

This factsheet provides information on the incidence and trends of the main sexually transmitted infections (STIs), including HIV and AIDS, in Northern Ireland. The statistics are provided by the statutory KC60 return sent each quarter by GUM clinics.

Key issues

- The number of new reports of HIV infection has increased in recent years.
- The main exposure category for HIV infection is sex between men.
- The syphilis outbreak identified in October 2001 is still ongoing.

Services and sources of statistics

In 1916, a report from the Royal Commission on Venereal Diseases recommended establishing a free, confidential, open access service for the diagnosis and treatment of venereal diseases (VD). These clinics became part of the National Health Service in 1948. Unlike the previous term 'VD', the term 'sexually transmitted infections' encompasses the whole range of STIs. Clinics are now known as Genito Urinary Medicine (GUM) or sexual health clinics. There are four GUM clinics in Northern Ireland - in Belfast, Coleraine, Derry and Newry - providing free, confidential sexual health services, including the diagnosis and treatment of STIs. Referral by a general practitioner is not required.

Responsibility for monitoring changes in the incidence, prevalence and patterns of communicable disease (including HIV and AIDS) in Northern Ireland was transferred from the Department of Health, Social Services and Public Safety (DHSSPS) to the Communicable Disease Surveillance Centre (Northern Ireland), CDSC (NI), in 1999. CDSC provides a similar service throughout England and Wales.

Current trends

Within a UK context, cumulative cases of HIV are increasing but this trend is not reflected in cumulative cases of AIDS. The introduction of more effective treatments can delay the onset of AIDS.

There has been an increase in most other STIs. A number of reasons may account for this, including increased transmission, improved acceptability of GUM clinics leading to more people attending, greater public and professional awareness of some STIs and the development of more sensitive diagnostic tests.

HIV and AIDS

The following statistics for HIV and AIDS refer to the period up to the end of December 2005. Figure 1 shows that unlike cumulative cases of AIDS, cumulative cases of HIV are increasing.

HIV in the United Kingdom

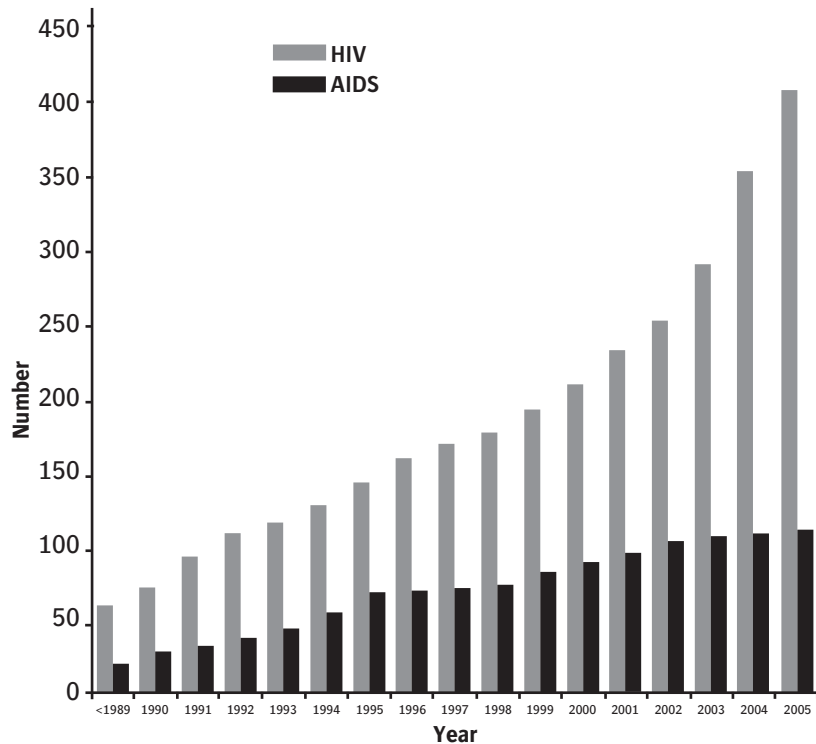
As Table 1 indicates, by the end of December 2005, a total of 76,765 HIV infections had been reported in the UK. This represents an increase of 7.8% from the end of 2004.

HIV in Northern Ireland

As Table 1 shows, by the end of 2005, a total of 408 HIV infections had been reported in Northern Ireland. It is important to note that these statistics exclude those first diagnosed and reported elsewhere in Great Britain but who may now reside in Northern Ireland. As the table shows, Northern Ireland has the highest rate of increase in HIV infection in the UK - nearly twice that of the UK.

As Table 2 shows, the main risk factor for acquiring HIV in Northern Ireland is sex between men (MSM) - approximately 50% compared to the UK rate of 46%.

Figure 1: HIV and AIDS – cumulative total by year of diagnosis <1989-2005, Northern Ireland



Source: Communicable Disease Surveillance Centre (NI)

Table 1: HIV infection – cumulative data to end of December 2004 and 2005, United Kingdom

Region	Total HIV infected individuals up to end of 2004	Total HIV infected individuals up to end of 2005	% increase
England	65,761	70,833	7.7%
Wales	1,003	1,102	9.9%
Scotland	4,089	4,422	8.1%
Northern Ireland	355	408	14.9%
UK	71,208	76,765	7.8%

Source: Communicable Disease Surveillance Centre NI. AIDS/HIV quarterly surveillance tables. Cumulative UK data to end December 2005.

Table 2: HIV cases by exposure category to end of December 2005, Northern Ireland

Exposure category	Male	Female	All
Sexual intercourse			
<i>Between men</i>	206	-	206
<i>Between men and women</i>	77	83	160
Injecting drug use	6	4	10
Blood/tissue transfer or blood factor	20	1	21
Other/undetermined	5	6	11
Total	314	94	408

Source: Communicable Disease Surveillance Centre NI. AIDS/HIV quarterly surveillance tables. Cumulative UK data to end December 2005.

AIDS in the United Kingdom

As Table 3 shows, by the end of December 2005, the cumulative total for AIDS cases in the UK was 21,890. This represents an increase of 2.2% from the end of December 2004. The biggest increase was in Northern Ireland.

AIDS in Northern Ireland

By the end of December 2005, the cumulative total for AIDS cases was 115. As Table 4 shows, approximately 55% of those infected acquired the HIV infection from sex between men. The UK figure is 58%.

Table 3: United Kingdom: data cumulative on AIDS cases up to end December 2004 and 2005

Region	Total AIDS cases up to end of 2004	Total AIDS cases up to end of 2005	% increase
England	19,755	20,193	2.2%
Wales	316	328	3.8%
Scotland	1,235	1,254	1.5%
Northern Ireland	110	115	4.5%
UK	21,416	21,890	2.2%

Source: Communicable Disease Surveillance Centre NI. AIDS/HIV quarterly surveillance tables. Cumulative UK data to end December 2005

Table 4: AIDS cases by exposure category to end of December 2005, Northern Ireland

Exposure category	Male	Female	All
Sexual intercourse			
<i>Between men</i>	63	-	63
<i>Between men and women</i>	18	13	31
Injecting drug use	2	2	4
Blood/tissue transfer or blood factor	12	1	13
Other/undetermined	2	2	4
Total	97	18	115

Source: Communicable Disease Surveillance Centre NI. AIDS/HIV quarterly surveillance tables. Cumulative UK data to end December 2005

Young people and STIs

The *Towards better sexual health* survey, published by fpa in Northern Ireland in December 2002, focused on young people under 25 years of age.¹ The research found that, of the young people surveyed, just 2.6% said they had visited a GUM clinic. Of these, 20 respondents had been for a checkup and six had been treated for an STI. Of those who had attended a GUM clinic, 2.7% said they had received an HIV/AIDS test. Marginally more young women than young men had attended a GUM clinic and received treatment.

There was no significant difference in clinic attendance and treatment between respondents who had one lifetime sexual partner and those who had multiple partners. However, respondents who had their first sexual intercourse when they were over 16 years old were twice as likely to have gone for a checkup or for treatment at a GUM clinic. Hence, those young people who are statistically more likely to have multiple sexual relationships, and are therefore more at risk of contracting an STI, were actually less likely to attend a clinic. Respondents who held a third-level

qualification were significantly more likely to attend a clinic for an STI test or treatment than respondents with lower educational qualifications. Young people currently attending school or colleges of further or higher education were least likely to have sought treatment or a checkup at a clinic.

Other sexually transmitted infections

STIs are diagnosed and treated in GUM clinics, general practice, hospital departments such as gynaecology, and at family planning clinics. STIs are not regarded as a notifiable disease; however, the four GUM clinics are required to provide data to the DHSSPS. These reports to the DHSSPS provide the most comprehensive and reliable source of data. The following statistics relate to the year 2005, the latest

date for which official statistics are available from CDSC (NI).

Infectious syphilis

As Table 5 shows, there were 38 cases of primary, secondary or early latent infectious syphilis diagnosed in Northern Ireland in 2005. This represents a 40% decrease on the 2004 figure (63). The outbreak continues to involve predominantly MSM, with 27% (52/191) of diagnoses to the end of 2005 made in heterosexual men and women.

Chlamydia

Between 2001 and 2005, total diagnoses of uncomplicated chlamydial infection increased by 72%, from 947 diagnoses in 2001 to 1,631 in 2005. Diagnoses in males increased by 66%, while diagnoses in females increased by 79%.

Table 5: Gender and sexual orientation of people diagnosed with infectious syphilis, by year of diagnosis, 2001-2005

	Homosexual male	Heterosexual male	Bisexual male	Heterosexual female	Total
2001	16 (73%)	2 (9%)	1 (5%)	3 (14%)	22
2002	25 (81%)	4 (13%)	1 (3%)	1 (3%)	31
2003	26 (70%)	7 (19%)	1 (3%)	3 (8%)	37
2004	38 (60%)	12 (19%)	6 (10%)	7 (11%)	63
2005	22 (58%)	5 (13%)	3 (8%)	8 (21%)	38
Total	127	30	12	22	191

Source: Communicable Disease Surveillance Centre NI. AIDS/HIV quarterly surveillance tables. Cumulative UK data to end December 2006.

Table 6: Diagnoses and age specific rates of uncomplicated chlamydia, 2004-2005, Northern Ireland

Number of diagnoses	2004			2005		
	Male	Female	Total	Male	Female	Total
<16 years	0	13	13	0	9	9
16-19 years	72	206	278	75	215	290
20-24 years	326	333	659	334	396	730
25-34 years	247	159	406	303	184	487
35-44 years	46	32	78	54	38	92
45+ years	12	7	19	17	6	23
Total	703	750	1,453	783	848	1,631

As Table 6 shows, there were 1,631 new episodes of uncomplicated chlamydial infection diagnosed at GUM clinics in 2005, compared to 1,453 in 2004.

- 848 (52%) of these were diagnosed in women and 783 (48%) in men.
- The highest rates of infection in both men (43%) and women (47%) were in the 20-24 years age group.
- The rate of infection in the 16-19 years age group was three times higher in females than males.
- 7% of male diagnoses were attributed to men who have sex with men (MSM).

There were 82 new episodes of complicated chlamydial infection diagnosed at GUM clinics in 2005 - 62 (76%) of these were diagnosed in women and 20 (24%) in men.

The DHSSPS has convened a group to explore the introduction of a chlamydia screening programme for Northern Ireland. Pilot initiatives being taken forward include tests in some community pharmacies, student settings and a young people's clinic.

Obtaining accurate estimates of the true prevalence of chlamydia is difficult as the infection often shows no symptoms and therefore remains undiagnosed. British studies (Northern Ireland was excluded), in which selected populations of women were screened, show a variation in prevalence of between 2% and 12%.² In the *National Survey of Sexual Attitudes and Lifestyles in Great Britain*, 3,569 people were tested for chlamydia. Of these, 2.2% of men and 1.5% of women were found to have the infection.³

Other sexually transmitted infections

- **Uncomplicated gonorrhoea**
Diagnoses increased by 47%, from 124 to 182, between 2004 and 2005. MSM accounts for most of this rise. There has been less variation in female diagnoses, with an average of 20 per year. Diagnoses of complicated gonorrhoea are low, with approximately three diagnosed annually.

- **Genital herpes**

First diagnoses of genital herpes decreased by 15% between 2000 and 2005 due to a decrease in male diagnoses of almost 40%. Diagnoses in females remained stable, with an average of 168 diagnoses per year accounting for more than 60% of the total each year. However, there was a 12% increase in female diagnoses between 2004 and 2005. During 2005:

- there were 366 new episodes of genital herpes diagnosed at GUM clinics;
- 251 (69%) of these were diagnosed in women and 115 (31%) in men;
- 238 (65%) of the total attendances for herpes in 2005 were for treatment of first infections and 128 (35%) were for treatment of recurrent infection;
- 43% of male diagnoses and 31% of female diagnoses were recurrent infections;
- the highest rates of first infection in both men and women were diagnosed in the 20-24 years age group;
- rates of infection for all age groups under 45 years were higher in females. In particular, the rate of infection in 16-19 year old women was almost seven times higher than the rate of infection in men of the same age. The rate was more than three times higher in 20-24 year old females than in males of the same age.
- 8% of the total male diagnoses were attributed to MSM.

- **Genital warts**

Diagnoses of initial infections of genital warts have increased by just 9% since 2,117 episodes were recorded in 2000. Diagnoses remained steady and actually decreased in 2004 before increasing in 2005. Males and females have been affected equally, although age distribution differs between the sexes. During 2005, there were 3,131 new episodes of genital warts diagnosed at GUM clinics.

- 1,673 (53%) were diagnosed in men and 1,458 (47%) in women.

- 2,306 (74%) were for treatment of first infections and 825 (26%) were for treatment of recurrent infection.
- 28% of the male diagnoses were recurrent infections, compared with 25% of the female diagnoses.
- The highest rates of first infections in both men and women were diagnosed in the 20-24 years age group.
- 38% of male diagnoses and 37% of female diagnoses were in the 20-24 years age group.
- The rate of infection in women aged 16-19 years was 2.7 times higher than the rate of infection in men of the same age. However, the rates of infection in those aged over 24 years were higher in men (particularly in the 35-44 years age group).
- 3% of the total male diagnoses were attributed to MSM.

The highest new episode rate in Northern Ireland during 2004 was for genital warts, followed by chlamydia, herpes, gonorrhoea and syphilis. Elsewhere in the UK, chlamydia is the most common diagnosis made.

While new episode rates of chlamydia and syphilis during 2004 were below the UK average, they are following a similar trend to the UK. Since 2000, chlamydia rates have increased by 48% and syphilis by 250%. Rates of herpes, gonorrhoea and warts have fallen by 22%, 14% and 2% respectively.

In line with elsewhere in the UK, higher rates of gonorrhoea, syphilis and warts are seen in males, with rates of chlamydia and herpes higher in females.

Government policy

The DHSSPS has an AIDS/HIV policy and some Health Boards and Trusts have developed specific sexual health strategies.⁴ The DHSSPS issued a sexual health promotion strategy for Northern Ireland for consultation in 2004. At

the time of writing, the final strategy has not been launched.

References

1. Schubotz D, Simpson A, Rolston B. Towards better sexual health: a survey of sexual attitudes and lifestyles of young people in Northern Ireland. Belfast: fpa, 2002.
2. Department of Health. Chlamydia trachomatis: summary and conclusions of CMO Expert Advisory Group. London: DoH, 1998.
3. Fenton K et al. Sexual behaviour in Britain: reported sexually transmitted infections and prevalent genital chlamydia trachomatis infection. *Lancet* 2001; 358: 1851-54.
4. Department of Health and Social Services. HIV and AIDS in Northern Ireland: a strategy. DHSS, 1993.

Other Northern Ireland factsheets

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