

Dublin Syphilis!

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I would like begin by to providing an outline of the general population of the Eastern Regional Health Authority (ERHA), which includes Dublin City, Counties Dublin, Wicklow and Kildare. Population nearly 1.3million (1m live in the greater Dublin area) 50% male (25% under 15), 25% between 15 years and 24 years, (CSO 1996 www.cso.ie). If we use a rate of between 5% and 10% to estimate a gay, bisexual, MSM population, this gives a figure of between 24,000 to 48,000 (15 Years+). Of course not all of these men appear at pride or in gay venues, though the Dublin Pride Parade can attract between 6,000 to 8,000 men and women. For the purpose of this presentation I am concentrating on the queer male population.

Gay Community Health Services Profile.

The Gay Men's Health Project is a statutory public health service, administered by the East Coast Area Health Board who also funds the gay community NGO sector and the Syphilis Campaign. The Gay Men's Health Project was established in 1992 and provides an STI clinical, counselling and outreach community service. There 14 sessional staff for the clinical services (infectious disease consultant, doctors, nurses, health advisor, general assistants, secretarial).

A further 5 full-time staff are based in Outhouse, (one Counsellor and four Outreach Workers) (OW) the LGBT Community Resources Centre, 105 Capel Street, Dublin 1 (www.outhouse.ie). The OW's are active on the scene providing safer sex packs, information, advice, support and referrals to gay, bisexual men and other men who have sex with men. They also provide training and workshops, on homophobia, personal development courses and facilitate and support the setting up groups such as, mental health (IRIS), Survivors (Mathnas), and they liase with groups such as Outyouth, homeless sector and so on.

Gay Health Network (GHN) is a network of gay and bisexual men involved in the area of AIDS or sexual health, in a statutory or NGO setting. Established in 1994 GHN is an All-Ireland network, producing booklets, research, training, and advertising. Next April both GHN and Sigma UK will publish the comprehensive piece of research "Vital Statistics Ireland 2000" detailing the sex lives of 1,290 men from around Ireland. GHN founded the gay peer action group "Johnny" who are very active on the Dublin scene.

Gay HIV Strategies (GHS) are also members of GHN and of the GAP Network. GHS promote partnerships and increased awareness of gay health issues with government and local bodies. It promotes new programmes, resources and linkages for effective HIV prevention, health promotion and community development strategies for gay men.

Queer Social Venues.

The amount of social venues where men meet continues to increase in Dublin with 4 gay bars/clubs, The George, Out On the Liffey, GUBUS, and the Wig & Pen along with mixed venues such as the Front Lounge. There are queer one-night events in various clubs and hotels, HAM, Candy, Hilton Edwards, Sharpshooters and Switch. There are two saunas, the Boilerhouse and The Dock. Most of the above venues are near each other. Outside cruising take place in Parks and Piers and on the beach (in the summer) and in the few old style public toilets that are left.

Community and Social Groups

Outhouse the main resource centre has its own building in the centre of Dublin with many of the groups meeting there. The GMHP are also based here and the fulltime counsellor. Reach (gay christian group), Outyouth (LGB youth), Bi-Irish (bisexual group), IRIS (mental Health), and AA/NA support groups. Other important groups not based in Outhouse are Gay Switchboard, who provides a telephone service 7 days per week, Open Heart House (a centre for people living with HIV/AIDS) and who has a gay +VE group. Gay Community News the monthly free news magazine distributed all over Ireland, (contains a health section).

Web Sites.

There are a couple of relevant websites, which provides useful information and directories: www.outhouse.ie (pink pages), www.gayswithcboard.ie www.gayhealthnetwork.ie, www.Johnny.ie and the commercial web site www.gay-ireland.com,

STI Services ERHA.

There are three public health (free) STI clinical services in the ERHA and all are based in Dublin City, with one especially for MSM.

Gay Men's Health Project, MSM, one x 2hour STI clinical session per week and one treatment, vaccine clinical session per week.

GUIDE Clinic, St James's Hospital, general population, 4 x 3 hours STI clinical sessions per week, and two syphilis treatment clinics, (there are also HIV Treatment and hepatitis clinical sessions).

STI Clinic Mater Hospital, 4 x 2hour STI clinical sessions per week.

Some fee based STI service are provided by a very small number of General Practitioners (GP) and three private clinics

The Rising of the POX!

Up to the Year 2000, syphilis numbers were quite low, so when the sudden rise in cases among gay men was noticed, (in both the GMHP and at St James GUIDE clinic's) concern was expressed. In December 2000 the ERHA Public Health Department established an Outbreak Control Team. The control team is chaired by a Public Health Specialist (ERHA) and includes representatives from the National Disease Surveillance Centre (NDSC), Consultants in Infectious Disease and GUM from the GUIDE Clinic St James's and the Mater Hospital, a Health Advisor from both GMHP and GUIDE St James's Hospital, the GMHP co-ordinator and a gay community NGO rep by Gay HIV Strategies. In March 2001 the NDSC introduced an enhanced surveillance and also carried out a qualitative control study on MSM syphilis positive and MSM attending STI services. They also detailed relevant issues in their EPI -Insight information newsheet (available at www.NDSC.ie)

Syphilis Community Action.

The control team set about a series of actions in cooperation with the gay health services and gay community groups and these can be outlined as follows.

Stage 1. Basic syphilis information leaflets, posters, advertising in Gay Community News. A web banner on gay-ireland.com, community meetings and onsite testing.

Stage 2. Using the resources of Renticca (a drag queen), more onsite testing, meetings with gay social and support groups, GMHP outreach actions, distribution of materials, writing to personal advert contacts in GCN, contacting those advertising massage services,

advertisements in other publications, buy&sell, events magazines, music press, the new gay magazine GI and so on.

The outbreak team had divided into sub-groups, interventions, community, and epidemiology. Both the interventions and the community group overlapped and with the GMHP outreach team, played an important role in gaining access to the Saunas and gay commercial venues. The intervention team and the community team also designed publications, the first designs were text based with the second batch based on Renticca and designed by GHN's designer. Gay Health Network also designed a special poster for the saunas.

Onsite Testing.

With **Onsite testing** taking place in The George, Out on The Liffey, Candy and in the two Saunas. The onsite team included GMHP outreach workers, nurses, health advisor and doctor from GUIDE Clinic St James's Hospital. Renticca, joined in the second series of onsite testing. In all 529 men were tested in this manner, with just over 5% showing up as new positives: (EPI Insight 12/2000)

Stage 3. The Outbreak Control Team agreed the need for an evaluation and a look at a communication strategy, which is ongoing at time of writing. In the meantime the GMHP team carried out research with MSM on Awareness, Knowledge and Action in relation to Syphilis. A questionnaire was designed and distributed and up to 880 men responded this information is been assimilated at present, it is hoped to publish the results in June 2002. There are some details included towards the end of this presentation.

Syphilis Data.

In the meantime I would like to bring you up to date on the currant syphilis numbers, based on the NDSC and Outbreak's team's latest figures (January 2002).

228 Cases (from March 2000), 29(13%) heterosexual, 198(87%) MSM, of which Gay 160(81%) Bisexual 38(19%). The break down for some of the cases is as follows: 34 were +VE (20% of 168), 43 (24% of 168) were not symptomatic for syphilis, 42 (30% of 138) had concurrent STIs, with 72 (44% of 165) having had previous STI infections. Sexual practises were as follows, 49 had unprotected anal intercourse (UAI) 52% of 95(this is a similar % figure to other studies, Ref VSI 2000). 98 though (92% of 106) had unprotected oral sex.

The age breakdown represents similar numbers to MSM who were diagnosed +VE and people to July 2001(NDSC 2001)

Title	<19	20-29	30-39	40-49	50+
Syph+	3%	27%	45%	19%	6%
+VE		25%	43%	24%	8%

Age Breakdown Community, GMHP Attendees and Syphilis Questionnaire (sample)

At this point I would like to show samples of the MSM population contacts via, VSI survey 2000, GMHP first time attendees and the Syphilis Questionnaire. It is worth noting that two previous surveys with MSM in 1998 and 1992 had similar profiles of age this population.

Title	<19	20-29	30-39	40-49	50+
GMHP(638 First-timers 2001)	1%	44%	32%	16%	8%
SQ: 730(pubs/clubs)	7%	48%	33%	10%	2%
VSI (1290)	8%	47%	32%	11%	2%

The age profiles change when compared to the sauna respondents and users:

Title	<19	20-29	30-39	40-49	50+
SQ Sauna (139)	3%	25%	39%	25%	8%
VSI (361)	4%	37%	41%	15%	3%

Note: SQ number is of men who completed questionnaire in Saunas. Whereas the VSI respondents were MSM who said they met their sex partners in a sauna.

Have Syphilis Will Travel.

The national identity of the positive MSM cases are as follows, Irish 82% (4% UK, 2% French) with 89% living in the ERHA/Dublin area: (this is similar for +VE), 3% SEHB/Waterford, 2% SHB/Cork, 2% NWHB/Donegal and 2%NEHB/Dundalk. I have outlined the main cities in each health board region. Note: there are no STI services in NEHB or NWHB.

Northern Syphilis.

An increase in syphilis was also noticed in Belfast in late 2001 and an outbreak team was established in October of that year. A recent newsletter from their team suggested there were 18 cases, 95% (msm), average age 37, 75% had had anal sex. The Rainbow Project is involved with the local health authorities but are not on the team.

The Syphilis Questionnaire:

In December 2001 the GMHP team launched a questionnaire to gather information on the Awareness, Knowledge and Action of MSM. 888 men responded and of these 874 questionnaires were valid. Some initial results show the following:

overall 47% of the total respondents had tested for syphilis with those not tested giving up to 27 different reasons why not done so. Of those not tested 78% knew of the epidemic.

The age range of those who said they had tested is similar to the first-timers GMHP clinic for Year 2001: Who all tested for syphilis.

Title	<19	20-29	30-39	40-49	50+
GMHP(638 First-timers 2001)	1%	44%	32%	16%	8%
SQ: 730(pubs/clubs)	3%	38%	40%	14%	3%

16% (139) of the questionnaires were completed in the saunas,

An initial sample of the 139 Sauna respondents compared to the 735 bars/club respondents showed that 45% had tested from the bars/clubs whereas this rose to 62% from the Saunas.

Of the bar/clubs respondents 91% identified as gay, 5% bisexual this changed to 70% gay, and 28% bisexual for the sauna respondents. Most bar/club respondents 86% lived in the ERHA, 8% rest of Ireland and 6% outside Ireland. This again changed when we come to sauna respondents 65% lived in the ERHA, 24% Rest of Ireland and 11% for Outside Ireland.

For testing or retesting for syphilis, 54% of the bar/club (596) and 78% of the sauna respondents (117) respectively answered yes to this. This increased to again divided out to those who had tested previously.

Where Tested.

Respondents were asked to indicate where they had tested for syphilis and the sample shows the following.

	GMHP	Mater	St James	GP/Private	Onsite	Other	
No.	33%	9%	21%	10%	15%	12%	
417							

The VSI 2000 show the number who had used the GMHP drop-in was 20% of total with a further 19% using other STI services. *Both surveys indicates that many MSM use gay health settings to engage with sexual health services.*

Further details from this Syphilis study will be available over the next few Months.

A Poxy Future!!

Finally the epidemic continues and we are facing some of the issues similar to HIV prevention, burn-out, people tired of the message, the intervention group having to come up with new ideas all the time, i.e. fly away with syphilis (a prize draw to encourage men to test/retest), increased drain on resources for treatment of those with syphilis. A need for more testing sites and continued onsite testing. But perhaps the most concern and problem area maybe be the discussion on sexual activity and transmission through Oral Sex!!!!

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2/2002(up dated 3/2002)

Ref:

Draft Interim GMHP Report 2001(GMHP 2002)

Vital Statistics Ireland2000 (GHN,SIGMA 20002)

EPI-Insight 12/2001(NDSC)

Syphilis Numbers(Outbreak Control Team 1/2002)

Awareness, Knowledge & Action, Syphilis Interim Report (GMHP/Outbreak Control Team 2002)