

B&H SH NEWS

THE news resource for sexual health professionals within Brighton & Hove

Winter 2015

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SIALON II: CONDUCTING 2ND GENERATION HIV SURVEILLANCE AMONG MSM

SIALON II in Brighton: Working in collaboration with gay businesses to conduct second generation HIV surveillance and prevention activities among MSM

Led in the UK by Dr Nigel Sherriff from the Centre for Health Research at the University of Brighton, SIALON II has been running in Brighton since 2011 and is due to finish in early 2015.



WELCOME TO THE WINTER B&H SH NEWS!

WELCOME to the Winter 2015 edition of The Brighton & Hove Sexual Health News. This publication brings you a comprehensive round-up of news, statistics, strategies, campaigns, events, training and any other information that is relevant to the professional who works in sexual health within Brighton & Hove.

This quarterly publication has been produced for the Sexual Health HIV Prevention Domain Group and replaces the S.H.A.G Newsletter that was previously circulated.



WE WANT TO HEAR FROM YOU!

This publication is produced for you but also by you. To make it better we would like to ask you to contribute articles and information that you feel would be beneficial to include and share within the group. Please email info to: Marc.Tweed@tht.org.uk.

If an organisation and/or individual would benefit from receiving this publication as a PDF via email please send a request to: Marc.Tweed@tht.org.uk.

CONTRIBUTIONS TO B&H SH NEWS

This publication is produced quarterly. If you have an article that you would like to include please email it to Marc by the **24th April 2015**.

MAKING IT BETTER

We want to know how this publication can be improved and we do welcome your feedback.

SAVING RESOURCES

The B&H SH News has been produced as an interactive Adobe Acrobat PDF document which features live web links and 'one-click' email address contacts. We suggest that you have the most recent version of the Adobe Reader software installed on your computer which can be found at www.adobe.com/reader

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B&H SH NEWS

THE news resource for sexual health professionals within Brighton & Hove

THE SEXUAL HEALTH CLINIC SPECIFICALLY FOR TRANS PEOPLE



Both walk-in and booked appointments are available.

To book an appointment call 01273 664 716 and ask for a CLINIC T appointment.

For a walk-in, just turn up at the Lawson Unit between 5-6pm.

CLINIC T runs on a Wednesday evening from 5-8pm once every 12 weeks.



Visit the link below for the date of the next Clinic T.
www.brightonsexualhealth.com/CLINIC_T



University of Brighton

THE SIALON II PROJECT IN BRIGHTON & HOVE

SIALON II in Brighton:
Working collaboratively with gay
businesses to conduct second generation
HIV surveillance and prevention activities
among MSM.

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WORKING TOGETHER WITH GAY BUSINESSES TO TACKLE HIV

Working collaboratively with gay businesses in delivering outreach for Men Who Have Sex with Men (MSM) is crucial in order to maximise the potential opportunities to reach those whom might not otherwise engage in HIV prevention and/or health promotion

interventions or services across Europe. However, the extent to which non-governmental organisations (NGOs) engage successfully with gay businesses to implement outreach and prevention activities for MSM differs greatly; despite evidence pointing to the potential of gay venues for public health and health promotion interventions^{[1] [2]}

In the UK context, the Terrence Higgins Trust (THT) in Brighton and nationally, has embraced collaborative working with gay venues as part of its ongoing outreach programmes for gay and other MSM. Moreover, THT has participated actively in a number of European public health and research initiatives which have engaged a wide range of different gay

business types in prevention and other health promotion activities, such as the Sunflower Project, the Everywhere Project (www.everywhereproject.eu), the Everywhere in Japan project (Daiwa Foundation), and more recently, the SIALON II project (www.sialon.eu).

Sialon II

THE SIALON II PROJECT

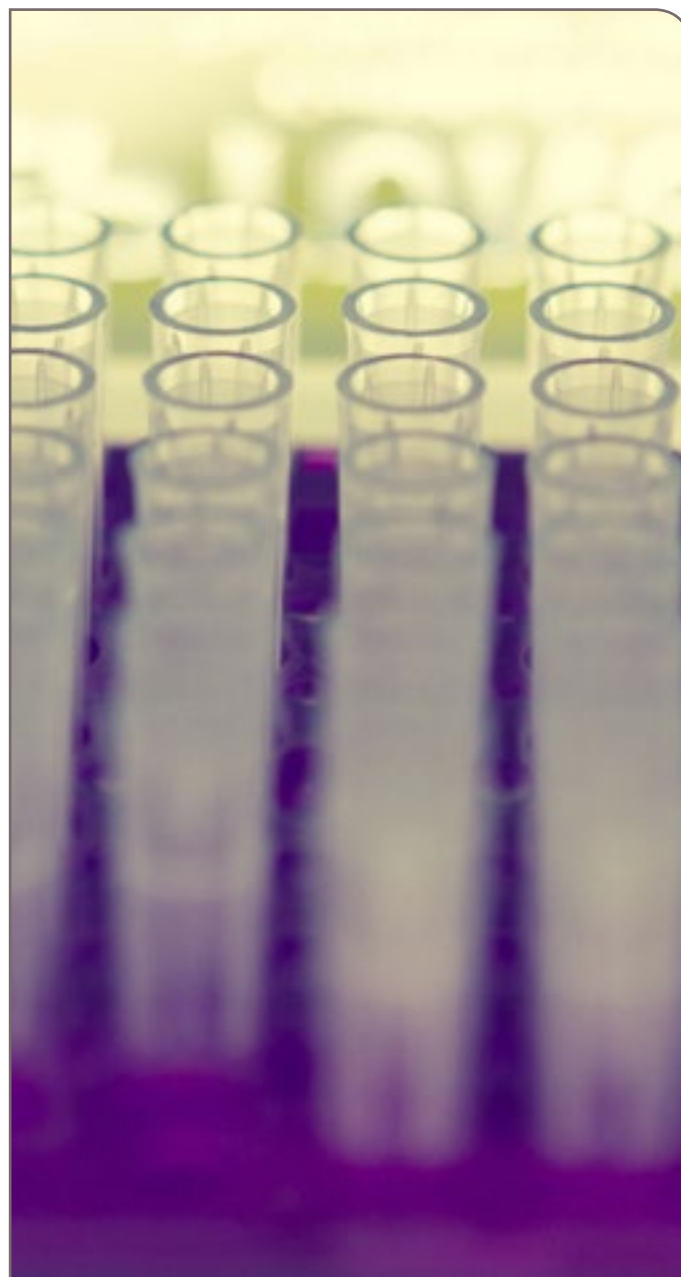
Led in the UK by Dr Nigel Sherriff from the Centre for Health Research at the University of Brighton, SIALON II has been running in Brighton since 2011 and is due to finish in early 2015. Coordinated in Europe by Dr Massimo Mirandola of the Regional Coordination Centre for European Project Management (CReMPE) in Verona, Italy, SIALON is a multi-partner cross-sectional survey engaging over 6,000 MSM in 13 European cities including Barcelona (Spain), Bratislava (Slovakia), Brighton (UK), Brussels (Belgium), Bucharest (Romania), Hamburg (Germany), Lisbon (Portugal), Ljubljana (Slovenia), Sofia (Bulgaria), Stockholm (Sweden), Verona (Italy), Vilnius (Lithuania), and Warsaw (Poland).

In partnership with the WHO, UNAIDS, and local partner organisations including THT South, SIALON II aims to conduct a large-scale bio-behavioural survey among MSM in Europe in line with a Second Generation Surveillance System (SGSS) approach (see box 1), as well as

implement meaningful and targeted prevention activities. Although SIALON II is primarily a research project, it is also a capacity building project focusing on the development of individual capacity (e.g. skills and knowledge regarding alternative methods of testing, virology, research methodologies) and organisational capacity (e.g. SIALON outreach and prevention activities linking specifically to local NGO agendas).

SIALON II PROJECT OBJECTIVES

- To implement a bio-behavioural survey using Time-Location Sampling (TLS) and Respondent-Driven Sampling (RDS);
- To estimate HIV prevalence (using oral fluid) among MSM through TLS in nine European countries (Belgium, Bulgaria, Germany, Poland, Portugal, Slovenia, Spain, Sweden, UK);
- To estimate HIV, Syphilis, HBV, HVC prevalence among MSM through RDS in four European countries (Italy, Lithuania, Romania, and Slovakia);
- Identify, describe and analyse sexual risk behaviour patterns, prevention needs and sexual health in the MSM population through a survey modelling the relationship between risk behaviour, socio-ecological or contextual factors and biological samples;
- Pilot the testing algorithm for a syphilis rapid test in the MSM population in the context of a surveillance system.





University of Brighton

The full methodological details of the entire SIALON II project will shortly be available on the project website (www.sailon.eu) as well as in peer reviewed journals. The full and detailed results of the study are expected to be available in summer 2015 once they have been approved formally by the WHO and the European Commission. Once the embargo has been lifted, findings relating to Brighton will be presented in this newsletter including estimated HIV prevalence as well as sexual risk behaviour patterns, substance (mis)use, sexual health indicators, and access to prevention programmes and testing. Data relating to other European cities will, where possible, also be presented.

SIALON II IN BRIGHTON

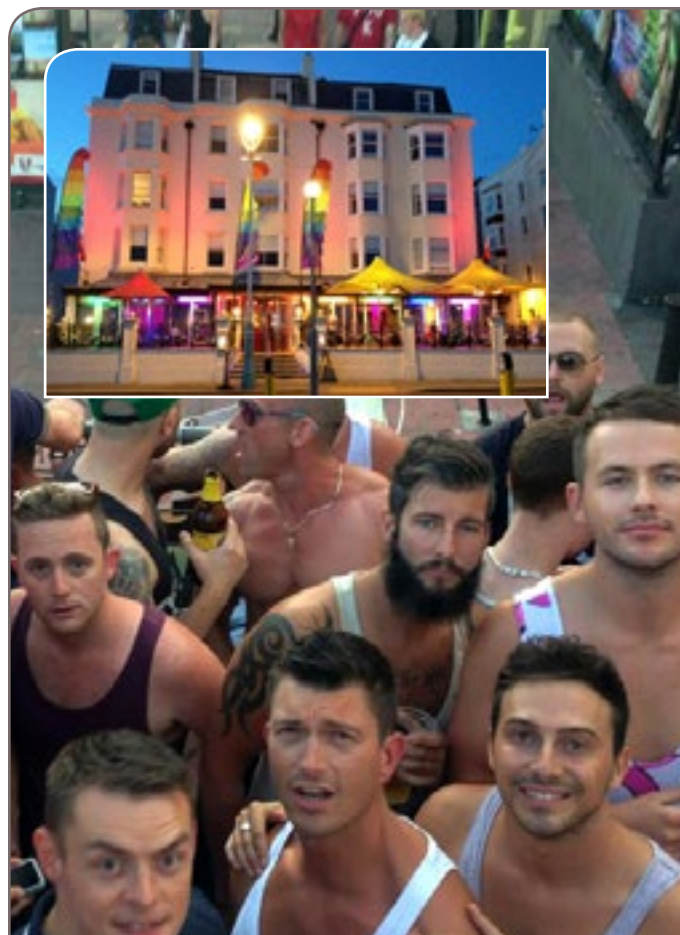
The SIALON II project received ethical approval for the technical components of the study from the WHO Research Project Review Panel (RP2) in 2012, followed by full approval in 2013 by the Research Ethics Review Committee (WHO ERC). Ethical approvals were

also received from the relevant institutional review board in each participating city; for Brighton, approval was received from the Faculty of Health and Social Sciences' Ethics and Governance Committee (FREGC).

SIALON II activities were conducted in Brighton in three phases as follows:

PHASE 1 (2011–2012): FORMATIVE RESEARCH

Preliminary formative research was conducted in all participating cities, and in Brighton with the cooperation of THT. This aspect of the research used questionnaires designed by the Robert Koch Institute in Berlin in order to explore in detail, the local context of the respective study sites. This included examining areas such as previous research using Time-Location Sampling or Respondent-Driven Sampling, data on gay-friendly commercial and non-commercial sites, HIV and STI testing opportunities, treatment guidelines, existing prevention and outreach activities and so on. Findings from this formative research data



were used in conjunction with access to secondary data from the European MSM Internet Survey (EMIS) [3]. Together, the results of this early phase were used to inform all aspects of the project design such as the SIALON II prevention campaign [4], the design of the study procedures and protocols (including sampling, questionnaire designed, and procedures), as well as starting the process of identifying and securing, the collaboration of local gay businesses.

PHASE 2 (2013): BIOLOGICAL AND BEHAVIOURAL SAMPLE COLLECTION

In each SIALON II country, a sample size of $n=400$ MSM per city was calculated. In Brighton, a total of 418 MSM matched biological and behavioural samples were collected using Time Location Sampling (TLS) via the collaboration of 11 local gay venues. Data collection took place over two months in April and May 2013. For inclusion in



the study, MSM had to be present in one of the participating venues, have had any kind of sex (oral or anal, penetrative or not) at least once with another man in the previous 12 months, be able to provide anonymous informed consent, agree to complete the study questionnaire, and agree to provide an oral fluid sample.

Prior to the collection of an oral fluid sample, MSM were asked to complete a self-administered pen-and-paper behavioural questionnaire comprising of 36 items. This questionnaire was designed by the SIALON II network in line with the GARPR indicators (Global AIDS Response Progress Reporting) and piloted in each country prior to the main data collection. On completion of the survey, MSM were asked to give an oral fluid sample which would later be tested for HIV. A unique identification number (barcode) was used in order to identify each questionnaire to link the behavioural information with the biological data. This approach was also used in order (i) to guarantee the privacy/anonymity of



the participants and (ii) to minimise the potential for any mistakes in linking the different types of information.

As part of the data collection process, prevention activities were also conducted on the initial approach to

participants. Each MSM approached was offered a prevention pack and project information sheet. For those MSM who went on to participate, following the completion of the questionnaire and oral fluid sample, multiple-choice 'scratch' cards were used by the

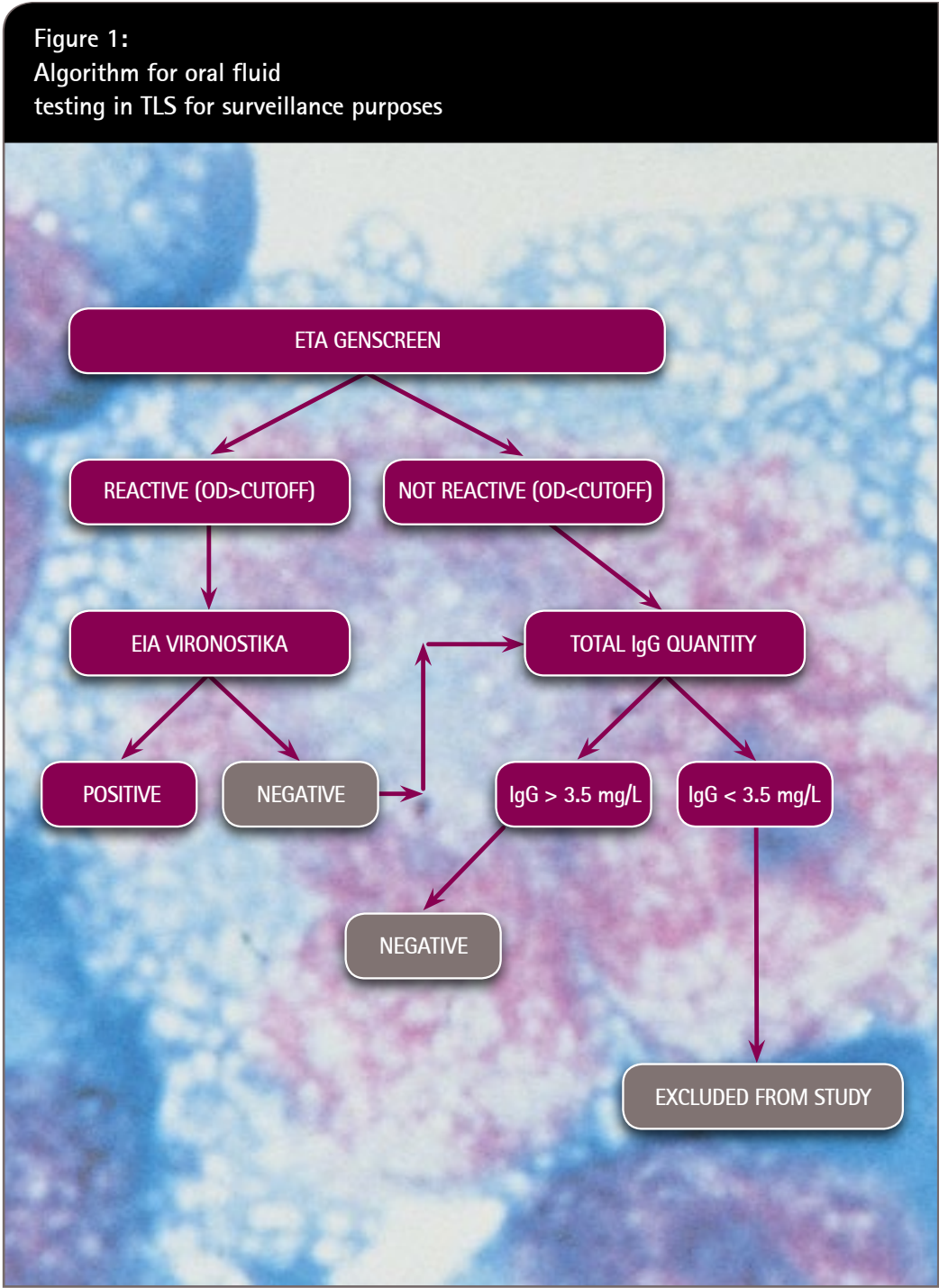
data collector as a means of engagement and knowledge development. In total for Brighton, over 1000 SIALON II designed condom and lubricant packs were distributed, 500 project information sheets, and a further 500 prevention 'scratch' cards.



University of Brighton

VIROLOGY

Oral fluid collection was accomplished using ORACOL devices (Malvern Medical Developments, Worcester, UK). Samples were sent to the laboratory no more than 72 hours after collection. HIV-antibody testing on the oral fluid samples was performed according to the manufacturer's instructions of GENSCREEN HIV 1/2 version 2, BIO-RAD. All HIV-reactive samples were re-tested with Vironostika HIV Ag/Ab, Biomerieux. In the case of an HIV-reactive result in one or both tests, participants were encouraged during post-test counselling to be re-tested from blood via local care pathways. As a quality control, for each oral fluid sample, a total IgG antibodies ELISA test Human IgG ELISA Kit 1x96, Quantitative/ Immunology Consultants Laboratory was used in order to assess the sample suitability for testing. Before testing, each sample was diluted 1/250 by a recovery buffer. Samples below 3.5 titre (cut-off) were excluded from the study as being invalid (see Figure 1).



COLLECTION OF RESULTS

7-10 days after data collection, participants were able to collect the

results of their oral fluid test from THT using their unique barcode identifier. In the case test results were reactive, participants were

encouraged to be re-tested on blood via local testing services as well as undertake a full sexual health screen.



PHASE 3 (2014–2015): STATISTICAL ANALYSIS AND REPORTING

At the time of writing (January, 2015), statistical analysis of the entire European data set for the SIALON II is well under way and is due to be completed by Spring 2015. As noted earlier, once completed, the findings have to be approved by the WHO and the European Commission before the embargo on presenting the data is lifted. Whilst frustrating for all those involved in the study, such procedures are necessary to ensure the data and reporting are robust.

The results of the HIV prevalence estimates for MSM using gay venues in Brighton as well as the behavioural data will be presented in this newsletter as soon as possible following approval. Findings will also be reported in appropriate academic journals in due course, as well as in 'highlight' format for gay businesses and other local community organisations.

FURTHER INFORMATION

SIALON II is coordinated by the Regional Coordination Centre for European Project Management (CRemPE), Verona University Hospital, Veneto Region, Italy. The SIALON II project is co-funded by the European Commission's Public Health Programme 2008–2013 (Grant Agreement No. 2010 1211). The contents of this document are the sole responsibility of the authors and can under no circumstances be regarded as reflecting the position of the European Commission or the SIALON II Project Steering Committee.

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ACKNOWLEDGEMENTS

* The SIALON II Network includes all of the institutions, NGOs, and researchers participating in the project.

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- [2] Sherriff, N.S., & Gugglberger, L. (2014). A European Seal of Approval in HIV prevention for 'gay' businesses: findings from an HIV prevention pilot project in eight European countries. *Perspectives in Public Health*, 134(3), 150–159.
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THT BRIGHTON LAUNCH HIV STIGMA STATEMENT

In the lead up to World Aids Day (WAD) on December 1, Terrence Higgins Trust (THT), the national sexual health charity launched a HIV STIGMA statement at their Brighton Office on Friday, November 28 in the presence of their Chief Executive, Dr Rosemary Gillespie, local politicians and health professionals.

Politicians attending the event included Cllr Jason Kitcat, the Green Leader of Brighton & Hove Council, Cllr Geoffrey Theobald, the leader of the Conservative Group on the City Council, Cllr Graham Cox, the Conservative Prospective Candidate for Hove & Portslade and Katy Bourne, the Sussex Police & Crime Commissioner. Simon Kirby MP for Brighton Kemptown & Peacehaven was not able to attend but sent along a message of support.

In her speech, Dr Rosemary Gillespie the newly appointed Chief Executive of THT said that everything was on course to sustainably defeat HIV within a generation and reminded everyone that THT was formed by a group of friends of Terry Higgins, one of



the first people to die of the illness in the UK, who were outraged that he had died alone and frightened because of STIGMA surrounding HIV/ Aids at the time by health professionals.

Three speakers from Positive Voices, told their poignant stories about how they had been affected by Stigma and how they had learnt to challenge it.

The meeting was hosted by THT's Regional Manager Sue Peters and the presentation was delivered by THT's Health Promotion Coordinator for Community Engagement and Outreach, Ross Boseley.

BRIGHTON & HOVE

HIV STIGMA STATEMENT

HIV Stigma is driven by shame, fear, difference and ignorance. Despite huge progress in care and treatment for people living with HIV over the last three decades, reducing the stigma around HIV has taken longer and proven difficult to address.

HIV is still a stigmatised condition and discrimination and prejudice remain issues of concern for people living with HIV.

Fear of stigma and experiences of injustice can have a profound effect on individuals, causing isolation for those affected, which in turn can have significant implications for society as a whole. Stigma prevents people being open about their condition and inhibits the kind of open discussion that is needed to challenge society's lack of knowledge and understanding about HIV.

People have been bullied, intimidated and even threatened with violence because of their HIV status. Stigma and prejudice can compromise personal relationships, and fear of disclosure can prevent people from accessing the kind of basic support that other people living with long term conditions can expect from family and friends.

The fear and isolation this creates can have a harmful effect on a person's physical and emotional health. In many instances, people living

with HIV can require more support in dealing with the stress and anxiety caused by HIV stigma, than with the physical impact of the virus. Mental ill health and depression in particular are common experiences for people living with HIV.

From a public health perspective, HIV stigma also acts as a major barrier to HIV testing. It discourages people from coming forward for testing and can be a barrier to doctors recommending tests to people who may be at risk. This undoubtedly has an impact on the numbers of people who receive a late diagnosis in the UK which currently stands at about 50 per cent of all diagnoses.

We can all play a part in tackling HIV stigma, by learning the facts about HIV and recognising that people living with HIV have equal rights and should not be defined by their HIV status.

We stand together to ensure that everyone has access to support, services, information and advice which can help to defeat HIV infection and HIV stigma.

IN ATTENDANCE AND SUPPORTED BY:

Alice Hannon
American Express

Caroline Beardall
Sussex Community NHS Trust

Emma Amy
Southern Water

Graham Cox
Conservative Parliamentary Candidate
Hove and Portslade 2015

Geoffrey Theobald
Brighton & Hove Conservative Party

James Ledward
G-Scene

Jason Kitcat
Brighton & Hove City Council

Katy Bourne
Police & Crime Commissioner for Sussex

Michael Nelson
Peer Action

Simon Dowe
The Sussex Beacon

Stephen Nicholson
Brighton & Hove City Council

Stuart Christie
Brighton & Hove Albion in the Community

Tereza Kaplanova
Sussex Partnership NHS Foundation Trust

Warren Morgan
Brighton & Hove Labour Party
and Co-operative Group

Message from Simon Kirby MP
Member of Parliament for
Brighton Kemptown & Peacehaven

“ I am sorry not to be able to join you at the launch of Terrence Higgins Trust's HIV Stigma Address but my Parliamentary duties mean I have to be at Westminster today.

HIV stigma is a serious issue that needs to be tackled. This is why I welcome Terrence Higgins Trust's HIV Stigma Address which will raise awareness of the issue of HIV stigma.

I am pleased to continue to support Terrence Higgins Trust in its excellent work to improve HIV testing and to tackle HIV stigma.

I hope the launch goes well and I look forward to keeping in touch. ”



Public Health
England

UK STINGA INDEX 2015 SURVEY IS NOW LIVE

Public Health England and The People Living with HIV Stigma Index invite you take part in the UK People Living with HIV Stigma Index 2015, an initiative driven BY people with HIV, FOR people with HIV.

www.stigmaindexuk.org

The UK Stigma Index 2015 aims to identify whether people living with HIV in the UK experience HIV-related stigma and discrimination, and to describe how such stigma affects their daily lives.

Any adult (aged 18+) living with HIV in the UK is invited to participate.

It is an online survey that takes 20 to 40 minutes to complete.

You can complete the survey on any device with internet access.

Your individual responses will remain strictly anonymous and confidential.

Your participation is voluntary, so please take time to decide whether or not to take part.

UK STIGMA INDEX 2015 SURVEY



www.stigmaindexuk.org



The logo for Positive Voices features the words "positive" and "Voices" in a white, lowercase, sans-serif font. The word "Voices" is larger and bolder than "positive". The text is enclosed within a white, hand-drawn, oval-shaped border that has a slightly rough, textured appearance. The background of the entire poster is dark, with a prominent red diagonal band running from the bottom left towards the top right, which has a subtle woven texture.

positive
Voices

Personal stories of living with HIV

A service for
schools, universities
& organisations

To find out more or to book
Positive Voices, please contact:

Sue Riley
Positive Voices Coordinator

Tel: 01273 764 200
Email: sue.riley@tht.org.uk

Brighton and Sussex
University Hospitals

NHS Trust



PERSONAL STORIES FROM PEOPLE LIVING WITH HIV

POSITIVE

I was diagnosed HIV+ through a blood test done by my GP who I had visited due to fatigue and loss of appetite. I was very surprised when I got the diagnosis as I thought I was in a monogamous relationship and he was the first person I had ever had unsafe sex with and secondly as the GP phoned me at work to tell me!!!

This was just over 20 years ago now, originally I carried on working but was burning the candle at both ends and it was not long before I was signed off sick. 6 years ago I had an epiphany and decided not to be a victim of my circumstances anymore and I started to get my health back on track so I could get back to work.

My first job was as a HCA in Worthing hospital, not only had I managed to get myself back to work but I also had found a job that I loved. As far as my HIV status was concerned apart from the ward manager and a couple of people who I became good friends with I never disclosed my status to anyone else, mainly as I never felt that comfortable with most of the staff. I then managed

to get a job in RSCH in a cardiac ward, here again only a couple of people knew my status mainly because I had heard a couple of nurses not being very understanding of one of the patients who was HIV+.

I soon started to look for another ward to work on, this is when I got a job on Howard 2 the then HIV ward, not only did I feel comfortable sharing my status but felt I could help the patients more with my knowledge and experience.

Now after some work in sexual health doing HIV screening I now am working within the diabetic team and to be honest I do not feel I have to hide my status or disclose it, as I am completely comfortable just being me.

Working within RSCH has been so good for me, I have seen the bad and the good, and I have felt uncomfortable about hiding my status but not now.

I work hard and am good with patients showing all I come across respect and dignity and all I ask in return is that I get the same treatment.



MY DECISION

My decision to be open about my HIV status at work was not one I made easily, I thought long and hard before deciding that being open was the best plan for me. I currently work as a Band 7 Night Clinical Lead in West Sussex.

I was diagnosed in May of this year when I contracted a pneumococcus double pneumonia and was seriously ill. My CD4 count was 11 and my viral load was at 2.3 million which in layman's terms means it was very nearly game over. After being told I was positive I cried, felt sorry for myself for a few days but then decided very quickly to dust myself off and get on with things. This somewhat stoic attitude I owe to my father an ex-Army major who has always instilled in myself and my siblings to never wallow in self-pity, something I protested about vehemently as a child but am now so grateful for in a time when I needed all my mental and physical fervour to pull through.

As soon as I returned to work in August I immediately informed my Line Manager and then all the Ward Managers whom I work with and have contact with on a regular basis. Their response was more

than I could have hoped for, they all know me very well and knew that once I had returned to work it would be minimal fuss and business as usual. It is a great comfort to know that I have their support if and when I ever need it. Also from a practical perspective they are able to alert me to any situations that may put me at risk, i.e. patients with C-Diff, TB or shingles which while my immune system is still knitting itself together are potentially perilous for me right now.

I've never been comfortable with not being open and honest and therefore not disclosing my HIV status was never really an option for me. I understand that for many people opening up about their status in the work place is something that they don't feel able to do and that is absolutely right for them. They may be worried about not being accepted or being on the receiving end of negative reactions. I think particularly in Health Care



being open is potentially more daunting than many other professions simply by the very nature of the clinical job we do.

The whole purpose of this article is to gain insight and understanding regarding my decision as a Health Care Professional

to be open about my status at work. With this in mind I feel it would be slightly disingenuous and insincere of me to then remain anonymous, so for the record, my name is Philip Hale, I am an HIV positive nurse, in full time employment and I'm doing just great!!

Brighton and Sussex University Hospitals



NHS Trust

MY STORY

When I was first diagnosed nearly 10 years ago now, it seemed like my life had come to an end. I found myself in a room in a sexual health clinic crying and sobbing uncontrollably thinking that my life was over. This was before I trained to be a nurse. At the time I was travelling around the world having a fantastic time which I thought would all have to come to an end.

The diagnoses itself was a complete shock, I was brought up in a very rural community and sex education let alone HIV & safe sex was never even talked about. When I was diagnosed I thought my hopes of becoming a nurse were completely over. It was not until some years later that by a chance encounter, I met a nurse who was HIV positive and I realised that I could train to be a nurse and not long after, I started my training. This person is now my best friend.

The one thing that I have realised is the incredible amount of mis-information about HIV. I knew so little before I was diagnosed and it is only after I was diagnosed that I realised how ignorant people still are of what HIV is and how it affects people's lives. Not everyone knows that I am HIV positive and in fact I have never told my family. I felt at the beginning that I could not tell them and now because I am so well, I feel that there is no need for them to know, as they

may unduly worry. In many ways I feel quite guilty about it, I am so willing to re-educate some people about HIV but the prospect of having to go through that process with my family frightens me immensely.

I do get angry when I hear other people being flippant about contracting HIV. It is by no means an easy ride, you have challenges to face all the time, and yes it gets easier living and adjusting to the disease. But for me telling people

never gets easier. I am still afraid of being judged and whether we like it or not there is so much stigma attached to this disease. People often ask me what should I say to someone who tells me they are HIV positive. My advice to them is always the same; thank them for sharing that information, because you may have been the first or the last person they decide to tell. Your reaction is the only reaction they may ever know.



THIS IS MY STORY

I am a staff nurse living and working very happily with HIV... this is my story. As a student nurse, I was lucky enough to have a placement within my local GUM/HIV clinic, where I gained valuable insight into diagnosis, treatments and prevention of STI's and HIV. I realise I also gained enough knowledge to know that HIV would never be a condition that would affect me.

I qualified as a staff nurse not long after, and I was very good at 'practising what I preached' and on the occasions where I was perhaps not so 'careful' I would risk assess that situation – and make an educated judgement on my likeliness of contracting anything undesirable. After all, I had worked in this area, understood the risks, and believed my chances of contracting HIV were always negligible through careful risk assessment!!

A couple of years later, I became very sick which was diagnosed as glandular fever by my GP. I remembered at this point from my time spent as a student in GUM/HIV – that glandular fever was a common misdiagnosis for HIV sero-conversion illness.

It took me a further two months before I had an HIV test. This was simply because I believed that I was just being paranoid; that obviously my GP would know best and the fear of actually hearing the words "You are HIV

positive" were becoming all too real. Eventually I went to my local clinic again, this time as a patient. Feeling very embarrassed that after everything I had learnt, I needed to attend for screening. Later that day, I received a phone call with an HIV positive diagnosis. I felt like this was the end of the world for me. I thought my career would be over, life would never be the same, and that if HIV didn't 'kill me off' – the embarrassment of having to return to the clinic would!

Everybody deals with a diagnosis in different ways. For me I kept it safe in a 'little box which I put on the shelf'... thinking at some point in the future when I was ready, I would open the box and deal with it then. Of course, subconsciously I was constantly dealing with it on a daily basis.

I continued working as a nurse, and I would hear other health care professionals talking about

HIV positive patients, sometimes in a negative light; with comments like "oh they're clearly a pillar of society!", and not long after I had qualified a nurse mouthing to me "make sure you wear apron and gloves before talking to them he's HIV positive!". This made me feel ashamed of myself, embarrassed and at an all-time low. It also made me more determined to hide my status, and I lost my confidence as a nurse. I thought if I couldn't take responsibility for my own health – what right did I have to advise patients about making healthy choices for themselves.

Many months later, I opened the little box – and I told some of my close friends and colleagues that I was HIV positive. The response was overwhelming!! And rather than feeling judged and ashamed, I felt supported and respected. I would most certainly have done this much earlier if I had known this would be the response I got.

My career took a change in direction at this point, and I decided to work in the specialist area of HIV and GUM. I was determined to take this negative event in my life and turn it into a positive – and use my experiences to help others.

It's very easy for us to give advice based on the medical expertise we know, and it's easy to tell others what they should be doing – but I can speak from personal experience and I know that every time we take a chance on a situation, we are rolling a dice hoping for a lucky number. The problem with luck is that it will eventually run out. If I can use my experiences to change the attitudes and outcome of even just one person – then I will have made a real difference.

HIV prevalence in Brighton and Hove is high and continues to rise. However, in 2014 we have more ways of preventing HIV than ever before. Get tested, be PEP aware, and don't ever be too embarrassed to go to a clinic.

Brighton and Sussex University Hospitals



NHS Trust

MY STORY

I was diagnosed in 2001 with AIDs and Hep C co-infection after feeling ill for a couple of months. It was a complete shock and by the time the test results came back I went to have a bronchoscopy during which both my lungs collapsed.

It was a very stressful and traumatic time that turned my world upside down.

Even after the initial shock and everything had settled down and I was well enough to start antiretroviral treatment the stress and shock continued as I had to move back to the UK from the USA as my green card was rejected.

I took time to regroup and focus on me and decided I would not let this diagnosis run my life and I would educate myself on the subject and take charge of my life and treatment. It took a while to get to this point and some soul searching at my life and decisions I made and realising that some things that had happened in my life that were out of my control. I was scared of any possible life I could have if I in fact survived.

Due to amazing care I have been lucky enough to clear my Hep C and remain undetectable for over 10 years.

I was also blessed to work within the team at the Lawson Unit in pharmacy which again was unusual as I saw treatment from both sides of the coin, as a patient and as a member of the HIV team.

This was an amazing time in my life where I decided to be very open and honest about my status which was very empowering. I appreciate this may not be an option for all of us but for me it was a smart choice. I always

felt supported by the team and the larger BSUH family and it was just so nice not to have to make up excuses for appointments or blood work and just live my life as me.

I respect the HIV and am well prepared for likely bumps and challenges in treatment in the future, it does not rule me or define me, and it is a part of my life that I cannot change. Anger is pointless, you have to take control, be incredibly

grateful that you have access to treatment and live your life. The mental challenges are as important to deal with as the physical challenges but life is amazing, I am truly blessed and would not have my sexuality, HIV status and life any different than it is.

You have one life, it is yours, live it to the fullest, none of us know where our journey will take us next or how long our journey will be.



CLINIC M

NO JUDGEMENTS

NO LECTURES

**JUST QUICK AND EASY SEXUALLY
TRANSMITTED INFECTION SCREENING.**

CLINIC M is a new sexual health service for gay and bisexual men which takes place on Wednesday evenings from 5.00pm - 8.00pm at the Claude Nicol Centre, Abbey Road entrance. Drop-in slots available from 5.00pm - 6.00pm. For an appointment call: **01273 664721**

Brighton and Sussex
University Hospitals

NHS Trust

Terrence
Higgins
Trust



LOTTERY FUNDED

**CLINIC M: THE NEW SEXUAL HEALTH SERVICE
FOR GAY AND BISEXUAL MEN WHO PLAY HARDER.**

BSUH PEP MEDICATIONS DUE TO CHANGE IN 2015

HIV Post Exposure Prophylactic (PEP) medications at BSUH are due to change in early 2015.

Following guidance issued in October 2014 by the Expert Advisory Group on AIDS, Kaletra (usually given with Truvada in HIV PEP) is no longer being recommended as first-line HIV PEP treatment. The new guidance suggests HIV PEP medication should consist of raltegravir (one tablet, taken two times a day) to be given with Truvada (one tablet, once a day). Just like Kaletra, raltegravir is known to be a very effective HIV medication when used to treat HIV infected individuals.

HIV PEP medications are changing because, compared to Kaletra, there are a number of advantages associated with raltegravir:

1. Raltegravir (an integrase inhibitor) is better tolerated than Kaletra (a protease inhibitor), with a potential improvement in adherence to HIV PEP and therefore better efficacy
2. Integrase inhibitors have fewer drug interactions than other classes of antiretroviral agents, particularly protease inhibitors. This includes prescribed and recreational drugs.
3. When Kaletra is given with domperidone (a frequently used anti-sickness tablet in HIV PEP) there is an increased danger of cardiac arrhythmias. With the new regimen, individuals rarely need an anti-sickness tablet
4. Raltegravir can be stored at room temperature for up to 1 year. It is therefore easier to store in hospital pharmacies, with less wastage due to starter packs expiring



Brighton and Sussex University Hospitals plan to be offer raltegravir and Truvada HIV PEP from early spring 2015. Please remember, HIV PEP can help to reduce the likelihood of acquiring HIV by 80% after a significant exposure. HIV PEP should be started as soon as possible and must be started within 72hrs. HIV PEP can be accessed via the Claude Nicol Centre during clinic open hours, or via A&E at Royal Sussex County Hospital (Brighton) and the Princess Royal Hospital (Haywards Heath) overnight and on bank holidays and weekends. For best effect, HIV PEP medications should be taken without missed or late doses, for a full 28 days.

CLINIC T: SEXUAL HEALTH CLINIC FOR TRANS* PEOPLE

Clinic T is a specialist Sexual Health Clinic created and run especially for Trans* people.

The CLINIC T friendly trained staff can offer an HIV test and a full sexual health screen, as well as answering any questions and queries you might have.

Clinic T runs once every 12 weeks on a Wednesday evening, the next date is scheduled for 4th March 2015

To arrange booked appointments - ring 01273 664 716 and ask for a Clinic T appointment.

For Walk in simply just turn up at the Lawson Unit between 5.00-6.00pm.

Further details can be found at the website: www.brightonsexualhealth.com/clinic_t





EVIDENCE THAT HIV NEGATIVE MSM AT RISK OF HCV VIA SEX

Increasing evidence suggests that hepatitis C virus (HCV) transmits sexually among HIV-negative men who have sex with men, and not just among HIV-positive MSM. Publishing their findings in the *Journal of Viral Hepatitis*, researchers conducted a retrospective study in which they identified 44 HIV-negative MSM with acute hep C at a large, urban British sexual health clinic between January 2010 and May 2014.

The participants' reports about their sexual or drug-using behaviors typically covered the previous three to six months.

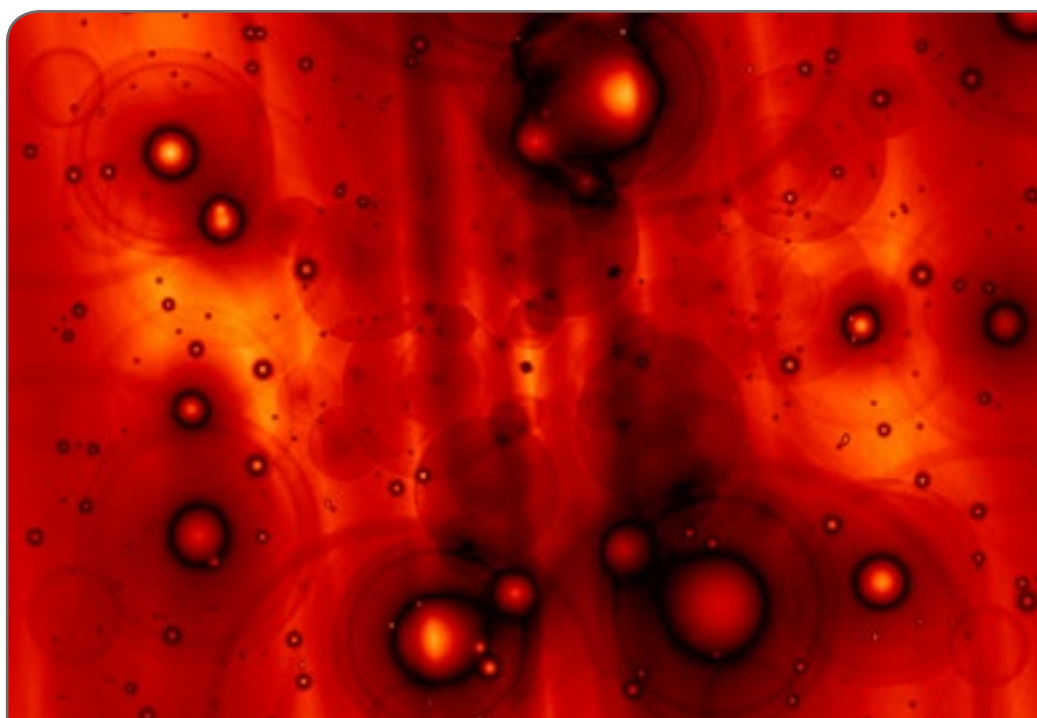
Forty-one (93%) of the men reported recent condomless anal intercourse, with 36 of them (88%) reporting both insertive and receptive intercourse, 4 (10%) reporting only receptive intercourse, and 1 (2.4%) only insertive intercourse. The men reported an average of 7.3 partners, with a range of one to 100 and a median of two. Twelve (27%) of the men said they had had group sex, and 11 (25%) reported engaging in fisting.

Eleven participants (25%) said they had used drugs during sex, with 16 (36%) reporting snorting drugs

and 9 (21%) saying they had injected drugs. It is noteworthy that only about one in five of the men said they had injected drugs, because that is the main alternative way they might have contracted hep C.

Twenty-nine (66%) of the men said they were aware of a sexual partner's HIV or hep C status, with two (4.5%) saying they'd had sex with someone they knew had HCV, 13 (30%) reporting sex with an HIV-positive partner, six (14%) reporting sex with one or

more men coinfecting with HIV and HCV, and nine (21%) saying they had had sex with a partner or partners who they believed were not infected with either virus. Fifteen (3%) of the men's hep C cleared.



THT INTRODUCING NEW RAPID HCV SAUNA TESTING

Since 2011, HIV and sexual health charity Terrence Higgins Trust has offered a rapid HIV testing service at The Brighton Sauna. The weekly drop in takes place every Wednesday evening from 6.00pm – 8.00pm, and uses finger-prick blood tests to offer results within 20 minutes. The service is predominantly for sauna users, but the sauna will also allow free entry to men who just want to access a test.

Viral Hepatitis, researchers conducted a retrospective study in which they identified 44 HIV-negative MSM with acute hep C at a large, urban British sexual health clinic between January 2010 and May 2014.



Testing is free and confidential. Staff from Terrence Higgins Trust provide MSM with information and support before and after the test, and anyone who receives a reactive result is referred to a specialist clinic for further testing. The charity also provides free condoms, along with information and advice on sexual health.

When the service was first launched, Terrence Higgins Trust worked closely with sauna users and management to develop a service that people wanted, a fast and confidential

service in a non-clinical setting. Since then, over 620 HIV tests have been taken at the sauna, and feedback is consistently positive. The service also offers self-administered swabs to test for chlamydia and gonorrhoea.

From January this year a new, three-month pilot initiative offering rapid Hepatitis C tests will be running at the sauna. The service is already proving popular with customers and appeals to men living with HIV who are at particular risk of Hepatitis infection.

Terrence Higgins Trust's Ross Boseley said "We know most gay men in Brighton & Hove are aware of the benefits of regular HIV testing. Some men may not want to visit a traditional sexual health clinic for whatever reason, but it is vital they know their HIV status. This pilot project also provides the opportunity to test whether they have been exposed to the HCV virus and seek appropriate treatment and care.

"Advances in testing means we can now bring our testing services to the places men are; we don't

have to wait for them to come to us. We're very grateful to The Brighton Sauna for continuing to partner with us, and hope it will encourage more men to come forward for testing."

The charity also runs a daily rapid HIV testing service from its Brighton centre on Ship Street. The service is available Monday to Friday from 10.00am – 5.00pm.

For further information on HIV testing services in Brighton & Hove, please contact Ross Boseley on (01273) 764200, or email ross.boseley@tht.org.uk.



CHEMSEX AND THE ASSOCIATED HEP C RISK

HCV continues to be a highly stigmatised disease associated with much fear, ignorance and misinformation. The high-risk groups continue to be injecting drug users, people living with HIV and MSM

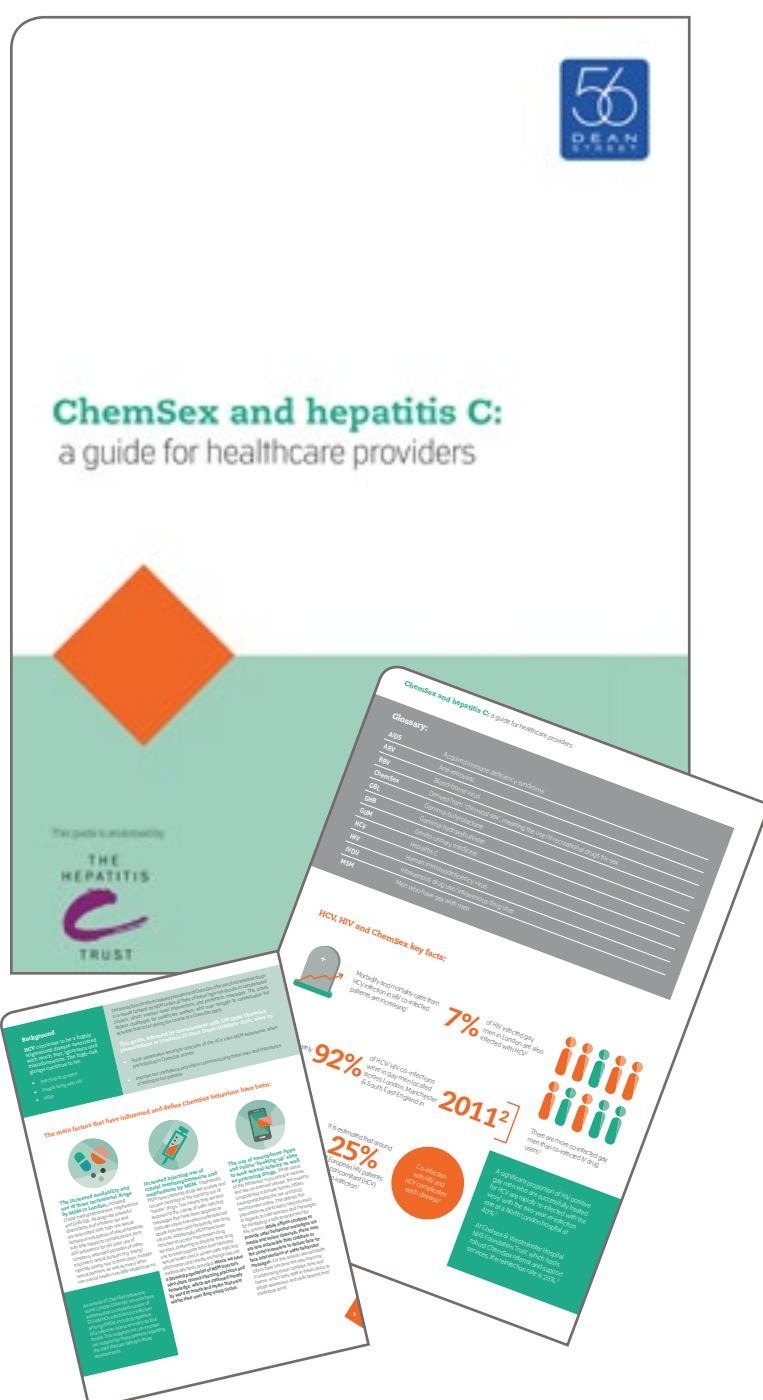
The trends found in the increased prevalence of ChemSex (the use of recreational drugs in a sexual context) by MSM unites all three of these high-risk groups in concentrated clusters, which warrant novel interventions and prevention messages. This poses distinct challenges for healthcare workers who may struggle to contextualise the activities that occur during the course of a ChemSex party.

This guide informed by conversations with 500 MSM ChemSex presentations to London's 56 Dean Street GUM/HIV clinic, aims to:

- Raise awareness amongst clinicians of the HCV risks MSM experience when participating in ChemSex activity
- Improve our confidence and skill in communicating these risks and importance of testing to our patients

Please click on the following link to view or download your PDF guide:

www.code-clinic.co.uk/RXUKCOMM01187e-Co-infection HCP booklet FINAL.pdf



Health Promotion Drugs & Alcohol Training Programme 2014–2015



School Holidays	April 2014 07/04–18/04	May 26/05–30/05	June	July 24/07	Aug	Sept 04/09	Oct 27/11–31/11	Nov	Dec 22/12	Jan 2015 05/01	Feb 16/02–20/02	Mar 30/03–10/04
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Supporting Health Behaviour Change RSPH accredited, Level 2 Award



This is a 2-day course. Accreditation is optional, and is linked to an additional 3 hour workshop and a multiple-choice exam. Cost: £177, payable to the Royal Society of Public Health by the candidate or their organisation.

Learning outcomes:

- Describe two theories of behaviour change and apply the basic concepts to practice
- Demonstrate understanding of what helps and hinders the behaviour change process
- Use a range of skills to support client thinking, decision making and active change processes
- List the principles of Motivational Interviewing
- Practice a range of basic skills and techniques for motivating change

Thurs 10th & Fri 11th July 2014
Thurs 16th & Fri 17th Oct 2014

Thurs 4th & Fri 5th Dec 2014
Thurs 26th & Fri 27th March 2015

Domestic Abuse & Substance Misuse



Learning outcomes:

- Identify the issues facing clients who are affected by both domestic violence and substance use, and how these issues may affect or obstruct their access to appropriate service provision
- Outline strategies and skills appropriate to addressing presenting needs of clients who are experiencing domestic abuse and problematic substance use
- Approach the dual issues in an integrated way through partnership working and effective referral processes

Fri 23rd May 2014

Thurs 9th Oct 2014

Blood Borne Viruses & Vulnerable Populations



Learning outcomes:

- Describe the epidemiology, transmission and screening of BBVs
- Explore attitudes and how they impact on service delivery
- Identify health and safety issues for service users and the workforce in relation to BBVs
- Identify and promote safer injecting and safer sex practices
- Identify and know how to refer to health protection services

Wed 2nd July 2014

Alcohol & Ageing



Learning outcomes:

- Recognise indications of alcohol misuse in the over 50's
- Communicate health risks of alcohol misuse to professionals, colleagues and older people
- Describe the principal helping agencies and the services they provide
- Practice delivering brief advice / interventions to this age-group

Fri 3rd Oct 2014

Wed 25th Feb 2015

Alcohol & Young People



Learning outcomes:

- Describe the effects and risks alcohol can present to young people
- Identify the social constructs that surround alcohol and how this can influence young people's use
- Explain the importance of brief interventions to enable young people who do not need specialised treatment to change their drinking behaviour to reduce risk
- Carry out screening and referral assessments

Thurs 10th July 2014

Wed 5th Feb 2015

Cannabis: All You Need to Know



Learning outcomes:

- Identify the effects and risks of cannabis
- Describe the various varieties and potencies of cannabis and the methods of use
- Discuss the current evidence on links between cannabis use and mental health
- Explain the use of brief interventions and harm reduction approaches with cannabis user

Wed 18th June 2014

Wed 3rd Dec 2014

Drug & Alcohol Basic Awareness Course OCN accredited, Level 2, 1 Credit



Identify the reasons for substance use and the impact it can have on users, their families / carers and the wider community. This is a two-day course.

Learning outcomes:

- Understand how values, beliefs and language shape attitudes to substances and substance users
- Know about substances, their use and effects
- Recognise indications of substance misuse and refer individuals to specialists
- Identify and respond more effectively to substance misuse in your work
- State the range of helping agencies locally and nationally

Thurs 12th & Fri 13th June 2014
Thurs 18th & Fri 19th Sept 2014

Thurs 6th & Fri 7th Nov 2014
Thurs 22nd & Fri 23rd Jan 2015

'Legal Highs' & Emerging Trends



Learning outcomes:

- Identify changing patterns of use
- Increase knowledge of new substances
- Feel confident in responding to emerging trends
- Identify and respond to clients' needs

Thurs 15th May 2014
Friday 26th Sept 2014

Wed 26th Nov 2014
Fri 20th March 2015

Alcohol Screening, Brief Advice & Brief Interventions



Learning outcomes:

- Define and explain national key messages around alcohol
- Recognise the importance of brief interventions to enable people who do not need specialised treatment to change their drinking behaviour
- Practice skills and gain confidence in raising the issue of alcohol use with the client
- Carry out screening using the FAST and AUDIT screening tools
- Delivery of simple brief advice and interventions around alcohol
- Identify when and how to refer dependent and / or more problematic drinkers to specialist services

Fri 6th June 2014
Fri 12th Sept 2014
Wed 12th Nov 2014

Fri 16th Jan 2015
Wed 11th March 2015

Dual Diagnosis: Substance Misuse & Mental Health



Learning outcomes:

- Develop knowledge of dual diagnosis – definitions, attitudes & experience
- Understand the nature of the complex relationship between mental ill health and substance misuse
- Identify and respond more effectively to clients with dual diagnosis in your work
- Identify key issues facing clients affected by both substance misuse and mental health issues and how these issues may affect or obstruct their access to appropriate service provision
- Be aware of treatment pathways and key service providers in the city

Fri 14th Feb 2014
Fri 11th July 2014

Wed 10th Dec 2014

Alcohol, Substance Misuse & Capacity



Learning outcomes:

- Discuss dual diagnosis in relation to substance misuse and mental health problems
- Discuss how alcohol and substance misuse can impact on an individual's decision making
- Consider how the Mental Capacity Act and Mental Health Act can affect those with substance misuse and alcohol problems
- Discuss safeguarding in the context of substance misuse and alcohol use
- Consider appropriate interventions in the context of substance / alcohol misuse
- Discuss roles and responsibilities in relation to multi-agency working

Wed 23rd April 2014

All courses are held in Brighton & Hove and run from 9.30–4.30, except 'Alcohol Screening, Brief Advice & Brief Interventions' (9.30–3.00) and 'Alcohol & Ageing' (9.30–2.30).
Visit: <http://tinyurl.com/jtq8ah> for more information. Apply online and send form to courses@brighton-hove.gov.uk.
All training is free, although a late cancellation fee applies.



Bespoke training sessions are available to teams of professionals whenever practicable. Please contact the Health Promotion Team on 01273 823056 for more information.

Your best source of drug and alcohol information, plus advice on where to get help in Brighton and Hove:
www.thinkdrugs.com / www.twitter.com/thinkdrugs / www.facebook.com/brightonandhoveyouth

Sussex Partnership
NHS Foundation Trust



Other courses in the city include: Overdose awareness and Penoxad / Naloxone training, PATCHED parents and carers training, ru-OK? screening tool training, and suicide awareness and response. Visit www.thinkdrugs.com (professional section) for more information or ask your line manager.
Community Justice Award, City & Guilds Level 2: <http://www.sussexdowns.ac.uk> for information about the availability of this course (Runs Jan–Oct)

Certificate in Substance Misuse – Early Interventions with Young People: <http://tinyurl.com/CISMEWY> (part-time, 30 credits, University of Chichester)

Criminology and Substance Misuse Interventions BA (Hons): <http://tinyurl.com/CASMBIA> (full or part-time, University of Brighton, apply via UCAS)

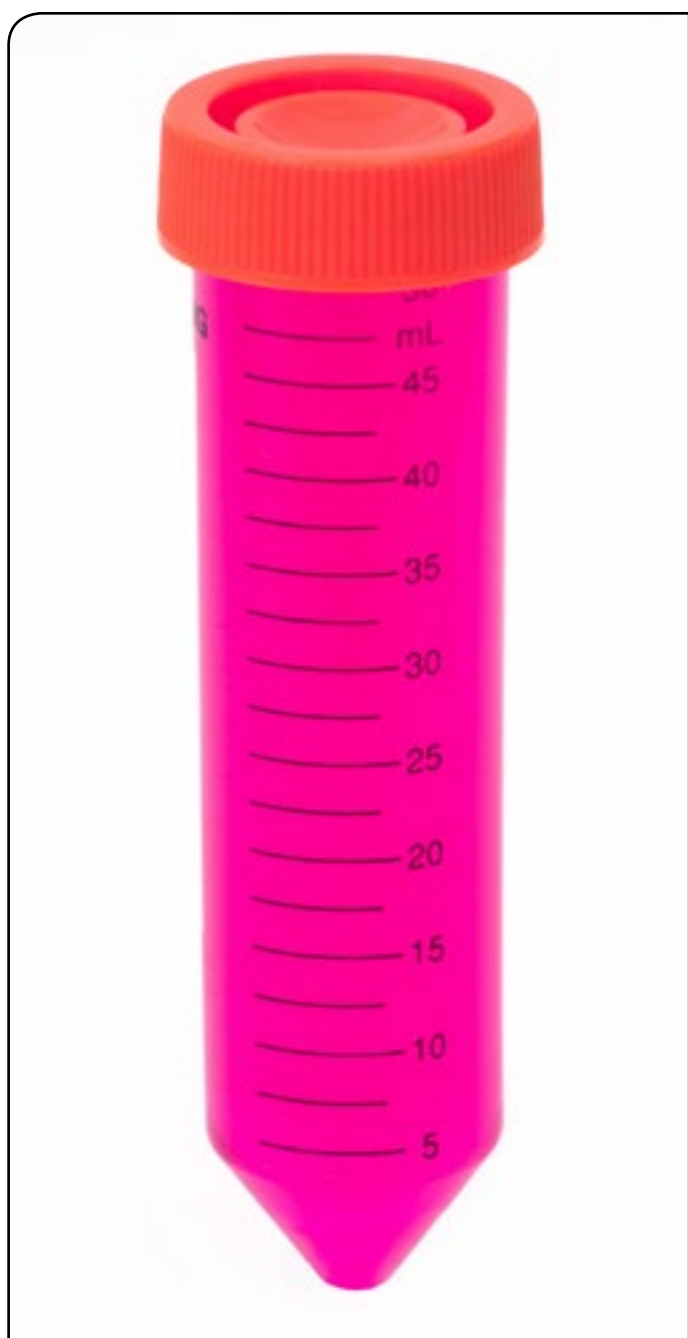
Social Factors in Substance Misuse, Masters. Module 945CB: <http://tinyurl.com/SFISMH> (Sussex University, apply via UCAS)

NCFE Accredited Level 2 Award in Substance Misuse, mapped to DANOS, at Sussex Downs College, runs at Lewes/ Eastbourne Campuses over two terms. Contact Carole Henderson, Administrator, 01323 637215, carole.henderson@sussexdowns.ac.uk

NCFE Level 2 Award in Substance Misuse at Sussex Downs College, runs at Lewes/ Eastbourne Campuses over two terms – contact Carole Henderson, Administrator, 01323 637215, carole.henderson@sussexdowns.ac.uk



SCREENING & PROMOTION AT THE SUSSEX BEACON



Sussex Beacon Liaison Nurse Jim Stanford will be leading the revival of the Virtual Clinic Sussex Beacon self-taken NAATS pathway (nucleic acid amplification tests which simultaneously detect both chlamydia and gonorrhoea) over the coming months.

Our aim is to maximise sexual health, reducing onward transmission, reducing risky behaviour, empowering people to have the sex they want and the ability to decline unwanted sex.

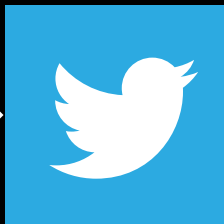
We will be taking a systematic approach by engaging with patients who are residents on our Inpatient Unit on topics such as PEP, criminalisation, safer sex and utilising cross-service pathways to aid with the diagnosis and treatment of STI's.

All clinical staff will undertake up-dated training, in conjunction with sexual health teams, on 'Confidence in sexual health matters'.

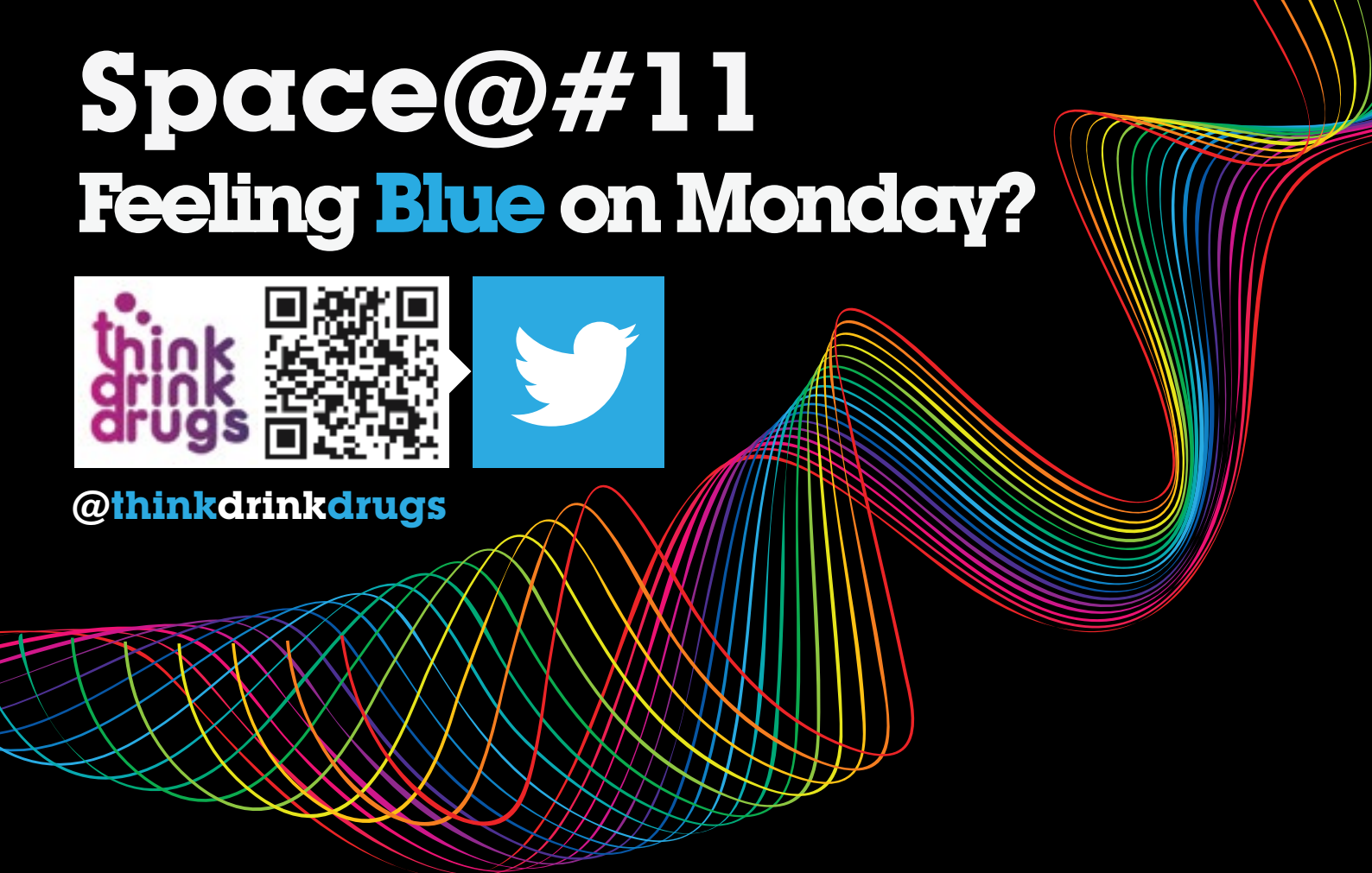
Auditing will take place for the Sexual Health Screening Programme and will include Service User feedback and follow-up, to allow us to gauge the effectiveness of the programme.

Space@#11

Feeling **Blue** on Monday?



@thinkdrinkdrugs



m-cat cocaine ketamine GHB
GBL Es MDMA legal highs
tornado clockwork orange
AMTs any other drugs???

Every Wednesday evening between 5pm - 8pm.
Just drop in, no appointment necessary.

Brighton's free, confidential club drugs/legal highs service.
A drop in for anyone who wants to get informed, take control and make safer choices .

11 St Georges Place Brighton BN1 4GB 07793 619993

safer communities, healthier lives

Crime Reduction Initiatives (CRI) Registered Office: 3rd Floor, Tower Point, 44 North Road, Brighton BN1 1YR. Registered Charity Number in England and Wales (1079327) and in Scotland (SC039861). Company Registration Number 3861209 (England and Wales)



**INVESTORS
IN PEOPLE**



www.cri.org.uk

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DIRECTORY OF USEFUL SEXUAL HEALTH CONTACTS IN BRIGHTON & HOVE

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Switchboard:

Telephone: 01273 664 721 (09.00-16.30 Mon-Fri)
Booked appointments available throughout the week:

Text Services

The Claude Nicol Centre uses text messaging to make contacting the clinic easier for you.

Send all texts to: **88020**

Book appointments for general sessions or our specialist clinics:

General clinic sessions text: **BN2 BOOKG**

Womens Clinic text: **BN2 BOOKW**

Clinic M text: **BN2 BOOKM**

THE DIRECTORY:

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Helen O'Brien

WiSE Project Coordinator for Brighton & Hove, 07841 067 418

Helen.O'Brien@sussexcentralymca.org.uk

Face-to-Face

for gay and bi men, regardless of HIV status

**'No judgements
or lectures,
just a space
for you to talk'**

- need advice on HIV or sexual health?
- want a rapid HIV test and sexual health screen with no fuss?
- taking risks you feel unhappy about?
- unhappy with your drug or alcohol use?

**Call 01273 764 200 and ask for 'Face-to-Face' to
speak confidentially to a trained gay male worker.**

Services run from: Terrence Higgins Trust, 61 Ship Street, Brighton BN1 1AE.

B&H SH NEWS

THE news resource for sexual health professionals within Brighton & Hove

Winter 2015

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Summer 2014

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CLUB DRUG USE WORRINGLY HIGH IN LOCAL MSM

Is it a problem? – Club drugs are frequently used by men who have sex with men (MSM) and are associated with high-risk sexual behaviour, increasing the STIs and HIV transmission risk.

Previously known as dance drugs or party drugs, club drugs are used in dance clubs, circuit and rave parties. There is an increasing popularity of house parties, mainly among gay and bisexual men, where club drugs are used in vast quantities and the combination of two or more different club drugs is very common. The reasons for use are multifactorial and include, for example, depressive and human stage



WE WANT TO HEAR FROM YOU!

This publication is produced for you but also by you. To make it better we would like to ask you to contribute articles and information that you feel would be beneficial to include and share within the group.

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Autumn 2014

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NHTW TARGETING THE ESTIMATED 21,900* WITH UNDIAGNOSED HIV

National HIV Testing Week (NHTW) will take place this year between 22-30 November 2014 throughout England.

Now in its third year, the profile of NHTW has quickly grown and caught the imagination of communities who are most at risk of HIV.

These communities – men who have sex with men and black African communities – carry a disproportionate burden of the HIV epidemic.

NHTW itself as a unit has been well



CONTRIBUTIONS TO B&H SH NEWS

This publication is produced quarterly. If you have an article that you would like to include please email it to Marc Tweed by the 24th April 2015.

Marc.Tweed@ttht.org.uk

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SIALON II: CONDUCTING 2ND GENERATION HIV SURVEILLANCE AMONG MSM

SIALON II in Brighton: Working collaboratively with gay businesses to conduct second generation HIV surveillance and prevention activities among MSM

Led in the UK by Dr Nigel Sheriff from the Centre for Health Research at the University of Brighton, SIALON II has been running in Brighton since 2011 and is due to finish in early 2015.

