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# HIV and STI trends in Wales

## Surveillance Report, September 2018

**Author:** Communicable Disease Surveillance Centre

**Date:** September 2018

V1

**Status:** Approved

**Intended Audience:** Health professionals

**Purpose and Summary of Document:**

This report summarises trends in the epidemiology of sexually transmitted infections (STI) in Wales up to the end of December 2017.

It is accompanied by a data tables release, slide set, infographics and notes on interpretation.

**Publication/Distribution:**

- Publication on Public Health Wales intranet and internet
- E-mail notification of publication to stakeholders
- Link from Public Health Wales e-Bulletin
- Publication in Public Health Wales Document Database (Community surveillance)

## Key trends

### General trends

- There is continued transmission of sexually transmitted infections in Wales. In 2017, there were 6,920 diagnoses of chlamydia, 3,020 diagnoses of first episode genital warts, 1,422 diagnoses of first episode herpes, 1,190 diagnoses of gonorrhoea, 214 of syphilis and 86 of HIV in sexual health clinics (SHCs) in Wales.
- Diagnoses of syphilis and gonorrhoea increased markedly between 2016 and 2017 in Wales, whilst diagnoses of chlamydia and HIV remained stable and first episodes of warts and first episode of genital herpes decreased.
- Looking at longer-term trends, between 2011 and 2017, there were increases in syphilis, gonorrhoea, chlamydia, HIV, and herpes, whilst warts decreased.
- Syphilis diagnoses in sexual health clinics (SHCs) increased from 140 cases in 2016 to 214 in 2017 (a 53% increase), accelerating the pace of the upward trend of the last few years. Although most of the increase was amongst men who have sex with men (MSM), increases were also seen in heterosexual men and in women. The rise in men was observed amongst those aged 25 and over, and was especially marked in those aged 25-39.
- Gonorrhoea diagnoses in SHCs increased by 21% in 2017 compared to 2016, with similar increases in MSM, heterosexual men, and women. In parallel, laboratory reports increased by 30%. These include all healthcare settings across Wales; including SHCs, primary care, hospitals and other settings.
- Dual NAAT testing for chlamydia and gonorrhoea has been available in primary care settings in a pilot carried out within Betsi Cadwaladr University, and Cardiff and Vale University Health Boards since mid-2016. This has been accompanied by an increase in individuals testing positive for gonorrhoea in these settings. In 2017, 7% of the individuals testing positive for gonorrhoea in Wales were tested in primary care.
- Individuals testing positive for chlamydia in all healthcare settings remained stable in 2017 compared to 2016, as well as the number of people tested for this infection. Between 2011 and 2017 there was an increase in the number of laboratory confirmed cases, but this was accompanied by an increase in testing. The proportion positive of those tested remained stable, with a slight increase in females (from 5.6% to 5.9%) and a slight decrease in males (from 12.2% to 11.4%).
- First episodes of herpes reported from SHCs decreased by 7% between 2016 and 2017. However, herpes diagnoses have increased steadily over the last decade, with a 48% increase between 2011 and 2017 (60% in females and 29% in males).
- Diagnoses of first episodes of warts in SHCs declined by 8% in 2017 compared to 2016, with a similar reduction in males and females. Compared to 2011, rates have remained relatively stable in males and declined by 20% in females. This decline is only seen in females aged 15-24 and may be related to the introduction of HPV immunisation programme in young women.
- Data on new HIV diagnoses reported from all settings across Wales is available up to 2016, when there was a 32% fall, returning to 2011 levels after a 3-year upward trend (Public Health England data, PHE). Most of this decrease was in MSM. The number of HIV diagnoses reported from SHCs across Wales to SWS remained relatively stable in 2017 compared to the previous year. Laboratory data from all healthcare settings indicate that the number of individuals tested for HIV increased slightly.

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### Variation in specific groups and areas

- Young people continue to be the most affected by STIs. In 2017, for example, the age-specific population rates of gonorrhoea diagnoses in SHCs in 15-24 year olds was 149.4 per 100,000, whilst in the population as a whole the rate was 38.2 per 100,000.
- Annual trends in 15-24 year olds were similar to those in the population as a whole in general, with the exception of syphilis, which decreased in this group in 2017 (although this should be interpreted with caution due to small numbers).
- A high proportion of STI diagnoses are in men who have sex with men (MSM). In 2017, 65% of all syphilis diagnoses, 34% of all gonorrhoea diagnoses, and 48% of all HIV reported in SHCs were in MSM.
- In the period 2013-2017, STI rates were highest among people of black ethnicity, particularly those not self-defining as black Caribbean or African being the most affected.
- There is geographical variation in the incidence of STIs in Wales, as well as in the rates of testing. In 2017, similarly to previous years, the rate of gonorrhoea was highest in the local authority of Cardiff, and the rates of chlamydia were highest in Newport, followed by Torfaen and Cardiff. The percentage of gonorrhoea tests from SHCs for which a positive diagnosis was reported was highest in those living in Cardiff and Conwy local authorities. For chlamydia, the percentage positivity was highest in those living in the Vale of Glamorgan, Wrexham, and Merthyr Tydfil.
- In the last decade, there has been a large UK outbreak of lymphogranuloma venereum (LGV), mainly affecting MSM. A decline in cases in 2016 reversed a sustained upward trend since 2012. In Wales, there have been a small number of laboratory reports (31) between 2005 and 2017. In the last five years, there were on average 3 reports per year; with the highest annual number in 2015 (6 cases), and 2 reports in 2017.
- Resistance to first line antimicrobials in gonorrhoea remains a concern. As reported by the Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP), between January 2015 and June 2017, PHE's national reference laboratory confirmed 81 cases of high-level azithromycin-resistant *N.gonorrhoeae* in England; and one case of treatment failure after dual therapy with ceftriaxone and azithromycin in 2015. In Wales, there was one report of high-level azithromycin-resistant *N.gonorrhoeae* in 2016, and none in 2017; and there have been no reports of dual ceftriaxone and azithromycin resistance.

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