 1,000 population, the rates of diagnosis of HIV in the later stages of the disease continue to be higher in Kent than the England rate.

The prevalence rate of diagnosed HIV amongst 15-59 year olds does not capture all diagnosed infections but is an indicator. In December 2016 the definition of high prevalence of HIV was revised. 'Local authorities in England are now categorised by diagnosed HIV prevalence levels into low prevalence (<2/1,000 among 15-59 year olds), high prevalence (2-5/1,000 among 15-59 year olds) and extremely high prevalence areas (>5/1,000 15-59 year olds).'[1]

The prevalence rate of HIV per 1,000 15-59 year old population is increasing across Kent. The prevalence rate in Ashford, Dartford and Gravesham is higher than the Kent average with increased burden in 2015 seen in Gravesham and Maidstone districts.

Partner notification

People with STIs and HIV can put their current partners at risk of infection and may have infected previous partners as well. Partner notification is an essential infection control component in terms of avoiding the consequences of untreated infection and protecting the wider community from onward transmission. It is important to make sure that partners who may be infected are offered the opportunity and encouragement to be tested and to obtain any necessary treatment.

Attendance at Genito Urinary Medicine (GUM) services

These services are open access, enabling clients resident in Kent to access services in different places across England and vice versa. The volume of service uptake from Kent residents in London is significant. However with an increase in access and availability of appointments locally, the percentage of this volume may reduce.

[1] PHE, HIV testing in England; 2016 report

Table 4: Number of Genito Urinary Medicine (GUM) Clinic attendances by Kent residents 2013 to 2015 in services outside of Kent LA

Year	Number of patients	New appointments	Follow up appointments	Total attendance	total percentage of patients accessing GUM services outside of Kent LA
2013	3939	4893	1263	6129	9%
2014	4337	5276	1104	6380	9%
2015	4888	5634	1043	6677	7.8%

Source: GUMCAD

Projected Service Use and Outcomes in Three to Five Years and Five to Ten Years

There is likely to be an increased demand on services across Kent as housing developments bring increase in populations particularly to Canterbury, Ashford and Maidstone districts and with the growth of the healthy new town development, Ebbsfleet in Dartford.

Improvement in the use of technology will:

- enable women to self-check their health, self-inject and manage their contraception
- improved communications through webchat to talk about concerns such as menstrual bleeding.

An increased use of pharmacies, including online, to provide treatment for diagnosed infections such as chlamydia will extend the choice of place for treatment and may contribute to a reduction in the demand on specialist sexual health services in the longer term. Specialist sexual health clinics will move toward a focus on more complex need and procedures; symptomatic diagnosis treatment and management.

Targeted social marketing campaigns to raise awareness about HIV, the promotion of HIV testing and the normalisation of testing amongst the heterosexual community would be expected to show an increase in the prevalence of HIV. This will result in some districts being identified as having higher prevalence rates.

Evidence of What Works and Assessment of Expected Impact

Offering open access through walk-in-and-wait services where providers have audited their walk-in GUM service have identified more STIs amongst those who attend this service compared to those who book an appointment. Increasing this type of delivery is likely, in the short-term, to identify more STIs in the population but, in the longer-term, will help to reduce the infections in the population.

The expansion in the availability of free emergency oral contraception through pharmacies has been seen in the volume of activity with highest demand continuing to be seen in Canterbury and Maidstone.

The introduction of access to testing online for chlamydia has found a higher rate of detection of chlamydia. Access to HIV has found some reactive tests suggesting a potentially higher positivity than that seen in the local prevalence rate. These services are likely to be accessed by individuals not contacting services.

User Views

- the review of services identified the need for a single telephone contact, it also identified the need for increased communication about the services available
- research on increasing use of condoms amongst over 20s reiterated the need to ensure that sexual health services are promoted across the life course
- young people have recommended having an app which is more interactive to enable them to order condoms if registered, book appointments, etc
- young people have expressed a preference for separate services and more support and guidance about relationships.

Recommendations for Commissioning

a further consider with the CCG commissioners for termination of pregnancy services, the delivery of medical terminations through the integrated sexual health services

b exploration of opportunities to raise awareness of the burden of poor sexual health from infections such as genital warts, or blood borne viruses including Hepatitis B and Hepatitis C

c continue to utilise opportunities to integrate sexual health services with drugs and alcohol services.

Recommendations for Needs Assessment Work

- the health needs of commercial sex workers
- the continued higher use of emergency contraception seen in primary care, pharmacy and specialist sexual health services in Canterbury district from 2012, and the rise in termination of pregnancy amongst age ranges, 18-19; 25-29 and 30-34 year olds in Canterbury CCG 2013-2015
- in-depth exploration of attendances for and access to free contraception services 2014/15 and 2015/16 by district and teenage pregnancies
- explore the incidence of STIs in districts specifically where there is an increase in the rate of change of diagnosed infections.

Key Contacts

Dr Faiza Khan, Consultant in Public Health

Wendy Jeffreys, Public Health Specialist

References

PHE http://fingertips.phe.org.uk/profile/sexualhealth

PHE GUMCAD