



Third Joint Conference
of the
British HIV Association (BHIVA)
with the
British Association for Sexual Health and HIV (BASHH)

1–4 April 2014

Arena and Convention Centre · Liverpool

THIRD JOINT CONFERENCE
OF BHIVA AND BASHH 2014



Ms Victoria Gilbert
Public Health England



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High-risk drug practices associated with *Shigella flexneri* 3a infections amongst MSM in England and Wales

Findings from in-depth interviews

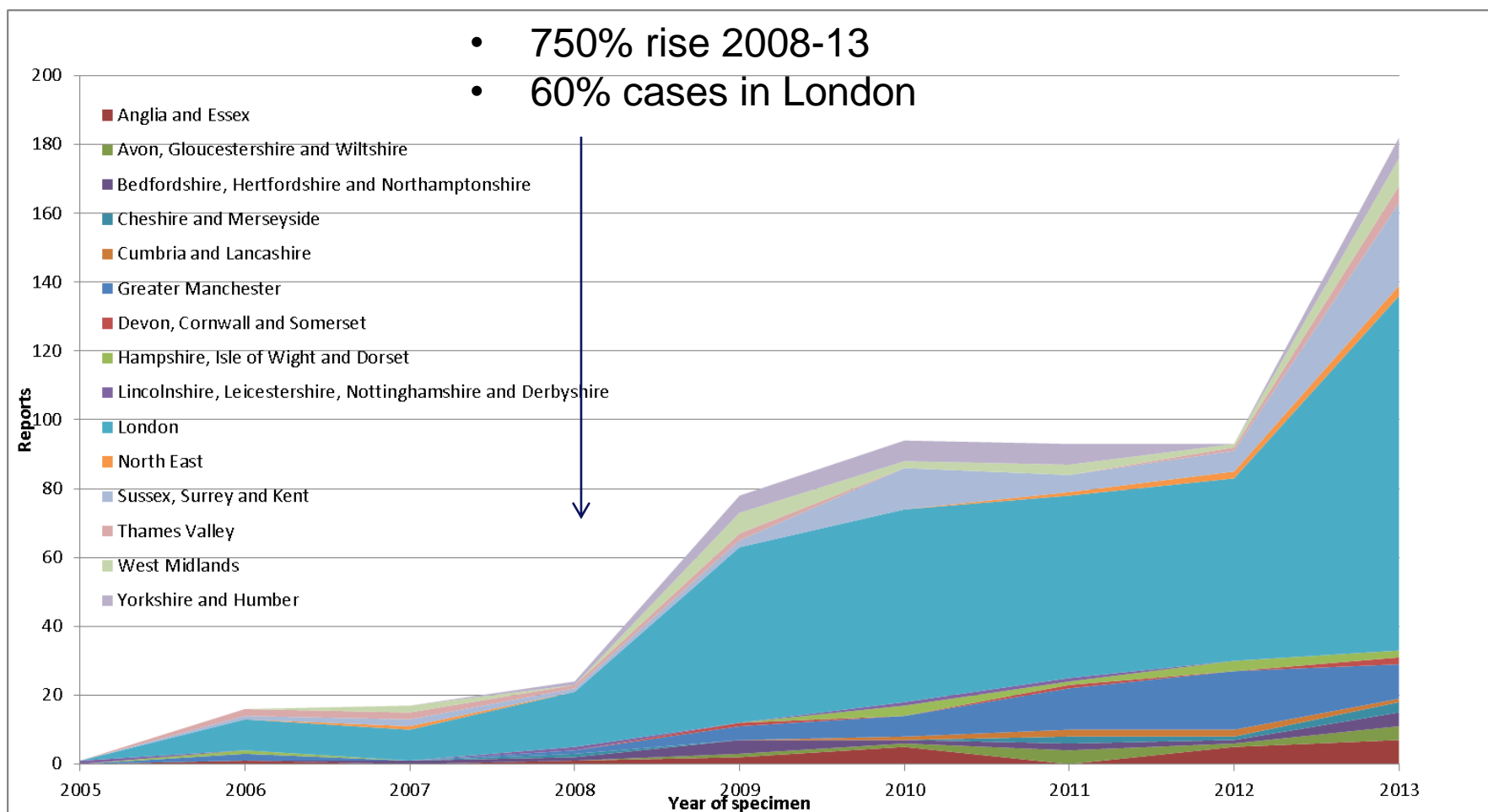
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3rd Joint BHIVA with BASHH Conference
Liverpool - 3rd April 2014



Shigella flexneri 3a isolates, adult males with no/unknown travel history: 2005-2013

- 750% rise 2008-13
- 60% cases in London





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Enhanced surveillance aims

- Explore the lifestyle and sexual behaviour of MSM diagnosed with *Shigella flexneri* 3a
- Understand practices potentially associated with transmission
- Inform intervention strategies and public health actions



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Interviews conducted

- October 2012 to February 2013
- Consecutive males aged ≥ 18 years diagnosed with *Shigella flexneri* 3a by the Gastrointestinal Bacterial Reference Unit
- Permission to contact patients obtained by the local HPU/EHO
- Invited to take part in semi-structured, confidential, face-to-face interview
- Interviewed alone, ~1.5 hours



Study sample and profile

- 53 cases diagnosed with *Shigella flexneri* 3a
 - 42 (79%) interviewed, [8 excluded (6 heterosexuals and 2 MSM)]

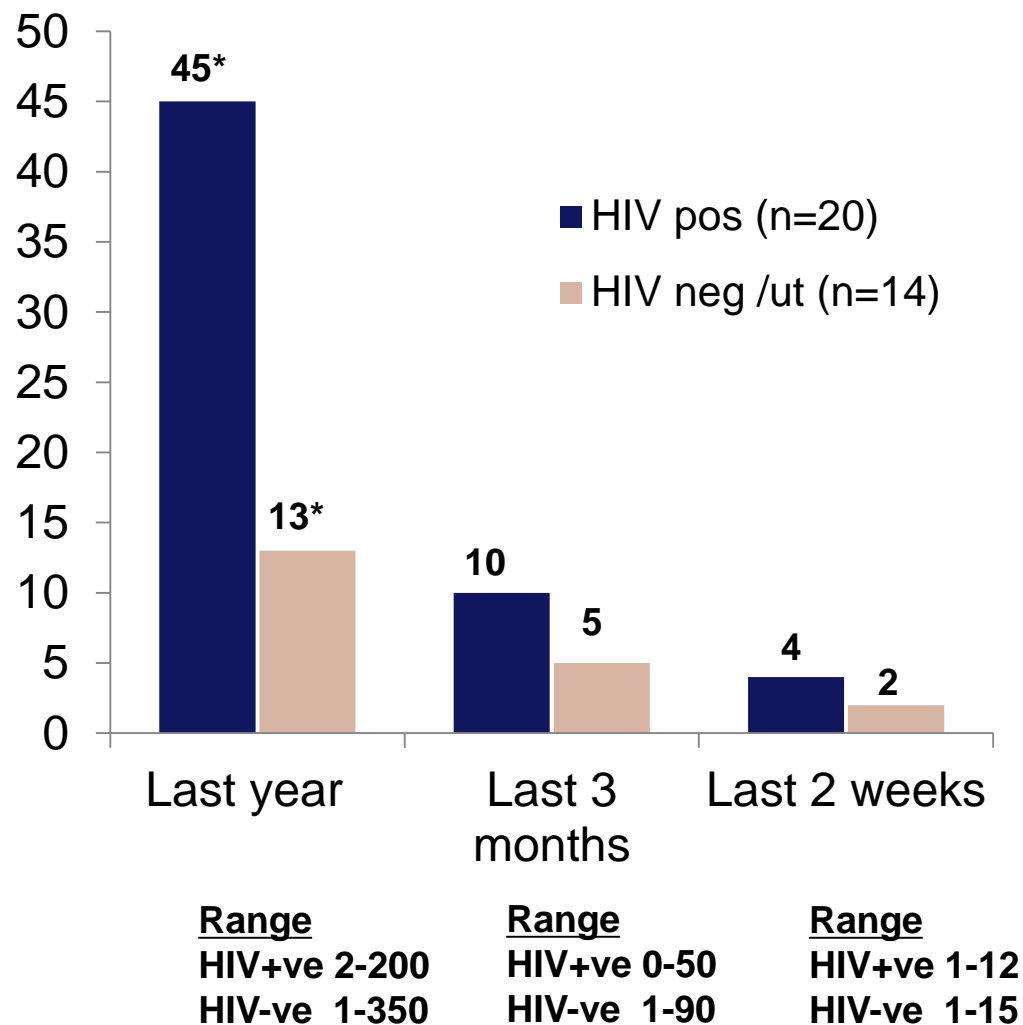
34 MSM fulfilled the study criteria

- Median age 39 (range 21 – 59), 91% white, 79% UK born
- 61% living in London, 76% working
- **20 (59%) HIV+ve**, (12 HIV-ve, 2 untested)
- 56% attended GP (most misdiagnosed),
29% to A&E (of those 26% admitted), HIV clinic
- 88% never heard of Shigella



Relationships and number of male partners (median)

- 65% were not in a relationship; for those who were, all relationships open
- Almost all reported casual/anonymous partners
- Range of sexual behaviours reported
 - All reported oral sex and oral-anal contact



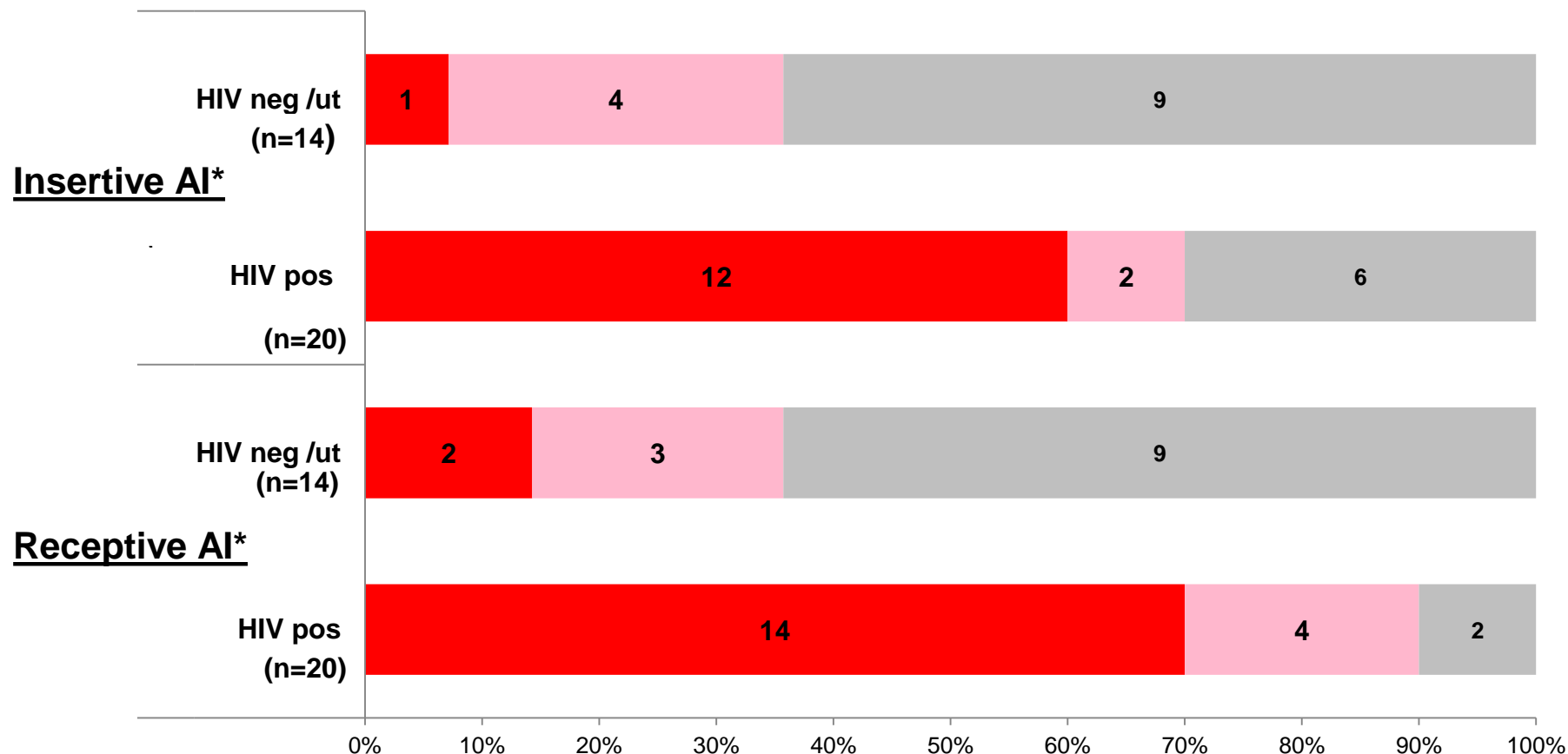
*p<0.05



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Anal intercourse with casual partners (previous 2 weeks)

■ AI no Condom ■ AI with condom ■ no AI



*p<0.05



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Fisting frequency

Insertive*

HIV neg /ut
(n=14)

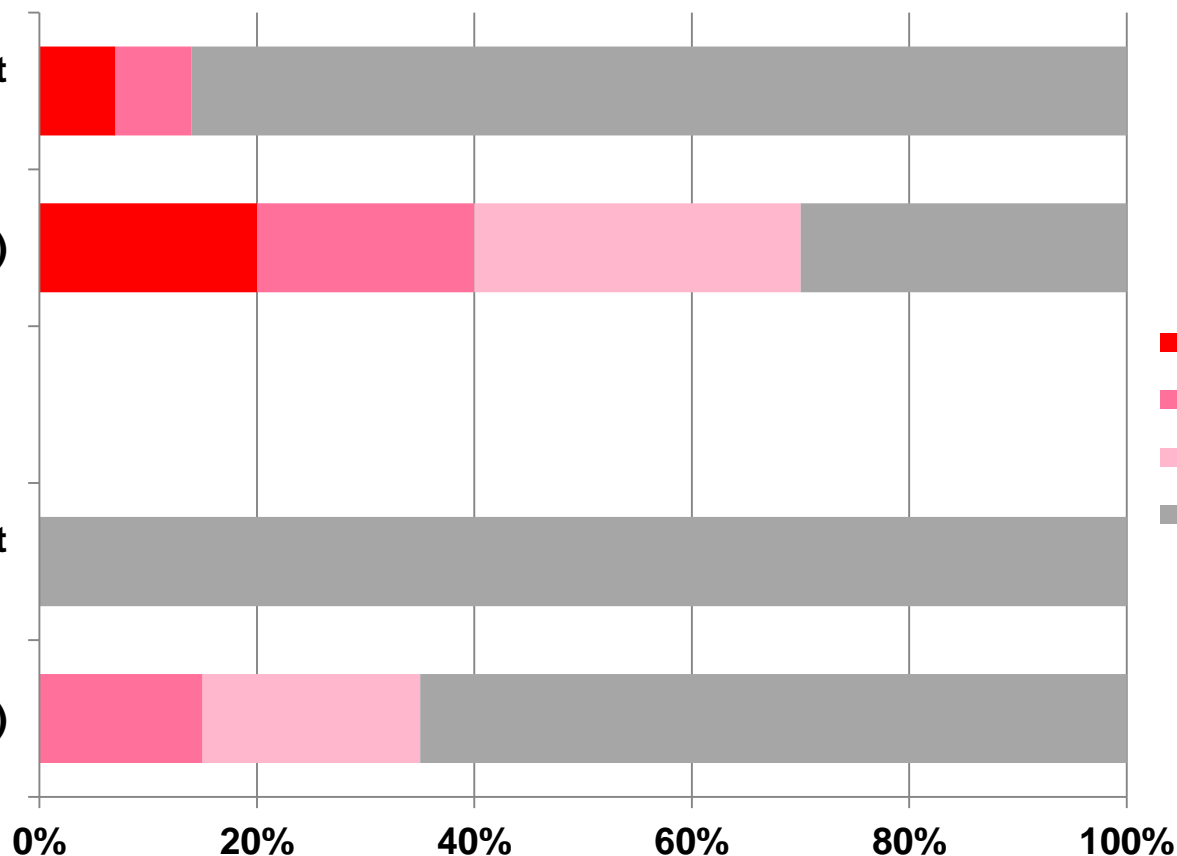
HIV pos (n=20)

Receptive

HIV neg /ut
(n=14)

HIV pos (n=20)

■ Regularly
■ Sometimes
■ Occasionally
■ Never

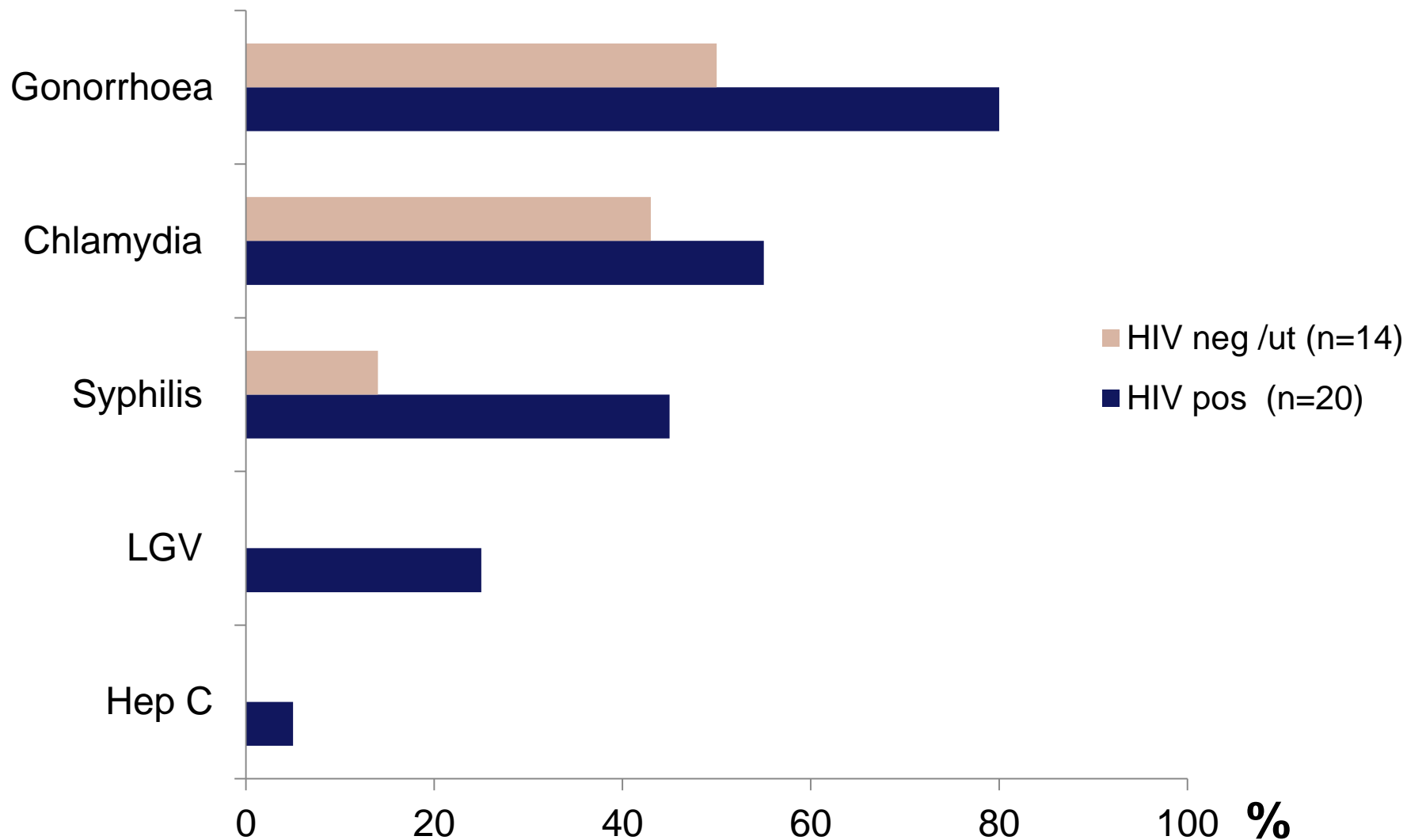


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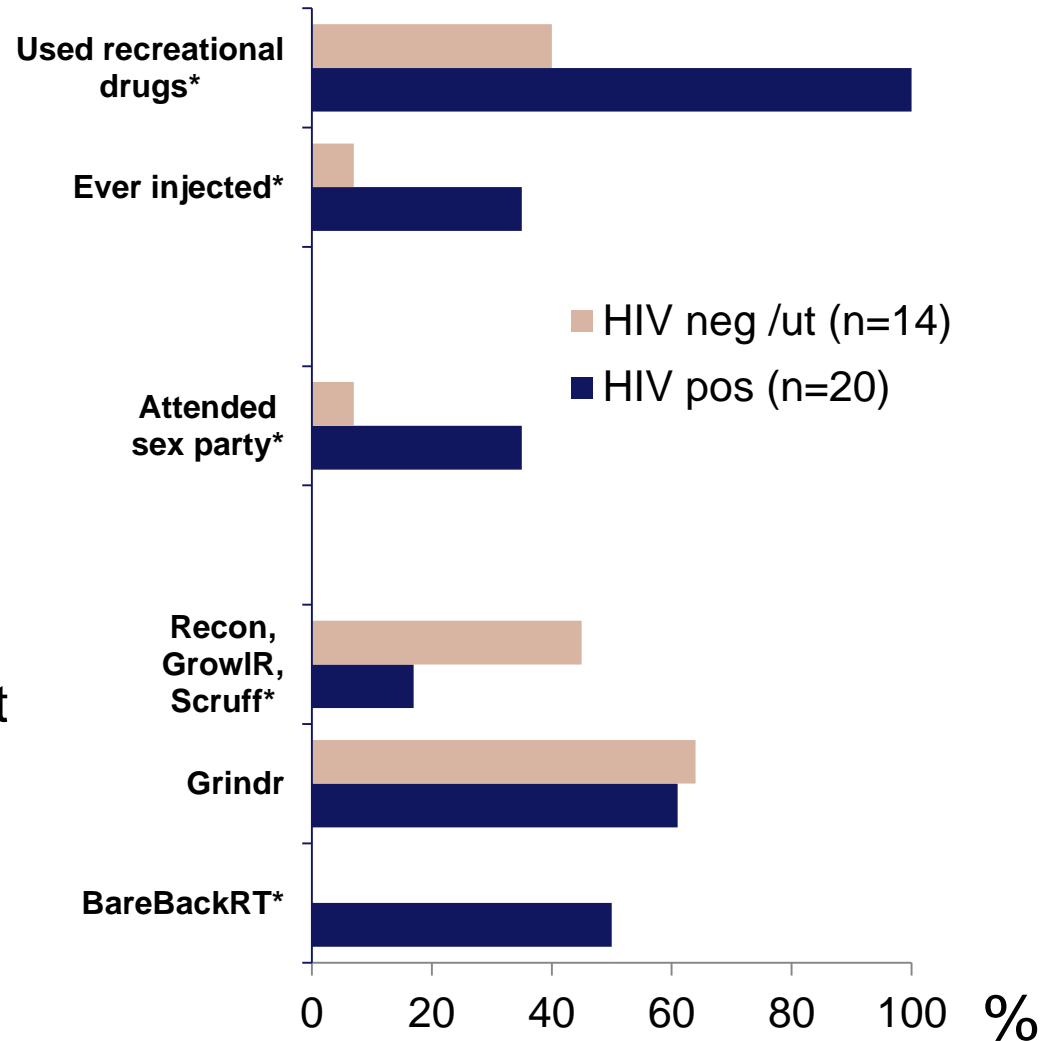
History of STIs





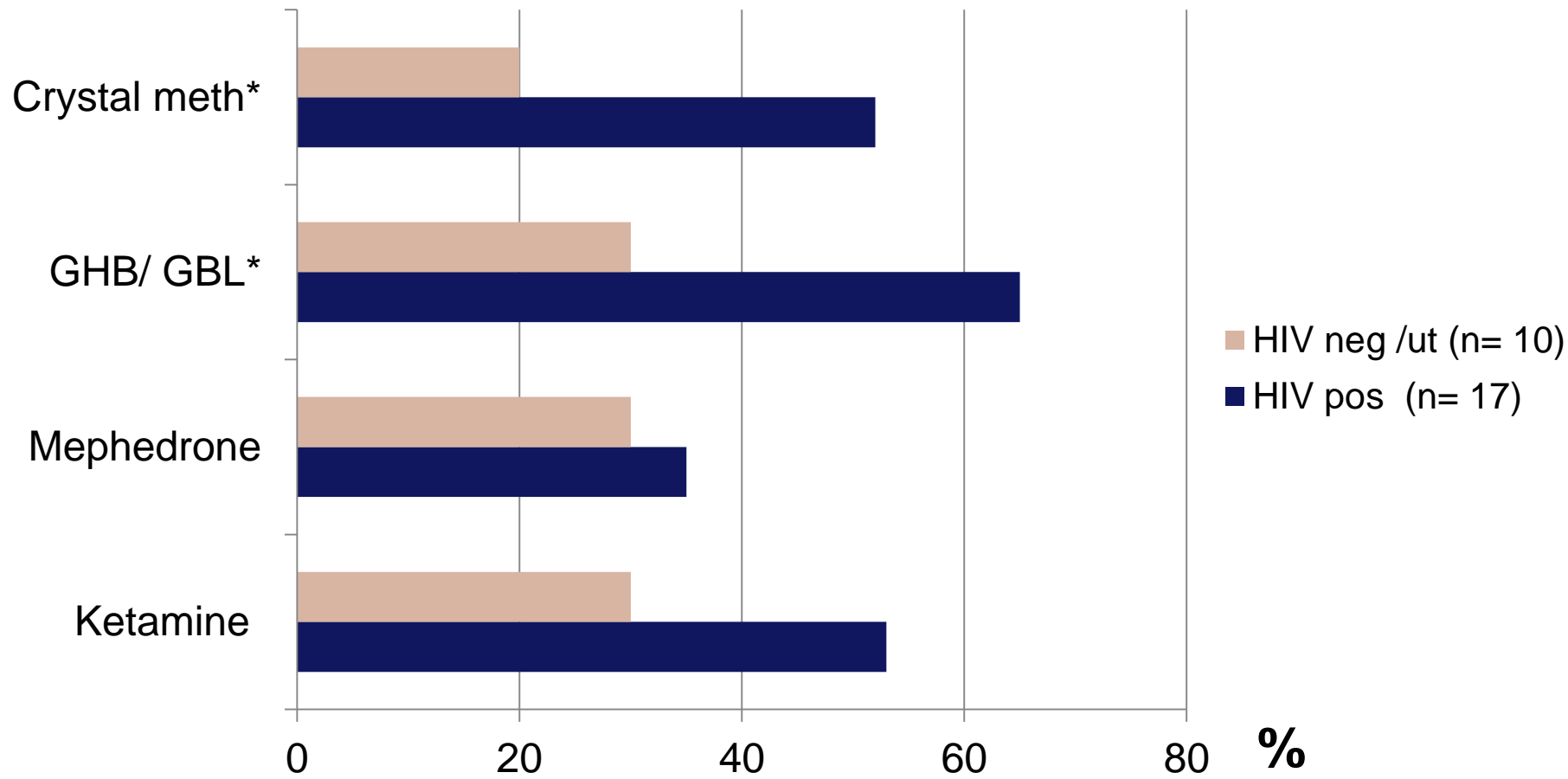
Drug use, risks and apps

- 76% used recreational drugs
- 31% of users reported injecting recreational drugs (slamming)
 - New behaviour for most
 - Occurred at sex parties
 - Most were injected by others
- 40% - drugs affected judgement on risk taking
- Commonly used apps for meeting partners





Which 'Chem' drugs used?



*p<0.05



Key Findings / Concerns

- Meeting casual partners at sex parties or through websites/apps:
 - Most HIV+ve MSM used specific websites for condomless sex
 - Facilitating dense sexual networks
- Recreational drug use:
 - 'chem sex' → sexually disinhibiting behaviour
 - Lack of awareness of safe injecting and BBI risks
 - Injecting – a new behaviour for most
 - 'Slamming' - term to reduce stigma
- Sero-adaptive behaviour:
 - Perfect environment for transmission of STIs, and other infections
 - May not avoid HIV transmission



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Next steps and future work

- Raising awareness among MSM:
 - Impact of recreational drugs on sexual and general health
 - Engage with websites/ those hosting parties/ slamming packs
- Raising awareness among health professionals:
 - GUM clinicians - discuss drug use with their patients
 - GPs and other health professionals who may see men with Shigella
- Access to appropriate services – linked club drug / GUM clinics
- Improved behavioral surveillance - GUMCADv3
- Chemsex Study: drug use in sexual settings among gay and bisexual men in Lambeth, Southwark and Lewisham
Adam Bourne et al (Sigma Research)





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Acknowledgements

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