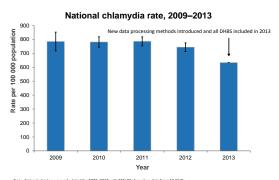




STI Surveillance in New Zealand

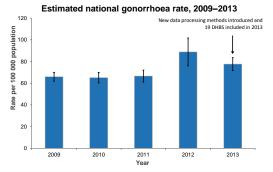
- + ESR collates quarterly and annual:
 - + Diagnostic data from SHC, FPA, YHC
 - + No general practice data collected
 - + Laboratory data for chlamydia and gonorrhoea from all laboratories nationwide
- + ESR now also collates enhanced syphilis surveillance data (previously collated by AIDS Epidemiology Group) but there is no laboratory data collected.



Note: Estimated rates were calculated for 2009–2012 with 95% CFs based on data from 15 DHE New data processing methods allow for exclusion of repeat tests within a defined period

 $Source: Sexually\ Transmitted\ Infections\ in\ New\ Zealand: Annual\ Surveillance\ Report\ 2013,\ available\ from\ \underline{www.surv.esr.cri.nz}$

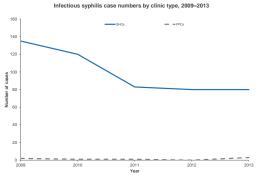




Note: Estimated rates were calculated for 2009–2012 with 95% CI's based on data from 17 DHB: Estimated rates were calculated for 2013 with 95% CI's based on data from 19/20 DHBs

iource: Sexually Transmitted Infections in New Zealand: Annual Surveillance Report 2013, available from www.surv.esr.cri.nz



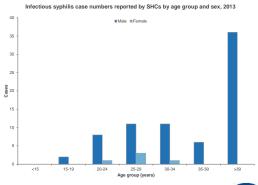


Source: Sexually Transmitted Infections in New Zealand: Annual Surveillance Report 2013, available from www.surv.esr.cri.nz



Enhanced syphilis surveillance

- + Started in 2011 by a group of interested parties and data collated by AIDS Epidemiology Group
- + Task taken over by ESR in 2013
- + 2013 annual report
- + 81 cases
- + Approx 45% aged >/= 40
- 90% male and 86% of those MSM
- MSM more likely to have symptoms (65% vs 28%) and concurrent STI diagnosis (27% vs 11%)
 29% of MSM cases HIV positive
- + Internet dating and SOSV associated with infection (caution)
- + 2014 report not available yet but 143 cases reported (76% increase)





ASHS Data

- + HCC
- + Unable to extract sexual behaviour data and link to STI diagnoses
- + Surrogate marker of "anorectal infections" used
- + Therefore no data on MSM with urethral infections
- + No denominator data of total numbers of MSM seen in the service to use as a comparator



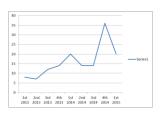
Anorectal infections 2013-1st quarter 2015

- + Chlamydia overall increase
- + 2013-152
 - + 2014-155
- + 1st quarter 2015 42
- + Gonorrhoea- overall increase ++
- + 2013-52
- + 2014-63
- + 1st quarter 2015 39
- + HSV overall increase +
 - + 2013-7 + 2014-11
 - + 1st quarter 2015 5

Pharyngeal infections 2013-1st quarter 2015

- + Chlamydia overall stable
 - + 2013-21
 - + 2014-25
 - + 1st quarter 2015 4
- + Gonorrhoea overall increase ++
 - + 2013-48
 - + 2014-69
 - + 1st quarter 2015 40

Infectious syphilis 2013 – 1st quarter 2015



Sexuality and gender

- + 2013 total 44 cases
 - + 5 (11%) female and 39 (89%) male
 - + 34 (77%) MSM and 10 (23%) heterosexual (5 male and 5 female)
- + 2014 total 84 cases
 - + 2 (2%) female and 82 (98%) male
 - + 75 (89%) MSM and 9 (11%) heterosexual (7 male and 2 female)
- + 2015 (Jan-Apr) total 30 cases
 - + 1 (3%) female and 29 (97%) male
 - + 24 (80%) MSM and 6 (20%) heterosexual (5 male and 1 female)
 - + NOTE: 7 MSM (30%) also reported female partners

Ethnicity and age

- + Approximately 65% european
- + 15-20% asian
- + Rest = PI, Maori, other
- + 36% >/= age 40 in 2013
- + 50% >/= age 40 in 2014/2015

HIV status

- + 2013 12 HIV positive cases making up 35% of the total and all MSM
- + 2014 32 HIV positive cases making up 38% of the total and 97% MSM
- + 2015 Jan-Apr 6 HIV positive cases making up 25% of the total and all MSM

What are we learning?

- + Dr Google is our friend!
- + Lesions do not always look typical
- + Screen, screen and rescreen
- + Repeated infections are becoming more common and this may impact serological findings

Other STI previous 2 years ASHS - 2015

- + 13 (43%) cases of 30 had at least one other bacterial STI in the past 2 years diagnosed at ASHS
- + No heterosexual cases had another STI diagnosed
- + Of 24 MSM cases 13 (54%) had at least one STI diagnosed
- + 4 had one infection in one site
- + 4 had one infection in 2 sites
- + 5 multiple infections multiple sites (including 1 prior syphilis)
- + Of the 6 HIV positive cases 5 had at least 1 rectal infection (max = 6) over the past 2 years



The first condoms of Spring

STI in ASHS HIV cohort 2013-1st quarter 2015

- + 366 individual HIV patients seen over this period
- + 347 STI diagnoses occurred in 198 male individuals (54%)
 - + Chlamydia
 - + Anorectal 90
 - + Urogenital 28
 - + Pharynx 7
 - + Gonorrhoea
 - + Anorectal 41
 - + Urogenital 27
 - + Pharynx 22

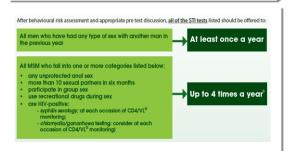
STI in ASHS HIV cohort 2013-1st quarter 2015

- + Syphilis
- + Infectious 51
- + Non-infectious 9
- + Genital warts 21
- + HSV 18
- + LGV 3 (plus 1)
- + Proctitis non-specific 2
- + HBV-3
- + HCV 4
- + Other 6
- + 72 (36%) individuals had multiple STI over this period from 2-7
 - + Assoc. group sex, serosorting and drug use espec. methamphetamine

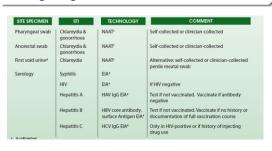
Stigma guidelines

- + STI testing guidelines for men who have sex with men were developed by STIGMA group members in 2002 and then revised in 2005 and 2008.
- + In 2010, the guidelines were revised in partnership with national colleagues and are endorsed by the Australasian Chapter of Sexual Health Medicine/Royal Australasian College of Physicians, Royal Australian College of General Practitioners, Australiasian Society of Infectious Diseases and the Australasian Society for HIV Medicine.
- + http://stipu.nsw.gov.au/wp-content/uploads/STIGMA_Testing_Guidelines_Final_v5.pdf

Stigma Guidelines



Stigma guidelines



Summary

- + National figures for chlamydia and gonorrhoea stable and syphilis is increasing again
- + ASHS

 - Increase in anorectal and pharyngeal bacterial infections especially gonorrhoea, large increase in infectious syphilis
 Infectious syphilis mostly MSM, European, high proportion other STI, 2015 30% MSM female partners also, % HIV infected stable over time
 - Approx 50% of HIV patients STI recorded past 2.3 yrs 36% of these had multiple STI
- + Regular screening MSM including HIV positive is very important including anorectal and pharyngeal testing

