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Sexual Health in Wales Surveillance Scheme (SWS)

Quarterly Report, April 2016
(Data to end September 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 September 2015, as at 1th April 2016.

Key points

- There was an increase in reports of new diagnoses of herpes, gonorrhoea and hepatitis B across Wales over the last 2 years (comparing Q2–Q3 2013 and Q2–Q3 2015)(Table 1).
- The number of episodes of gonorrhoea increased by 13% between the two periods compared, whilst that of first episodes of herpes increased by 4% (Q2–Q3 2013 and Q2–Q3 2015)(Table 1).
- The observed 133% increase in hepatitis B should be taken with caution due to small numbers (6 cases in Q2–Q3 2013 and Q2–Q3 2015 and 14 cases in Q2–Q3 2013 and Q2–Q3 2015).
- New episodes of other STIs/BBV appeared to be stable or to decrease. However this may have been due to lower data completeness in the second period (84% in 2013 vs. 73% in 2015 –see Appendix on data quality).
- Virtually all of the increase in gonorrhoea cases occurred in males (Table 2), with an 86% increase in men who report having sex with men (MSM), and a 24% decrease in men who do not report having sex with men.
- All of the increase in first episodes of herpes occurred in males (Table 2). A 186% increase in cases in MSM accounted for most of the increase in males.
- Increases in chlamydia and warts were also observed in MSM (125% and 41% increase respectively).
- Hepatitis B increased both in males and females (Table 2).
- In 15–24 year olds, as in the general population, there were increases in reports of new diagnoses of herpes, gonorrhoea and hepatitis B (Table 3). Syphilis went back down after the increase reported in the last report.
- Health board trends should be taken with caution, as completeness of data varies between clinics and health boards.
- Chlamydia appears to be stable in Cwm Taf University Health Board (UHB) and on the increase in Aneurin Bevan and Betsi Cadwaladr UHBs (where Q2–Q3 2015 is at the same level as Q2–Q3 2013, after a dip) (Figure 1, Table 4).
- Gonorrhoea appears to have increased in Betsi Cadwaladr and Cwm Taf UHBs, and slightly in Aneurin Bevan UHB (Figure 2, Table 5).
- Syphilis appears to have decreased in Wales and in particular in Betsi Cadwaladr and Cwm Taf UHBs, with an increase in Aneurin Bevan UHB, although with small numbers (Figure 3, Table 6). Syphilis trends should be monitored in Cardiff and Vale UHB, where syphilis appears to be on the increase in the last quarter reported.

General population

Table 1. Percentage change in selected diagnoses and screens made in ISH clinics from Q2–Q3 2013 to Q2–Q3 2015 in Wales

	Diagnoses			Screens		
	Q2 - Q3 2013	Q2 - Q3 2015	% Change	Q2 - Q3 2013	Q2 - Q3 2015	% Change
Chlamydia	2179	2155	-1%	21711	20129	-7%
Warts (1st episode)	1592	1326	-17%	-	-	-
Herpes (1st episode)	505	524	4%	-	-	-
Gonorrhoea	382	430	13%	21674	20088	-7%
HIV (new diagnosis)	51	33	-35%	12538	12047	-4%
Syphilis	40	29	-28%	12137	11673	-4%
LGV	2	2	0%	-	-	-
Hepatitis A (acute)	0	0	-	-	-	-
Hepatitis B (1st diagnosis)	6	14	133%	-	-	-
Hepatitis C (1st diagnosis)	13	13	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 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 Q2–Q3 2013 to Q2–Q3 2015 by gender and sexuality in Wales

	Q2 - Q3 2013			Q2 - Q3 2015			% Change		
	Male*	*of which MSM	Female	Male*	*of which MSM	Female	Male*	*of which MSM	Female
Chlamydia	971	59	1208	966	133	1189	-1%	125%	-2%
Warts (1st episode)	855	29	737	728	41	598	-15%	41%	-19%
Herpes (1st episode)	179	7	326	200	20	324	12%	186%	-1%
Gonorrhoea	249	96	133	296	179	134	19%	86%	1%
HIV (new diagnosis)	44	32	7	28	19	5	-36%	-41%	-29%
Syphilis	31	24	9	27	18	2	-13%	-25%	-78%
LGV	2	1	0	2	1	0	0%	0%	-
Hepatitis A (acute)	0	0	0	0	0	0	-	-	-
Hepatitis B (1st diagnosis)	5	3	1	12	4	2	140%	33%	100%
Hepatitis C (1st diagnosis)	10	2	3	9	2	4	-10%	0%	33%

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 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 (*).

Young people (15-24 year olds)

Table 3. Percentage change in selected diagnoses made in ISH clinics from Q2–Q3 2013 to Q2–Q3 2015 in 15-24 year olds in Wales

15-24 year olds	Q2 - Q3 2013	Q2 - Q3 2015	% Change
Chlamydia	1561	1470	-6%
Warts (1st episode)	936	709	-24%
Herpes (1st episode)	231	262	13%
Gonorrhoea	179	190	6%
HIV (new diagnosis)	6	3	-50%
Syphilis	8	1	-88%
LGV	1	1	0%
Hepatitis A (acute)	0	0	-
Hepatitis B (1st diagnosis)	1	4	300%
Hepatitis C (1st diagnosis)	2	1	-50%

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.

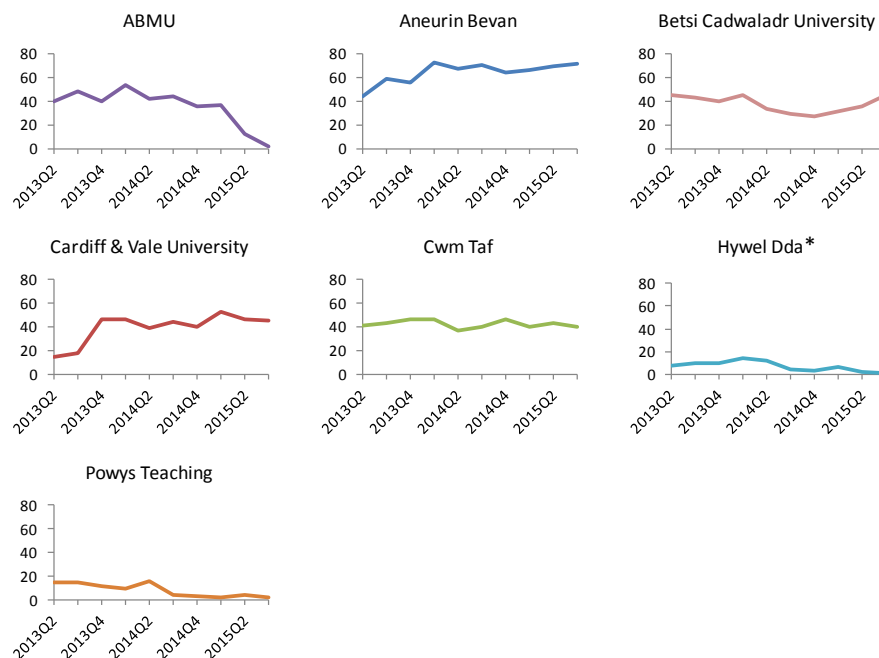
iii) These data do not include diagnoses made in clinics in South Hywel Dda, which do not report to SWS.

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 Q2 2013 to Q3 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 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 codes were used: chlamydia (C4, C4A, C4C).

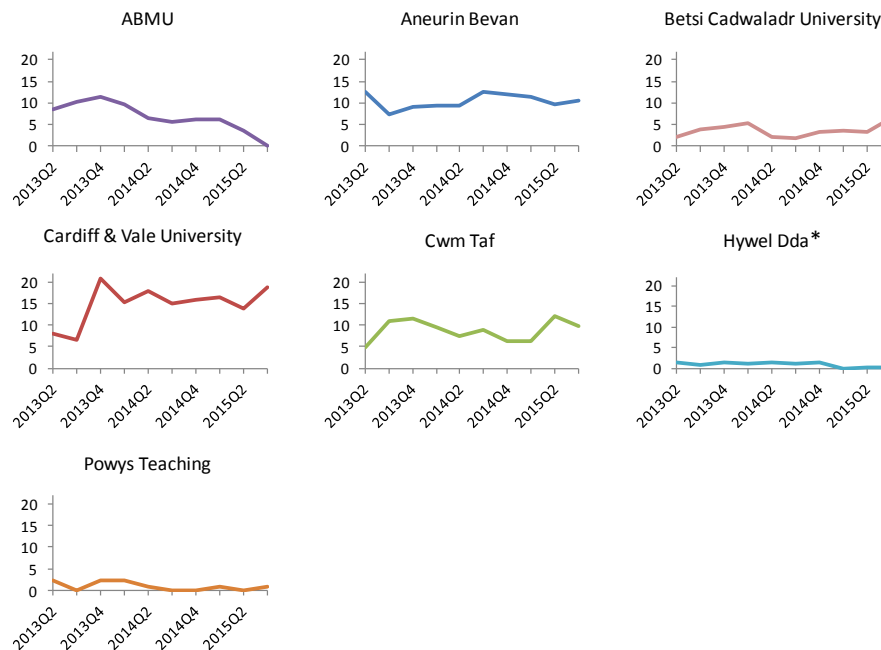
Table 4. Percentage change in chlamydia diagnoses made in ISH clinics from Q2-Q3 2013 to Q2-Q3 2015, by LHB of residence, gender and sexuality

LHB	Group	Q2 - Q3 2013	Q2 - Q3 2015	% Change
Abertawe Bro Morgannwg University	Female	274	40	-85%
	Male*	184	31	-83%
	*of which MSM	4	1	-75%
	Total	458	71	-84%
Aneurin Bevan	Female	301	502	67%
	Male*	296	313	6%
	*of which MSM	22	39	77%
	Total	597	815	37%
Betsi Cadwaladr University	Female	350	306	-13%
	Male*	264	258	-2%
	*of which MSM	8	18	125%
	Total	614	564	-8%
Cardiff & Vale University	Female	87	210	141%
	Male*	67	232	246%
	*of which MSM	18	67	272%
	Total	154	442	187%
Cwm Taf	Female	138	120	-13%
	Male*	112	126	13%
	*of which MSM	6	6	0%
	Total	250	246	-2%
Hywel Dda	Female	36	5	-86%
	Male*	30	4	-87%
	*of which MSM	*	*	*
	Total	66	9	-86%
Powys Teaching	Female	22	6	-73%
	Male*	18	2	-89%
	*of which MSM	*	*	*
	Total	40	8	-80%
All Wales	Female	1208	1189	-2%
	Male*	971	966	-1%
	*of which MSM	59	133	125%
	Total	2179	2155	-1%

- 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 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 codes were used: gonorrhoea (C4, C4A, C4C).
 vi) Small numbers with potential for indirect disclosure of person identifiable information (*).

Gonorrhoea

Figure 2. Incidence of gonorrhoea diagnoses made in ISH clinics per 100,000 population, from Q2 2013 to Q3 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 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 codes were used: gonorrhoea (B, B1, B2).

Table 5. Percentage change in gonorrhoea diagnoses made in ISH clinics from Q2–Q3 2013 to Q2–Q3 2015, by LHB of residence, gender and sexuality

LHB	Group	Q2 - Q3 2013	Q2 - Q3 2015	% Change
Abertawe Bro Morgannwg University	Female	39	3	-92%
	Male*	60	17	-72%
	*of which MSM	3	8	167%
	Total	99	20	-80%
Aneurin Bevan	Female	40	44	10%
	Male*	76	75	-1%
	*of which MSM	34	46	35%
	Total	116	119	3%
Betsi Cadwaladr University	Female	14	21	50%
	Male*	27	45	67%
	*of which MSM	17	24	41%
	Total	41	66	61%
Cardiff & Vale University	Female	16	37	131%
	Male*	53	120	126%
	*of which MSM	36	95	164%
	Total	69	157	128%
Cwm Taf	Female	20	28	40%
	Male*	26	37	42%
	*of which MSM	4	5	25%
	Total	46	65	41%
Hywel Dda	Female	2	0	-100%
	Male*	6	2	-67%
	*of which MSM	*	*	*
	Total	8	2	-75%
Powys Teaching	Female	2	1	-50%
	Male*	1	0	-100%
	*of which MSM	*	*	*
	Total	3	1	-67%
All Wales	Female	133	134	1%
	Male*	249	296	19%
	*of which MSM	96	179	86%
	Total	382	430	13%

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 do not report to SWS.

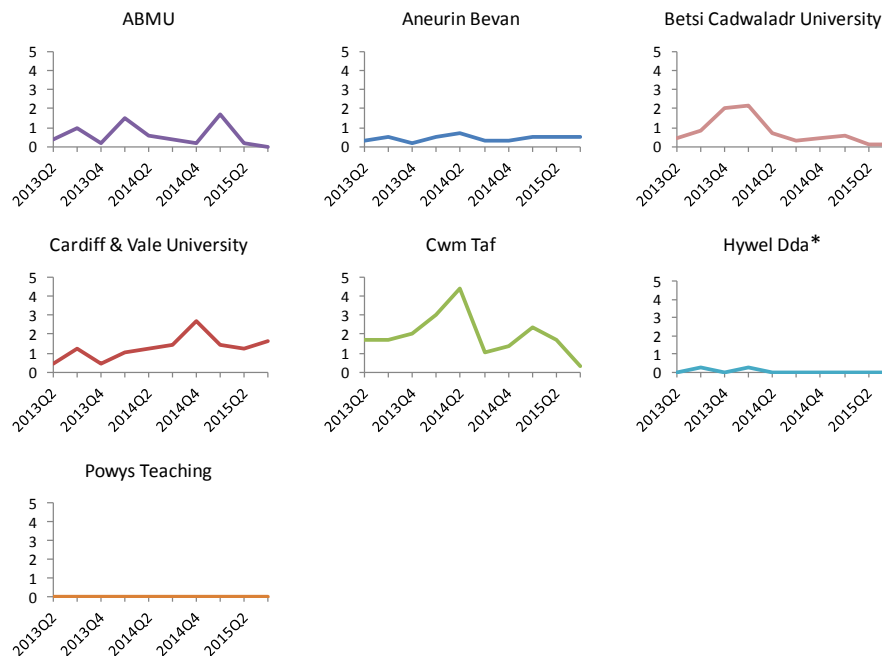
iv) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.

v) The following KC60/SHHAPT 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 Q2 2013 to Q3 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 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 codes were used: primary, secondary and early latent syphilis (A1, A2, A3).

Table 6. Percentage change in syphilis diagnoses made in ISH clinics from Q2–Q3 2013 to Q2–Q3 2015, by LHB of residence, gender and sexuality

LHB	Group	Q2 - Q3 2013	Q2 - Q3 2015	% Change
Abertawe Bro Morgannwg University	Female	2	0	-100%
	Male*	5	1	-80%
	*of which MSM	*	*	*
	Total	7	1	-86%
Aneurin Bevan	Female	1	1	0%
	Male*	4	5	25%
	*of which MSM	*	*	*
	Total	5	6	20%
Betsi Cadwaladr University	Female	2	0	-100%
	Male*	7	2	-71%
	*of which MSM	6	1	-83%
	Total	9	2	-78%
Cardiff & Vale University	Female	2	0	-100%
	Male*	6	14	133%
	*of which MSM	6	10	67%
	Total	8	14	75%
Cwm Taf	Female	2	1	-50%
	Male*	8	5	-38%
	*of which MSM	6	2	-67%
	Total	10	6	-40%
Hywel Dda	Female	0	0	-
	Male*	1	0	-100%
	*of which MSM	*	*	*
	Total	1	0	-100%
Powys Teaching	Female	0	0	-
	Male*	0	0	-
	*of which MSM	0	0	-
	Total	0	0	-
All Wales	Female	9	2	-78%
	Male*	31	27	-13%
	*of which MSM	24	18	-25%
	Total	40	29	-28%

- 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 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 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 code (SHHAPT, SRHAD, KC60, or local code) was 84% for Q2–Q3 2013 and 73% for Q2–Q3 2015, and therefore 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.
- Between Q2–Q3 2013 and Q2–Q3 2015, thirteen clinics started reporting, and two clinics closed.
- This report does not include diagnoses made in clinics in South Hywel Dda (Carmarthenshire and Pembrokeshire), which do not report to SWS.

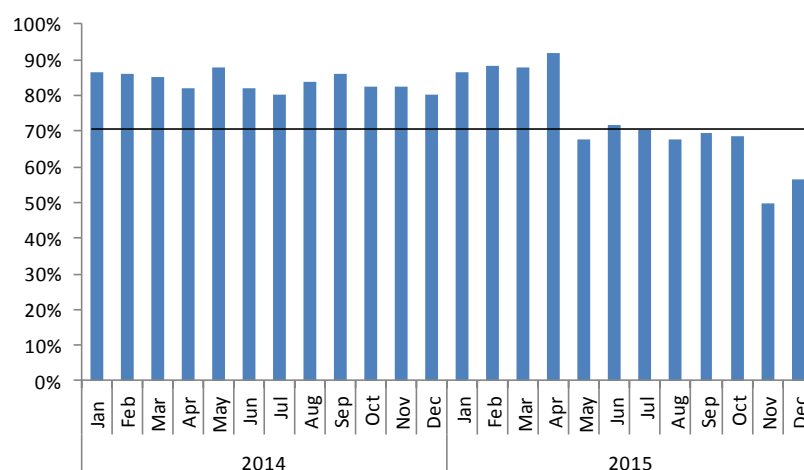
Unmapped attendances

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 but 39 new patient and rebook patient attendances in the holding tables were posterior to Q2 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. 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.

Figure A1. Percentage of new and rebook attendances with at least one diagnosis/ service code (of any kind), Wales 2014-2015



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) Data for number of attendances are incomplete since April 2014. 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 diagnosis/ service code (of any kind) by clinic, Q2-Q3 2013 to Q2-Q3 2015, Wales

Clinic	Q2-Q3 2013		Q2-Q3 2015	
	Number	% with ≥1 codes	Number	% with ≥1 codes
1	235	112%	705	97%
5	525	100%	254	51%
6	796	100%	680	99%
7	1	100%	552	93%
9	1106	99%	1155	99%
11	100	100%	0	
13	1805	19%	7674	78%
14	160	100%	18	37%
15	634	100%	572	84%
16	1133	98%	1061	94%
17	829	100%	783	99%
19	201	97%	183	97%
20	200	99%	188	98%
21	1798	100%	1780	96%
22	232	99%	2243	97%
25	789	68%	152	98%
26	6315	100%	3946	99%
27	8693	99%	15907	100%
28	87	100%	0	
29	1708	99%	1548	96%
30	508	100%	67	11%
31	189	96%	196	99%
33	2466	100%	443	14%
34	897	99%	834	96%
35	8231	100%	1710	14%
36	771	100%	98	14%
38	1721	99%	1666	100%
2	0		16	80%
3	0		1237	94%
4	0		137	96%
8	0		19	83%
12	0		203	91%
18	0		240	77%
23	0		73	58%
24	0		43	93%
32	0		163	83%
37	0		145	88%
39	0		358	85%
40	0		4	27%
41	0		798	97%
Wales	42130	84%	47851	73%

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; 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 April 2014. Therefore, the number of attendances has been imputed when necessary (average attendances for the previous three months).