Sexual Health

Analysis of *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (GC) infections in female sex workers attending dedicated sex worker clinics

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Background

Previous research shows that female sex workers (FSW) are at higher risk of certain sexually transmitted infections (STIs), and that migrant FSW appear to be at even higher risk. Open Doors runs clinics and outreach services for sex workers across East London

Aim

To evaluate the characteristics of FSW presenting to our 4 inner London clinics who tested positive for either Chlamydia (CT) or gonorrhoea (GC), including information about sexual partners outside of work, particularly focussing on GC infections which were perceived to have increased in prevalence.

Results

178 episodes of infection were seen in 102 women between 2012 and 2014. The table below shows the breakdown of infections across the years, with comparison to the background prevalence of both CT and GC infections seen in all women attending the walk-in sexual health clinics.

	2012	2013	2014
Total number of FSW seen in all clinics	609	700	716
Number of CT infections	26	33	57
Prevalence CT in FSW (%)	4.2	4.7	7.9
Background prevalence of CT in women attending clinic (%)	5.6	6.3	6.6
Number of GC infections	15	23	34
Prevalence GC in FSW (%)	2.4	3.3	4.7
Background prevalence of GC in women attending clinic (%)	1.3	1.8	1.1

Age range

Female sex workers seen in our clinics ranged in age from 18-56, although 52% of patients were under 25 and 86% under 40.

Country of birth

64% were from Eastern European countries (52% of these were from Romania).
14% were from UK and 12% from Brazil

Place of work

91% were off street sex workers and 9% street sex workers.

Sex with clients and non paying partner(s)

Over 80% reported condomless oral sex and over 20% reported condomless vaginal sex with clients.

80% had condomless vaginal sex with their regular partner(s)

Figure 1 below shows the type of sex reported with clients and with partners

Methods

Retrospective case note review of patients identified by the Sexual Health and HIV Activity Property Type (SHHAPT) code ‘SW’ who also had either chlamydia or gonorrhoea in 2012-2014.

Condom accidents

55% of FSW reported condom accidents at work in the last 3 months.

Site of infection

63% of all infections were vaginal; 34% pharyngeal and 19% rectal. 24 women in total had multi-site infections, with 25% of these being “triple-site” infection

Other vulnerabilities

43% of women required a translator

8% of women reported a history of drug use, 4% of mental health problems.

1 patient had HIV infection and 1 patient had been trafficked into the UK

Discussion/Conclusion

Although the prevalence of CT in FSW is not significantly higher than that of other female clinic attendees, it has risen over the years despite the number of FSW remaining relatively stable.

The prevalence of GC infection in 2014 however is 4 times higher in FSW than in general female clinic attendees which confirmed our suspicion.

Partner notification of infections for this group of patients is complex FSW were more likely to report condomless sex with their regular partners, although over 50% reported condom accidents with paying partners. Traditionally it has been challenging to engage the regular male partners of FSW, leading to ongoing risk of reinfection and risk of further transmission to clients.

This analysis highlights the importance of dedicated FSW clinics to manage the needs of this vulnerable group.