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# Sexual Health in Wales Surveillance Scheme (SWS)

Quarterly Report, October 2016  
(Data to end June 2016)

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**Purpose and Summary of Document:**

This report presents the latest observed trends on the rates of sexually transmitted infections and other infections diagnosed in Integrated Sexual Health clinics in Wales and highlights quality issues in the data. Data are presented to end of June 2016, as at 18<sup>th</sup> October 2016.

## Key points

- There was an increase in reports of new diagnoses of chlamydia and first episodes of herpes, and a decrease in reports of first episodes of warts, gonorrhoea, HIV, syphilis and hepatitis C across Wales over the last 2 years (comparing Q1-Q2 2014 and Q1-Q2 2016) (Table 1).
- Chlamydia diagnoses increased by 9% between the two periods compared (Q1-Q2 2014 and Q1-Q2 2016), corresponding to a similar increase in tests (Table 1).
- The number of first episodes of herpes increased by 13% between the two periods compared.
- Numbers of new diagnoses of HIV decreased by 50% and those of syphilis decreased by 31%, whilst those of warts and gonorrhoea decreased by 12%. The observed decrease in hepatitis C should be taken with caution due to small numbers (Table 1).
- Numbers of chlamydia and gonorrhoea tests increased by 9% between Q1-Q2 2014 and Q1-Q2 2016 (Table 1).
- Numbers of HIV and syphilis tests appeared to be stable during the same period (Table 1).
- Chlamydia diagnoses and first episodes of herpes increased both in males and females.
- Syphilis diagnoses fell by 38% in all males and also by 38% in men who report having sex with men (MSM). The observed increase in syphilis in females should be taken with caution due to small numbers (Table 2).
- A significant part of the increase in numbers of diagnoses of chlamydia and herpes in males is accounted for by diagnoses in MSM. Increases in warts were also observed in MSM (Table 2).
- In 15-24 year olds, as in the general population, there were increases in chlamydia and herpes, and decreases in warts and gonorrhoea, 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, Hywel Dda reporting has improved greatly between the two periods compared (Q1-Q2 2014 and Q1-Q2 2016), with all clinics submitting data to SWS since March 2016. This means the two periods are not comparable in this health board. This may also affect the results for all Wales.
- There was a cluster of four syphilis cases in Powys Teaching Health Board between the end of 2015 and the beginning of 2016, the largest one in Powys since the beginning of the scheme.

## General population

**Table 1. Percentage change in selected diagnoses and screens made in ISH clinics from Q1–Q2 2014 to Q1–Q2 2016 in Wales**

	Diagnoses			Screens		
	Q1-Q2 2014	Q1-Q2 2016	% Change	Q1-Q2 2014	Q1-Q2 2016	% Change
Chlamydia	2643	2879	9%	25700	27923	9%
Warts (1st episode)	1787	1571	-12%	-	-	-
Herpes (1st episode)	615	695	13%	-	-	-
Gonorrhoea	470	414	-12%	25650	27907	9%
HIV (new diagnosis)	58	29	-50%	15608	15666	0%
Syphilis	72	50	-31%	14955	15279	2%
LGV	0	0	-	-	-	-
Hepatitis A (acute)	0	1	-	-	-	-
Hepatitis B (1st diagnosis)	9	10	11%	-	-	-
Hepatitis C (1st diagnosis)	14	9	-36%	-	-	-

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

iv) 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).

v) 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 Q1–Q2 2014 to Q1–Q2 2016 by gender and sexuality in Wales**

	Q1-Q2 2014			Q1-Q2 2016			% Change		
	Male*	*of which MSM	Female	Male*	*of which MSM	Female	Male*	*of which MSM	Female
Chlamydia	1169	107	1474	1279	145	1600	9%	36%	9%
Warts (1st episode)	931	50	856	850	60	721	-9%	20%	-16%
Herpes (1st episode)	229	16	386	243	19	452	6%	19%	17%
Gonorrhoea	320	152	150	271	138	143	-15%	-9%	-5%
HIV (new diagnosis)	39	20	19	25	15	4	-36%	-25%	-79%
Syphilis	66	45	6	41	28	9	-38%	-38%	50%
LGV	0	0	0	0	0	0	-	-	-
Hepatitis A (acute)	0	*	0	1	*	0	-	*	-
Hepatitis B (1st diagnosis)	7	*	2	8	*	2	14%	*	0%
Hepatitis C (1st diagnosis)	9	2	5	5	2	4	-44%	0%	-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) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.

iv) 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).

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

## Young people (15-24 year olds)

**Table 3. Percentage change in selected diagnoses made in ISH clinics from Q1–Q2 2014 to Q1–Q2 2016 in 15-24 year olds in Wales**

15-24 year olds	Q1-Q2 2014	Q1-Q2 2016	% Change
Chlamydia	1904	2053	8%
Warts (1st episode)	990	896	-9%
Herpes (1st episode)	300	342	14%
Gonorrhoea	241	218	-10%
HIV (new diagnosis)	7	7	0%
Syphilis	13	12	-8%
LGV	0	0	-
Hepatitis A (acute)	0	1	-
Hepatitis B (1st diagnosis)	2	2	0%
Hepatitis C (1st diagnosis)	2	2	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) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.

iv) 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).

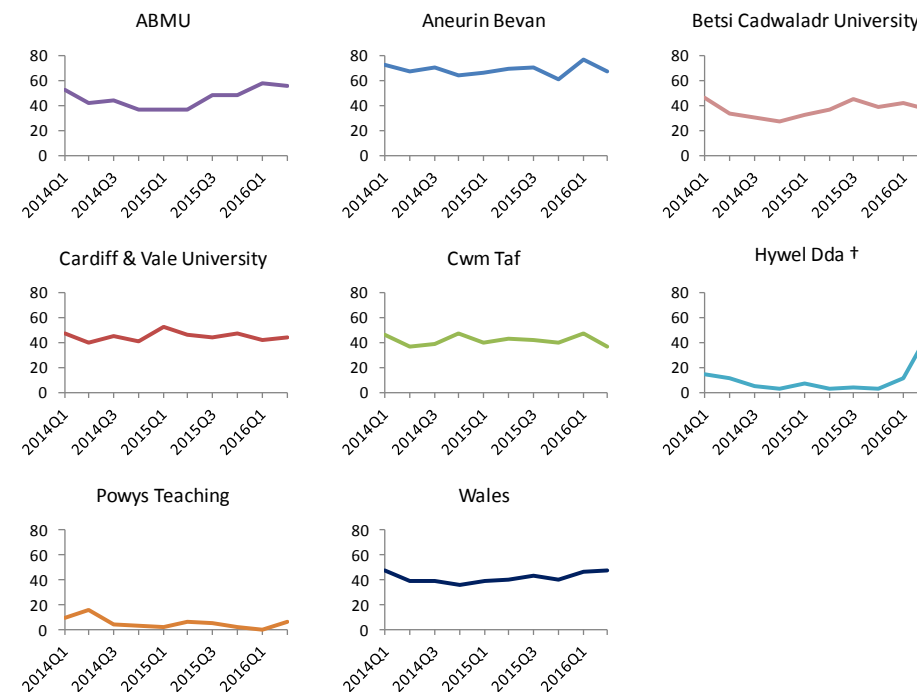
## Chlamydia

**Table 4. Percentage change in chlamydia diagnoses made in ISH clinics from Q1–Q2 2014 to Q1–Q2 2016, by LHB of residence, gender and sexuality**

LHB	Group	Q1-Q2 2014	Q1-Q2 2016	% Change
Abertawe Bro Morgannwg University	Female	304	348	14%
	Male*	193	248	28%
	*of which MSM	6	21	250%
	Total	497	596	20%
Aneurin Bevan	Female	454	504	11%
	Male*	353	335	-5%
	*of which MSM	38	39	3%
	Total	807	839	4%
Betsi Cadwaladr University	Female	308	281	-9%
	Male*	240	262	9%
	*of which MSM	14	14	0%
	Total	548	543	-1%
Cardiff & Vale University	Female	210	224	7%
	Male*	204	196	-4%
	*of which MSM	41	50	22%
	Total	414	420	1%
Cwm Taf	Female	126	112	-11%
	Male*	119	136	14%
	*of which MSM	6	10	67%
	Total	245	248	1%
Hywel Dda†	Female	55	126	129%
	Male*	44	99	125%
	*of which MSM	*	*	*
	Total	99	225	127%
Powys Teaching	Female	17	5	-71%
	Male*	16	3	-81%
	*of which MSM	*	*	*
	Total	33	8	-76%
All Wales	Female	1474	1600	9%
	Male*	1169	1279	9%
	*of which MSM	107	145	36%
	Total	2643	2879	9%

- 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) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.  
 iv) Hywel Dda reporting has improved greatly recently, with all clinics submitting data to SWS since March 2016 (†).  
 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. Chlamydia diagnoses in ISH clinics per 100,000 population, from Q1 2014 to Q2 2016, 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) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.  
 iv) Hywel Dda reporting has improved greatly recently, with all clinics submitting data to SWS since March 2016 (†).  
 v) The following KC60/SHHAPT codes were used: chlamydia (C4, C4A, C4C).

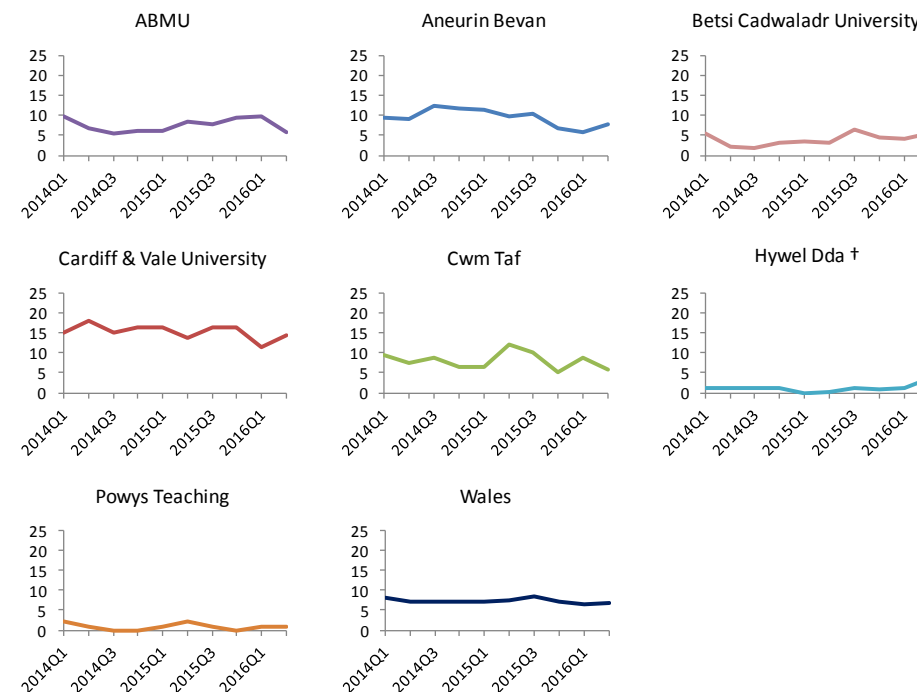
## Gonorrhoea

**Table 5. Percentage change in gonorrhoea diagnoses made in ISH clinics from Q1–Q2 2014 to Q1–Q2 2016, by LHB of residence, gender and sexuality**

LHB	Group	Q1-Q2 2014	Q1-Q2 2016	% Change
Abertawe Bro Morgannwg University	Female	34	32	-6%
	Male*	53	49	-8%
	*of which MSM	7	12	71%
	Total	87	81	-7%
Aneurin Bevan	Female	38	23	-39%
	Male*	70	56	-20%
	*of which MSM	41	29	-29%
	Total	108	79	-27%
Betsi Cadwaladr University	Female	18	28	56%
	Male*	35	38	9%
	*of which MSM	17	12	-29%
	Total	53	66	25%
Cardiff & Vale University	Female	43	39	-9%
	Male*	116	86	-26%
	*of which MSM	73	67	-8%
	Total	159	125	-21%
Cwm Taf	Female	14	13	-7%
	Male*	36	30	-17%
	*of which MSM	12	7	-42%
	Total	50	43	-14%
Hywel Dda†	Female	2	7	250%
	Male*	7	11	57%
	*of which MSM	*	*	*
	Total	9	18	100%
Powys Teaching	Female	1	1	0%
	Male*	3	1	-67%
	*of which MSM	*	*	*
	Total	4	2	-50%
All Wales	Female	150	143	-5%
	Male*	320	271	-15%
	*of which MSM	152	138	-9%
	Total	470	414	-12%

- 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) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.  
 iv) Hywel Dda reporting has improved greatly recently, with all clinics submitting data to SWS since March 2016 (†).  
 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. Gonorrhoea diagnoses in ISH clinics per 100,000 population, Q1 2014 to Q2 2016 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) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.  
 iv) Hywel Dda reporting has improved greatly recently, with all clinics submitting data to SWS since March 2016 (†).  
 v) The following KC60/SHHAPT codes were used: gonorrhoea (B, B1, B2).

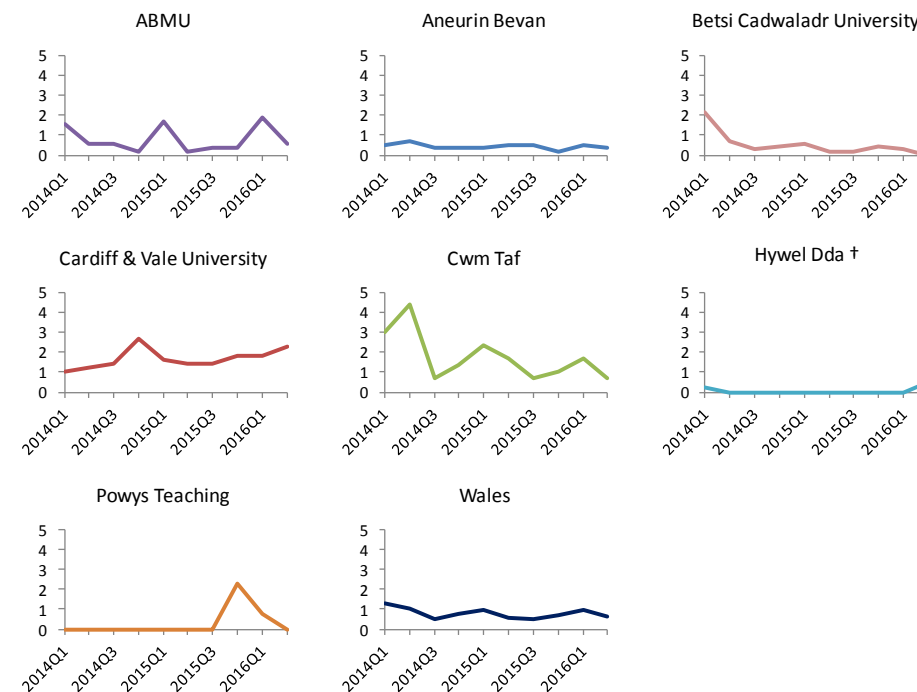
## Syphilis

**Table 6. Percentage change in syphilis diagnoses made in ISH clinics from Q1–Q2 2014 to Q1–Q2 2016, by LHB of residence, gender and sexuality**

LHB	Group	Q1-Q2 2014	Q1-Q2 2016	% Change
Abertawe Bro Morgannwg University	Female	1	3	200%
	Male*	10	10	0%
	*of which MSM	6	4	-33%
	Total	11	13	18%
Aneurin Bevan	Female	2	3	50%
	Male*	5	2	-60%
	*of which MSM	*	*	*
	Total	7	5	-29%
Betsi Cadwaladr University	Female	2	0	-100%
	Male*	18	2	-89%
	*of which MSM	*	*	*
	Total	20	2	-90%
Cardiff & Vale University	Female	0	1	-
	Male*	11	19	73%
	*of which MSM	9	18	100%
	Total	11	20	82%
Cwm Taf	Female	1	1	0%
	Male*	21	6	-71%
	*of which MSM	10	3	-70%
	Total	22	7	-68%
Hywel Dda†	Female	0	1	-
	Male*	1	1	0%
	*of which MSM	*	*	*
	Total	1	2	100%
Powys Teaching	Female	0	0	-
	Male*	0	1	-
	*of which MSM	*	*	*
	Total	0	1	-
All Wales	Female	6	9	50%
	Male*	66	41	-38%
	*of which MSM	45	28	-38%
	Total	72	50	-31%

- 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) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.  
 iv) Hywel Dda reporting has improved greatly recently, with all clinics submitting data to SWS since March 2016 (†).  
 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. Syphilis diagnoses in ISH clinics per 100,000 population, from Q1 2014 to Q2 2016 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) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.  
 iv) Hywel Dda reporting has improved greatly recently, with all clinics submitting data to SWS since March 2016 (†).  
 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 85% and 87% respectively for the two periods compared (Q1-Q2 2014 and Q1-Q2 2016).
- Health board trends should be taken with caution, as completeness of data varies between clinics and health boards.
- Between Q1-Q2 2014 and Q1-Q2 2016, nineteen clinics started reporting, and 2 clinics closed.

### 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 unmapped new patient and rebook patient attendances were after Q2 2016 and therefore, outside the scope of this report.

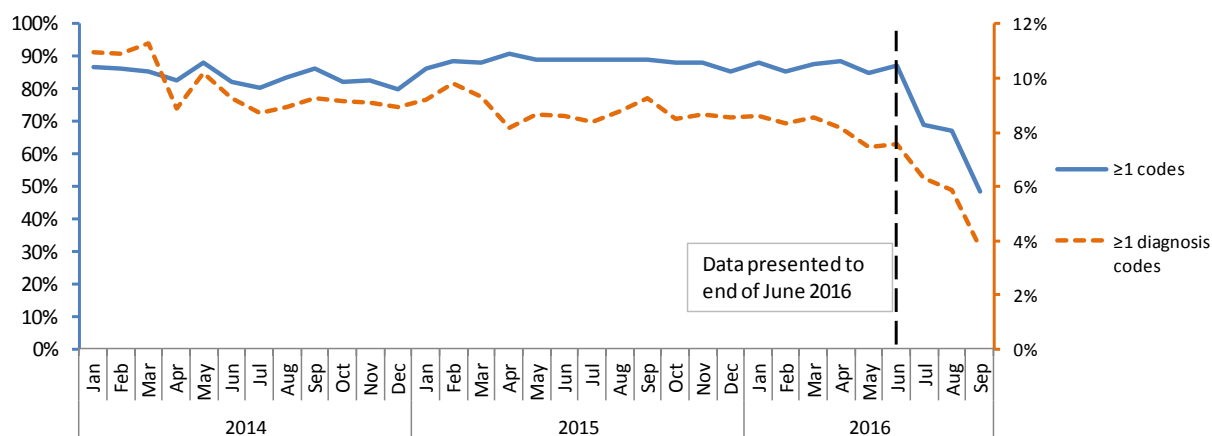
### Coding completeness

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 and 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 Q1 2014 to Q3 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.

ii) \* 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).

iii) Missing values for new and rebook patient frequencies were replaced by a 3-month rolling average.



**Table A1. Number of new and rebook attendances and percentage with at least one diagnosis/ service code (of any kind) by clinic, Q1-Q2 2014 to Q1-Q2 2016, Wales**

Clinic	Q1-Q2 2014		Q1-Q2 2016	
	Number	% with ≥1 codes	Number	% with ≥1 codes
6	714	69%	531	79%
30	2933	76%	2918	85%
5	10300	73%	12222	78%
27	827	74%	629	80%
10	6685	99%	3809	98%
28	12011	91%	16061	96%
14	816	99%	741	93%
33	4	100%	654	90%
34	1	100%	138	87%
35	1	100%	274	86%
12	214	98%	212	92%
1	164	97%	152	85%
15	172	97%	147	80%
36	3	100%	186	89%
13	1194	92%	1003	98%
22	1186	98%	1153	99%
25	892	99%	878	97%
29	493	99%	516	95%
23	873	92%	700	99%
11	1759	75%	1562	92%
9	9164	73%	11701	73%
7	334	99%	772	96%
8	1829	100%	1777	96%
31	378	99%	2307	95%
26	1657	100%	1551	89%
32	394	99%	745	97%
2	493	100%	546	78%
20	145	100%	296	80%
18	66	100%	0	-
21	72	100%	0	-
24	0	-	319	97%
43	0	-	24	100%
37	0	-	1309	97%
38	0	-	132	89%
39	0	-	298	97%
40	0	-	0	-
44	0	-	55	95%
45	0	-	3	0%
41	0	-	121	93%
42	0	-	427	96%
46	0	-	16	100%
47	0	-	3	0%
48	0	-	13	0%
19	0	-	459	72%
3	0	-	581	74%
4	0	-	132	94%
17	0	-	1102	75%
16	0	-	613	85%
49	0	-	173	86%
50	0	-	513	83%
<b>Wales</b>	<b>55774</b>	<b>85%</b>	<b>70474</b>	<b>87%</b>

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.