

Sexual Health Quarterly Bulletin Issue 14, December, 2006

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Department of Health Update by Kate Pierce

A hard-hitting new sexual health campaign, Condom Essential Wear was launched by the Public Health Minister, Caroline Flint on November 9th 2006.

The aim of the campaign is to get sexually active young adults to make condoms 'essential wear' when they are out on the 'pull', so that carrying and using a condom becomes as familiar as carrying a mobile phone or putting on a seat-belt.

The main messages are sex without a condom is seriously risky and you can't always tell who has got a sexually transmitted infection (STI) by just looking at someone – so always use a condom.

Television, magazine and radio ads alongside on-line advertising are specifically targeting 18 – 24 year olds who are most at risk of infection. The TV ad shows couples getting together in scenarios where the name of an STI is clearly displayed on their clothing or jewellery, highlighting the stark reality that these infections are not easy to spot.



Images used in the magazines and on-line advertising continue this theme, while radio adverts focus on the physical consequences of catching an STI.

The campaign is initially scheduled to run for the pre-Christmas and Valentines periods, times of the year where rates of STI contraction are traditionally higher.

The new £4 million campaign is part of a wider Government initiative to improve sexual health and tackle teenage pregnancy. It complements the existing campaigns, 'R U Thinking?' which is aimed at the under 16s, and 'Want Respect? Use a condom', aimed at 16 to 18 year old socially excluded teenagers. The Department for Education and Skills delivers both of these.

For further information please contact Kate Pierce at Kate.Pierce@dh.gsi.gov.uk or



Cheshire and Merseyside Sexual Health Network by Simon Henning

In the lead up to Christmas time we have been very busy developing care pathways and self assessment tools for a number of different sexual health issues.

We have developed a care pathway for STI care that will help commissioners and clinicians redesigning services to meet the needs of their local populations; it allows far greater access to various levels of care across a much greater range of providers. Through this process we are aiming to improve access and reach those that might be reluctant to access services. We are also looking to develop skills and capacity to provide STI and contraception care in a wider range of sexual health, general practice and other community services. It is vital that standards of care are maintained across all providers, with clear pathways into specialist services for those who require their expertise.

Other sexual health issues that we are working on at the moment include

access to emergency contraception, long acting reversible contraception and abortion care. We are writing care pathways and self assessment tools to enable service users to access the most appropriate care for their needs. We aim to have the various pathways and self assessment tools available for use in the very near future and link them to appropriate local websites across Cheshire and Merseyside to increase their visibility and coverage.

Our lead sexual health nurses are now meeting on a regular basis in order to develop leadership and share good practice across Cheshire and Merseyside. The work with nursing leads has gained national attention and we have been asked to present at the Department of Health "Desire and Inspire - Realising the Leadership Potential of Sexual Health Nurses" conferences in London and Birmingham in February 2007.

We are also forming a Workforce Development working group that will be looking at the training needs for

those clinicians currently working in the sexual health field and we are looking at how we can encourage practice nurses and school nurses, among others, to get involved in the delivery of sexual health care. We need to open up access to sexual health services but recognise that in order to do this; we will need to equip colleagues with the knowledge, skills and confidence to tackle sexual health issues appropriately.

There are other numerous pieces of work that the CMSHN is currently involved in that will ultimately have a direct effect on improved care for service users, better working practices and support for clinicians as well as better commissioning of evidence based care and prevention across Cheshire and Merseyside.

Simon Henning – CMSHN Co-ordinator simon.henning@nhs.net or Terrol Evans – CMSHN Administrator terrol.evans@nhs.net 0151 488 7775

Cumbria & Lancashire Sexual Health Network by Stephen Woods

The Cumbria and Lancashire Sexual Health Conference/Network Launch took place on the 23rd November. The conference was the official launch pad of the network and an opportunity for participants to receive feedback nationally and regionally it also provided the opportunity to celebrate good practice from across the two counties.

The afternoon was given over to a celebration, sharing examples of innovative practice and acknowledging the tremendous energy and sense of enthusiasm to drive forward the sexual health agenda, working towards integrated sexual health services, and clearly outlined the opportunities to work in partnership to shape future provision.

Nominations of good practice were received from projects across Cumbria and Lancashire in the following categories -

- SRE and Training,
- Service Developments,
- Campaigns and Communications

- Projects Targeting Special Groups of Need.

The initial conference feedback was on the whole very positive but as with most large-scale events there was some learning. The afternoon provided the opportunity for delegates to visit three celebration workshops from a total of eleven. The feedback on the workshop sessions was very positive and promoted a great deal of discussion the only negative being the timing.

The morning session included an excellent opening address by Jane Mezzone and Steve Penfold. The initial workshop session looked at the following four key questions and has provided a wealth of information to help structure the development of the network and the website.

- What do you feel are the benefits of the Network and the structure described in the previous presentation?
- How can the network best support you in your work?

- What can you offer the network?
- The network is developing a Cumbria and Lancashire website www.clashonline.co.uk. What would you like to see on the website?

A huge thanks must go to all the 120 delegates who made the day a success and we hope to make this an annual event. The network continues to develop a delivery structure and is developing a commissioning sub group, a workshop day has been booked for the early New Year. This will be a facilitated workshop session with commissioners from across the two counties to explore the appetite and level of enthusiasm for collaborative working and, ultimately, commissioning of sexual health services. It will also reflect on the following question - Is it possible to agree a service model and identify at which health economy level these should operate?

I would like to acknowledge the support I have received from the two other network co-ordinators both of whom have been willing to share.

Greater Manchester Sexual Health Network by Neil Jenkinson

Following the constructive visit of the National Support Team to Greater Manchester in July the Network has been working on taking forward the emerging findings and recommendations that were presented to the Association of Greater Manchester PCT Chief Executives on 15th September 2006.

The Greater Manchester Sexual Health Network proposes enhancing the Network structure and relationships to ensure all sexual health targets are achieved in line with the Greater Manchester Sexual Health Framework.

It is proposed by the Board that a Performance and Delivery sub-group of the Network Board will be convened to take the responsibility of driving this performance agenda. This Group through representatives will also report to the Health Improvement Board. There will also be a link with the National Sexual Health Programme Board.

The Greater Manchester Commissioning Leads meeting will also strengthen its remit on driving the commissioning agenda across the conurbation.

In supporting these developments a welcome package of support has been agreed with the National

Support Team up to £200k. Key pieces of project development work will include:

Demand and capacity modelling, centralised booking service, process improvement study, workforce plan and education strategy, an explicit strategy for HIV, future commissioning models for sexual health, information management and technology (IM&T) reporting project.

Other key work stream developments completed by the Network Priority Action Groups over the quarter include:

- Securing choosing health allocations across all PCTs for sexual health services
- Securing business case for development across the North East Sector (four PCTs)
- Modernisation group sharing the patient pathway for Tier 1, 2 and 3 services. Also, practical clinic 10 step guide shared across Network.
- Termination group have agreed a Greater Manchester leaflet for abortion services and sharing best practice on the well established centralised booking services.
- IM&T group have been actively

working to ensure all systems are upgraded and the patch installed to meet 48 hour access data requirements

- HIV group have been working on a neonatal HIV protocol and submitted a business case for home delivery for drugs.
- Prevention group have had an away day to plan future work that can be undertaken across Greater Manchester
- Engagement and involvement group has been established and will be chaired by Priscilla Nkwenti from the Black Health Agency with the remit to develop an engagement and involvement strategy for the Network across all the groups
- Access to a wide range of contraceptive services group is looking to map current service provision (GPs, Pharmacies, Young People's Services, Contraceptive services, GUM etc) and assess against current needs. The group will look to work closely with practice based commissioning teams.

For further details please contact Neil Jenkinson at neil.jenkinson@manchester.nhs.uk

RU Clear update by Emma Flynn

RU Clear screening programme went live on 2nd October and our 1000th Chlamydia screen was reported on 23rd November 2006. Screening has commenced in Ashton Leigh and Wigan, Bury, Manchester, Oldham, Rochdale, Tameside and Trafford PCTs with Salford and Bolton PCTs due to start before Christmas.

RU Clear Screening programme is using the Gen-Probe Aptima Assay for Chlamydia trachomatis and Neisseria gonorrhoeae, with all screens across Greater Manchester being processed by the Manchester Partnership Laboratory. After starting

with a semi-manual system, the programme has successfully installed the Axsys Excelicare system to manage results and collate the data required for the national programme.

Positivity rates have been high to date with:

- 13% of people tested being positive for Chlamydia.
- 8% of the Chlamydia Positives tested found to have Gonorrhoea.

The service will be formally launched in February with local events and a

media campaign.

For further information on the RU Clear Screening Programme contact Emma Flynn on emma.flynn@manchester.nhs.uk or visit the RU clear website.



www.RUclear.co.uk

World AIDS Day by Hannah Madden

World AIDS day on the 1st of December was the 18th annual campaign organised by the National AIDS trust that aims to raise awareness and understanding of HIV and AIDS in an attempt to bring about change. Events take place all over the globe and in the North West vigils and fundraising events were held in most major cities. It is 25 years since scientists in the United States reported the first clinical evidence of the disease that would later become known as acquired immunodeficiency syndrome or AIDS. Since 1981 it has spread to all corners of the world with almost 40 million people worldwide now living with HIV.

The UK theme this year, 'You, me, us – we can stop the spread of HIV and end prejudice' aims to raise the profile of HIV and encourage individuals and communities to take action to bring an end to new infections and stop prejudice. HIV is more prevalent than ever in both the UK and globally and two new reports out in time for World AIDS day highlighted that HIV and AIDS is still increasing.

Global statistics from the UNAIDS annual AIDS Epidemic Update were published at the end of November showing increases in HIV in all regions of the world, most striking in East Asia, Eastern Europe and Central Asia. Figures for 2006 show:

- almost 40 million people worldwide are living with HIV
- there were 4.3 million new infections
- there were also almost 3 million deaths due to AIDS in 2006, of whom 380,000 were children
- young people are disproportionately affected by the epidemic with 40% of new adult infections occurring in 16 to 24 year olds.

World AIDS Day Campaign



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Sub-Saharan Africa still continues to be at the centre of the epidemic with over 60% of all infections and three quarters of all AIDS deaths this year happening in this region. Some prevention methods do seem to be working though and there is hope in some areas of Africa with declines in adult prevalence being seen in Kenya, urban areas of Cote d'Ivoire, Malawi and Zimbabwe and in rural areas of Botswana.

The Health Protection Agency's annual report on HIV and STIs – A Complex Picture – was also released just before World AIDS Day and estimated that over 63,000 people in the UK are now living with HIV, of whom 20,000 (32%) are unaware of their HIV infection. There were 7450 new diagnoses reported in 2005 and this figure will continue to rise as more reports are received. Men who have sex with men continue to be disproportionately affected by HIV with this year seeing the highest number of newly diagnosed HIV infections since the start of the epidemic (2356 cases) accounting for a third of all new diagnoses in 2005.

The global HIV epidemic also continues to greatly affect black and minority ethnic populations in the UK. In 2005 nearly two-thirds of all new diagnoses (where

ethnicity was reported) were among BME individuals, and four-fifths of these were among black Africans. Prevalence (3.6%) is 46 times higher amongst black Africans living in the UK than in white people.

The North West HIV/AIDS Monitoring Unit also published regional mid year figures recently showing 4195 individuals accessed HIV treatment and care in North West statutory treatment centres during the first six months of 2006, 494 of these were new cases (see page 8 for more details).

Full text and tables of the UNAIDS Update 2006 can be accessed at www.unaids.org/

A Complex Picture, HIV & other Sexually Transmitted Infections in the UK: 2006 is available at www.hpa.org.uk/

For further details please contact Hannah Madden at h.c.madden@ljmu.ac.uk



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Sexual and Reproductive Health Indicators for the North West report

by Sara Hughes

Sexual and reproductive health indicators for local authorities in the North West were published last month by the North West Public Health Observatory, Centre for Public Health and the Health Protection Agency North West. The report coincided with the launch of a national report comparing sexual health between English regions, published by the Association of Public Health Observatories (APHO) and the national Health Protection Agency (HPA).

The North West indicators were designed to help local authorities, primary care trusts and other organisations better understand the sexual and reproductive health of local residents. They cover a broad range of issues, including sexually transmitted infections, conditions relating to sexual and reproductive health, abortions and births, sexual and reproductive health services and sexual offences.

The report revealed some persistent and worrying patterns of inequality across localities in the North West with, in general, the most deprived areas suffering the greatest sexual and reproductive health problems, including higher rates of:

HIV and syphilis: For example in 2005, prevalence of HIV was over 30 times higher in Manchester (283 per 100,000) than Congleton (7.7); Pelvic Inflammatory Disease (PID) and ectopic pregnancy: For instance in 2004/05, prevalence of PID was highest in Oldham (467.6 per 100,000) and lowest in Eden (93.8); Cervical cancer: Over three times higher in Barrow-in-Furness (16.0 per 100,000) than

Eden (4.7); Teenage conceptions: Ranging from 76.7 per 1,000 in Blackpool to 18.3 in Ribble Valley, with the most deprived areas also having the lowest percentages of teenage conceptions leading to abortion (lowest in Barrow-in-Furness at 30.8%, highest in Ribble Valley at 73.3%); Sexual assaults: For example indecent assault on a female was over five times higher in Manchester (1.8 per 1,000 females) than in Congleton (0.3).

However, on a more positive note, the poorest areas were also found to have the highest numbers of children born per 1,000 women, with local authorities such as Blackburn with Darwen having fertility rates around 70% higher than the more affluent Ribble Valley. Furthermore, deprived areas also had lower rates of prostate and breast cancer, although this could be partly related to levels of screening and testing (and therefore detection) of these conditions. For instance, in 2004/05 the percentage of women aged 53-64 screened for breast cancer within three years was higher in more affluent localities.

Other key findings for the North West included a rise in the rate of new cases of HIV (between 2001 and 2005), syphilis (from 2002 to 2005) and the prevalence of ectopic pregnancy (between 2000/01 and 2004/05); and a fall in the prevalence of PID (from 2000/01 to 2004/05) as well as the rate of teenage conceptions (from 1998-2000 to 2002-2004).

In comparison with other regions across the country, the national APHO and HPA report showed the North West to have a mixed

picture of sexual health, with the North West having:

- Higher rates of new diagnoses of chlamydia and syphilis than England as a whole;
- The highest rate of emergency hormonal contraception dispensed in the community (54.8 per 1,000 females aged 15-44 in the North West compared to a national average of 49.6);
- The worst uptake of voluntary confidential HIV testing for people attending GUM clinics and offered testing: 63.9% in the North West compared with 66.6% nationally;
- The highest rate of all regions for prescriptions of tablets for erectile dysfunction treatment.

For more information on *Sexual and Reproductive Health Indicators for the North West* contact Sara Hughes at s.k.hughes@ljamu.ac.uk

The report is available to download at: www.nwph.net/

The report is accompanied by an online tool that presents sexual and reproductive health profiles for all local authorities in the North West: www.nwph.net/sarhi/

The national APHO and HPA report *Indicators of Public Health in the English Regions: 6: Sexual Health* is available at the following address: www.swpho.nhs.uk/

North West Regional Syphilis Update by Keira Allen

There was a large surge in syphilis cases across the country last year, mostly driven by outbreaks in Manchester and London.

The Health Protection Agency North West's annual report on syphilis for 2005 revealed that 499 cases were reported in the North West region, compared to 344 in 2004 and 261 in 2003 (Figure 1). So far 363 cases have been reported in 2006.

Nearly half of the 2005 cases were reported by three Manchester clinics. Preston (15 cases), the seaside resorts of Blackpool (43 cases) and Southport (19 cases) also had comparatively high numbers, with Blackpool's being the highest in Cumbria and Lancashire with 41% of the cases reported.

Many people diagnosed with syphilis last year also had another sexually transmitted infection and 138 were HIV positive. Of the 499 cases reported in the North West overall, 77% (383/499) of cases were in men who have sex with men. This proportion is higher than other parts of the country where there are more heterosexually acquired cases. Oral sex was identified as a key transmission route with only 14% of men who have sex with men cases considering oral sex a high risk

activity that necessitates the use of condoms. Further, 34.7% (133/499) of men who have sex with men cases were co-infected with HIV.

There were 327 cases reported in Greater Manchester; 101 of these patients were also HIV positive. 81% (265/327) of these were men who have sex with men, 32 were heterosexual men and 30 were women. A total of 104 cases were reported in Cumbria and Lancashire (27 of these were also HIV positive) and 68 cases were reported in Cheshire and Merseyside, 10 of whom were also HIV positive.

Most patients said they contracted the infection from partners they met in pubs, clubs or saunas, but 46 reported meeting partners via the internet.

In response to this upsurge HPA North West are strengthening surveillance initiatives and have been reminding doctors and dentists across the region of the symptoms to look out for. We have also been working with partner agencies to raise awareness and to encourage people who may at risk to come forward for testing. Many people with syphilis do not have obvious symptoms so this is a particular challenge for health services.

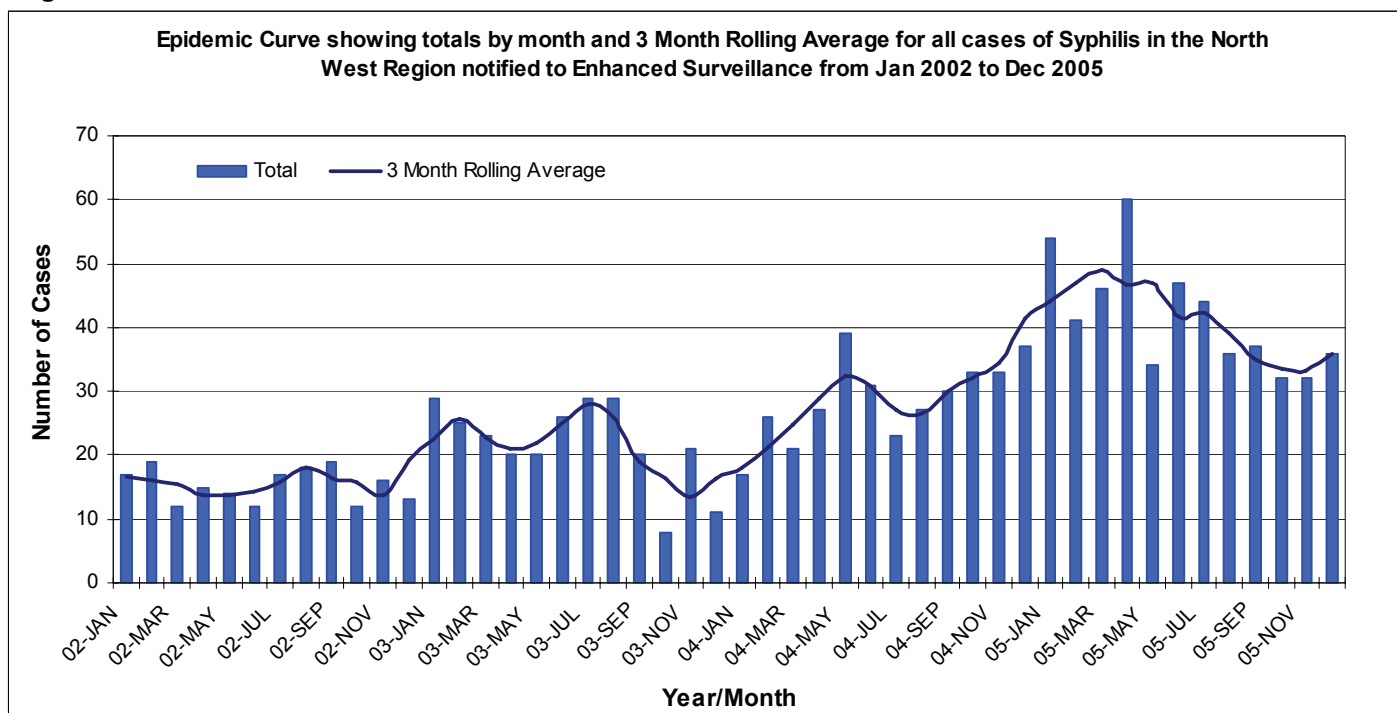
More than 80,000 sexually transmitted infections were diagnosed in GUM clinics across the North West in 2005 according to figures released by HPA Centre for Infections in July 2006; an increase of 9% on 2004 figures. Chlamydia remains the most commonly diagnosed bacterial STI with over 14,500 new cases diagnosed in 2005, followed by gonorrhoea with over 2,400 diagnoses. With increases in the number of syphilis cases and increases also seen in the two most common viral STIs - genital warts and genital herpes, the surveillance data indicates that we have a significant public health problem in the North West.

The 2005 North West Regional Syphilis Report can be found on the HPA North West website: www.hpa-nw.org.uk/STIs.htm

The latest STI Data table published by HPA Centre for Infections can be found on the national HPA website at: www.hpa.org.uk/

For further information please contact Keira Allen, enhanced surveillance officer at keira.allen@HPA.org.uk

Figure 1.



Boots testing kits – press release

Research released by Boots reveals that three-quarters of men have never been tested for sexually-transmitted infections (STIs), and that many would continue to have sex with their partner even if infected.

The launch of this research coincided with the in store launch of the Boots Pharmacy+ Chlamydia Test Kit and Treatment Service which has been available in Boots Pharmacies across England and Wales since 16th October 2006.

Despite men being more likely than women to display symptoms when they've contracted chlamydia, nearly half of men admit to having no idea about symptoms they might display if they did become infected. Worse still, even if they were aware that they had some symptoms, nearly a quarter of men say they would continue to have sex with their partner despite the risk of passing the infection on to their 'loved' ones. Tracey Thornley, Boots pharmacist, comments, "chlamydia can cause infertility in women and as the report shows, despite widespread

information and advice on chlamydia and STIs, it appears that only a small minority of the British public are currently accessing testing. This is despite chlamydia being the fastest-spreading STI in the UK.

Although over nine out of ten men claim that they would get tested if they suspected that they had chlamydia, the study shows that men are unaware of the symptoms of an infection, as well as ignorant of the risks that an untreated infection can have to both their health and to that of their partners. Peter Baker, chief executive of Men's Health Forum, said "Men must be more effectively targeted to increase their awareness about the dangers of chlamydia. They need to know that the test involves nothing more than providing a urine sample, and that the treatment is extremely straightforward with antibiotics. The growing epidemic of chlamydia amongst men could have serious consequences for the nation's sexual health, and it is important that more men get tested and treated for the infection."

Women are much more aware of the potential dangers of chlamydia with nearly eight out of ten women knowing that it could lead to their infertility. Due to this increased knowledge, twice as many women than men have had a STI test in the last year, leading to nearly twice as many women admitting to having been diagnosed with chlamydia, according to Boots research

Boots can also reveal the most STI-savvy areas in the UK. Londoners are the most sensible with nearly half of them having had an STI test, compared to Northern Ireland where only one in eight have ever had a test.

Interestingly, Wales is the most aware of the possible effects of chlamydia with 50% of the Welsh clued-up that both men and women risk infertility for an untreated infection. However, people in Yorkshire and Humberside are less well-informed as two-thirds were in the dark about the serious dangers that chlamydia can have on their sexual health.

Black Health Agency launches positive speakers campaign By Phil Martin

Positive Speakers is the new campaign from Black Health Agency launched to coincide with World AIDS Day 2006. Positive Speakers is part of **Positive Change**, BHA's innovative approach to HIV and Sexual Health. Positive Change aims to give a voice to all those men, women and children from Black and Minority Ethnic Communities who have made, and are making positive changes to their lives in order to challenge the stigma and discrimination associated with HIV/AIDS.

The Positive Speakers campaign features a number of key elements:

Element 1 - Radio campaign

Two weeks of Radio events in association with ALLFM (Manchester's Community Radio station) on and around during World AIDS Day 1st December. These events include live interviews and prerecorded features, and infomercials. This link up allows

Positive Speakers the opportunity talking about their experiences and also let workers from BHA's HIV services speak about the vital work they do.

Element 2 - "Positive Speakers" e-campaign

Promoted via email to stakeholders all over the UK, this links to an online resource featuring stories, and testimonials from Positive Speakers, as well as details of BHA services such as Arise HIV Support Project and African AIDS Helpline.

Element 3 - Positive Speakers event – 9th December 2006

This took place on at the Manchester City Football Club Dome conference suite. BHA's HIV services have already trained several Positive Speakers who are able to speak fluently and powerfully to others in the community about their experiences living with and affected by HIV/AIDS. At this event they had the opportunity to reach out with

their message even further. The event was followed by an evening of food and dancing with an African DJ.

Element 4 - Launch of Crisis Fund

At the Positive speakers event BHA also launched the HIV Crisis Fund. This fund will enable us to provide emergency practical support to clients of BHA's Arise HIV Support Project. Arise already provides advice, befriending and advocacy to Black and Minority Ethnic men and women living with, or affected by HIV/AIDS in Greater Manchester, but there are times when clients need rapid assistance with essential items most of us take for granted. The Crisis Fund will enable us to help deliver that extra element of support.

For further information please contact Phil Martin at phil@blackhealthagency.org.uk

HIV & AIDS in the North West Mid Year 2006 By Suzy Hargreaves

The HIV/AIDS Monitoring Unit at the Centre for Public Health has just produced its third mid year report *HIV & AIDS in the North West of England Mid Year 2006*. In the first six months of 2006, a total of 494 new cases (individuals seen in the region in the first half of 2006 but not between 1995 and 2005) were seen in the North West region and 4158 individuals in total accessed treatment and care services. If the trend continues through the rest of the year, we could be nearing 5000 individuals in treatment and care in 2006.

Amongst the new cases in the first half of 2006, 51% were infected through heterosexual sex compared to 40% through sex between men, reflecting the national trend. However, amongst all cases, a larger proportion were infected through sex between men (53%) than through heterosexual sex (40%).

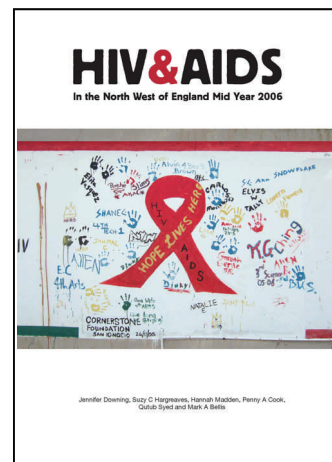
Figure 1 shows a difference in the new cases in the region between counties. In Cumbria and Cheshire, the percentage of new cases infected through sex between men is larger than infected through heterosexual sex, whereas all other counties show the reverse.

The age group with the greatest number of new cases were those aged 30 to 34 years, slightly younger than the total number of cases where the greatest number were aged between 35 and 39 years. The proportion of new cases from black and minority ethnic populations varies between county from no-one in Cumbria, 12% in Cheshire and 24% in Lancashire to over half in Merseyside (52%) and Greater Manchester (53%).

Furthermore, over two thirds (68%) of new cases were men. However, the proportion of female new cases in the region has risen considerably

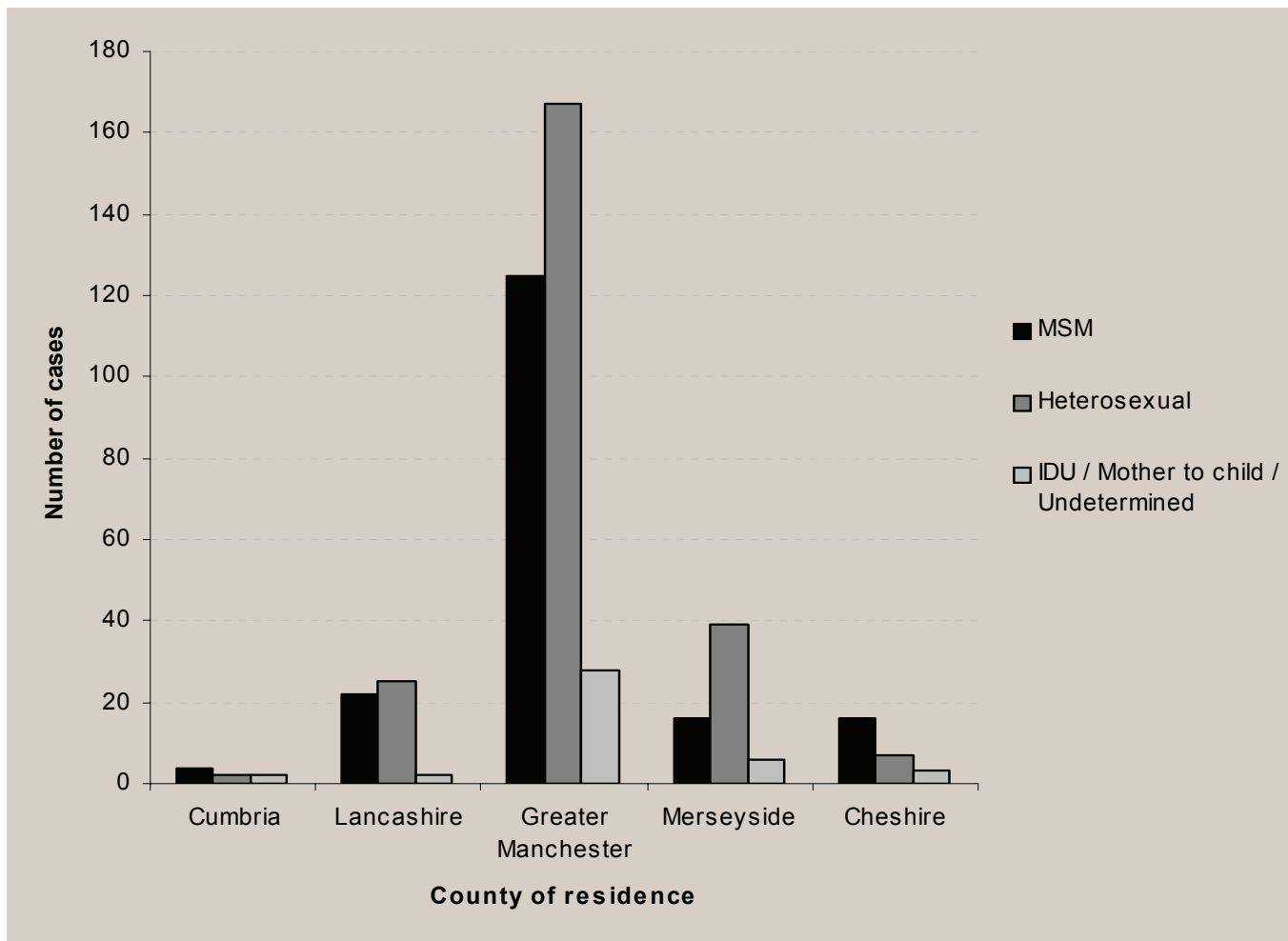
in the last five years from 17% in 2000 to 32% in the first half of 2006.

The full report and additional data by county, local authority and primary care trust can be accessed at www.nwpho.org.uk/hiv2006_midyear



For further information, please contact Suzy Hargreaves at s.hargreaves@ljamu.ac.uk

Figure 1: New cases by route of infection and county of residence



Sexual Health Quarterly Bulletin

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News and events

Minister announces cash boost for HIV health promotion

Speaking at the HIV in the 21st Century—The Challenge Ahead conference in London on the 29th November Caroline Flint announced that an extra £1m is to be invested in work to tackle the rise in HIV cases amongst gay men and African communities in this country,

The money will be used by the Terrence Higgins Trust and African HIV Policy Network on projects to strengthen HIV prevention and reduce transmission rates amongst these most at risk groups.

Caroline Flint said:

"Thanks to new antiretroviral therapies, health outcomes for people with HIV have improved dramatically. However, HIV is still a life threatening illness for which there is no cure and new infections continue to take place in this country.

"Gay men and African communities bear the brunt of HIV in the UK. In their latest annual report the Health Protection Agency revealed that there were 2400 new cases of HIV in gay men. While two thirds of all new cases in 2005 were amongst black and ethnic minority populations. The challenge is to tackle increases in infection rates by improving our targeting of these groups.

"The extra money we are announcing today is in addition to the £130m we are already investing in modernising sexual health clinics and services throughout the country and the £1.7 million we have already targeted at HIV health promotion for gay men and African communities."

Call for information

Please contact us at the address provided if you have any comments or suggestions for developing the sexual health quarterly bulletin. Alternatively if you have any information

Rod Watson, Deputy Head of Health Promotion at the Terrence Higgins Trust said:

"More people are living with HIV in the UK than ever before so effective prevention work has never been more important. This extra funding will allow us to establish new projects to reach those already diagnosed with HIV as well as those at highest risk. The funding will also help us to tackle the stigma and discrimination which often affects people living with HIV."

Improving sexual health is a key Government priority. Action already taken includes:

- record investment in sexual health services announced through the Choosing Health White Paper
- a target to give everyone who needs it an appointment at a GUM clinic within 48 hours by 2008. By August, 57% of patients were already being seen within 48 hours, up from 38% in 2004.
- the recent launch of a £4m sexual health campaign to tackle five major acute STIs

Ms Flint added:

"As we approach World AIDS Day in two days time, we reflect that it is twenty-five years since HIV first appeared in the US, Africa and Europe and this is a bittersweet moment.

"We need to take stock on what has been achieved since the early days and celebrate that, whilst at the same time squaring up to what remains to be done."

concerning upcoming events, reports or other news to advertise in the next quarter please notify us and we will do our best to include details in the next edition.