

**Report by the Care and Management
Sub-Committee of the National
AIDS Strategy Committee on
HIV/STI services in Ireland**



DEPARTMENT OF HEALTH
AND CHILDREN
AN ROINN
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TABLE OF CONTENTS

Section	Page
1. MEMBERSHIP OF THE SUB-COMMITTEE	5
2. INTRODUCTION AND BACKGROUND	7
3. OVERVIEW OF SERVICES	10
3.1 Our Lady's Hospital, Crumlin	10
3.2 Southern Health Board	12
3.2.1 South Infirmary Hospital	12
3.2.2 University College Hospital, Cork	14
3.3 Limerick Regional Hospital	15
3.4 Mater Hospital	17
3.5 Waterford Regional Hospital	20
3.6 Beaumont Hospital	22
3.7 St James's Hospital	25
3.8 University College Hospital, Galway	29
3.9 North Western Health Board	33
3.10 Merchant's Quay Project	36
3.11 Gay Men's Health Project	37
3.12 Voluntary Services	39
3.13 National Virus Reference Laboratory	40
4. DISCUSSION	41
4.1 Staffing of Clinics	42
4.2 Consultant Services	42
4.3 Satellite Clinics	42
4.4 Prisons	43
4.5 GP Provided Services	44
4.6 Development of Information Communication Technology (ICT) Systems	44
4.7 Laboratory Services	46
4.8 Chlamydia Screening	46
4.9 Occupational Injuries	48

5	RECOMMENDATIONS	49
5.1	Consultant and Support Services within the ERHA area	49
5.2	Consultant and Support Services outside the ERHA area	50
5.3	Translation Services	52
5.4	Clinic Facilities	52
5.5	Laboratory Services	52
5.6	Satellite Services	52
5.7	GP Involvement	52
5.8	Chlamydia Screening	53
5.9	Prisons	53
5.10	Information Communication Technology (ICT) Systems	53
5.11	Occupational Injuries	54
5.12	Voluntary Service	54
	APPENDICES	55

1. MEMBERSHIP OF THE CARE AND MANAGEMENT SUB-COMMITTEE

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2. INTRODUCTION AND BACKGROUND

“AIDS Strategy 2000” was published in June 2000 by the National AIDS Strategy Committee (NASC). It makes recommendations for the direction of policy in relation to HIV/AIDS and Sexually Transmitted Infections (STIs). Three Sub-Committees of NASC – Surveillance, Care and Management and Education and Prevention, carry out the implementation of these recommendations. The strategy recommended that the level of consultant cover to deal with infectious diseases be examined in greater detail in the light of the upward trend of new cases of STIs (p58 of the strategy).

The latest statistics published by the National Disease Surveillance Centre (NDSC) show that 207 cases of HIV infection were newly diagnosed in the first six months of 2003. This brings the total number of cases of HIV infection diagnosed to the end of June 2003 to 3,216.

In 2002, there were 364 new cases of HIV reported, compared with 299 in 2001 and 290 in 2000. Of the 364 new cases, 186 (51.1%) were among people born in sub-Saharan Africa. The number of diagnoses mirrors the epidemiology of HIV in other Western European countries and is not unexpected given that 70% of the world's HIV cases are found in Sub-Saharan Africa.

The latest AIDS statistics from the NDSC show that 12 cases of AIDS were reported in 2002. This brings the total number of AIDS cases in Ireland to 731. There were four AIDS related deaths reported in 2002, bringing the total number of AIDS related deaths reported in Ireland to 369.

In relation to STIs, NDSC statistics show that during 2002, 10,471 STIs were notified compared to 9,703 in 2001 representing a 7.9% increase. Of

the 10,471 cases notified, the majority, 4,434 (42.4%) were from the Eastern Regional Health Authority area.

In order to fulfil its terms of reference to make recommendations for the development of appropriate services for the treatment of HIV/AIDS and STIs, the Care and Management Sub-Committee decided that it should review existing services in the country. It was agreed that this should be done by a series of site visits to the various treatment centres and that a report containing recommendations should be submitted to NASC. The Surveillance and Education and Prevention Sub-Committees are also engaged in detailed work in their particular areas. This report, however, concentrates solely on the examination of the treatment aspect of HIV/AIDS and STIs.

Representatives of the Care and Management Sub-Committee visited the following centres that provide STI and HIV services:-

- Our Lady's Hospital, Crumlin
- University College Hospital, Cork
- Limerick Regional Hospital
- Mater Hospital, Dublin
- Waterford Regional Hospital
- Beaumont Hospital, Dublin
- St James's Hospital, Dublin
- University College Hospital, Galway
- Merchant's Quay Project, Dublin

In addition, it received detailed reports of services from the North Western Health Board (NWHB), the Gay Men's Health Project and the National Virus Reference Laboratory (NVRL). During the site visits the Care and Management Sub-Committee met with the person responsible for the

delivery of the HIV/STI service (either the Consultant or Senior Area Medical Officer) and other staff involved in the delivery of this service such as laboratory personnel, pharmacists, social workers, health advisers, other nursing and medical staff and hospital/agency management. These visits involved a review and analysis of accommodation and services and identified needs for the continued delivery of a quality service. Section three provides a summary of the main points from these visits.

3. OVERVIEW OF SERVICES

The following section summarises the services and issues of the clinics reviewed by the Sub-Committee. Information on staff, clinic numbers and attendance statistics in tabular format is attached at appendix one.

3.1 OUR LADY'S HOSPITAL FOR SICK CHILDREN, CRUMLIN

3.1.1 Services and Facilities

The Sub-Committee visited Our Lady's Hospital for Sick Children, Crumlin on 19th July 2001. This service is led by a Paediatric Consultant who is responsible for the care of all HIV paediatric cases. In addition to providing paediatric services for HIV treatment, other services include a service for Hepatitis B and C; Syphilis; TB; congenital infections and general infectious diseases and a primary service for children with immunodeficient conditions. Space at the hospital for this service is inadequate and the management were urged by the Sub-Committee to include it in their overall plans to expand the hospital.

3.1.2 Staff

In addition to the Paediatric Consultant (six sessions at Our Lady's Hospital for Sick Children and three at Temple Street Children's Hospital), the clinic is staffed by one Registrar, 0.5 Senior House Officer (SHO), three Clinical Nurse Specialists, one basic grade Social Worker, 0.5 FTC Psychologist who provides two sessions per week, a part time temporary Clinical Pharmacist, 0.5 FTC Dietician who provides two sessions per week and one grade four Secretary who is shared with another discipline. A Data Manager/Research Nurse took up duty in December 2003.

3.1.3 Clinics and Attendance Statistics

Two clinics per week operate at Our Lady's Hospital for Sick Children with the number of patients attending increasing from 59 in 2000 to 93 in 2001 and to 146 in 2002. One clinic per week also operates in Temple Street Children's Hospital.

3.1.4 HIV Treatment

Because of the introduction of routine antenatal testing the rate of children developing HIV as a result of vertical transmission has decreased substantially. However, children born to infected mothers still need careful management for a number of years to ensure they remain well. In addition the number of infected children born outside Ireland but presenting to Irish services is increasing and implies an additional services requirement.

3.2 SOUTHERN HEALTH BOARD AREA

The Sub-Committee visited the HIV/STI services in the Southern Health Board Area on 10 December 2001 and included visits to the South Infirmary Hospital and University College Hospital, Cork (UCHC).

3.2.1 South Infirmary Hospital

3.2.1.1 Services and Facilities

The clinic in the South Infirmary Hospital is the main provider of STI services in the region. The services here have expanded considerably since the appointment of a Consultant in Infectious Diseases in the Southern Health Board area. However, accommodation at the South Infirmary Hospital is stretched and there is little scope for expansion. There are three consultation/examinations rooms, two health advice rooms and a laboratory. There is also a laboratory on site at the Tralee clinic.

3.2.1.2 Staff

The clinic is staffed by two full time Area Medical Officers, four sessional Area Medical Officers/GPs, one Clinical Nurse Manager II, two Clinical Nurse Specialists, 3.64 WTE Staff Nurses, one Medical Laboratory Scientist, one acting Grade IV Clerical Officer and two part time Grade III Clerical Officers. In addition the Consultant and Registrar from University College Hospital, Cork attend some of the clinics in the South Infirmary Hospital.

3.2.1.3 Clinics & Attendance Statistics

Five clinics per week are held in the South Infirmary Hospital on an appointment only basis, however emergency cases are seen immediately. In Tralee, since July 2000, one STI clinic per week is held, again on an appointment basis only.

Attendance to the STI service in the South Infirmary Hospital has increased significantly since 2000 when 5,068 patients attended. This compares with 5,753 attendances in 2001 and 8,219 in 2002. Of the 8,219 patients in 2002, 6,054 were return visits and 2,165 were new patients to the service.

3.2.1.4 Laboratory Services

As there is no laboratory on site at the clinic in the South Infirmary Hospital, testing of samples is carried out at the laboratory in UCHC. In recent years an increase in the incidence of Chlamydia is being seen, particularly amongst the armed forces. This increase in the incidence of Chlamydia is mirrored across all the STI services visited.

3.2.1.5 HIV Treatment

The STI service in the South Infirmary Hospital in general does not identify cases of HIV. It is more usual that such cases are detected via antenatal screening, hospital admissions, Accident and Emergency, GPs and blood donations. These patients are then referred to UCHC.

3.2.2 University College Hospital, Cork

3.2.2.1 Services & Facilities

Treatment of general Infectious Diseases and HIV care is provided at University College Hospital, Cork. The Sub-Committee found that an excellent, well-coordinated, multi-disciplinary service is in place here and includes separate dental service for HIV positive individuals.

3.2.2.2 Staff

A Consultant in Infectious Diseases runs this clinic with a Registrar, Senior House Officer, an Intern, a Liaison Nurse, a Clinical Nurse Co-ordinator who works specifically with patients from outside the EU, and a Clerical Officer. A part time pharmacist is also available to the service.

3.2.2.3 Clinics & Attendance Statistics

One Infectious Disease clinic per week is held in UCHC and the number of patients attending, particularly HIV patients has increased significantly since 2000. In 2000, 31 new HIV patients attended the service, this increased to 47 in 2001 and to 67 in 2002. These new cases are mainly patients from outside the EU, many of who are diagnosed through the maternity services. The overall increase in patients attending this service has resulted in the HIV clinic operating above its capacity.

3.2.2.4 Laboratory & Pharmacy Services

The laboratory at UCHC provides full diagnostic ID/HIV/STI services including HIV viral load testing and there is a dedicated pharmacy technician with responsibility for managing HIV drugs therapy.

3.3 LIMERICK REGIONAL HOSPITAL

3.3.1 Services and Facilities

The Sub-Committee visited the STI clinic at Limerick Regional Hospital on 27 March 2002. The accommodation at the hospital is adequate, though limited. There are two clinical rooms (one male, one female), one blood room and a laboratory room. As there is no waiting room, the hallway is used as a waiting area.

3.3.2 Staff

One Senior Medical Officer, one Medical Officer, two Staff Nurses, one Secretary and two Medical Laboratory Scientists, who are available to the clinic on site and for follow-up care, staff the clinic in Limerick Regional Hospital. There is no dedicated social worker or health adviser attached to the STI clinic, however it was reported that there was a high level of disclosure with follow-up testing of partners.

The Sub-Committee is of the view that there is an urgent need for a Consultant to be appointed in this region. The Board of Management at the Hospital indicated that, in developing the services in the MWHB, it would consider the development of Consultant provided services for the region. Pending such an appointment the Sub-Committee advises that HIV patients should be referred to a Consultant provided service within Ireland.

3.3.3 Clinics & Attendance Statistics

Two clinics per week operate at Limerick Regional Hospital with additional clinics in Ennis and Nenagh, which both operate one day per week. There is an average of six weeks waiting period for routine appointments. However, emergency cases are seen immediately. Like other services

visited the number of people attending the service has risen over the years. In 2002, 6,986 patients attended the clinic at Limerick Regional Hospital, of which 25% were new patients to the service. This compares with 6,395 in 2001 and 5,612 in 2000. Less than 50% of the patients are referred by GPs, others make individual contact or are referred by other services.

Of the 6,395 patients who attended the clinic in 2001, 25% were diagnosed with Chlamydia infection. Increases have also occurred in numbers of patients diagnosed with Non-Specific Urethritis and with Syphilis. It was reported that the increase in Syphilis numbers is not connected to the outbreak in Dublin. The policy within the MWHB service is to screen all women attendees for cervical cytology.

3.3.4 HIV Treatment

In 1998 & 1999 there were no cases of HIV diagnosed in the Mid Western Health Board (MWHB). In 2000 there were five cases and in 2001 there were fifteen cases diagnosed. Of this fifteen, five were pregnant women presenting close to their delivery date. The CD4 counts were high in most of these patients. The Senior Area Medical Officer responsible for the STI services consults with a Consultant in Genitourinary Medicine at St Thomas' Hospital in the UK in relation to the management of HIV in these pregnant women.

3.3.5 Laboratory Services

The laboratory which provides testing for the STI clinic in Limerick Regional Hospital conducts a large amount of testing resulting in a strain on resources. This is another area which needs to be considered by the Board of Management in relation to the expansion of services in the MWHB.

3.4 MATER HOSPITAL

3.4.1 Services and Facilities

The Sub-Committee visited the Mater Hospital on 4 December 2002. The service is currently provided in a temporary building which has a separate entrance and waiting area. Three clinical rooms are in place and there is a nursing/phlebotomy station. A satellite pharmacy operates during the clinics, though medication is dispensed in the corridor by the pharmacist. The current arrangements are unsatisfactory as waiting times at the clinic are long and the waiting area is inadequate and redecoration is needed within the building. There are no offices in the Out-Patient Department (OPD) for the social workers and there are no day beds. Another deficiency is that there is no aerosolised pentamidine room and where such a service is required patients are referred to Beaumont Hospital. It was also reported to the Sub-Committee that routine Hepatitis B testing is not carried out at the clinic. This and the lack of resources to gather statistical data for surveillance purposes are issues which need to be addressed in the context of the proposed expansion of the STI services.

Funding has been identified by the Eastern Regional Health Authority (ERHA) to build a new STI clinic at the Mater Hospital. However, it is anticipated that this building will not be available until at least 2007. Notwithstanding that, space for expansion is limited and the situation is such that measures need to be introduced to ease the current situation pending the completion of the new hospital plan.

The Infectious Diseases (ID) in-patient ward (St Bernard's) has eleven beds, an isolation room, a single room, a double room, a three bedded room and a four bedded room. A conference room, a TV room, a shared Non-Consultant Hospital Doctors (NCHD) room and single offices are also located in this area. It is generally considered that the inpatient facilities

are adequate though there is little scope for development if services are confined to this ward. Two additional negative-pressure isolation rooms are required and the number of beds is currently insufficient. However, with the planned new developments, it is anticipated that the situation will improve.

3.4.2 Staff

The ID Consultant responsible for the service has been in place since 1993, with eight sessions at the Mater Hospital, two at Beaumont Hospital and one ERHA session. Other staff in place include an Infectious Disease Registrar, two Senior House Officers, one Intern, twelve Staff Nurses, three Secretaries, one Pharmacist, one Dietician and 1.5 Social Workers, whose role is extremely important for people who are HIV positive.

There is no Health Advisor attached to the clinic, causing difficulties in relation to issues such as contact tracing. The Sub-Committee are of the view that appointment of additional staff including a Health Advisor, Medical staff, Nurse Practitioners and Administrative staff is required in order for the service to operate at a more effective level.

The Sub-Committee is also of the view that a priority for the service is the appointment of a Genitourinary Medicine Consultant with sessional commitments at the Rotunda Hospital.

3.4.3 Clinics and Attendance Statistics

Seven clinics per week operate in the Mater Hospital: four STI clinics, two Infectious Diseases clinics and one treatment clinic. Attendances at the STI clinics have been increasing since 1998 however, in 2002 due to the withdrawal of a doctor working in the gynaecological services there was a

reduction in capacity. This is reflected in the numbers attending: in 2001, 3,403 attended the STI clinic, in 2002 this figure reduced to 2,457. Infectious Disease clinic attendances have increased from 990 in 2001 to 1,493 in 2002. There has been an increase in the number of patients from outside the EU with HIV attending the clinic. Between 50% and 75% of all new cases of HIV are from this cohort and language barriers can cause difficulties in providing treatment and it is common for a woman to be pregnant when she presents to the service.

3.5 WATERFORD REGIONAL HOSPITAL

3.5.1 Services and Facilities

The Sub-Committee visited Waterford Regional Hospital on 24 March 2003. The accommodation at the STI clinic is well utilised and organised however, the area is small and expansion is required. A plan to extend the current building has been developed and submitted to the Department of Health and Children (DoHC).

3.5.2 Staff

The STI clinic is staffed by a Senior Area Medical Officer, three Area Medical Officers, two of whom are sessional (one session per week), a Nurse/Health Advisor, two 0.5 WTE Staff Nurses and a Secretary. An on-site laboratory provides service two days per week in Waterford Regional Hospital with a staff of one Senior Medical Laboratory Scientist and two Medical Laboratory Scientists.

The Hospital has made a submission to the DoHC for a Consultant in Genitourinary Medicine post and the Sub-Committee supports this application.

3.5.3 Clinics and Attendance Statistics

In Waterford Regional Hospital, two set clinics operate per week, i.e. clinics advertised with GPs. An unadvertised treatment clinic is held one afternoon per week to deal with return patients only. The laboratory service is not available for this clinic and only one doctor attends. An “overflow” clinic, again unadvertised, is held one morning per week to deal with backlog patients. There is currently, in 2004, a waiting list for an appointment of approximately ten days and an average of fourteen new patients are seen at each clinic. The clinics in Carlow and Clonmel both

operate one afternoon per week. Approximately ten to twelve patients are seen at each of these clinics, of which five to eight are new patients.

In 2003, 2,515 patients attended the service compared with 2,716 in 2002 and 2,673 in 2001. This decrease is due to the closure of the clinic between April and June 2003 as a result of industrial action.

There is a dedicated team of a NCHD and Staff Nurse to deal with the health needs of the asylum seeking population in Waterford and Wexford. It was reported that approximately 2,500 asylum seekers reside in these areas. Good co-operation exists between this team and the Reception and Integration Agency. Eighteen patients from outside the EU were seen at the clinic in 2003. This compares with 23 in 2002. TB and Malaria patients are treated locally. All HIV patients, however, are referred to a Dublin Hospital or University College Hospital, Cork. Hepatitis B and Hepatitis C patients are referred to Kilkenny with co-infected patients referred to Dublin as it was reported that the clinic does not have the capacity to deal with these patients.

3.5.4 Laboratory Services

The laboratory is currently staffed by three staff; one Senior Medical Laboratory Scientist and two Medical Laboratory Scientists who conduct testing for samples from the STI clinics and GPs.

All routine and confirmatory testing for HIV is carried out by the National Virus Reference Laboratory (NVRL) with urgent baseline testing for HIV carried out at the laboratory in Waterford Regional Hospital. Laboratory services by the NVRL to the region cost approximately €34,000 per month. The South Eastern Health Board (SEHB) is now considering the development of their capacity to undertake more tests, such as routine HIV tests, locally.

3.6 BEAUMONT HOSPITAL

3.6.1 Services and Facilities

The Sub-Committee visited Beaumont Hospital on 20 March 2003. Beaumont Hospital provides HIV and general Infectious Disease services to patients, STI services are not provided.

The in-patient ward, St. Patrick's Ward, is shared with the rheumatoid department, and has twenty two beds and one single bedded room. The out-patient ward, St John's Ward is well structured with two waiting rooms, a pharmacy and good toilet facilities. Although there are eight rooms on the ward only five are available to the ID services. While the out-patient facilities are good, the in-patient ward is unsatisfactory. There is no negative pressure isolation room and a lack of space means that providing a confidential service can be difficult.

3.6.2 Staff

Services at the hospital are delivered by a multi-disciplinary team, which includes a locum Consultant, an ID Consultant with sessional commitments in the Mater and ERHA, a Medical Administrator, a Senior House Officer, two Interns, a Ward Sister, a Junior Ward Sister, a Pharmacist, a part time Dietician and a Social Worker, who sees all new referrals and their partners. Also, if necessary, the Social Worker liaises with the Paediatric Services within the Hospital and with the Rotunda Hospital. It was reported to the Sub-Committee that the support of a second Social Worker is required.

A Consultant post, which was approved by Comhairle na nOspidéal, has recently been filled and the successful candidate is expected to take up duty during 2004. It was noted that in view of the ceiling on appointments

in place at present, it may be necessary to suppress another post in order to facilitate this appointment.

3.6.3 Clinics and Attendance Statistics

The out-patient clinic operates one day per week and two nurses from the in-patient ward attend it. In 2001 an average of twenty to thirty patients attended each clinic increasing to between thirty and forty in 2003. Of these thirty to forty patients, four or five attended for general medical services, the remainder were HIV patients.

Given that the service can only safely cope with thirty five patients per clinic, restrictions have been placed on the service. Hepatitis C patients will not be treated at the clinic unless they are HCV/HIV co-infection patients. As regards waiting lists for treatment, pregnant and immuno-compromised patients now take priority. The operation of a second clinic is currently not possible due to lack of resources.

3.6.4 HIV Treatment and Other Services

There has been a significant increase in the number of HIV patients treated at Beaumont Hospital. Prior to 2002, there was an average of ten to fifteen new referrals to the service per year. However, in the period from March to December 2002 there were sixty new referrals and in 2003 there were one to three new referrals per week.

At present Beaumont Hospital accepts all new referrals from the Baleskin Reception Centre and the Rotunda Hospital. Between May 2002 and February 2003, twenty four of the thirty six people diagnosed as HIV positive while in the Baleskin Centre were referred to Beaumont Hospital. Given the recent introduction of a policy prohibiting the dispersal of

refugees from Baleskin Centre before they receive their HIV test results, it is likely that all newly diagnosed HIV patients will be referred to Beaumont Hospital in future. In 2002, fifty women were diagnosed as HIV positive in the Rotunda Hospital. Forty two of these were patients from outside the EU. In the first six weeks of 2003, twenty four HIV positive women presented at the Rotunda Hospital.

In addition to the treatment of HIV patients, treatment of other infections such as TB, general medical patients and persons with needle stick injuries are also treated at Beaumont Hospital.

3.6.5 Pharmacy Services

The increase in pharmacy expenditure on anti-viral medicines from €520,000 in 2001 to €740,000 in 2002 is attributable to the significant increase in patient numbers. It was reported that in order to maintain the current level of service an additional basic grade pharmacist is required.

3.7 ST JAMES'S HOSPITAL

3.7.1 Services and Facilities

The Sub-Committee visited St James's Hospital on 9 July 2003. The Department of Genitourinary Medicine and Infectious Diseases (GUIDE) is located in Hospital Five of St James's Hospital. GUIDE provides a range of HIV, STI, general Infectious Diseases, Hepatitis C/HIV co-infection clinical services. It also provides services to Baggot Street Clinic, Trinity Court and Cherry Orchard Hospital, where a Consultant attends a respite ward which is still in operation. GUIDE is also supporting the proposals of service developments in Dublin Institute of Technology and a pilot programme with GPs for the treatment of STIs.

The in-patient ward, Hospital Five Unit III, is situated on the first floor and comprises a doctor's office, a secretary's office, one isolation room, one five bedded room and five single bedded rooms and has an occupancy average of 97%. It was noted that more isolation rooms are required and that the unit needs to be redecorated, as it has been a number of years since it was last refurbished.

The out-patient clinic is on the ground floor and is accessed through the conservatory. The day-care ward in the clinic has three beds, chairs for phlebotomy services and a pentamidine room. It is closed on one afternoon per week, however, patients presenting to Accident and Emergency who need further HIV/STI treatment will be treated in this ward. There is also a triage area, where patients are assessed and a clinical nurse's office in the out-patient clinic.

The GUIDE department is geographically separated from the main hospital, which can present numerous problems including the transportation of patients from Unit III, Hospital Five to the main Hospital.

Also the structure of the clinic in Hospital Five is inappropriate to handle the current workload, however, a proposed new building, with a corridor link to the main hospital, to accommodate the GUIDE department should resolve some of the problems currently experienced.

3.7.2 Staff

The GUIDE clinic in St James's Hospital is staffed by three Consultants – one in Genitourinary Medicine and two in Infectious Diseases, both with sessional commitments off-site, one part-time Associate Specialist, four full-time Specialist Registrars, two Clinical Registrars, one Clinical Nurse Manager III, four Senior House Officers (SHO), three Liaison Nurse Specialists, one Nurse Practitioner, one Senior Health Advisor, three Basic Grade Health Advisors, 1.5 WTE Research Nurses, five Medical Social Workers, two Chief II Pharmacists, one Senior ID Pharmacist and one Medical Laboratory Scientist. Administrative staff comprises a Data Manager/Grade VI Clerical Officer, three Secretaries and four full time Reception staff.

The Health Advisor team provide education on STIs to patients, give treatment, contact trace and liaise with GPs and family planning centres. They also run courses and educational days on STIs for a number of institutions/organisations including the school of nursing in St James's Hospital, Marino College, Northern Area Health Board, South Western Area Health Board, prison services, the Air Corps and schools.

3.7.3 Clinics and Attendance Statistics

Twelve clinics operate per week; seven STI, three HIV, one HIV/HCV and one ID clinic. Recently a young person's STI clinic was set up and is attended to by the Associate Specialist. There is a four to six week waiting

list for the STI clinics and over eighty patients attend each clinic. The HIV clinics see over sixty patients per clinic, including pregnant women, patients from outside the EU and HIV/HCV co-infected patients. The number of HIV patients attending each clinic means that a wait of at least four hours to be seen is being currently experienced by patients.

The out-patient attendance at the GUIDE clinic has increased significantly in recent years. In 2002, 7,466 new patients presented to the clinic, compared with 7,252 in 2001. Return patients figures increased from 12,040 to 14,362 in the same period. These figures represent approximately 7.6% of overall attendance at St James's Hospital. In 2002, 222 patients were newly diagnosed as HIV positive in the GUIDE clinic, compared with 199 in 2001 and 185 in 2000 with patients from outside the EU representing the largest group.

The five members of the social work team made contact with 6,223 patients in 2002, compared with 5,404 in 2001 and 3,169 in 2000. The social work team would like to be more pro-active, however the current demand on services means they are more reactive than proactive which was reported to having an impact on the quality of service provided. The increase of patients from outside the EU presenting at the clinic also creates challenges in a number of areas, such as language, culturally sensitive practices, dispersal and legal issues. The team run training courses for health workers working in the area of HIV but recently the number of courses was reduced due to pressure on the services.

3.7.4 Laboratory and Pharmacy Services

All drugs for the patients attending GUIDE are provided free and prepacked standard dosages of drugs are dispensed to patients at the clinics. It was reported that the pharmacy staff have a good rapport with patients. The computer system in the pharmacy is linked to the main hospital database allowing a consistency in treatment and resistance testing. The Pharmacy bill for services is approximately €2,000 per month per patient, giving an annual bill of €3-4 million.

The on-site laboratory in the GUIDE clinic allows for quick STI testing turnarounds and there is a small Polymerase Chain Reaction (PCR) room off the laboratory for Chlamydia screening. Testing for Trinity College is also done at this laboratory; testing packs are sent out in the mornings and returned immediately for testing. Results can be obtained by Trinity College staff by early afternoon. Pre-packed medication is also provided to the College by the GUIDE unit.

3.8 UNIVERSITY COLLEGE HOSPITAL, GALWAY

3.8.1 Services and Facilities

The Sub-Committee visited University College Hospital, Galway (UCHG) on 22 August 2003. An increase in population to 351,874 within the Western Health Board (WHB) area, i.e. Galway, Roscommon and Mayo has increased the workload of the clinic. This figure includes approximately 3,000 asylum seekers, many of whom are non English speaking, which can cause difficulties with consultations. The issue of translation services is currently being examined by the Board of Management in the WHB. Prisoners from Castlerea Prison who attend the STI clinic at UCHG must be accompanied by prison officers, causing some difficulties due to lack of space in the unit.

The link between the student population (over 20,000) and the STI services in the WHB area is informal with no specific programme in place. In order to maintain this link, a Sexual Health Officer from the Health Promotion Unit works with colleges and schools in the three regions (Galway, Roscommon and Mayo). The clinic also reports a good relationship with AIDS West, a voluntary organisation, which provides sexual health services in the area and is funded by the WHB.

The STI clinic at UCHG is situated in a building off the main hospital. There are no signs to direct patients to it and the Sub-Committee suggested that such signage should be put in place. With over twenty patients attending each clinic, the waiting room with seating for approximately twelve people is inadequate. There are four clinical examinations rooms in the unit, however, one is used as an office for the Health Advisor and files and another is used as secretarial and office accommodation leaving two rooms for clinical examinations. As there is no pharmacy on site, some drugs such as antibiotics are stored in locked

drawers in the health advisor's room and one of the examination rooms. The small nurse's station room is used for the preparation of tests and medication trays for patients. There are good toilet facilities for patients in the unit but no separate staff toilets which would be desirable. Now that the new Consultant has taken up duty, the current clinic facilities are inadequate and extra accommodation is required. Accommodation improvements are also required at the HIV/STI clinics operating in Mayo General Hospital and Portiuncula Hospital.

3.8.2 Staff

The service in UCHG is run by the new full-time Infectious Diseases Consultant and a Senior Area Medical Officer (SAMO). Other staff consist of 1.5 WTE medical officers, five sessional doctors, four of whom are GPs trained in STIs and the other is a retired obstetrician, two Management/Administration staff, one full time and one part time Staff Nurse, 0.75 Health Advisor and one Medical Laboratory Scientist. There are no social work services available to the clinic; therefore the Health Advisor must also provide this service. Funding for additional support staff for the new Consultant has been allocated to the WHB by the Department of Health and Children.

3.8.3 Clinics and Attendance Statistics

The clinic in UCHG operates five clinics per week with extra clinics held when required to alleviate backlogs of patients. There is a three to four week waiting time for an appointment at the clinic but urgent cases are seen as quickly as possible. In addition to seeing patients, the staff at the clinic deal with a large number of phone queries which can be time consuming.

One clinic per week is run by the SAMO in Mayo General Hospital, however, due to an increase in patients attending, an additional session is required. Two sessions per week are run by one of the sessional doctors in Portiuncula Hospital. This clinic was originally established to serve Roscommon and the East Galway area; patients from the Midland Health Board area, including Athlone and Longford are now also seen.

The WHB has seen a significant increase in attendance at their STI clinics from 2,261 attendances in 1999 to 4,163 in 2002. Of these 4,163 seen in 2002, 49% were self referrals, 24% were GP referrals, 17% were contact referral, i.e. patients invited by the clinic to attend as partner notifications and 10% were by other means such as family planning centre and hospital A&Es. A high percentage of attendees, particularly at Portiuncula clinic would be from outside the WHB area.

The number of new cases of STIs diagnosed at the WHB Genitourinary Medicine Clinics has also increased from 705 in 1999 to 1,261 in 2002 with 23% of all cases having more than one infection. Chlamydia cases have increased from 57 in 1999 to 198 in 2002. In 1999 there were no cases of syphilis in the WHB but by 2002 there were 12 cases, none of which were linked to the outbreak in the Dublin area. The patients involved were mainly female Eastern European nationals who were diagnosed through the antenatal screening programme.

3.8.4 HIV Treatment

Prior to the appointment of the Infectious Diseases Consultant, patients diagnosed as HIV positive from the WHB region were referred to St. James's Hospital, the Mater Hospital or Beaumont Hospital, Dublin for treatment. In 2003, fifty HIV patients attended Dublin services at a cost of €275,268; forty eight attended St. James's and two attended Beaumont. It

is envisaged that this patient cohort will now revert to Galway for treatment.

3.8.5 Laboratory Services

The WHB has high quality, advanced laboratory services based at UCHG, Mayo General and Portiuncula Hospitals and the STI clinics have access to a Laboratory Scientist during clinic times but due to lack of space there is no on-site laboratory facility in the clinics. The laboratory in UCHG provides a full range of microbiology services including the processing of blood for HIV antibodies and hepatitis screening. It processes thirty to forty HIV tests from the STI clinic per week with all confirmatory HIV samples sent to the National Virus Reference Laboratory (NVRL) for testing. It is the view of the STI services that given the increased workload a second Medical Laboratory Scientist post is required in UCHG to deal with STI testing.

Currently in order to protect patients' privacy, staff from the clinic must collect test results directly from the laboratory as the STI test results cannot be inputted onto the main hospital computer system. It is the view of the STI services in the WHB that a new computer system allowing access to test results by clinic staff only is required.

3.9 NORTH WESTERN HEALTH BOARD

3.9.1 Services and Facilities

The North Western Health Board (NWHB) provided a comprehensive report on Genitourinary Medicine services available in the region to the Sub-Committee.

The Genitourinary Medicine Department (GUM) for the NWHB is located in the out-patients department of Sligo General Hospital providing patients with a service, which is accessible and discreet while providing clinic staff with access to all of the support resources available in an acute general hospital. In addition to HIV/STI treatment, the clinic offers all “at risk” individuals Hepatitis B vaccination. It is reported that this service has received a positive response resulting in a good uptake rate.

A small number of patients from outside the EU also attend the clinics, some of whom require long term management care. Prior to attendance, the GUM clinic arranges for an interpreter to accompany the patient or arranges use of a Dublin based interpretation service.

The GUM clinic is separated from the out-patients department to provide a level of confidentiality to the patients and there are two separate clinical areas for male and female clinics. The female clinic comprises a waiting area with space for approximately twenty patients, a consultation room, an examination room, a phlebotomy room and a laboratory. The male clinic comprises a waiting area with space for approximately twenty patients, a consultation room, a nurses’ room and a consultant’s room. The nurses’ room is used by the Clinical Nurse Manager II as a general purpose room for phlebotomy, health advice, contact tracing and partner identification activities. Due to lack of space nursing staff must use a bench, which is normally used for processing clinical specimens, as a desk.

The North Western Health Board has reported that there is a need to establish new STI services in Co Donegal and that this should be done on a phased basis. This new service would provide consultation, contact tracing, pre and post test counselling, on site testing, phlebotomy and additional serology, and health education. It is, however, envisaged that HIV/AIDS patients would continue to attend the Altnagelvin clinic. It is the opinion of the Sub-Committee that serious consideration should be given to this proposal.

3.9.2 Staff

The clinic is staffed by a visiting Consultant from Belfast, who attends the clinics every two weeks, a Registrar, an Area Medical Officer, a part-time Staff Nurse, a Clinical Nurse Manager II who also performs the Health Advisor and Contract Tracer roles, a Medical Laboratory Scientist and a Pharmacy Liaison Technician. The clinic currently has no social work or administrative support but it is hoped to put social work support in place.

3.9.3 Clinics and Attendance Statistics

Separate male and female clinics operate in Sligo General Hospital two evenings per week on an appointment preferred basis. Emergency cases, however, are seen immediately and out of hours appointments for urgent HIV testing, pre-test counselling and health advice can also be arranged through the Clinical Nurse Manager II. There is a four-week wait for the female clinic and a two-week wait for the male clinic and prospective patients are triaged and provided with support and/or information as necessary.

The GUM department does not operate separate HIV clinics due to the small number of HIV positive patients attending. However, Outreach

support is provided for HIV patients and other patients requiring additional support.

Approximately, seven to ten new patients, seven to eight return patients requiring re-screening and eight to ten patients requiring HPV and follow up treatment attend each clinic. Between January and mid-September 2003, 1,154 patients attended the GUM department. This compares with 1,057 for the same period in 2002.

3.9.4 Laboratory & Pharmacy Services

There is a laboratory on site in the GUM department during clinics for pregnancy testing, microscopy and processing of specimens generated during clinics. However, all other specimens are sent to the main laboratory in Sligo General Hospital with results of swabs, chlamydia and gonorrhoea generally available within three days and HIV, syphilis and hepatitis results available within seven days.

The GUM department does not have a pharmacy on site. The required medication is dispensed by doctors from stock held at the clinic and replenished weekly.

3.10 MERCHANT'S QUAY PROJECT

The Sub-Committee visited this project on 26 September 2001. The link between drug use and HIV has long been known and policies have developed based on this evidence. The Merchant's Quay Project (MQP) offers a low threshold service to drug misusers. One of the key elements of its service is a needle exchange programme. This programme sees about 80 clients per day and 9,000 people have been registered on their database since 1996. In the previous year the programme had seen 650 new clients. While clients are not asked if they are HIV positive they are asked if they have been tested for HIV. The programme workers recognise that this is an opportunity to encourage clients to be tested for HIV and other infections and they actively act on this opportunity by promoting testing.

A women's project is also in operation at the MQP, which offers support and advice to women drug users. The project is considering the introduction of a sexual health screening for its attendees which would make sense given the high-risk category these women fall into and its introduction should be encouraged.

Of course, Merchant's Quay is just one example of how the drug treatment clinics, which have expanded considerably in the last number of years, contribute to the provision of harm reduction and treatment services for HIV positive people in educating and raising awareness of HIV/AIDS.

3.11 GAY MEN'S HEALTH PROJECT

Established in October 1992 the Gay Men's Health Project (GMHP) promotes sexual health among gay and bisexual men, through Outreach, counselling and STI clinical services. GMHP raises awareness on HIV, Sexually Transmitted Infections (STIs), Drug Use, Safer Sex Practises, Welfare, and general medical and psychological health.

Administered by the East Coast Area Health Board (ECAHB), GMHP covers the Area Health Boards of the Eastern Region Health Authority (ERHA). The project is the only comprehensive statutory Gay Health Service in Ireland and one of the very few in Europe.

GMHP provides an integrated sexual health service to men who have sex with men (MSM) and is community based and involved. The ECAHB though GMHP funds Outhouse Community Centre and also funded the Johnny Programme, Gay Health Network, the Vital Statistics Research, the Syphilis Campaign, research and onsite testing, the Internet Survey with Sigma Research, reports and research on Male Sex Work (Prostitution), Gay Health and other fora.

A multidisciplinary team of medical and support staff provide free, friendly and comprehensive STI clinical services two evenings per week. Blood tests for HIV, Syphilis, Hepatitis A, B and C, and Hepatitis Vaccination are provided and results and treatment are available on both evenings.

All men attending for the first time are encouraged to have a full STI screen and blood tests for HIV, Syphilis, Hepatitis A B and C and to see a counsellor. Up to 80% of these men opt for an HIV test.

In 2002 over 3,700 men attended with 648 first-time clients registering. Two thousand STI screenings, 1,400 Syphilis tests, 1,100 HIV tests, 800 Hepatitis tests, 1,000 Hepatitis Vaccine Injections (450 men completed the vaccine) were carried out.

Outreach and counselling services in Outhouse, Capel Street is also an important function of GMHP. In addition to providing outreach on the scene (pubs and clubs), contact can be made with the outreach workers by telephone, email or by calling-in to Outhouse. They provide one-to-one support and advice on sexual health, STI infections and screenings, isolation and relationship problems. GMHP outreach workers provides a peer led approach and community service through networking and partnership with Gay Health Network, Johnny, Belong To (youth project), Outhouse, Focus Ireland and Irish Network Male Prostitution. With innovative programmes such as Research, Publications, Gay Health and Prostitution Fora and Onsite Syphilis Testing, GMHP and GHN have designed and produced most if not all the sexual health publications aimed at gay and bisexual men. Over 450 men have attended the Personal development courses and workshops.

3.12 VOLUNTARY SERVICES

The role of the voluntary services such as The Alliance in Cork, AIDS West in Galway, the Red Ribbon Project in Limerick and the various voluntary organisations operating in Dublin, including those focusing on particular cohorts such as the gay community, patients from outside the EU or drug users are important to the overall service delivery of patients with HIV or other STIs. These organisations offer advice, education, support and counselling and in some cases outreach work and the Sub-Committee acknowledge this valuable contribution to the services.

Voluntary Services offer personal and social supports, one-to-one services, respite weekends, the opportunity to meet other people who are HIV positive and a wide range of practical assistance based on individual needs.

3.13 NATIONAL VIRUS REFERENCE LABORATORY

The National Virus Reference Laboratory (NVRL) provides a comprehensive diagnostic service for the following STIs:

- **HIV 1/2:** including screening and confirmation for antigen and antibody, viral load measurement and drug resistance
- **Hepatitis B:** all markers including viral load and drug resistance
- **Hepatitis C:** screening and supplemental tests for antibody, viral load and Genotyping
- **Chlamydia**
Trachomatis: PCR
- **Herpes simplex:** immunofluorescence, cell culture and serology
- **Syphilis:** Serology (Elisa and Confirmation)

It is vital that clinicians availing of this service provide accurate and comprehensive information when specimens are submitted so the Laboratory Management can discharge their duties in relation to Infectious Diseases regulations.

New cases of HIV are coded by Soundex (i.e. names are not identifiable) when data is supplied to the National Surveillance Disease Centre (NDSC). Failure to provide adequate information will result in inaccurate National Infectious Disease Data being generated at the NDSC. Provision of data from NVRL to the NDSC requires the provision of funding for a shared NDSC/NVRL post.

4. DISCUSSION

As can be seen from the overview of the services detailed above, many of the service providers face similar issues. In drawing up this report the Sub-Committee are cognisant of the recommendations of the *Review of Sexually Transmitted Infections in the Eastern Regional Health Authority* (ERHA), which was published in 2000 and of the report of NASC, which was also published in 2000.

It is clear that where a service is provided the individuals working in the area are committed to the highest standards and in delivering a quality service. Many of the services face issues particular to their own service. However, there are a number of issues which are common to all. It is also clear that many of the services have undergone significant change in the last number of years. It is evident that even since the two reports mentioned above were published the situation has evolved, not least in terms of the numbers of people presenting for treatment and the numbers of clients from outside the EU, requiring care particularly in relation to HIV infection. The increase in these numbers and demands on services can be attributed to many factors including: increases in STI incidence, changes in gonococcal resistance patterns, increases in rates of risky sexual behaviour, greater mobility and fluidity of borders within and outside the EU. Another factor which can be attributed to increased numbers is the more pro-active HIV screening approach by STI clinics.

With regard to patients from outside the EU, there are particular difficulties in relation to communication. The lack of culturally appropriate interpretative/translator services is a problem and many of the services are struggling to deal with these situations.

4.1 STAFFING OF CLINICS

Most of the services visited are at capacity level, both in terms of physical capacity and staffing. Some services do not have the benefit of the full range of disciplines required in order to provide appropriate service delivery. For example a number of services do not have health advisers or clinical nurse specialists. Education and awareness are key elements of service delivery. Contact tracing and partner notification are important service requirements to ensure that infections are identified and treated early in order to prevent transmission of infection to sexual partners.

4.2 CONSULTANT SERVICES

The number of medical Consultants currently (2004) employed in the area of HIV/STIs in Ireland is seven – five of these are in Dublin (one of whom deals with children) and one in Cork. The Western Health Board has recently appointed a new Infectious Diseases Consultant. Since 2000 the level of consultant provided services has increased by three. However, despite this increase, services are still stretched. The Sub-Committee is of the view that this level of consultant cover is inadequate. Many health boards do not have any consultant cover and while the STI and HIV clinics that are in place provide a good level of service the Sub-Committee is of the view that there should be a consultant provided service at these centres in order to ensure the best quality service for patients.

4.3 SATELLITE CLINICS

In addition to providing services in acute hospital out-patient settings it is important that services are accessible to patients in all areas of the country. In those health boards that are providing services, the satellite services that are being provided work well and reach a cohort that may otherwise not engage with the services. The Sub-Committee is of the view

that in conjunction with the development of consultant services, the development of satellite services should be considered. The model in the Southern Health Board would appear to be working well and could be replicated in other parts of the country.

4.4 PRISONS

Prisons are situated in a number of Health Board locations. Because of the association between substance misuse, criminality and prevalence of HIV and hepatitis, prisons have been responsible for a disproportionate number of referrals to HIV/Infectious Disease services. At any one time the prison system is likely to contain approximately 100 HIV positive individuals and significantly greater numbers of Hepatitis C positive individuals. In addition, the requirement for STI services in prisons is disproportionately higher than the general population (General Healthcare Study of the Irish Prison Population, 2000).

Historically, prisoners have been referred to external specialist services and attend escorted by two or more staff. This poses major inconvenience to the running of clinics and presents a variety of problems for prison management, not least of which is the very significant resource implications in terms of providing escorts for prisoners attending clinics.

The Sub-Committee proposes that, where referral rates and numbers justify it, consideration should be given to the development of one or more satellite clinics within the prison system. On the basis of clinical need and population density this is likely to be most feasible in the Dublin area in the first instance. Both the Cloverhill/Wheatfield complex (average daily population approximately 800; annual turnover 5,000-6,000) and the Mountjoy complex (average population approximately 800; mixed male and female population), possibly linked to St. James's / Tallaght and the

Mater respectively would be candidates for this type of development.

While prisoners are citizens of the State and, as such, are entitled to access health services on the same basis as other citizens covered by the public health system, the provision of prison based out-patient services has significant potential benefit for both the health service provider and the prison system. Where appropriate, consideration might be given to the development of Service Level Agreements for the provision of such services.

4.5 GP PROVIDED SERVICES

The *Review of Sexually Transmitted Infections in the Eastern Regional Health Authority* refers to the fact that GPs generally prefer to refer patients with STIs to a specialist centre. This also appears to be the case nationwide. However, GPs have a valuable role to play in certain aspects of the delivery of this service and ways in which their work can contribute to the overall delivery of an STI service should to be considered. A “Hub and Spoke” approach, whereby a GP practice links in with a hospital clinic is considered by the Sub-Committee to be a model worth exploring. This approach operates on the basis of a clinic being established in a GP practice for a particular time, for example on one day a week. Practical support in terms of staff and laboratory facilities could be provided by the clinic. This would reduce pressure on the number of people attending hospital services for more routine type of problems.

4.6 DEVELOPMENT OF INFORMATION COMMUNICATION TECHNOLOGY (ICT) SYSTEMS

In Ireland, notifications of Sexually Transmitted Infections (STIs) have increased by 335.5% from 1989 to 2001. A total of 69,003 STIs have been

notified since 1989, 14.1% of these were notified in 2001. The number of STIs notified in 2001 is the highest number reported in any year on record.

Knowledge of epidemiology of STIs is central to developing an effective sexual health strategy. The epidemiology of STIs is unique in its closeness of association with specific human behaviours. There is a need for a relatively rich set of data on the demographic and behavioural characteristics of patients, if trend and distribution data are to be interpreted. Surveillance data is used both to determine the need for public health action and to assess the effectiveness of programmes: it is required for the setting of priorities, for planning and resource allocation, for the definition of population subgroups and risky behaviours for targeted interventions, for the development of disease prevention programmes and for the evaluation of interventions. For example, the inclusion of information on area of residence would allow attribution of population denominators to cases and thus estimation of incidence rates at health board level and district electoral division level. The critical test is whether data helps clinicians and health board managers to make decisions on prevention and treatment services.

Currently, aggregate data is collected quarterly from STI clinics including age group, sex and diagnosis. Data is generally collected from STI clinics in the health boards. People may travel from their area of residence to clinics outside their area. The data therefore, does not necessarily reflect numbers of infections diagnosed among residents of a particular health board area. The National Disease Surveillance Centre (NDSC) collates the quarterly data and posts quarterly reports on its website (www.ndsc.ie).

A Sub-Committee of the Scientific Advisory Committee (SAC) of the NDSC is currently reviewing the surveillance of STIs in Ireland. It is agreed that there is a need to move from collection of aggregate data to the collection

of disaggregate, person based data on notifiable STIs. There is also agreement that there is a need to improve the current reporting of STI surveillance data and the feedback to clinics, in the form of regular timely reports, thereby enabling the use of surveillance information to inform policy and prevention strategies for sexual health. It is not logistically possible to collect and collate the multi-dimensional data sets that it is now recognised are required for STI surveillance through the paper based, aggregate statistical reporting systems which are currently in place.

4.7 LABORATORY SERVICES

Many of the laboratories around the country are operating at almost capacity level. The large increase in the numbers presenting to the service and the additional large volumes of tests required is placing significant demands on the service. HIV/STI testing is a small part of overall laboratory services. The STI Sub-Committee of the Scientific Advisory Committee of the NDSC is at present considering the issue of the need for primary and reference laboratory facilities in Ireland. The Sub-Committee feels that the deliberations of the Care and Management Sub-Committee will be important in advising on the future diagnostic laboratory services for STIs in Ireland.

4.8 CHLAMYDIA SCREENING

Chlamydia trachomatis infection is the most common, curable, bacterial STI in the world with an estimated 89 million new cases each year. After anogenital warts, *Chlamydia trachomatis* was the second most commonly notified STI in Ireland in 2000 and 2001. Since 1995 in Ireland, the number of cases of *Chlamydia trachomatis*, notified mainly from Sexually Transmitted Infection (STI) clinics, increased from 133 in 1995 to 1,649 in 2001, an increase of 573%.

Data on prevalence of infection with *Chlamydia trachomatis* in Ireland is limited. Reported rates vary from 9.5% among clients at an STI clinic in Dublin in 1999 (personal communication) to 13% among a sample of clients at a Family Planning Clinic in Dublin (personal communication). Among men, chlamydia positivity on LCR testing of urine obtained from a sample of sexually active 17-35 year old male attenders at an orthopedic out-patient department and at a third level sports complex, varied from 3% to 5.4%, respectively (personal communication). In the United Kingdom (UK), the prevalence of genital chlamydia infection varies from 1% to 29%. A systematic review of the prevalence of *Chlamydia trachomatis* infection in unscreened asymptomatic women in Europe found prevalence rates from 1.7% to 17% depending upon the setting, context and country.

Genital chlamydia is a transmissible cause of severe reproductive morbidity, including pelvic inflammatory disease, impaired fertility and ectopic pregnancy in women. The infection can be cured with antibiotics and transmission can be prevented by treating sexual partners but most infections are asymptomatic so they may remain undiagnosed.

There is now sufficient evidence in the published scientific literature to show that control and prevention programmes for genital chlamydia infection, that are based on screening for infection among sections of the sexually active population, give rise to significant health gain and are cost beneficial. Economic evaluation indicates that case finding by opportunistic screening is more cost effective than a systematic call/recall screening programme. Young age and recent change in sexual partner are the most commonly reported risk factors for infection. Recently published results of a pilot study of opportunistic screening using urine samples tested by ligase chain reaction (LCR) of sexually active young women attending a range of healthcare settings, including general practice, family

planning, genitourinary medicine, adolescent sexual health, termination of pregnancy clinics and women's services in hospitals (antenatal, colposcopy, gynaecology and infertility clinics) in the UK, demonstrated that this method of screening is feasible and acceptable, achieving high levels of population coverage. The rationale for case finding in women is that women use health services more often and so are a more accessible population than men. The success of any screening programme is dependent on successful partner notification and effective treatment of partners.

The STI Sub-Committee of the Scientific Advisory Committee of the NDSC are considering the need for chlamydia screening in Ireland at present.

4.9 OCCUPATIONAL INJURIES

The Sub-Committee considered the matter of occupational injuries and recommend that there should be an agreed national policy for the management of occupational injuries and that protocols should be established within A&E. The group set up to examine blood borne viruses in the healthcare setting should be asked to advise on these protocols.

5. RECOMMENDATIONS

For the Dublin region the recommendations contained in the *Review of Sexually Transmitted Infections in the Eastern Regional Health Authority* are still relevant though need to be updated to take account of some of the changes over recent years, particularly in maternity and paediatric services. It is important that services are not concentrated in one location as this leaves services at that location open to being overburdened.

Having reviewed HIV/STI services throughout the country the Sub-Committee have made the following recommendations:

5.1 CONSULTANT AND SUPPORT SERVICES WITHIN THE HEALTH SERVICE EXECUTIVE (HSE) EASTERN REGIONAL AREA

- A second Consultant in Paediatric Infectious Diseases for Temple Street Hospital with sessions at Our Lady's Hospital for Sick Children and a paediatric associate specialist post to assist the current consultant should be appointed.
- A second Consultant in GUM for the Mater Hospital with sessions in the Rotunda Hospital and Mountjoy Prison should be appointed.
- A GUM Consultant for the Meath, Adelaide and National Children's Hospital (MANCH), Tallaght with sessional commitment to clinics at Naas and St James's Hospital should be appointed (6, 3 and 2 sessions respectively). As demand for services in MANCH, Tallaght grows the need for a full-time post should be considered.

- A second GUM Consultant in St James's Hospital with sessional commitments to the Coombe Women's Hospital and Wheatfield and Cloverhill prisons should be considered.
- A Consultant for the East Coast Area with sessions at St Vincent's Hospital, St. Columcille's, Loughlinstown and a link to the National Maternity Hospital, Holles Street should be considered.
- The appropriate staff to support consultant provided services should be put in place including social work, counselling, pharmacy and administration.

5.2 CONSULTANT AND SUPPORT SERVICES OUTSIDE THE HSE EASTERN REGIONAL AREA

- An ID Consultant for the HSE North Eastern Area should be appointed.
- Serious consideration should be given to the appointment of additional Consultants and support staff in a number of HSE areas outside Dublin. An area of particular urgency is the HSE Mid-Western Area.
- The HSE South Eastern Area has submitted an application for a Consultant to the Department of Health and Children. This application should be given serious consideration.

- The HSE Midland Area does not currently have an HIV/STI service. An application for a Consultant has been made to the Department of Health and Children and it is the view of the Sub-Committee that this application should be given consideration, particularly in view of the fact that the large prison population in Portlaoise currently uses the services of Dublin hospitals.
- The HSE Southern Area is currently experiencing significant pressure on its services. The Sub-Committee recommends that the appropriate support structures be put in place to deal with the expansion of services.
- The appointment of a Consultant in the HSE Western Area should improve the situation there, though it is stressed that this appointment must have the necessary support staff put in place as a matter of urgency. In particular an additional full time medical officer and clinical nurse specialist are required.
- The recommendations of the HSE North Western Area's proposal to expand its services in Co. Donegal should be given serious consideration.
- The Sub-Committee recommends the appointment of a minimum of one Health Advisor per HIV/STI clinic.
- The expansion of the Nurse Practitioner's role in service delivery is strongly encouraged.

5.3 TRANSLATION SERVICES

- It is recommended that all HIV/STI services should provide culturally appropriate translation services for patients from outside the EU.

5.4 CLINIC FACILITIES

- A number of issues in relation to space and facilities have been identified in this report. The Sub-Committee recommends that an in-depth evaluation of space and facilities to meet the expanding needs of HIV/STI services be prioritised in the relevant HSE areas.

5.5 LABORATORY SERVICES

- It is recommended that the work being undertaken by the NDSC in relation to establishing the need for primary and secondary laboratory facilities for STIs, should be given priority consideration.

5.6 SATELLITE SERVICES

- Outside the Dublin area satellite services have worked well in a number of HSE areas. The provision of satellite services should be developed particularly in Naas, Loughlinstown and Drogheda.

5.7 GP INVOLVEMENT

- Consideration should be given to innovative ways to address the large numbers presenting at hospital clinics. One such way would be to involve general practitioner practices in the care of STI patients. It is recommended that a pilot “Hub and Spoke” system be established in one of the new Primary Care Implementation Projects e.g. old Meath Hospital.

5.8 CHLAMYDIA SCREENING

- It is recommended that the work being undertaken by the NDSC in relation to establishing the need for Chlamydia screening in Ireland should be considered as a matter of priority.

5.9 PRISONS

- The Sub-Committee recommends that consideration should be given to the development of satellite clinics within the prison system.

5.10 INFORMATION COMMUNICATION TECHNOLOGY (ICT) SYSTEMS

- The Sub-Committee recommends the development of ICT systems in STI clinics to enable the collection of disaggregate data in electronic formats and to allow rapid transmission of data to local Departments of Public Health.

- The Sub-Committee recommends the appointment of staff of sufficient seniority, dedicated to data management/entry and reporting of STI disaggregate data, in STI clinics.

5.11 OCCUPATIONAL INJURIES

- The Sub-Committee recommend that there should be an agreed national policy for the management of occupational injuries and that protocol should be established within A&Es. The group set up to examine blood borne viruses in the healthcare setting should be asked to advise on these protocols.

5.12 VOLUNTARY SERVICES

- The Sub-Committee recognises the valuable and important work of the voluntary services in the overall care of people living with HIV and recommend that their work continues to be supported by statutory services.

APPENDIX 1

Information on staff, clinic numbers/times and attendance statistics for the HIV/STI services reviewed is detailed in tabular format below.

3.1 OUR LADY'S HOSPITAL FOR SICK CHILDREN, CRUMLIN

Staff	Full time	Part time	Notes
Consultant	1		6 sessions Crumlin 3 sessions Temple St
Registrar	1		
Senior House Officer		1	
Clinical Nurse Specialist	3		
Basic Grade Social Worker	1		
Psychologist		1	0.5 FTC - 2 sessions
Clinical Pharmacist		1	Temporary
Dietician		1	0.5 FTC - 2 sessions
Grade IV Secretary		1	Shared with another discipline
Data Manager/ Research Nurse	1		Commenced December 2003
Clinics	Number	Days	Notes
Crumlin	2	Tues (am) Wed (pm)	
Temple Street	1	Thurs (am)	
Attendance Statistics	2000	2001	2002
All Clinics	59	93	146

3.2.1 SOUTH INFIRMARY HOSPITAL

Staff	Full time	Part time	Notes
Area Medical Officer/GP	2	4	Part-time AMOs/ GPs are sessional
Clinical Nurse Manager II	1		
Clinical Nurse Specialist	2		
Staff Nurse	3.64 WTE		
Medical Laboratory Scientist	1		Laboratory on site
Acting Grade IV Clerical Officer	1		
Grade III Clerical Officer		2	
Pharmacy			No Pharmacy on site
STI Clinics	Number	Days	Notes
South Infirmary	5	Mon - Thurs	Two on Wednesday
Tralee	1	Fri	Laboratory on site in Tralee
Attendance Statistics - STI patients	2000	2001	2002
New	1,230	1,525	2,165
Return	3,838	4,228	6,054
Total	5,068	5,753	8,219

3.2.2 UNIVERSITY COLLEGE HOSPITAL, CORK

Staff	Full time	Part time	Notes
Consultant	1		Infectious Diseases
Registrar	1		
Senior House Officer	1		
Intern	1		
Clinical Nurse Co-ordinator	1		
Liaison Nurse	1		
Pharmacist		1	Pharmacy on site
Clerical Officer	1		
Clinics	Number	Days	Notes
UCHC	1	Wed	ID Clinic
Attendance Statistics - HIV patients	2000	2001	2002
New	31	47	67
Return	84	116	163
Total	115	163	230

3.3 LIMERICK REGIONAL HOSPITAL

Staff	Full time	Part time		
Senior Medical Officer	1			
Medical Officer	1			
Staff Nurse	2			
Secretary	1			
Medical Laboratory Scientist	2			
Clinics	Number	Days		
Limerick	2	Tues, Fri		
Ennis	1	Mon		
Nenagh	1	Wed		
Attendance Statistics	2000	2001	2002	Notes
HIV new cases	5	15*		*5 of these were pregnant
HIV/STI New	1,194	1,497	1,746	
HIV/STI Returns	4,413	4,883	5,240	
Total	5,612	6,395	6,986	

3.4 MATER HOSPITAL

Staff	Full time	Part time	Notes
Infectious Disease Consultant	1		8 sessions – Mater 2 sessions – Beaumont 1 session – ERHA
Infectious Disease Registrar	1		
Senior House Officer	2		
Intern	1		
Staff Nurse	12		
Pharmacist	1		
Social Worker	1	1	
Dietician	1		
Secretary	3		
Clinics	STI	ID	Treatment
Number	4	2	1
Days	Mon-Thurs	Tues, Thurs	Fri
Attendance Statistics ID Clinic	2001	2002	
New	327	398	
Return	663	1,095	
Total	990	1,493	
STI Clinic	2001	2002	
New	1,359	836	
Return	2,044	1,621	
Total	3,403	2,457	

3.5 WATERFORD REGIONAL HOSPITAL

Staff	Full time	Part time	Notes
Senior Area Medical Officer	1		
Area Medical Officer	3		2 of which are sessional
Nurse/Health Advisor	1		
Staff Nurse		2	Both 0.5 WTE
Secretary	1		
Senior Medical Laboratory Scientist	1		Laboratory on site in Waterford two days per week
Medical Laboratory Scientist	2		
Pharmacy			No Pharmacy on site
Clinics	Number	Days	Notes
Waterford	4	Mon, Wed, Thurs	2 Clinics on Monday
Carlow	1	Tues	
Clonmel	1	Wed	
Attendance Statistics (All Clinics)	2001	2002	2003
New	1,154	1,435	1,306
Return	1,519	1,281	1,209
Total	2,673	2,716	2,515*

* Due to an industrial dispute clinics did not operate for 11 weeks.

3.6 BEAUMONT HOSPITAL

Staff	Full time	Part time	Notes
Consultant	2		1 on locum basis Other 8 sessions - Mater 2 sessions - Beaumont 1 session - ERHA
Medical Administrator	1		
Senior House Officer	1		
Intern	2		
Pharmacist	1		Pharmacy on site
Social Worker	1		
Ward Sister	1		
Junior Ward Sister	1		
Dietician		1	Available as required
Clinics	Number	Days	Time
	1	Thurs	9.30-16.00
Total Attendances	2000	2001	2002
	1,003	1,107	1,339

3.7 ST JAMES'S HOSPITAL

Staff	Full time	Part time	Notes
Consultant	3		2 Consultants have sessional commitments off site
Associate Specialist		1	
Specialist Registrar	4		
Clinical Registrar	2		
Clinical Nurse Manager III	1		
Senior House Officer	4		
Liaison Nurse Specialist	3		
Nurse Practitioner	1		
Senior Health Advisor	1		
Health Advisor	3		
Research Nurse	1	1	1.5 WTE
Medical Social Worker	5		
Chief II Pharmacist	2		Pharmacy on site Temporary posts
Senior ID Pharmacist	1		
Senior Medical Laboratory Scientist	1		Laboratory on site
Data Manager/ Grade VI Clerical Officer	1		
Secretary	3		
Reception Staff		4	WTE
Clinics	Number	Attendances per clinic	
STI	7	80+	
HIV	3	60+	
HIV/HCV	1	30	
ID	1	15	
Attendances Statistics (All)	2001	2002	% Increase
New	7,252	7,466	3%
Return	12,040	14,362	19%
Total	19,292	21,828	13%
HIV patients	2001	2002	% Increase
New	199	222	11.6%

3.8 UNIVERSITY COLLEGE HOSPITAL, GALWAY

Staff	Full time	Part time	Notes
Consultant	1		Took up duty in January 2004
Senior Area Medical Officer	1		
Medical Officer	1	1	0.5 WTE
Sessional Doctors	1.5 WTE	5	4 GPs & 1 retired obstetrician
Management/Administration	2		
Staff Nurse	1	1	
Health Advisor		0.75	
Medical Laboratory Scientist	1		No laboratory on site
Pharmacist			No pharmacy on site
Clinics	Number	Days	Notes
UCHG	5	Mon (2) Wed (2) Fri (1)	
Mayo	1	Tues (1)	An extra session is required in Mayo
Portiuncula	2	Thurs (1) Fri (1)	
GUM Clinics	2001	2002	2003 (1/1 – 31/10)
New	1,003	1,700	1,496
Return	1,898	2,463	1,469
Total	2,901	4,163	2,965*

* Due to an industrial dispute no STI clinics operated between April 14th and June 19th 2003

3.9 NORTH WESTERN HEALTH BOARD

Staff	Full time	Part time	Notes
Consultant		1	Visiting (attends clinic every 2 weeks)
Registrar		1	2 sessions per week
Area Medical Officer		1	2 sessions per week
Staff Nurse		1	19.5 hours per week
Clinical Nurse Manager II/ Health Advisor/ Contact Tracer	1		
Medical Laboratory Scientist		1	2 sessions per week Laboratory on site
Pharmacy Liaison Technician	1		No Pharmacy on site
Social Worker			Post vacant - should be filled within 3 months
Clinics	Number	Days	Times
HIV/STI	4	Tues Thurs (Evenings)	Separate male and female clinics run parallel. No separate HIV clinic
Overall Attendance (inc STI attendance)	1/1/02 – 18/9/02	1/1/03 – 18/9/03	
New	300	389	
Return	757	765	
Total	1,057	1,154	
STI Attendance	2001	2002	% Increase
NWHB	774	971	25%
Donegal	518	544	5%
Sligo/Leitrim	256	427	67%

