

Genitourinary medicine

High-risk sexual activity causing sexually transmitted infections (STIs) will probably decrease significantly during an outbreak of pandemic flu.

It is assumed that all those seen in outpatient clinics will have a clinical condition that, in order of priority, is either:

- ▶ a life-threatening problem (P1) (see Table 2, p4)
- ▶ of life-shortening potential (P2)
- ▶ causes unbearable symptoms (P3)
- ▶ a significant public health risk (eg acute symptomatic chlamydial infection, HIV seroconversion illness or symptoms suggesting gonorrhoea) (P3).

A Follow-up of outpatients

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All face-to-face appointments should be delayed for four months with rare exceptions identified either by clinical need, according to specialty guidance, or by the patient telephoning the hospital for verbal assistance and a possible clinic visit.

HIV

Pregnant women, patients with a CD4 count of <200 and not on highly active antiretroviral therapy (HAART), those failing treatment and those recently started on HAART will require follow-up within a four-month window (Yellow Card, under the access/follow-up card system (see Appendix)).

Arrangements will be made to ensure all patients on HAART have adequate prescriptions. This can be done by post for the majority of patients who are registered with 'home delivery', and recruitment to this should be encouraged.

B New outpatient appointments

Referrals

- ▶ It is anticipated that the rate of new non-influenza-related referrals will fall dramatically.
- ▶ The referral letter should fulfil priority criteria for each specialty.
- ▶ A consultant (or most senior available clinician) should review every new referral, sanctioning only those with apparent life-threatening illness (P1), or of life-shortening potential (P2), or causing unbearable symptoms (P3). Those potentially posing a significant public health risk will need evaluation by a senior doctor.
- ▶ All new patient referral letters must have the patient's phone number, and further

prioritisation will usually be made during an initial telephone consultation between the consultant and the patient.

- ▶ For self-referring GUM and sexual health patients, a form of triage will be necessary either through a telephone line or through an electronic triage system. It may be that such a call-centre approach is able to dispense advice and symptomatic syndromic treatment using antibiotics available from community settings.

C Specialty priorities for outpatient review

In GUM, sexual health and HIV, assessment of specific groups of patients with symptoms or illnesses that are likely to be considered priorities must be equitable and universal. The following has been agreed by the Joint Specialty Committee for Genitourinary Medicine and the specialty associations.

New patient appointments

Examples of patient groups with new life-threatening or severe symptoms that should be referred for outpatient consultation (Yellow Card) are as follows:

- ▶ pregnant women with HIV infection
- ▶ pregnant women with previously untreated syphilis infection
- ▶ HIV-infected individuals not on HAART with CD4 <200
- ▶ HIV-infected individuals with CD4 <200 either on or off treatment who develop:
 - altered consciousness, severe intractable headache, fits (central nervous system)
 - bloody diarrhoea, weight loss >15%, jaundice (gastrointestinal)
 - possible tuberculosis/pneumocystic jorvecii pneumonia (respiratory)
 - Stevens-Johnson Syndrome (skin)
- ▶ patients with symptoms and risk behaviour which suggest infectious syphilis
- ▶ patients with severe primary herpes infection
- ▶ those who pose a significant public health risk

All other new referrals must be delayed (either by the GP or by the consultant) for four months. This emergency strategy will undoubtedly affect usual standards of care.

The majority of GU clinic attenders self-refer. A robust method will need to be put in place to carry out telephone assessment of patients' symptoms and advice on management. Regional networks and collaborations between centres should make the best use of a limited number of staff available to provide telephone and syndromic management of patients with suspected STIs. Epidemiological surveillance for STIs is likely to be severely compromised during an influenza epidemic.

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