

In 2012 GMHS reached its 20th year and it remains the only statutory, dedicated sexual health service for gay, bisexual men and men who have sex with men (MSM) in the Republic of Ireland.

The GMHS multidisciplinary team runs the twice weekly clinic for sexually transmitted infections (STIs) at Baggot Street Hospital, Dublin 4. During each three-hour clinic the team can guarantee to see a minimum of 36 clients for doctors (STI Screens) and 60 clients for nursing procedures (blood test, vaccines etc.). It has a regular (sessional) team of doctors, nurses, health advisor, counsellors, clerical officers, Lab Technicians and assistants. A consultant in infectious diseases provides medical governance, and there is a full time service manager, nurse and clerical officer. The team hold regular medical audits and review of the standards operation procedures. GMHS is also very involved in promotion of HIV and Sexual Health Awareness and prevention with MSM along with partners Gay Health Network (GHN) and various other groups and committees.

At the 10th Annual Gay Health Forum (GHF10) held in Dublin Castle in June 2012, Mr Patrick Lynch speaking for the HSE National Director Ms Laverne McGuinness, paid tribute to the valuable work of the GMHS team.

In 2012 the demands on GMHS continued to increase with high numbers of men (over 5,850) attending. 825 of these men were first-time attendees (plus 5% over 2011) with 39% aged 24 and younger (a significant increase of 20% for this age group when compared to 2011). 37% were born abroad and 17% resided outside Dublin city and county. There was a 25% increase among men from Counties Dublin, Fingal, Wicklow and Kildare. Table 1 illustrates that many men residing outside Dublin travel a great distance for the clinic.

HSE Mid Leinster	45%
HSE Dublin North East	23%
HSE West	9%
HSE South	19%
Outside ROI	4%

(Two GMHS reports, Men from Afar 4 and STI Travel 1, provide further information).

In 2012 the number of medical consultations and STI screens numbered 3,672 with over 4,500 nursing contacts, accordingly about one in five men received a diagnosis of one sort or other; and of these a number had the following:

- 261 Gonorrhoea (43% increase over 2011)
- 156 Chlamydia (a decrease over 2011)
- 52 HIV (37% increase over 2011)
- 56 Syphilis (22% increase over 2011)

Note: 44 % of Gonorrhoea and HIV cases, 35% Chlamydia and 32% syphilis were first time attendees to the clinic. This is expanded on under first time attendees and diagnoses.

In 2012 many patients were assessed after requesting PEP and an average of four per month were prescribed it (PEP Audit at GMHS Rowley, D et al 2013)

Fulfilling its statutory duty the GMHS health advisor saw these men in relation to follow-up and partner notification in relation to a diagnosis. Counsellors provide therapeutic support and interventions, which is important regarding emotional well being, risk taking, self esteem and assertiveness. Pre and post HIV test counselling at the GMHS clinic was supplied to over 800 men. Ongoing counselling provided at Outhouse LGBT Community Centre by sessional counsellors was supplied to over 76 people in 680 sessions.

HIV PREVENTION & SEXUAL HEALTH AWARENESS

In Ireland, of the 354 new HIV cases in 2012, MSM accounted for 166 (49%) according to the Health Protection Surveillance Centre and "sex between men is the predominant mode of transmission in Ireland" (www.hpsc.ie).

It's acknowledged by National and International health protection agencies, that access to HIV testing and interventions in relation to education and prevention is vital with this group.

Gonorrhoea increased significantly in 2012 not only with MSM but also among young heterosexual men and women. The Public Health Department HSE East set up the Gonorrhoea Control Group in late 2012 of which GMHS is a member (GMHS diagnosed a significant proportion of men - 650 - with gonorrhoea in 2012 www.hpsc.ie).

Already in 2012 the development of the National Sexual Health Strategy was initiated and GMHS are involved in the Services Working Group.

The HSE and Gay Health Network Man2Man Programme www.man2man.ie launched on December 1st 2011 continued in 2012. GMHS was very involved providing programme management support (GHN & HSE Man2Man Report 2013).

Other significant happenings for GMHS in 2012 were:

- GMHS and GHN published two EMIS Country Reports:
 - Man2Man Report 1: Our Community.
 - Man2Man Report 2: Living with HIV (www.ghn.ie).
- organised the 10th Annual Gay Health Forum (GHF10) at Dublin Castle along with GHN and supported by the Department of Health Social Inclusion Unit.
- continued to supply condoms and lubricant as part of HIV prevention initiatives.
- promoted at LGBT Pride events and in GCN magazine and social media, awareness of and access to HIV and STI screening services for MSM.
- presented at the Department of Justice and Law reform Conference on legal issues for Prostitution Review.
- released film "what happens at the Clinic" www.gmhs.ie

GMHS continues to work in partnership with the Gay Health Network (GHN), Outhouse (LGBT Community Centre) Gay Switchboard Dublin (GSD) and BeLonG To Youth Service amongst others.

GMHS CLINIC DETAILS FOR 2012

The GMHS STI clinic operates on Tuesday and Wednesday evenings at Baggot St Hospital, Dublin 4 and the doors open from 5pm to 6.30pm (the doctors see clients from 6pm to 8.30pm). The Multi Disciplinary Team provides a free, friendly, confidential and professional service. Table 2 provides details of numbers for various tests.

DESCRIPTION	NUMBER OF TESTS
HIV	2896 +39% OVER 2011
SYPHILIS	2976 +8%
HEPATITIS C	2060 +22% OVER 2011
HEPATITIS B (&A)	994
VACCINE COMPLETION BLOOD TEST	894

DIAGNOSIS AT THE GMHS CLINIC 2012

Diagnoses were significant among younger men attending the clinic, especially Gonorrhoea and Chlamydia. Of the 261 men with Gonorrhoea one third were aged 24 or younger increasing to 59% for those under 29. Of the 156 men with Chlamydia 46% were under 29. Of the 56 men with Syphilis 42% were under 29. Of the 52 with HIV 46% were under 29.

Age Range	<24	25-29	30-39	40-49	50>
Gonorrhoea n=261	32%	27%	30%	8%	3%
Chlamydia n=156	18%	29%	28%	15%	10%
Syphilis n=56	13%	29%	25%	25%	9%
HIV n=52	17%	29%	35%	15%	4%

Table 3 Age range for all those diagnosed

PROFILES OF FIRST TIME ATTENDEES AT THE GMHS CLINIC

Data on first time attendees to the clinic is important as it helps to assess the impact of and access to services. It also provides an indication of prevalence among this cohort, for many it is the first time they have tested for STIs, HIV or Syphilis including the Hepatitis test and vaccine. There will be further in-depth reports on Gonorrhoea and HIV diagnosis at GMHS.

AGE PROFILE OF NEW ATTENDEES

318 (39%) of the new attendees were aged 24 and younger; a 12% increase over 2011 (or 20% for 20-24 age group).

Age Range	<19	<20-24	25-29	30-39	40-49	50>
2012 n=825	49 (6%)	269 (33%)	215 (26%)	186 (23%)	76 (9%)	30 (4%)
2011 n=783	59 (8%)	226 (29%)	214 (27%)	185 (24%)	63 (8%)	36 (4%)

Table 4 Age range of new attendees.

PLACE OF RESIDENCE (N=825)

Most of the new attendees (83%) resided in Dublin city and county (85% in 2011), with a significant number 122 (16%) living in other parts of Ireland. 7(1%) lived abroad.

ETHNIC AND CULTURAL PROFILES (N=825)

Those not born on the island of Ireland continued to be significant with 37% in 2012, compared to 39% in 2011.

Where Born	2010 n=686	2011 n=783	2012 n=825
Island of Ireland	439 (64%)	479 (61%)	521 (63%)
Abroad	247 (36%)	304 (39%)	304 (37%)

Table 5 Where Born.

58 countries were represented with the top ten: 80 (26%) Brazil (similar to 2011), 32(11%) Poland, 19(6%) England followed by France, Germany, Italy and Spain with 12 each (4%) and then Malaysia, Mexico, Lithuania and the USA.

ETHNICITY

In 2012 GMHS recorded Ethnicity based on the National Office, Social Inclusion HSE. Of the 825 men registered 693 (84%) identified as White Irish and other white, and 132 (16%) as Asian, Chinese, African, Black or mixed race or other.

FIRST TIME ATTENDEES TO GMHS AND DIAGNOSIS

In 2012 of the 825 first time attendees, over one in four (26%) received the following diagnosis;

115 (14%) Gonorrhoea, 55 (7%) Chlamydia, 18 (2%) had treatable syphilis, 23 (3%) had a positive HIV diagnosis;

The age range was younger for new attendees compared to the total number of attendees diagnosed:

Gonorrhoea 46% under 24 rising to 76% for under 29.

Chlamydia: 25% under 24 rising to 61% for under 29.

Syphilis: half were under 29.

HIV: a quarter were under 24 rising to 61% for under 29.

Age Range	<24	25-29	30-39	40-49	50>
Gonorrhoea n=115	46%	30%	12%	9%	3%
Chlamydia n=55	25%	36%	20%	16%	2%
Syphilis n=18	17%	33%	17%	22%	11%
HIV n=23	26%	35%	22%	13%	4%

Table 6: Age range for new attendees diagnosed.

PREVALENCE BY AGE

The prevalence rate within each age group compared to the overall rate (left column) provides a clearer indication. i.e. of those aged 24 and under 17% received a gonorrhoea diagnosis compared to the median rate of 14%.

Age Range	<24	25-29	30-39	40-49	50>
n=825	n=318	n=215	n=186	n=76	n=30
Gonorrhoea n=115 (14%)	53*(17%)	35 (16%)	14 (8%)	10 (13%)	3 (10%)
Chlamydia n=55 (7%)	14 (4%)	20 (9%)	11 (6%)	9 (12%)	1 (3%)
Syphilis n=18 (2%)	3 (1%)	6 (3%)	3 (2%)	4 (5%)	2 (7%)
HIV n=23 (3%)	6 (2%)	8 (4%)	5 (3%)	3 (4%)	1 (3%)

Table 7 Prevalence by age. *grey shading indicates similar or higher rate.

The percentage rate of positive diagnoses shows a significant difference between all and new attendees tested.

Detail	All of those tested and % positive rate	New Attendees and % positive rate
Gonorrhoea	7%	17%
Chlamydia	4%	7%
Syphilis	2%	2%
HIV	2%	3%

Table 8 Prevalence between all and new attendees screened.

The report shows the continued work of GMHS and demand on its services. It highlights the need for access to testing for new people and for those living in rural Ireland, a key recommendation of the EMIS 2013 report. GMHS contributes significantly to HIV and sexual health prevention and awareness. The demands on the clinic and significant cohort of MSM attending from all parts of Ireland shows that the HSE is fulfilling some of the indicators from the National Strategy and contributing to research and understanding in this public health area.