

Covid-19 - Impact of reduced capacity - Genitourinary Medicine (GUM), Updated December 2021

GUM includes sexually transmitted infections (STIs) & genital condition management, contraception, outreach and promotion. HIV treatment and care is integral to most GUM services; HIV sector responses are addressed by British HIV Association (BHIVA) guidelines (<https://www.bhiva.org/updated-BHIVA-guidance-for-HIV-services-during-COVID-surges>). Recognise interdependencies between GU, SRH & HIV services.

Constraints to delivery accepting Maintenance of some face-to-face provision of care is Essential

- Staffing reductions: redeployment, sickness/self-isolation/shielding /contact tracing/vaccination
- Premises: historical sites may be unsuitable for COVID-19 safety measures or unavailable in entirety
- Accessibility: access to face-to-face services due to transport difficulties, lack of facilities or a secure, private setting - this particularly adversely affects vulnerable groups including young people, sex workers, those at risk of sexual/domestic violence, or with communication challenges
- Online/postal services: STI testing, chlamydia treatment, and basic contraception provision is not consistent across geographical areas. These should be a key part of available provision.

| Available - 25% | Available -50% | Available - 75% | Available - 90% |
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| Care only for: <ul style="list-style-type: none"> • Significant symptoms • Significant public health risk • Vulnerable groups (see above) • Pregnancy • Children & adolescents Emergency contraception Complex SRH responses Basic universal provision (POP) & condoms where OTC not accessible Abortion care (medical) | Testing & management for symptomatic STIs Emergency contraception Complex SRH responses Limited range of contraception, injectable LARC only Abortion care - onward referral | Testing & management for most STIs & genital infections Emergency contraception Full range of contraception, including LARC Abortion care - onward referral | Testing & management for all STIs, genital infections / conditions Testing for M. genitalium if symptomatic Emergency contraception Full range of contraception, including LARC Complex contraception care Abortion care / onward referral |
| Syphilis testing & 1 st line treatment Syphilis & HIV contact testing N. gonorrhoeae cultures & Rx Other STIs - epidemiological Rx | Recommended testing & treatment for all STI & HIV contacts | | |
| Gonorrhoea & syphilis TOC | Optimum treatment & tests of cure (TOC) for <i>certain</i> STIs TOC if symptoms | | |
| HIV treatment and care in line with BHIVA COVID surge guidance | | | |
| Sexual assault care | | | |
| PrEP & PEP provision | | | |
| Vaccination - Hepatitis B for post sexual assault only | Vaccinations - Hepatitis B for those at risk / HPV for MSM | | |
| Partner notification for STIs & HIV | | | |
| Remote consultations (telephone/video) for symptomatic STIs, emergency or basic contraception, abortion care | Remote consultations (telephone/video) for all requesting GUM/Contraception consultation | | |
| F2F consultations for symptomatic STIs, emergency contraception, basic contraception, abortion care. Injectable LARC possible at 50% | F2F consultations for symptoms where already deferred by 1 month | F2F consultations including asymptomatic | |
| No choice of clinic | Choice of clinic - walk in, booked, young peoples' clinics | | |
| No psychosexual service | Only if mental health concerns | Psychosexual service restored | |
| No face-to-face outreach, digital services only. | Outreach and health promotion – return to full service including restoration of range of face to face service. | | |

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| Reduced activity compared to 90% | Maintain at equivalent 90% available | All services restored |
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