Written evidence from Dr Bret Palmer

Why we are losing the fight against syphilis!

A letter to the Health and Social Care Committee’s inquiry on Sexual Health.

In England, there has been a 148% increase in syphilis cases since 2008. Other countries have also seen similar increases, for example USA has seen a rise of 76% from 2013 to 2017, Canada by 86% from 2010 to 2015, Australia by 107% from 2012 to 2016, Japan by 417% from 2012 to 2016, and China by 400% from 2003 to 2009. The reasons for this rise is multifactorial but some of the main drivers include changing sexual attitudes and behaviours and the largest change in travel behaviours nationally and internationally, with both factors being fuelled by the use of geosocial networking (GSN) applications as well as other mobile social media. Unfortunately, sexual health systems have not changed with this cultural and technological development and this has facilitated an unchecked increase in the transmission of many sexually transmitted infections, especially syphilis.

The clinical framework in the United Kingdom allows individuals to attend any sexual health clinic in any area anonymously. Each clinic is run completely independently from one another. While this system is effective in treating STI’s it is not an effective system for the control of sexually transmitted infections.

Two main areas that need to be addressed in order to organise an effective public health surveillance system are:
1. The need to have good data collection and recording, via a national system which would allow quick data analysis and interpretation.
2. Response and control, after analysis you could then implement public health interventions quickly in outbreak areas, for example night clubs, saunas or sex working establishments and other problem areas such as, online warnings on GSN mobile applications for specific venues or areas of high infectivity.

The advantages of a national computerised system would allow an individual to be tested, treated and followed up in different areas convenient for the patient, without the need for separate consultations. This would avoid double counting and allow measurement of the true extent of any particular STI. This could also help with early identification of contacts (including usernames in GSN), as well as hotspots where more conventional public health interventions could be administered.

A sexual health service needs to be adequately funded to deal with all aspects of sexual health (GUM, HIV, Contraception, genital dermatology and psychosexual). In the United Kingdom (as elsewhere in the world), the funding arrangements of sexual health have had low national priority, leading to a closure of many sexual health clinics and a general paring back of the remaining services. If the secretary of state for health wants to see a reduction in the amount of sexually transmitted infections, then there needs to be a wider investment in sexual health services. This investment would allow clinics to react quickly to outbreaks as well as to investigate more severe sequelae of sexually transmitted infections and refer direct to other specialities without the need for third party referral.

In the United Kingdom, sexual health services would need to be renegotiated so as to be administered by one body and not 152 individually responsible principal commissioning councils. Fragmented financing means a fragmented computer and administration system which decreases the array of sexual health services available within an area which also decreases the chances of successfully treating individuals, their contacts and their sexual networks.

The UK introduced the Venereal Diseases Act in 1917 due to the crippling effect of STI’s on their armed services. Fighting sexually transmitted infections like syphilis with a coherent, anonymised sexual health
service would be beneficial in helping to keep a country healthy with all the economic benefits that brings. If this does not happen, syphilis, like many sexually acquired infections, will rapidly become endemic.

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7 Marshall R. The British Army's fight against Venereal Disease in the 'Heroic Age of Prostitution' http://ww1centenary.oucs.ox.ac.uk/body-and-mind/the-british-army%E2%80%99s-fight-against-venereal-disease-in-the-%E2%80%98heroic-age-of-prostitution%E2%80%99/