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

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Accepted Article

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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

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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

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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.

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	April-August 2018 n (%)	April-August 2020 n (%)	Difference 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.

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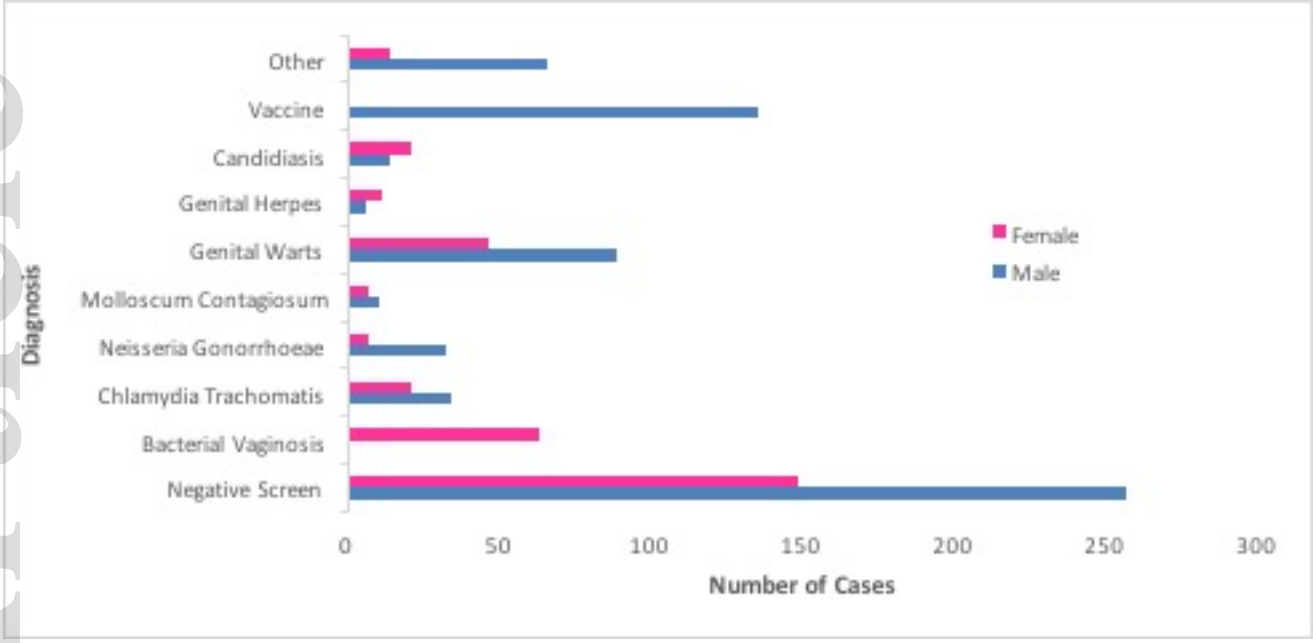

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