Sexual Health Trends in Wales:

Sexually Transmitted Infections, Emergency and Long-acting Reversible Contraception provision

Annual report 2026

(Data to end of 2025)

About Public Health Wales

Public Health Wales exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales. We work locally, nationally and internationally, with our partners and communities.

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Acknowledgements:

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Report prepared by the BBV, STI, TB and Inequalities specialist subject group, Public Health Wales Communicable Disease Surveillance Centre.

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Glossary of Abbreviations

ANC	Antenatal care
ABUHB	Aneurin Bevan University Health Board
BCUHB	Betsi Cadwaladr University Health Board
CTMUHB	Cwm Taf Morgannwg University Health Board
CVUHB	Cardiff and Vale University Health Board
GBMSM	Gay, bisexual and other men who have sex with men
GP	General Practice
HDUHB	Hywel Dda University Health Board
HIV	Human immunodeficiency virus
IUD	Intrauterine device
IUS	Intrauterine system
LARC	Long-acting reversible contraception
PTB	Powys Teaching Health Board
SBUHB	Swansea Bay University Health Board
STI	Sexually transmitted infection
SHC	Sexual health clinic
SWS	Sexual Health in Wales Surveillance Scheme
TAP	Test and Post service

Executive summary

Purpose

This report provides an overview of the trends in sexual health in the population of Wales up to the end of 2025, including information on sexually transmitted infections (STIs), emergency and long-acting reversible contraception (LARC) provision. The report is aimed at policy makers, health service clinicians and planners, commissioners, criminal justice and third sector agencies and academia.

IMPORTANT NOTE ON DATA COMPLETENESS:

There have been substantial changes in the provision and processing of STI data derived from sexual health clinics and the Test and Post service in Wales over the last year. Data are presented here for the period 2016-2025 and replace previously published reports.

In addition, ongoing systematic data issues within Cardiff and Vale University Health Board (CVUHB) have resulted in underreporting of clinical data for 2025. Whilst this impacts health board level and Wales trend data, sensitivity analysis indicates that the overall trend in the reduction of all STIs in Wales in 2025 compared to the previous year remains a clear finding, and all previous year's data is complete. As such, caution should be taken when interpreting recent CVUHB and all Wales trend data and all may be subject to change in future reports.

Further detail is provided in Appendix A and B.

Key findings

STI trends

- Compared to 2024, decreases were recorded across all reported STIs. In 2025:
    - 4,300 chlamydia diagnoses (134.9 per 100,000 population). Cases were most frequent in females and in the 15-24 age group
    - 1,446 gonorrhoea diagnoses (45.4 per 100,000 population). Cases were most frequent in males and aged 15-24 years
    - 414 syphilis diagnoses (13.0 per 100,000 population). Most cases were male and those aged 25-34 years
    - 913 first episode genital herpes diagnoses (35.0 per 100,000 population). Most cases were female and those aged 15-24 years
    - 880 first episode of genital warts diagnoses (27.6 per 100,000 population). There has been an over 70% reduction in the last decade
- 11 cases of Mpox were diagnosed in Wales in 2025: 10 cases of Clade IIb and 1 case of Mpox Clade Ib, the first case to be reported in Wales
- Where male self-reported sexual orientation was recorded (53% of cases), chlamydia, genital herpes, and genital warts are more frequently diagnosed in young heterosexual males. Gonorrhoea and syphilis are more frequently diagnosed in gay, bisexual and other men who have sex with men (GBMSM)

- **Reinfections**: Reinfections of chlamydia, gonorrhoea and syphilis range from 9-20% of diagnoses in 2025, with reinfections of gonorrhoea being most common. Most cases of reinfection were recorded in SHCs in Cardiff and Vale and Aneurin Bevan University Health Boards. The demographic profile of individuals experiencing reinfection vary:
    - Chlamydia reinfections more frequent in: females; 15-24 age group
    - Gonorrhoea reinfections more frequent in: males; 25-34 age group
    - Syphilis reinfections more frequent in: males; 25-34 and 35-44 age groups

- **STI co-Infections**: Highest rates of gonorrhoea co-infection with chlamydia or syphilis were recorded in SHCs within Aneurin Bevan and Swansea Bay University Health Boards. Chlamydia and syphilis co-infection rates were highest in SHCs in Betsi Cadwaladr University Health Board. The demographic profile of coinfections indicates:
    - Chlamydia/gonorrhoea co-infection was highest in males and those aged 15-24 years
    - Gonorrhoea/syphilis co-infections were highest in males and those aged 35-44 years
    - Chlamydia/syphilis co-infections were highest in males and those aged 15-24 years

Testing

- Since the introduction of the Test and Post (TAP) service in Wales STI testing has increased substantially, however, the overall number of STI tests in Wales in 2025 decreased by 6% from the previous year. The total number of individuals tested also decreased by 7% from the previous year
- Testing trends by age indicate a disproportionate decrease in testing in young people aged 15-24 years, a 20.3% decrease over the last decade
- There has been a 1.7% decrease in the number of males receiving STI testing in Welsh prison settings in 2025, and across all STI tests, with the largest reduction (2.6%) seen in chlamydia testing

Long-acting reversible contraception (LARC)

- The number of individuals receiving LARC, including intrauterine device (IUD/IUS), implant or injection in SHCs decreased in 2025, following relative stability in the provision of LARC in the preceding three years:
    - Implants were the most frequently fitted LARC type in 2025, with 6,624 individuals receiving this form of contraception

Data sources

Sexual Health in Wales Surveillance Scheme (SWS)

The Sexual Health in Wales Surveillance Scheme (SWS) introduced in 2011, collates information from the electronic patient management systems currently used in integrated sexual health clinics in Wales. SWS provides a Wales-wide dataset that includes results of STI and BBV testing and diagnosis information for individuals using sexual health services in Wales along with key demographic and behavioural data for those individuals such as sex, age, ethnicity and local authority of residence.

Enhanced Syphilis Surveillance

Enhanced Syphilis Surveillance e-forms are completed by the clinician with the patient detailing additional information that is not routinely included on standard clinical systems, such as risk factors and sexual networks.

The Test and Post Service / The Doctors Lab (TDL)

The Test and Post (TAP) service was introduced in Wales in 2020 as a pilot to support continued access to STI testing during the COVID-19 pandemic. The scheme uses online ordering and postal delivery of testing kits for chlamydia, gonorrhoea, syphilis, HIV, hepatitis B and hepatitis C. Results are texted to individuals with direction for sexual health clinical treatment as required. Data including tests requested, completed samples and results are generated through the Signum Health ordering platform and through The Doctors Lab (TDL)

Laboratory Information Management Service / Datastore extract

Laboratory Information Management System (LIMS) is a computerised information system into which laboratory staff key in requests from wards, theatres, A&E and clinics for pathology tests to be undertaken. Test results are then aligned to the patients' identity by LIMS ready for use by the clinicians and their team.

The LIMS data source includes all laboratory tests undertaken in NHS Wales laboratories and as such provides information on all population in Wales. Prison data from LIMS is only available from 2019 onwards.

General Practice Prescribing Data Extract

General Practice and non-medical prescriber data on all relevant prescriptions are collated by NHS Wales Shared Services Partnership (NWSSP).

Office for National Statistics

The Office for National Statistics (ONS) provides national and subnational mid-year population estimates for the UK and its constituent countries by administrative area, age and sex (including components of population change, median age and population density). Population statistics for sex, age and location of residence are based on 2023 mid-year figures[1]. Population estimates for Ethnicity are based on the 2021 ONS census[2].

Please see Appendix B for data limitations

[1] Office for National Statistics. Mid-2023 population estimates. ONS mid-year population estimates
[2] Office for National Statistics. Ethnic group, England and Wales: Census 2021: 2021. Census 2021

STI testing and diagnosis

STI testing

N.B. Only partial data was available for CVUHB for 2025 and as such all trends and rates per 100,000 population should be interpreted with caution and may be subject to change in future reports.

In Wales, STI testing can be accessed in sexual health clinics (SHCs), via the postal service (TAP), at General Practice (GP) and antenatal clinics (ANCs), and within prisons. The total number of tests conducted in each service category can be seen in Table 1.

Table 1: Number of STI tests, by infection, testing service and year 2016-2025, Wales

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Chlamydia	SHC	66,127	70,395	69,959	77,036	31,120	20,518	25,702	30,042	31,329	27,547
	Postal						51,169	60,015	64,234	62,402	60,032
	GP ANC	43,067	41,632	39,960	40,492	30,550	34,499	33,412	32,697	29,583	26,997
	Prison				1,116	825	627	1,005	940	1,055	1,085
	Total	**109,194**	**112,027**	**109,919**	**118,644**	**62,495**	**106,813**	**120,134**	**127,913**	**124,369**	**115,661**
Gonorrhoea	SHC	66,091	70,366	69,919	77,005	31,099	20,502	25,675	30,019	31,305	27,525
	Postal						54,716	63,560	67,155	65,613	63,064
	GP ANC	8,791	12,756	13,397	15,144	13,512	21,607	23,679	25,328	24,908	23,727
	Prison				1,094	806	613	986	931	1,035	1,077
	Total	**74,882**	**83,122**	**83,316**	**93,243**	**45,417**	**97,438**	**113,900**	**123,433**	**122,861**	**115,393**
Syphilis	SHC	35,324	37,528	36,055	39,534	15,403	10,583	16,552	21,055	22,132	20,463
	Postal						27,335	29,939	29,215	28,840	27,698
	GP ANC	29,518	28,632	28,120	27,404	25,877	25,304	23,716	23,566	22,428	20,363
	Prison				1,447	1,766	2,435	2,450	5,403	9,385	9,202
	Total	**64,842**	**66,160**	**64,175**	**68,385**	**43,046**	**65,657**	**72,657**	**79,239**	**82,785**	**77,726**

Source: SWS, Test and Post Scheme/TDL and LIMS, 2026

Overall STI testing has fallen by 6% compared to 2024, continuing to decrease from the 10-year high in 2023.

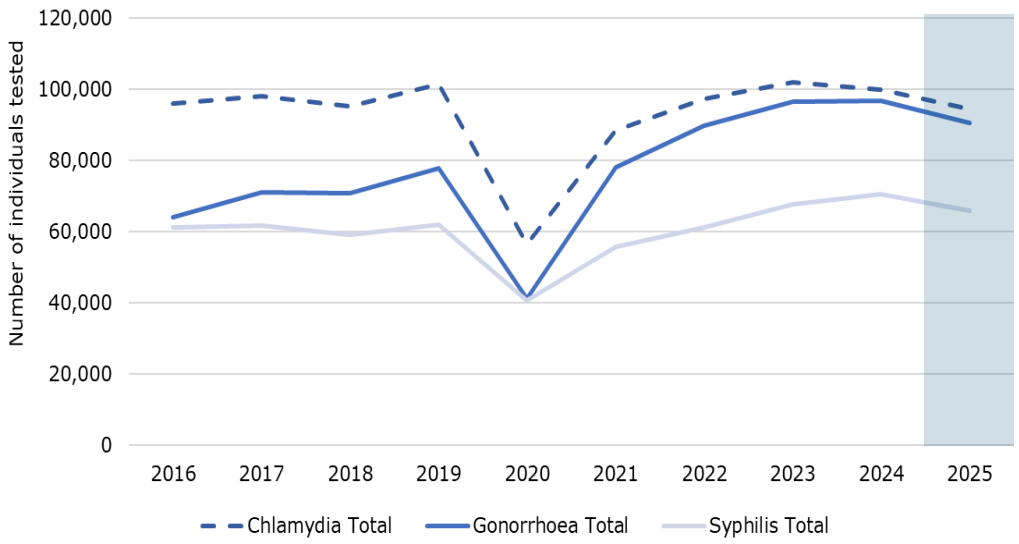
Of all STI testing in 2025, the highest proportion of tests were undertaken via the TAP service, accounting for 48.8%, followed by SHCs at 24.5%, GP/ANC at 23.0%, and prisons accounting for 3.7%.

The number of individuals tested for each infection are shown in Table 2 and Figure 1.

Table 2: Number of individuals tested, by infection, testing service and year 2016-2025, Wales

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Chlamydia	SHC	56,314	59,648	58,374	62,962	27,836	17,961	21,927	25,213	26,257	23,373
	Postal						38,195	43,452	45,621	44,569	42,510
	GP/ANC	39,716	38,378	36,902	37,352	27,983	31,742	30,991	30,241	27,949	25,435
	Prison				988	718	562	891	830	975	949
	Total	**96,030**	**98,026**	**95,276**	**101,302**	**56,537**	**88,460**	**97,261**	**101,905**	**99,750**	**92,267**
Gonorrhoea	SHC	56,293	59,634	58,358	62,943	27,827	17,949	21,915	25,203	26,242	23,361
	Postal						39,782	45,103	47,146	46,061	43,840
	GP/ANC	7,797	11,426	12,290	13,975	12,586	19,852	21,878	23,195	23,319	22,212
	Prison				968	701	549	876	821	958	943
	Total	**64,090**	**71,060**	**70,648**	**77,886**	**41,114**	**78,132**	**89,772**	**96,365**	**96,580**	**90,356**
Syphilis	SHC	32,171	33,635	31,514	33,790	13,843	8,762	13,627	17,262	18,220	17,126
	Postal						19,943	22,238	22,278	21,968	20,577
	GP/ANC	28,896	28,109	27,488	26,795	25,067	24,716	22,964	23,022	21,801	19,790
	Prison				1,409	1,689	2,315	2,383	5,074	8,504	8,366
	Total	**61,067**	**61,744**	**59,002**	**61,994**	**40,599**	**55,736**	**61,212**	**67,636**	**70,493**	**65,859**

Source: SWS, Test and Post Scheme/TDL and LIMS, 2026



Source: SWS, Test and Post Scheme/TDL and LIMS, 2026

Figure 1: Number of individuals tested for selected STIs, by year 2016 to 2025, Wales (combined sources)

Notes: Data for clinical tests may be incomplete due to data quality issues
Shaded area references incomplete data for 2025 and may be subject to change in future publications

Table 3 shows the testing rate per 100,000 population for each infection. In 2025, chlamydia, gonorrhoea and syphilis testing rates have all decreased, compared to the previous year.

Table 3: Heat table of testing rate per 100,000 population (combined sources). Darker blue indicates higher rates.

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Chlamydia	3120.7	3181.3	3089.5	3280.8	1821.1	2848.4	3104.7	3220.4	3130.3	2895.5
Gonorrhoea	2082.8	2306.1	2290.9	2522.4	1324.3	2515.8	2865.7	3045.3	3030.8	2835.5
Syphilis	1984.5	2003.8	1913.3	2007.8	1307.8	1794.7	1954.0	2137.4	2212.2	2066.8

Source: SWS, Test and Post Scheme/TDL and Datastore, 2026

Demographic profile of individuals tested for STIs by setting

Sexual Health clinics (SHCs)

The demographic profile for individuals tested in SHCs is shown in Table 4. STI testing in SHCs is highest in females, accounting for 57.8% in 2025, a broadly consistent trend over the last decade. The number of individuals in the 15-24 and 25-34 age groups tested in SHCs has declined substantially over the same period. Whilst the introduction of the TAP service in 2021 may account for the majority of this decline, there remains a 20.3% decrease in testing in young people aged 15-24 years, when combining both SHC and TAP test data for 2025, compared to 2016.

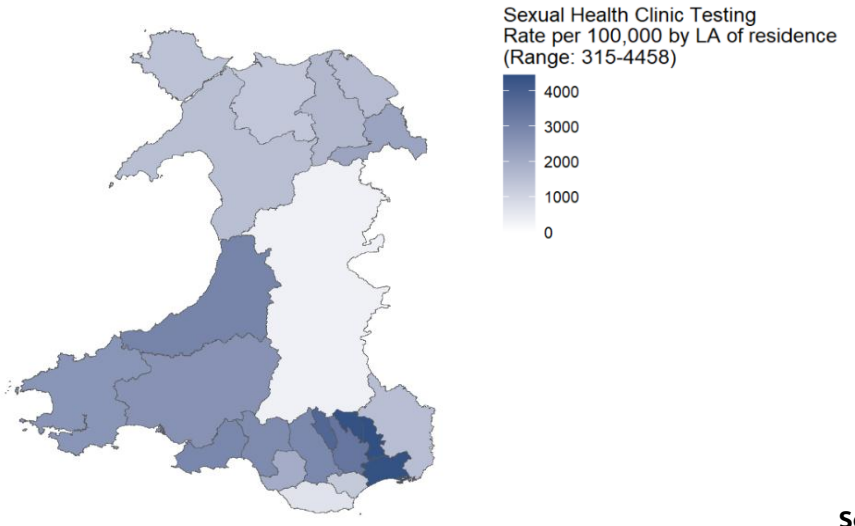
Table 4: Number of individuals tested in SHCs by sex, age group, Health Board of residence, ethnicity, and year[$] 2016 to 2025

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Total		**56,476**	**59,916**	**58,716**	**63,539**	**28,413**	**19,016**	**23,703**	**27,226**	**28,047**	**24,759**
Sex	Female	34,491	36,962	35,911	39,107	17,511	11,319	13,452	15,364	15,940	14,308
	Male	21,979	22,945	22,795	24,415	10,893	7,684	10,201	11,781	12,042	10,409
	Unknown	6	9	10	17	9	13	50	81	65	42
Age	0-14	222	248	179	214	125	117	143	178	168	112
	15-24	28,696	29,721	28,684	30,523	12,931	7,071	8,458	9,553	8,973	7,659
	25-34	17,271	19,080	18,890	20,646	9,476	6,626	8,184	9,209	9,627	8,187
	35-44	6,264	6,701	6,707	7,403	3,638	3,131	4,147	4,864	5,527	5,303
	45-54	2,905	2,923	3,034	3,227	1,496	1,381	1,765	2,119	2,288	2,145
	55+	1,118	1,243	1,222	1,526	747	690	1,006	1,303	1,464	1,353
	Unknown	0	0	0	0	0	0	0	0	0	0
Health Board	ABUHB	14,167	15,218	14,535	15,164	6,765	4,843	5,883	6,912	6,214	6,424
	BCUHB	9,677	9,208	9,702	10,284	4,922	3,792	4,681	4,801	5,498	5,424
	CTMUHB	7,288	6,691	4,276	4,490	1,950	2,167	3,204	3,507	4,043	3,400
	CVUHB	9,688	11,950	14,065	15,262	6,767	4,138	5,253	5,317	5,210	2,458
	HDUHB	4,540	5,658	6,840	6,092	2,775	994	1,186	1,707	1,635	1,699
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	11,116	11,191	9,298	12,247	5,234	3,082	3,496	4,982	5,445	5,337
	Unknown	0	0	0	0	0	0	0	0	<5	17
Ethnicity	Asian	425	443	459	532	229	122	255	452	506	300
	Black	647	702	721	740	341	225	474	693	716	696
	Mixed	827	887	916	836	419	294	428	633	689	542
	Other	529	802	814	676	264	154	260	359	416	272
	White	50,693	52,848	51,021	53,883	22,037	12,919	16,196	19,830	20,639	17,557
	Unknown	3,355	4,234	4,785	6,872	5,123	5,302	6,090	5,259	5,081	5,392

Source: SWS, 2026

$ Total tests from CVUHB may be underreported due to data access and reporting issues

A heat map showing the area of residence of those tested can be seen in Figure 2.



Source: SWS, 2026

Note: Data for clinical testing in CVUHB is incomplete due to data quality issues

Figure 2: Heat map of people tested for STIs in SHCs per 100,000 population, by local authority of residence, 2025

Test and post service (TAP)

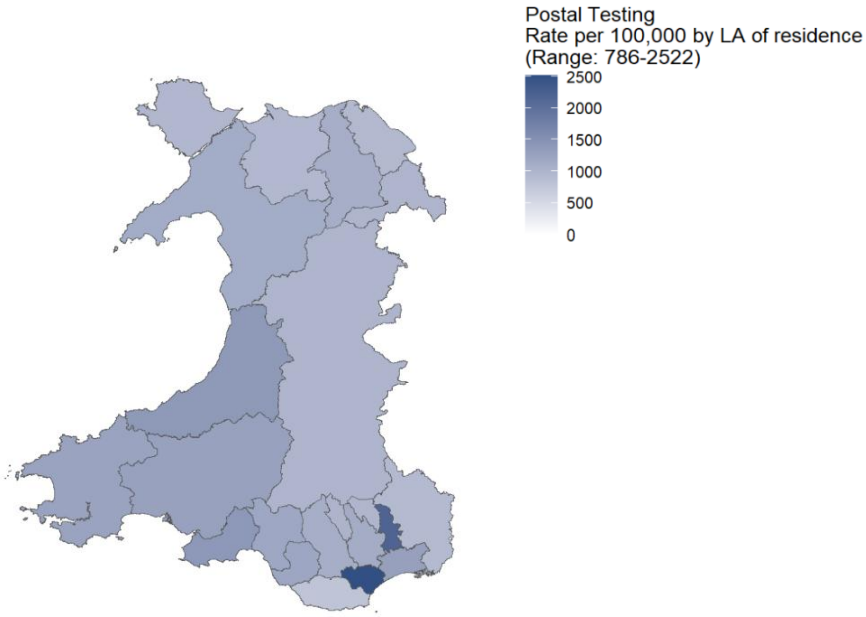
Testing through the TAP service was more frequent in: females; those aged 25-34 years; those of White ethnicity; and individuals living in Cardiff and Vale University Health Board (Table 5).

Table 5: Number of individuals tested through the TAP service, by sex, age group, Health Board of residence and ethnicity, 2021-2025

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Total							**41,031**	**46,613**	**48,935**	**48,223**	**45,262**
Sex	Female						25,486	28,910	30,213	29,897	26,934
	Male						14,763	16,841	17,628	17,070	15,663
	Unknown						782	862	1,094	1,256	2,665
Age	0-14						0	<5	<5	5	21
	15-24						9,235	20,330	20,085	17,632	15,205
	25-34						20,888	17,253	18,192	17,966	17,159
	35-44						7,404	6,177	7,285	8,153	8,569
	45-54						2,386	2,001	2,367	2,761	3,006
	55+						1,007	840	999	1,691	1,283
	Unknown						111	<15	<10	15	19
Health Board	ABUHB						3,974	6,131	6,847	7,019	6,558
	BCUHB						4,534	7,100	7,808	7,780	6,744
	CTMUHB						2,839	4,491	5,296	5,378	4,821
	CVUHB						8,212	12,761	14,474	13,524	11,235
	HDUHB						3,207	4,896	5,723	5,584	4,892
	PTB						703	1,216	1,437	1,524	1,318
	SBUHB						3,467	5,956	6,328	6,038	5,047
	Unknown						14,095	4,062	1,022	1,376	4,647
Ethnicity	Asian						0	190	1,045	1,044	796
	Black						0	153	825	980	874
	Mixed						0	231	1,308	1,374	1,278
	Other						0	0	127	424	184
	White						0	8,374	43,203	42,502	35,896
	Unknown						41,031	37,665	2,427	1,899	6,234

Source: Test and Post Scheme/TDL, 2026

A heat map of postal testing rate per 100,000 population by local authority of residence can be seen in Figure 3. Cardiff had the highest rate of postal testing.



Source: SWS, 2026

Figure 3: Heat map of people tested using TAP service per 100,000 population, by local authority of residence, 2025

Primary care and antenatal care

Table 6 shows demography of those tested through their GP or antenatal care clinic. In 2025, testing in GP/ANCs were typically more frequent in: females; those aged 25-34 years and those resident in Aneurin Bevan UHB.

Table 6: Number of individuals tested in GP/ANC by sex, age group and health board of residence, 2016-2025

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Total		**66,819**	**64,864**	**62,804**	**62,574**	**51,846**	**55,113**	**52,800**	**52,305**	**48,889**	**44,432**
Sex	Female	63,436	61,467	59,559	58,781	49,204	52,474	50,476	47,447	44,403	41,815
	Male	3,348	3,352	3,216	3,748	2,606	2,602	2,284	2,533	2,308	2,060
	Unknown	35	45	29	45	36	41	69	2,517	2,321	557
Age	0-14	55	59	52	62	33	43	59	213	172	50
	15-24	17,853	16,780	15,409	15,379	11,669	11,485	10,668	9,019	7,964	7,623
	25-34	29,238	28,734	28,133	27,778	24,528	25,499	23,796	22,457	20,939	19,407
	35-44	12,973	12,919	12,764	12,878	10,900	12,517	12,259	11,798	11,378	10,806
	45-54	4,889	4,603	4,527	4,533	3,308	3,940	4,274	3,927	3,676	3,609
	55+	1,806	1,766	1,913	1,928	1,396	1,649	1,852	2,636	2,633	2,390
	Unknown	<10	<5	<10	16	12	0	2,503	2,310	550	547
Health Board	ABUHB	13,201	12,611	12,400	12,150	9,828	11,188	11,163	11,351	10,465	10,051
	BCUHB	14,476	13,122	12,609	13,446	10,887	10,492	9,585	8,895	7,682	6,550
	CTMUHB	5,937	5,781	5,730	5,655	4,800	5,225	5,294	5,137	5,088	4,868
	CVUHB	13,413	13,693	13,186	13,980	11,495	12,084	10,941	10,753	10,272	9,821
	HDUHB	7,072	6,662	6,338	5,868	5,276	5,593	5,266	5,154	4,701	4,713
	PTB	1,270	1,347	1,164	1,114	777	796	783	744	682	710
	SBUHB	9,978	9,661	9,500	9,622	8,098	8,919	8,947	9,731	9,507	7,200
	Unknown	1,753	2,213	2,092	792	697	858	928	577	515	519

Source: LIMS, 2026

Welsh Prisons

Table 7 shows the number of males receiving a test for each STI by prison. In 2025, H.M. Prison Parc tested the highest number of males for chlamydia and gonorrhoea. H.M. Prison Berwyn completed the highest number of syphilis tests in men in prison.

Table 7: Number of males tested in Welsh prisons, by STI and year 2016-2025

		2019	2020	2021	2022	2023	2024	2025
Chlamydia	H.M. Prison Berwyn	127	142	221	208	143	136	187
	H.M. Prison Parc	638	354	137	427	423	634	466
	H.M. Prison Cardiff	11	103	138	162	161	164	221
	H.M. Prison Swansea	171	90	49	72	74	28	73
	H.M. Prison Usk	14	5	<5	5	7	<5	<5
	H.M. Prison Prescoed	27	24	<20	17	22	<15	<5
Gonorrhoea	H.M. Prison Berwyn	127	141	220	208	143	136	187
	H.M. Prison Parc	632	353	134	424	421	631	464
	H.M. Prison Cardiff	9	91	130	153	156	154	219
	H.M. Prison Swansea	168	87	48	69	72	24	71
	H.M. Prison Usk	13	5	<5	5	7	<5	<5
	H.M. Prison Prescoed	19	24	<20	17	22	<15	<5
Syphilis	H.M. Prison Berwyn	314	492	1,065	1,354	3,746	4,520	4,388
	H.M. Prison Parc	109	369	<140	415	686	2,176	2,969
	H.M. Prison Cardiff	737	508	625	281	184	1,079	179
	H.M. Prison Swansea	163	20	<5	<5	21	230	433
	H.M. Prison Usk	33	111	225	<140	179	254	207
	H.M. Prison Prescoed	53	189	261	197	258	245	190

Source: LIMS, 2026

Table 8 shows the demographic profile of males tested in prison, with testing more frequent in: those aged 25-34; and those residing in H.M. Prison Berwyn. In Wales, all six prisons are male only.

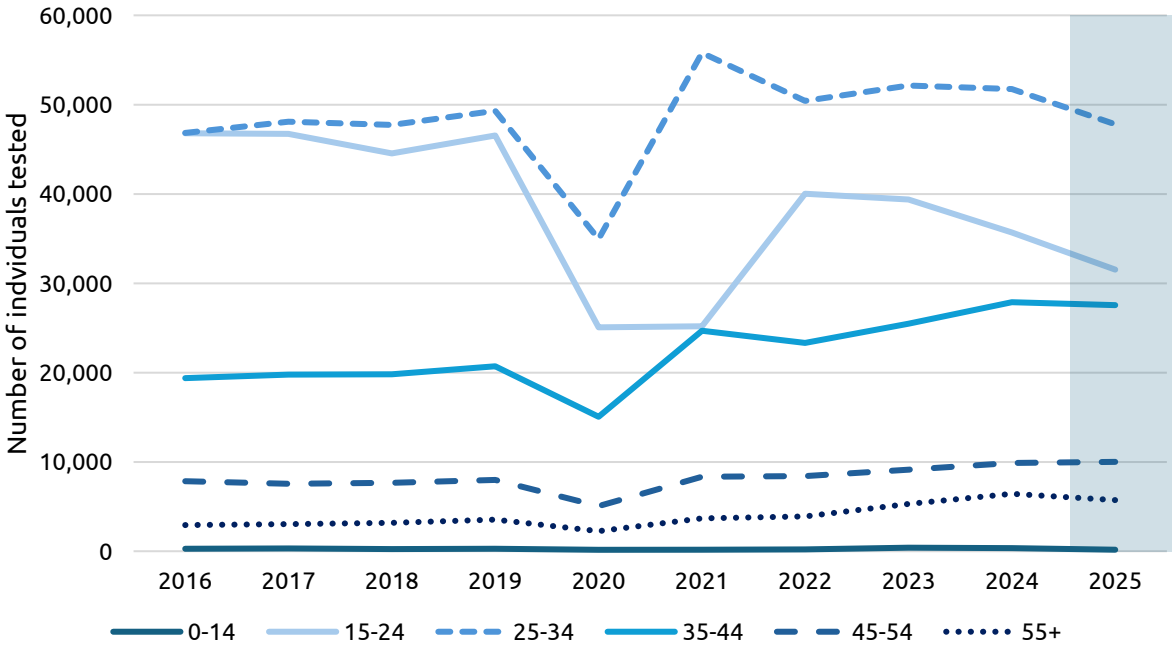
Table 8: Number of males tested in Welsh prisons, by age group, prison and year 2016-2025

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Total					**2,275**	**2,307**	**2,766**	**3,087**	**5,595**	**8,974**	**8,903**
Age	0-14				0	0	0	0	<5	0	0
	15-24				655	463	447	571	736	1,123	1,029
	25-34				884	951	1,051	1,184	2,271	3,207	3,066
	35-44				413	516	726	754	1,528	2,821	2,869
	45-54				220	250	346	361	704	1,170	1,241
	55+				75	101	184	191	356	639	691
	Unknown				28	26	12	26	<30	14	7
Prison	H.M. Prison Berwyn				396	583	1,257	1,531	3,882	4,640	4,559
	H.M. Prison Parc				749	709	259	743	898	2,431	3,115
	H.M. Prison Cardiff				747	592	704	399	312	1,161	359
	H.M. Prison Swansea				261	102	50	71	79	240	474
	H.M. Prison Usk				46	116	226	138	183	254	207
	H.M. Prison Prescoed				76	205	270	205	268	248	189

Source: LIMS, 2026

Testing by age (combined sources)

Overall trends in STI testing by age group (Figure 4) show a decrease in testing in all age groups except 45-54 years, with larger reductions seen in the younger age groups, particularly 15-24 and 25-34 year age groups.



Source: SWS, Test and Post Scheme/TDL and Datastore, 2026

Figure 4: Number of individuals receiving an STI test, by age group and year

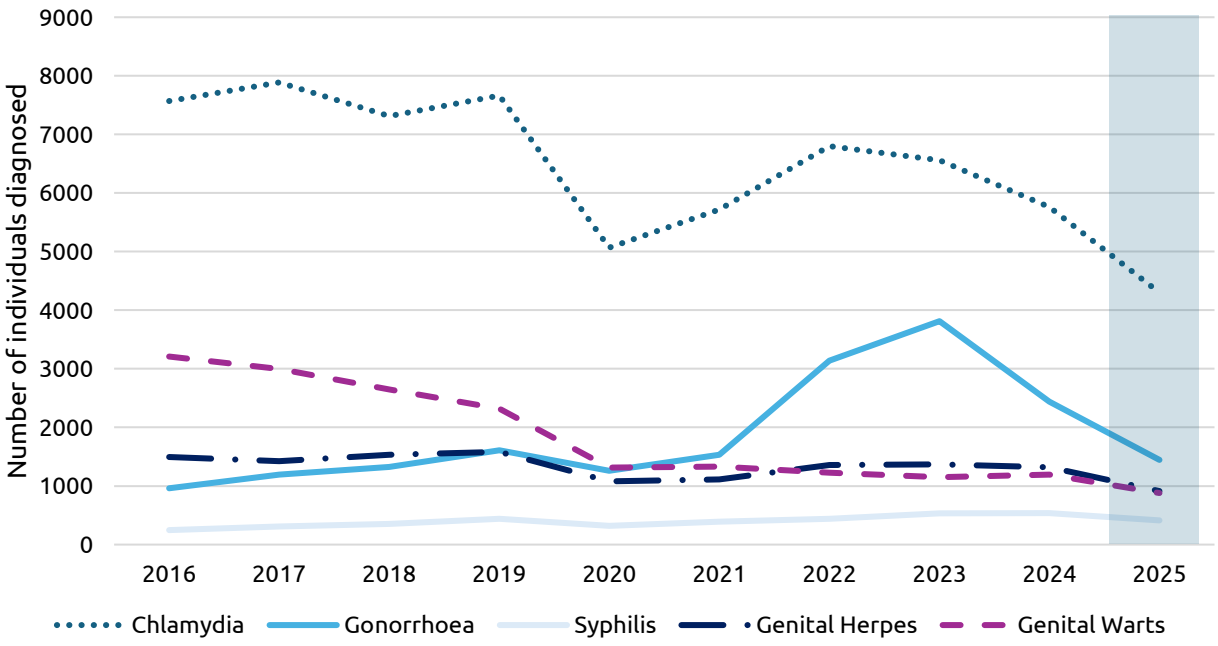
Notes: Data for clinical tests may be incomplete due to data quality issues

Shaded area references incomplete data for 2025 and may be subject to change in future publications

STI diagnoses

N.B. Only partial data was available for CVUHB for 2025 and as such all trends and rates per 100,000 population should be interpreted with caution and may be subject to change in future reports.

The number of STI diagnoses decreased in 2025 compared to the previous year, across all diseases (see Figure 5).



Sources: SWS and Datastore, 2026

Figure 5: Number of individuals diagnosed with STIs, by disease and year

Notes: Data for clinical diagnoses may be incomplete due to data quality issues

Shaded area references incomplete data for 2025 and may be subject to change in future publications

The number of diagnoses of each infection can be seen in Table 9. Compared to the previous year, in 2025:

- Chlamydia diagnoses have decreased (4,300 cases)
- Gonorrhoea diagnoses have decreased (1,446 cases)
- Diagnoses of syphilis decreased (414 cases)
- Diagnoses of 1st episode genital herpes decreased (913 cases)
- Diagnoses of 1st episode genital warts decreased (880 cases)

Table 9: Number of individuals diagnosed with STIs[3] and positivity rate (%), by setting and year 2016 to 2025

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Chlamydia	SHC	6,128 10.9%	6,523 10.9%	6,097 10.4%	6,366 10.1%	4,183 15.0%	4,891 27.2%	6,021 27.5%	5,849 23.2%	5,143 19.6%	3,806 16.3%
	GP/ANC	1,442 3.6%	1,364 3.6%	1,215 3.3%	1,236 3.3%	845 3.0%	775 2.4%	735 2.4%	665 2.2%	570 2.0%	460 1.6%
	Prison				58 5.9%	37 5.2%	50 8.9%	42 4.7%	45 5.4%	46 4.7%	34 3.5%
	Total	**7,570 7.9%**	**7,887 8.0%**	**7,312 7.7%**	**7,660 7.6%**	**5,065 9.0%**	**5,716 6.5%**	**6,798 7.0%**	**6,559 6.4%**	**5,759 5.8%**	**4,300** 4.3%
Gonorrhoea	SHC	920 1.6%	1,119 1.9%	1,248 2.1%	1,528 2.4%	1,191 4.3%	1,442 8.0%	2,982 13.6%	3,648 14.5%	2,343 8.9%	1,382 5.9%
	GP/ANC	41 0.5%	74 0.6%	76 0.6%	70 0.5%	65 0.5%	85 0.4%	144 0.7%	154 0.7%	87 0.4%	58 0.3%
	Prison				12 1.2%	5 0.7%	8 1.5%	13 1.5%	11 1.3%	11 1.1%	6 0.6%
	Total	**961 1.5%**	**1,193 1.7%**	**1,324 1.9%**	**1,610 2.1%**	**1,261 3.1%**	**1,535 2.0%**	**3,139 3.5%**	**3,813 4.0%**	**2,441 2.5%**	**1,446** 1.6%
Syphilis	SHC	180 0.6%	249 0.7%	281 0.9%	331 1.0%	233 1.7%	299 3.4%	341 2.5%	404 2.3%	375 2.1%	276 1.6%
	GP/ANC	67 0.2%	59 0.2%	69 0.3%	89 0.3%	74 0.3%	78 0.3%	79 0.3%	96 0.4%	96 0.4%	83 0.4%
	Prison				20 1.4%	13 0.8%	13 0.6%	19 0.8%	34 0.7%	66 0.8%	55 0.7%
	Total	**247 0.4%**	**308 0.5%**	**350 0.6%**	**440 0.7%**	**320 0.8%**	**390 0.7%**	**439 0.7%**	**534 0.8%**	**537 0.8%**	**414** 0.6%
Genital Herpes	**SHC/Total**	**1,495**	**1,422**	**1,535**	**1,582**	**1,079**	**1,113**	**1,360**	**1,368**	**1,321**	**913**
Genital Warts	**SHC/Total**	**3,209**	**2,996**	**2,649**	**2,321**	**1,313**	**1,329**	**1,227**	**1,150**	**1,194**	**880**

Sources: SWS and Datastore, 2026

Notes: Positivity rate (%) is the proportion of all individuals tested with a positive result
Data for clinical diagnoses may be incomplete due to data quality issues
All diagnoses made via TAP service are referred to Sexual Health clinics and are included in the SHC data

[3] Genital herpes and warts are not tested for and therefore positivity is not applicable

All individuals with a positive STI test result from the TAP service are referred to a SHC for treatment and care. As such diagnoses are reported in the SHC data (Table 9). The number of individuals with a positive test result are shown in Table 10.

Table 10: Number of individuals tested and number and proportion (%) of individuals with a positive result in TAP, by STI and year 2021 to 2025

		2021	2022	2023	2024	2025
Chlamydia	Number of individuals tested	40,016	45,768	47,911	46,480	44,206
	Number of individuals with a positive test	3,497 8.7%	4,504 9.8%	4,198 8.8%	3,589 7.7%	3,132 7.1%
Gonorrhoea	Number of individuals tested	40,024	45,772	47,939	46,506	44,220
	Number of individuals with a positive test	604 1.5%	1,609 3.5%	1,965 4.1%	1,112 2.4%	839 1.9%
Syphilis	Number of individuals tested	20,331	22,708	22,721	22,441	21,017
	Number of individuals with a positive test	16 0.1%	15 0.1%	16 0.1%	33 0.1%	13 0.1%

Source: Test and Post Scheme/TDL, 2026

Chlamydia

Chlamydia diagnoses were most frequent in females, those aged 15-24 years and clinics in SBUHB. This is more clearly reflected in the diagnosis rate per 100,000 population (Table 11 and Appendix C).

Table 11: Chlamydia diagnoses per 100,000 population by sex, age, Health Board, ethnicity[$], and year (combined sources). Darker blue indicates higher rates.

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	Total	**246.0**	**256.0**	**237.1**	**248.1**	**163.2**	**184.1**	**217.0**	**207.3**	**180.7**	**134.9**
Sex	Female	288.8	300.2	277.8	286.4	189.2	213.1	256.3	231.6	201.1	156.7
	Male	201.5	209.9	194.9	207.9	135.8	153.1	174.3	170.7	152.7	110.5
Age	0-14	4.6	3.3	1.9	2.1	0.8	1.6	0.8	2.5	1.0	0.8
	15-24	1,366.4	1,464.3	1,334.9	1,409.7	866.3	929.8	1,194.4	1,083.6	878.3	634.0
	25-34	478.9	500.7	484.8	498.9	375.3	456.9	452.1	417.9	405.9	322.3
	35-44	99.8	99.3	108.6	115.5	89.2	114.3	125.1	121.5	127.4	104.8
	45-54	32.7	28.5	32.6	38.6	26.4	33.8	36.2	46.9	45.7	32.7
	55+	5.5	5.2	5.1	7.6	4.9	5.7	7.7	9.3	10.7	7.2
Health Board	ABUHB	325.4	309.8	284.9	282.2	183.2	186.8	210.1	186.3	173.5	160.9
	BCUHB	206.4	188.5	195.3	205.5	141.1	156.3	181.5	161.6	147.2	123.2
	CTMUHB	203.1	187.5	131.7	143.9	78.8	125.5	140.7	131.5	130.0	113.5
	CVUHB	272.5	386.8	410.1	413.0	275.5	329.3	381.2	360.4	305.2	152.2
	HDUHB	181.9	191.8	189.2	157.9	119.8	130.5	153.9	165.4	149.0	112.3
	PTB	29.4	24.2	21.2	16.7	9.8	10.5	10.5	6.0	11.1	3.0
	SBUHB	351.6	353.2	262.3	351.5	221.1	224.8	298.8	314.4	233.7	184.8
Ethnicity	Asian	37.1	47.1	58.5	68.4	27.1	23.6	38.2	67.4	59.5	39.3
	Black	415.8	514.3	481.5	426.8	339.2	297.6	794.9	704.2	482.8	765.9
	Mixed	282.4	326.8	323.6	307.7	203.0	148.1	197.5	195.5	183.1	117.3
	White	189.5	196.6	181.5	185.2	104.1	103.9	121.3	123.7	112.5	80.3

Source: SWS and LIMS, 2026

[$] Rate per 100,000 population by ethnicity from 2021 onwards should be interpreted with caution due to a high proportion of records with 'Unknown' ethnicity.
Note: Data for clinical diagnoses is incomplete due to data quality issues.

Gonorrhoea

Gonorrhoea diagnoses (Table 12 and Appendix D) were most frequent in males, those aged 15-24 years and clinics in SBUHB.

Table 12: Gonorrhoea diagnoses per 100,000 population by sex, age, Health Board, ethnicity[$,] and year (combined sources). Darker blue indicates higher rates.

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	Total	**31.2**	**38.7**	**42.9**	**52.1**	**40.6**	**49.4**	**100.2**	**120.5**	**76.6**	**45.4**
Sex	Female	22.9	28.7	25.7	34.2	31.1	37.6	80.0	102.5	50.0	28.4
	Male	39.9	49.1	60.8	70.7	50.4	61.6	119.8	136.2	102.7	62.9
Age	0-14	1.0	0.0	0.2	0.2	0.6	0.4	0.4	1.6	2.0	0.4
	15-24	130.2	156.7	155.8	189.6	153.2	170.0	475.2	547.0	240.9	125.6
	25-34	76.3	96.3	121.5	141.8	111.3	142.8	216.2	255.0	203.7	113.3
	35-44	27.8	35.2	43.8	58.5	51.7	59.2	91.4	116.8	102.5	74.9
	45-54	12.4	19.2	20.9	28.0	14.9	24.0	36.7	45.6	46.0	36.2
	55+	2.2	3.8	4.7	5.7	2.8	5.8	7.7	10.0	10.6	7.8
Health Board	ABUHB	30.9	42.3	55.1	64.3	50.6	60.9	91.0	115.6	80.1	54.0
	BCUHB	20.4	29.7	28.8	35.5	38.2	37.3	75.8	74.6	53.6	43.2
	CTMUHB	23.1	23.9	16.8	16.5	12.9	26.7	47.9	65.2	53.6	38.1
	CVUHB	77.1	92.2	104.1	119.3	83.2	115.4	234.6	280.7	157.8	53.3
	HDUHB	12.1	18.2	18.3	20.4	16.5	15.7	40.2	69.3	51.9	32.6
	PTB	0.0	0.8	0.0	0.0	1.5	3.0	0.7	2.2	0.0	0.7
	SBUHB	32.9	32.1	41.5	68.4	44.3	45.0	136.6	151.7	81.4	61.6
Ethnicity	Asian	2,890.4	2,894.7	2,897.6	2,904.7	2,893.3	2,284.8	2,300.5	2,333.1	2,324.1	2,300.5
	Black	82.1	65.7	136.8	158.7	125.8	101.6	235.9	315.8	214.2	174.2
	Mixed	41.2	69.8	111.0	190.3	107.9	84.4	158.4	226.3	214.0	170.8
	White	27.0	32.7	36.5	44.0	30.1	31.6	64.6	89.2	58.9	33.6

Source: SWS and LIMS, 2026

[$] Rate per 100,000 population by ethnicity from 2021 onwards should be interpreted with caution due to a high proportion of records with 'Unknown' ethnicity.
Note: Data for clinical diagnoses is incomplete due to data quality issues.

Syphilis

Syphilis diagnoses (Table 13 and Appendix E) were most frequent in males, although rates in females have increased over the last decade, those aged 25-34 and clinics in SBUHB.

Table 13: Syphilis diagnoses per 100,000 population by sex, age, Health Board, ethnicity[$,] and year (combined sources). Darker blue indicates higher rates.

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	Total	**8.0**	**10.0**	**11.3**	**14.2**	**10.3**	**12.6**	**14.0**	**16.9**	**16.9**	**13.0**
Sex	Female	5.2	4.7	5.5	7.4	5.3	5.2	6.8	7.9	8.6	8.3
	Male	10.9	15.5	17.4	21.4	15.4	20.1	21.6	26.2	25.5	17.9
Age	0-14	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.2
	15-24	13.9	12.6	19.4	22.4	15.7	14.2	18.4	16.8	13.8	10.9
	25-34	20.9	27.8	37.5	44.9	33.4	39.3	38.7	52.8	55.4	39.8
	35-44	16.3	23.3	19.3	23.8	17.1	25.9	28.1	36.2	35.2	28.9
	45-54	7.8	10.4	9.2	15.1	11.3	13.0	15.4	18.1	18.6	12.5
	55+	2.4	2.8	2.9	3.8	2.5	3.9	5.2	5.0	4.9	4.6
Health Board	ABUHB	6.2	12.4	12.5	13.0	9.4	16.3	13.7	21.8	23.1	18.6
	BCUHB	5.2	7.3	8.7	10.4	6.2	6.4	10.7	11.1	13.3	9.8
	CTMUHB	5.7	6.6	6.6	11.3	10.4	6.8	8.8	9.2	11.3	12.0
	CVUHB	17.3	17.4	20.9	29.2	14.6	21.7	24.8	24.1	21.0	11.2
	HDUHB	5.5	5.3	6.6	4.2	10.2	7.8	6.2	7.5	11.8	8.5
	PTB	0.0	0.8	0.0	0.8	0.0	0.0	3.7	1.5	0.7	0.0
	SBUHB	12.1	13.1	15.2	21.6	16.8	21.9	22.9	33.6	24.6	22.6
Ethnicity	Asian	5.7	2.9	0.0	5.7	2.9	3.4	9.0	19.1	10.1	9.0
	Black	21.9	21.9	21.9	43.8	10.9	14.5	29.0	29.0	25.4	36.3
	Mixed	9.5	6.3	25.4	9.5	19.0	12.3	8.2	22.6	14.4	4.1
	White	5.1	7.4	8.4	9.6	6.4	7.2	8.4	9.9	9.4	6.7

Source: SWS and LIMS, 2026

[$] Rate per 100,000 population by ethnicity from 2021 onwards should be interpreted with caution due to a high proportion of records with 'Unknown' ethnicity.
Note: Data for clinical diagnoses is incomplete due to data quality issues.

Enhanced syphilis surveillance

When an individual is diagnosed with syphilis in a sexual health clinic, an enhanced syphilis surveillance form (ESS) is completed to record more detailed information, such as stage of infection. In 2025, of the 276 individuals diagnosed with syphilis within SHC's, an enhanced form was completed for 80.8% (223 cases) and shown in Table 14.

Table 14: Number of individuals diagnosed with syphilis, with completed ESS, by stage of infection and year 2016 to 2025

Stage of infection	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Early latent	22	59	34	54	28	47	9	24	56	41
Late latent	0	0	0	0	0	0	0	7	23	39
Primary	33	57	68	86	56	68	64	118	97	89
Secondary	25	36	22	27	17	31	18	29	34	28
Tertiary	0	0	0	0	0	0	0	0	0	<5
Unknown	11	6	12	40	34	44	38	66	21	<30
Total Forms Completed	**91**	**158**	**136**	**207**	**135**	**190**	**129**	**244**	**231**	**223**
Total Syphilis (SHC)	**180**	**249**	**281**	**331**	**233**	**299**	**341**	**404**	**375**	**276**

Source: Enhanced Syphilis Surveillance, 2026

Since 2016, the highest number of cases have been diagnosed in the primary stage of infection. In 2025, there was an increase in the number of late latent cases reported, a 70% rise compared to 2024, which has implications for complications of syphilis, such as neurological or cardiovascular issues.

Genital herpes

First episode genital herpes diagnoses (Table 15 and Appendix F) were most frequent in females, those aged 15-24 and clinics in ABUHB.

Table 15: 1st episode genital herpes diagnoses per 100,000 population by sex, age, Health Board, ethnicity[$], and year. Darker blue indicates higher rates.

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	Total	**48.6**	**46.1**	**49.8**	**51.2**	**34.8**	**35.8**	**43.4**	**43.2**	**41.5**	**28.7**
Sex	Female	60.4	58.8	64.9	64.6	44.5	47.2	57.9	57.0	54.4	38.2
	Male	36.1	33.1	34.0	37.3	24.6	24.0	27.8	28.8	27.9	18.7
Age	0-14	1.5	0.8	0.0	0.6	0.4	0.4	0.6	0.8	0.8	0.2
	15-24	198.8	186.3	202.2	205.6	140.2	136.1	172.6	156.5	136.8	105.1
	25-34	115.4	113.8	121.8	125.0	90.2	96.4	111.5	116.5	117.6	72.3
	35-44	44.1	42.3	46.4	54.2	30.8	37.2	47.3	50.9	45.5	32.2
	45-54	21.9	21.6	22.5	21.6	16.6	18.8	18.7	16.8	22.9	17.0
	55+	4.6	5.2	7.1	7.4	4.2	3.9	4.3	5.2	6.1	3.4
Health Board	ABUHB	62.6	66.1	76.7	67.8	46.8	40.3	43.1	48.7	37.9	38.6
	BCUHB	42.0	34.6	41.5	37.8	28.3	32.9	36.9	36.6	38.7	37.3
	CTMUHB	44.3	44.6	28.9	35.3	20.1	24.2	44.1	24.9	29.4	24.9
	CVUHB	66.7	51.4	57.4	71.3	48.6	57.3	52.5	56.5	56.4	15.0
	HDUHB	24.8	32.8	38.1	31.5	16.3	23.8	32.2	37.6	34.4	26.7
	PTB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	SBUHB	61.8	61.0	66.7	80.2	57.4	44.8	69.2	70.6	66.9	31.9
Ethnicity	Asian	17.1	11.4	14.3	15.7	2.9	2.2	5.6	23.6	16.8	13.5
	Black	109.4	16.4	54.7	71.1	49.2	21.8	50.8	87.1	69.0	47.2
	Mixed	50.8	66.6	63.4	47.6	41.2	30.9	22.6	47.3	55.6	26.7
	White	45.9	44.7	47.4	48.7	26.6	24.0	34.0	35.7	35.6	23.5

Source: SWS, 2026

[$] Rate per 100,000 population by ethnicity from 2021 onwards should be interpreted with caution due to a high proportion of records with 'Unknown' ethnicity.
Note: Data for clinical diagnoses is incomplete due to data quality issues.

Genital warts

1st episode genital warts (Table 16 and Appendix G) were most frequent in males, those aged 25-34 and clinics in SBUHB.

Table 16: 1st episode genital warts diagnoses per 100,000 population by sex, age, Health Board, ethnicity[$], and year. Darker blue indicates higher rates.

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	Total	**104.3**	**97.2**	**85.9**	**75.2**	**42.3**	**42.8**	**39.2**	**36.3**	**37.5**	**27.6**
Sex	Female	91.2	85.5	73.3	62.1	37.9	36.0	31.4	30.5	30.3	23.4
	Male	117.8	109.3	99.0	88.7	46.9	49.9	47.0	42.4	44.7	31.9
Age	0-14	0.0	0.8	0.4	0.2	0.2	0.0	0.0	0.0	0.0	0.2
	15-24	467.9	427.3	373.8	296.8	143.5	105.0	69.8	67.3	44.4	31.1
	25-34	230.0	231.3	210.8	198.0	121.8	150.4	139.3	120.3	133.4	91.4
	35-44	84.9	78.3	72.8	78.6	49.2	56.2	64.1	56.9	64.8	52.5
	45-54	39.4	39.4	34.1	33.1	22.5	28.3	31.5	28.3	32.7	27.4
	55+	9.4	8.0	7.5	7.3	5.3	5.5	6.3	8.7	10.3	7.7
Health Board	ABUHB	117.8	104.5	94.5	84.4	49.7	45.9	39.6	35.9	33.2	29.9
	BCUHB	80.4	67.4	61.3	57.8	39.4	41.6	40.5	27.9	28.8	28.5
	CTMUHB	106.7	89.3	58.9	44.6	18.3	32.3	35.3	31.4	44.1	29.2
	CVUHB	146.2	150.2	152.4	128.8	56.8	51.2	40.4	43.0	50.4	14.8
	HDUHB	82.5	83.5	97.1	54.5	37.5	37.1	38.9	39.7	34.4	30.1
	PTB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	SBUHB	129.1	129.6	82.3	105.8	64.8	62.1	52.8	58.0	50.4	44.4
Ethnicity	Asian	18.5	29.9	38.5	28.5	14.3	5.6	7.9	13.5	13.5	9.0
	Black	153.2	120.4	71.1	131.3	43.8	25.4	79.9	72.6	87.1	101.6
	Mixed	117.4	155.5	107.9	85.7	38.1	16.5	26.7	41.2	43.2	32.9
	White	98.8	91.6	80.6	68.4	33.0	30.2	29.7	30.0	30.8	21.9

Source: SWS, 2026

[$] Rate per 100,000 population by ethnicity from 2021 onwards should be interpreted with caution due to a high proportion of records with 'Unknown' ethnicity.
Note: Data for clinical diagnoses is incomplete due to data quality issues.

Comparison of STI infections by sex and self-reported sexual orientation

Rates of diagnosis in females in 2025 has fallen across all diseases apart from chlamydia, where there was an increase. In males, diagnosis rate decreased across all diseases.

Some infections are more common in GBMSM. Table 17 shows the number of infections in men by self-reported sexual orientation.

Table 17: Number of males diagnosed within SHCs, by self-reported sexual orientation, infection and year 2016-2025

	Sexual orientation	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Chlamydia	Heterosexual	2,359	2,450	2,049	1,873	925	916	1,116	1,085	887	515
	Gay or bisexual	349	341	409	456	359	442	499	488	473	284
	Unknown	93	120	326	573	598	796	915	925	893	825
Gonorrhoea	Heterosexual	247	289	278	325	226	274	608	714	376	170
	Gay or bisexual	326	403	545	590	330	435	761	801	712	428
	Unknown	13	25	68	114	182	191	398	546	477	359
Syphilis	Heterosexual	34	42	42	57	34	32	44	50	42	37
	Gay or bisexual	116	167	181	189	114	185	193	238	174	92
	Unknown	5	8	22	34	53	52	60	65	106	83
1st episode genital herpes	Heterosexual	485	446	428	404	228	210	242	241	223	104
	Gay or bisexual	47	43	43	57	35	26	37	48	43	22
	Unknown	14	11	44	104	111	129	148	159	169	166
1st episode genital warts	Heterosexual	1,604	1,478	1,226	960	379	388	376	339	348	204
	Gay or bisexual	136	135	111	85	51	46	49	52	47	32
	Unknown	40	40	161	297	283	324	297	267	303	262

Source: SWS, 2026

Note: Data for clinical diagnoses is incomplete due to data quality issues.

Chlamydia, genital herpes, and genital warts cases are more frequent amongst heterosexual men than in GBMSM, whereas Gonorrhoea and syphilis are more frequently diagnosed in GBMSM.

Mpox

Mpox is an infectious disease caused by the monkeypox virus (MPXV). There are two distinct clades of the virus: clade I and clade II.

A global outbreak of mpox clade II began in May 2022 and in the UK primarily affected GBMSM. On 14 August 2024, due to an upsurge of mpox clade I in African regions, heightened surveillance was introduced.

Since the implementation of testing in Wales on 24 May 2022, there has been one case of mpox clade I and 63 cases of mpox clade II infection identified, 11 of which were reported in 2025.

Table 18: Number of individuals diagnosed with Mpox, by Health Board 2022-2025

	2022-2025
ABUHB	<10
BCUHB	16
CTMUHB	<5
CVUHB	19
HDUHB	<10
SBUHB	10
Total	**64**

Source: LIMS, 2026

Reinfections

A reinfection refers to a subsequent diagnosis of the same infection following treatment / clearance of the original infection. Table 19 shows the number of individuals diagnosed with each infection in SHCs[4] in 2025 and the number and proportion of those infected in 2025 with a prior diagnosis between 2022 and 2024.

Table 19: Number of individuals diagnosed in SHCs with chlamydia, gonorrhoea or syphilis in 2025 and the number and proportion (%) of individuals with infection between 2022 and 2024 (SHC data only)

	Individuals diagnosed in 2025	Individuals previously diagnosed (2022-2024)	Proportion (%) reinfected
Chlamydia	3,806	512	13%
Gonorrhoea	1,382	274	20%
Syphilis	276	24	9%

Source: SWS, 2026

Note: Data for clinical diagnoses is incomplete due to data quality issues.

The demographic profile of individuals with reinfections may vary with infection (Table 20).

- Chlamydia reinfections are more frequent in females and those aged 15-24
- Gonorrhoea reinfections are more frequent in males and those aged 25-34
- Syphilis reinfections are more frequent in males and those aged 25-44

[4] Reinfections can only be determined in SHC data

Table 20: Number of individuals diagnosed within SHCs in 2025 with evidence of reinfection with chlamydia, gonorrhoea or syphilis, by sex, age group, Health Board and ethnicity[$]

		Chlamydia	Gonorrhoea	Syphilis
	Total	**512**	**274**	**24**
Sex	Female	280	31	<5
	Male	229	242	<25
	Unknown	<5	<5	0
Age	0-14	<5	<5	0
	15-24	338	55	<5
	25-34	96	94	6
	35-44	46	78	6
	45-54	17	29	<5
	55+	<15	<20	5
	Unknown	0	0	0
Health Board	ABUHB	139	69	7
	BCUHB	92	34	<5
	CTMUHB	52	21	<5
	CVUHB	109	87	<5
	HDUHB	41	15	7
	PTB	0	0	0
	SBUHB	79	48	6
	Unknown	0	0	0
Ethnicity	Asian	10	10	<5
	Black	8	<10	0
	Mixed	9	9	0
	Other	6	<5	0
	White	340	211	18
	Unknown	139	35	<10

Source: SWS, 2026

[$] Ethnicity from 2021 onwards should be interpreted with caution due to a high proportion of records with 'Unknown' ethnicity.
Note: Data for clinical diagnoses is incomplete due to data quality issues.

Coinfections

Coinfections occur when an individual is diagnosed with more than one infection simultaneously. Coinfections of selected infections in SHCs in 2025 are shown in Table 21, with chlamydia and gonorrhoea being the most common coinfection.

Table 21: Number of individuals co-infected with STIs in 2025

Coinfection	Number of individuals
Chlamydia and Gonorrhoea	264
Chlamydia and Syphilis	18
Gonorrhoea and Syphilis	28

Source: SWS, 2026

Note: Data for clinical diagnoses is incomplete due to data quality issues.

Table 22 shows the coinfection rate per 100,000 population for each combination. These are broken down by sex, age group, Health Board, and ethnicity.

Table 22: Coinfection rate per 100,000 population by coinfection, sex, age group, Health Board of residence, and ethnicity[$] in 2025

		Chlamydia & gonorrhoea	Gonorrhoea & syphilis	Chlamydia & syphilis
Sex	Female	5.6	0.0	0.2
	Male	11.1	1.7	0.9
Age	0-14	0.8	0.0	0.0
	15-24	35.1	1.1	2.1
	25-34	16.9	2.0	0.8
	35-44	8.0	3.0	1.0
	45-54	5.1	0.5	0.0
	55+	0.7	0.2	0.3
Health board	ABUHB	10.6	1.2	0.5
	BCUHB	8.5	0.9	0.9
	CTMUHB	6.5	0.4	0.0
	CVUHB	10.0	0.4	0.4
	HDUHB	4.9	1.0	0.0
	PTB	0.0	0.0	0.0
	SBUHB	10.4	1.8	0.3
Ethnicity	Asian	6.7	1.1	1.1
	Black	25.4	0.0	0.0
	Mixed	14.4	0.0	0.0
	White	6.6	0.5	0.0

Source: SWS, 2026

[$] Rate per 100,000 population by ethnicity from 2021 onwards should be interpreted with caution due to a high proportion of records with 'Unknown' ethnicity.
Note: Data for clinical diagnoses is incomplete due to data quality issues.

The demographic profile of individuals with coinfections may vary with combination of infections. The rate of coinfection of:

- Chlamydia and gonorrhoea are more frequent in males and those aged 15-24
- Gonorrhoea and syphilis are more frequent in males and those aged 35-44
- Chlamydia and syphilis are more frequent in males and those aged 15-24

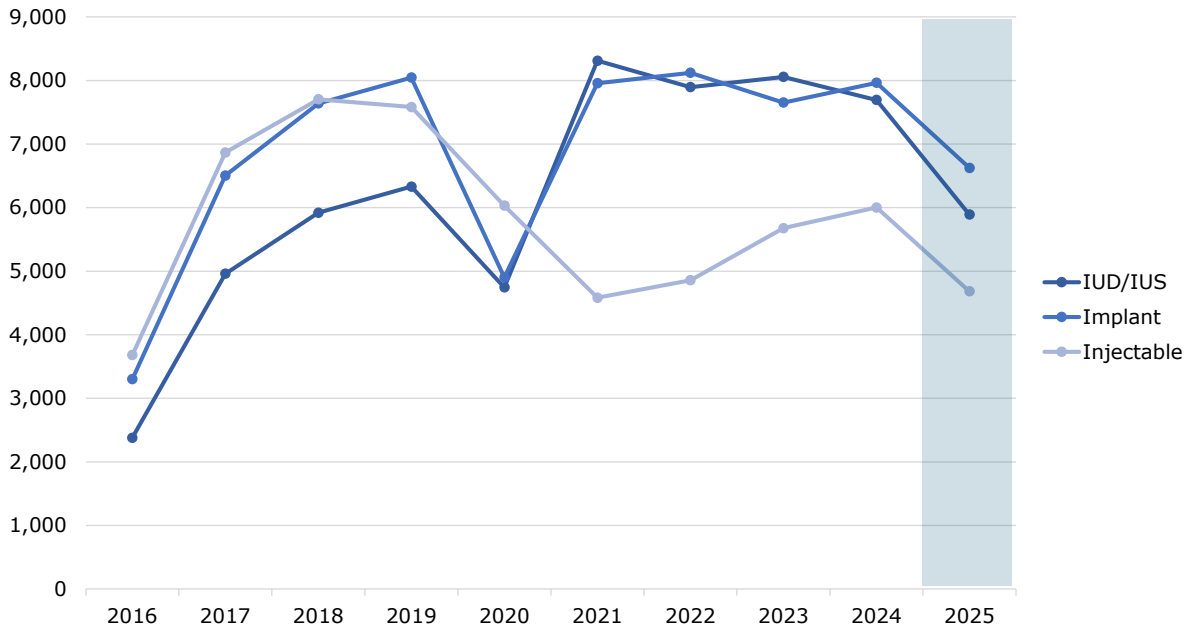
Contraception

N.B. Only partial data was available for CVUHB for 2025 and as such all trends and rates per 100,000 population should be interpreted with caution and may be subject to change in future reports.

Long-acting reversible contraception (LARC)

There are three main types of LARC provided in the UK, specifically intrauterine devices (IUD/IUS), implants and injections ('Depot'). IUD/IUSs last for between 5 and 10 years; implants last for up to 3 years; and injections last for up to 3 months. Individuals select a type of LARC that suits them.

LARC are most commonly provided in SHCs in Wales, however, they can also be provided within primary care. The number of individuals receiving LARC in SHCs can be seen in Figure 6.



Source: SWS, 2026

Notes: Data for LARC fitting may be incomplete due to data quality issues
Shaded area references incomplete data for 2025 and may be subject to change in future publications

Figure 6: Number of individuals receiving LARC in SHCs, by type and year

Overall, the number of females receiving any type of LARC within SHCs decreased by 20% in 2025 compared to the previous year, and by 21% since 2019, the highest number recorded.

Implants were the most popular type of LARC provided in SHCs in 2025. The reception rate per 100,000 population can be seen in Table 23.

Table 23: Heat table of reception rate per 100,000 population of females receiving LARC in SHCs, by type and year 2016-2025

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Type	IUD/IUS	151.8	316.1	376.8	402.2	299.7	524.0	494.3	499.8	477.4	362.4
	Implant	210.7	414.5	486.2	511.2	309.7	501.7	508.5	474.8	494.1	407.6
	Injectable	235.0	437.6	490.4	481.7	381.0	288.9	304.1	352.3	372.4	288.2
	Any LARC	573.6	1,136.8	1,320.8	1,361.7	971.7	1,284.7	1,283.2	1,301.6	1,316.2	1,038.8

Source: SWS, 2026

Note: clinical data is incomplete due to data quality issues.

Demographic information for the individuals receiving each type of LARC can be seen in Appendices H-J.

- IUD/IUSs were most frequently provided to females aged 25-34 and in clinics in HDUHB
- Implants and injections were most frequently provided to females aged 15-24; in clinics in ABUHB

The LARC reception rate per 100,000 population can be seen in Table 24.

Table 24: Heat table of reception rate per 100,000 population (females) of LARC in SHCs, by age group, Health Board, and year (combined types)

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	Total	**573.6**	**1,136.8**	**1,320.8**	**1,361.7**	**971.7**	**1,284.7**	**1,283.2**	**1,301.6**	**1,305.1**	**1,038.8**
Age	0-14	39.5	72.9	86.1	113.4	63.5	62.0	72.7	118.2	93.4	66.0
	15-24	2,381.7	4,704.0	5,480.5	5,551.8	3,818.5	4,446.8	4,127.0	4,195.1	4,216.5	3,223.0
	25-34	1,394.4	2,967.5	3,438.6	3,348.3	2,692.1	3,551.6	3,558.4	3,554.7	3,588.6	2,815.7
	35-44	704.9	1,413.5	1,672.9	1,761.3	1,312.0	2,025.4	2,163.7	2,156.2	2,190.0	1,834.7
	45-54	232.8	400.8	508.9	558.0	391.2	794.2	883.0	844.8	795.8	686.0
	55+	8.2	7.0	8.6	6.3	5.5	18.1	23.0	20.2	20.3	25.0
Health Board	ABUHB	0.0	1,307.2	2,245.0	2,182.4	1,515.8	1,575.4	1,965.1	2,012.7	1,836.4	1,901.6
	BCUHB	0.9	6.0	5.4	8.9	171.5	1,210.6	1,143.7	841.8	910.9	617.1
	CTMUHB	1,604.0	1,912.6	1,989.8	2,039.9	1,079.5	952.4	1,132.6	1,307.8	1,620.8	777.6
	CVUHB	1,480.1	1,713.4	1,557.2	1,587.4	950.6	1,317.8	763.0	890.0	1,006.8	369.0
	HDUHB	918.3	1,245.8	1,672.6	1,506.6	1,329.3	1,525.7	1,540.2	1,713.6	1,492.7	1,654.7
	PTB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	SBUHB	0.0	1,577.2	1,305.6	1,786.6	1,458.0	1,516.4	1,529.5	1,610.2	1,488.2	1,320.2

Source: SWS, 2026

Note: clinical data is incomplete due to data quality issues.

The proportion of females choosing LARC as opposed to other forms of contraception provided within SHCs has increased since 2016 and remained stable since 2023. The differences across the Health Boards can be seen in Table 25. Provision of LARC as preferred contraception is most common in CVUHB (81%).

Table 25: Proportion of females receiving any contraception from SHCs, by Health Board and year (combined types)

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	Total	**46%**	**49%**	**51%**	**51%**	**54%**	**65%**	**66%**	**63%**	**63%**	**63%**
Health Board	ABUHB	-	57%	57%	56%	55%	62%	66%	64%	61%	62%
	BCUHB	43%	66%	68%	62%	73%	75%	74%	69%	66%	65%
	CTMUHB	42%	43%	44%	45%	45%	49%	55%	59%	61%	63%
	CVUHB	51%	55%	57%	56%	60%	77%	73%	74%	77%	81%
	HDUHB	45%	47%	50%	47%	52%	59%	58%	53%	54%	59%
	SBUHB	-	47%	49%	51%	58%	71%	72%	69%	67%	65%

Source: SWS, 2026

Note: clinical data is incomplete due to data quality issues.

LARC is also available from primary care and recorded as units prescribed as opposed to the number of individuals provided with LARC. The number of units prescribed in each Health Board is shown in Table 26. There was an overall decrease in IUD/IUS provision and injection provision in 2025. Implant provision remained consistent.

Table 26: Number of LARC units prescribed by primary care, by type, Health Board and year 2020-2025

		2020	2021	2022	2023	2024	2025
	Total	**75,766**	**82,787**	**82,311**	**81,274**	**77,099**	**71,036**
IUD/IUS	ABUHB	677	1,028	1,127	1,169	973	877
	BCUHB	912	1,316	1,261	1,270	1,077	943
	CTMUHB	584	807	906	1,030	894	806
	CVUHB	697	1,216	1,631	1,697	1,700	1,715
	HDUHB	333	472	594	592	577	448
	PTB	283	415	434	423	431	267
	SBUHB	365	519	552	554	514	461
	Total	**3,851**	**5,773**	**6,505**	**6,735**	**6,166**	**5,517**
Implant	ABUHB	767	1,136	1,064	889	866	840
	BCUHB	750	938	832	754	746	794
	CTMUHB	577	787	757	575	565	609
	CVUHB	793	1,137	1,328	1,185	1,167	1,269
	HDUHB	480	759	648	659	616	511
	PTB	349	437	404	404	382	331
	SBUHB	770	907	913	777	690	700
	Total	**4,486**	**6,101**	**5,946**	**5,243**	**5,032**	**5,054**
Injection	ABUHB	12,230	13,210	13,074	12,292	11,873	11,276
	BCUHB	13,665	14,082	14,274	14,648	13,987	12,642
	CTMUHB	12,830	14,638	13,516	13,894	13,026	11,815
	CVUHB	10,311	10,342	10,084	10,232	9,278	8,358
	HDUHB	7,408	7,584	7,632	7,093	7,060	6,451
	PTB	1,730	1,722	1,804	1,901	1,941	1,979
	SBUHB	9,255	9,335	9,476	9,236	8,736	7,944
	Total	**67,429**	**70,913**	**69,860**	**69,296**	**65,901**	**60,465**

Source: General Practice Prescribing Data, 2026

Note: clinical data is incomplete due to data quality issues.

Emergency contraception

Emergency contraception is given up to 3-5 days (depending on brand) after unprotected sex to prevent pregnancy. Emergency contraception can be accessed through SHCs, GPs and over the counter in pharmacies. Community Pharmacy make a considerable contribution to provision of emergency contraception, and this is reported through a different mechanism[5].

The number of individuals receiving emergency contraception in SHCs decreased by 32% to 467 females between 2024 and 2025, the lowest number in the last decade (as shown in Table 27).

Table 27: Number of individuals receiving emergency contraception in SHCs, by type (oral and IUD) by year

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Emergency	Oral	664	1,126	1,137	1,281	375	256	358	491	388	258
	IUD	188	457	443	567	287	287	272	459	301	209
	Total	**852**	**1,583**	**1,580**	**1,848**	**662**	**543**	**630**	**950**	**689**	**467**

Source: SWS, 2026

Note: clinical data is incomplete due to data quality issues.

The demographic profile of individuals taking emergency contraception can be seen in Table 28.

[5] Welsh Government. Community Pharmacy Services: April 2021 to March 2022

Table 28: Number of females receiving emergency contraception (combined types) in SHCs, by age group, Health Board, ethnicity, and year 2016-2025

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	Total	**852**	**1,583**	**1,580**	**1,848**	**662**	**543**	**630**	**950**	**689**	**467**
Age	0-14	21	<25	<20	<30	12	6	<20	14	7	5
	15-24	490	881	922	1,028	381	284	284	383	303	192
	25-34	230	473	440	542	183	186	214	367	240	189
	35-44	92	173	165	172	68	56	94	164	121	71
	45-54	<20	33	34	29	18	11	21	22	18	10
	55+	<5	0	<5	<5	0	0	<5	0	0	0
	Unknown	0	<5	0	48	0	0	0	0	0	0
Health Board	ABUHB	0	45	79	63	0	0	122	357	240	216
	BCUHB	0	0	0	0	11	73	67	80	83	57
	CTMUHB	309	405	376	404	140	96	120	116	123	63
	CVUHB	407	530	535	623	322	298	184	185	109	44
	HDUHB	136	232	304	275	118	76	49	17	0	0
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	0	371	286	483	71	0	88	195	134	87
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	13	17	20	35	10	6	<5	17	15	0
	Black	6	26	24	31	7	8	10	19	12	8
	Mixed	9	21	22	23	10	7	17	27	16	10
	Other	6	29	34	7	6	<5	<5	11	15	5
	White	689	1,327	1,350	1,592	494	308	438	693	511	317
	Unknown	129	163	130	160	135	213	159	183	120	127

Source: SWS, 2026

Note: clinical data is incomplete due to data quality issues.

In 2025, the proportion of females, taking any contraception, that accessed emergency contraception in SHCs is at 1.7%, a decrease from 2.9% in 2023 which remains the lowest proportion in the last 5 years (Table 29).

Table 29: Proportion of females receiving any contraception through SHCs that are receiving emergency contraception, by year (combined types)

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Emergency	Oral	3.4%	3.1%	2.8%	3.1%	1.3%	0.8%	1.2%	1.5%	1.2%	1.0%
	IUD	1.0%	1.3%	1.1%	1.4%	1.0%	0.9%	0.9%	1.4%	0.9%	0.8%
	Total	**4.4%**	**4.4%**	**3.9%**	**4.4%**	**2.3%**	**1.7%**	**2.0%**	**2.9%**	**2.0%**	**1.7%**

Source: SWS, 2026

Note: clinical data is incomplete due to data quality issues.

Within primary care provision, the highest proportion of emergency contraception units were dispensed in BCUHB GP surgeries (Table 30).

Table 30: Number of emergency contraception units prescribed by GPs in each Health Board, by year

		2019	2020	2021	2022	2023	2024	2025
Health Board	ABUHB	484	381	364	262	247	199	173
	BCUHB	798	633	558	410	407	327	267
	CTMUHB	397	347	240	211	198	167	130
	CVUHB	708	475	404	323	304	226	200
	HDUHB	352	260	203	174	162	134	105
	PTB	212	159	167	123	111	111	99
	SBUHB	613	507	396	323	313	252	235
	Total	**3,564**	**2,762**	**2,332**	**1,826**	**1,742**	**1,416**	**1,209**

Source: General Practice Prescribing Data, 2026

Appendices

Appendix A: Data investigation

Following recognition of the potential impact of missing data from CVUHB, additional analysis was undertaken to assess the overall impact on trends across Wales for 2025. The tables below provide trend analysis by STI and year including and excluding CVUHB partial data. Overall trends in the reduction of all STIs in 2025, compared to the previous year, remains consistent.

A: Number of individuals diagnosed in sexual health clinics in Wales, excluding CVUHB, by disease and year

	Attendance year										%
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	change
Chlamydia	5,122	5,003	4,402	4,666	3,037	3,462	4,272	4,143	3,690	3,129	-15%
Gonorrhoea	561	699	768	976	806	903	1,848	2,229	1,554	1,120	-28%
Syphilis	110	177	202	219	183	219	232	304	293	241	-18%
Herpes1st	1,175	1,174	1,257	1,235	840	831	1,095	1,075	1,028	835	-19%
Warts1st	2,507	2,271	1,911	1,694	1,034	1,077	1,023	927	932	803	-14%

B: Number of individuals diagnosed in sexual health clinics in Wales, including CVUHB, by disease and year

	Attendance year										%
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	change
Chlamydia	6,128	6,523	6,097	6,366	4,183	4,891	6,021	5,849	5,143	3,806	-26%
Gonorrhoea	920	1,119	1,248	1,528	1,191	1,442	2,982	3,648	2,343	1,382	-41%
Syphilis	180	249	281	331	233	299	341	404	375	276	-26%
Herpes1st	1,495	1,422	1,535	1,582	1,079	1,113	1,360	1,368	1,321	913	-31%
Warts1st	3,209	2,996	2,649	2,321	1,313	1,329	1,227	1,150	1,194	880	-26%

Appendix B: Data limitations

Limitations and caveats

As recognised in the Sexual Health Service Review in 2018[6], recurrent data quality issues exist in relation to underreporting of testing and diagnosis data generated by sexual health clinics (SHC) (see Section 2 – Sexually transmitted infections in Wales Surveillance Scheme (SWS)). Whilst this is being addressed through forthcoming implementation of the 'All-Wales sexual health case management, surveillance and reporting system' the SWS data reported herein may be subject to revision in future annual reports.

During processing of the 2025 data, annual SHC diagnosis data for Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards increased compared to previously published data, from 2019 onwards. This was due to data mapping refinement. Numbers will not be comparable to previously published reports and data may be subject to change, following further classification, in future reports.

Additional and ongoing technical issues within Cardiff and Vale University Health Board (CVUHB) have resulted in underreporting of clinical data for 2025. As such caution should be taken when interpreting recent CVUHB and all Wales trend data and may be subject to change in future reports.

Ethnicity is poorly reported within sexual health clinic data and was not collected as part of the TAP scheme until August 2022. As such, diagnosis rates per 100,000 by ethnic group from 2021 onwards should be interpreted with care.

This report no longer reports on HIV testing and diagnoses and therefore number of tests and individuals tested will not be comparable to previous reports. Please see the HIV Annual Report, published separately in November.

[6] A-Review-of-Sexual-Health-in-Wales-Final-Report.pdf (phwwhocc.co.uk)

The number of TAP tests may be slightly lower than in previous reports due to an improved method of deduplication.

This report includes positive TAP tests within sexual health clinic diagnosis data as any individual receiving a positive test is referred to a sexual health clinic for treatment and care. As previous reports counted TAP positives and SHC diagnoses separately, this report shows an overall reduction in total diagnoses of chlamydia, gonorrhoea and syphilis, compared to previous reports from 2021 onwards.

Appendix C: Number of individuals diagnosed with chlamydia, by sex, age group, Health Board of residence, ethnicity, and year (combined sources)

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Sex	Female	4,525	4,711	4,364	4,508	2,995	3,379	4,094	3,732	3,268	2,547
	Male	3,044	3,174	2,948	3,147	2,066	2,327	2,676	2,651	2,385	1,725
	Unknown	<5	<5	0	5	<5	11	28	176	106	28
Age	0-14	24	17	10	11	<5	8	<5	13	5	<5
	15-24	5,204	5,456	4,893	5,101	3,145	3,348	4,346	4,071	3,300	2,382
	25-34	1,789	1,888	1,835	1,900	1,436	1,744	1,752	1,639	1,612	1,280
	35-44	355	350	382	407	319	415	468	470	507	417
	45-54	142	123	139	161	108	135	141	179	172	123
	55+	56	53	53	80	<55	62	85	104	121	82
	Unknown	0	0	0	0	0	<5	<5	84	42	<15
Health Board	ABUHB	1,887	1,800	1,661	1,649	1,076	1,099	1,243	1,109	1,044	968
	BCUHB	1,419	1,295	1,341	1,408	971	1,074	1,250	1,118	1,026	859
	CTMUHB	889	823	579	635	349	555	625	587	584	510
	CVUHB	1,308	1,867	1,986	2,011	1,354	1,621	1,924	1,868	1,586	791
	HDUHB	690	726	715	597	457	499	593	642	580	437
	PTB	39	32	28	22	13	14	14	8	15	<5
	SBUHB	1,337	1,343	998	1,336	843	854	1,148	1,225	922	729
	Unknown	0	<5	<5	<5	<5	0	<5	<5	<5	<10
Ethnicity	Asian	26	33	41	48	19	21	34	60	53	35
	Black	76	94	88	78	62	82	219	194	133	211
	Mixed	89	103	102	97	64	72	96	95	89	57
	Other	47	71	92	76	32	37	40	49	56	28
	White	5,549	5,756	5,315	5,423	3,047	3,030	3,537	3,606	3,279	2,342
	Unknown	1,783	1,830	1,674	1,938	1,841	2,474	2,872	2,556	2,149	1,627

Source: SWS and Datastore, 2026

Note: clinical data is incomplete due to data quality issues.

Appendix D: Number of individuals diagnosed with gonorrhoea, by sex, age group, Health Board, ethnicity, and year (combined sources)

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Sex	Female	358	451	404	539	492	596	1,277	1,651	813	461
	Male	603	742	920	1,071	767	936	1,840	2,115	1,603	982
	Unknown	0	0	0	0	<5	<5	22	47	25	<5
Age	0-14	5	0	<5	<5	<5	<5	<5	8	10	<5
	15-24	496	584	571	686	556	612	1,729	2,055	905	472
	25-34	285	363	460	540	426	545	838	1,000	809	450
	35-44	99	124	154	206	185	215	342	452	408	298
	45-54	54	83	89	117	61	96	143	174	173	136
	55+	22	39	<50	<65	<35	63	<90	112	120	<90
	Unknown	0	0	0	0	0	<5	0	12	16	0
Health Board	ABUHB	179	246	321	376	297	358	538	688	482	325
	BCUHB	140	204	198	243	263	256	522	516	374	301
	CTMUHB	101	105	74	73	57	118	213	291	241	171
	CVUHB	370	445	504	581	409	568	1,184	1,455	820	277
	HDUHB	46	69	69	77	63	60	155	269	202	127
	PTB	0	<5	0	0	<5	<5	<5	<5	0	<5
	SBUHB	125	122	158	260	169	171	525	591	321	243
	Unknown	0	<5	0	20	<15	<15	<25	<35	66	<5
Ethnicity	Asian	2,027	2,030	2,032	2,037	2,029	2,034	2,048	2,077	2,069	2048
	Black	15	12	25	29	23	28	65	87	59	48
	Mixed	13	22	35	60	34	41	77	110	104	83
	Other	13	26	35	17	11	16	27	33	33	21
	White	790	958	1,070	1,287	881	920	1,885	2,601	1,716	980
	Unknown	119	162	145	210	311	524	1,069	954	545	340

Source: SWS and Datastore, 2026

Note: clinical data is incomplete due to data quality issues.

Appendix E: Number of individuals diagnosed with syphilis, by sex, age group, Health Board, ethnicity, and year (combined sources)

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Sex	Female	82	74	86	116	84	83	108	128	139	135
	Male	165	234	263	324	235	306	331	407	398	279
	Unknown	0	0	<5	0	<5	<5	0	0	0	0
Age	0-14	0	0	0	<5	0	0	0	0	0	<5
	15-24	53	47	71	81	57	51	67	63	52	<45
	25-34	78	105	142	171	128	150	150	207	220	158
	35-44	58	82	68	84	61	94	105	140	140	115
	45-54	34	45	39	63	46	52	60	69	70	47
	55+	24	29	30	40	27	43	57	56	55	52
	Unknown	0	0	0	<5	<5	0	0	0	0	0
Health Board	ABUHB	36	72	73	76	55	96	81	130	139	112
	BCUHB	36	50	60	71	43	44	74	77	93	68
	CTMUHB	25	29	29	50	46	30	39	41	51	54
	CVUHB	83	84	101	142	72	107	125	125	109	58
	HDUHB	21	20	25	16	39	30	24	<30	46	33
	PTB	0	<5	0	<5	0	0	<5	<5	<5	0
	SBUHB	46	50	58	82	64	83	88	131	97	89
	Unknown	0	<5	<5	<5	<5	0	<5	0	<5	0
Ethnicity	Asian	<5	<5	0	<5	<5	<5	8	17	9	8
	Black	<5	<5	<5	8	2	<5	8	8	7	10
	Mixed	<5	<5	8	<5	6	6	<5	11	7	<5
	Other	<5	9	<5	<5	<5	<5	<5	11	11	<5
	White	150	216	246	282	187	211	245	289	275	194
	Unknown	83	75	89	119	108	150	153	165	162	142

Source: SWS and Datastore, 2026

Note: clinical data is incomplete due to data quality issues.

Appendix F: Number of individuals diagnosed with 1st episode genital herpes, by sex, age group, Health Board, ethnicity, and year

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Sex	Female	947	922	1,020	1,017	705	748	925	919	884	620
	Male	546	500	515	565	374	365	427	448	435	292
	Unknown	<5	0	0	0	0	0	8	<5	<5	<5
Age	0-14	8	<5	0	<5	<5	<5	<5	<5	<5	<5
	15-24	757	694	741	744	509	490	628	588	514	395
	25-34	431	429	461	476	345	368	432	457	467	287
	35-44	157	149	163	191	110	135	177	197	181	128
	45-54	95	93	96	90	68	75	73	64	86	64
	55+	47	<55	74	<80	<50	<45	<50	<60	<70	<40
	Unknown	0	0	0	0	0	0	0	0	0	0
Health Board	ABUHB	363	384	447	396	275	237	255	290	228	232
	BCUHB	289	238	285	259	195	226	254	253	270	260
	CTMUHB	194	196	127	156	89	107	196	111	132	112
	CVUHB	320	248	278	347	239	282	265	293	293	78
	HDUHB	94	124	144	119	62	91	124	146	134	104
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	235	232	254	305	219	170	266	275	264	126
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	12	<10	10	11	<5	<5	5	21	15	12
	Black	20	<5	10	13	<10	<10	14	24	19	13
	Mixed	16	21	20	15	13	15	11	23	27	13
	Other	11	14	25	21	10	<5	9	10	15	9
	White	1,344	1,308	1,387	1,426	779	701	990	1,041	1,038	685
	Unknown	92	68	83	96	266	388	331	249	207	181

Source: SWS, 2026

Note: clinical data is incomplete due to data quality issues.

Appendix G: Number of individuals diagnosed with 1st episode genital warts, by sex, age group, Health Board, ethnicity, and year (combined sources)

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Sex	Female	1,429	1,342	1,151	978	600	571	502	491	492	380
	Male	1,780	1,653	1,498	1,342	713	758	722	658	698	498
	Unknown	0	<5	0	<5	0	0	<5	<5	<5	<5
Age	0-14	0	<5	<5	<5	<5	0	0	0	0	<5
	15-24	1,782	1,592	1,370	1,074	521	378	254	253	167	117
	25-34	859	872	798	754	466	574	540	472	530	363
	35-44	302	276	256	277	176	204	240	220	258	209
	45-54	171	170	145	138	92	113	123	108	123	103
	55+	95	<85	<80	<80	<60	60	70	97	116	<90
	Unknown	0	0	0	0	0	0	0	0	0	0
Health Board	ABUHB	683	607	551	493	292	270	234	214	200	180
	BCUHB	553	463	421	396	271	286	279	193	201	199
	CTMUHB	467	392	259	197	81	143	157	140	198	131
	CVUHB	702	725	738	627	279	252	204	223	262	77
	HDUHB	313	316	367	206	143	142	150	154	134	117
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	491	493	313	402	247	236	203	226	199	175
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	13	21	27	20	10	5	7	12	12	8
	Black	28	22	13	24	8	7	22	20	24	28
	Mixed	37	49	34	27	12	8	13	20	21	16
	Other	22	39	40	31	5	7	10	15	20	6
	White	2,893	2,683	2,361	2,002	966	882	866	874	899	639
	Unknown	216	182	174	217	312	420	309	209	218	183

Source: SWS, 2026

Note: clinical data is incomplete due to data quality issues.

Appendix H: Number of females receiving LARC IUD/IUS in SHCs, by age group, Health Board, ethnicity, and year[7]

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Age	0-14	<5	8	6	<5	6	10	<5	5	<5	<5
	15-24	508	1,288	1,471	1,765	1,307	2,129	1,601	1,651	1,759	1,293
	25-34	817	1,811	2,184	2,098	1,788	2,804	2,706	2,786	2,625	2,011
	35-44	643	1,239	1,466	1,456	1,090	2,098	2,200	2,260	2,131	1,632
	45-54	366	578	744	775	523	1,176	1,264	1,241	1,059	815
	55+	<45	36	45	<35	30	94	<125	112	<120	<140
	Unknown	0	0	<5	203	0	0	0	0	0	0
Health Board	ABUHB	0	845	1,715	1,738	1,084	1,356	1,740	1,802	1,571	1,496
	BCUHB	<5	13	14	14	262	2,216	2,134	1,597	1,619	1,128
	CTMUHB	714	871	853	907	305	373	472	548	709	402
	CVUHB	1,183	1,597	1,438	1,595	1,107	1,809	914	1,094	1,233	381
	HDUHB	<485	731	1,106	965	971	1,254	1,388	1,593	1,385	1,497
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	0	903	794	1,111	1,015	1,303	1,247	1,421	1,176	986
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	59	73	80	118	45	72	53	112	115	68
	Black	39	56	68	73	33	51	115	136	103	72
	Mixed	39	67	97	73	74	101	80	126	127	85
	Other	31	67	91	82	51	43	58	91	88	53
	White	1,836	4,081	5,042	5,345	3,584	5,910	5,928	6,386	5,981	4,576
	Unknown	375	616	542	639	957	2,134	1,661	1,204	1,279	1,036

Source: SWS, 2026

Note: clinical data is incomplete due to data quality issues.

[7] Data for Aneurin Bevan University Health Board for the years 2015 and 2016 was not available – Tables 29-33

Appendix I: Number of females receiving LARC implants in SHCs, by age group, Health Board, ethnicity, and year

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Age	0-14	<60	120	<140	209	105	117	126	212	<170	<130
	15-24	1,860	3,467	4,025	4,124	2,416	3,527	3,455	3,369	3,345	2,609
	25-34	987	2,063	2,408	2,340	1,609	2,740	2,744	2,534	2,628	2,121
	35-44	310	662	825	952	600	1,195	1,379	1,241	1,473	1,358
	45-54	87	192	242	271	170	368	407	289	349	401
	55+	<5	0	<5	<5	<5	10	10	7	<5	<5
	Unknowr	0	<5	0	<150	<5	0	0	0	0	0
Health Board	ABUHB	0	1,510	2,950	3,021	1,642	2,200	2,969	2,804	2,504	2,801
	BCUHB	<5	5	<5	16	270	1,821	1,612	1,107	1,333	797
	CTMUHB	<765	1,021	969	1,024	362	558	569	619	953	417
	CVUHB	1,557	1,655	1,410	1,469	683	1,050	596	735	910	271
	HDUHB	983	1,262	1,582	1,451	1,214	1,423	1,335	1,333	1,181	1,400
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	0	1,052	<725	1,065	731	905	1,040	1,054	1,082	938
	Unknowr	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	35	47	60	61	30	50	50	53	75	45
	Black	42	62	76	84	37	62	72	117	120	59
	Mixed	42	82	98	124	49	67	97	115	124	103
	Other	29	52	78	128	51	55	88	80	80	73
	White	2,590	5,526	6,736	6,982	4,012	6,246	6,421	5,924	6,113	4,981
	Unknowr	563	736	590	667	723	1,477	1,393	1,363	1,451	1,363

Source: SWS, 2026

Note: clinical data is incomplete due to data quality issues.

Appendix J: Number of females receiving LARC injections in SHCs, by age group, Health Board, ethnicity, and year

		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Age	0-14	47	<65	79	<85	57	32	<60	80	<70	<40
	15-24	2,258	4,026	4,522	4,154	3,136	2,334	2,340	2,731	2,712	2,058
	25-34	956	1,954	2,203	2,219	1,951	1,572	1,705	1,889	2,119	1,641
	35-44	350	697	764	817	744	548	646	835	959	829
	45-54	69	128	136	155	143	96	108	142	141	114
	55+	0	<5	0	<5	0	0	<5	0	<5	<5
	Unknown	<5	0	0	153	0	0	0	0	0	0
Health Board	ABUHB	0	1,551	2,124	1,870	1,918	1,285	1,303	1,621	1,670	1,637
	BCUHB	0	<5	<5	<5	86	343	376	321	370	313
	CTMUHB	2,299	2,580	2,835	2,857	1,791	1,253	1,583	1,876	2,135	1,284
	CVUHB	1,028	1,120	1,104	981	633	546	500	575	596	202
	HDUHB	354	<465	<620	<545	464	379	369	534	466	478
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	0	1,150	1,021	1,330	1,139	776	726	750	764	769
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	15	27	29	29	17	13	16	34	31	23
	Black	20	45	41	55	42	33	40	66	74	42
	Mixed	17	50	73	75	56	45	47	71	77	60
	Other	15	39	53	63	43	32	37	44	47	34
	White	3,182	6,163	7,013	6,860	5,251	3,785	3,998	4,701	4,950	3,757
	Unknown	432	543	495	500	622	674	719	761	822	767

Source: SWS, 2026

Note: clinical data is incomplete due to data quality issues.