

Title	An Irish Department of Genito-Urinary Medicine in the COVID-19 era
Authors	Moriarty, D.;O'Connor, Cathal;Bourke, J.;Murphy, M.;Horgan, Mary;Cremin, S.
Publication date	2021-02-15
Original Citation	Moriarty, D., O'Connor, C., Bourke, J., Murphy, M., Horgan, M. and Cremin, S. (2021) 'An Irish Department of Genito-Urinary Medicine in the COVID-19 era', Letter to Editor, Journal of the European Academy of Dermatology and Venereology. doi: 10.1111/jdv.17169
Type of publication	Article (peer-reviewed)
Link to publisher's version	10.1111/jdv.17169
Rights	© 2021, John Wiley & Sons, Inc. This is the peer reviewed version of the following item: Moriarty, D., O'Connor, C., Bourke, J., Murphy, M., Horgan, M. and Cremin, S. (2021) 'An Irish Department of Genito-Urinary Medicine in the COVID-19 era', Letter to Editor, Journal of the European Academy of Dermatology and Venereology, doi: 10.1111/jdv.17169, which has been published in final form at https://doi.org/10.1111/jdv.17169 . This article may be used for non-commercial purposes in accordance with Wiley Terms and Conditions for Use of Self-Archived Versions.
Download date	2024-05-09 00:03:44
Item downloaded from	https://hdl.handle.net/10468/11095



University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

DR. CATHAL O'CONNOR (Orcid ID : 0000-0001-7084-5293)

Article type : Letter to Editor

An Irish Department of Genito-Urinary Medicine in the COVID-19 Era

Moriarty D, ¹ O'Connor C, ^{2,3} Bourke J, ^{2,3} Murphy M, ^{2,3} Horgan M, ^{1,3} Cremin S ¹

1 Department of Genito-urinary Medicine, South Infirmary Victoria University Hospital, Cork, Ireland

2 Department of Dermatology, South Infirmary Victoria University Hospital, Cork, Ireland

3 University College Cork

Word count: 598

Reference count: 0

Figure count: 1

Table count: 1

Keywords: COVID-19, venereology, genito-urinary medicine, service provision

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1111/JDV.17169](https://doi.org/10.1111/JDV.17169)

This article is protected by copyright. All rights reserved

Corresponding Author: Dr. O'Connor

drcathaloconnor@gmail.com

COI statement: none declared

Genito-urinary medicine (GUM) is a high-volume, outpatient-based specialty, predominantly involving healthy young people. Our GUM clinic is the largest in south-west Ireland, with a broad catchment area. We outline the changes made to optimise safety and enhance efficiency during the COVID-19 pandemic.

Prior to national lockdown in March 2020, 50 patients were seen per clinic, with 8,000 outpatient visits per year. Patients attended for testing for sexually transmitted infections (STI), vaccination, or pre-exposure prophylaxis (PrEP). Patients returned two weeks later for results, received in hard-copy.

During lockdown, non-urgent care was postponed. To facilitate social distancing, maximum numbers were reduced to 27 patients per clinic, creating an immediate backlog for routine screening. To triage appointments, all patient enquiries were transferred to medical staff, requiring considerable time investment. Increased office space, computer access, and technology assistance were required for medical staff. Initially, only patients

symptomatic of STI were seen in person. Screening was streamlined by removing non-essential elements, such as same-day microscopy, and introducing self-swabbing. Personal protective equipment and social distancing became mandatory. Face shields were used during pharyngeal swabbing. Laboratory results were provided electronically instead of on paper to enhance efficiency. Results were communicated by text or phone, eliminating the need for return appointments. Prescriptions were phoned or emailed to pharmacies. Topical therapies were prescribed for genital warts instead of weekly cryotherapy.

From April-August 2018, 3300 patients were seen (50% male). In the same period in 2020, 848 patients were seen, with a higher proportion of male patients (63.5%).

For female patients, the mean age was 30 years (range 17-65). Most (306) were heterosexual, 3 were bisexual. The mean number of sexual partners in the previous three months was 1.2 (range 0-15). Most (162) were symptomatic, 129 were asymptomatic, 14 were contacts of someone with an STI, and four presented for other reasons. Bacterial vaginosis (63) and genital warts (46) were the most common diagnoses. 148 (48%) had a negative screen, of whom 89 were asymptomatic (Figure 1).

For male patients, the mean age was 34 years (range 18-69). Most (256) were homosexual, 243 heterosexual and 40 bisexual. The mean number of sexual partners in the previous three months was 1.7 (range 0-15). Most (254) were asymptomatic, 227 were symptomatic, 25 were contacts of someone with an STI, and 33 presented for other reasons. Genital warts (89) and Chlamydia trachomatis (34) were the most common diagnoses. Other reasons included urethritis, epididymo-orchitis, syphilis, hepatitis, antibody testing, and PrEP/PEP. 257 (47.6%) had a negative screen, of whom 149 were asymptomatic (Figure 1).

Diagnoses in April-August 2018 and 2020 were compared (Table 2). The proportion of negative screens decreased from 61.5% (2018) to 47.8% (2020). Most conditions decreased in number during lockdown, apart from ano-genital warts which increased from 121 (3.6%) to 135 (15.9%).

Compared to 2018, there were reduced diagnoses during the COVID-19 crisis. Although the absolute number of diagnoses decreased during lockdown, the proportion of patients having symptoms or a diagnosis increased. This is expected as patients were triaged by phone, and less asymptomatic patients were seen. There was a marked reduction in

bacterial infections e.g. Chlamydia trachomatis and Neisseria gonorrhoeae, consistent with other reports. ¹ This may be due to reduced numbers of sexual partners during lockdown, or due to reduced testing of asymptomatic individuals. Presentations with genital warts increased, which may be explained by delayed development following human papillomavirus infection, contracted prior to COVID-19. ²

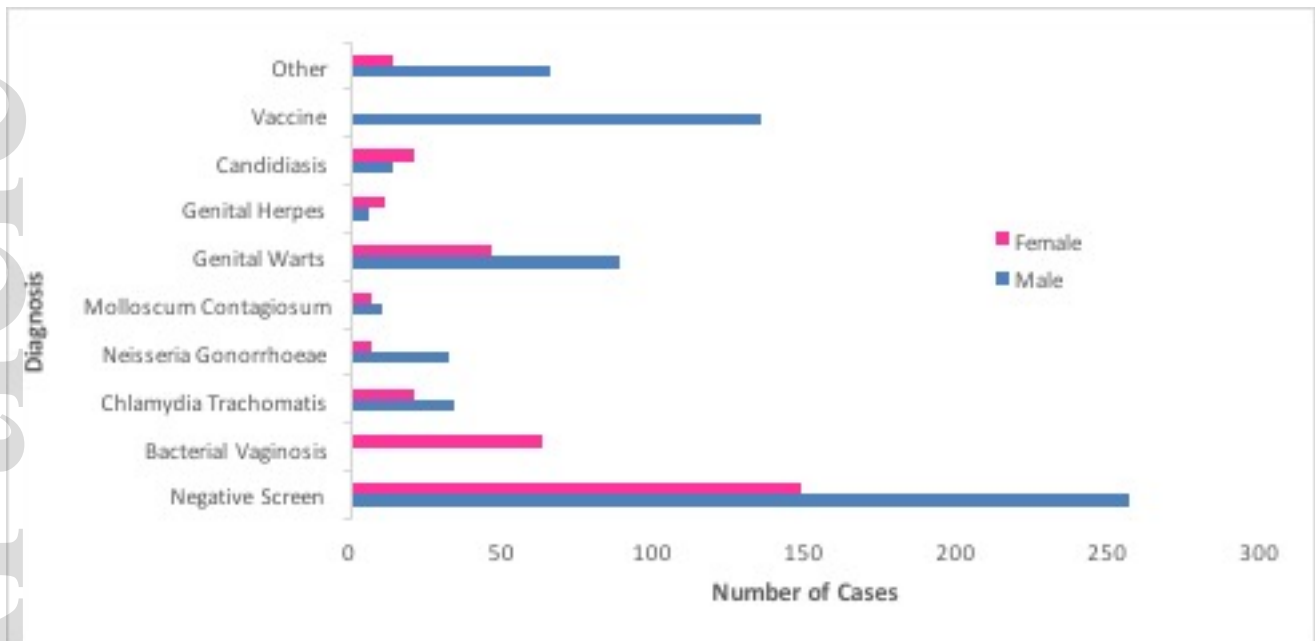
COVID-19 has profoundly reduced interpersonal exposure, with consequences for healthcare systems and sexual health. Some changes made in response to challenges have been positive and will become permanent features of our GUM service.

References

- 1 Crane MA, Popovic A, Stolbach AI, *et al.* Reporting of sexually transmitted infections during the COVID-19 pandemic. *Sexually Transmitted Infections* Published Online First: 01 November 2020. doi: 10.1136/sextrans-2020-054805
- 2 Winer RL, Kiviat NB, Hughes JP, Adam DE, Lee SK, Kuypers JM, Koutsky LA. Development and duration of human papillomavirus lesions, after initial infection. *J Infect Dis.* 2005 Mar 1;191(5):731-8. doi: 10.1086/427557.

	April-August 2018	April-August 2020	Difference
	n (%)	n (%)	n (%)
Bacterial vaginosis	133 (3.9)	63 (7.4)	-70 (+3.5%)
Genital warts	121 (3.6)	135 (15.9)	+14 (+12.3%)
Chlamydia	92 (2.8)	55 (6.4)	-37 (+3.6%)
Molluscum	50 (1.5)	17 (2)	-33 (+0.5%)
Candidiasis	42 (1.3)	35 (4.1)	-7 (+2.8%)
Gonorrhoea	42 (1.2)	39 (4.5)	-3 (+3.3%)
Genital herpes	28 (0.8)	17 (2)	-11 (+1.2%)
Syphilis	30 (0.6)	10 (1.1)	-20 (+0.5%)
Negative Screen	2030 (61.5%)	405 (47.8%)	-1625 (-13.7%)

Table 1. Total number of diagnoses between April and August 2018, compared to 2020. Percentage is percentage of all patients in the time period.



jdv_17169_f1.jpg