

Sexual Health in Wales Surveillance Scheme (SWS)

Quarterly Report, September 2015 (Data to end March 2015)

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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 2015, as at 18th September 2015.

Key points

- There was an increase in reports of new diagnoses of syphilis across Wales over the last 2 years (Q4 2012 Q1 2013 and Q4 2014 Q1 2015) (Table 1)
- Other new episodes of STIs appeared to be stable or to decrease over this period. However this may have been due to lower data completeness in the second period (76% in 2014/15 vs. 91% in 2012/13 –see Appendix on data quality).
- In Aneurin Bevan and Cwm Taf, where completeness of reporting is similar between the two periods compared, increases in chlamydia and gonorrhoea have been detected. Chlamydia increased mostly in females, and gonorrhoea increased in females in Aneurin Bevan and in males in Cwm Taf.
- The number of new episodes of syphilis detected increased by 59% between the two periods compared (Q4 2012 Q1 2013 and Q4 2014 Q1 2015) (Table 1).
- Virtually all of the increase in syphilis cases occurred in males (Table 2).
- An increase in cases in men who have sex with men (MSM) accounted for most of the increase in syphilis cases in males (Table 2). An increase in chlamydia diagnoses was also observed in MSM.
- Most of the increase in syphilis cases occurred in 15-24 year olds. In this group, the number of reported syphilis cases tripled between Q4 2012 Q1 2013 and Q4 2014 Q1 2015. The percentage of syphilis cases aged 15-24 years of age was 18% in the first period and 35% in the second period (Table 3).
- The rate of new syphilis episodes in Cwm Taf Health Board residents appears to be on the increase again after declining following a peak in the second quarter of 2014 (Figure 3).
- The rate of syphilis in Cardiff and Vale increased throughout 2014, particularly in Q4 (Figure 3). The apparent decline in Q1 2015 could be a reflection of reporting delays.
- The rate of syphilis in ABMU increased slightly in Q1 2015 (Figure 3).
- Health board trends should be taken with caution, as completeness of data varies between clinics and health boards.

General population

Table 1. Percentage change in selected diagnoses and screens made in ISH clinics from Q4 2012 - Q1 2013 to Q4 2014 - Q1 2015 in Wales

		Diagnoses			Screens			
	Q4 2012 - Q1 2013	Q4 2014 - Q1 2015	% Change	Q4 2012 - Q1 2013	Q4 2014 - Q1 2015	% Change		
Chlamydia	2217	2010	-9%	20906	21377	2%		
Warts (1st episode)	1562	1338	-14%	-	-	-		
Herpes (1st episode)	497	442	-11%	-	-	-		
Gonorrhoea	431	368	-15%	20856	21362	2%		
HIV (new diagnosis)	40	17	-58%	13100	12526	-4%		
Syphilis	27	43	59%	12689	12039	-5%		
LGV	1	0	-100%	-	-	-		
Hepatitis A (acute)	0	0	-	-	-	-		
Hepatitis B (1st diagnosis)	13	8	-38%	-	-	-		
Hepatitis C (1st diagnosis)	12	8	-33%	-	-	-		

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

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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 do not report to SWS. 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 Q4 2012 - Q1 2013 to Q4 2014 - Q1 2015 by gender and sexuality in Wales

	Q4 2012-Q1 2013		Q4 2014-Q1 2015			% Change			
	Male*	*of which MSM	Female	Male*	*of which MSM	Female	Male*	*of which MSM	Female
Chlamydia	985	65	1232	901	76	1109	-9%	17%	-10%
Warts (1st episode)	814	35	748	730	24	608	-10%	-31%	-19%
Herpes (1st episode)	176	6	321	137	5	305	-22%	-17%	-5%
Gonorrhoea	265	87	166	229	84	139	-14%	-3%	-16%
HIV (new diagnosis)	30	19	10	17	13	0	-43%	-32%	-100%
Syphilis	25	15	2	40	26	3	60%	73%	50%
LGV	1	*	0	0	0	0	-100%	*	-
Hepatitis A (acute)	0	0	0	0	0	0	-	-	-
Hepatitis B (1st diagnosis)	9	1	4	6	1	2	-33%	0%	-50%
Hepatitis C (1st diagnosis)	7	1	5	4	0	4	-43%	-100%	-20%

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

Young people (15-24 year olds)

Table 3. Percentage change in selected diagnoses made in ISH clinics from Q4 2012 - O1 2013 to O4 2014 - O1 2015 in 15-24 year olds in Wales

Under 25s	Q4 2012- Q1 2013	Q4 2014- Q1 2015	% Change
Chlamydia	1644	1487	-10%
Warts (1st episode)	942	764	-19%
Herpes (1st episode)	244	229	-6%
Gonorrhoea	234	207	-12%
HIV (new diagnosis)	10	3	-70%
Syphilis	5	15	200%
LGV	0	0	-
Hepatitis A (acute)	0	0	-
Hepatitis B (1st diagnosis)	1	1	0%
Hepatitis C (1st diagnosis)	3	3	0%

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

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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 do not report to SWS.

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

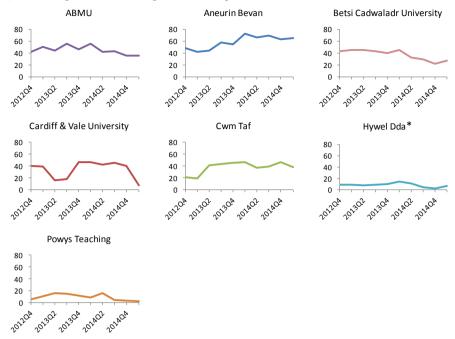
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iii) These data do not include diagnoses made in clinics in South Hywel Dda, which do not report to SWS.

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

Figure 1. Incidence of chlamydia diagnoses made in ISH clinics per 100,000 population, from Q4 2012 to Q1 2015 by LHB of residence



- i) Diagnoses made in new patient and rebook patient attendances reported to SWS clinic. Rebook patient attendances are those were 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 do not report to SWS.
- iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded (5%)
- v) The following KC60/SHHAPT codes were used: chlamydia (C4, C4A, C4C).

Table 4. Percentage change in chlamydia diagnoses made in ISH clinics from Q4 2012 - Q1 2013 to Q4 2014 - Q1 2015, by LHB of residence, gender and sexuality

LHB	Group	Q4 2012 -	Q4 2014 -	% Change
LIID	Group	Q1 2013	Q1 2015	70 Change
Abertawe Bro	Female	277	227	-18%
Morgannwg	Male*	208	153	-26%
University	*of which MSM	1	1	0%
	Total	485	380	-22%
Aneurin Bevan	Female	285	438	54%
	Male*	242	315	30%
	*of which MSM	20	31	55%
	Total	527	753	43%
Betsi Cadwaladr	Female	345	190	-45%
University	Male*	272	163	-40%
	*of which MSM	19	5	-74%
	Total	617	353	-43%
Cardiff & Vale	Female	210	104	-50%
University	Male*	167	126	-25%
	*of which MSM	22	26	18%
	Total	377	230	-39%
Cwm Taf	Female	58	131	126%
	Male*	61	120	97%
	*of which MSM	3	8	167%
	Total	119	251	111%
Hywel Dda	Female	42	14	-67%
	Male*	28	22	-21%
	*of which MSM	0	4	-
	Total	70	36	-49%
Powys Teaching	Female	15	5	-67%
	Male*	7	2	-71%
	*of which MSM	0	1	-
	Total	22	7	-68%
All Wales	Female	1232	1109	-10%
	Male*	985	901	-9%
	*of which MSM	65	76	17%
	Total	2217	2010	-9%

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

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

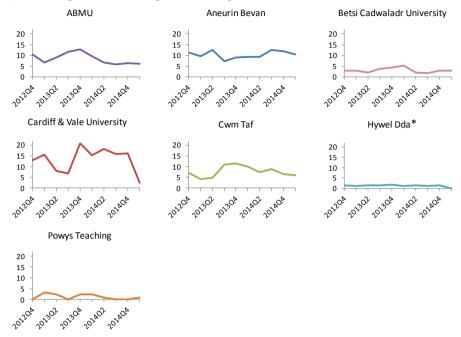
iii) These data do not include diagnoses made in clinics in South Hywel Dda, which do not report to SWS.

iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded (5%)

v) The following KC60/SHHAPT codes were used: gonorrhoea (C4, C4A, C4C).

Gonorrhoea

Figure 2. Incidence of gonorrhoea diagnoses made in ISH clinics per 100,000 population, from Q4 2012 to Q1 2015 by LHB of residence



- i) Diagnoses made in new patient and rebook patient attendances reported to SWS clinic. Rebook patient attendances are those were 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 do not report to SWS.
- iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded (5%).
- v) The following KC60/SHHAPT codes were used: gonorrhoea (B, B1, B2).

Table 5. Percentage change in gonorrhoea diagnoses made in ISH clinics from Q4 2012 - Q1 2013 to Q4 2014 - Q1 2015, by LHB of residence, gender and sexuality

LHB	Group	Q4 2012 - Q1 2013	Q4 2014 - Q1 2015	% Change
Abertawe Bro	Female	30	19	-37%
Morgannwg	Male*	59	46	-22%
University	*of which MSM	6	4	-33%
,	Total	89	65	-27%
Aneurin Bevan	Female	49	62	27%
	Male*	71	68	-4%
	*of which MSM	19	28	47%
	Total	120	130	8%
Betsi Cadwaladr	Female	16	24	50%
University	Male*	25	16	-36%
,	*of which MSM	18	7	-61%
	Total	41	40	-2%
Cardiff & Vale	Female	54	24	-56%
University	Male*	81	66	-19%
•	*of which MSM	38	38	0%
	Total	135	90	-33%
Cwm Taf	Female	11	10	-9%
	Male*	22	27	23%
	*of which MSM	6	5	-17%
	Total	33	37	12%
Hywel Dda	Female	4	0	-100%
	Male*	5	5	0%
	*of which MSM	*	*	*
	Total	9	5	-44%
Powys Teaching	Female	2	0	-100%
	Male*	2	1	-50%
	*of which MSM	*	*	*
	Total	4	1	-75%
All Wales	Female	166	139	-16%
	Male*	265	229	-14%
	*of which MSM	87	84	-3%
	Total	431	368	-15%

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

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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 do not report to SWS.

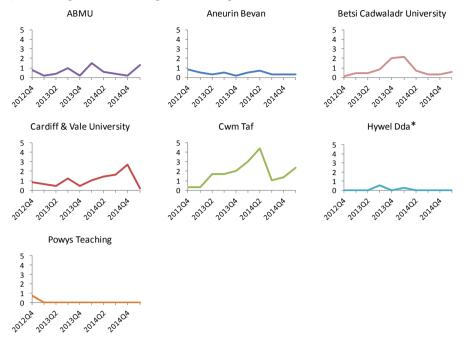
iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded (5%).

v) The following KC60/SHHAPT codes were used: gonorrhoea (B, B1, B2).

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

Syphilis

Figure 3. Incidence of syphilis diagnoses made in ISH clinics per 100,000 population, from Q4 2012 to Q1 2015 by LHB of residence



- i) Diagnoses made in new patient and rebook patient attendances reported to SWS clinic. Rebook patient attendances are those were 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 do not report to SWS. iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded (6%).
- v) The following KC60/SHHAPT codes were used: primary, secondary and early latent syphilis (A1, A2, A3).

Table 6. Percentage change in syphilis diagnoses made in ISH clinics from Q4 2012 - Q1 2013 to Q4 2014 - Q1 2015, by LHB of residence, gender and sexuality

LHB	Group	Q4 2012 - Q1 2013	Q4 2014 - Q1 2015	% Change
Abertawe Bro	Female	1	0	-100%
Morgannwg	Male*	4	8	100%
University	*of which MSM	1	3	200%
	Total	5	8	60%
Aneurin Bevan	Female	1	1	0%
	Male*	7	3	-57%
	*of which MSM	3	*	*
	Total	8	4	-50%
Betsi Cadwaladr	Female	0	0	-
University	Male*	4	6	50%
	*of which MSM	*	5	*
	Total	4	6	50%
Cardiff & Vale	Female	0	0	-
University	Male*	7	14	100%
	*of which MSM	6	12	100%
	Total	7	14	100%
Cwm Taf	Female	0	2	-
	Male*	2	9	350%
	*of which MSM	1	3	200%
	Total	2	11	450%
Hywel Dda	Female	0	0	-
	Male*	0	0	-
	*of which MSM	0	0	-
	Total	0	0	-
Powys Teaching	Female	0	0	-
	Male*	1	0	-100%
	*of which MSM	*	0	*
	Total	1	0	-100%
All Wales	Female	2	3	50%
	Male*	25	40	60%
	*of which MSM	15	26	73%
	Total	27	43	59%

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

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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 do not report to SWS.

iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded (6%).

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 (*).

Appendix: Data completeness

Key points

- The percentage of new and rebook attendances with at least one known code (SHHAPT, SRHAD, KC60, or local code with description) was 91% for Q4 2012-Q1 2013 and 76% for Q4 2014-Q1 2015, and therefore this report may underestimate the rates of infections especially for Q4 2014-Q1 2015. Apparent declines in rates of detected infections could reflect reporting delays.
- Health board trends should be taken with caution, as completeness of data varies between clinics and health boards. In Aneurin Bevan, Cwm Taf and Hywel Dda completeness of reporting is similar between the two periods compared.
- Between Q4 2012-Q1 2013 and Q4 2014-Q1 2015, seven clinics started reporting, and four clinics closed.
- This report does not include diagnoses made in clinics in South Hywel Dda (Carmarthenshire and Pembrokeshire), which do not report to SWS.

Unmapped attendances

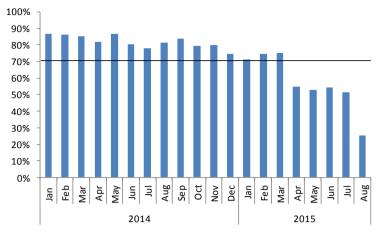
When SWS receives attendances with unrecognised codes, these attendances are not accepted into the system and are stored in "holding tables". The CDSC is working to map as many of these codes as possible. At the time of this report all the attendances in the holding tables were posterior to Q1 2015 and 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 this to estimate the completeness of the data received. Codes that are unknown to the CDSC team or that may interfere with the counts of diagnosis or service codes have been excluded. In the instances when the attendance data have not been received, the number of attendances has been imputed in order to be able to calculate a percentage of attendances with at least one code.

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Figure A1. Percentage of new and rebook attendances with at least one known code (SHHAPT, SRHAD, KC60, or local code with description), Wales 2014-2015



- i) Diagnoses made in new patient and rebook patient attendances reported to SWS clinic. Rebook patient attendances are those were patients who are known to the clinic return for an unrelated episode of care.
- ii) Data for number of attendances in the second half of 2014 are incomplete. Therefore, the number of attendances has been imputed when necessary (average attendances for the previous three months).

Table A1. Number of new and rebook attendances and percentage with at least one known code (SHHAPT, SRHAD, KC60, or local code with description) by clinic, Q4 2012-Q1 2013 and Q4 2014-Q1 2015, Wales

	Q4 2012 - Q1 2013		Q4 2014 - Q1 2015			
Clinic	Number	% with ≥1 known code	Number	% with ≥1 known code		
1	202	100%	303	100%		
5	563	100%	581	97%		
6	844	98%	692	99%		
9	1004	99%	986	73%		
10	93	91%	0			
11	85	100%	0			
13	6279	71%	8967	36%		
14	157	99%	131	92%		
16	565	99%	578	74%		
17	1059	97%	928	77%		
18	813	97%	797	77%		
20	233	97%	210	98%		
21	194	100%	141	96%		
23	1648	100%	1674	99%		
24	77	100%	377	100%		
27	1195	94%	0			
28	5592	100%	5482	97%		
29	6657	81%	13853	93%		
30	96	99%	0			
33	431	100%	576	68%		
34	139	98%	158	96%		
36	2142	99%	3162	66%		
37	838	92%	828	88%		
38	6816	97%	12322	68%		
39	602	99%	716	77%		
41	1726	99%	1445	60%		
7	0		279	87%		
8	0		53	68%		
12	0		136	92%		
19	0		1	0%		
32	0		1765	99%		
35	0		81	83%		
44	0		748	98%		
Wales	40050	91%	57970	76%		

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

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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; Gray: 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.

iv) Data for number of attendances are incomplete since December 2014. Therefore, the number of attendances has been imputed when necessary (average attendances for the previous three months).