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Sexual Health in Wales Surveillance Scheme (SWS)

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(Data to end March 2017)

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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 March 2017, as at 24th July 2017.

Key points

• There was an increase in reports of new diagnoses of chlamydia, and first episodes of herpes, gonorrhoea and syphilis across Wales over the last year, and a decrease in reports of HIV (comparing Q4 2015-Q1 2016 and Q4 2016-Q1 2017) (Table 1). However, part of the increase in reported STIs is due to improved reporting from Hywel Dda Health Board (HB), with all clinics submitting data to SWS since March 2016. Comparing Q4 2015-Q1 2016 and Q4 2016-Q1 2017:

- Syphilis increased by 34% from 64 to 86 cases, whilst reports of syphilis testing increased by 7% (Table 1). However, after excluding Hywel Dda cases the syphilis increase is 28% and there is no overall increase in testing.
- Gonorrhoea increased by 36% whilst gonorrhoea testing increased by 21%. Excluding Hywel Dda the increase was 33% with a 14% increase in testing.
- Chlamydia diagnoses increased by 23%, corresponding to a similar increase in testing. Excluding Hywel Dda, chlamydia increased by 13%, with a 14% increase in testing.
- First episodes of herpes increased by 15% (9% with the exclusion of Hywel Dda).
- New diagnoses of HIV fell by 32%, whilst HIV testing increased by 6%. Excluding Hywel Dda, there was a 37% decrease in new HIV diagnoses with testing decreasing by 1%.
- Reports of first episodes of warts decreased by 5%. Excluding Hywel Dda, warts reports decreased by 10%.
- Hepatitis C diagnosis remained relatively stable, falling slightly from 14 to 13 cases. However, this should be taken with caution due to small numbers.
- There were decreases in LGV, and hepatitis A and B diagnoses remained stable. However, this should be taken with caution due to small numbers.
- Chlamydia, and first episodes of herpes, gonorrhoea and syphilis increased both in males and females (Table 2). Whilst the increase in syphilis was more marked in males than in females (37% vs. 14%), the increase in gonorrhoea was more marked in females (28% vs. 54%). Increases in chlamydia and herpes were similar in both genders.
- The decrease in HIV was only seen in males.
- Gonorrhoea increased in MSM from 123 to 190 cases, accounting for most of the increase in the general male population. In addition, there was a 33% increase of syphilis in MSM and a 50% increase in men who did not report sex with men.
- Amongst 15-24 year olds, syphilis increased from 7 to 15 cases. The increase in chlamydia, herpes and gonorrhoea was similar to that in the general population.
- Health board trends should be taken with caution, as completeness of data varies between clinics and health boards. Improved reporting from Hywel Dda mentioned above means that the two periods are not comparable in this HB. Cardiff and Vale has improved reporting from its community clinics, which may have contributed to some of the STI increases seen in the HB.
- The latest available trends indicate that gonorrhoea is on the increase in Aneurin Bevan and Cardiff and Vale University HB, and syphilis is on the increase in Aneurin Bevan and Abertawe Bro Morgannwg University HB.

General population

Table 1. Percentage change in selected diagnoses and screens made in ISH clinics from Q4 2015–Q1 2016 to Q4 2016–Q1 2017 in Wales

| | Diagnoses | | | Screens | | |
|-----------------------------|-----------------|-----------------|----------|-----------------|-----------------|----------|
| | Q4 2015-Q1 2016 | Q4 2016-Q1 2017 | % Change | Q4 2015-Q1 2016 | Q4 2016-Q1 2017 | % Change |
| Chlamydia | 2601 | 3199 | 23% | 26397 | 32035 | 21% |
| Warts (1st episode) | 1441 | 1370 | -5% | - | - | - |
| Herpes (1st episode) | 591 | 677 | 15% | - | - | - |
| Gonorrhoea | 414 | 565 | 36% | 26365 | 32018 | 21% |
| HIV (new diagnosis) | 50 | 34 | -32% | 16091 | 17075 | 6% |
| Syphilis | 64 | 86 | 34% | 15624 | 16715 | 7% |
| LGV | 2 | 0 | -100% | - | - | - |
| Hepatitis A (acute) | 1 | 1 | 0% | - | - | - |
| Hepatitis B (1st diagnosis) | 12 | 11 | -8% | - | - | - |
| Hepatitis C (1st diagnosis) | 14 | 13 | -7% | - | - | - |

- i) Diagnoses reported to SWS clinic have been deduplicated within predefined time windows ("episode periods"), shown in Appendix B.
 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, C13B), 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,T7,P1A), syphilis tests (S1,S2,T3,T4,T7).

Gender and sexuality

Table 2. Percentage change in selected diagnoses made in ISH clinics from Q4 2015–Q1 2016 to Q4 2016–Q1 2017 by gender and sexuality in Wales

| | Q4 2015-Q1 2016 | | | Q4 2016-Q1 2017 | | | % Change | | |
|-----------------------------|-----------------|---------------|--------|-----------------|---------------|--------|----------|---------------|--------|
| | Male* | *of which MSM | Female | Male* | *of which MSM | Female | Male* | *of which MSM | Female |
| Chlamydia | 1192 | 118 | 1409 | 1426 | 155 | 1773 | 20% | 31% | 26% |
| Warts (1st episode) | 801 | 52 | 640 | 741 | 53 | 629 | -7% | 2% | -2% |
| Herpes (1st episode) | 214 | 17 | 377 | 239 | 17 | 438 | 12% | 0% | 16% |
| Gonorrhoea | 276 | 123 | 138 | 352 | 190 | 213 | 28% | 54% | 54% |
| HIV (new diagnosis) | 42 | 25 | 8 | 25 | 17 | 9 | -40% | -32% | 13% |
| Syphilis | 57 | 43 | 7 | 78 | 57 | 8 | 37% | 33% | 14% |
| LGV | 2 | * | 0 | 0 | * | 0 | -100% | - | - |
| Hepatitis A (acute) | 1 | * | 0 | 0 | * | 1 | -100% | - | - |
| Hepatitis B (1st diagnosis) | 7 | * | 5 | 5 | * | 6 | -29% | - | 20% |
| Hepatitis C (1st diagnosis) | 7 | * | 7 | 8 | * | 5 | 14% | - | -29% |

- i) Diagnoses reported to SWS clinic have been deduplicated within predefined time windows ("episode periods"), shown in Appendix B.
 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, C13B), 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 Q4 2015–Q1 2016 to Q4 2016–Q1 2017 in 15-24 year olds in Wales

| 15-24 year olds | Q4 2015-Q1 2016 | Q4 2016-Q1 2017 | % Change | % Change in screens |
|-----------------------------|--------------------|--------------------|----------|------------------------|
| Chlamydia | 1847 | 2323 | 26% | 22% |
| Warts (1st episode) | 800 | 767 | -4% | - |
| Herpes (1st episode) | 295 | 356 | 21% | - |
| Gonorrhoea | 219 | 292 | 33% | 22% |
| HIV (new diagnosis) | 9 | 3 | -67% | 2% |
| Syphilis | 7 | 15 | 114% | 2% |
| LGV | 1 | 0 | -100% | - |
| Hepatitis A (acute) | 1 | 1 | 0% | - |
| Hepatitis B (1st diagnosis) | 3 | 1 | -67% | - |
| Hepatitis C (1st diagnosis) | 4 | 0 | -100% | - |

i) Diagnoses reported to SWS clinic have been deduplicated within predefined time windows ("episode periods"), shown in Appendix B.

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, C13B), first diagnosis of hepatitis C (C14).

Chlamydia

Table 4. Percentage change in chlamydia diagnoses made in ISH clinics from Q4 2015–Q1 2016 to Q4 2016–Q1 2017, by LHB of residence, gender and sexuality

| LHB | Group | Q4 2015– Q1 2016 | Q4 2016– Q1 2017 | % Change |
|-----------------------------------|---------------|---------------------|---------------------|----------|
| Abertawe Bro Morgannwg University | Female | 294 | 374 | 27% |
| | Male* | 217 | 279 | 29% |
| | *of which MSM | 15 | 26 | 73% |
| | Total | 511 | 653 | 28% |
| Aneurin Bevan | Female | 454 | 402 | -11% |
| | Male* | 321 | 309 | -4% |
| | *of which MSM | 34 | 40 | 18% |
| | Total | 775 | 711 | -8% |
| Betsi Cadwaladr University | Female | 289 | 239 | -17% |
| | Male* | 270 | 213 | -21% |
| | *of which MSM | 14 | 12 | -14% |
| | Total | 559 | 452 | -19% |
| Cardiff & Vale University | Female | 205 | 424 | 107% |
| | Male* | 214 | 325 | 52% |
| | *of which MSM | 46 | 61 | 33% |
| | Total | 419 | 749 | 79% |
| Cwm Taf | Female | 132 | 138 | 5% |
| | Male* | 134 | 142 | 6% |
| | *of which MSM | 9 | 5 | -44% |
| | Total | 266 | 280 | 5% |
| Hywel Dda† | Female | 34 | 185 | 444% |
| | Male* | 33 | 149 | 352% |
| | *of which MSM | * | * | * |
| | Total | 67 | 334 | 399% |
| Powys Teaching | Female | 1 | 11 | 1000% |
| | Male* | 3 | 9 | 200% |
| | *of which MSM | * | * | * |
| | Total | 4 | 20 | 400% |
| All Wales | Female | 1409 | 1773 | 26% |
| | Male* | 1192 | 1426 | 20% |
| | *of which MSM | 118 | 155 | 31% |
| | Total | 2601 | 3199 | 23% |

i) Diagnoses reported to SWS clinic have been deduplicated within predefined time windows ("episode periods"), shown in Appendix B.

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

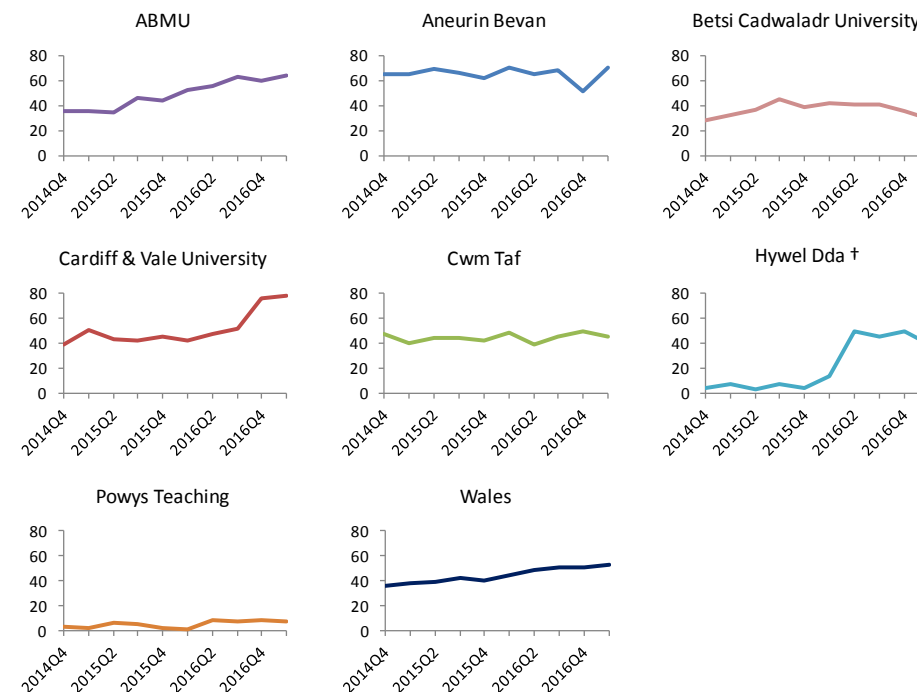
iii) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.

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 Q4 2014 to Q1 2017, by LHB of residence



i) Diagnoses reported to SWS clinic have been deduplicated within predefined time windows ("episode periods"), shown in Appendix B.

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 Q4 2015–Q1 2016 to Q4 2016–Q1 2017, by LHB of residence, gender and sexuality

| LHB | Group | Q4 2015– Q1 2016 | Q4 2016– Q1 2017 | % Change |
|-----------------------------------|---------------|---------------------|---------------------|----------|
| Abertawe Bro Morgannwg University | Female | 28 | 23 | -18% |
| | Male* | 62 | 41 | -34% |
| | *of which MSM | 16 | 22 | 38% |
| | Total | 90 | 64 | -29% |
| Aneurin Bevan | Female | 28 | 33 | 18% |
| | Male* | 53 | 62 | 17% |
| | *of which MSM | 24 | 36 | 50% |
| | Total | 81 | 95 | 17% |
| Betsi Cadwaladr University | Female | 24 | 26 | 8% |
| | Male* | 38 | 48 | 26% |
| | *of which MSM | 13 | 19 | 46% |
| | Total | 62 | 74 | 19% |
| Cardiff & Vale University | Female | 36 | 111 | 208% |
| | Male* | 93 | 157 | 69% |
| | *of which MSM | 65 | 92 | 42% |
| | Total | 129 | 268 | 108% |
| Cwm Taf | Female | 18 | 10 | -44% |
| | Male* | 25 | 27 | 8% |
| | *of which MSM | * | * | * |
| | Total | 43 | 37 | -14% |
| Hywel Dda† | Female | 3 | 10 | 233% |
| | Male* | 5 | 17 | 240% |
| | *of which MSM | * | * | * |
| | Total | 8 | 27 | 238% |
| Powys Teaching | Female | 1 | 0 | -100% |
| | Male* | 0 | 0 | - |
| | *of which MSM | 0 | 0 | - |
| | Total | 1 | 0 | -100% |
| All Wales | Female | 138 | 213 | 54% |
| | Male* | 276 | 352 | 28% |
| | *of which MSM | 123 | 190 | 54% |
| | Total | 414 | 565 | 36% |

i) Diagnoses reported to SWS clinic have been deduplicated within predefined time windows ("episode periods"), shown in Appendix B.

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

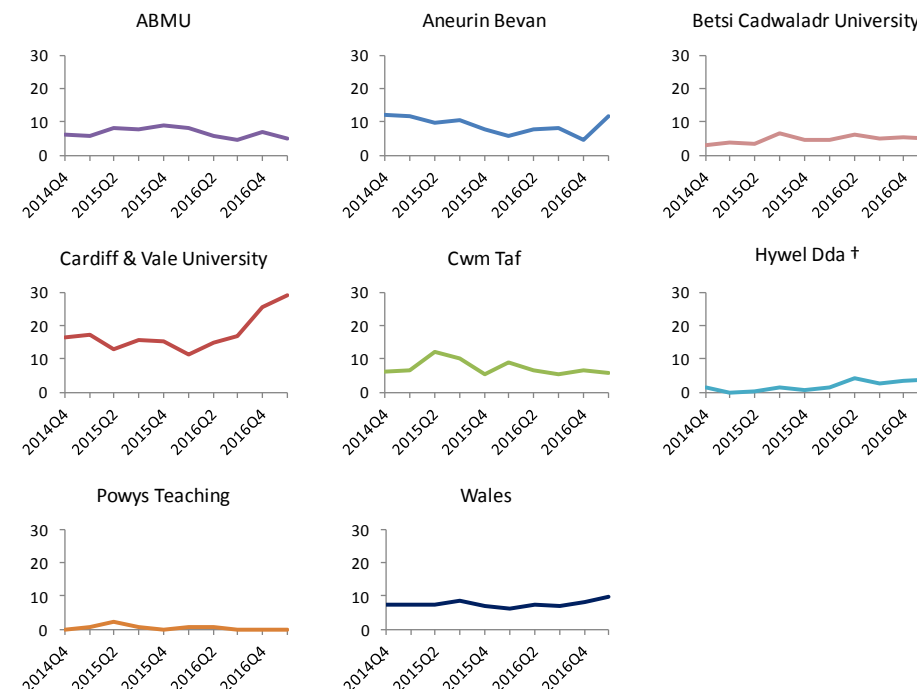
iii) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.

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, Q4 2014 to Q1 2017, by LHB of residence



i) Diagnoses reported to SWS clinic have been deduplicated within predefined time windows ("episode periods"), shown in Appendix B.

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 Q4 2015–Q1 2016 to Q4 2016–Q1 2017, by LHB of residence, gender and sexuality

| LHB | Group | Q4 2015- Q1 2016 | Q4 2016- Q1 2017 | % Change |
|-----------------------------------|---------------|---------------------|---------------------|----------|
| Abertawe Bro Morgannwg University | Female | 2 | 1 | -50% |
| | Male* | 11 | 17 | 55% |
| | *of which MSM | 6 | 8 | 33% |
| | Total | 13 | 18 | 38% |
| Aneurin Bevan | Female | 2 | 1 | -50% |
| | Male* | 9 | 19 | 111% |
| | *of which MSM | * | * | * |
| | Total | 11 | 20 | 82% |
| Betsi Cadwaladr University | Female | 0 | 0 | - |
| | Male* | 9 | 10 | 11% |
| | *of which MSM | 7 | 6 | -14% |
| | Total | 9 | 10 | 11% |
| Cardiff & Vale University | Female | 0 | 1 | - |
| | Male* | 16 | 27 | 69% |
| | *of which MSM | 15 | 25 | 67% |
| | Total | 16 | 28 | 75% |
| Cwm Taf | Female | 2 | 3 | 50% |
| | Male* | 7 | 3 | -57% |
| | *of which MSM | 4 | 2 | -50% |
| | Total | 9 | 6 | -33% |
| Hywel Dda† | Female | 0 | 2 | - |
| | Male* | 0 | 2 | - |
| | *of which MSM | * | * | * |
| | Total | 0 | 4 | - |
| Powys Teaching | Female | 1 | 0 | -100% |
| | Male* | 5 | 0 | -100% |
| | *of which MSM | * | * | * |
| | Total | 6 | 0 | -100% |
| All Wales | Female | 7 | 8 | 14% |
| | Male* | 57 | 78 | 37% |
| | *of which MSM | 43 | 57 | 33% |
| | Total | 64 | 86 | 34% |

i) Diagnoses reported to SWS clinic have been deduplicated within predefined time windows ("episode periods"), shown in Appendix B.

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

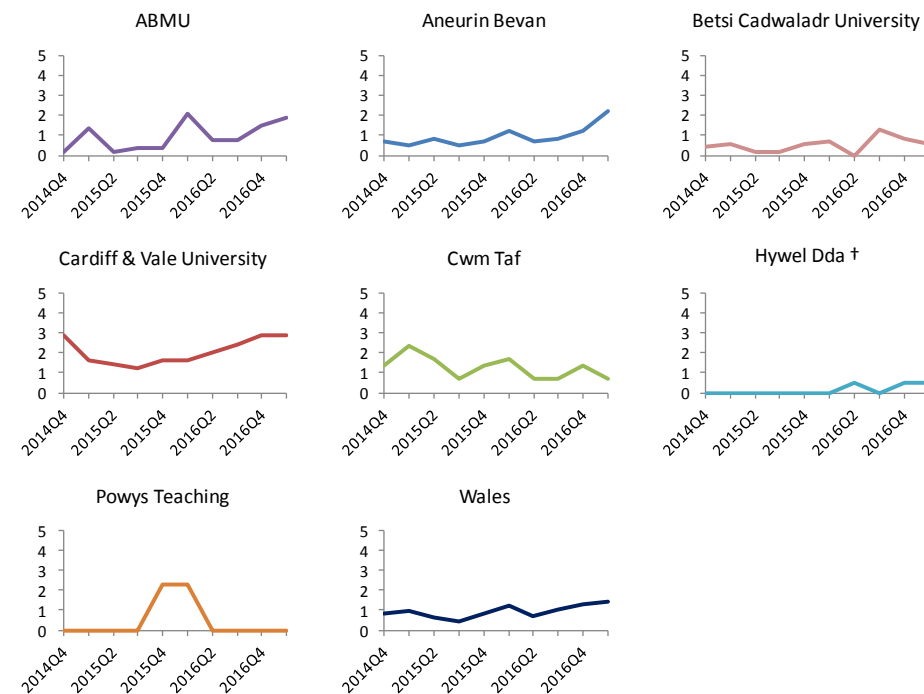
iii) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.

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 Q4 2014 to Q1 2017, by LHB of residence



i) Diagnoses reported to SWS clinic have been deduplicated within predefined time windows ("episode periods"), shown in Appendix B.

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 A: Data completeness

Key points

- The percentage of new and rebook attendances with at least one code (SHHAPT, SRHAD, KC60, or local code) was 94% and 86% respectively for the two periods compared (Q4 2015-Q1 2016 and Q4 2016-Q1 2017).
- Health board trends should be taken with caution, as completeness of data varies between clinics and health boards.
- Hywel Dda reporting has improved greatly recently, with all clinics submitting data to SWS since March 2016. Following this change, the number of clinics reporting from Hywel Dda health board has increased from 2 clinics between Q3-Q4 2015, to 10 clinics in Q4 2016-Q1 2017.
- A discrepancy has been found for a clinic group between the completeness data at CDSC level and at clinic level. This is being investigated in preparation for the next quarterly report.

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 there were five unmapped attendances with attendance date before the end of March 2016.

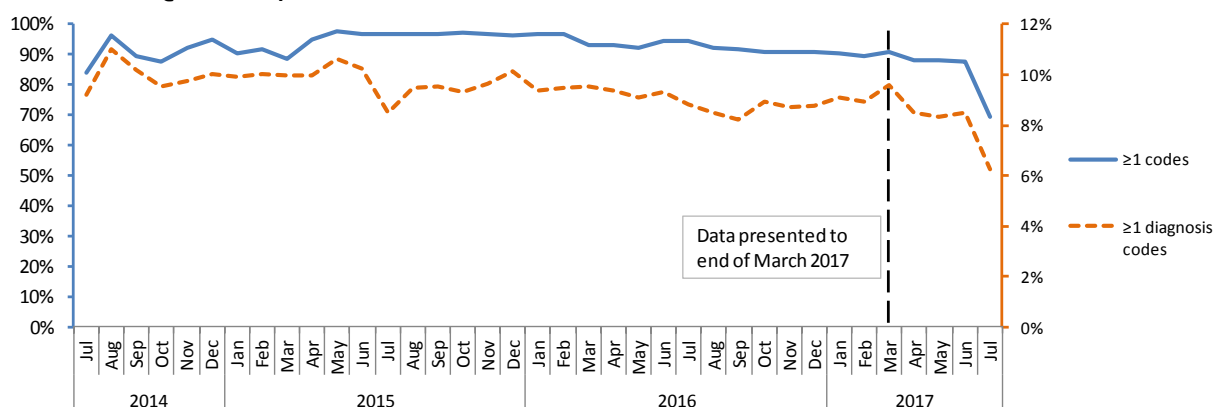
Coding completeness

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 new patient and rebook patient attendances should have at least one code (rebook patient attendances are those where patients who are known to the clinic return for an unrelated episode of care). We use the percentage of these attendances with at least one code as an indicator to estimate the completeness of the data received.

Another indicator is the percentage of new patient and rebook patient 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 Q1 2017, 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, C13B), first diagnosis of hepatitis C (C14). iii) Missing values for new and rebook patient attendances in November and December 2016 were replaced by a 3-month rolling average for one clinic group

Table A1. Number of new and rebook attendances and percentage with at least one diagnosis/ service code (of any kind) by clinic, Q4 2015–Q1 2016 to Q4 2016–Q1 2017, Wales

| Clinic | Q4 2015-Q1 2016 | | Q4 2016-Q1 2017 | |
|--------------|-----------------|-----------------|-----------------|-----------------|
| | Number | % with ≥1 codes | Number | % with ≥1 codes |
| 6 | 302 | 97% | 257 | 99% |
| 30 | 1830 | 98% | 1763 | 99% |
| 5 | 7379 | 97% | 7275 | 98% |
| 27 | 415 | 95% | 383 | 99% |
| 10 | 3939 | 97% | 3233 | 100% |
| 28 | 15241 | 95% | 13401 | 100% |
| 14 | 702 | 98% | 794 | 90% |
| 33 | 553 | 91% | 528 | 81% |
| 34 | 115 | 94% | 122 | 93% |
| 35 | 267 | 87% | 223 | 93% |
| 12 | 192 | 96% | 239 | 85% |
| 1 | 115 | 98% | 124 | 81% |
| 15 | 154 | 93% | 173 | 87% |
| 36 | 168 | 90% | 188 | 93% |
| 13 | 1014 | 100% | 1034 | 97% |
| 22 | 1037 | 98% | 1110 | 90% |
| 25 | 846 | 99% | 868 | 78% |
| 29 | 469 | 88% | 448 | 87% |
| 23 | 665 | 100% | 667 | 95% |
| 24 | 333 | 98% | 254 | 98% |
| 11 | 1669 | 100% | 1590 | 97% |
| 9 | 5748 | 83% | 10906 | 81% |
| 7 | 653 | 97% | 721 | 96% |
| 43 | 22 | 55% | 19 | 37% |
| 37 | 1003 | 97% | 973 | 89% |
| 38 | 109 | 77% | 68 | 74% |
| 39 | 266 | 97% | 259 | 78% |
| 8 | 1855 | 96% | 1436 | 92% |
| 31 | 1900 | 97% | 2053 | 95% |
| 44 | 61 | 95% | 23 | 61% |
| 26 | 1592 | 96% | 1758 | 86% |
| 45 | 3 | 0% | 5 | 0% |
| 41 | 116 | 88% | 97 | 36% |
| 42 | 319 | 94% | 299 | 94% |
| 46 | 23 | 87% | 10 | 30% |
| 47 | 5 | 0% | 9 | 0% |
| 32 | 815 | 99% | 760 | 94% |
| 2 | 486 | 97% | 892 | 57% |
| 48 | 2 | 0% | 20 | 0% |
| 20 | 98 | 94% | 496 | 43% |
| 19 | 58 | 78% | 789 | 53% |
| 3 | 49 | 80% | 1104 | 57% |
| 4 | 10 | 90% | 240 | 88% |
| 17 | 154 | 71% | 1885 | 62% |
| 16 | 86 | 81% | 1034 | 69% |
| 49 | 30 | 80% | 0 | - |
| 50 | 88 | 69% | 901 | 73% |
| 40 | 0 | - | 2 | 50% |
| 51 | 0 | - | 4 | 0% |
| Wales | 52956 | 94% | 61437 | 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.

Appendix B: Episode periods

Table B1: Episode periods within which KC60/SHHAPT codes are deduplicated

| KC60/SHHAPT Code and description | | Episode period | Further cleaning |
|----------------------------------|--|--------------------|---|
| A1 | Primary infectious syphilis | 42 days | 42 days between A1 and A3 |
| A2 | Secondary infectious syphilis | 182 days | 42 days between A2 and A3 |
| A3 | Early latent syphilis | 728 days | 42 days between A1 or A2 and A3 |
| B, B1, B2 | Gonorrhoea (SHHAPT) / Uncomplicated gonorrhoea infection | 42 days | - |
| C2 | LGV | 42 days | - |
| C4, C4A, C4C | Chlamydia (SHHAPT) / Uncomplicated chlamydial infection | 42 days | - |
| C10A | Anogenital herpes simplex - first attack | Patient's lifetime | Subsequent episodes replaced by recurrence code |
| C11A | Anogenital warts - first attack | Patient's lifetime | Subsequent episodes replaced by recurrence code |
| C13, C13A, C13B | Hepatitis B – 1st diagnosis | Patient's lifetime | - |
| C14 | Viral hepatitis C: first diagnosis | Patient's lifetime | - |
| C15 | Viral Hepatitis A: Acute Infection | Patient's lifetime | - |
| E1A | New HIV diagnosis: asymptomatic | Patient's lifetime | Only one code new HIV diagnosis code |
| E2A | New HIV diagnosis: symptomatic (not AIDS) | Patient's lifetime | Only one code new HIV diagnosis code |
| E3A1 | AIDS: first presentation - new HIV diagnosis | Patient's lifetime | Only one code new HIV diagnosis code |
| H1 | New HIV diagnosis | Patient's lifetime | Only one code new HIV diagnosis code |
| H1A | New HIV diagnosis: Acute | Patient's lifetime | Only one code new HIV diagnosis code |
| H1B | New HIV diagnosis: Late | Patient's lifetime | Only one code new HIV diagnosis code |
| P1A | HIV antibody test (no sexual health screen) | 42 days | - |
| S1 | Sexual health screen (no HIV antibody test) | 42 days | - |
| S2 | HIV antibody test and sexual health screen | 42 days | - |
| T1 | Chlamydia test | 42 days | - |
| T2 | Chlamydia and gonorrhoea tests | 42 days | - |
| T3 | Chlamydia, gonorrhoea and syphilis tests | 42 days | - |
| T4 | Full sexual health screen including HIV antibody test | 42 days | - |
| T7 | Syphilis & HIV test | 42 days | - |