Sexual Health in Wales Surveillance Scheme (SWS)

Quarterly Report, February 2018 (Data to end September 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. This report compares the 6-month period April to September 2017 (Q2-Q3 2017) with the same period of the previous year. Data are presented as at 15th January 2018, and with reviewed HIV data from a clinic reporting group.

Key points

- There was an increase in reports of new diagnoses of syphilis, gonorrhoea, chlamydia and Hepatitis A across Wales over the last year, and a decrease in reports of first episode of warts, herpes, hepatitis B and hepatitis C (comparing Q2 2016-Q3 2016 and Q2 2017-Q3 2017) (Table 1). Comparing Q2 2016-Q3 2016 and Q2 2017-Q3 2017:
  - Syphilis increased by 81% from 54 to 98 cases, whilst reports of syphilis testing increased by 6% (Table 1).
  - Gonorrhoea increased by 15% whilst gonorrhoea testing increased by 3%.
  - Chlamydia diagnoses increased by 4%, corresponding to a similar increase in testing.
  - Reports of first episodes of warts decreased by 9% and those of first episodes of herpes by 12%.
  - First diagnoses of hepatitis B decreased from 10 to 8 cases.
  - New diagnoses of HIV has remained stable at 30 cases across the two periods. HIV testing has increased by 5%.
  - Hepatitis C diagnoses remained relatively stable, with 17 and 15 cases respectively in the two periods compared.
  - Although Hepatitis A reports are infrequent in SWS, two unrelated cases were reported for the second period.
  - Gonorrhoea and chlamydia increased both in males and females (Table 2). The increase in gonorrhoea was more marked in males (22% vs 4% in females), whilst the chlamydia increase was more marked in females (7% vs 1%). The increase in syphilis cases in males was double the increase seen in females. An increase in Hepatitis C in females, from 3 to 5 cases respectively over the two periods, should be interpreted with caution due to small numbers.
  - In men who have sex with men (MSM), syphilis increased by 84% and gonorrhoea by 25%, accounting for most of the increase in the general male population. New diagnoses of HIV increased by 44% in this population between the two periods, from 9 to 13 (small numbers, interpret with caution).
  - Amongst 15-24 year olds, the trends were similar to those in the general population. However, in this group syphilis fell from 15 to 10 cases. The increase seen in HIV in this group from 2 to 4 cases should be interpreted with caution due to small numbers.
  - Health board (HB) trends should be taken with caution, as completeness of data varies between clinics and health boards. Improved reporting from Hywel Dda means that data collected prior to March 2016 are not comparable to recent data from 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 and in Wales.
  - The latest available trends indicate that chlamydia is on the increase in Aneurin Bevan, Cardiff and Vale University and Betsi Cadwaladr University health boards, and gonorrhoea and syphilis have increased across most Welsh HBs between the periods compared.

General population

Table 1. Percentage change in selected diagnoses and screens made in ISH clinics from Q2 2016–Q3 2016 to Q2 2017–Q3 2017 in Wales

	Diagnoses			Screens		
	Q2 2016-Q3 2016	Q2 2017-Q3 2017	% Change	Q2 2016-Q3 2016	Q2 2017-Q3 2017	% Change
Chlamydia	3078	3209	4%	32610	33532	3%
Warts (1st episode)	1662	1519	-9%	-	-	-
Herpes (1st episode)	758	668	-12%	-	-	-
Gonorrhoea	443	509	15%	32596	33513	3%
HIV (new diagnosis)	30	30	0%	17571	18506	5%
Syphilis	54	98	81%	17093	18096	6%
LGV	0	0	-	-	-	-
Hepatitis A (acute)	0	2	-	-	-	-
Hepatitis B (1st diagnosis)	10	8	-20%	-	-	-
Hepatitis C (1st diagnosis)	17	15	-12%	-	-	-

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 Q2 2016–Q3 2016 to Q2 2017–Q3 2017 by gender and sexuality in Wales

	Q2 2016-Q3 2016			Q2 2017-Q3 2017			% Change		
	Male*	*of which MSM	Female	Male*	*of which MSM	Female	Male*	*of which MSM	Female
Chlamydia	1382	164	1696	1401	158	1808	1%	-4%	7%
Warts (1st episode)	902	62	760	838	57	681	-7%	-8%	-10%
Herpes (1st episode)	265	23	493	235	24	433	-11%	4%	-12%
Gonorrhoea	279	153	164	339	191	170	22%	25%	4%
HIV (new diagnosis)	25	9	5	25	13	5	0%	44%	0%
Syphilis	47	37	7	88	68	10	87%	84%	43%
LGV	0	*	0	0	*	0	-	-	-
Hepatitis A (acute)	0	*	0	1	*	1	-	-	-
Hepatitis B (1st diagnosis)	6	*	4	5	*	3	-17%	-	-25%
Hepatitis C (1st diagnosis)	14	8	3	10	3	5	-29%	-	67%

i) Diagnoses reported to SWS clinic have been deduplicated within predefined time windows ("episode periods"), shown in Appendix B.
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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 Q2 2016–Q3 2016 to Q2 2017–Q3 2017 in 15-24 year olds in Wales

15-24 year olds	Q2 2016-Q3 2016	Q2 2017-Q3 2017	% Change	% Change in screens
Chlamydia	2160	2233	3%	0%
Warts (1st episode)	911	777	-15%	-
Herpes (1st episode)	381	303	-20%	-
Gonorrhoea	226	246	9%	0%
HIV (new diagnosis)	2	4	100%	1%
Syphilis	15	10	-33%	1%
LGV	0	0	-	-
Hepatitis A (acute)	0	0	-	-
Hepatitis B (1st diagnosis)	3	2	-33%	-
Hepatitis C (1st diagnosis)	2	2	0%	-

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.
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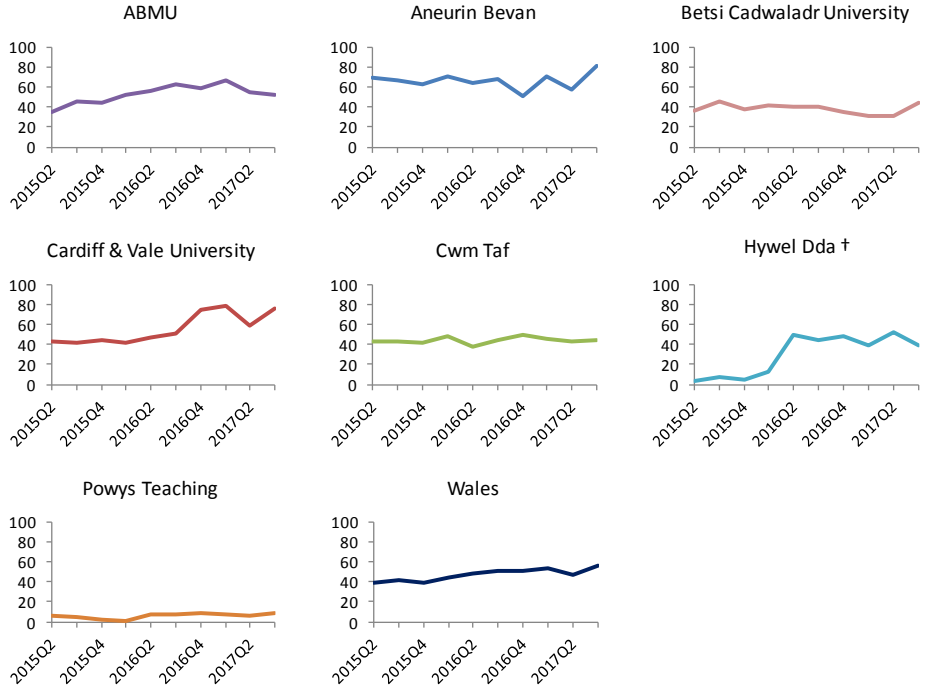
Chlamydia

Table 4. Percentage change in chlamydia diagnoses made in ISH clinics from Q2 2016–Q3 2016 to Q2 2017–Q3 2017, by LHB of residence, gender and sexuality

LHB	Group	Q2 2016-Q3 2016	Q2 2017-Q3 2017	% Change
Abertawe Bro Morgannwg University	Female	371	320	-14%
	Male*	257	247	-4%
	*of which MSM	16	16	0%
	Total	628	567	-10%
Aneurin Bevan	Female	433	464	7%
	Male*	341	351	3%
	*of which MSM	52	47	-10%
	Total	774	815	5%
Betsi Cadwaladr University	Female	303	279	-8%
	Male*	263	252	-4%
	*of which MSM	17	18	6%
	Total	566	531	-6%
Cardiff & Vale University	Female	255	388	52%
	Male*	227	276	22%
	*of which MSM	57	58	2%
	Total	482	664	38%
Cwm Taf	Female	125	133	6%
	Male*	123	127	3%
	*of which MSM	*	*	*
	Total	248	260	5%
Hywel Dda†	Female	197	213	8%
	Male*	164	139	-15%
	*of which MSM	14	11	-21%
	Total	361	352	-2%
Powys Teaching	Female	12	11	-8%
	Male*	7	9	29%
	*of which MSM	*	*	*
	Total	19	20	5%
All Wales	Female	1696	1808	7%
	Male*	1382	1401	1%
	*of which MSM	164	158	-4%
	Total	3078	3209	4%

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 Q2 2015 to Q3 2017, by LHB of residence



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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 Q2 2016–Q3 2016 to Q2 2017–Q3 2017, by LHB of residence, gender and sexuality

LHB	Group	Q2 2016-Q3 2016	Q2 2017-Q3 2017	% Change
Abertawe Bro Morgannwg University	Female	19	18	-5%
	Male*	35	38	9%
	*of which MSM	9	16	78%
	Total	54	56	4%
Aneurin Bevan	Female	28	31	11%
	Male*	64	64	0%
	*of which MSM	35	41	17%
	Total	92	95	3%
Betsi Cadwaladr University	Female	40	40	0%
	Male*	38	55	45%
	*of which MSM	*	*	*
	Total	78	95	22%
Cardiff & Vale University	Female	59	58	-2%
	Male*	97	126	30%
	*of which MSM	74	92	24%
	Total	156	184	18%
Cwm Taf	Female	8	11	38%
	Male*	28	33	18%
	*of which MSM	12	10	-17%
	Total	36	44	22%
Hywel Dda†	Female	10	12	20%
	Male*	16	23	44%
	*of which MSM	13	15	15%
	Total	26	35	35%
Powys Teaching	Female	0	0	-
	Male*	1	0	-100%
	*of which MSM	*	*	*
	Total	1	0	-100%
All Wales	Female	164	170	4%
	Male*	279	339	22%
	*of which MSM	153	191	25%
	Total	443	509	15%

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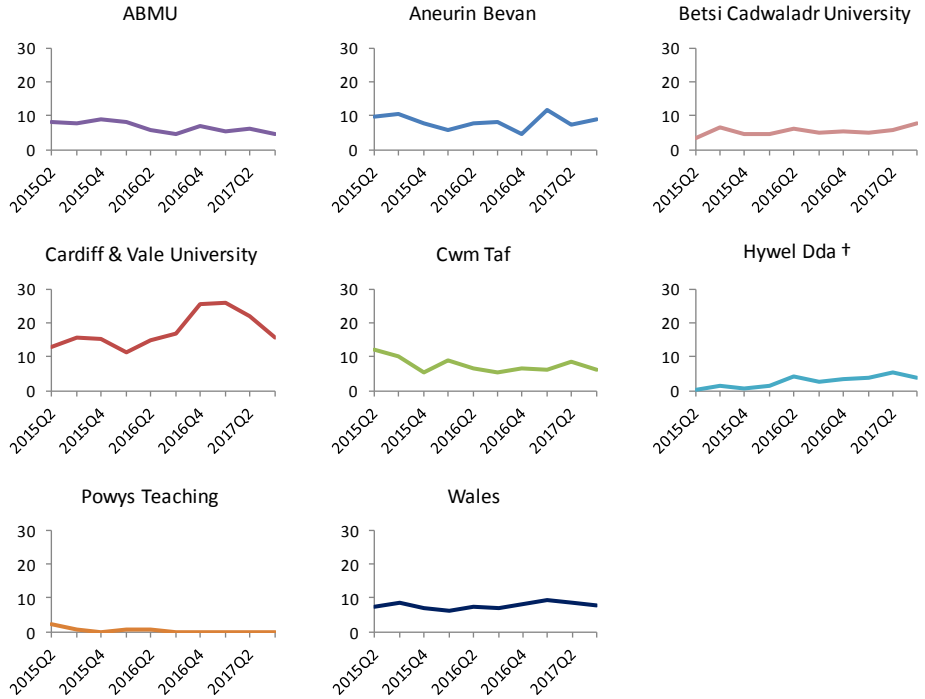
ii) Recent figures may be incomplete due to delays in reporting and to incomplete mapping at CDSC level.
iii) Residents in Wales only. Diagnoses of individuals with unknown residence location have been excluded.
iv) Hywel Dda reporting has improved greatly recently, with all clinics submitting data to 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, Q2 2015 to Q3 2017, by LHB of residence



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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).

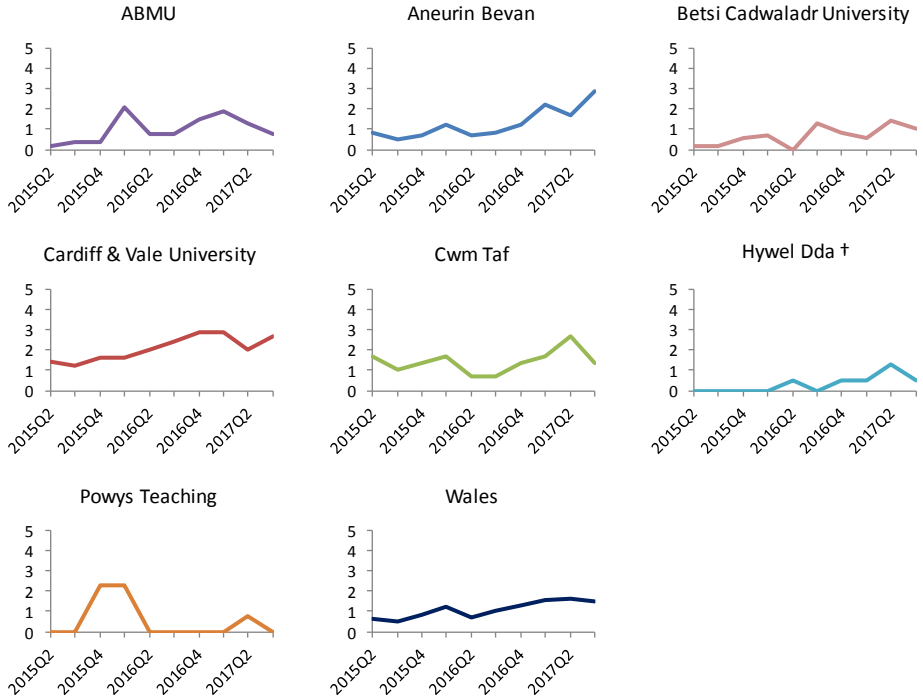
Syphilis

Table 6. Percentage change in syphilis diagnoses made in ISH clinics from Q2 2016–Q3 2016 to Q2 2017–Q3 2017, by LHB of residence, gender and sexuality

LHB	Group	Q2 2016-Q3 2016	Q2 2017-Q3 2017	% Change	% Change in screens
Abertawe Bro Morgannwg University	Female	2	1	-50%	**10%**
	Male*	6	10	67%	**5%**
	*of which MSM	*	*	*	**64%**
	Total	8	11	38%	**8%**
Aneurin Bevan	Female	1	1	0%	**-17%**
	Male*	8	26	225%	**-8%**
	*of which MSM	8	23	188%	**1%**
	Total	9	27	200%	**-12%**
Betsi Cadwaladr University	Female	1	2	100%	**-6%**
	Male*	8	15	88%	**-9%**
	*of which MSM	5	11	120%	**-6%**
	Total	9	17	89%	**-8%**
Cardiff & Vale University	Female	2	0	-100%	**8%**
	Male*	20	23	15%	**13%**
	*of which MSM	18	23	28%	**24%**
	Total	22	23	5%	**10%**
Cwm Taf	Female	0	4	-	**-1%**
	Male*	4	8	100%	**-6%**
	*of which MSM	3	6	100%	**4%**
	Total	4	12	200%	**-4%**
Hywel Dda†	Female	1	2	100%	**173%**
	Male*	1	5	400%	**136%**
	*of which MSM	*	*	*	**121%**
	Total	2	7	250%	**156%**
Powys Teaching	Female	0	0	-	**23%**
	Male*	0	1	-	**4%**
	*of which MSM	*	*	*	**-25%**
	Total	0	1	-	**14%**
All Wales	Female	7	10	43%	**8%**
	Male*	47	88	87%	**6%**
	*of which MSM	37	68	84%	**21%**
	Total	54	98	81%	**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.
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 Q2 2015 to Q3 2017, by LHB of residence



i) Diagnoses reported to SWS clinic have been deduplicated within predefined time windows ("episode periods"), shown in Appendix B.
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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 92% and 91% respectively for the two periods compared (Q2 2016-Q3 2016 and Q2 2017-Q3 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 at the beginning of 2016, to 10 clinics in Q1-Q2 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 11 unmapped attendances with attendance date before the end of September 2017.

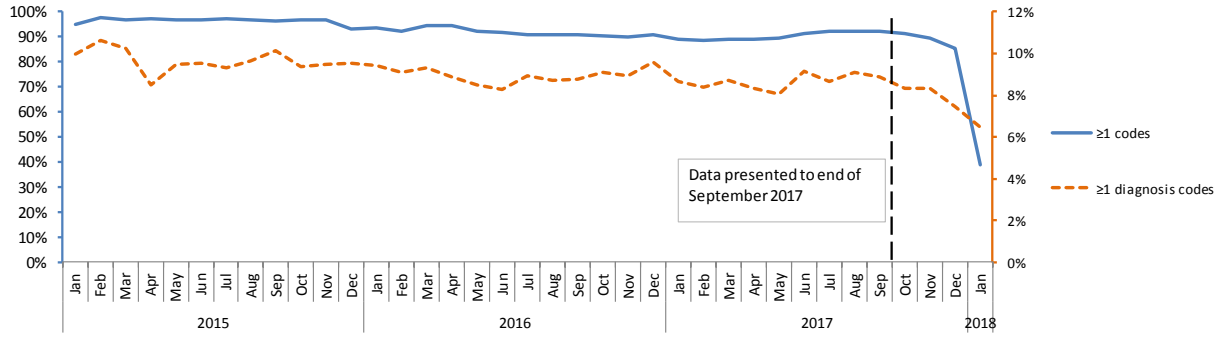
Coding completeness

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 2015 to Q1 2018, 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, Q2 2016–Q3 2016 to Q2 2017–Q3 2017, Wales

Clinic	Q2 2016-Q3 2016		Q2 2017-Q3 2017	
	Number	% with ≥1 codes	Number	% with ≥1 codes
6	337	98%	285	98%
30	2240	99%	2141	99%
5	8119	97%	7498	98%
27	386	97%	326	99%
10	3759	100%	3914	100%
28	15215	100%	15770	100%
14	696	95%	709	82%
33	643	90%	616	78%
34	126	98%	100	84%
35	225	93%	231	91%
12	230	91%	222	73%
1	150	97%	147	77%
15	160	89%	189	84%
36	210	92%	169	91%
13	1128	99%	1203	95%
22	1175	99%	1333	96%
25	892	99%	901	86%
29	540	99%	690	97%
23	707	99%	743	94%
24	291	99%	234	99%
11	1724	99%	1534	97%
9	10526	78%	9652	87%
7	772	97%	664	93%
43	17	94%	12	42%
37	1355	98%	941	98%
38	133	94%	79	78%
39	275	97%	256	98%
8	1737	96%	250	93%
31	2406	96%	1909	92%
44	31	90%	18	11%
26	1604	91%	2699	93%
41	109	89%	80	19%
42	382	96%	308	95%
46	13	62%	8	0%
47	5	20%	3	100%
32	694	97%	733	95%
2	836	67%	760	69%
48	17	0%	10	0%
20	540	61%	524	57%
19	789	61%	934	52%
3	965	68%	1106	61%
4	254	94%	418	78%
17	1913	67%	2328	56%
16	1037	81%	972	76%
49	181	79%	0	-
50	831	83%	909	88%
40	0	-	16	94%
45	0	-	1	100%
51	0	-	158	56%
18	0	-	0	-
21	0	-	0	-
Wales	**66375**	**92%**	**64703**	**91%**

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	-