



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Sexual Health in Wales Surveillance Scheme (SWS)

Quarterly Report, July 2016
(Data to end December 2015)

Author: Communicable Disease Surveillance Centre

Date: July 2016

Version: 1

Status: Approved

Intended audience: Health professionals

Publication/ Distribution:

- Publication on Public Health Wales intranet and internet
- E-mail notification of publication to stakeholders

Purpose and Summary of Document:

This report presents the latest observed trends on the rates of STIs and other infections diagnosed in Integrated Sexual Health clinics in Wales and highlights quality issues in the data. Data are presented to end of March 2016, as at 15th July 2016.

Key points

- There was an increase in reports of new diagnoses of chlamydia, herpes, LGV, hepatitis B and hepatitis C; and a decrease in reports of syphilis across Wales over the last 2 years (comparing Q3-Q4 2013 and Q3-Q4 2015) (Table 1).
- The number of first episodes of herpes increased by 11% between the two periods compared (Q3-Q4 2013 and Q3-Q4 2015), whilst chlamydia diagnoses increased by 8%, and syphilis diagnoses decreased by 27% (Table 1).
- The observed increases in LGV, hepatitis B and hepatitis C should be taken with caution due to small numbers (Table 1).
- Diagnoses of warts (first episodes), gonorrhoea, and HIV appeared to be stable or to decrease slightly during the same period (Table 1).
- Reports of chlamydia, gonorrhoea, HIV, and syphilis tests increased by 11-12% between Q3-Q4 2013 and Q3-Q4 2015 (Table 1).
- First episodes of herpes and chlamydia diagnoses increased both in males and females. The observed increases in HIV in females should be taken with caution due to small numbers (Table 2).
- Raises in men who report having sex with men (MSM) accounted for a significant part of the herpes increase in males, and for all the increase in chlamydia in males. Increases in gonorrhoea and new diagnoses of HIV were also observed in MSM (Table 2).
- In 15-24 year olds, as in the general population, there were increases in herpes and chlamydia, and a decrease in syphilis, between the two periods compared (Table 3).
- Health board trends should be taken with caution, as completeness of data varies between clinics and health boards. For instance, Cardiff and Vale reporting has improved greatly between the two periods compared (Q3-Q4 2013 and Q3-Q4 2015), meaning the two periods are not really comparable in this health board. This may also skew the results for all Wales. In health boards where reporting rates are stable, the following trends are observed:
 - Chlamydia appeared to increase in Aneurin Bevan between the two periods compared, whilst it remained stable in Betsi Cadwaladr, and there was a slight decrease in Cwm Taf (Table 4).
 - Gonorrhoea appears to have increased in Betsi Cadwaladr, and decreased in Cwm Taf between the two periods compared (Table 5).
 - Syphilis appears to have decreased in Wales and in particular in Betsi Cadwaladr and Cwm Taf between the two periods compared (Table 6).

General population

Table 1. Percentage change in selected diagnoses and screens made in ISH clinics from Q3–Q4 2013 to Q3–Q4 2015 in Wales

	Diagnoses			Screens		
	Q3-Q4 2013	Q3-Q4 2015	% Change	Q3-Q4 2013	Q3-Q4 2015	% Change
Chlamydia	2380	2575	8%	22786	25480	12%
Warts (1st episode)	1588	1498	-6%	-	-	-
Herpes (1st episode)	524	583	11%	-	-	-
Gonorrhoea	477	479	0%	22760	25438	12%
HIV (new diagnosis)	41	40	-2%	13625	15083	11%
Syphilis	49	36	-27%	13161	14616	11%
LGV	2	3	50%	-	-	-
Hepatitis A (acute)	0	0	-	-	-	-
Hepatitis B (1st diagnosis)	5	11	120%	-	-	-
Hepatitis C (1st diagnosis)	10	12	20%	-	-	-

i) Diagnoses made in new patient and rebook patient attendances reported to SWS clinic. Rebook patient attendances are those where patients who are known to the clinic return for an unrelated episode of care.

ii) Recent figures may be incomplete due to delays in reporting and to incomplete mapping at CDSC level.

iii) These data do not include diagnoses made in clinics in South Hywel Dda, which started reporting to SWS in March 2016.

iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.

v) The following KC60/SHHAPT diagnoses codes were used: chlamydia (C4, C4A, C4C), first episode of genital warts (C11A), first episode of genital herpes (C10A), gonorrhoea (B, B1, B2), new diagnosis of HIV (E1A, E2A, E3A1,H1,H1A,H1B), primary, secondary and early latent syphilis (A1, A2, A3), LGV (C2), acute hepatitis A infection (C15), first diagnosis of hepatitis B (C13, C13A), first diagnosis of hepatitis C (C14).

vi) Screen codes are collected only for chlamydia, gonorrhoea, HIV and syphilis. The following KC60/SHHAPT services codes were used: chlamydia tests (S1,S2,T1,T2,T3,T4), gonorrhoea tests (S1,S2,T2,T3,T4), HIV antibody tests (S2,T4, P1A), syphilis tests (S1,S2,T3,T4).

Gender and sexuality

Table 2. Percentage change in selected diagnoses made in ISH clinics from Q3–Q4 2013 to Q3–Q4 2015 by gender and sexuality in Wales

	Q3-Q4 2013			Q3-Q4 2015			% Change		
	Male*	*of which MSM	Female	Male*	*of which MSM	Female	Male*	*of which MSM	Female
Chlamydia	1098	74	1282	1143	125	1432	4%	69%	12%
Warts (1st episode)	884	47	704	844	42	654	-5%	-11%	-7%
Herpes (1st episode)	188	7	336	207	19	376	10%	171%	12%
Gonorrhoea	327	148	150	325	161	154	-1%	9%	3%
HIV (new diagnosis)	37	21	4	33	24	7	-11%	14%	75%
Syphilis	39	29	10	31	22	5	-21%	-24%	-50%
LGV	1	*	1	2	*	1	100%	*	0%
Hepatitis A (acute)	0	0	0	0	0	0	-	-	-
Hepatitis B (1st diagnosis)	3	1	2	9	2	2	200%	100%	0%
Hepatitis C (1st diagnosis)	8	1	2	10	2	2	25%	100%	0%

i) Diagnoses made in new patient and rebook patient attendances reported to SWS clinic. Rebook patient attendances are those where patients who are known to the clinic return for an unrelated episode of care.

ii) Recent figures may be incomplete due to delays in reporting and to incomplete mapping at CDSC level.

iii) These data do not include diagnoses made in clinics in South Hywel Dda, which started reporting to SWS in March 2016.

iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.

v) The following KC60/SHHAPT diagnoses codes were used: chlamydia (C4, C4A, C4C), first episode of genital warts (C11A), first episode of genital herpes (C10A), gonorrhoea (B, B1, B2), new diagnosis of HIV (E1A, E2A, E3A1,H1,H1A,H1B), primary, secondary and early latent syphilis (A1, A2, A3), LGV (C2), acute hepatitis A infection (C15), first diagnosis of hepatitis B (C13, C13A), first diagnosis of hepatitis C (C14).

Young people (15-24 year olds)

Table 3. Percentage change in selected diagnoses made in ISH clinics from Q3–Q4 2013 to Q3–Q4 2015 in 15-24 year olds in Wales

15-24 year olds	Q3-Q4 2013	Q3-Q4 2015	% Change
Chlamydia	1696	1802	6%
Warts (1st episode)	923	820	-11%
Herpes (1st episode)	236	288	22%
Gonorrhoea	235	230	-2%
HIV (new diagnosis)	2	4	100%
Syphilis	11	3	-73%
LGV	2	2	0%
Hepatitis A (acute)	0	0	-
Hepatitis B (1st diagnosis)	2	2	0%
Hepatitis C (1st diagnosis)	2	0	-100%

i) Diagnoses made in new patient and rebook patient attendances reported to SWS clinic. Rebook patient attendances are those where patients who are known to the clinic return for an unrelated episode of care.

ii) Recent figures may be incomplete due to delays in reporting and to incomplete mapping at CDSC level.

iii) These data do not include diagnoses made in clinics in South Hywel Dda, which started reporting to SWS in March 2016.

iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.

v) The following KC60/SHHAPT diagnoses codes were used: chlamydia (C4, C4A, C4C), first episode of genital warts (C11A), first episode of genital herpes (C10A), gonorrhoea (B, B1, B2), new diagnosis of HIV (E1A, E2A, E3A1,H1,H1A,H1B), primary, secondary and early latent syphilis (A1, A2, A3), LGV (C2), acute hepatitis A infection (C15), first diagnosis of hepatitis B (C13, C13A), first diagnosis of hepatitis C (C14).

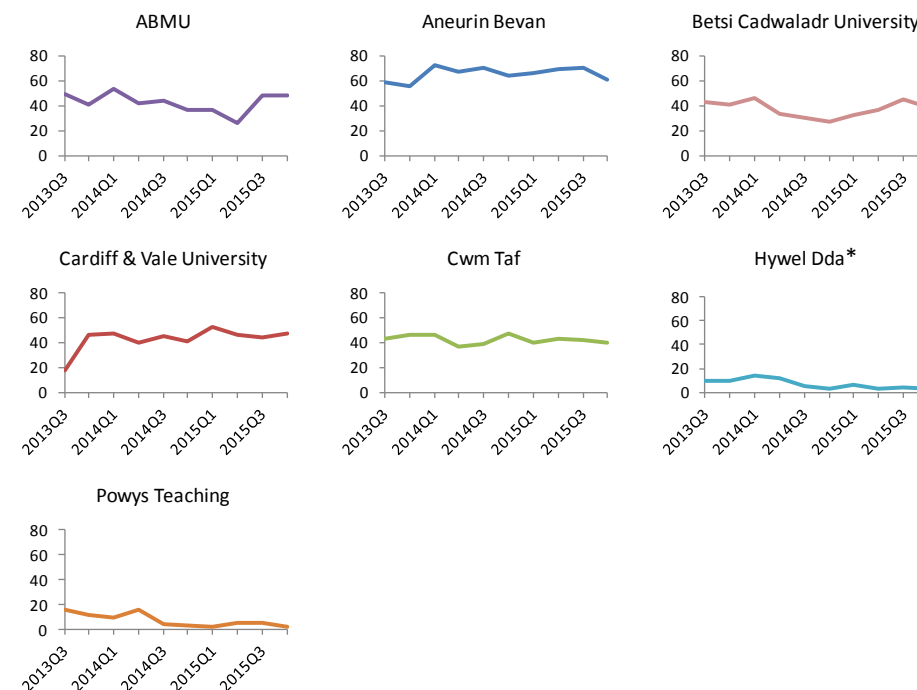
Chlamydia

Table 4. Percentage change in chlamydia diagnoses made in ISH clinics from Q3–Q4 2013 to Q3–Q4 2015, by LHB of residence, gender and sexuality

LHB	Group	Q3–Q4 2013	Q3–Q4 2015	% Change
Abertawe Bro Morgannwg University	Female	261	306	17%
	Male*	204	199	-2%
	*of which MSM	3	4	33%
	Total	465	505	9%
Aneurin Bevan	Female	351	463	32%
	Male*	309	305	-1%
	*of which MSM	25	34	36%
	Total	660	768	16%
Betsi Cadwaladr University	Female	322	315	-2%
	Male*	256	267	4%
	*of which MSM	6	15	150%
	Total	578	582	1%
Cardiff & Vale University	Female	155	209	35%
	Male*	150	231	54%
	*of which MSM	32	62	94%
	Total	305	440	44%
Cwm Taf	Female	141	118	-16%
	Male*	123	125	2%
	*of which MSM	6	10	67%
	Total	264	243	-8%
Hywel Dda	Female	37	17	-54%
	Male*	36	10	-72%
	*of which MSM	*	*	*
	Total	73	27	-63%
Powys Teaching	Female	15	4	-73%
	Male*	20	6	-70%
	*of which MSM	*	*	*
	Total	35	10	-71%
All Wales	Female	1282	1432	12%
	Male*	1098	1143	4%
	*of which MSM	74	125	69%
	Total	2380	2575	8%

- i) Diagnoses made in new patient and rebook patient attendances reported to SWS clinic. Rebook patient attendances are those where patients who are known to the clinic return for an unrelated episode of care.
 ii) Recent figures may be incomplete due to delays in reporting and to incomplete mapping at CDSC level.
 iii) These data do not include diagnoses made in clinics in South Hywel Dda, which started reporting to SWS in March 2016.
 iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.
 v) The following KC60/SHHAPT codes were used: gonorrhoea (C4, C4A, C4C).
 vi) Small numbers with potential for indirect disclosure of person identifiable information (*).

Figure 1. Incidence of chlamydia diagnoses made in ISH clinics per 100,000 population, from Q3 2013 to Q4 2015 by LHB of residence



- i) Diagnoses made in new patient and rebook patient attendances reported to SWS clinic. Rebook patient attendances are those where patients who are known to the clinic return for an unrelated episode of care.
 ii) Recent figures may be incomplete due to delays in reporting and to incomplete mapping at CDSC level.
 iii) *These data do not include diagnoses made in clinics in South Hywel Dda, which started reporting to SWS in March 2016.
 iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.
 v) The following KC60/SHHAPT codes were used: chlamydia (C4, C4A, C4C).

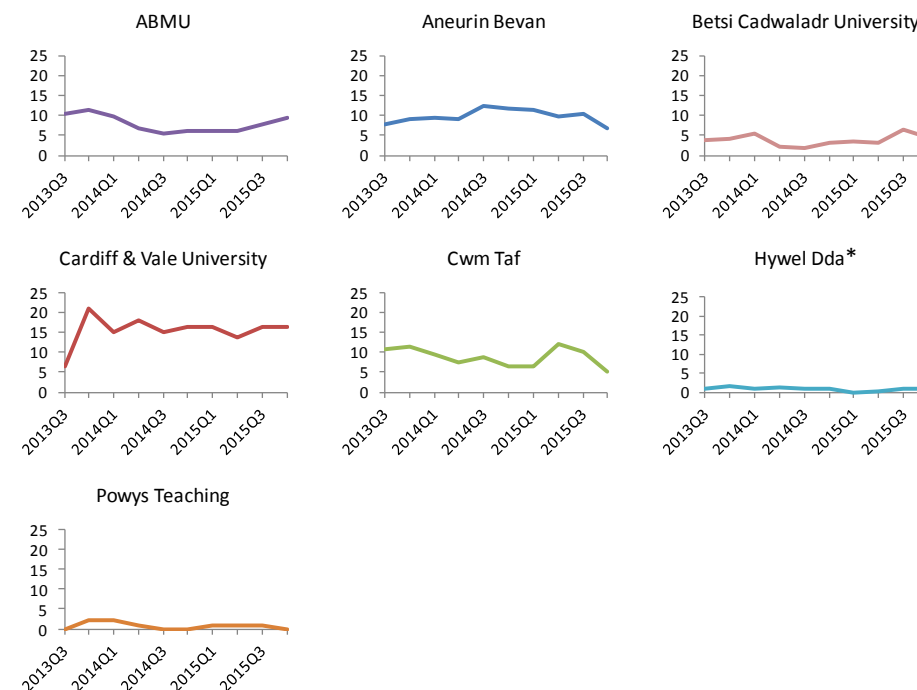
Gonorrhoea

Table 5. Percentage change in gonorrhoea diagnoses made in ISH clinics from Q3–Q4 2013 to Q3–Q4 2015, by LHB of residence, gender and sexuality

LHB	Group	Q3–Q4 2013	Q3–Q4 2015	% Change
Abertawe Bro Morgannwg University	Female	37	31	-16%
	Male*	76	60	-21%
	*of which MSM	3	7	133%
	Total	113	91	-19%
Aneurin Bevan	Female	31	38	23%
	Male*	66	62	-6%
	*of which MSM	33	32	-3%
	Total	97	100	3%
Betsi Cadwaladr University	Female	15	27	80%
	Male*	42	48	14%
	*of which MSM	31	19	-39%
	Total	57	75	32%
Cardiff & Vale University	Female	34	37	9%
	Male*	98	123	26%
	*of which MSM	70	97	39%
	Total	132	160	21%
Cwm Taf	Female	31	19	-39%
	Male*	35	26	-26%
	*of which MSM	7	4	-43%
	Total	66	45	-32%
Hywel Dda	Female	2	1	-50%
	Male*	7	6	-14%
	*of which MSM	*	*	*
	Total	9	7	-22%
Powys Teaching	Female	0	1	-
	Male*	3	0	-100%
	*of which MSM	*	*	*
	Total	3	1	-67%
All Wales	Female	150	154	3%
	Male*	327	325	-1%
	*of which MSM	148	161	9%
	Total	477	479	0%

- i) Diagnoses made in new patient and rebook patient attendances reported to SWS clinic. Rebook patient attendances are those where patients who are known to the clinic return for an unrelated episode of care.
 ii) Recent figures may be incomplete due to delays in reporting and to incomplete mapping at CDSC level.
 iii) These data do not include diagnoses made in clinics in South Hywel Dda, which started reporting to SWS in March 2016.
 iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.
 v) The following KC60/SHHAPT codes were used: gonorrhoea (B, B1, B2).
 vi) Small numbers with potential for indirect disclosure of person identifiable information (*).

Figure 2. Incidence of gonorrhoea diagnoses made in ISH clinics per 100,000 population, Q3 2013 to Q4 2015 by LHB of residence



- i) Diagnoses made in new patient and rebook patient attendances reported to SWS clinic. Rebook patient attendances are those where patients who are known to the clinic return for an unrelated episode of care.
 ii) Recent figures may be incomplete due to delays in reporting and to incomplete mapping at CDSC level.
 iii) *These data do not include diagnoses made in clinics in South Hywel Dda, which started reporting to SWS in March 2016.
 iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.
 v) The following KC60/SHHAPT codes were used: gonorrhoea (B, B1, B2).

Syphilis

Table 6. Percentage change in syphilis diagnoses made in ISH clinics from Q3–Q4 2013 to Q3–Q4 2015, by LHB of residence, gender and sexuality

LHB	Group	Q3–Q4 2013	Q3–Q4 2015	% Change
Abertawe Bro Morgannwg University	Female	3	1	-67%
	Male*	3	3	0%
	*of which MSM	1	1	0%
	Total	6	4	-33%
Aneurin Bevan	Female	1	1	0%
	Male*	3	3	0%
	*of which MSM	*	*	*
	Total	4	4	0%
Betsi Cadwaladr University	Female	2	0	-100%
	Male*	17	4	-76%
	*of which MSM	14	2	-86%
	Total	19	4	-79%
Cardiff & Vale University	Female	1	0	-100%
	Male*	7	16	129%
	*of which MSM	*	*	*
	Total	8	16	100%
Cwm Taf	Female	3	2	-33%
	Male*	8	3	-63%
	*of which MSM	5	2	-60%
	Total	11	5	-55%
Hywel Dda	Female	0	0	-
	Male*	1	0	-100%
	*of which MSM	*	*	*
	Total	1	0	-100%
Powys Teaching	Female	0	1	-
	Male*	0	2	-
	*of which MSM	*	*	*
	Total	0	3	-
All Wales	Female	10	5	-50%
	Male*	39	31	-21%
	*of which MSM	29	22	-24%
	Total	49	36	-27%

i) Diagnoses made in new patient and rebook patient attendances reported to SWS clinic. Rebook patient attendances are those where patients who are known to the clinic return for an unrelated episode of care.

ii) Recent figures may be incomplete due to delays in reporting and to incomplete mapping at CDSC.

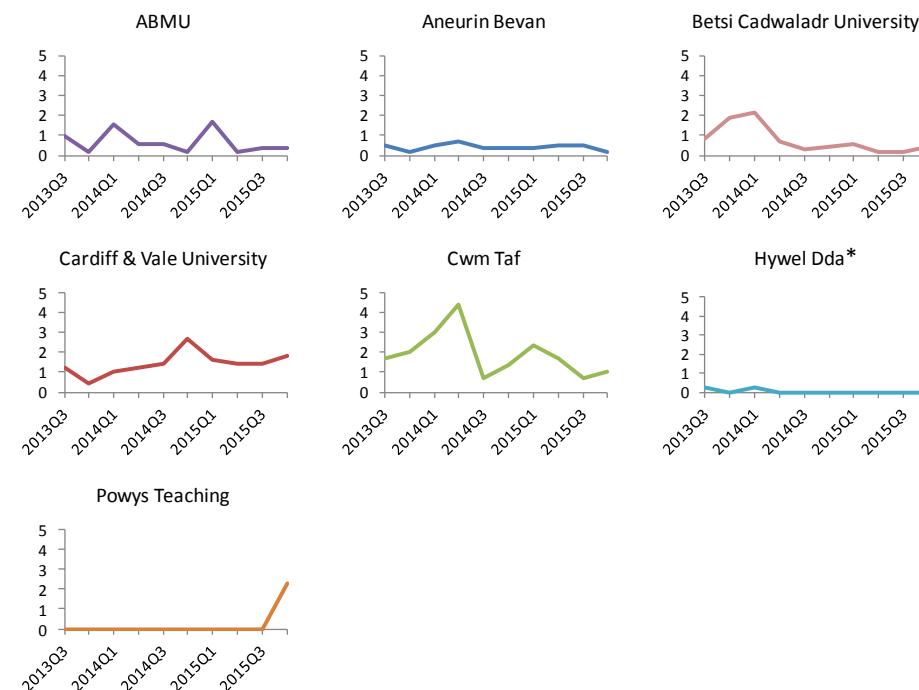
iii) These data do not include diagnoses made in clinics in South Hywel Dda, which started reporting to SWS in March 2016.

iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.

v) The following KC60/SHHAPT codes were used: primary, secondary and early latent syphilis (A1, A2, A3).

vi) Small numbers with potential for indirect disclosure of person identifiable information (*).

Figure 3. Incidence of syphilis diagnoses made in ISH clinics per 100,000 population, from Q3 2013 to Q4 2015 by LHB of residence



i) Diagnoses made in new patient and rebook patient attendances reported to SWS clinic. Rebook patient attendances are those where patients who are known to the clinic return for an unrelated episode of care.

ii) Recent figures may be incomplete due to delays in reporting and to incomplete mapping at CDSC.

iii)* These data do not include diagnoses made in clinics in South Hywel Dda, which started reporting to SWS in March 2016.

iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.

v) The following KC60/SHHAPT codes were used: primary, secondary and early latent syphilis (A1, A2, A3).

Appendix: Data completeness

Key points

- The percentage of new and rebook attendances with at least one code (SHHAPT, SRHAD, KC60, or local code) was 89% for the two periods compared (Q3-Q4 2013 and Q3-Q4 2015).
- Health board trends should be taken with caution, as completeness of data varies between clinics and health boards.
- Between Q3-Q4 2013 and Q3-Q4 2015, 15 clinics started reporting, and three clinics closed.
- This report does not include diagnoses made in clinics in South Hywel Dda (Carmarthenshire and Pembrokeshire), which started reporting to SWS in March 2016.

Unmapped attendances

When SWS receives attendances with unrecognised codes, these attendances are not accepted into the system and are stored in "holding tables". The CDSC is working to map as many of these codes as possible. At the time of this report all but 1 unmapped new patient and rebook patient attendances were posterior to Q4 2015 and therefore, outside the scope of this report.

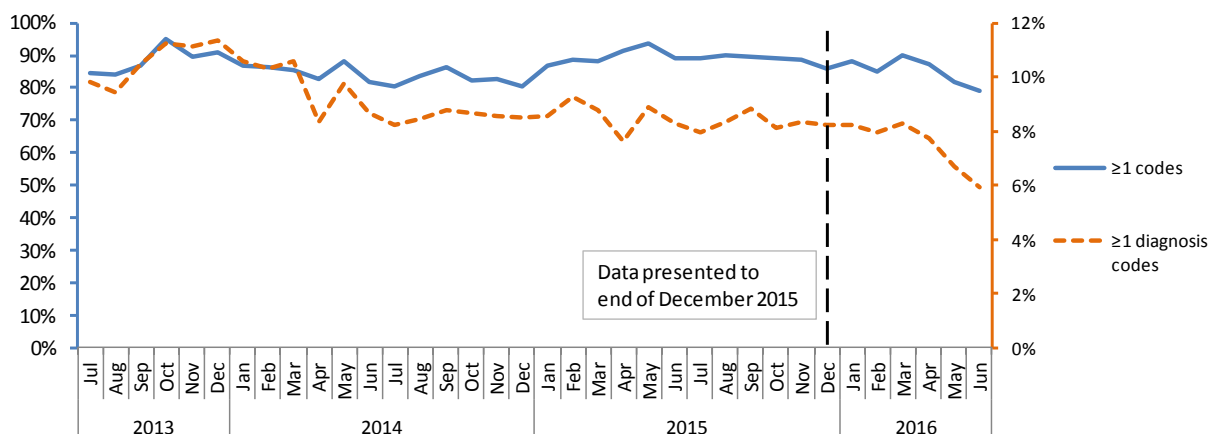
Coding completeness

Attendances which are received in SWS may or may not have diagnosis or service codes associated with them, as most of the time there is a lag between the attendance the diagnosis or service codes being introduced in the system.

As there are codes to report "no service and/or treatment required" and "other conditions requiring treatment", in time, virtually all the attendances should have at least one code. We use the percentage of attendances with at least one code as an indicator to estimate the completeness of the data received.

Another indicator is the percentage of attendances with at least one diagnosis code. Not all attendances need to have a diagnosis code. However, this indicator can help detect a decrease in sensitivity in recent weeks due to the time lag between the attendance and the diagnosis codes being sent to SWS (Figure 1A). This time lag can be longer for diagnoses than for services, as service codes are often recorded on the attendance date.

Figure A1. Percentage of new and rebook attendances with at least one diagnosis/ service code (of any kind), and percentage with at least one diagnosis code*, from Q3 2013 to Q2 2016, Wales



i) Only new patient and rebook patient attendances reported to SWS clinic are included. Rebook patient attendances are those where patients who are known to the clinic return for an unrelated episode of care.

i) * Including KC60/SHHAPT diagnoses codes for: chlamydia (C4, C4A, C4C), first episode of genital warts (C11A), first episode of genital herpes (C10A), gonorrhoea (B, B1, B2), new diagnosis of HIV (E1A, E2A, E3A1,H1,H1A,H1B), primary, secondary and early latent syphilis (A1, A2, A3), LGV (C2), acute hepatitis A infection (C15), first diagnosis of hepatitis B (C13, C13A), first diagnosis of hepatitis C (C14).

Table A1. Number of new and rebook attendances and percentage with at least one diagnosis/ service code (of any kind) by clinic, Q3-Q4 2013 to Q3-Q4 2015, Wales

Clinic	Q3-Q4 2013		Q3-Q4 2015	
	Number	% with ≥1 codes	Number	% with ≥1 codes
6	369	100%	531	74%
30	1911	100%	3000	79%
5	6474	100%	11625	73%
27	582	100%	703	78%
10	6064	99%	3905	99%
28	9424	95%	14828	98%
14	794	99%	667	98%
33	2	100%	533	92%
12	189	98%	203	96%
1	172	99%	145	98%
15	154	99%	191	97%
13	1026	99%	1118	99%
22	1072	98%	1121	97%
25	891	99%	828	98%
29	571	100%	523	85%
23	861	100%	731	100%
24	985	58%	304	97%
11	1557	100%	1692	100%
9	8152	48%	8483	80%
7	242	100%	639	98%
8	1725	100%	1787	96%
31	213	100%	1982	98%
26	1559	99%	1590	95%
2	473	100%	6	100%
20	184	100%	0	-
18	78	100%	0	-
21	78	100%	0	-
34	0	-	58	86%
35	0	-	229	91%
36	0	-	187	85%
43	0	-	25	36%
37	0	-	1018	96%
38	0	-	112	83%
39	0	-	249	92%
40	0	-	11	100%
44	0	-	42	95%
45	0	-	2	0%
41	0	-	128	67%
42	0	-	319	90%
46	0	-	17	12%
47	0	-	2	0%
32	0	-	787	99%
Wales	45802	89%	60321	89%

i) Diagnoses made in new patient and rebook patient attendances reported to SWS clinic. Rebook patient attendances are those where patients who are known to the clinic return for an unrelated episode of care.

ii) Green: ≥90% attendances with at least one code; Orange: ≥80% and <90% attendances with at least one code; Red: <80% attendances with at least one code; Grey: Not in service.

iii) Some clinics are reporting sexual and reproductive health through the SWS-STI system using the new patient and rebook patient attendance types, and therefore attendance numbers are not always comparable across clinics.