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
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
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 hets 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/anonymou anonymous partners
- Range of sexual behaviours reported
  - All reported oral sex and oral-anal contact

\[ \text{Range} \]
- HIV+ve: 2-200
- HIV-ve: 1-350

\[ \text{Range} \]
- HIV+ve: 0-50
- HIV-ve: 1-90

\[ \text{Range} \]
- HIV+ve: 1-12
- HIV-ve: 1-15

*p<0.05
Anal intercourse with casual partners (previous 2 weeks)

**Insertive AI**

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<th>HIV status</th>
<th>Al no Condom</th>
<th>Al with condom</th>
<th>no Al</th>
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<tr>
<td>HIV neg/ut (n=20)</td>
<td>1</td>
<td>4</td>
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<td>HIV pos (n=20)</td>
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**Receptive AI**

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<td>2</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
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*p<0.05*
Fisting frequency

**Insertive***

- HIV neg /ut (n=14)
- HIV pos (n=20)

**Receptive**

- HIV neg /ut (n=14)
- HIV pos (n=20)

* *p<0.05
History of STIs

- Gonorrhoea
- Chlamydia
- Syphilis
- LGV
- Hep C

HIV neg /ut (n=14)
HIV pos (n=20)
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

*P<0.05
Which ‘Chem’ drugs used?

- Crystal meth*
- GHB/ GBL*
- Mephedrone
- Ketamine

* p<0.05

- HIV neg /ut (n= 10)
- HIV pos (n= 17)
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
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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