

STIs: NOT JUST FOR WOMEN

The increased incidence of STIs in the UK has been hitting the headlines. One of the main challenges ahead is to make men sit up, take notice and get tested.

The UK Department of Health's long-awaited White Paper on public health — *Choosing Health: Making Healthy Choices Easier* — was published in November 2004. The paper sets out a variety of proposals and strategies to reform the approach to public health in England, highlighting four main areas for attention: smoking, obesity, alcohol and, perhaps surprisingly at first glance, sexual health.

The incidence of sexually transmitted infections (STIs) in the UK has been increasing steadily since 1995. Figures from the UK's **Health Protection Agency** (HPA) show that during 2002–2003 the number of new diagnoses of genital chlamydial infection increased by 8%, that syphilis diagnoses increased by 28% in men and 32% in women, and that the total number of new STI cases seen in genito-urinary medicine (GUM) clinics in England, Wales and Northern Ireland in 2003 was more than 2 million. Additionally, the annual costs associated with treating STIs in the UK are estimated to exceed £700 million. Thus, although the inclusion of sexual health in the White Paper may be surprising to some, it has become increasingly clear in recent years that STIs other than HIV are a major public health problem in their own right.

However, although the fact that STIs are now high on the agenda for UK officials is welcome, one can forgive specialists working in the area for being sceptical. The publication of the White Paper comes just two years after the implementation of a national strategy on sexual health and HIV, which aimed to modernise sexual health and HIV services and which brought £47.5 million of extra investment. It is now generally acknowledged that much of this extra money was diverted into other areas judged more deserving by local managers. It is therefore essential to ensure that the £130 million earmarked in *Choosing Health* for improvements in GUM clinics actually reaches these targets. It is also noteworthy that the increased incidence of new cases is already having a huge impact on the workload in GUM clinics and a serious knock-on effect on waiting times: in 2002, the average

time to first appointment was already 14 days for women and 12 days for men. Thus, it is not only important that the extra investment actually reaches the clinics but that it does so quickly and preferably before the launch of a new public information campaign.

Chlamydia is the most common bacterial STI in the UK and so receives specific attention in the White Paper. About £80 million has been allocated to allow a chlamydia screening programme — in which opportunistic screening for chlamydia is offered in a variety of both healthcare and non-healthcare settings — to be rolled out across England. In a recent publication in *Sexually Transmitted Infections*, the results from the first year of the phased implementation of the screening programme were analysed¹. More than 16,000 tests were performed in 302 non-GUM settings, and the rate of positivity — 10.1% in women and 13.3% in men — was in accordance with that found in a pilot scheme and also in similar schemes in other countries. The results support the use of an opportunistic screening strategy, and it is encouraging to note that the second-highest volume of screening was in local general practices, perhaps assuaging some fears that it would be difficult to involve GPs in the scheme.

Perhaps the key observation from the first year of screening however, is that of the 16,413 tests performed only 1,172 were in men. The long-term sequelae of chlamydial infection in women, such as pelvic inflammatory disease and ectopic pregnancy, are well known, but the effects in men can be equally serious, particularly as research from the past year indicates that chlamydia infection may be linked to infertility in men. Additionally, it is also known that although the rate of asymptomatic infection in men is lower than it is in women, at >50% it is still extremely high. Any further public health campaigns on STIs in the UK, and indeed worldwide, should therefore focus on alerting young men to the dangers of neglecting their sexual health.

1. LaMontagne, D. S. *et al.* *Sex. Trans. Infect.* **80**, 335–341 (2004).

‘STIs other than HIV are a major public health problem in their own right’