

PHS HealthProtection Alert

Title	Description
Event	Increase in gonorrhoea diagnoses across Scotland
Alert reference number	PHS Alert 2022/28
Recipients of this alert	Health Protection Teams, NHS Boards SHPN Sexual and Reproductive Health Lead Clinicians Network (SRHLC) SHPN Scottish Sexual Health Promotion Specialists Network (SSHPS) Scottish Microbiology and Virology Network (SMVN) Scottish Bacterial Sexually Transmitted Infection Reference Laboratory (SBSTIRL) PHS Public Health Microbiology Team UKHSA
Alert status	3. for action - monitoring and wider dissemination 4. for action - monitoring, wider dissemination and specific measures to be taken by recipient
Action required of initial recipients	<ul style="list-style-type: none"> • Cascade to others for information (primary care, secondary care, local 3rd sector partners) • Details of action advised
Date of issue	31/08/2022
Source of event information	NHS Boards & National data
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Authorised by	Nick Phin
HPZone context	Scotland/Gonorrhoea/2022

Situation

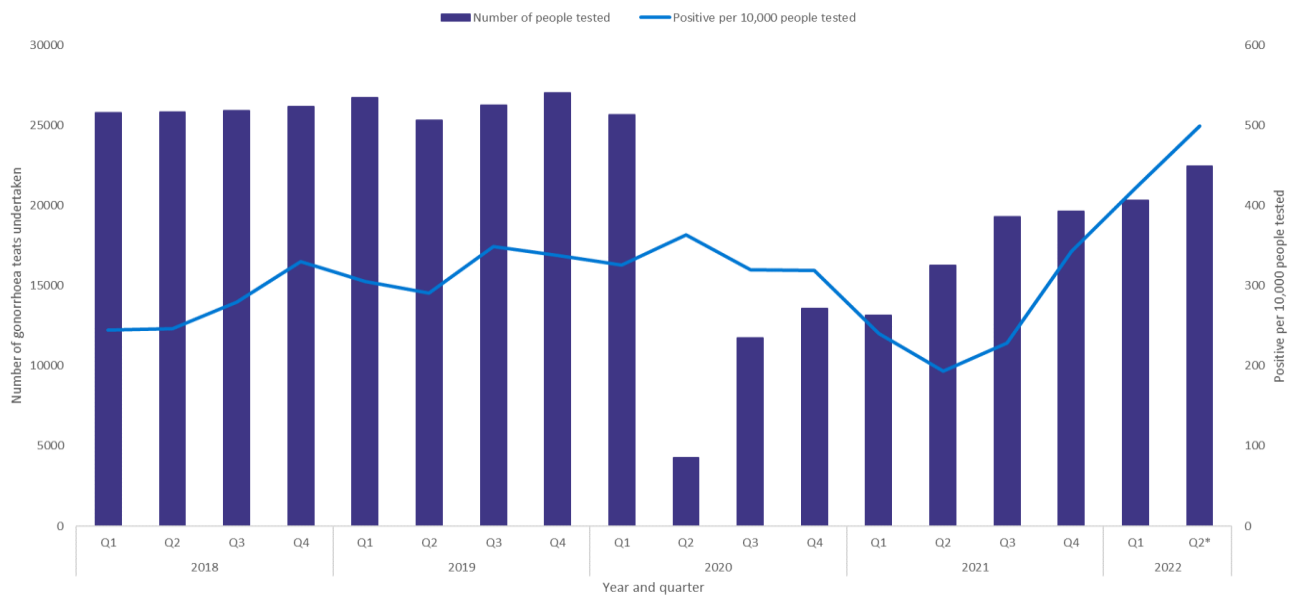
Since mid-2021, increased diagnoses of gonorrhoea infection in women and men and across all ages have been reported across Scotland, particularly in NHS boards with larger population centres or NHS boards adjacent to them. Increases are more pronounced in gay, bisexual and other men who have sex with men (GBMSM). While testing has not recovered to levels observed before the COVID-19 pandemic, the number and rate of gonorrhoea diagnoses is higher than pre-pandemic levels

Background

Prior to the COVID pandemic, laboratory data indicated that diagnoses of gonorrhoea were increasing; this was most notable in men, and using rectal infection as a proxy, this was likely due to an increase among GBMSM. The latest published data are available [here](#).

Diagnoses of gonorrhoea decreased dramatically during the first COVID-19 pandemic lockdown, most likely initially due to a decrease in testing and then subsequently decreased transmission due to social restrictions (Figure 1). Diagnoses increased following the gradual lifting of restrictions and, as testing levels recovered, the incidence fell after the winter lockdown of 2020/21. Since mid-2021, incidence increased in line with increased testing, but, continued to increase through 2022 despite testing rates stabilising (Figure 1). Data from ECOSSE, which also contains tests undertaken in the community, shows incidence in July 2022 was 15 diagnoses per 100,000 persons compared to an average monthly incidence in 2019 of 9 diagnoses per 100,000 persons.

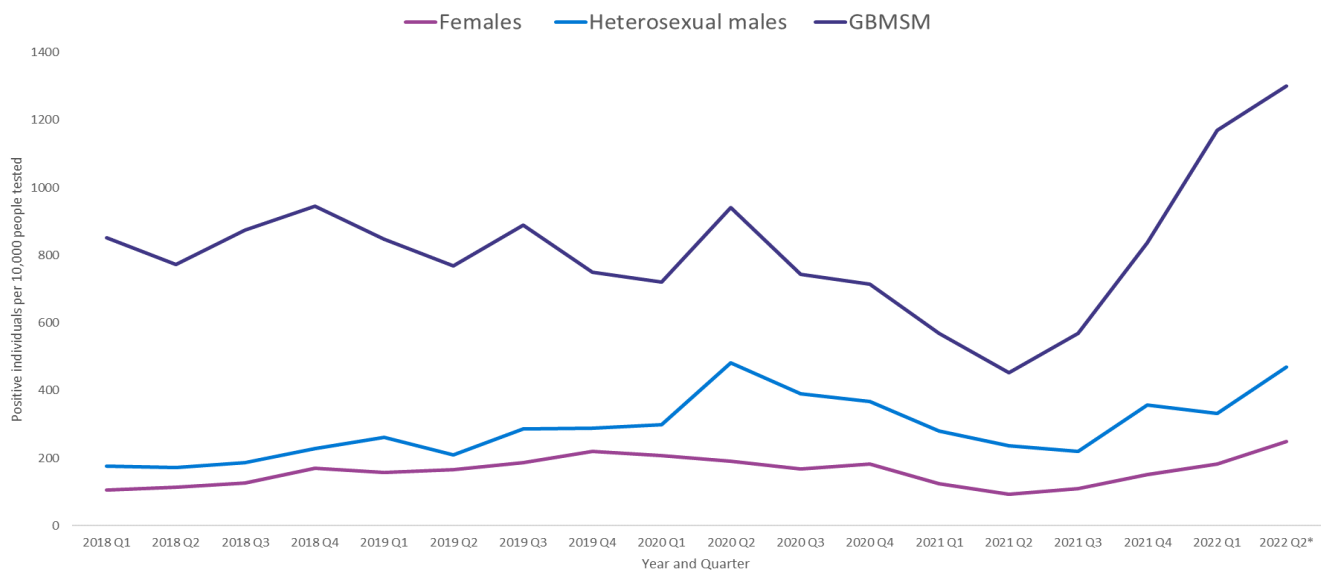
Figure 1: Number of gonorrhoea tests undertaken and positives per 10,000 people tested by quarter in Scotland, 2018-Q2 2022 (Management information)*



Data source: NaSH. *Data to 30 June 2022

Figure 2 shows that the rate of positives per 10,000 people tested has been increasing since mid-2021 in both men and women. The latest data show that rates are; (i) slightly higher (62%) in heterosexual men compared to the end of 2019 and, (ii) at a similar level in women when compared to the end of 2019. The most noted increase is in GBMSM and the rates in Q2 2022 are 73% higher than in the end of 2019.

Figure 2: Incidence of diagnosed gonorrhoea per 10,000 people tested in females, heterosexual males and GBMSM (Management information)*



Data source: NaSH. *Data to 30 June 2022

Assessment

The recovery of gonorrhoea testing in sexual health clinics and the diagnosis of previously undiagnosed infection during the period of the pandemic restrictions will partially explain the increase in incidence beginning in mid-2021. Levels of testing, however, have not recovered to levels seen prior to 2020 due to pressures on sexual health services and paired with the historic incidence rate this suggests that the rise is likely due to increased transmission.

From the sexual health IT system, NaSH, it is clear that transmission is mainly being driven by GBMSM with smaller increases also being observed in heterosexual males and females. Higher attendance for asymptomatic sexual health screening and testing related to HIV pre-exposure prophylaxis will be partly responsible for the more rapid and stark rise in incidence compared to heterosexual men and women but unlikely to be wholly responsible as the number of HIV PrEP prescriptions have stabilised in 2022 after increasing through 2020 to higher than pre-pandemic levels.

Recommendations

NHS board Health Protection Teams & SSHPS: To consider targeted communications around prevention (including condoms and lubricant), partner notification and testing especially for GBMSM. Noting these messages may also include those related to Monkeypox virus transmission and infectious syphilis or other general sexual health advice.

NHS diagnostic labs: advised to refer isolates and clinical specimens to The Scottish Bacterial Sexually Transmitted Infections Reference Laboratory (SBSTIRL) when appropriate. Guidance on sample referral and services provided can be found [here](#). This will permit surveillance of both antimicrobial resistance and subtypes (and other molecular) analysis.

Sexual health leads: ensure sexual health care pathways enable prompt diagnosis, culture for susceptibility testing, timely treatment, test of cure, effective partner notification and a full sexually transmitted infection screen.

GPs and primary care: To be aware of the current increase in incidence and the potential for patients to present with symptoms of gonorrhoea infection. Guidance on sampling and treatment in the [BASHH guidelines](#) should be followed or patients should be referred to sexual health services in accordance with local arrangements.

[BASHH guidelines](#) are available to guide the appropriate sampling and treatment for gonorrhoea infection.