Greater Glasgow NHS Board

Syphilis Outbreak
Intervention and Campaign
Evaluation Report

April 2004
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Syphilis Outbreak Intervention and Campaign Evaluation Report

April 2004

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>GGNHSB</td>
<td>Greater Glasgow NHS Board</td>
</tr>
<tr>
<td>LGBT</td>
<td>Lesbian Gay Bisexual Transgender. This is a shorthand expression for either the community or used with agencies that work with the community.</td>
</tr>
<tr>
<td>MSW</td>
<td>Male Sex Worker. A man involved in selling sex or prostitution</td>
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<tr>
<td>MSM</td>
<td>Men who have sex with men. This includes sexually active gay, bisexual and heterosexual men who have sex with other men.</td>
</tr>
<tr>
<td>PSE</td>
<td>Public Sex Environment. This would include parks, public toilets, cruising areas.</td>
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<tr>
<td>VSE</td>
<td>Virtual Sex Environment. Online websites either websites or bulletin boards that can facilitate virtual (cyber) or real sexual encounters</td>
</tr>
<tr>
<td>SRP</td>
<td>Steve Retson Project, sexual health service for men who have sex with men.</td>
</tr>
<tr>
<td>Sauna</td>
<td>Commercial venue aimed at men who have sex with men. Men meet and may have sex on the premises either within the sauna or in private cubicle areas.</td>
</tr>
<tr>
<td>SCIEH</td>
<td>Scottish Centre for Infection and Environmental Health</td>
</tr>
<tr>
<td>PHLS</td>
<td>Public Health Laboratory Service (England and Wales)</td>
</tr>
</tbody>
</table>
I. Background

An outbreak of infectious syphilis began in Glasgow, becoming apparent in the second half of 2001 primarily in men who have sex with men (MSM). This development mirrors similar outbreaks in many other UK, European and international cities where there is a large gay community and gay commercial and sauna scene. London, Manchester, Dublin and Brighton have also experienced syphilis outbreaks.

Small but significant numbers of cases have also been identified in refugees and asylum seekers from Eastern Europe.

This report is concerned with early infectious syphilis, taken as within 2 years of infection.

Epidemiology

Prior to the outbreak, the number of infectious syphilis cases per year in Glasgow was very low. Services would usually expect to diagnose an average of 2 cases per year. By the end of 2001, 9 people in Glasgow had been diagnosed, with a further 25 in 2002. At the time of writing a further 26 cases have been diagnosed for the period up to start September 2003 giving a cumulative total of 60 cases since the start of the outbreak.

This represents a much smaller outbreak than other cities are experiencing. This may be because Glasgow might have a smaller proportion of MSM than other UK cities and a smaller mass of commercial scene venues such as bars, clubs and saunas.

Of these cases, 38 were in MSM, 11 in heterosexual men and 7 in women with data currently unavailable for the remaining three cases.
Of the 38 MSM, the youngest was 19 and the oldest was 66. The mean age of MSM diagnosed with syphilis in Glasgow was 35. Of those, one was in his teens, 9 were in their twenties, 16 were in their thirties, 9 were in their forties, 2 were in their fifties and one was in his sixties.

Of those 38 men, 15 stated they contracted syphilis through oral sex contact only.

With the advent of low cost flights and travel available to many UK and European cities it has become much easier for MSM to travel to other cities with gay scenes and 17 men diagnosed in Glasgow seem to have acquired syphilis in other cities.

Of the 38 MSM in Glasgow 21 acquired syphilis in Glasgow, 10 in UK cities outside Glasgow and 7 outside UK.

In addition using the SCIEH surveillance for all Scotland, there were 4 men from outside GGNHSB area who are known to have acquired syphilis in Glasgow although more precise data from other Health Board areas is not available as yet. These known cases were in Argyll and Clyde, Lanarkshire and Ayrshire and Arran NHS Board areas.

In many of the bigger cities such as London and Manchester, a significant correlation between syphilis and HIV has been demonstrated. Of the 38 men represented here, 7 were also HIV positive which represents a co-infection rate rate in Glasgow of 18.4%.
2. Management of Outbreak Intervention

In response to the outbreak of syphilis in Glasgow, an outbreak management team was formed at Greater Glasgow NHS Board chaired by a consultant in Public Health with a specialism in sexually transmitted infections. The team consists of specialists representing:

- Public Health
- Health Promotion
- Microbiology laboratory
- A Genitourinary Medicine Consultant from the Sandyford Initiative/SRP
- Sexual Health Advisor from Sandyford Initiative/SRP
- Management from The Steve Retson Project until June 2002
- Phace Scotland - Gay Men's Services
- SCIEH (Scottish Centre for Infection and Environmental Health)

Current services for MSM

It is worth describing the services that currently have a remit to provide direct sexual health services to MSM in Glasgow.

Phace Scotland

Phace Scotland is a voluntary sector managed project. Gay Men's Services is a division of the project from which two workers provide services within Glasgow supported by the work of sessional workers and volunteers. The work is divided into two components, Safer Houses and Outreach Work. Safer Houses is a nationally adopted scheme which aims to encourage gay scene venues to become health promoting by providing health information and safer sex materials as well providing opportunities for
scene based events. Outreach work generally takes place in Public Sex Environments (PSE), which in
Glasgow are generally in parks. Two workers approach men using PSE and offer information, safer sex
materials and referrals to other services and support if required. A small but significant proportion of
men in PSE are Male Sex Workers (MSW). Phase Scotland has now developed outreach work in
saunas and online in gay chat rooms.

The Steve Retson Project

The Steve Retson Project (SRP) is an holistic sexual health service provided for MSM in Glasgow. It is
the only service of its kind in Scotland and runs two clinics per week in The Sandyford Initiative, which
is Glasgow’s integrated sexual health service centre where generic GUM services are co-located. One
clinic a week is also run in the Glasgow Lesbian Gay Bisexual and Transgender Centre (LGBT
Centre). The service provides comprehensive HIV and sexual health screening, treatment and
immunisations as well as counselling and support. A recent development for the service is the Peer
Education Project. This development uses sessional workers to engage with MSM on the gay scene
and other settings (e.g. student settings) to raise awareness of and promote uptake of SRP.

Whilst some joint work between the two agencies has been undertaken in the past, the syphilis
outbreak intervention has refocused and energised the partnership approach to providing services in a
more integrated way that has not previously been undertaken within Glasgow with MSM.

Genitourinary Medicine at the Sandyford Initiative

The Dept of GU Medicine also provide comprehensive sexual health services to all of the population of
Greater Glasgow. A walk in service is available five mornings a week with an appointment system in
operation on afternoons. GUM has a high degree of expertise in gay men’s sexual health having some
shared staff, premises and expertise with the Steve Retson Project. A significant number of MSM use
GUM and not SRP.

The Brownlee Centre

This is a hospital based centre that provides testing, treatment and care in relation to HIV and Blood
borne Viruses. A sexual health advisor now works at Brownlee to specifically provide sexual health care
to HIV positive people.

Health Promotion Department – Sexual Health Team

Part of Greater Glasgow NHS Board, the team provides a strategic lead on sexual health promotion
activities in Glasgow. The team’s functions in relation to the syphilis outbreak were (joint) training and
developing the campaign materials for Glasgow.

Surveillance and outbreak/case definition

Glasgow has a single site for all genitourinary medicine care at the Sandyford Initiative. A single
serology laboratory at the Glasgow Royal Infirmary handles all requests for syphilis serology from this
service and acts as a reference laboratory to the Western Infirmary (which does syphilis serology for the
Brownlee Centre’s HIV cohort) and Argyll and Clyde health board areas. It was thus possible to capture
the vast majority of new syphilis diagnoses occurring in and around Glasgow. A single GUM consultant
took the lead in overseeing all infectious syphilis cases and was responsible for case recording on an
in-house Excel spreadsheet. In Dec 2001 a case definition was constructed between the GUM
clinician and microbiology consultant. Excellent liaison between the GUM clinic and the lab meant
that new positive cases were reported by phone to the clinic within 2-3 days of blood sampling. Other
cases in the region were also discussed with this consultant who in turn liaised with local
GUM colleagues.
Data items recorded locally included standard demographics, sexuality, stage of syphilis and whether there was any Glasgow exposure (either likely acquisition in Glasgow or acquisition elsewhere with subsequent risk to Glasgow residents).

In Nov 2002 SCIEH introduced an enhanced national surveillance system for syphilis led jointly by a GUM clinician and an epidemiologist. This adapted a similar system set up by the English PHLS in July 2002. The system has two arms:

i) rapid reporting of syphilis serology consistent with early syphilis from participating laboratories:

ii) enhanced patient data collection with either passive or active clinical reporting

Most cases in Scotland have been reported actively by clinicians completing a simple proforma (see Appendix 1). Data was requested back to year 2000 for Glasgow and 2001 for Edinburgh to give a baseline. The first year’s data is about to be analysed.
3. General Intervention Measures

In order to raise awareness of the outbreak, some general awareness raising measures were undertaken at an early stage from December 2001.

Media

Two press releases, the first issued in June 2002, were issued which generated news items on Scottish Television early evening news as well as two radio slots, one on national Scottish Radio and one on local Glasgow radio.

Health Services

Two sets of mailshots were undertaken to inform of the outbreak and advise of protocols. These were delivered to

- All GP practices in Glasgow
- Dermatology units in hospitals.
- Midwives and community midwives
- The specific Primary Care practices known to provide health care for asylum seekers

Sexual Health Services

A briefing by SRP was arranged for staff with agencies involved in sexual health service delivery including staff at The Sandyford Initiative, Phace Scotland, Strathclyde Gay and Lesbian Switchboard and others in January 2002.
4. Targeted Campaign Measures

The Outbreak Team agreed to mount a targeted intervention with MSM across the commercial gay scene, public sex environments (PSE) and through use of developing internet work, chat rooms, also known as Virtual Sex Environments (VSE). This campaign consisted of publicity materials and an integrated outreach campaign.

After consultation, it was decided similar approaches with Asylum Seeking populations would at that time be unsustainable given the smaller number of cases, the lack of consistent contact that services have with these population groups, and the large number of languages involved which would make the potential benefits too costly for such a small return of investment. Instead, efforts for this population group were focused on making health care staff with regular contact aware of the nature of the outbreak and the recommended response required.

Publicity

In 2000/01, Terence Higgins Trust (THT) developed and ran an award winning syphilis awareness campaign with MSM in England called “Looks What’s Back” which used humorous 1970’s retro styled imagery to highlight that syphilis had not been seen since the 1970’s.

Materials were sourced from THT and agreement for adaptation of some of the resources to make them specific to Glasgow was reached with both THT and their design agency Felton.

The following resources were developed:

Posters

A3 posters, which were distributed through partner agencies networks from March 2002. These included voluntary sector LGBT organisations, Sexual Health and HIV services, and through the Safer Houses scheme that Phace Scotland facilitate, within some gay venues on the commercial gay scene.
The posters were also distributed on the commercial gay scene through an agency that specialises in advertising in washrooms or public toilets (also known as convenience advertising). Three posters were mounted in the toilets of the following venues for six weeks from the end of April 2002. The LGBT Centre, The Waterloo, Sadie Frosts, Revolver, Bennett’s, Candle Bar, Polo Lounge and Delmonica’s.

**Magazine advertisements**

The poster was adapted as a full colour advert and placed in the following magazines in February 2002

- The Big Issue,
- The List (in the gay section),
- ScotsGay,
- Centrepoint (the LGBT Centre magazine)

The advert was rerun again in both the Big Issue and List in mid June 2002 to coincide with Pride Scotland.

**Leaflets**

A small and detailed information leaflet was adapted and printed. This included details on how syphilis is transmitted, symptoms, how to protect against it and where to go for testing and follow up. It was also distributed through existing networks and the Safer Houses scheme as well as by Outreach workers.

*For several decades syphilis has been relatively rare in the UK.*

**Look What's Back!**

*But recently syphilis infections have risen sharply, especially among gay men.*
Sticks of Rock

In England, the THT campaign had included a lollipop with “syphilis” written on it. However, in Glasgow it was felt that sticks of rock with the message “syphilis sucks” written through it would be a gimmick people would engage with and which would reinforce the risks of transmission through oral sex.

Outreach Initiatives

Phase Scotland provides outreach services to MSM in public sex environments and gay saunas.

The Steve Retson Project was in the process of developing a Peer Education Project which involved outreach workers on the commercial gay scene engaging with individuals or groups of men to encourage use of the service.

The steering group commissioned additional and joint Phase Scotland/SRP outreach work into one of the two saunas whereby syphilis information could be distributed to men. 12 shifts initially took place, however these were continued beyond the campaign and became part of both organisations’ ongoing work.

Phase Scotland was commissioned to carry out additional shifts in Public Sex Environments with a specific remit to raise awareness of syphilis. 6 additional outreach shifts took place.

The SRP Peer Education Project was launched in April 2002 and spent the first month of activity focussing on syphilis, distributing the leaflets and rock. 8 shifts specifically focussing on syphilis took place in all gay venues bar one.

A jointly run health event was held at the LGBT Centre in April 2002.

Internet

Argyll and Clyde NHS Board commissioned Phase Scotland to develop and pilot Internet outreach work with gay and bisexual men in gay chat rooms. Phase Scotland and A&CNHSB agreed that some of the outreach contacts would draw attention to syphilis as part of the work. To use as a back up resource, the syphilis leaflet was placed online by Phase Scotland at the Get Rubbered website enabling people to look at it during and after outreach contacts. The contacts took place primarily in the Glasgow rooms of Gay.com and Gaydar.

Steve Retson Project also developed a specific page on syphilis as part of their website.
5. Evaluation of the Intervention

The initial campaign activity drew to a close in June 2002.

Before commissioning further interventions, the steering group elected to conduct an evaluation of the intervention. This took place over four days in February 2003.

Evaluation Aim

Evaluate the Glasgow “Look What’s Back” materials and outreach interventions and its reception among gay and bisexual men.

Objectives

- Ascertain the level of awareness of the “Look What’s Back” image among gay and bisexual men
- Ascertain from which sources the images have been seen
- Ascertain gay and bisexual men’s thoughts on the quality of all the campaign materials (poster/advert, leaflet, rock)
- Ascertain if gay and bisexual men feel more informed about syphilis as a result of the campaign
- Ascertain knowledge of transmission routes for syphilis following the campaign
- Ascertain gay and bisexual men’s perceptions of the relevance of the materials to them
- Ascertain whether gay and bisexual men in the sample have previously been in contact with one of the outreach initiatives specifically on syphilis
• Ascertain whether gay and bisexual men have accessed information from Steve Retson Project/Sandyford on syphilis testing as a result of the campaign

• Ascertain whether gay and bisexual men have accessed a blood test for syphilis as a result of the campaign

• Examine Steve Retson Project/Sandyford attendances and ascertain levels of uptake in syphilis information and testing during the time of the campaign

**Methodology**

A questionnaire was developed in association with the Research and Evaluation Team at Health Promotion Department.

Six sessional outreach workers were employed by Health Promotion and recruited through Phace Scotland. The sessional workers attended a training event delivered by Health Promotion and then over three nights on the commercial gay scene conducted the questionnaire using the campaign materials as prompts.

The venues covered by the questionnaire were The Waterloo, LGBT Centre (where a group of deaf gay men was engaged), Sadie Frosts, Bar Moda, Delmonica’s, The Polo Lounge and Candle Bar. Revolver has a policy of not allowing questionnaires run on its premises.

It was hoped to collect 100 questionnaires but in the event 199 questionnaires were collected and data subsequently entered and analysed by the Research and Evaluation Team in the Health Promotion Department.

**Non participants**

The research team also had definite contact with 115 men who chose not to take part. Unfortunately 1 of the 6 non-participant score sheets was not returned but an estimate of a further 15 men would have refused, meaning approximately 130 were engaged with and did not participate.

**Reasons given were**

• Not wanting to do the questionnaire

• The participants were heterosexual
6. Findings of the Evaluation

The sample:

199 questionnaires were returned. The age range of the respondents was:

<table>
<thead>
<tr>
<th>Age range</th>
<th>Teens</th>
<th>20s</th>
<th>30s</th>
<th>40s</th>
<th>50s</th>
<th>60s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8.1%</td>
<td>37.4%</td>
<td>32.3%</td>
<td>17.7%</td>
<td>6%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Awareness of campaign

When shown a sample of imagery of the campaign materials, 96.5% had seen the campaign imagery before. This finding indicates that overall awareness of the campaign on the gay scene in Glasgow was extremely high.

It should be considered however that the original THT campaign was run in media that Glasgow men would have been able to access, namely the national gay press such as Attitude, Gay Times etc and with a banner headline on Internet chat services such as Gay.com and that this may have contributed to the awareness.
Recognition of specific materials

Respondents were shown in turn the poster/magazine advert, leaflet and sticks of rock and asked if they had seen each of these items before. Over 96% of respondents had seen the campaign

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaflet</td>
<td>47.9%</td>
</tr>
<tr>
<td>Poster/advert</td>
<td>94.3%</td>
</tr>
<tr>
<td>Sticks of rock</td>
<td>29.7%</td>
</tr>
</tbody>
</table>

Location of materials

Leaflet

Of those who had seen the leaflet, 67.4% had seen it in a bar, 28.3% had seen it in the LGBT Centre, 6.5% had been given it by an outreach worker, 3.3% had received it from Phace Scotland, 1.1% had received it from Body Positive (HIV support project), 2.2% had seen it in a sauna and 7.8% had picked it up at the Sandyford Initiative.

Therefore people who had seen the leaflet were most likely to have picked it up in a bar or from the LGBT Centre. As interviewees were asked to state where they had received the resources and not prompted with a series of options, it is worth stating that those who received it in a bar could have picked it up independently or been given it by an SRP Peer Educator.

Since SRP runs a clinic in the LGBT Centre, we may assume that some of those who picked up the leaflet in the LGBT Centre did so whilst accessing SRP. Those who indicate an outreach worker are most likely referring to a Phace Scotland outreach worker in a PSE.

Poster

Of those who had seen the poster, 90% had seen it in the bar toilets. 15.7% had seen it in the LGBT Centre (which again is likely to include the SRP clinic), 9% had seen the poster at Sandyford, with 2% having seen it in a sauna and 1% in Phace Scotland.

Magazines

A much smaller percentage of men had seen the magazine advert. 5.1% had seen it in Scotsgay, 2.2% had seen it in The Big Issue with only 1 man claiming to have seen it in The List. Of those men who had seen the magazine adverts, all had also seen the campaign materials in other sources, most notably bar toilets.

Of those that had seen the image in magazines half the Big Issue readers were in their 20’s, the other half in their 40’s and The List reader was in his 20’s. The Scotsgay readers were 5 men in their 20’s, 3 men in their 30’s and 1 man in his 40’s.
Sticks of rock

Of those who had seen the sticks of rock, 71.4% had received it from an outreach worker in a bar, 12.5% had picked it up from Sandyford, with the remaining 16% having picked it up from other sources i.e. Sauna, LGBT Centre.

It is likely that under reporting of seeing resources in saunas and PSE will have taken place due to the perceived stigma still associated with these venues.

Rating the Materials

Men who had seen particular resources were asked to score them in terms of image and graphics, information/content and language. These were scored on a scale of 1 to 5 with one being poor and 5 being excellent. The mean score of items is given.

<table>
<thead>
<tr>
<th>Leaflet</th>
<th>Image/graphics</th>
<th>Information/content</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Score</td>
<td>3.86/5</td>
<td>4.22/5</td>
<td>4.3/5</td>
</tr>
<tr>
<td>Percentage rating</td>
<td>91.9%</td>
<td>97.6%</td>
<td>98.8%</td>
</tr>
</tbody>
</table>

When men were asked if they felt the leaflet was relevant to gay men, 96.6% felt it was relevant.

<table>
<thead>
<tr>
<th>Poster</th>
<th>Image/graphics</th>
<th>Information/content</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Score</td>
<td>3.69</td>
<td>3.93</td>
<td>4.11</td>
</tr>
<tr>
<td>Percentage rating</td>
<td>85%</td>
<td>90.2%</td>
<td>92.9%</td>
</tr>
</tbody>
</table>

When men were asked if they felt the poster was relevant to gay men, 94.4% felt it was relevant.

For the sticks of rock men were first asked if they liked the rock (conceptually rather than taste!) and if they felt it was relevant to gay men.

Of those who had seen the rock, 82.5% liked it and 73.2% felt it was relevant for gay men.
Campaigns targeted at gay men are often more sexually explicit and use language that might not be considered appropriate for mainstream settings. “Look What’s Back” used language like “fucking” and “sucking” in targeted resources and in mainstream press that gay men might read. Aware that some people might consider this controversial or inappropriate, the project team sought gay men’s thoughts on the use of sexually explicit language.

The men were asked about the appropriateness of the words “fucking” and “sucking” used in the materials. 93.7% felt this kind of language is appropriate.

When asked if it was appropriate only in gay venues but not in magazines, 75.3% reinforced that this use of language is appropriate in any setting.

The men were asked if they felt that they knew more about syphilis as a result of the campaign. Unfortunately the opportunity was not taken to ask whether a significantly important outcome of having awareness raised had taken place.

56.5% felt they knew more about syphilis as a result of the campaign. However a significant 43.5% did not.

An exploration of the comments given by those who stated that they did not know more, revealed some men who stated that they already knew about the return of syphilis from other sources. This may have been a result of national THT campaigning or the media radio and television news items aired in Glasgow.

Of those who stated they did know more about syphilis as a result of the campaign, men who had seen the leaflet were significantly much more likely to know more than those men who had only seen the poster or advert.

The project team recognise that a person’s decision to access a sexual health service is a complex one that is difficult to attribute to any single factor and that people choose to access services at different times of their lives for a variety of reasons and circumstances.

The approach taken by the intervention had not specifically made a call to action of accessing sexual health services but had instead signposteded services for those that felt they wished to access them, whether to get a check up or because they were potentially symptomatic.

During the initial syphilis intervention, attendance by gay men at both The Steve Retson project and generic GUM services at Sandyford increased significantly (see Figure 1).
This increase occurred at the start of the syphilis campaign. Other factors may also account for this increase. The inauguration of a third SRP session on Wednesday certainly explains some of the rise. However the launch of the Peer Educators project along with the other branches of the syphilis campaign seems to have played a significant part, especially given that attendance at GUM also increased during this period.

The project team wished to measure whether the campaign had been a contributory factor in people’s decision to access sexual health. The evaluation did not specifically ask if a syphilis test had been undertaken at services, as this data is available from the services and was felt too intrusive a question for the type of survey being undertaken.

19.4% of the men stated they had used a sexual health service as a result of the campaign. It is possible that some men accessed services as a result of the outreach work done by SRP and Phace Scotland, but that these men may not have considered this to be part of the campaign.

An analysis of the qualitative answers of those who stated they did not use services as a result of the campaign reveals some men who are already routinely using sexual health services.

Of those who had used services as a result of the campaign, 81% were in their 20’s or 30’s. Although the actual numbers this represents are fairly small it is interesting to note that approximately one fifth of all men in their teens, one sixth of all men in their twenties and one quarter of all men in their thirties used a service following the campaign. Notably only 2 men in their forties subsequently used a service.

Since this demographic largely reflects the demographic of the outbreak, the project team considers this campaign to have reached its target audience extremely well.
Steve Retson Project Survey

In addition to the bar based survey, SRP had conducted a smaller scale monitoring of service users during the life of the campaign. Between the end of April and July 2002, men attending the Steve Retson Project were asked about the syphilis campaign. This survey took place approximately eight months before the bar survey.

This survey asked:

1. Have you seen the current syphilis campaign?
2. If so, where (a) bar (b) magazine (c) toilet advert
3. Did you attend as a result of this advertising?

Of the 337 men attending the clinic during the survey, 123 (37%) completed (or were offered) a questionnaire.

Of these 123, 59% were aware of campaign with 14% stating they had attended because of it.

Of those aware of the campaign, 59 (48%) had seen adverts in bar, 32 (26%) specifically in a toilet, 24 (20%) in a magazine.

A significant finding here is that there is a much higher level of awareness of the magazine adverts with this group of men than those who were surveyed later in the bar survey. This might indicate that men less likely to use the commercial gay scene are able to access information from this source.

Uptake of syphilis testing

During the life of the campaign, uptake of syphilis testing increased significantly at both The Steve Retson Project and the generic GUM service at Sandyford. This coincided with an overall rise in attendance at both services.

Figure 2 – Syphilis and HIV tests in gay men

*Syphilis tests* represent all tests on homosexual men in Sandyford Initiative
*HIV tests* represent all HIV tests across Glasgow in homosexual men
Interestingly, HIV testing also rose in the campaign quarter even though this was not a campaign focus. This uptake can be attributed to a number of factors. The Steve Retson Project at this time opened a third evening clinic per week, which greatly enhanced the level of attendance at SRP. Therefore SRP are regularly seeing a greater number of MSM.

The second factor is the launch of the Peer Education Project, which had been specifically developed to raise awareness of the SRP services and encourage uptake. The overall rise in attendance figures occurs with the launch of this service and service users have sited interaction with Peer Education Project as a reason for attending.

The third factor is the syphilis campaign, which launched simultaneously with the new outreach SRP service.

**Steve Retson Project - Peer Education Project**

This project launched using the syphilis intervention as its inaugural campaign.

Between April and August 2002, over 21 shifts in the gay bars in Glasgow, the Peer Educators made 192 contacts, in interactions ranging from 1 minute to 2 hours. A further six shifts were carried out in the bars where the Peer Educators were in fancy dress and did not engage in conversation with men. The purpose of these shifts was to raise the profile of the peer education project by getting the Peer Educators noticed.

The age of the contacts is estimated, as the Peer Educators did not ask people how old they were. The majority of contacts (41.7%) were estimated to be in the age range 20-29. It was estimated that (4.7%) of contacts were under 20 years old, (20.3%) were in the 30-39 age range, (18.2%) 40-49, (8.3%) 50-59 and (2.1%) over 60.

During these outreach shifts general sexual health including syphilis was discussed with 60.4% of contacts with 22.9 specifically discussing STI's. In addition, at Pride Scotland in June 2002, over 6000 syphilis resources were distributed to attendees by the project.

**Phace Scotland Outreach Services**

**Public Sex Environments**

Phace Scotland conducts outreach in PSE on a regular basis. Additional shifts were commissioned to raise awareness of syphilis and distribute safer sex materials such as condoms and lubricant.

During the year April 2002 to March 2003, workers made new contacts in PSE with 102 MSM and repeat contacts with 27 MSM. Additionally they made new contact with 12 Male Sex Workers (MSW) and 36 repeat contacts with MSW.

During the year Phace Scotland distributed the Syphilis leaflet to 82 MSM in PSE and to 21 MSW in PSE.

During the outreach interactions, workers drew attention to the syphilis campaign and contacts were asked their experiences of it.

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Aware</th>
<th>Not aware</th>
<th>Not asked</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>47 (36%)</td>
<td>53 (41%)</td>
<td>14 (11%)</td>
<td>15 (12%)</td>
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<tr>
<td>MSW</td>
<td>18 (38%)</td>
<td>10 (21%)</td>
<td>7 (14%)</td>
<td>13 (27%)</td>
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</table>
This seems to validate workers' perceptions that the men who use PSE are notably different men to those using the commercial gay scene.

A table of issues discussed with MSM and MSW reveals that syphilis within a context of general Sexually Transmitted Infections was the second most commonly discussed issue with MSM during the course of the year.

Worker observations quickly ruled out the use of the sticks of rock in this setting. MSW had no knowledge of syphilis prior to the campaign but a genuine interest was observed when the campaign commenced with some MSW collecting resources to pass on to other MSW.

**Saunas**

At the time of the campaign, Glasgow had two gay saunas. Building relationships with sauna owners has been a careful process lead by Phace Scotland. Fortuitously, negotiations to start developing outreach work in one sauna reached fruition as the syphilis campaign was gearing up. Phace Scotland was commissioned to undertake joint work with SRP as part of the campaign and used the “Look what’s Back” campaign as a springboard for this work. Since the completion of the campaign this joint work has continued and been built on.

The following data reflects the full years work in one sauna. During the course of the year, contact was made with 26 new contacts and 3 repeat contacts.

Awareness of the syphilis campaign with sauna contacts is outlined below

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Aware</th>
<th>Not aware</th>
<th>Not asked</th>
<th>No response</th>
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<tbody>
<tr>
<td>MSM</td>
<td>8 (27%)</td>
<td>17 (57%)</td>
<td>2 (6%)</td>
<td>3 (10%)</td>
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Syphilis was the issue most discussed with MSM during contacts in saunas.

Worker observations around sauna shifts indicate different patterns of contact to PSE contacts. Sauna users were observed to be mainly men who also do not use the commercial gay scene (that is the bars and clubs). A few contacts presented as married or heterosexual and did not relate to the gay scene, gay issues or gay services. For these men there was a more tentative engagement with the issues raised. Workers noted the depth of discussion in the sauna environment is much higher than in PSE. The intervention generated good feedback from sauna users and owners. However the majority of sauna users avoided contact with the outreach workers.

**Virtual Sex Environments**

During the intervention, Phace Scotland began a five month pilot of outreach work in gay chat rooms or Virtual Sex Environments (VSE) funded by Argyll and Clyde NHS Board. Adopting a similar model to that used in PSE two workers entered the chatroom and were available to discuss sexual health issues with MSM.

87 hours of outreach work was carried out with contacts being made with 250 users. Some of these can be characterized as acknowledgements, however 120 detailed chats took place. 22% of these were with men that workers identified as being from GGNHSB area (made possible by examining online profiles used by chatters).
The youngest user was 16. The oldest was 54 and the mean age of online users was 28. The nature of internet chats means that users can “be who they want” to be therefore it is probable that some will have adopted a younger or older persona.

14 MSM made specific enquiries about syphilis and were referred to sources of information or services. During the life of the pilot, the Syphilis information page of the Get Rubbered site was hit 59 times.
7. Summary and Conclusion

A targeted multi-faceted publicity campaign can significantly increase awareness of syphilis in an at-risk group and increase both use of sexual health services and uptake of syphilis tests. It is impossible to determine which elements of the campaign (posters or leaflets or outreach workers) were most effective and it is likely that all are required for maximum impact.

What went well

- Increased uptake of syphilis tests in gay men
- Huge rise in service attendance by gay and bisexual men
- High penetration of campaign due to convenience advertising
- Enhanced partnership working across agencies
- Emergence of need for gay men’s sexual health strategic framework
- More robust national surveillance system

Lessons to be learned

- Agreeing wording between agencies took over two months
- Printing delays added to the late start
- Local authority concerns about condom distribution in saunas
- Intervention fatigue on scene meant that evaluation was delayed
- Some scene bars declined outreach work
- Difficult to measure gay-specific uptake of services and syphilis tests
- Difficult to target less visible at-risk groups (asylum seekers, sauna users)
Publicity campaign outcome: gay bars

- Teams of trained interviewers visited scene bars over 4 days in Feb 2003
- 199 people were interviewed of whom over 96% had seen the campaign
- Almost all thought the material relevant
- 54% said their knowledge had improved, more so in those who had seen a leaflet
- 18% used a sexual health service as a result

Publicity campaign outcome: outreach & saunas

- Men in PSEs, selling sex or in saunas were less aware of campaign than men in bars (27-38%, total n=207)
- Use of promotional sticks of rock in these settings was abandoned due to fears of trivializing issues

Publicity campaign outcome: Sexual Health Services

In the Steve Retson Project all new/rebook clients booking from 23.4.02 to 25.7.02 were asked

Have you seen campaign?
Have you attended today as a result?

37% completion rate (n=123)

- 59% were aware of campaign
- 14% attended because of campaign

Conclusion

Since the evaluation was conducted the campaign has been rerun from November 2003 through to January 2004. The outbreak in Glasgow has continued since the campaigns. It is difficult to ascertain any level to which the campaigns may have contributed to a prevention of significant increases in cases. Although Glasgow has a smaller gay scene with potentially a smaller amount of MSM, the outbreak has fortunately not reached the levels experienced in other UK and European cities.

It is impossible at this stage to place a definite cause for this, however within the Intervention project team there is a feeling that collective action was taken and measures to raise awareness of syphilis were put in place very quickly. It is possible that this early action may have scaled down the transmission of syphilis in Glasgow.

The project team also recognises that the reasons for a lower level are probably very varied and recognition should be given to the fact that Glasgow is culturally a “hard” and “macho” city influenced heavily by strong religious interests. This creates a climate in which there is a developing and growing gay scene that as yet, lacks the cohesion and vibrancy that other cities scenes have. In all likelihood, many MSM or men attracted to other men are not yet “out” or in contact with services.

The intervention delivered by the project team evaluated well with MSM. The level of awareness of the “Look What’s Back” image with MSM was extremely high with the poster placed in washrooms and toilets providing highest coverage.
All the materials developed for the campaign were thought highly of by the men surveyed in terms of information, language, style image and appropriateness. This has given a strong evidence base against which to develop further mass media with gay men in Glasgow and the West of Scotland.

The percentage of those who felt they knew more about syphilis as a result of the campaign is smaller than the project team would have hoped for. However it should be acknowledged that the survey overlooked the option to ask about levels of awareness raising of the issue. The overall awareness level is clearly high given the noted visibility of the campaign and the number of men in settings other than bars who acknowledged it. Those men who had seen the leaflet were much more likely to know more about syphilis than those who had only seen a poster.

The project team had sought to ascertain knowledge of transmission routes for syphilis following the campaign. However, it was decided that this question was too intimate to ask in a survey of this type, coming within three months of the MRC Gay Men’s Sexual Health Study in Glasgow bars.

The project team are confident that the outreach measures put in place have been effective in raising awareness of syphilis and other sexual health issues as well as creating clear signposting for sexual health services. The team notes that through the Internet and saunas many men that would not usually have been reached have been included in the intervention. This reinforces the need to maintain and develop these newer interventions.

During the campaign, uptake of sexual health services by MSM greatly increased (although a number of other factors no doubt played a part in this). This meant that more men had access to syphilis testing. This in turn led to more men uptaking syphilis testing and also more men testing positive for syphilis. An unexpected outcome was an increase in HIV testing among gay men at the same time.

The unexpected benefit of the Intervention has been the partnerships developed by it. The intervention team brought expertise in disease surveillance, public health, health promotion and direct service delivery together to a degree rarely seen in Glasgow before. This partnership has proved a catalyst for ongoing work with MSM and has been instrumental in the development of a Gay Men’s Sexual Health Strategic Framework in Glasgow.

As a result of the planning in Glasgow surveillance of syphilis at a national Scottish level has been put in place earlier than it might otherwise have.

This evaluation has made clear what can be achieved with a sound partnership approach that all agencies and stakeholders sign up to. We hope it provides a basis for ongoing work with MSM and syphilis in the efforts to continue to improve the sexual health of MSM.

The Project Team
Syed Ahmed, Nicky Coia, Andy Winter, Martin Murchie, Tom Lusk, Nick Laird (until early 2003), John Roberts (until summer 2002), Ruth Connor, Chris Redman, Louise Shaw (from summer 2003)

Acknowledgements and thanks
Margaret McGranachan, Jim McMenamin, Will Nutland, Suzana Clasby, Ken Clark, Karyn Stewart, Yvonne Powell, Julian Heng, Judith Connell, Rona Vernon, Michael MacGillivray, Jaimie McGuire, Chris Thow, The managers of the following venues, The Waterloo, LGBT Centre, Sadie Frosts, Delmonica’s, Polo Lounge, Court Bar, Candle Bar, Spa 19 Sauna.
# Appendix I

## NATIONAL ENHANCED SURVEILLANCE FOR INFECTIONOUS SYphilIS IN SCOTLAND

To be completed for all cases of infectious syphilis (primary, secondary & early latent) diagnosed in GUM clinics in Scotland.

<table>
<thead>
<tr>
<th>Reporting GUM clinic</th>
<th>Name of person completing form</th>
<th>Patient clinic number</th>
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<tr>
<th>Date reported to SCIEH</th>
<th>Testing laboratory</th>
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<td><em>/</em>_____/_______</td>
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</tbody>
</table>

### 1. GENDER
- [ ] Male
- [ ] Female
- [ ] Unknown

### 2. DATE OF BIRTH
- ____/______/_______

### 3. COUNTRY OF BIRTH
- ___________

### 4. RACE/ETHNICITY
- [ ] White
- [ ] Black or black British
- [ ] Caribbean
- [ ] Asian or Asian British
- [ ] Indian
- [ ] Bangladeshi
- [ ] Pakistani
- [ ] Other
- [ ] Chinese
- [ ] Other ethnic group
- [ ] Unknown

### 5. SEXUAL ORIENTATION
- [ ] Heterosexual
- [ ] Bisexual
- [ ] Homosexual
- [ ] Unknown

### 6. DATE OF 1ST PRESENTATION FOR THIS EPISODE
- ____/______/_______

### 7. REASON FOR ATTENDING, TICK AS APPLICABLE
- [ ] Routine STI screen in clinic
- [ ] Symptoms
- [ ] Responding to syphilis campaign
- [ ] Contact tracing
- [ ] Positive antenatal screen
- [ ] Other

### 8. STAGE OF INFECTION
- [ ] Primary
- [ ] Secondary
- [ ] Early latent
- [ ] Unknown

### 9. HIV STATUS (IF KNOWN)
- [ ] Positive
- [ ] Negative
- [ ] Unknown

### 10. IS THIS PATIENT LIKELY TO HAVE ACQUIRED INFECTION THROUGH ORAL SEX ONLY?
- [ ] Yes
- [ ] No
- [ ] Unknown

### 11. NUMBER OF SEXUAL CONTACTS NAMED IN PAST 3 MONTHS
- [ ] Traceable
- [ ] Untraceable
- [ ] Unknown

### 12. WHERE INFECTION WAS PROBABLY ACQUIRED
- [ ] London
- [ ] Brighton
- [ ] Manchester
- [ ] Glasgow
- [ ] Dublin
- [ ] Amsterdam
- [ ] Elsewhere in UK
- [ ] Outside UK
- [ ] Unknown

### 13. COMMERCIAL SEX WORKERS CONTACT
- a) Patient is a CSW
- [ ] Yes
- [ ] No
- [ ] Unknown
- b) Patient has had contact with a CSW
- [ ] Yes
- [ ] No
- [ ] Unknown
- c) If patient had contact, gender of CSW
- [ ] Male
- [ ] Female
- [ ] Unknown

### 14. ANY SOCIAL / SEXUAL NETWORK IMPlicated? E.G. SAUNA, BAR, INTERNET?

---

Please return form to: Louise Shaw, BBV/STI Section, Scottish Centre for Infection & Environmental Health, Clifton House, Clifton Place, Glasgow G3 7LN, Confidential Fax 0141 300 1171, Telephone 0141 300 1166, louise.shaw@scieh.csa.scot.nhs.uk
Appendix 2

Number of infectious syphilis case by month Jan 2002 - Nov 2003

West of Scotland infectious syphilis: 3 m rolling average
Appendix 3

Press Statement: Increase in Infectious Syphilis

Cases in Glasgow

An increase in the number of infectious syphilis cases has been reported to GGNHS Board over recent months. The increase in cases (9 cases diagnosed by the reference lab in Glasgow Royal Infirmary since June this year compared with an expected 1-2 cases) is indicative of a small but none-the-less important local re-emerging problem with syphilis.

Cases thus far have been found mainly in men who have sex with men and in men and women recently arrived from overseas. These increases are occurring against a backdrop of an increase in syphilis cases reported over the last two years in England, and Ireland.

Syphilis is caused by a highly infectious bacteria. The bacteria enters the body during sexual activity through tiny breaks in the skin. About 3-90 day following sexual contact, a painless local sore/ulcer and/or a generalised rash may appear. Syphilis is a serious infection, but treated early with antibiotics, it is curable. Many people have no symptoms and if left untreated, syphilis may cause serious health problems a decade later. All appropriate clinical services have been made aware of the situation.

Certain groups are currently most at risk of catching syphilis. They include:

- Men having unprotected sex with men: especially with multiple partners, having sex in saunas, cruising areas and gay sex venues. This includes oral sex as this is rarely protected by condoms.
- Men and women who are from or who had had unprotected sex with residents where syphilis is common. This includes countries in sub-Saharan Africa, far East and the former Soviet Union.

Dr. Syed Ahmed, Consultant in Public Health Medicine said:

“Anyone who has engaged in unprotected sex in the above risk groups should consult their GPs if they are concerned. They can also contact the Sexual Health Team at the Sandyford Initiative, Tel: 0141 211 8601. The Sexual Health Team provides a walk in confidential service every week day morning, from 8.30 am where they can be seen without an appointment”

“Safer sex by using a condom will reduce the risk of catching all bacterial sexually transmitted infection including syphilis and other serious infections such as HIV.”
### Timeline of Syphilis Outbreak Intervention from November 2001 – April 2003

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<thead>
<tr>
<th></th>
<th>Nov 01</th>
<th>Dec 01</th>
<th>Jan 02</th>
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<th>Apr 03</th>
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<tbody>
<tr>
<td><strong>Outbreak Group</strong></td>
<td>25/11/01</td>
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<tr>
<td><strong>Poster and Resources</strong></td>
<td>Development of leaflets</td>
<td>Poster on scene and through networks</td>
<td>Peer Education</td>
<td>1st month - Syphilis</td>
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<td><strong>Commercial Scene Outreach</strong></td>
<td>Condom Distribution ongoing as part of Safer Housing &amp; Cot Rutland</td>
<td>6 additional outreach shifts</td>
<td>12 Phase Scotland/HIV scene shifts</td>
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<td><strong>Public Sex environments</strong></td>
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Appendix 5

“Look What’s Back” poster adapted for Glasgow

Syphilis is making a comeback, especially among men who have sex in saunas, cruising areas or backrooms. It’s mostly spread by sucking and fucking. Not everyone gets symptoms but it often starts with a sore, which is sometimes followed by a rash. These go but you’re still infected. Have you had a sore or rash you’ve ignored? Left untreated, syphilis is serious – if treated early enough, it’s curable. You can get a syphilis blood test at the Steve Retson Project for gay men’s sexual health or The Sandyford Initiative sexual health service.

For more information or an appointment at either service, contact 0141 211 8801 or www.steveretsonproject.org.uk