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# HIV and STI trends in Wales

## Surveillance Report, April 2012

**Author:** Communicable Disease Surveillance Centre

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**Status:** Approved

**Intended Audience:** Health professionals

### **Purpose and Summary of Document:**

This report presents the latest data on the rates of HIV/AIDS and other sexually transmitted infections (STI) in Wales. Data presented are complete to the end of December 2010.

### **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 points

- In 2010, the prevalence of HIV/AIDS in Wales continued to increase. However, the incidence of gonorrhoea decreased after a peak in 2009 and the incidence of chlamydia continued to decrease following the peak in 2008.
- In 2010 there were 1,321 Welsh residents receiving treatment for HIV/AIDS. This represents an 11% increase from 2009, and more than three times the number seen in 2001.
- Men who have sex with men (MSM) continue to make up a significant proportion of prevalent HIV/AIDS cases in Wales (52% in 2010). The proportion of prevalent cases reporting heterosexual sex or mother-to-child transmission as a risk remained stable in 2010 at 41% and 2% respectively.
- The number of HIV antibody tests carried out by laboratories in Wales continued to increase by 12% in 2010 with 65,815 tests carried out (2,189 tests per 100,000 population).
- The Health Protection Agency (HPA) reported 161 new cases of HIV infection in Wales in 2010. This represents an increase from 138 in 2009. Thirty-nine percent reported that the infection was probably acquired through sex between men and 43% through heterosexual contact. However, how the infection was probably acquired was not reported for 17%.
- The number of cases of infectious syphilis reported to the Enhanced Syphilis Surveillance Scheme (ESSS) increased slightly, with 58 cases reported in 2010 compared to 55 in 2009. However, KC60 forms submitted from the GUM clinics reported a decrease from 59 cases in 2009 to 49 in 2010. The majority of all cases reported through the ESSS in 2010 were white (93%).
- Most cases of syphilis reported in 2010 through ESSS were acquired through sexual contacts between men (74%). The proportion of cases in men acquired through heterosexual sex increased to 26% compared with 22% in 2009. A number of outbreaks among heterosexuals have been reported in England recently and the importance of contact tracing has been highlighted.
- No prospective new blood donors screened positive for treponemal infection in 2010. This compares with four in 2009 and none in 2008. There were two positive donations from established donors in 2010 (this compares with one and two positive donations in both 2009 and 2008 respectively).
- Between 2009 and 2010 the number of new cases of gonorrhoea diagnosed in GUM clinics in Wales decreased. In 2010, there were 351 episodes of uncomplicated gonorrhoea and 175 epidemiological treatments of suspected gonorrhoea reported. MSM continued to represent 19% of episodes of uncomplicated gonorrhoea reported by men. Laboratory reports of *Neisseria gonorrhoea* also decreased but remained highest in 15 to 24-year-old males and females.
- In 2010, there were 4,059 episodes of uncomplicated chlamydia infection diagnosed in GUM clinics; this represents an 8% decrease compared with 2009 (n = 4,394).
- Data from the voluntary reporting of chlamydia laboratory test results on samples submitted from all sources indicate that the number of positive test results increased from 5,260 tests in 2009 to 5,666 in 2010. This is an underestimate as not all labs in Wales report.
- The number of cases of genital herpes (first attack) increased from 753 in 2009 to 851 in 2010. While cases of genital warts (first attack) decreased from 3917 in 2009 to 3799 in 2010.

- This report is predominantly based on KC60 returns from GUM clinics. However, we have incorporated provisional data from the new Sexual health in Wales Surveillance scheme (SWS). This enables us to analyse STI trends by area of patient residence. In 2010, rates of primary and secondary infectious syphilis were found to be highest in residents of Neath Port Talbot local authority at 5.8 per 100,000 population. Rates of uncomplicated gonorrhoea diagnosed in GUM clinics were highest in residents of Newport and Torfaen local authorities, while rates of uncomplicated chlamydia were highest in residents of Newport and Wrexham local authorities in 2010.

## 1. Introduction

This report brings together latest data on sexually transmitted infection (STI), including HIV/AIDS, in Wales. The report is based on data available at the time of publication. Please note that recent data may be liable to change.

The report has been prepared by Public Health Wales Communicable Disease Surveillance Centre (CDSC) for the Public Health Wales Sexual Health Programme. Assistance was provided by a small editorial team (see Appendix 1). Any comments or queries relating to this report or requests for further information should be directed to:

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Further data may be available from the Public Health Wales ([www.wales.nhs.uk](http://www.wales.nhs.uk)) and Health Protection Agency ([www.hpa.org.uk](http://www.hpa.org.uk)) websites.

## 2. Suggested citation

Public Health Wales Communicable Disease Surveillance Centre. HIV and STI trends in Wales: Surveillance Report, January 2012. Cardiff: Public Health Wales.

### 3. Notes on data sources and interpretation

The following data sources were used to produce this report:

- Results of the Health Protection Agency (HPA) **Survey of Prevalent HIV Infections Diagnosed** (SOPHID) Scheme. This reports on patients with diagnosed HIV infection seen for statutory HIV-related care and excludes infants born to HIV-infected women but who were uninfected or whose infection status was indeterminate. Data does not include patients where area of residence is not known. Clinical reporting of **newly diagnosed HIV** to the HPA is also included.
- Results of the Public Health Wales Communicable Disease Surveillance Centre **HIV Denominator Surveillance Scheme**. The results of clinical testing for HIV infection reported by the Public Health Wales Microbiology laboratories at Cardiff, Swansea, Bangor and Rhyl and the NHS laboratories at Hereford and Royal Glamorgan Hospital, Llantrisant and gathered via Microbiology Datastore.
- **Newly diagnosed HIV in Wales** from confirmatory testing at Public Health Wales Microbiology Cardiff. This data excludes patients previously tested positive for HIV in the UK.
- **Results of screening blood donated in Wales** by the Welsh Blood Service and National Blood Service (Merseyside and North Wales).
- **KC60 diagnostic statistics** submitted by departments of genitourinary medicine (GUM) in Wales and collated by Public Health Wales on behalf of the Welsh Assembly Government. KC60 diagnosis coding was replaced by SHHAPT coding from 1<sup>st</sup> April 2011. Integration of GUM and contraceptive services has also resulted in more screening for STIs and blood-borne viruses occurring in community-based sexual health clinics. The activities of these clinics are not yet included in the KC60 data.

#### Box 1: Notes on interpretation of KC60 data

Data reported from GUM clinics in Wales on KC60 forms are complete up to the end of December 2010 with the exception of four clinics. Where KC60 forms are missing, imputed SWS data has been used.

- Results of the **Sexual health in Wales Surveillance scheme (SWS)** which receives data electronically submitted from GUM clinics and laboratories in Wales. SWS replaced the KC60 forms submitted by computerised GUM clinics from 1<sup>st</sup> April 2011. Historical data availability varies by clinic.

**Box 2: Notes on interpretation of SWS data**

SWS data is currently still provisional and does not yet contain data submitted from non-computerised GUM clinics in Carmarthenshire or Pembrokeshire.

Figures will vary from those seen in KC60 forms due to variability in coding practices between clinics. The data presented by SWS shows only new diagnoses ('new' or 'rebook' patients), while some KC60 forms may also contain numbers of follow-up episodes.

The variability in completeness of diagnosis coding between clinics reflected in the KC60 forms also applies to SWS i.e. figures are lower than expected for those clinics which have not yet completed coding of diagnoses for 2010. However, using SWS we are able to identify the proportion of diagnoses which have not yet been coded and impute the data to the level expected for that clinic.

- **CoSurv laboratory reports of STI** from clinical diagnostic laboratories in Wales. These include positive test results submitted to the laboratory from a variety of sites, including general practice, antenatal clinics, and hospitals. These data are reported on a voluntary basis and it should be noted that some laboratories do not report routinely, therefore the data may be incomplete.
- Results of **Enhanced Surveillance of Syphilis in Wales**: anonymous clinical reports of infectious syphilis to Public Health Wales CDSC from GUM clinics.
- Results of the HPA **Enhanced Surveillance of LGV**.
- Rates were calculated using StatsWales and the Office for National Statistics **mid-year population estimates**.

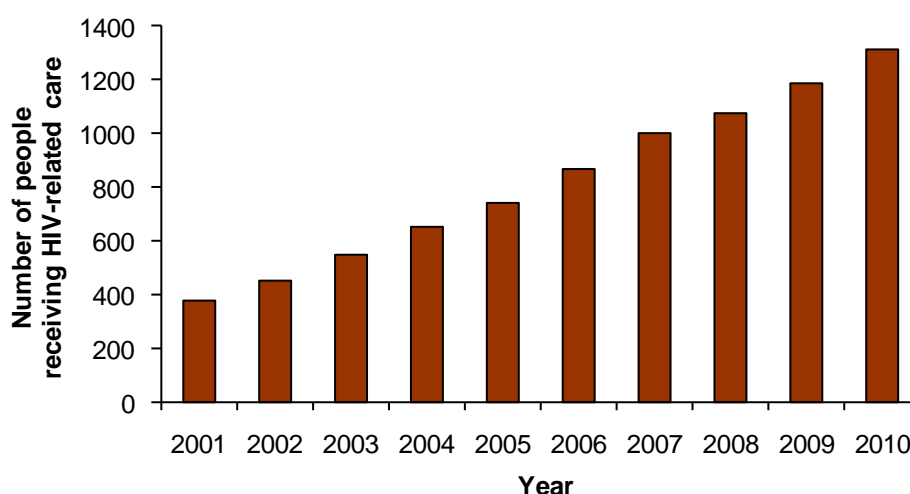
## 4. HIV in Wales

- 4.1. HIV continues to remain an important communicable disease in Wales. It is an infection associated with serious morbidity, high costs of treatment and care, significant mortality and high number of potential years of life lost. Further information about the epidemiology of HIV/AIDS in Wales is available from the Public Health Wales website <http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=26424>. Further information on HIV/AIDS in the UK can be obtained from the HPA: <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/>
- 4.2. Surveillance of the HIV epidemic in Wales is carried out using: (i) Results of the HPA 'Survey of Prevalent HIV Infections Diagnosed' (SOPHID) Scheme; (ii) Results of all clinical testing for HIV infection reported by the Public Health Wales Microbiology laboratories and NHS laboratories at Royal Glamorgan Hospital (Public Health Wales CDSC HIV Denominator Surveillance Scheme); (iii) newly diagnosed HIV reported to the HPA Centre for Infection; and (iv) results of screening blood donated in Wales by the Welsh Blood Service and National Blood Service (Merseyside and North Wales).

### Prevalent cases in Wales

- 4.3. The best indication of the number of people living with HIV/AIDS in Wales is provided by the HPA SOPHID (Survey of Prevalent HIV Infections Diagnosed) which counts the number of people receiving HIV-related treatment or care in a 12 month period. These data are used to assess the prevalence of HIV/AIDS by Local Health Board of residence and are useful in the planning and financing of HIV care services.
- 4.4. SOPHID data show a steady increase in the Welsh residents living with HIV and receiving care, rising from 383 in 2001 to 1,321 in 2010 (see Figure 1). This increase reflects both an increase in new diagnoses and improved survival of cases due to better treatment. The percentage increase in number between 2009 and 2010 is similar to that seen between 2008 and 2009 (10.7% and 10.5% respectively).

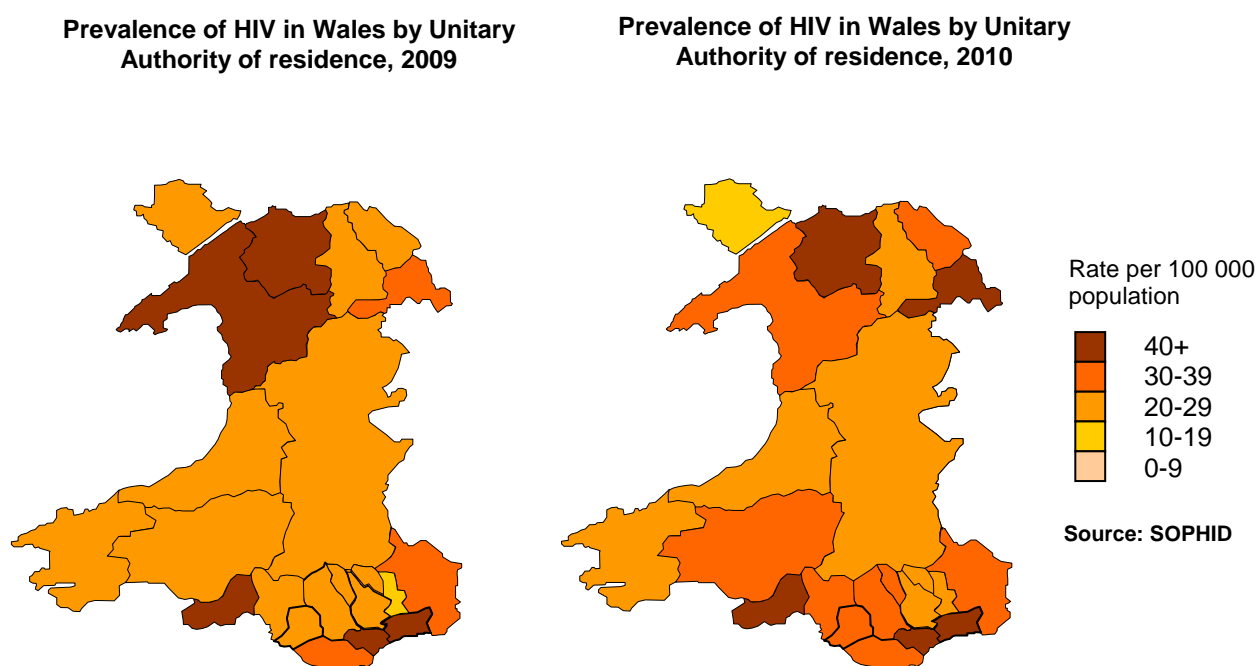
**Figure 1: Number of people resident in Wales\* receiving HIV-related care, 2001-2010 (Source: SOPHID)**



\* Patients where area of residence is not known are not included.

- 4.5. In 2010, 1174 (88.9%) Welsh residents were seen for care outside of Wales; this compares to 1072 (90.0%) in 2009. Of the 1206 HIV positive patients treated in Wales in 2010, 2.0% were resident outside of Wales. This compares to 2.1% of 1112 patients treated in Wales in 2009.
- 4.6. In 2010, prevalence of HIV/AIDS remained highest in the urban centres of South Wales and along the North Wales coast (Figure 2). Between 2009 and 2010, there were increases in the rate of HIV/AIDS in 20 of the 22 Local Health Boards. The largest increase in rate (per 100,000 population) was seen in Torfaen, from 19 in 2009 to 25 in 2010. The largest decrease was in Isle of Anglesey, from 23 in 2009 to 17 in 2010.

**Figure 2:**



- 4.7. In 2010, prevalent cases were most frequently 35 to 44 years old (35.4%) and reported as having an asymptomatic clinical stage of infection (51.1%) (Appendix: table 5). Table 1 shows the asymptomatic stage of infection to be the most prevalent in Wales in 2010. However, in Mid and West Wales, those with symptoms prior to the onset of AIDS were most prevalent.

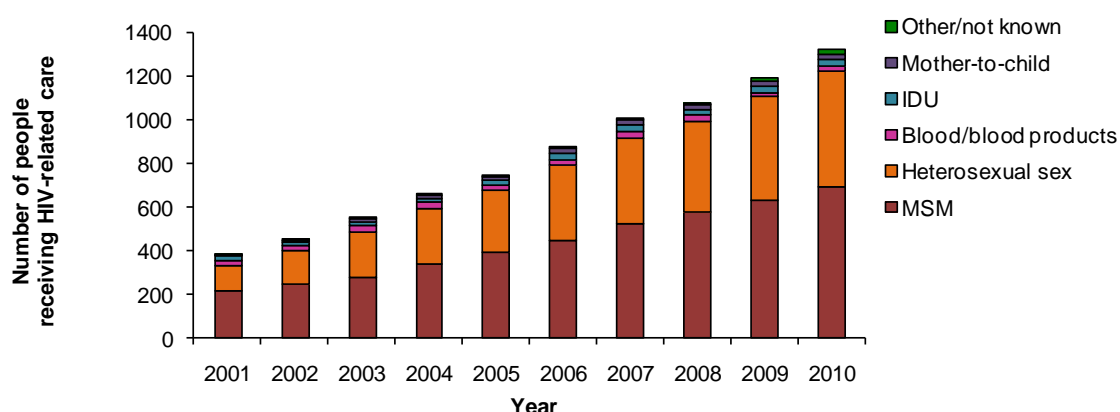


**Table 1: Prevalence of HIV-infected patients resident in Wales by most advanced clinical stage and local authority of residence when last seen for care in 2010 (per 100,000) (Source: SOPHID)**

Region of residence	Local Authority of residence	Clinical stage of infection					Total*	
		Asymptomatic	Symptoms pre-AIDS	AIDS	Death - AIDS	Death no AIDS		Not known
South & East	Blaenau Gwent	8.8	14.6	2.9	0.0	0.0	0.0	26.3
	Caerphilly	13.9	9.2	2.9	0.0	0.0	0.0	26.0
	Cardiff	81.8	11.1	12.9	0.3	0.3	2.3	108.8
	Merthyr Tydfil	25.1	3.6	5.4	0.0	0.0	0.0	34.1
	Monmouthshire	10.2	11.4	11.4	0.0	0.0	1.1	34.1
	Newport	24.8	27.6	14.2	0.0	0.0	0.7	67.2
	Rhondda, Cynon, Taf	26.5	2.6	2.1	0.0	0.0	0.0	31.2
	Torfaen	6.6	9.9	8.8	0.0	0.0	0.0	25.4
	Vale of Glamorgan	24.0	8.0	4.8	0.0	0.0	1.6	38.4
	Total	35.3	10.6	7.8	0.1	0.1	0.9	54.8
Mid & West	Bridgend	20.1	7.4	4.5	0.0	0.0	0.7	32.7
	Cardiganshire	2.2	19.4	9.4	0.0	0.0	0.0	31.0
	Ceredigion	6.5	16.9	5.2	0.0	0.0	0.0	28.6
	Neath Port Talbot	2.2	21.8	6.6	0.0	0.0	0.7	31.3
	Pembrokeshire	0.9	15.4	8.5	0.0	0.0	0.9	25.6
	Powys	15.2	6.9	6.1	0.0	0.0	0.0	28.2
	Swansea	3.9	35.3	14.2	0.0	0.0	0.4	53.8
	Total	6.8	19.5	8.6	0.0	0.0	0.4	35.3
North	Conwy	25.3	9.0	12.6	0.9	0.0	0.0	47.8
	Denbighshire	15.5	4.1	2.1	0.0	0.0	0.0	21.7
	Flintshire	21.4	2.0	7.3	0.0	0.0	0.7	31.4
	Gwynedd	19.3	10.9	9.2	0.0	0.0	0.0	39.5
	Isle of Anglesey	2.9	7.3	7.3	0.0	0.0	0.0	17.5
	Wrexham	27.7	5.2	7.5	0.0	0.0	0.7	41.2
	Total	20.2	6.2	7.8	0.1	0.0	0.3	34.6
Wales		22.3	12.6	8.1	0.1	0.0	0.6	43.7

- 4.8. The number of cases in MSM and heterosexuals continues to rise steadily from 215 and 114 in 2001 to 691 and 535 in 2010 respectively. MSM represent 52.3% of cases, which is similar to previous years (52.0%, 53.8% and 53.3% in 2007, 2008 and 2009 respectively). The proportion of cases in heterosexuals also remains steady at 40.5% in 2010, compared with 39.3%, 38.4% and 39.4% in 2007, 2008 and 2009 respectively. The proportion of cases thought to be acquired through blood or blood products continues to decrease from 7.3% in 2001 to 1.7% in 2010. Cases in injecting drug users (IDUs) continue to decrease slightly from 3.0% in 2006 to 2.3% in 2010. The proportion of cases acquired through mother-to-child transmission remains steady at 2.0% in 2010, compared with 2.3%, 2.1% and 1.9% in 2007, 2008 and 2009.
- 4.9. The most probable route of transmission for those receiving treatment in 2010 was through sex between men (52.3%). This increased from 641 in 2009 to 691 in 2010. Nearly all of these men (96.1%) reported in 2010 were of white ethnicity (Figure 3, Appendix: table 6).

**Figure 3: Number of people resident in Wales receiving HIV-related care in Wales by exposure group, 2001-2010 (Source: SOPHID)**

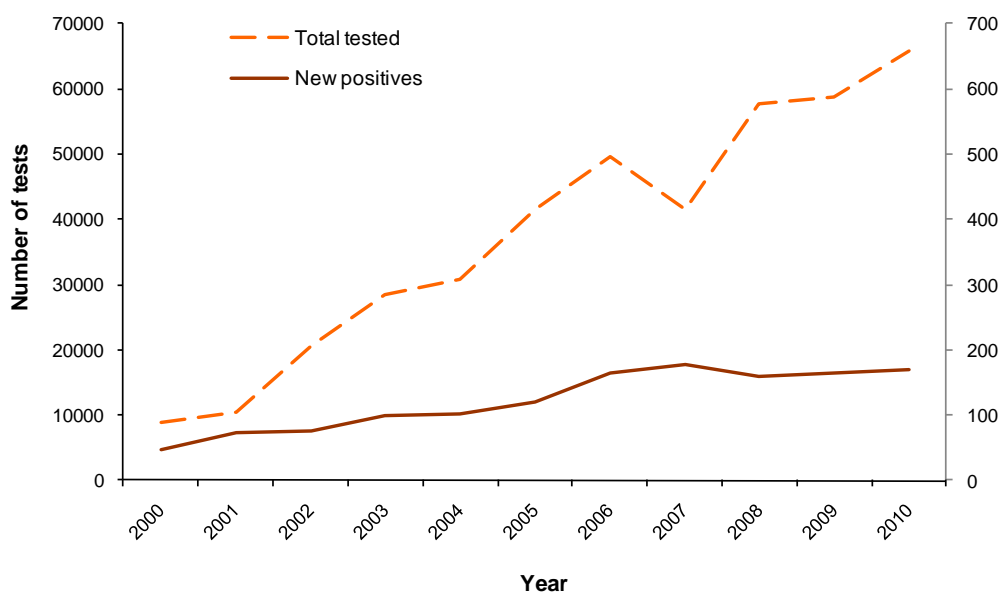


- 4.10. In contrast, almost half of those who reported heterosexual sex as a probable route of transmission were black Africans (n=246), of which 71.1% were female (n=175). Heterosexual sex remained as the most probable route of infection in women in 2010 (92.1%).

### Clinical testing of HIV infection

- 4.11. Information on the number of HIV antibody tests carried out in Wales per year is available from the Public Health Wales CDSC HIV Denominator Surveillance Scheme. The total number of HIV antibody tests being carried out in Wales has increased substantially during recent years, from 30,841 in 2004 to 65,815 in 2010 (Appendix: table 7). This increase in testing has been largely due to the introduction of antenatal screening for HIV. However, the number of tests carried out on samples submitted from other sources has also increased (Appendix: table 8).

**Figure 4: Number of HIV antibody tests carried out in Wales and number of new positives, 2000-2010 (Source: CDSC HIV Denominator Surveillance Scheme)**



4.12. As in previous years, the greatest numbers of HIV antibody tests carried out in 2010 were from health facilities in South & East Wales (35.7% of all tests) (Appendix: table 7). However, the testing rate (per 100,000 population) remained highest in North Wales at 3,249, compared with 1,786 in South & East Wales and 1,869 in Mid & West Wales. Increases in testing rates were seen in all regions of Wales in 2010.

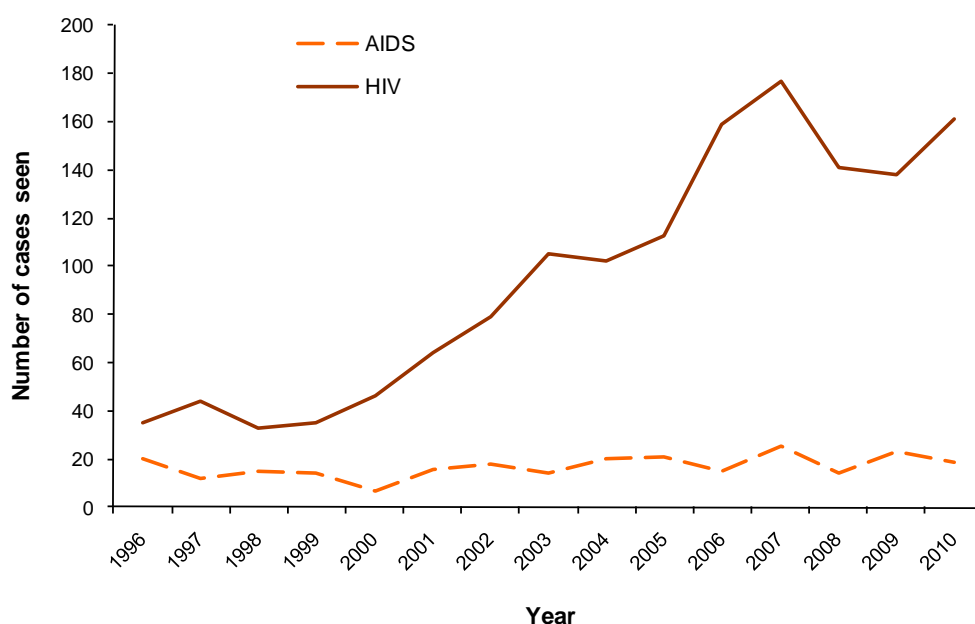
4.13. In 2010, the Public Health Wales HIV denominator scheme identified 169 new positives. This represents a small increase of 2.4% from the previous year. The number of newly diagnosed positives, as a proportion of all tests carried out, has remained relatively stable at about 0.3% in recent years. Of the new positives, 33.7% submitted samples through genitourinary services and 47.3% were from an undetermined source (Appendix: table 8).

4.14. The number of new diagnoses in women increased from 49 in 2009 to 55 in 2010 (29.7% to 32.5% of all new positives). In contrast, the number of men newly diagnosed decreased slightly from 115 in 2009 to 113 in 2010 (69.7% to 66.9%) (Appendix: table 8).

#### HPA number of new diagnoses

4.15. Although 169 new HIV positives were identified by laboratories in Wales and reported to the HPA in 2010, some of these may be cases previously diagnosed elsewhere in the UK. The HPA reported 161 new cases of HIV infection in the UK reported from Wales in 2010, which represents an increase from 2009 (138 cases) (Figure 5).

**Figure 5: Clinical reports of HIV\* and AIDS in Wales, 1996–2010 by year of diagnosis**  
(Source: HPA New diagnoses)

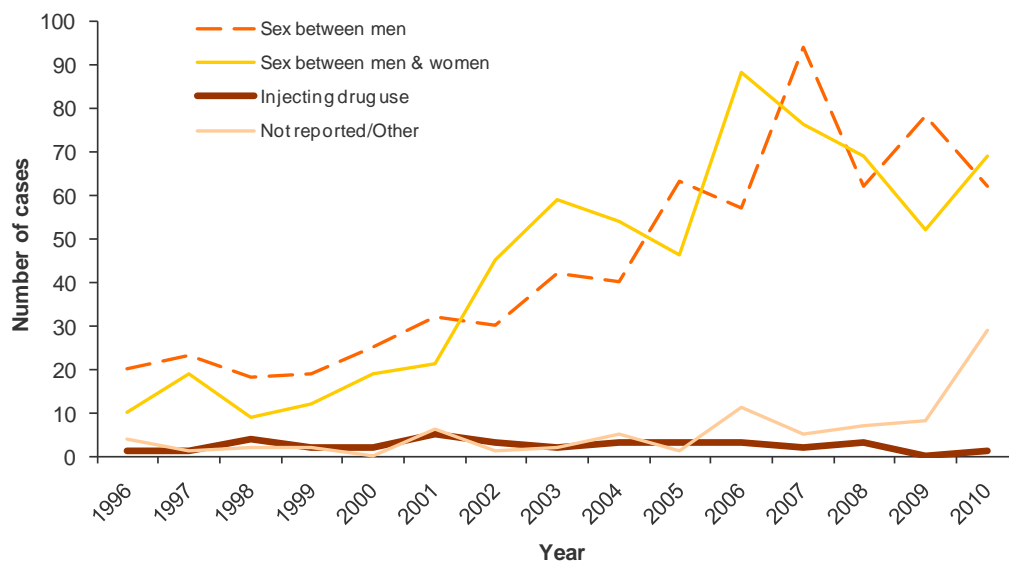


\*Individuals with laboratory reports of infection plus those with AIDS or death reports for whom no matching laboratory report has been received

Data source: HPA new diagnosis of HIV and AIDS, June 2011

4.16. During the 1980s and 1990s, newly diagnosed HIV positives were most frequently men who reported sex with other men (MSM). However, the number of infections in patients reporting sex between men and women as their most likely source of infection has increased sharply in recent years (Figure 6). The HPA report that of the 161 new cases of HIV infection in Wales in 2010, 38.5% reported sex between men and 42.9% reported heterosexual contact. The number of new diagnoses reported to the HPA which were probably acquired through sex between men decreased from 78 in 2009 to 62 in 2010 (Figure 6). While the number of new diagnoses probably acquired through sex between men and women increased from 52 to 69. However, exposure category was not reported for a greater number of new diagnoses in 2010; 27 compared with 5 in 2009.

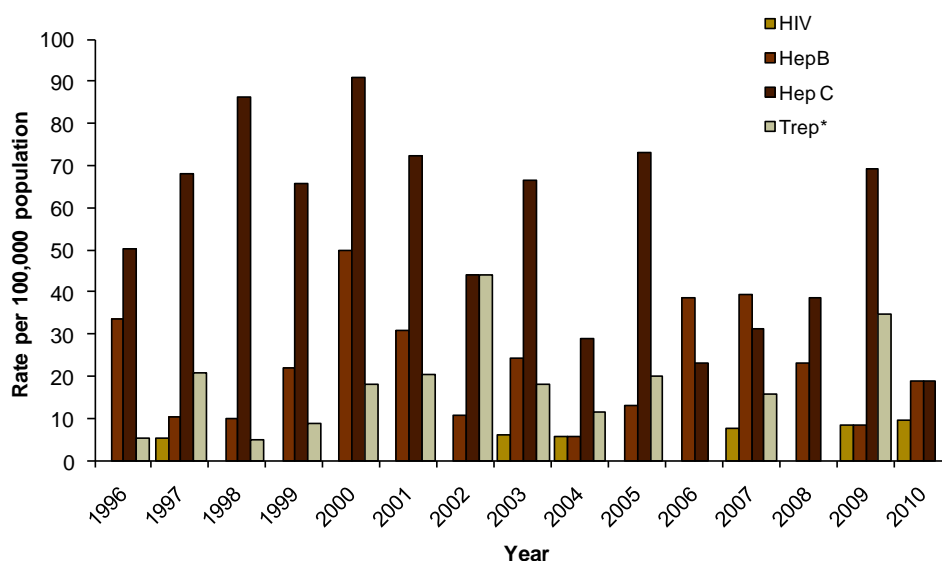
**Figure 6: Clinical reports of HIV in Wales for selected exposure categories, 1996–2010, by year of diagnosis (Source: HPA New diagnoses)**



#### Cases reported from blood donors in Wales

- 4.17. Blood donations are routinely screened for HIV infection. Blood from donors who are screened positive does not enter the blood supply. Such donors are removed from the donor panel and are not called for donation again.
- 4.18. One prospective new blood donor and no existing blood donors were screened positive for HIV in 2010 (Appendix: tables 10 and 11). Since 1997, there have only been five new donors that have screened positive for HIV (one in each of 2003, 2004, 2007, 2009 and 2010) (Figure 7). The number of existing blood donors who screened positive for HIV has alternated between none and three between 2004 and 2009.

**Figure 7: Rates (per 100,000 donations per year) of HIV, hepatitis B, hepatitis C and treponemal infection in prospective new blood donors in Wales, 1996-2010 (Source: Welsh Blood Service & National Blood Service)**



\*Treponemal infection (most likely syphilis)

## 5. Syphilis in Wales

- 5.1. Syphilis is caused by *Treponema pallidum* subspecies *pallidum*, a spirochete that is a bacteria-like organism. In the UK, syphilis infection has become more common in recent years, particularly amongst gay men. The condition is especially significant pregnant women where infection can cause miscarriage, still birth, or foetal abnormality. Latest information on the epidemiology of syphilis in the Wales can be obtained from the Public Health Wales website: <http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=26759> or the HPA website: <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Syphilis/>
- 5.2. Cases of infectious syphilis have typically been seen in white men-who-have-sex-with-men (MSM) aged 25-34 years, many of whom are co-infected with HIV. However, recently there have been several reports of syphilis outbreaks among young heterosexuals from across the UK.<sup>1</sup> Partner notification is crucial to effective outbreak management. In these outbreaks, partner notification success rates were often poor and the size of the outbreaks difficult to estimate.

### Cases seen in GUM clinics in Wales

- 5.3. In 2010, 49 episodes of primary and secondary infectious syphilis were reported by GUM clinics in Wales on KC60 forms, compared with 59 in 2009. This continues the decrease in syphilis cases seen since the peak of 79 in 2008 (Appendix: table 12a).
- 5.4. Of the reported episodes on KC60 forms in 2010, 85.7% (42 episodes) occurred in men, of whom at least 16 (38.1%) were known to be MSM (Appendix: table 12a). Episodes of primary or secondary infectious syphilis were most frequently reported in men and women aged 25-34 years (15 and 3 cases respectively) (Appendix: table 13).
- 5.5. In 2010, there were also 24 episodes of early latent syphilis, 25 episodes of other acquired syphilis and 11 epidemiological treatments of suspected syphilis (Appendix: table 12a). This represents an increase in the number of episodes of early latent syphilis and epidemiological treatment of suspected syphilis from 2009 (10 and 9 episodes respectively). However, there was a decrease in the number of episodes of other acquired syphilis from 2009 (46 episodes).
- 5.6. Eighteen out of 24 reported episodes (75.0%) of early latent syphilis and 20 out of 25 episodes (80.0%) of other acquired syphilis in 2010 were in males. Of those episodes reported in males, at least 66.7% of early latent syphilis and 50.0% of other acquired syphilis were from MSM.
- 5.7. Of all primary and secondary infectious syphilis episodes in 2010, 24.5% of cases were reported from Swansea GUM clinic, 16.3% from Llantrisant and Newport each, and 14.3% from Cardiff clinic (Appendix: table 14). A further decrease in the number of cases has been seen in South East Wales from 52 in 2008 to 23 in 2010. Numbers in Mid and West Wales have also decreased from 22 in 2009 to 20 in 2010. Numbers in North Wales remained stable at six cases in 2009 and 2010.

### Cases reported through the Enhanced Syphilis Surveillance Scheme

- 5.8. The Enhanced Syphilis Surveillance Scheme was introduced in Wales in 2002, allowing more timely surveillance of new cases of infectious syphilis than through KC60 surveillance and providing more detailed information on the behavioural characteristics of cases. Since the

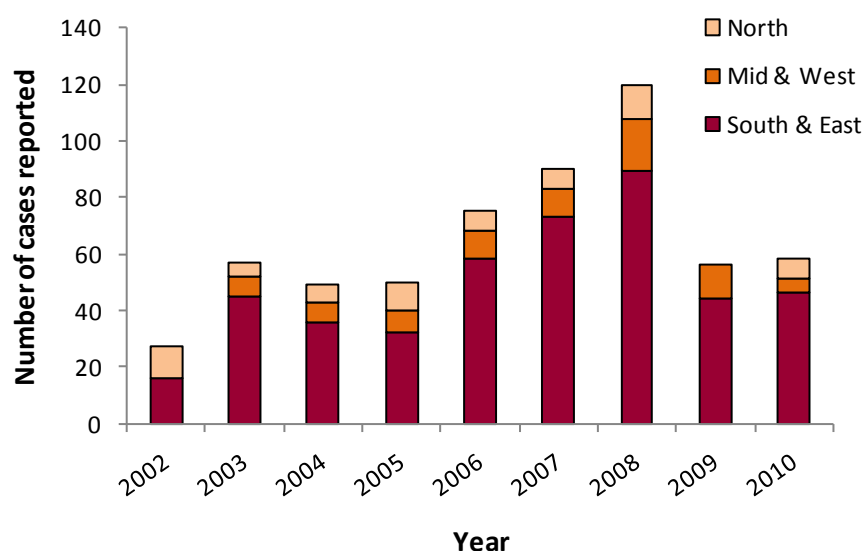
<sup>1</sup> Simms I, Bell G, Hughes G. Infection syphilis in young heterosexuals: responding to an evolving epidemic. International Journal of STD & AIDS 2011; 22(9): 481-482

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introduction of this scheme, a total of 621 cases of syphilis (including KC60 codes A1-A3, A9 and stage not known) have been reported to CDSC through the enhanced surveillance scheme (as at 1<sup>st</sup> December 2011).

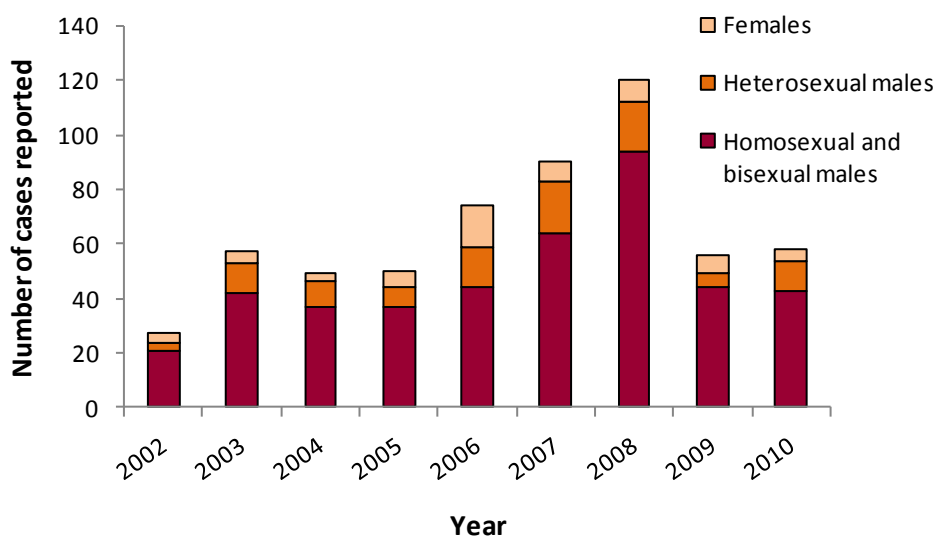
- 5.9. As of 1<sup>st</sup> December 2011, the numbers of syphilis infections reported through the enhanced surveillance scheme were 267 of primary infection, 158 of secondary infection, 151 were of early latent infection, and 28 were epidemiological treatment of suspected infection. The stage of infection was not reported for 17 cases.
- 5.10. The number of cases of infectious syphilis reported increased in recent years from 27 in 2002 to 119 in 2008. This, however, was followed by a significant drop to 55 cases in 2009 and then increased slightly to 58 in 2010 (Figure 8).
- 5.11. The results of the Enhanced Syphilis Surveillance Scheme reflect those of the KC60 forms in distribution of cases, with the majority reported in 2010 (n = 46) being from clinics in South East Wales. Five cases were reported from clinics in Mid and West Wales, and seven cases were reported from clinics in North Wales (Appendix: table 15 and Figure 8).

**Figure 8. Cases of infectious syphilis reported to Public Health Wales CDSC by region, 2002 to 2010 (Source: Enhanced Syphilis Surveillance Scheme)**



- 5.12. Of the 58 cases reported in 2010, 74.1% (43 cases) were in men who reported having sex with men. This compares with 78.6% of reported cases in 2009 and 78.3% in 2008. In 2010, 11 men and four women (25.9% of cases) reported acquiring syphilis through heterosexual sex (Figure 9). With the exception of a peak in 2006 (38.7% of cases), the proportion of cases reported acquiring syphilis through heterosexual sex has varied between 17.9% and 28.9% since 2002.

**Figure 9. Cases of infectious syphilis reported to Public Health Wales CDSC by sex and sexual orientation, 2002 to 2010 (Source: Enhanced Syphilis Surveillance Scheme)**



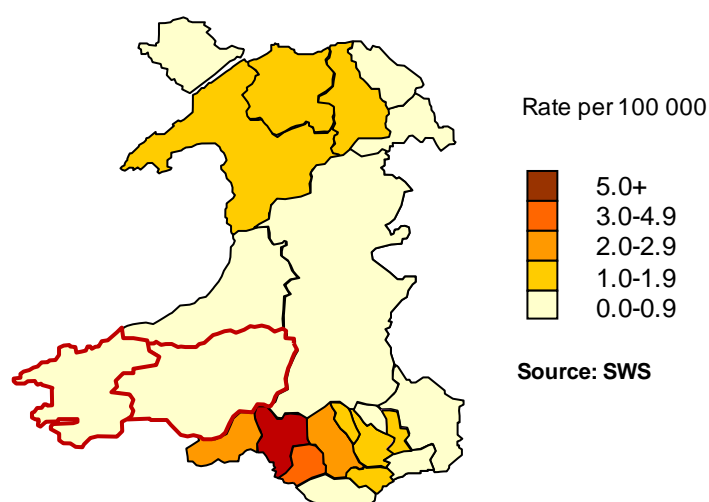
- 5.13. In 2010, 93.1% of all cases reported through the Enhanced Surveillance Scheme were white, 3.4% were Asian, and 3.4% were 'Other ethnic group'. Of the 15 heterosexual cases reported, in 2010, 80.0% were white. Of the heterosexual cases reporting where the infection was likely to have been acquired (11), 45.5% were thought to have acquired the infection abroad.
- 5.14. In 2010, 16 cases (27.6%) were known to be HIV positive. This compares with 18 (32.7%) in 2009 and 21 (17.6%) in 2008.
- 5.15. Fourteen (24.1%) cases in 2010 reported a variety of relevant sexual networks, including seven (50.0%) who met partners in bars or clubs, six (42.9%) in saunas, two (14.3%) using internet websites, one (7.1%) in cruising grounds, and one (7.1%) had had sex with a commercial sex worker.
- 5.16. Of those cases which reported their reason for attending the GUM clinic in 2010 (n=58), 8.6% were due to contact tracing. This compares to 7.1% in 2009 and 16.8% in 2008.
- 5.17. Of the 51 (87.9% of all cases) cases which reported the number of sexual contacts named in the previous 3 months, two (3.9%) reported none, 20 (39.2%) reported one contact, 15 (29.4%) reported two contacts, eight (15.7%) reported three contacts, three (5.9%) reported four contacts, and three (5.9%) reported five or more contacts.
- 5.18. Thirty-three of the cases (56.9%) in 2010 reported traceable sexual contacts; a total of 18 traceable sexual contacts were identified. Where total sexual contacts in the previous 3 months were given (51), all were traceable in 23 (45.1%) of cases, half or more were traceable in 27 (52.9%) of cases, and none were traceable in 19 (37.3%) cases.
- 5.19. Provisional data from the Enhanced Syphilis Surveillance Scheme indicated that there were 39 cases of syphilis diagnosed in Wales in 2011, of which 34 were known to be male and 4 female. Most cases amongst men were MSM (74.4%).



### Cases reported through the Sexual health in Wales Surveillance scheme (SWS)

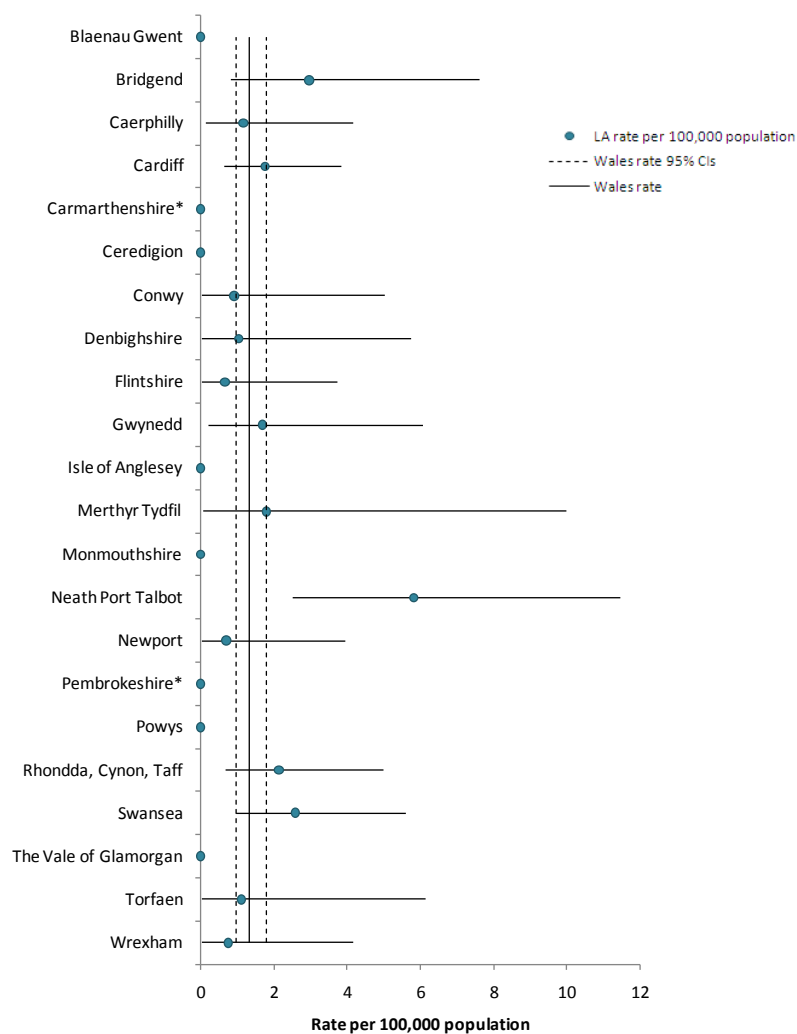
- 5.20. SWS provides timely, disaggregated data on STIs in Wales by area of patient residence. However, data is not yet available from paper-based clinics in Carmarthenshire or Pembrokeshire. Therefore rates of diagnoses for these areas will be an underestimate.
- 5.21. Figure 10 shows rates of primary and secondary infectious syphilis by unitary authority of patient residence. Rates were highest in South Wales, but lower for Cardiff and Newport compared with the Enhanced Surveillance scheme. This suggests that many of the patients seen in these clinics are resident outside of that LA. Of the diagnoses of infectious syphilis in Cardiff GUM clinic in 2010 ( $n = 5$ ), 80.0% of patients were resident in Cardiff and 20.0% were resident in Rhondda Cynon Taff. Of the diagnoses in Newport clinic ( $n = 6$ ), 33.3% were resident in Caerphilly, 16.7% were resident in each of Newport, Swansea and Torfaen, and 16.7% were of unknown LA. This demonstrates the movement of patients from surrounding areas to these clinics and suggests that rates within the cities themselves are lower than previously thought.
- 5.22. Figure 11 shows the rate of infectious syphilis by LA (with 95% confidence intervals); the vertical line represents the rate for Wales (with 95% confidence intervals). Neath Port Talbot reported the highest rate of infectious syphilis in 2010 ( $n = 8$ ); all patients resident in this LA were diagnosed in Swansea clinics (Singleton and Central).
- 5.23. Table 2 shows primary and secondary infectious to be the most common clinical stage of syphilis diagnosed in Wales in 2010, followed by other acquired and early latent syphilis. No cases of congenital syphilis were reported in 2010 or in previous years.
- 5.24. Of the 42 patients (number reported prior to imputation) diagnosed with primary or secondary infectious syphilis in Wales in 2010, only two (4.8%) had been diagnosed with this condition previously. One (2.4%) diagnosis was 3 years prior to the current diagnosis and one (2.4%) was two year prior.

**Figure 10: Incidence of primary and secondary infectious syphilis in Wales by Local Authority of residence, 2010**



Note: data are not currently available from clinics based in Carmarthenshire and Pembrokeshire (highlighted in red).

**Figure 11. Rates of primary and secondary infectious syphilis episodes diagnosed in GUM clinics by Local Authority of residence, 2010 (Source: SWS)**



Note: data are not currently available from clinics based in Carmarthenshire and Pembrokeshire.

**Table 2: Prevalence of syphilis-infected patients resident in Wales by clinical stage at first attendance and local authority of residence, 2010 (per 100,000)\*  
(Source: SWS)**

Region	Local Authority	Clinical stage of infection					Epidemiologic al treatment of suspected	Total*
		Primary & secondary infectious	Early latent (first 2 years)	Other acquired	Congenital: aged <2 years	Congenital: aged ≥ 2 years		
South & East	Blaenau Gwent	0.0	0.0	1.5	0.0	0.0	0.0	1.5
	Caerphilly	1.2	1.2	0.6	0.0	0.0	0.0	2.9
	Cardiff	1.8	1.2	0.3	0.0	0.0	0.3	3.5
	Merthyr Tydfil	1.8	1.8	1.8	0.0	0.0	0.0	5.4
	Monmouthshire	0.0	0.0	3.4	0.0	0.0	0.0	3.4
	Newport	0.7	2.1	0.0	0.0	0.0	0.7	3.5
	Rhondda, Cynon, Taf	2.1	0.4	0.4	0.0	0.0	0.0	3.0
	Torfaen	1.1	0.0	1.1	0.0	0.0	1.1	3.3
	Vale of Glamorgan	0.0	0.8	0.8	0.0	0.0	0.0	1.6
	Total	1.2	0.9	0.8	0.0	0.0	0.2	3.1
Mid & West	Bridgend	3.0	0.0	3.0	0.0	0.0	0.0	5.9
	Carmarthenshire**	0.0	0.6	0.0	0.0	0.0	0.6	1.1
	Ceredigion	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Neath Port Talbot	5.8	0.7	0.0	0.0	0.0	2.2	8.7
	Pembrokeshire**	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Powys	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Swansea	2.6	0.0	0.0	0.0	0.0	0.4	3.0
	Total	1.8	0.2	0.4	0.0	0.0	0.5	2.9
North	Conwy	0.9	0.0	0.9	0.0	0.0	0.0	1.8
	Denbighshire	1.0	0.0	1.0	0.0	0.0	0.0	2.1
	Flintshire	0.7	0.7	1.3	0.0	0.0	0.0	2.7
	Gwynedd	1.7	0.0	0.0	0.0	0.0	0.0	1.7
	Isle of Anglesey	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Wrexham	0.7	0.0	1.5	0.0	0.0	0.0	2.2
	Total	0.9	0.1	0.9	0.0	0.0	0.0	1.9
Wales		1.3	0.5	0.7	0.0	0.0	0.3	2.8

\*Does not include seven cases where area of residence was not known (two of which were primary or secondary infectious, one early latent, two other acquired, and two epidemiological treatment of suspected syphilis).

\*\*Data are not currently available from clinics based in Carmarthenshire and Pembrokeshire.

### Cases reported from blood donors in Wales

- 5.25. Antibody to *Treponema pallidum* persists after treatment and recovery from acute syphilis. Blood donors and some hospital patients are tested routinely for antibody to syphilis which, if present, may indicate infection in the past rather than acute disease. Blood donations which have antibody to *T. pallidum* are not transfused.
- 5.26. No prospective new blood donors were screened positive for treponemal infection in 2010. This compares with four in 2009 and none in 2008 (Appendix: table 10 and Figure 7). For established donors the positivity rate has remained low; two tested positive in 2010, compared with one in 2009 and two in 2008.

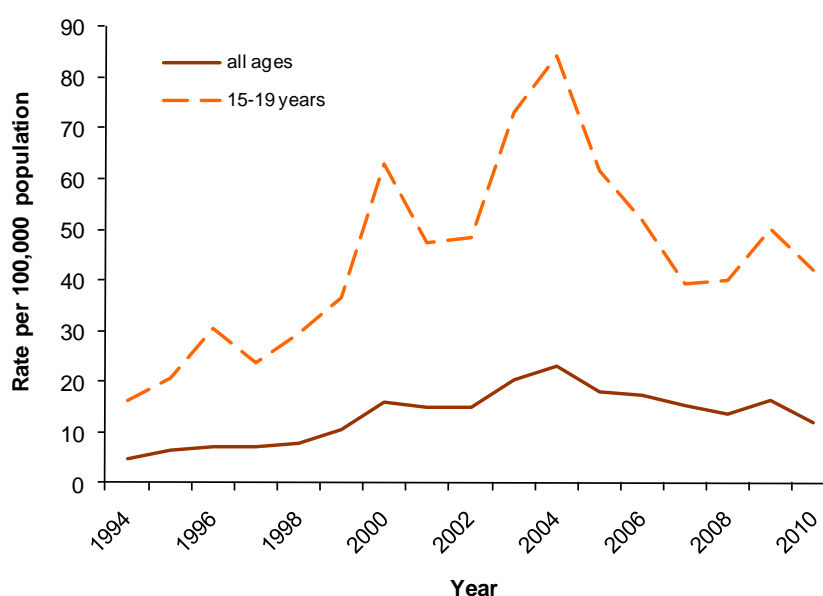
## 6. Gonorrhoea in Wales

- 6.1. Gonorrhoea is a sexually acquired infection caused by the bacterium *Neisseria gonorrhoeae*. After genital chlamydia, gonorrhoea is the second most common bacterial sexually transmitted infection in the UK. Further information on the epidemiology of gonorrhoea is available from Public Health Wales <http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=26781> and the HPA website: <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Gonorrhoea/>

### Cases seen in GUM clinics in Wales

- 6.2. In 2010, there were 351 episodes of uncomplicated gonorrhoea, 175 epidemiological treatments of suspected gonorrhoea, and six cases of complicated gonococcal infection reported by GUM clinics in Wales (see Table 12a). This represents a decrease compared to 2009 (485, 195 and 13 respectively). However there was an increase in the number of cases of gonococcal ophthalmia neonatorum in 2010 (3) compared with 2009 (2).
- 6.3. Two hundred and twenty-five (64.1%) of the episodes of uncomplicated gonorrhoea were reported in males, of which 19.1% were in MSM. This compares to 18.8% in 2009 and 19.1% in 2008. Uncomplicated gonorrhoea was most frequently reported in males aged 25-34 (34.7%) in 2010, as opposed to the 20-24 years group amongst females (38.9%) (Table 13).
- 6.4. The clinic in Newport continued to report the highest number of cases of gonorrhoea in 2010 (107), although there was a slight decrease from a total of 136 in 2009 (Appendix: table 16). Other clinics reporting a decrease in cases since 2009 were Aberdare, Cardiff, Llantrisant, Swansea, Wrexham, Llanelli, Builth Wells, Carmarthen Pond Street, Holyhead and Aberystwyth.
- 6.5. The majority of the reported cases continued to be seen by clinics in South and East Wales. Numbers of cases in South and East Wales and Mid and West Wales decreased overall, while numbers of cases in North Wales increased from 48 to 65. Numbers of cases seen in MSM also followed this trend with an overall decrease from 64 in 2009 to 43 in 2010 reported in Wales.

**Figure 12: Reports of uncomplicated gonorrhoea from GUM clinics in Wales per 100,000 population: teenagers and all ages, 1994-2010 (Source: KC60 forms)**



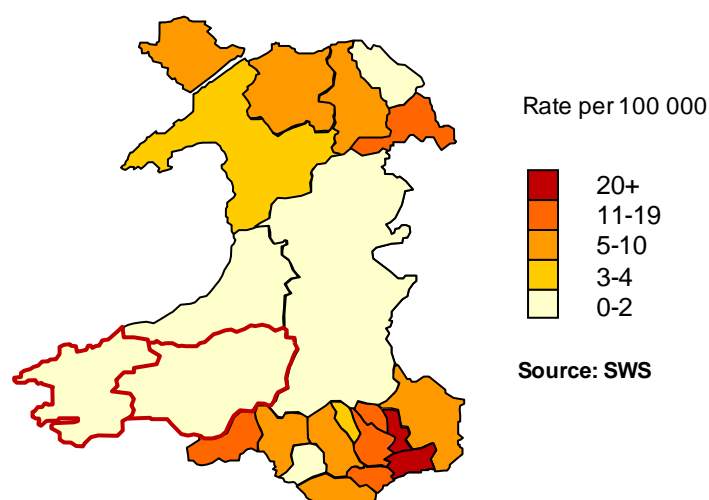
### Laboratory reports of gonorrhoea

- 6.6. In 2010 there were a total of 299 laboratory reports of *Neisseria gonorrhoea*, compared with 403 in 2009 and 290 in 2008. However, this is likely to be an underestimate of cases in Wales as some laboratories do not report STIs routinely via CoSurv. Most reports were submitted by the laboratories in Cardiff (43.5%) and Swansea (27.1%) (Appendix: table 17).
- 6.7. As in previous years, in 2010 the rate of laboratory reports of *Neisseria gonorrhoeae* was highest in 15-24 year-old males and females, at 45.7 and 36.6 per 100,000 population respectively (Appendix: table 18). Overall rates of *N. gonorrhoeae* decreased in 2010 to 20.0 and 10.7 per 100,000 population for men and women respectively.

### Cases reported through SWS

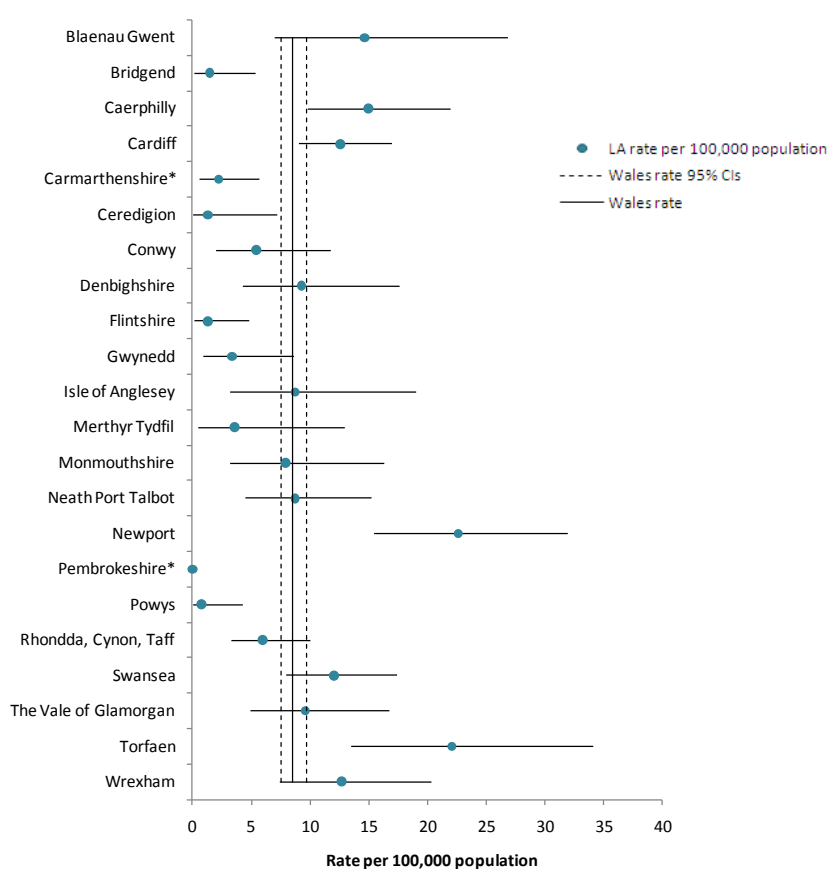
- 6.8. Figures 13 and 14 shows rates of uncomplicated gonorrhoea by local authority of patient residence. Rates were highest in South Wales and North Wales. Newport and Torfaen had the highest rates of uncomplicated gonorrhoea per 100,000 population in 2010. Of those diagnoses seen in Newport and Cwmbran GUM clinics (102), 31.4% were resident in Newport, 23.5% were resident in Caerphilly, 19.6% in Torfaen, 9.8% in Blaenau Gwent, 6.9% in Monmouthshire. Other patients were resident in Cardiff (2.0%), Merthyr Tydfil (2.0%), the Vale of Glamorgan (1.0%), and England (1.0%).

**Figure 13: Incidence of uncomplicated gonorrhoea in Wales by Unitary Authority of residence, 2010**



Note: data are not currently available from clinics based in Carmarthenshire and Pembrokeshire (highlighted in red).

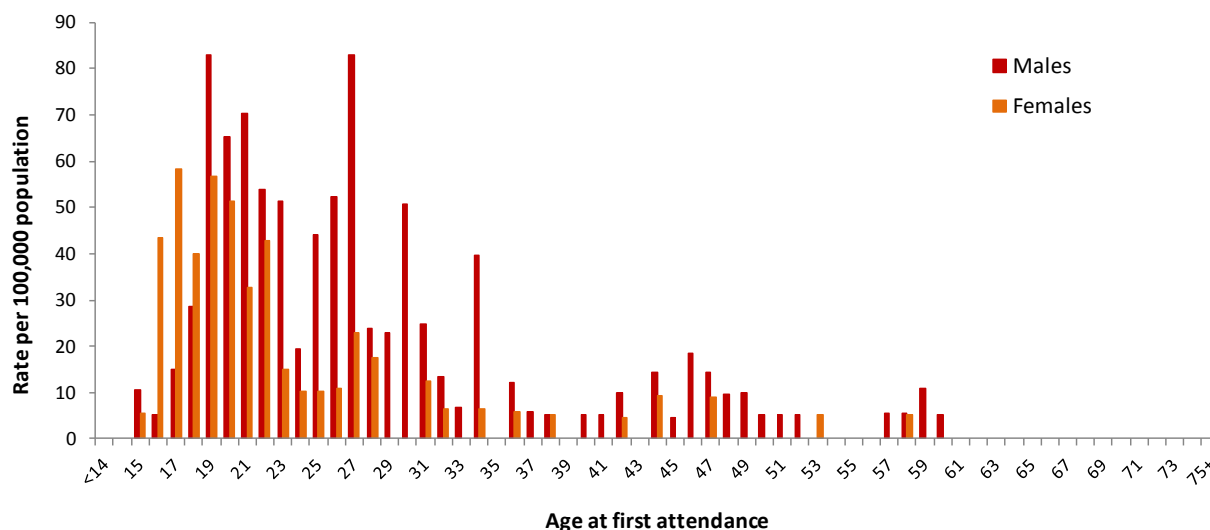
**Figure 14: Rates of uncomplicated gonorrhoea diagnosed in GUM clinics by Local Authority of residence, 2010 (Source: SWS)**



Note: data are not currently available from clinics based in Carmarthenshire and Pembrokeshire.

- 6.9. Rates of uncomplicated gonorrhoea were reported to be highest in males, with positively skewed age distributions in both males and females. The highest rates were in males aged 19 and 27 years, and females aged 17 and 19 years. As Figure 15 shows, the cases seen in females peaked at an earlier age than those seen in males in 2010.

**Figure 15: Rates of uncomplicated gonorrhoea by age at first attendance and gender, 2010**  
(Source: SWS)



Note: data are not currently available from clinics based in Carmarthenshire and Pembrokeshire and figures may be lower than expected.

- 6.10. The most common type of infection diagnosed in 2010 was uncomplicated gonorrhoea (Table 3). However, epidemiological treatment of suspected gonorrhoea was also common, particularly in North Wales where it was as common as a diagnosis of uncomplicated gonorrhoea.
- 6.11. Of the 272<sup>2</sup> patients diagnosed with uncomplicated gonorrhoea in Wales in 2010, 21 (7.7%) had been diagnosed with this condition previously. Of these, 17 (6.3%) had been diagnosed with uncomplicated gonorrhoea once previously, two (0.7%) had been diagnosed twice previously, one (0.4%) patient had been diagnosed on three previous occasions, and one (0.4%) on five previous occasions. Previous diagnoses were up to 7 years prior to the current diagnoses. Eight (2.9%) of the patients were diagnosed twice for the same condition within 2010 and six (2.2%) were previously diagnosed with uncomplicated gonorrhoea in 2009.

<sup>2</sup> Data not imputed for clinics with uncoded diagnoses, therefore figures will be lower than expected



**Table 3: Incidence of gonorrhoea in Welsh residents by clinical stage at first attendance and local authority of residence, 2010 (per 100,000 per year)\* (Source: SWS)**

Region	Local Authority	Clinical stage of infection				Total
		Uncomplicated	Gonococcal ophthalmia neonatorum	Epidemiological treatment of suspected	Complicated gonococcal infection**	
South & East	Blaenau Gwent	14.6	0.0	11.7	1.5	27.8
	Caerphilly	15.0	0.0	6.4	0.0	21.4
	Cardiff	12.9	0.0	4.1	0.3	17.3
	Merthyr Tydfil	3.6	0.0	7.2	0.0	10.8
	Monmouthshire	7.9	0.0	3.4	0.0	11.4
	Newport	23.4	0.0	11.3	0.0	34.7
	Rhondda, Cynon, Taf	6.0	0.0	0.9	0.0	6.8
	Torfaen	22.1	0.0	11.0	1.1	34.2
	Vale of Glamorgan	9.6	0.0	3.2	0.0	12.8
	Total	12.8	0.0	5.5	0.2	18.4
Mid & West	Bridgend	2.2	0.0	3.7	0.0	5.9
	Carmarthenshire***	2.2	0.0	0.6	0.0	2.8
	Ceredigion	1.3	0.0	0.0	0.0	1.3
	Neath Port Talbot	8.0	0.0	1.5	0.7	10.2
	Pembrokeshire***	0.0	0.0	0.0	0.0	0.0
	Powys	0.8	0.0	0.0	0.0	0.8
	Swansea	11.6	0.0	6.5	0.4	18.5
	Total	4.7	0.0	2.3	0.2	7.1
North	Conwy	5.4	0.9	6.3	0.0	12.6
	Denbighshire	9.3	0.0	15.5	1.0	25.8
	Flintshire	1.3	0.0	6.0	0.0	7.3
	Gwynedd	3.4	0.0	1.7	0.0	5.0
	Isle of Anglesey	8.7	0.0	0.0	0.0	8.7
	Wrexham	12.7	0.0	8.2	0.0	21.0
	Total	6.5	0.1	6.5	0.1	13.3
Wales		8.6	0.0	4.6	0.2	13.5

\*Does not include eight cases resident outside of Wales and 25 cases where area of residence was not known (22 of which were uncomplicated gonorrhoea and 11 of which were epidemiological treatment of suspected gonorrhoea.

\*\*Including PID and epididymitis.

\*\*\*Data are not currently available from clinics based in Carmarthenshire and Pembrokeshire.

## 7. Genital chlamydia in Wales

- 7.1. Genital *Chlamydia trachomatis* is the most commonly diagnosed bacterial STI in the UK. Highest rates are seen in young people, especially men and women under 24 years. Genital chlamydial infection is an important reproductive health problem, because 10-30% of untreated infected women develop pelvic inflammatory disease (PID). A significant proportion of cases, particularly amongst women, are asymptomatic and so, are liable to remain undetected, putting women at risk of developing PID. For further information see the NPHS website:  
<http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=27497> or HPA website:  
<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Chlamydia/>

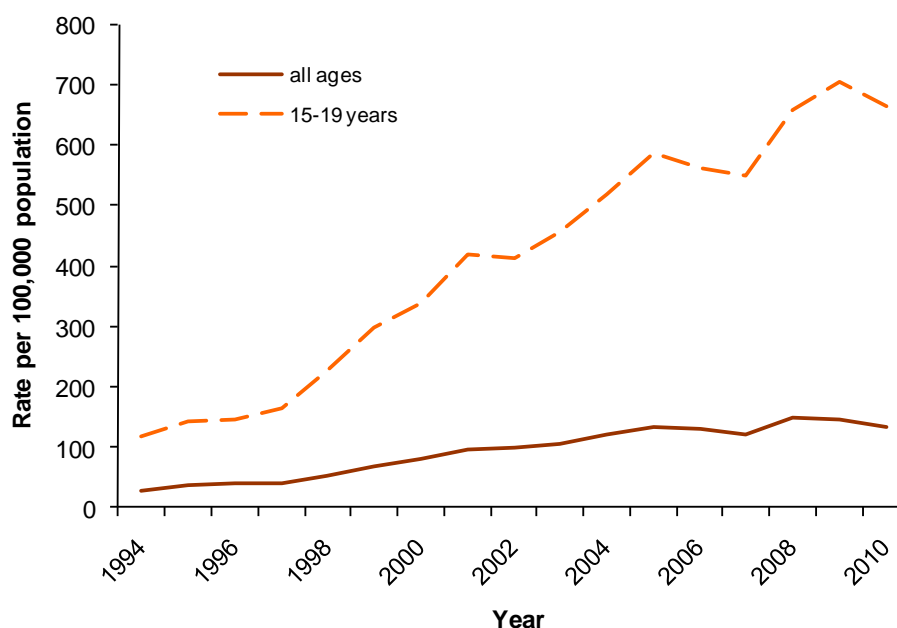
### Cases seen in GUM clinics in Wales

- 7.2. In 2010, there were 4,059 episodes of uncomplicated chlamydia infection diagnosed in GUM. This is compared to 4,394 in 2009 and 4,440 in 2008. In 2010, there were also 103 episodes of complicated chlamydial infection, one episode of chlamydia ophthalmia neonatorum, and 1,977 episodes of epidemiological treatment of suspected chlamydia reported by GUM clinics in Wales (Appendix: table 12a). The number of episodes of complicated chlamydial infection decreased slightly from 113 in 2009 to 103 in 2010.
- 7.3. Unlike for HIV, syphilis or, to a lesser extent, gonorrhoea, only a very small proportion of men diagnosed with anogenital chlamydia report acquiring their infection through sex with men. This proportion had remained low in recent years with 73 cases (3.8% of those in men) in MSM in 2010 and 71 cases (3.2% of those in men) in 2009.
- 7.4. In 2010, episodes of uncomplicated chlamydia were most frequently reported in those aged 20-24 years-old for males (812 cases), and 16-19 years-old for women (886 cases) (Appendix: table 13).
- 7.5. Newport GUM clinic reported the highest number of uncomplicated chlamydia cases (782 in 2010) (Appendix: table 19). This continues the increase seen in Newport clinic since 2007. There was an 12.9% decrease in the number of cases reported by clinics in South and East Wales compared with 2009 and a 24.4% decrease in Mid and West Wales.

### Laboratory reports of chlamydia

- 7.6. In 2010, there were a total of 5,666 reports of anogenital chlamydia infection received from laboratories in Wales (specimens received from all sources including GUM clinics, GPs, antenatal clinics etc.), equivalent to a rate of 188 per 100,000 population (Appendix: table 20). However, this is likely to be an underestimate as laboratories in Bridgend and Newport do not report cases of STI via CoSurv. Laboratories at Cardiff and Swansea continued to report the highest number of cases in 2010 (33.3% and 30.4% of all reports respectively).
- 7.7. As in previous years, rates of laboratory reports of anogenital chlamydial infection were highest in those aged 15-24 years old in 2010, at 622 and 1,435 per 100,000 population for males and females respectively (Appendix: table 18). Overall rates of anogenital chlamydial infection continued to increase in females in all age groups in 2010 except those aged 55-64 years, and remained relatively constant in 25-34 year old men.

**Figure 16: Reports of uncomplicated chlamydia from GUM clinics in Wales per 100,000 population: teenagers and all ages, 1994 – 2010**  
(Source: KC60 forms)



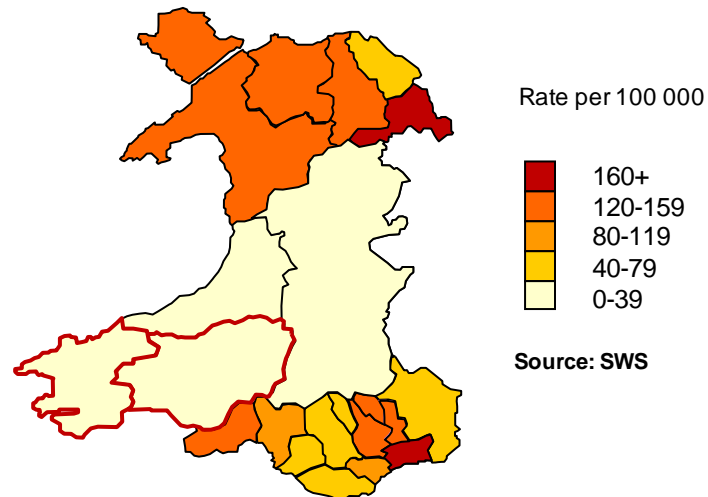
### Cases reported through SWS

- 7.8. Figure 17 shows rates of uncomplicated chlamydia by unitary authority of patient residence. Rates were highest in South Wales and North Wales. Newport and Wrexham had the highest rates of uncomplicated chlamydia per 100,000 population in 2010. The number of patients resident in Newport was lower than expected from the KC60 forms (638); of these 35.7% were resident in Newport, 26.6% were resident in Caerphilly, 13.3% in Torfaen, 10.5% in Blaenau Gwent, and 4.9% in Monmouthshire. Other patients were resident in Cardiff (2.8%), England (1.4%), Merthyr Tydfil (0.3%), Swansea (0.3%), the Vale of Glamorgan (0.3%), Bridgend (0.2%), the Isle of Anglesey (0.2%), and Scotland (0.2%).
- 7.9. Numbers of diagnoses resident in Cardiff were lower than expected (464) compared with the KC60 forms for Cardiff clinic. Of those diagnosed with uncomplicated chlamydia in Cardiff GUM clinic in 2010, 77.4% were resident in Cardiff and 10.8% were resident in the Vale of Glamorgan. Others attended from Caerphilly (2.4%), England (1.9%), Rhondda Cynon Taff (1.7%), Newport (1.1%), Carmarthenshire (0.4%), Merthyr Tydfil (0.4%), Pembrokeshire (0.4%), Blaenau Gwent (0.2%), and Bridgend (0.2%).
- 7.10. Of the 3,084<sup>3</sup> patients diagnosed with uncomplicated chlamydia in Wales in 2010, 345 (11.2%) had been diagnosed with this condition previously. Of these, 292 (9.5%) had been diagnosed with uncomplicated chlamydia once previously, 45 (1.5%) had been diagnosed twice previously, five (0.2%) patients had been diagnosed on three previous occasions, and three (0.1%) on five or more previous occasions. Previous diagnoses were up to 15 years prior to the current diagnoses. One hundred (3.2%) of the patients were diagnosed twice for the same condition within 2010 and 117 (3.8%) were previously diagnosed with uncomplicated chlamydia in 2009.
- 7.11. Rates of uncomplicated chlamydia were highest in females aged less than 24 years, with positively skewed age distributions in both males and females. Rates peaked at 20 years in both females and males (1,015 and 663 per 100,000 respectively) (Figure 19). The peak was higher

<sup>3</sup> Data not imputed for clinics with uncoded diagnoses, therefore figures will be lower than expected

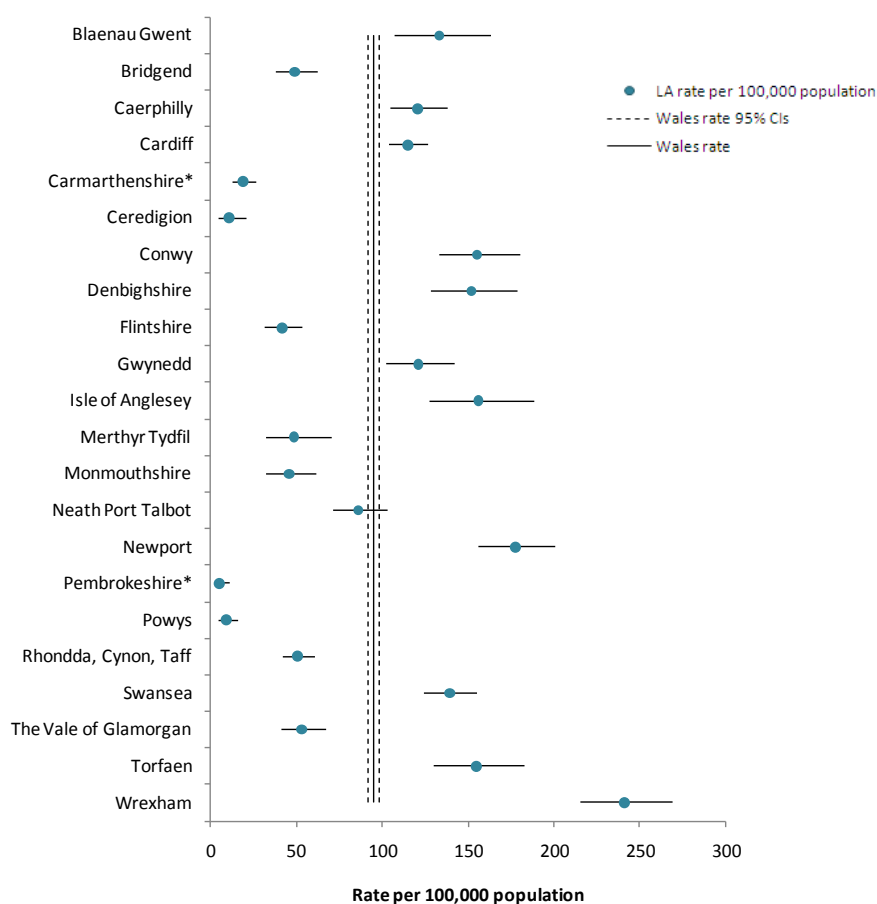
in females but the distribution less skewed than in males; with less cases than in males for each age in those aged over 24 years.

**Figure 17: Incidence of uncomplicated chlamydia in Wales by Unitary Authority of residence, 2010**



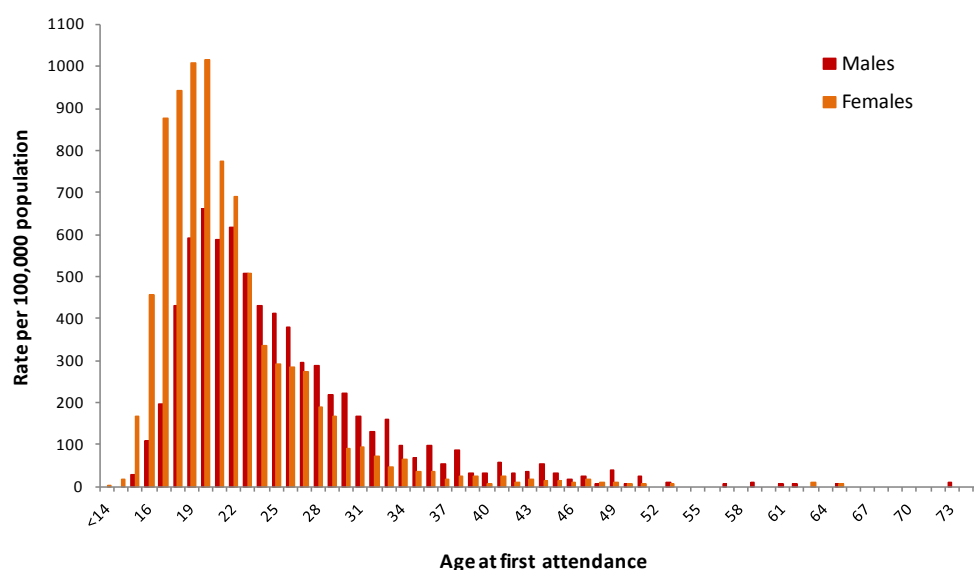
Note: data are not currently available from clinics based in Carmarthenshire and Pembrokeshire (highlighted in red).

**Figure 18: Rates of genital chlamydia diagnosed in GUM clinics by Local Authority of residence, 2010 (Source: SWS)**



Note: data are not currently available from clinics based in Carmarthenshire and Pembrokeshire.

**Figure 19: Rates of uncomplicated chlamydia seen in GUM clinics in Wales by age at first attendance and gender, 2010 (Source: SWS)**



Note: data are not currently available from clinics based in Carmarthenshire and Pembrokeshire.

**Table 4. Laboratory tests\* of anogenital chlamydia by source type and year, 2005-2010 (Source: SWS)**

Specimen source	Year															
	2007				2008***				2009***				2010***			
	Positi- ves	All tests	% of tests positive	% of all tests	Positi- ves	All tests	% of tests positive	% of all tests	Positi- ves	All tests	% of tests positive	% of all tests	Positi- ves	All tests	% of tests positive	% of all tests
Antenatal clinic	767	8491	9.0	10.6	538	5870	9.2	7.6	539	6179	8.7	7.6	640	7389	8.7	8.9
Community contraception service	269	3632	7.4	4.5	408	4356	9.4	5.6	564	5536	10.2	6.8	574	5447	10.5	6.6
Drugs team	0	4	0.0	0.0	0	1	0.0	0.0	0	1	0.0	0.0	2	16	12.5	0.0
General practice	1371	29083	4.7	36.3	1518	28029	5.4	36.1	1635	30662	5.3	37.5	1628	31387	5.2	37.8
GUM clinic	2221	18552	12.0	23.2	2517	19832	12.7	25.5	2414	19401	12.4	23.8	2056	18618	11.0	22.4
Hospital**	658	17070	3.9	21.3	882	16304	5.4	21.0	847	16526	5.1	20.2	892	17048	5.2	20.5
In-patient	234	5496	4.3	6.9	328	5622	5.8	7.2	322	5567	5.8	6.8	324	5713	5.7	6.9
Out-patient** (70%)	175	5763	3.0	7.2	179	5569	3.2	7.2	185	6058	3.1	7.4	179	5426	3.3	6.5
Unknown** (16%)	249	5811	4.3	7.3	375	5113	7.3	6.6	340	4901	6.9	6.0	389	5909	6.6	7.1
Laboratory	316	4550	6.9	5.7	385	4567	8.4	5.9	434	4839	9.0	5.9	382	4690	8.1	5.7
Other	6	159	3.8	0.2	17	190	8.9	0.2	20	174	11.5	0.2	10	127	7.9	0.2
Unknown (94%)	6	341	1.8	0.4	17	409	4.2	0.5	19	377	5.0	0.5	20	373	5.4	0.4
Total	5594	80031	7.0	100.0	6252	77748	8.0	100.0	6442	81661	7.9	100.0	6171	83008	7.4	100.0

\*Tests on individual patients (multiple tests on single samples excluded where identified).

\*\* This may contain data for laboratories, antenatal or GUM clinics within a hospital due to limited descriptions of specimen source. Likewise, some of the laboratories, antenatal and GUM clinics may be based within a hospital. Figures in brackets represent the proportion which could potentially be a GUM clinic.

\*\*\*Does not included samples tested in Llantrisant or Abergavenney labs from October 2008.

## 8. Genital herpes

- 8.1. Genital herpes simplex virus (HSV) infection is the most common ulcerative sexually transmitted disease in the UK. It is associated with considerable physical and psychological morbidity and may frequently recur. It can cause severe systemic disease in neonates and immunosuppressed hosts and may facilitate HIV transmission. Many HSV infections are sub-clinical. There are two distinct subtypes of HSV. Type 2 is almost exclusively associated with genital infection. Type 1 causes oral herpes (or cold sores) but has increasingly been implicated in genital infections. In England and Wales, HSV-2 antibody prevalence is about 3% in men and 5% in women. See the HPA website for more information: <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/GenitalHerpes/>

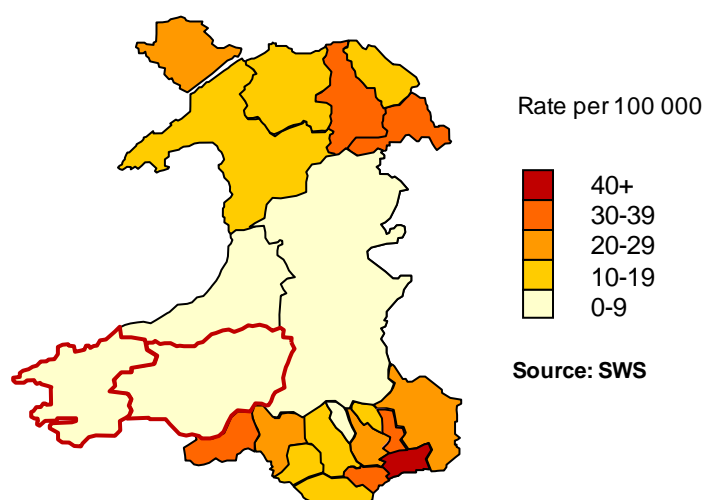
### Cases seen in GUM clinics in Wales

- 8.2. In 2010, 851 episodes of anogenital herpes simplex (first attack) were reported by the GUM clinics in Wales (Appendix: table 12b). This represents an increase of 13.0% in the number of cases compared with 2009 (753).
- 8.3. Episodes were most frequently reported to be in 20-24 year-old males and females, representing 35.8% of all cases (Appendix: table 13). In 2010, the number of cases remained higher amongst females aged 20 to 24 years (187) compared to males (118).
- 8.4. The highest number of first attack cases of anogenital herpes simplex were reported by Cardiff, Newport and Swansea GUM clinics (178, 164 and 115 cases respectively) (Appendix: table 21).

### Cases reported through SWS

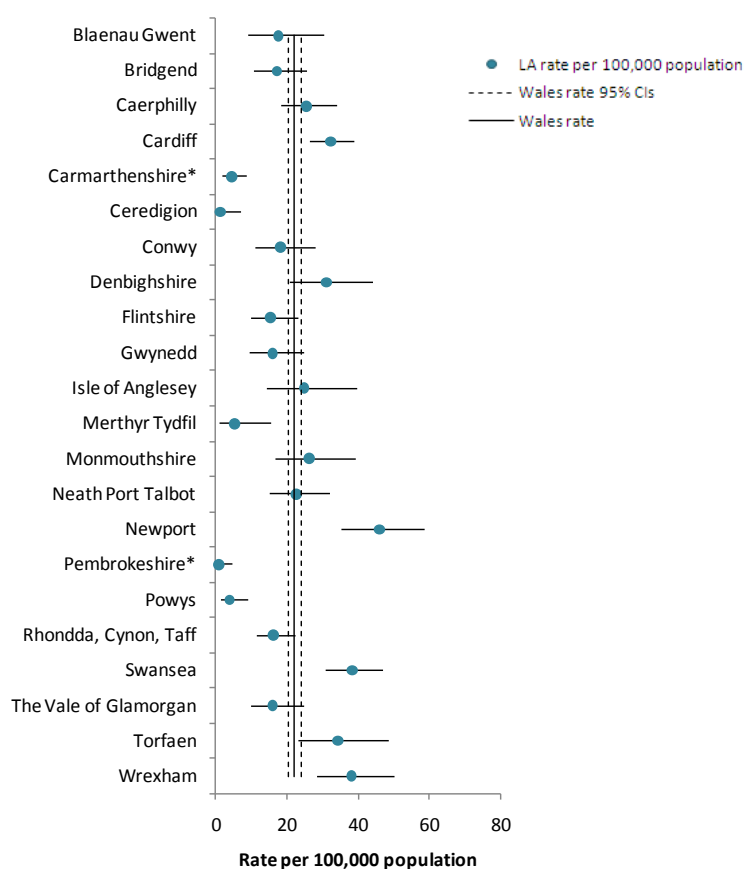
- 8.5. Figure 20 shows rates of genital herpes diagnosed in GUM clinics in Wales by unitary authority of patient residence. Rates were highest in South Wales and North-East Wales. Newport residents had the highest rate of genital herpes diagnosed in GUM clinics per 100,000 population in 2010, which was higher than expected (Figure 21). Swansea also had a higher rate than expected for its population size.
- 8.6. Patients diagnosed with genital herpes were more likely to attend a local clinic than previously mentioned conditions. Of those patients resident in Cardiff (110), Newport (65), Swansea (89) and Wrexham (51); 93.6%, 98.5%, 100.0% and 100.0% attended their local GUM clinic respectively.

**Figure 20: Incidence of anogenital herpes simplex: first attack in Wales by Unitary Authority of residence, 2010**



Note: data are not currently available from clinics based in Carmarthenshire and Pembrokeshire (highlighted in red).

**Figure 21: Rates of genital herpes diagnosed in GUM clinics by Local Authority of residence, 2010 (Source: SWS)**



Note: data are not currently available from clinics based in Carmarthenshire and Pembrokeshire.



## 9. Anogenital warts

- 9.1. Anogenital warts are usually small warts or growths found on or around the penis, anus or vagina. They are caused by the human papillomavirus (HPV). Warts are the most common viral STI diagnosed in the UK, with highest rates of new cases in 20-24 year old men and 16-19 year old women. Further details about the epidemiology of HPV in the UK can be found at the HPA website:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/GenitalWarts/>

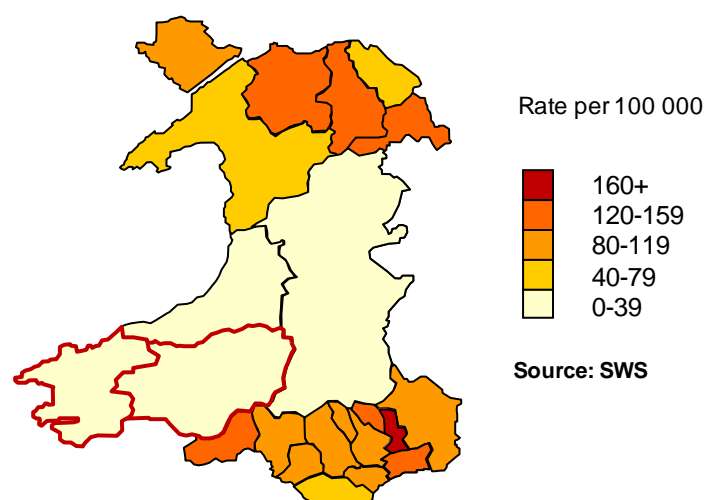
### Cases seen in GUM clinics in Wales

- 9.2. The number of first attack cases of anogenital warts has decreased, with 3,799 episodes reported by GUM clinics in Wales in 2010 (Appendix: table 12b). This is compared to 3,917 first attack episodes in 2009.
- 9.3. In 2010, episodes of first attack anogenital warts were most frequently reported in 20-24 year-old males and females (Appendix: table 13). The number of cases was higher in females under the age of 20 when compared to males. However, this trend reversed when looking at older age groups.
- 9.4. The highest numbers of anogenital warts (first attack) cases were reported by Newport, Cardiff and Swansea clinics in 2010, with 684, 578 and 453 cases respectively (Appendix: table 21).

### Cases reported through SWS

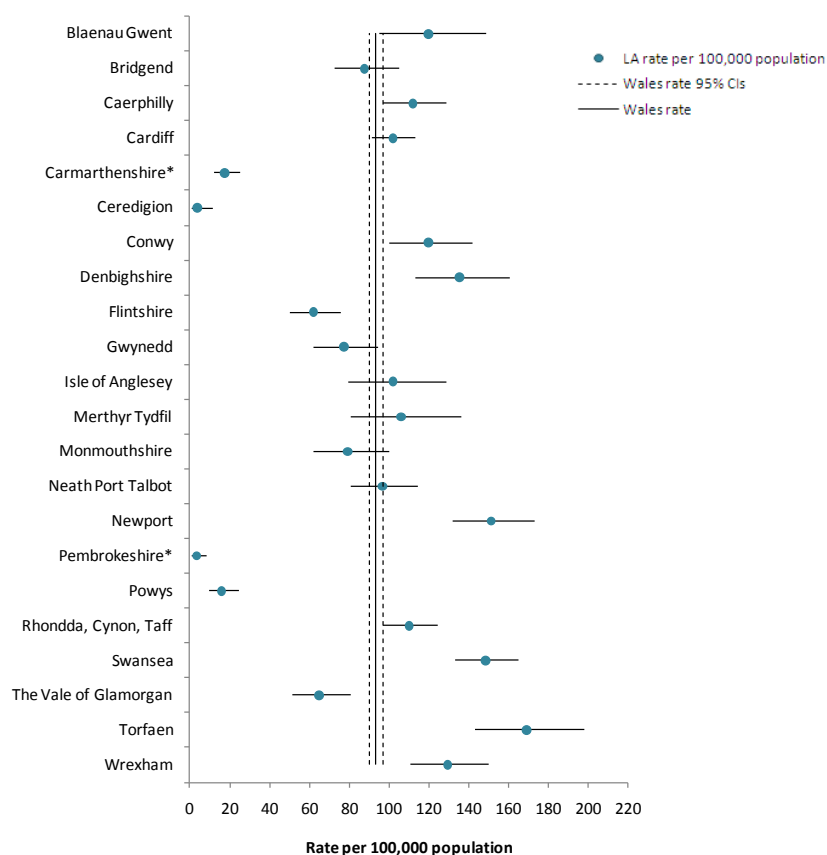
- 9.5. Figure 22 shows rates of anogenital warts by unitary authority of patient residence. Rates were highest in South Wales and North-East Wales. Torfaen had the highest rate of genital herpes per 100,000 population in 2010, which was higher than expected for its population size (see Figure 23). Swansea and Newport also had a higher than expected rates.
- 9.6. The majority of cases of anogenital warts who were resident in Torfaen, attended Newport (68.0%) or Cwmbran (30.1%) clinics. Other cases resident in Torfaen attended Llantrisant or Cardiff GUM clinics. However, 27.7% and 67.2% of patients diagnosed in Swansea and Newport clinics respectively were resident outside the UA of that clinic. For Swansea clinic, many of these patients travelled from Neath Port Talbot (17.0%). For Newport clinic, many travelled from Caerphilly (23.3%), Torfaen (15.5%) or Blaenau Gwent (11.0%).

**Figure 22: Incidence of anogenital warts: first attack in Wales by Unitary Authority of residence, 2010**



Note: data are not currently available from clinics based in Carmarthenshire and Pembrokeshire (highlighted in red).

**Figure 23: Rates of anogenital warts diagnosed in GUM clinics by Local Authority of residence, 2010 (Source: SWS)**



Note: data are not currently available from clinics based in Carmarthenshire and Pembrokeshire.

## 10. LGV in Wales

10.1. Lymphogranuloma venereum (LGV) is a sexually transmitted disease caused by a specific type of *Chlamydia trachomatis* (serovars L1, L2, and L3). LGV is highly prevalent in parts of Africa, Asia, and South America but has been rare in Western Europe for many decades. LGV is a chronic disease that has a variety of acute and late manifestations, starting with a small painless blister or sore where the infection entered the body, that might go unnoticed. Inflamed and swollen lymph glands may then appear in the groin (inguinal syndrome) and/or acute hemorrhagic proctitis (anorectal syndrome) develops. If left untreated, the symptoms can become more severe and cause lasting damage to health. More information about LGV is available from the HPA website:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/LGV/>

10.2. Since 2003 a series of outbreaks of LGV have been reported in European cities among MSM. Most cases present with proctitis, are of white ethnicity, and are HIV-positive. High levels of concurrent STI (gonorrhoea, syphilis, hepatitis B virus, and genital herpes) are also seen. Transmission of hepatitis C virus has been associated with the LGV outbreak in Rotterdam, Netherlands. Contact tracing has been of limited use as most cases report multiple sexual contacts, mostly anonymous. So far there is little indication that LGV has spread outside this specific sub-group.

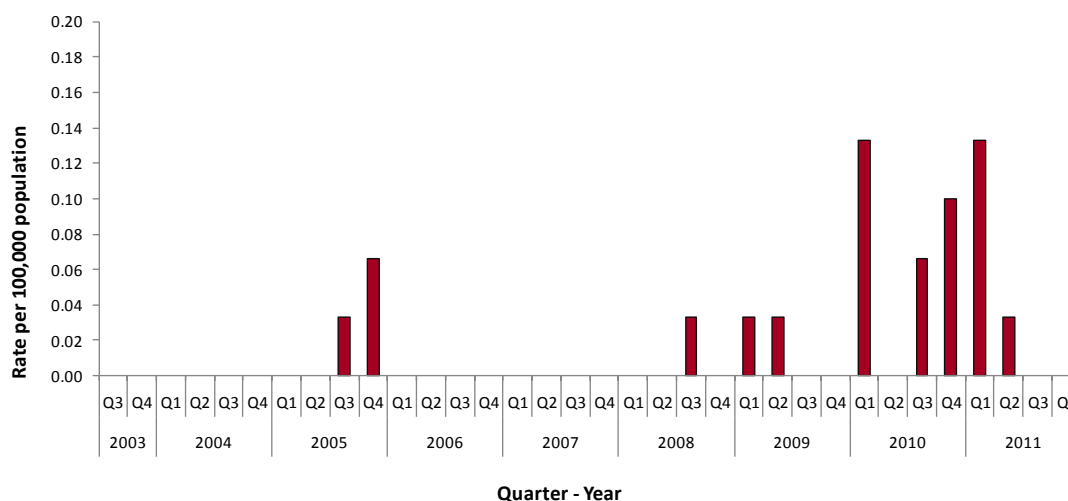
### Enhanced LGV Surveillance

10.3. In October 2004 the HPA launched an enhanced surveillance scheme for LGV to improve case ascertainment and awareness in the UK. A total of 1,576 cases were diagnosed between 2003 and 2010. For further information about the surveillance scheme see:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/LGV/EnhancedSurveillanceSystem/>

10.4. A cluster of five cases of LGV were reported in MSM attending Swansea GUM in 2005. There were no further reports of LGV cases in Wales in 2006 or 2007; however one MSM case was reported by Swansea GUM in 2008 and two MSM cases by Cardiff GUM clinic in 2009. A further nine cases were reported in 2010; seven in Swansea GUM and two in Cardiff GUM. Provisional data suggest there were five cases in MSM reported in 2011.

**Figure 24: Rate of LGV diagnoses in Wales per 100,000 population by quarter and year of diagnosis, 2003-2010 (Source: HPA Enhanced surveillance of LGV)**



## 11. Hepatitis B and C

- 11.1. Hepatitis B and hepatitis C are blood borne viruses that can also be transmitted sexually. Detailed information on the epidemiology of hepatitis B and C are available at: <http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=25438> and <http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=25496>. Information on the 'Viral Hepatitis Action Plan for Wales' is available at: <http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=25483>

### Cases seen in GUM clinics in Wales

- 11.2. In 2010, there were 19 new diagnoses of hepatitis B in GUM clinics in Wales, this is the same number of cases as seen in 2009 (Appendix: table 12b). Four of these new diagnoses were reported to be in MSM (28.6% of cases in males).
- 11.3. In 2010, 515 hepatitis B vaccinations were administered by GUM clinics in Wales (first dose only), of which 152 were administered to MSM.
- 11.4. There were 33 new diagnoses of hepatitis C in 2010 by GUM clinics in Wales, the same number as seen in 2009. Five of these were in MSM (22.7% of cases in males).

### Cases reported from blood donors in Wales

- 11.5. Blood donations are routinely screened for hepatitis B and hepatitis C infection. Blood from donors who are screened positive does not enter the blood supply. During recent years, hepatitis C was found to be more prevalent than hepatitis B, HIV or syphilis in prospective Welsh blood donors (Figure 7). In 2010, a total of 10,453 new donors were test, of which two were positive for hepatitis B and two for hepatitis C (Appendix: table 10). One established blood donor was screened positive for hepatitis B and none for hepatitis C (Appendix: table 11).

### Cases reported through SWS

- 11.6. Fifteen new diagnoses of hepatitis B made in 2010 were reported by the GUM clinics through SWS. Eight (53.3%) of these were in South-East Wales, three (20.0%) were in South-West Wales, one (6.7%) was in North Wales, and one (6.7%) in England. Area of patient residence was unknown for two (13.3%) diagnoses.
- 11.7. Twenty-two new diagnoses of hepatitis C made in 2010 were reported through SWS. Nine (40.9%) of these were in South-East Wales, seven (31.8%) in North Wales, and three (13.6%) in Mid Wales. Area of patient residence was unknown for three (13.6%) diagnoses.

## Appendix 1

**Table 5. Numbers of diagnosed HIV-infected patients resident in Wales by most advanced clinical stage, gender and age group when last seen for care in 2010<sup>1</sup>. Source: SOPHID scheme, HPA Centre for Infections.**

Age group	Asymptomatic		Symptomatic pre-AIDS		AIDS		Death in 2009 in a patient with AIDS		Death in 2009 in a patient without AIDS		Not known		Total <sup>3</sup>
	M	F	M	F	M	F	M	F	M	F	M	F	
0-15	1	8	1	0	4	2	0	0	0	0	0	0	16
16-24	22	14	12	6	0	0	0	0	0	0	3	0	57
25-34	103	52	46	30	13	10	1	0	0	0	1	1	257
35-44	166	66	105	42	54	27	0	0	0	0	6	0	466
45-54	133	25	70	21	70	19	1	0	1	0	6	1	346
55+	73	10	44	4	43	2	0	0	0	0	0	0	176
Total	498	175	278	103	184	60	2	0	1	0	16	2	1318

<sup>1</sup>Patients with diagnosed HIV infection seen for statutory medical HIV-related care in 2010. This excludes infants born to HIV-infected women in the survey year but who were uninfected or whose infection status was indeterminate. At least 98% of indeterminate infants will subsequently be confirmed as uninfected.

<sup>2</sup>Patients with missing fields (e.g. age-group) may have been assigned values based on subsequent years data.

<sup>3</sup>Totals may include those whose sex was not reported.

Data do not include patients where area of residence is not known.

**Table 6. Numbers of diagnosed HIV-infected patients resident in Wales and seen for care in 2010\* by ethnicity by sex by probable route of infection. Source: SOPHID scheme, HPA Centre for Infections.**

Probable route of infection	Ethnicity																Total
	White		Black – Caribbean		Black – African		Black – Other		Indian/ Pakistani /Banglad- eshi		Other/ Mixed		Other – Asian/ Oriental		Not known		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Sex between men	664	-	3	-	4	-	3	-	4	-	9	-	3	-	1	-	691
Sex between men & women	139	107	1	3	71	175	3	3	2	1	4	4	2	20	0	0	535
Mother-to-child transmission	5	2	0	0	4	9	0	0	0	0	3	3	0	0	0	0	26
Injecting drug use	18	7	0	0	1	0	0	0	1	0	2	1	0	0	0	0	30
Blood/blood product recipients	19	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	22
Other/Not known	11	2	0	0	2	1	0	0	0	0	0	0	1	0	0	0	17
Total	856	119	4	3	82	186	6	3	7	1	19	8	6	20	1	0	1321

\*Patients with diagnosed HIV infection seen for statutory medical HIV-related care in 2010. This excludes infants born to HIV-infected women in the survey year but who were uninfected or whose infection status was indeterminate. At least 98% of indeterminate infants will subsequently be confirmed as uninfected.

Data do not include patients where area of residence is not known.

**Table 7. Number HIV antibody tests carried out in Wales and number of people newly diagnosed HIV positive\* in Wales 2006-2010 by region from which sera was submitted: Public Health Wales CDSC HIV denominator scheme & confirmatory testing of new diagnoses at Cardiff NHS laboratory**

Region (from which sera was submitted)	2006**			2007			2008			2009			2010		
	total tested	new positives	(%)	total tested	new positives	(%)	total tested	new positives	(%)	total tested	new positives	(%)	total tested	new positives	(%)
Mid & West	14370	54	0.2	14637	37	0.3	12014	30	0.2	14940	34	0.2	18882	40	0.2
South & East	20620	86	0.4	18031	119	0.7	27867	108	0.4	22000	110	0.5	23527	108	0.5
North Wales	14173	24	0.2	8668	20	0.2	17527	21	0.0	20756	21	0.1	22045	20	0.1
Not known/outside Wales	443	0	0.0	196	1	0.5	206	0	0.0	1102	0	0.0	1361	1	0.1
Total	49606	164	0.3	41532	177	0.4	57614	159	0.3	58798	165	0.3	65815	169	0.3

\*Data excludes patients previously tested positive for HIV in the UK

\*\*Denominator data include specimens tested as part of the lookback exercise in 2006

**Table 8. Number HIV antibody tests carried out in Wales and number of people newly diagnosed positive\* in Wales 2006-2010 by sex by facility of source sample: Public Health Wales CDSC HIV denominator scheme & confirmatory testing of new diagnoses at Cardiff NHS laboratory**

Facility	2006**			2007			2008			2009			2010		
	Total tested (new positives)			Total tested (new positives)			Total tested (new positives)			Total tested (new positives)			Total tested (new positives)		
	M	F	Not known	M	F	Not known	M	F	Not known	M	F	Not known	M	F	Not known
GUM/STD clinic	6151 (72)	5218 (41)	27 (1)	8878 (110)	7315 (24)	41 (2)	8857 (51)	7507 (16)	33 (1)	8210 (43)	6990 (22)	47 (1)	9109 (42)	7355 (14)	40 (1)
GP	1720 (3)	3437 (3)	65	904 (6)	2488	42	1045 (1)	4179 (2)	21	980 (5)	4423 (2)	45	917 (4)	4720	5
Hospital in patient	477 (9)	508 (16)	7	516 (3)	501 (2)	4	615	755 (1)	4	780 (6)	886 (2)	11	996 (7)	1016 (3)	4
Hospital out patient	455 (4)	444 (2)	13	576 (1)	483 (2)	24	822 (3)	632 (2)	34	701 (1)	627 (4)	3	851 (6)	1229 (4)	16
Casualty	17	8	0	21	15	0	32	22	0	36	21	0	43	30	1
Haemophilia centre	36	24	0	29	17	0	33	7	0	7	4	0	35	9	0
Blood transfusion service	54	75 (1)	1	18 (1)	17	0	0	0	0	0	0	0	40	37	0
Prison service	107	1	0	55 (1)	1	2	38	1	0	79	1	2	97	0	0
Ante-natal screen	0	12006 (8)	0	0	7516 (2)	0	0	14624 (11)	0	0	12631 (3)	0	0	12332 (7)	0
Drugs team	77	31	0	168	52	1	144	84	0	148	73	2	187	87	1
Renal unit	1767	1242	1	1938	1286	2	1202	717	1	1549	934	0	1584 (1)	1009	1
Bone bank	21	45	0	14	31	0	4	17	0	12	19	0	8	14	0
Forensic/post mortem	0	1	0	3	0	0	1	0	0	0	0	0	0	0	0
Fertility clinic	954	926 (1)	4	964	996	8	997 (1)	1088 (1)	3	1069 (2)	1323	6	1150	1361	12
Private clinic	4	6	0	1	6	0	8	7	0	14	3	0	10	6	0
Other/undetermined	2819 (2)	10405 (1)	452	1989 (13)	4205 (10)	405	3018 (48)	10284 (20)	589	3513 (58)	13703 (16)	237	4616 (53)	16508 (27)	379
Total	14659 (90)	34377 (73)	570 (1)	16074 (135)	24929 (40)	529 (2)	16816 (104)	39924 (53)	685 (2)	17098 (115)	41338 (49)	353 (1)	19643 (113)	45713 (55)	459 (1)

\*Data excludes patients previously tested positive for HIV in the UK

\*\*Denominator data include specimens tested as part of the lookback exercise in 2006



**Table 9. Number of people newly diagnosed HIV positive\* in Wales 2006-2010 by sex and exposure category: confirmatory testing of new diagnoses at Cardiff NHS laboratory**

Exposure group	2006			2007			2008			2009			2010		
	Total new positives			Total new positives			Total new positives			Total new positives			Total new positives		
	Male	Female	Not Known	Male	Female	Not Known	Male	Female	Not Known	Male	Female	Not Known	Male	Female	Not Known
Homosexual/bisexual men	34	-	-	89	-	-	16	-	-	26	-	-	9	-	-
Heterosexual: "high risk" partner**	3	5	0	0	2	0	1	1	0	3	4	0	0	1	0
Heterosexual: partner overseas	6	14	0	15	16	0	2	2	0	0	2	0	0	0	0
Heterosexual: partner UK	0	2	0	3	1	0	0	1	0	0	0	0	2	0	0
Intravenous drug abuse (IVDA)	1	0	0	1	1	0	0	0	0	1	0	0	0	0	0
IVDA and homosexual	1	-	-	0	-	-	0	-	-	0	-	-	0	-	-
Blood factor (Haemophiliacs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blood/tissue transfer (e.g. transfusion): overseas/UK	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
NSI/occupational exposure/bite/tattoo	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Mother to infant	0	3	0	0	1	0	1	0	0	0	1	0	0	0	0
Other multiple exposures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not known	45	49	1	27	19	2	84	49	1	85	42	1	101	54	1
Total	90	73	1	135	40	2	104	53	2	115	49	1	113	55	1

\*Data excludes patients previously tested positive for HIV in the UK

\*\*IDU, bisexual man or known HIV positive partner

**Table 10. The number of blood donations from prospective new donors by area\* of donation and number positive for HIV, Hepatitis B, Hepatitis C and treponemal infection 2007-2010**

Old Health Authority area	2007					2008					2009					2010				
	No. Bled	Donations positive for:				No. Bled	Donations positive for:				No. Bled	Donations positive for:				No. Bled	Donations positive for:			
		HIV	HepB	HepC	Trep		HIV	HepB	HepC	Trep		HIV	HepB	HepC	Trep		HIV	HepB	HepC	Trep
East Dyfed	1270	0	1	0	0	1168	0	0	0	0	1073	0	0	0	0	1106	0	0	0	0
Pembroke	519	0	0	1	0	714	0	1	1	0	490	0	1	2	1	530	0	0	0	0
Gwent	1787	0	0	2	0	1658	0	0	0	0	1503	1	0	1	1	1286	0	0	0	0
Powys (south)	503	0	0	0	0	515	0	0	0	0	468	0	0	0	0	421	0	0	0	0
Mid Glamorgan	1747	0	1	0	0	1829	0	1	2	0	1732	0	0	1	0	1415	0	0	1	0
South Glamorgan	3195	0	3	1	1	3257	0	1	2	0	2727	0	0	2	2	2564	1	1	1	0
West Glamorgan	1618	1	0	0	1	2008	0	0	0	0	1644	0	0	2	0	1525	0	1	0	0
North Wales (Gwynedd N, Clwyd)	2028	0	0	0	0	1788	0	0	0	0	1889	0	0	0	0	1606	0	0	0	0
Total	12667	1	5	4	2	12937	0	3	5	0	11526	1	1	8	4	10453	1	2	2	0

\*Aggregate data provided by historic health authority areas

**Table 11. The number of blood donations from existing donors by area\* of donation and number positive for HIV, Hepatitis B, Hepatitis C and treponemal infection 2007-2010**

Old Health Authority area	2007					2008					2009					2010				
	No. Bled	Donations positive for:				No. Bled	Donations positive for:				No. Bled	Donations positive for:				No. Bled	Donations positive for:			
		HIV	HepB	HepC	Trep		HIV	HepB	HepC	Trep		HIV	HepB	HepC	Trep		HIV	HepB	HepC	Trep
East Dyfed	9425	0	0	0	0	9287	0	0	0	0	8795	0	0	0	0	8574	0	0	0	0
Pembroke	5099	0	0	0	1	5522	0	0	1	0	5642	0	0	0	0	5378	0	0	0	0
Gwent	17193	0	0	0	0	16711	0	0	0	0	15550	0	0	0	0	15268	0	1	0	0
Powys (south)	4663	0	0	0	0	4554	0	0	0	0	4337	0	0	0	0	3824	0	0	0	0
Mid Glamorgan	19060	2	0	2	1	19498	0	0	2	1	19342	0	0	0	0	17220	0	0	0	2
South Glamorgan	23232	0	1	0	0	23845	0	0	0	0	23396	0	0	0	0	22520	0	0	0	0
West Glamorgan	13200	0	0	0	0	13602	0	0	0	0	13588	0	0	0	1	13076	0	0	0	0
North Wales (Gwynedd N, Clwyd)	20040	0	0	0	0	20393	0	0	0	0	20272	0	0	0	0	19044	0	0	0	0
Total	111912	2	1	2	2	113412	0	0	3	2	110922	0	0	0	1	104904	0	1	0	2

\*Aggregate data provided by historic health authority areas

**Table 12a. Episodes of sexually transmitted infection reported by Genito-urinary clinics in Wales (KC60 forms), 2006-2010\*\***

Code	Condition/episode*	2006				2007				2008				2009*				2010**			
		Males	MSM	Females	Total	Males	MSM	Females	Total	Males	MSM	Females	Total	Males	MSM	Females	Total	Males	MSM	Females	Total
A1,A2	Primary and secondary infectious syphilis	39	27	6	45	56	33	5	61	73	50	6	79	54	23	5	59	42	16	7	49
A3	Early latent syphilis	20	9	7	27	21	16	2	23	30	24	4	34	9	3	1	10	18	12	6	24
A4,A5,A6	Other acquired syphilis	26	5	13	39	28	15	18	46	27	10	12	39	34	8	12	46	20	10	5	25
A7	Congenital syphilis, aged under 2 years	0		0	0	0		0	0	0		0	0	0		0	0	0		0	0
A8	Congenital syphilis, aged 2 or over	0		0	0	0		0	0	0		0	0	0		0	0	0		0	0
A9	Epidemiological treatment of suspected syphilis	9	5	2	11	9	8	4	13	19	11	2	21	6	2	3	9	8	4	3	11
B1,B2	Uncomplicated gonorrhoea	362	81	145	507	315	89	139	454	282	54	131	413	340	64	145	485	225	43	126	351
B3	Gonococcal ophthalmia neonatorum	0		0	0	0		0	0	0		2	2	0		2	2	1		2	3
B4	Epidemiological treatment of suspected gonorrhoea	96	22	113	209	92	21	74	166	83	15	99	182	103	16	92	195	99	20	76	175
B5	Complicated gonococcal infection - including PID and epididymitis	0	0	9	9	1	0	2	3	2	0	5	7	1	0	12	13	2	0	4	6
C1-3	Chancroid/Donovanosis/ LGV	4		0	4	2		1	3	5		4	9	9		4	13	3		2	5
C4a,C4c	Uncomplicated chlamydial infection	1858	64	2011	3869	1673	73	1969	3642	2160	94	2280	4440	2238	71	2156	4394	1907	73	2152	4059
C4b	Complicated chlamydial infection - including PID and epididymitis	22	0	96	118	30	3	72	102	31	1	96	127	27	1	86	113	25	0	78	103
C4d	Chlamydia ophthalmia neonatorum	1		0	1	0		0	0	0		2	2	0		1	1	0		1	1
C4e	Epidemiological treatment of suspected chlamydia	1169	51	767	1936	1209	62	804	2013	1209	44	900	2109	1249	51	898	2147	1128	52	849	1977
C4h	Uncomplicated non-gonococcal/non-specific urethritis in males or treatment of mucopurulent cervicitis in females	2436	115	597	3033	1908	102	738	2646	1683	87	284	1967	1686	59	404	2090	1219	67	320	1539

Public Health Wales										HIV and STI trends in Wales											
C4i	Epidemiological treatment of NSGI	280	22	758	1038	234	16	341	575	152	15	296	448	164	10	286	450	117	11	215	332
C5	Complicated infection(non-chlamydial/ non-gonococcal) - including PID and epididymitis	127	7	448	575	114	3	392	506	111	3	300	411	121	0	299	420	119	3	327	446
C6a	Trichomoniasis	2		60	62	1		41	42	5		81	86	4		63	67	1		66	67
C6b	Anaerobic / bacterial vaginosis and anaerobic balanitis	104		3060	3164	108		2827	2935	128		2700	2828	72		2770	2842	73		2376	2449

*\*Figures for 2009 are likely to be an underestimate due to incomplete coding of diagnoses in some clinics.*

*\*\*Data for Cardiff, Swansea, Swansea Central and Port Talbot clinics were provided by SWS in the absence of KC60 forms. Data were imputed where coding of diagnoses was <90%. SWS data for Swansea clinic are not complete for 2010 and figures may therefore increase slightly.*

*MSM = Men having sex with men, recorded on the KC60 form as homosexually acquired. Information on whether homosexually acquired not collected for all conditions*

**Table 12b. Episodes of sexually transmitted infection reported by Genito-urinary clinics in Wales (KC60 forms), 2006-2010**

Code	Condition/episode	2006				2007				2008				2009*				2010**			
		Males	MSM	Females	Total	Males	MSM	Females	Total	Males	MSM	Females	Total	Males	MSM	Females	Total	Males	MSM	Females	Total
C6c	Other vaginosis/vaginitis/balanitis	526		88	614	529		61	590	479		65	544	376		95	471	264		85	349
C7a	Anogenital candidosis	409		2988	3397	321		2403	2724	348		2443	2791	426		2201	2627	325		2041	2366
C7b	Epidemiological treatment of C6 and C7	62		53	115	97		106	203	139		196	335	168		200	368	208		256	464
C8-9	Scabies/Pediculosis pubis	58	11	14	72	48	13	6	54	55	12	5	60	59	6	9	68	51	7	7	58
C10a	Anogenital herpes simplex - first attack	261	7	426	687	225	7	426	651	311	12	471	782	252	7	501	753	311	5	540	851
C10b	Anogenital herpes simplex - recurrence	166	7	186	352	146	10	174	320	198	7	237	435	161	4	238	399	168	9	287	455
C11a	Anogenital warts - first attack	1899	66	1938	3837	1835	70	1831	3666	2052	65	1948	4000	2038	58	1879	3917	1862	56	1937	3799
C11b	Anogenital warts - recurrence	987	30	577	1564	881	28	568	1449	983	36	660	1643	1046	32	660	1706	1008	22	770	1778
C11c	Anogenital warts - reregistered cases	411		359	770	416		441	857	385		325	710	304		263	567	251		201	452
C12	Molluscum contagiosum	274	8	168	442	306	5	183	489	345	8	182	527	310	7	153	463	277	6	149	426
C13a	Viral hepatitis B (HbsAg positive): first diagnosis**	22	1	2	24	20	1	6	26	8	1	3	11	14	0	5	19	14	4	5	19
C13b	**number of which were acute viral hepatitis B	1	1	0	1	3	1	1	4	1	0	0	1	0	0	0	0	3	0	2	5
C13c	Viral hepatitis B: subsequent presentation	3	1	5	8	6	1	1	7	8	3	3	11	8	0	3	11	11	1	5	16
C14	Viral hepatitis C: first diagnosis	42	2	22	64	32	1	16	48	25	3	10	35	24	3	9	33	22	5	11	33
D2a	Urinary tract infection	39		178	217	24		164	188	43		203	246	59		213	272	34		197	231
D2b	Other conditions requiring treatment at GUM clinic	1486		1479	2965	1657		1550	3207	1735		1504	3239	1516		1410	2926	1375		1341	2716
D3	Other episodes not requiring treatment	6021		4589	10610	7109		5608	12717	9570		8932	18502	10128		10174	20302	10260		15206	25466
E1a	New HIV diagnosis: asymptomatic	44	24	18	62	70	46	18	88	46	21	20	66	54	18	14	68	38	18	14	52
E2a	New HIV diagnosis: symptomatic (not AIDS)	20	13	13	33	27	20	12	39	26	14	9	35	6	3	7	13	20	16	11	31
E1b, E2b	Subsequent HIV presentation (not AIDS)***	745		265	1010	1015		393	1408	1009		409	1418	718		226	944	-		-	-
E3a1	AIDS: first presentation - new HIV diagnosis	0	0	0	0	3	2	1	4	0	0	0	0	2	0	1	3	0	0	0	0

Public Health Wales					HIV and STI trends in Wales														
E3a2	AIDS: first presentation - HIV diagnosed previously	0	0	0	0	1	0	0	1	1	0	1	2	0	0	0	0	0	0
E3b	AIDS - subsequent presentation	122		25	147	182		31	213	191		48	239	132		45	177	73	
																		19	92

\*Figures for 2009 are likely to be an underestimate due to incomplete coding of diagnoses in some clinics.

\*\*Data for Cardiff, Swansea and Port Talbot clinics were provided by SWS in the absence of KC60 forms. Data were imputed where coding of diagnoses was <95.0% and >5.0% less than average for previous years using SWS. SWS data for Swansea clinic are not complete for 2010 and figures may therefore increase slightly.

\*\*\*Figures for code E1b,E2b in 2010 are currently unavailable for Cardiff clinic.

MSM = Men having sex with men, recorded on the KC60 form as homosexually acquired. Information on whether homosexually acquired not collected for all conditions

**Table 12c. Episodes of sexually transmitted infection reported by Genito-urinary clinics in Wales (KC60 forms), 2006-2010**

Code	Condition/episode	2006				2007				2008				2009*				2010**			
		Males	MSM	Fema-les	Total	Males	MSM	Fema-les	Total	Males	MSM	Fema-les	Total	Males	MSM	Fema-les	Total	Males	MSM	Fema-les	Total
P1a	HIV antibody counselling - with testing	1013	159	665	1678	1137	235	739	1876	916	111	658	1574	842	96	633	1475	698	73	557	1255
P1b	HIV antibody counselling - without testing	5097	142	4685	9782	3723	133	4089	7812	4452	102	4801	9253	4681	79	5425	10106	4669	83	6396	11065
P2	Hepatitis B vaccination	447	240	165	612	469	263	171	640	380	203	152	532	356	132	158	514	328	152	187	515
P3	Family Planning			396	396			575	575			1848	1848			1925	1925			5491	5491
P4a	Cervical Cytology - minor abnormality			126	126			140	140			224	224			173	173			140	140
P4b	Cervical Cytology - major abnormality			11	11			14	14			33	33			39	39			33	33
Code	Services provided																				
S1	Sexual health screen (no HIV antibody test)	6135	164	6053	12188	4396	198	5042	9438	4509	145	5295	9804	4770	99	5864	10634	4925	102	6912	11837
S2	HIV antibody test and sexual health screen	7746	681	7055	14801	9804	830	8546	18350	11278	872	10464	21742	11273	703	10676	21949	10438	735	11611	22049
Total all conditions		38363	40591	1965	40641	81232	40283	2305	40745	81028	45493	2023	48353	93846	45840	1555	50438	-	-	-	-

\*Figures for 2009 are likely to be an underestimate due to incomplete coding of diagnoses in some clinics.

\*\*Data for Cardiff, Swansea and Port Talbot clinics were provided by SWS in the absence of KC60 forms. Data were imputed for incomplete coding of diagnoses at Cardiff clinic. SWS data for Swansea clinic are not complete for 2010 and figures may therefore increase slightly.

MSM = Men having sex with men, recorded on the KC60 form as homosexually acquired. Information on whether homosexually acquired not collected for all conditions



**Table 13. Episodes of sexually transmitted infection reported by Genito-urinary clinics in Wales (KC60 forms), 2010\***

Code	Condition	Sex	Under 15	15	16-19	20-24	25-34	35-44	45-64	65 and over	Age unknown	All ages
A1,A2	Primary and secondary infectious syphilis	M	0	0	1	3	15	11	12	0	0	42
		F	0	0	1	1	3	1	1	0	0	7
B1,B2	Uncomplicated gonorrhoea	M	0	2	34	71	78	19	20	0	1	225
		F	0	0	48	49	19	6	4	0	0	126
B1,B2	Uncomplicated gonorrhoea - homosexually acquired	M	0	0	4	13	16	5	5	0	0	43
		F										
C4a,C4c	Uncomplicated chlamydial infection	M	0	10	384	812	527	124	45	5	0	1907
		F	9	39	886	834	317	47	19	1	0	2152
C10a	Anogenital herpes simplex - first attack	M	0	1	26	118	81	48	35	2	0	311
		F	2	7	110	187	129	67	36	2	0	540
C11a	Anogenital warts - first attack	M	1	3	245	736	532	196	133	16	0	1862
		F	7	30	642	651	369	150	84	4	0	1937

\*Data for Cardiff, Swansea and Port Talbot clinics were provided by SWS in the absence of KC60 forms. Data were imputed for incomplete coding of diagnoses at Cardiff clinic. SWS data for Swansea clinic are not complete for 2010 and figures may therefore increase slightly.

**Table 14. Episodes of primary and secondary infectious syphilis (and number homosexually acquired) per year by GUM clinic and region of GUM clinic: KC60 data, 2006-2010**

Region	Clinic	2006	2007	2008	2009*	2010**
South & East	Aberdare	1	0	1	0	0
	Cardiff	21	23	33	13	7
	Cwmbran	-	0	0	0	0
	Llantrisant	3	7	5	9	8
	Newport	4	8	13	9	8
	Pontypridd <sup>1</sup>	-	0	-	-	-
	Total	29 (18)	38 (29)	52 (34)	31 (14)	23 (12)
Mid & West	Aberystwyth	0	0	0	1	0
	Bridgend	1	3	3	3	2
	Builth Wells	0	1	0	0	0
	Cardigan	0	0	0	0	0
	Carmarthen Pond Street	0	0	0	0	0
	Carmarthen West Wales GH	0	0	1	0	2
	Haverfordwest	0	1	0	0	1
	Llanelli	1	1	0	0	1
	Newtown	0	0	0	0	0
	Pembroke	0	1	0	0	0
	Port Talbot	0	0	1	0	0
	Swansea	7	13	8	18	12
	Swansea Central	-	-	3	0	2
	Total	9 (6)	20 (4)	16 (10)	22 (5)	20 (-)
North Wales	Bangor	2	2	4	1	2
	Bodelwyddan	3	0	1	1	1
	Chirk	-	-	-	-	0
	Colwyn Bay	-	-	-	-	0
	Connah's Quay	-	-	-	-	0
	Holyhead	0	1	0	0	0
	Llandudno	0	0	1	0	1
	Pwllheli	0	0	0	0	1
	Rhyl	-	-	-	-	0
	Ruthin	-	-	-	-	0
	Wrexham	2	0	5	4	1
	Total	7 (3)	3 (0)	11 (6)	6 (4)	6 (4)
Wales		45 (27)	61 (33)	79 (50)	59 (23)	49 (16)

\*Figures for 2009 are likely to be an underestimate due to incomplete coding of diagnoses in some clinics.

\*\*Data for Cardiff, Swansea and Port Talbot clinics were provided by SWS in the absence of KC60 forms. Data were imputed for incomplete coding of diagnoses at Cardiff clinic. SWS data for Swansea clinic are not complete for 2010 and figures may therefore increase slightly.

<sup>1</sup>Only includes data from 2007. Data prior to quarter 4 of 2006 was reported through Llantrisant.

**Table 15. Episodes of infectious syphilis\* reported to Public Health Wales CDSC through the Enhanced Syphilis Surveillance Scheme by clinics in Wales: 2003-2010**

Region	Clinic	2003	2004	2005	2006	2007	2008	2009	2010
South & East	Aberdare	0	0	1	1	0	0	0	0
	Cardiff	41	35	24	31	39	60	25	30
	Cwmbran	-	-	-	-	0	0	0	0
	Llantrisant	4	1	3	8	11	14	10	7
	Newport	0	0	4	18	23	15	9	9
	Pontypridd <sup>1</sup>	-	-	-	-	0	0	-	-
	Total	45	36	32	58	73	89	44	46
Mid & West	Aberystwyth	0	0	0	0	0	1	1	0
	Bridgend	0	2	1	2	0	0	0	0
	Builth Wells	0	0	0	0	1	0	0	1
	Cardigan	-	0	0	1	0	0	0	0
	Carmarthen Pond Street	0	0	0	0	0	0	0	0
	Carmarthen West Wales General Hospital**	0	0	0	0	0	2	1	3
	Haverfordwest	0	0	0	0	0	0	0	1
	Lampeter	-	0	0	-	-	-	-	-
	Llanelli	0	0	0	0	0	0	1	0
	Newtown	-	0	0	0	0	0	0	0
	Pembroke	0	0	0	0	0	0	0	0
	Port Talbot	0	0	0	0	0	0	0	0
	Swansea	7	5	7	7	9	16	9	0
	Swansea Central	-	-	-	-	-	0	0	0
	Total	7	7	8	10	10	19	12	5
North Wales	Bangor	3	2	1	3	5	8	0	5
	Bodelwyddan	1	2	0	3	2	1	0	1
	Chirk	-	-	-	-	-	-	-	0
	Colwyn Bay	-	-	-	-	-	-	-	0
	Connah's Quay	-	-	-	-	-	-	-	0
	Holyhead	0	0	0	0	0	0	0	0
	Llandudno	0	0	0	0	0	1	0	1
	Pwllheli	0	0	0	0	0	0	0	0
	Rhyl	-	-	-	-	-	-	-	0
	Ruthin	-	-	-	-	-	-	-	0
	Wrexham	1	2	9	1	0	2	0	0
	Total	5	6	10	7	7	12	0	7
Unknown		0	0	0	0	0	0	0	0
Wales		57	49	50	75	90	120	56	58

\*Data includes A1, A2, A3, A9 and stage of infection not known. Figures may differ from KC60 data due to differences in data collection methods.

\*\*Includes data for Llanelli for 2002

**Table 16. Episodes of post-pubertal uncomplicated gonorrhoea (and number homosexually acquired) per year by GUM clinic and region of GUM clinic: KC60 data, 2006-2010**

Region	Clinic	2006	2007	2008	2009*	2010**
South & East	Aberdare	14	15	3	7	5
	Cardiff	144	146	134	132	71
	Cwmbran	-	1	0	12	13
	Llantrisant	47	36	42	26	16
	Newport	93	63	91	136	107
	Pontypridd <sup>1</sup>	-	0	0	-	-
	Total	298 (50)	261 (52)	270 (36)	313 (43)	212 (21)
Mid & West	Aberystwyth	2	3	2	5	2
	Bridgend	13	13	10	2	3
	Builth Wells	0	1	0	1	0
	Cardigan	1	1	0	0	1
	Carmarthen Pond Street	3	0	2	3	0
	Carmarthen West Wales GH	7	5	4	3	3
	Haverfordwest	4	6	3	5	6
	Llanelli	9	9	6	3	2
	Newtown	0	0	1	0	0
	Pembroke	1	0	1	0	1
	Port Talbot	20	14	1	3	3
	Swansea	82	94	60	99	42
	Swansea Central	-	-	10	-	11
	Total	142 (16)	146 (32)	100 (13)	124 (17)	74 (7)
North Wales	Bangor	9	8	6	3	8
	Bodelwyddan	26	10	7	15	23
	Chirk	-	-	-	-	0
	Colwyn Bay	-	-	-	-	3
	Connah's Quay	-	-	-	-	0
	Holyhead	0	0	0	1	0
	Llandudno	3	1	2	2	3
	Pwllheli	2	6	1	0	0
	Rhyl	-	-	-	-	7
	Ruthin	-	-	-	-	0
	Wrexham	27	22	27	27	21
	Total	67 (15)	47 (5)	43 (5)	48 (4)	65 (15)
Wales		507 (81)	454 (89)	413 (54)	485 (64)	351 (43)

\*Figures for 2009 are likely to be an underestimate due to incomplete coding of diagnoses in some clinics.

\*\*Data for Cardiff, Swansea and Port Talbot clinics were provided by SWS in the absence of KC60 forms. Data were imputed for incomplete coding of diagnoses at Cardiff clinic. SWS data for Swansea clinic are not complete for 2010 and figures may therefore increase slightly.

**Table 17. Laboratory reports of *Neisseria gonorrhoeae*\* by reporting laboratory and year, 2003-2010**

Laboratory	Year							
	2003	2004	2005	2006	2007	2008	2009	2010
Abergavenny Nevill Hall	-	-	-	4	3	1	0	0
Aberystwyth Bronglais	1	1	1	0	0	0	0	1
Bangor NPHS	17	13	7	13	14	7	10	11
Bridgend Princess of Wales	-	-	-	-	-	-	-	-
Cardiff NPHS	130	247	234	174	157	162	190	130
Carmarthen NPHS	8	7	13	19	15	11	16	9
Haverfordwest Withybush	4	13	4	11	4	1	0	2
Llantrisant Royal Glamorgan	20	97	80	36	-	-	25	23
Merthyr Tydfil Prince Charles	2	1	1	0	1	0	0	0
Newport Royal Gwent	-	-	-	-	-	-	-	-
Rhyl NPHS	16	34	16	16	12	8	23	19
Swansea NPHS	80	84	41	155**	143	100	112	81
Wrexham Maelor	1	33	18	-	-	-	27	23
Outside Wales	0	1	0	0	0	0	0	0
<b>Total</b>	<b>279</b>	<b>531</b>	<b>415</b>	<b>273</b>	<b>349</b>	<b>290</b>	<b>403</b>	<b>299</b>

\*Includes all anogenital specimens positive for *Neisseria gonorrhoea*

\*\*May include duplicates

**Table 18. Rates (per 100,000 population) of laboratory reports\* of gonorrhoea and anogenital chlamydia by sex by age group, 2006-2010**

Organism	Year	Sex	Rates per age group (/100,000 population)					Total**
			15-24	25-34	35-44	45-54	55-64	
<i>Neisseria gonorrhoeae</i>	2006	F	48.6	27.4	4.2	0.5	0.0	15.5
		M	63.3	47.6	23.0	11.1	1.1	29.1
	2007	F	46.7	16.9	2.8	0.5	1.5	13.3
		M	47.7	39.8	15.8	5.8	3.1	22.3
	2008	F	41.6	13.3	5.2	1.0	0.0	12.1
		M	38.6	26.7	9.0	11.9	1.6	17.6
	2009	F	54.1	13.3	6.6	2.5	0.0	15.2
		M	53.8	47.4	17.0	5.7	6.3	25.9
	2010	F	36.6	9.5	4.0	3.3	0.0	10.7
		M	45.7	35.8	11.2	5.0	1.6	20.0
Anogenital chlamydia***	2006	F	1155.5	279.0	36.6	8.7	2.1	289.6
		M	443.5	227.4	55.8	13.8	4.8	149.6
	2007	F	1096.9	268.7	30.7	7.0	2.0	276.3
		M	441.2	239.7	45.9	16.2	4.7	150.8
	2008	F	1147.2	290.0	42.6	6.4	1.5	294.4
		M	527.0	278.4	52.1	17.0	5.2	178.5
	2009	F	1264.5	318.6	39.8	8.7	2.0	324.3
		M	626.8	326.0	46.3	19.9	5.8	209.2
	2010	F	1434.5	337.5	43.1	9.1	0.0	362.7
		M	622.3	324.1	62.7	20.0	4.7	212.3

To calculate rates, the mid-year estimates corresponding to each particular reporting year were used.

Rates may change slightly as figures are updated. Those of unknown gender or age group are not included.

\* Excludes laboratory reports of *Neisseria gonorrhoea* and anogenital chlamydia from Newport Royal Gwent and Bridgend, and reports of anogenital chlamydia from Wrexham and Abergavenny hospitals prior to 2009.

\*\* Total ONS population of females/males was used as denominator for total rate. Total number of cases in those aged 15-64 was used as numerator.

\*\*\* Includes all anogenital specimens positive for *Chlamydia trachomatis* or *Chlamydia spp.*

**Table 19. Episodes of uncomplicated chlamydial infection (and number homosexually acquired) per year by GUM clinic and region of GUM clinic: KC60 data, 2006-2010**

Region	Clinic	2006	2007	2008	2009*	2010**
South & East	Aberdare	68	47	64	80	45
	Cardiff	954	935	1031	739	650
	Cwmbran	-	11	54	75	69
	Llantrisant	195	176	316	301	158
	Newport	612	414	745	761	782
	Pontypridd <sup>1</sup>	-	5	0	-	-
	Total	1829 (41)	1588 (29)	2210 (62)	1956 (42)	1704 (51)
Mid & West	Aberystwyth	43	44	90	82	88
	Bridgend	58	46	45	46	36
	Builth Wells	19	13	21	17	14
	Cardigan	17	13	34	37	25
	Carmarthen Pond Street	38	30	42	47	44
	Carmarthen West Wales GH	37	41	75	81	66
	Haverfordwest	44	62	115	113	175
	Llanelli	95	65	107	131	62
	Newtown	14	10	11	18	14
	Pembroke	8	25	40	43	36
	Port Talbot	69	49	70	54	37
	Swansea	450	552	472	847	426
	Swansea Central	-	-	138	-	126
	Total	892 (6)	949 (26)	1124 (19)	1519 (17)	1149 (1)
North Wales	Bangor	234	240	201	164	205
	Bodelwyddan	291	254	226	157	270
	Chirk	-	-	-	-	6
	Colwyn Bay	-	-	-	-	81
	Connah's Quay	-	-	-	-	16
	Holyhead	45	51	54	60	54
	Llandudno	111	83	58	51	59
	Pwllheli	28	41	30	24	38
	Rhyl	-	-	-	-	64
	Ruthin	-	-	-	-	8
	Wrexham	439	435	394	463	405
	Total	1148 (17)	1104 (18)	963 (8)	919 (12)	1206 (21)
Wales		3869 (64)	3641 (73)	4297 (89)	4394 (71)	4059 (73)

\*Figures for 2009 are likely to be an underestimate due to incomplete coding of diagnoses in some clinics.

\*\*Data for Cardiff, Swansea and Port Talbot clinics were provided by SWS in the absence of KC60 forms. Data were imputed for incomplete coding of diagnoses at Cardiff clinic. SWS data for Swansea clinic are not complete for 2010 and figures may therefore increase slightly.

**Table 20. Laboratory reports of anogenital chlamydia\* by reporting laboratory\*\* and year, 2003-2010**

Laboratory	Year							
	2003	2004	2005	2006	2007	2008	2009	2010
Abergavenny Nevill Hall	0	0	0	0	0	0	0	0
Aberystwyth Bronglais	115	115	90	148	139	257	0	0
Bangor	199	331	606	513	542	492	479	584
Bridgend Princess of Wales	-	-	-	-	-	-	-	-
Cardiff	1470	1894	1770	1585	1612	1875	2026	1888
Carmarthen	165	236	224	296	265	96	0	0
Haverfordwest Withybush	103	38	14	13	63	0	0	0
Llantrisant Royal Glamorgan	0	297	371	203	0	0	0	232
Merthyr Tydfil Prince Charles	55	5	0	0	0	0	1	147
Newport Royal Gwent	-	-	-	-	-	-	-	-
Rhyl	191	218	269	388	318	409	442	453
Swansea	660	1153	987	1142	1255	1527	1666	1724
Wrexham Maelor	0	0	0	0	0	0	646	638
Outside Wales	0	6	0	1	0	0	0	0
<b>Total</b>	<b>2958</b>	<b>4293</b>	<b>4331</b>	<b>4289</b>	<b>4194</b>	<b>4656</b>	<b>5260</b>	<b>5666</b>

\*Includes all anogenital specimens positive for *Chlamydia trachomatis* or *Chlamydia* spp.

\*\*Figures amended as more reports received



**Table 21. New episodes of selected conditions by GUM clinic (KC60 data): 2010 data\***

Region		Syphilis	Gonorrhoea	Chlamydia	NSU- male	Trichomoniasis	Anaerobic/ bacterial vaginosis	Candidosis	Herpes	Warts	Incoming telephone calls for clinical advice or results	First attendances	Of which new patients
		A1,A2	B1,B2	C4a,C4c	C4h	C6a	C6b	C7a	C10a	C11a		(as on QS1)	
South & East	Aberdare	0	5	45	73	0	55	57	11	138	352	698	407
	Cardiff*	7	71	650	183	24	500	524	178	590	-	-	-
	Cwmbran	0	13	69	9	0	24	16	6	83	20	936	482
	Llantrisant	8	16	158	210	4	157	193	46	273	3899	2591	1420
	Newport	8	107	782	316	17	454	232	164	684	2497	10366	4974
	Total	23	212	1704	791	45	1190	1022	405	1768	-	-	-
Mid & West	Aberystwyth	0	2	88	2	1	24	42	7	66	602	1003	709
	Bridgend	2	3	36	56	0	62	44	15	79	82	507	297
	Builth Wells	0	0	14	1	0	2	6	0	17	173	158	120
	Cardigan	0	1	25	1	1	7	7	2	19	170	257	176
	Carmarthen Pond Street	0	0	44	0	0	8	13	10	33	155	406	278
	Carmarthen West Wales GH	2	3	66	14	0	7	13	18	73	504	808	507
	Haverfordwest	1	6	175	7	1	42	50	32	130	1149	950	577
	Llanelli	1	2	62	8	0	22	21	11	79	594	728	402
	Newtown	0	0	14	0	0	7	8	1	19	141	169	121
	Pembroke	0	1	36	4	4	13	22	4	38	399	218	132
	Port Talbot*	0	3	37	29	1	59	51	7	60	-	-	-
	Swansea**	12	42	426	420	5	386	426	115	453	-	-	-
	Swansea Central*	2	11	126	29	1	59	65	26	72	-	-	-
	Total	20	74	1149	571	14	698	768	248	1138	-	-	-
North Wales	Bangor	2	8	205	27	2	158	97	32	147	25	1607	987
	Bodelwyddan	1	23	270	14	0	62	120	52	314	1918	3447	1620
	Chirk	0	0	6	0	0	0	3	0	1	46	242	129
	Colwyn Bay	0	3	81	1	0	17	25	6	25	125	1644	1251
	Connah's Quay	0	0	16	0	0	0	2	0	1	34	261	241
	Holyhead	0	0	54	6	0	22	13	8	35	26	286	190
	Llandudno	1	3	59	4	0	35	26	5	37	93	397	239
	Pwllheli	1	0	38	5	0	25	12	2	19	69	240	160
	Rhyl	0	7	64	4	2	34	43	20	46	446	1680	974
	Ruthin	0	0	8	0	0	1	2	0	3	6	243	189
	Wrexham	1	21	405	116	4	207	233	73	265	2460	4348	2195
	Total	6	65	1206	177	8	561	576	198	893	5248	14395	8175
Wales		49	351	4059	1539	67	2449	2366	851	3799	-	-	-

\*Data for Cardiff, Swansea and Port Talbot clinics were provided by SWS in the absence of KC60 forms. Data were imputed for incomplete coding of diagnoses at Cardiff clinic.

\*\*SWS data for Swansea clinic are not complete for 2010 and figures may therefore increase slightly.

**Table 22. Number of diagnoses for selected conditions reported via the Sexual health in Wales Surveillance scheme by GUM clinic and region, 2010**

Region	Clinic	Primary & secondary infectious syphilis	Uncomplicated gonorrhoea	Uncomplicated chlamydial infection	Anogenital herpes simplex: first attack	Anogenital warts: first attack	Viral hepatitis B: first diagnosis	Viral hepatitis C: first diagnosis
South & East	Aberdare	0	5	45	11	138	1	0
	Cardiff**	7	71	650	178	590	3	6
	Cwmbran	0	13	136	8	81	0	0
	Llantrisant	8	15	154	45	264	2	2
	Newport	6	89	638	182	670	6	6
	Total	21	193	1714	424	1743	12	14
Mid & West	Aberystwyth	0	2	87	7	65	0	0
	Bridgend	2	3	36	16	80	0	1
	Builth Wells	0	0	14	0	17	0	0
	Cardigan	0	1	25	2	19	0	1
	Carmarthen Pond Street*	-	-	-	-	-	-	-
	Carmarthen West Wales GH*	-	-	-	-	-	-	-
	Haverfordwest*	-	-	-	-	-	-	-
	Llanelli*	-	-	-	-	-	-	-
	Newtown	0	0	14	1	19	0	1
	Pembroke*	-	-	-	-	-	-	-
	Port Talbot	0	3	37	7	60	0	0
	Swansea***	12	42	426	115	453	3	0
	Swansea Central	2	11	126	26	72	0	0
	Total	16	62	765	174	785	3	3
North Wales	Bangor	2	7	161	25	116	1	0
	Bodelwyddan	2	11	150	29	209	0	1
	Chirk	0	0	7	0	1	0	0
	Colwyn Bay	0	3	75	5	24	0	0
	Connah's Quay	0	0	15	0	1	0	0
	Holyhead	0	0	49	6	30	0	0
	Llandudno	1	2	47	5	31	0	1
	Pwllheli	1	0	32	2	11	0	0
	Rhyl	0	3	58	19	40	0	0
	Ruthin	0	0	9	0	4	0	0
	Wrexham	1	21	403	74	265	0	5
	Total	7	47	1006	165	732	1	7
Wales		44	302	3485	763	3260	16	24

\*Data not currently available for patients attending the following GUM clinics: Carmarthen Pond Street, West Wales General Hospital, Llanelli, Haverfordwest or Pembroke

\*\* Data were imputed for clinics where completeness of diagnosis coding <90% (with the exception of Cwmbran where it is not possible to determine level of completeness).

\*\*\*SWS data for Swansea clinic are not complete for 2010 and figures may therefore increase slightly.

**Table 23. Numbers of diagnoses for selected conditions reported via the Sexual health in Wales Surveillance scheme by Local Authority of patient residence and region, 2010**

Region	Clinic	Primary & secondary infectious syphilis	Uncomplicated gonorrhoea	Uncomplicated chlamydial infection	Anogenital herpes simplex: first attack	Anogenital warts: first attack	Viral hepatitis B: first diagnosis	Viral hepatitis C: first diagnosis
South & East	Blaenau Gwent	0	10	91	12	82	1	0
	Caerphilly	2	26	209	44	194	0	0
	Cardiff**	6	43	391	110	348	1	5
	Merthyr Tydfil	1	2	27	3	59	0	0
	Monmouthshire	0	7	40	23	70	1	0
	Newport	1	32	251	65	214	2	3
	Rhondda, Cynon, Taff	5	14	118	38	258	2	1
	The Vale of Glamorgan	0	12	66	20	81	0	0
	Torfaen	1	20	140	31	153	1	0
Total		16	166	1333	346	1459	8	9
Mid & West	Bridgend	4	2	66	23	118	0	2
	Carmarthenshire*	0	4	34	8	32	1	0
	Ceredigion	0	1	8	1	3	0	0
	Neath Port Talbot	8	12	118	31	133	0	0
	Pembrokeshire*	0	0	6	1	4	0	0
	Powys	0	1	12	5	21	0	1
	Swansea	6	28	324	89	345	2	0
	Total	18	48	568	158	656	3	3
North Wales	Conwy	1	6	172	20	133	0	1
	Denbighshire	1	9	147	30	131	0	0
	Flintshire	1	2	62	23	93	0	2
	Gwynedd	2	4	144	19	92	1	0
	Isle of Anglesey	0	6	107	17	70	0	0
	Wrexham	1	17	322	51	173	0	4
	Total	6	44	954	160	692	1	7
Wales		40	258	2855	664	2807	12	19
England		0	4	51	11	36	1	0
Scotland		0	1	1	0	0	0	0
Unknown		2	17	280	33	236	2	3
Total		42	280	3187	708	3079	15	22

\*Data not currently available for patients attending the following GUM clinics: Carmarthen Pond Street, West Wales General Hospital, Llanelli, Haverfordwest or Pembroke

\*\* Data completeness at 90.0% of diagnosing for Wales; therefore figures may increase slightly.

SWS data for Swansea clinic are not complete for 2010 and figures may therefore increase slightly.

## Appendix 2

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