

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 Communicable Disease Surveillance Centre for Northern Ireland - CDSC (NI) - whose responsibilities transferred to the Public Health Agency in 2009.

Key facts

- The main exposure category for HIV infection is men who have sex with men (MSM).
- 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 GP 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 CDSC (NI) in 1999.

STIs are diagnosed and treated in GUM clinics, general practice, hospital departments such as gynaecology, and at family planning/contraception 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 years 2008 and 2009, the latest date for which official statistics are available from CDSC (NI).

Current trends in Northern Ireland

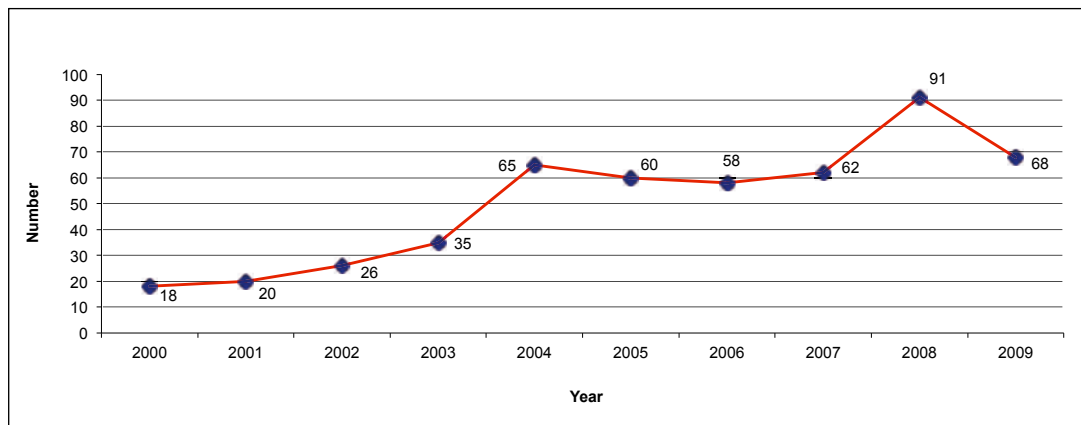
- 2009 saw a slight decrease of 0.5% from 2008 in the number of new STI diagnoses made in Northern Ireland, with 7,417 in 2009 compared to 7,452 in 2008.
- The number of first HIV diagnoses decreased by 25% from 2008, with 68 new diagnoses in 2009 compared to 91 in 2008.
- The number of infectious syphilis diagnoses increased by 115% from 2007, with 56 new diagnoses in 2009 compared to 26 in 2007.

HIV

While the prevalence of HIV remains lower in Northern Ireland than the rest of the UK, diagnoses have increased by 72% from 2000 to 2009.

In 2009, there were 68 new first cases of HIV diagnosed in Northern Ireland, compared to 91 in 2008, representing a decrease. Overall, however, the 2009 figure represents a 278% increase on the 18 new diagnoses in 2000 (see Figure 1).

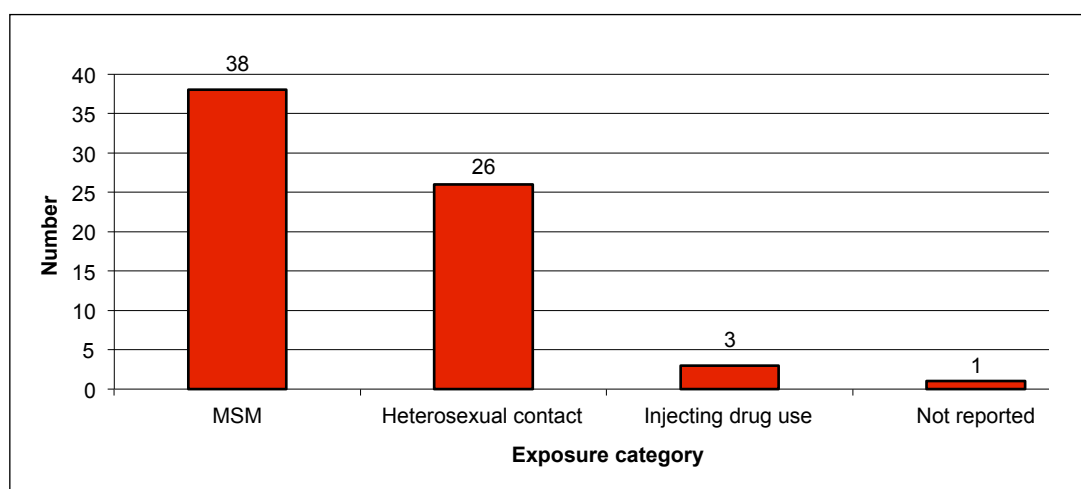
Figure 1: New HIV diagnoses in Northern Ireland, 2000–2009



The key routes of transmission remain MSM and sexual contact between men and women.

In 2009, 56% (38/68) of HIV diagnoses were attributed to sex between men (see Figure 2).

Figure 2: Probable exposure category for new HIV diagnoses in Northern Ireland, 2009

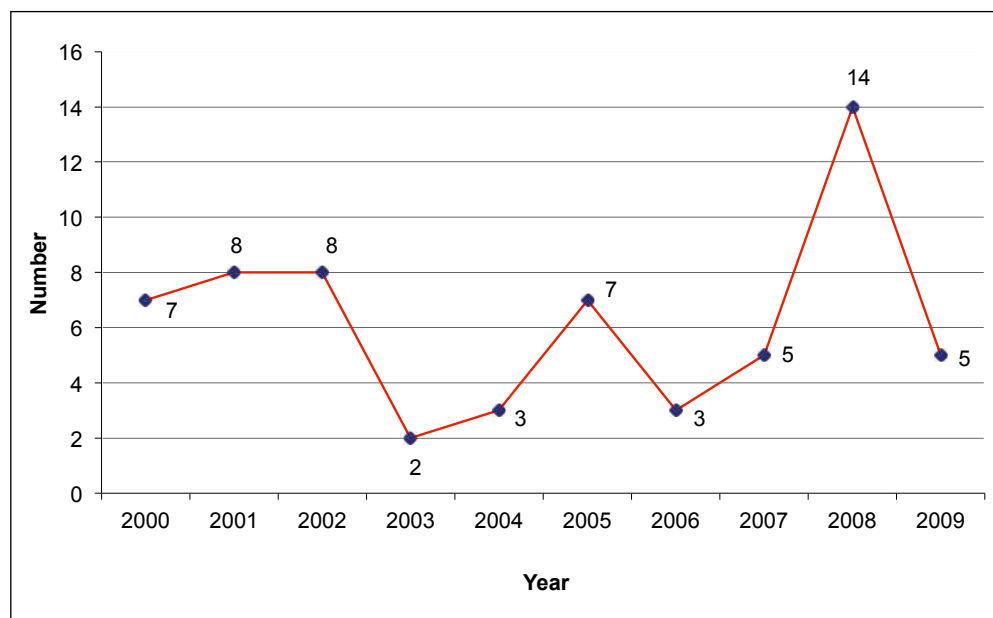


In 2009, there were six recorded deaths of HIV infected persons. The number of deaths remains low due largely to highly active antiretroviral therapies (HAART).

AIDS

In 2009, there were five first AIDS diagnoses, compared to 14 in 2008, a decrease of 64% (see Figure 3).

Figure 3: First AIDS diagnoses in Northern Ireland, 2000–2009



Infectious syphilis

In Northern Ireland prior to 2000, on average only one case of infectious syphilis was reported each year. Since then, there has been a marked increase. This trend is reflected across the UK and Europe. The outbreak continues to be diagnosed in MSM.

- The number of infectious syphilis diagnoses has increased by 115% from 2007, with 56 new episodes diagnosed in 2009 compared to 26 in 2007.
- In 2009, there were 56 new episodes of infectious syphilis, compared with 63 in 2008, a decrease of 11%.
- Of these 56, 12 presented as primary syphilis, 14 as secondary syphilis and 24 as early latent syphilis. For the other six episodes, the stage of illness was unknown.
- 80% of episodes were diagnosed in MSM.

Chlamydia

As is the case elsewhere in the UK, chlamydia is the most common bacterial STI diagnosed in GUM clinics in Northern Ireland. Rates are increasing but diagnostic rates have been consistently lower than the UK overall. However, 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%.¹ In a 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.²

In 2009, chlamydial infection accounted for 27% (1,982/7,417) of all new STI diagnoses made in GUM clinics.

Uncomplicated chlamydia

- In 2009, the number of new diagnoses of uncomplicated chlamydia decreased slightly by 2% from the previous year (see Figure 4).
- Since 2003, diagnoses of uncomplicated chlamydia have increased by 46%, from 1,308 in 2003 to 1,906 in 2009 (see Figure 4).
- 11% of male diagnoses in 2009 occurred in MSM.
- 57% of new episodes in 2009 were diagnosed in males and 43% in females (see Figure 5).
- The highest rates of infection were in the 20–24 years age group (see Figure 6).
- For males and females, the highest rates of infection were in the 20–24 years age group (see Figure 7).

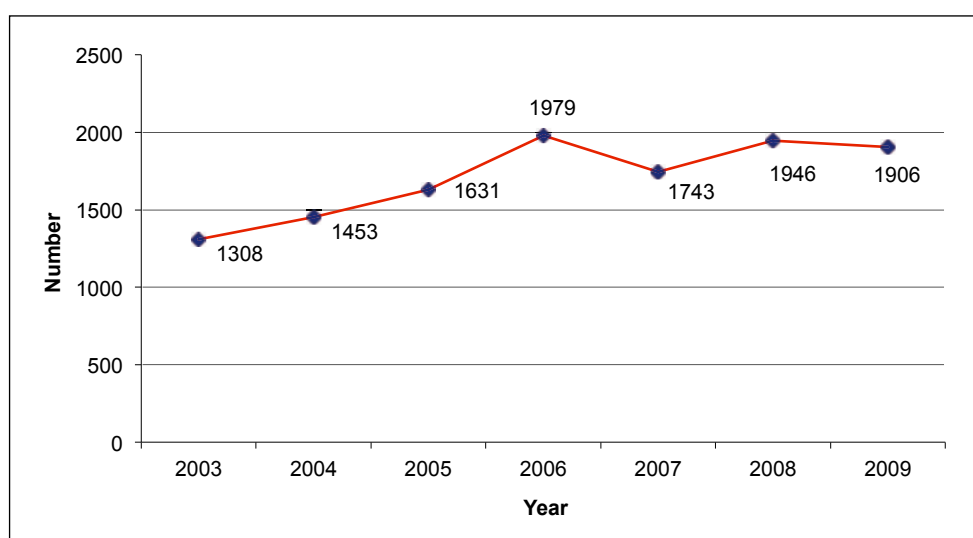
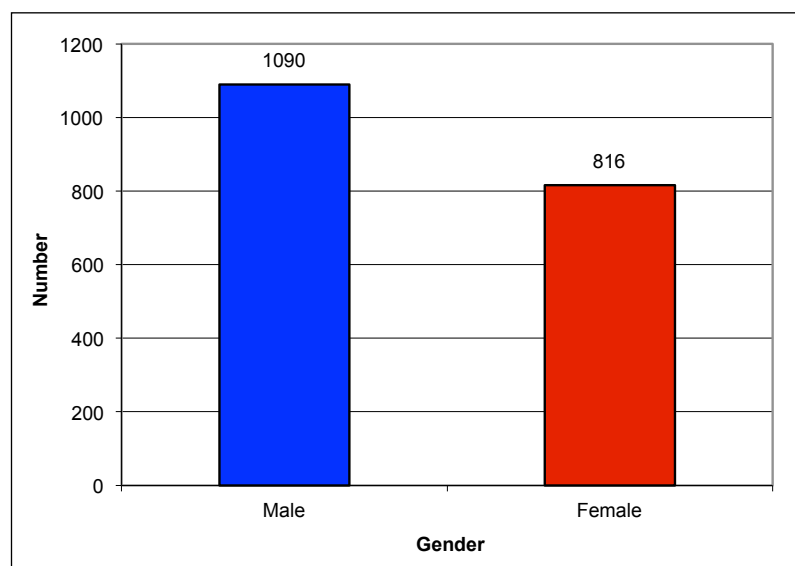
Figure 4: Number of new episodes of chlamydia in Northern Ireland, 2003–2009**Figure 5: Number of new episodes of chlamydia in Northern Ireland, by gender, 2009**

Figure 6: Number of new episodes of chlamydia in Northern Ireland, by age group, 2009

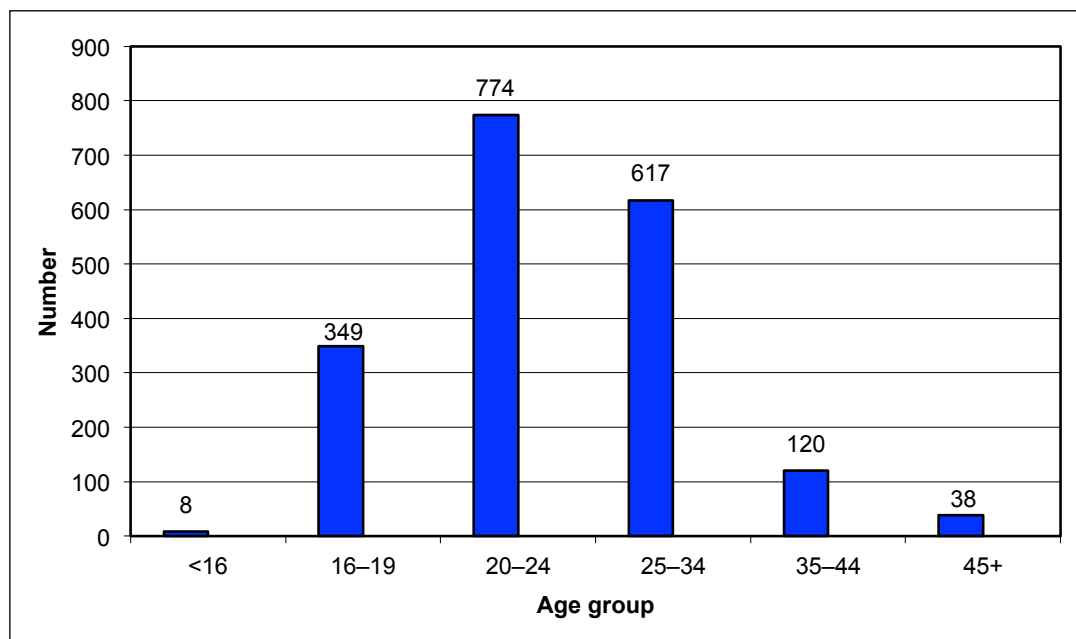
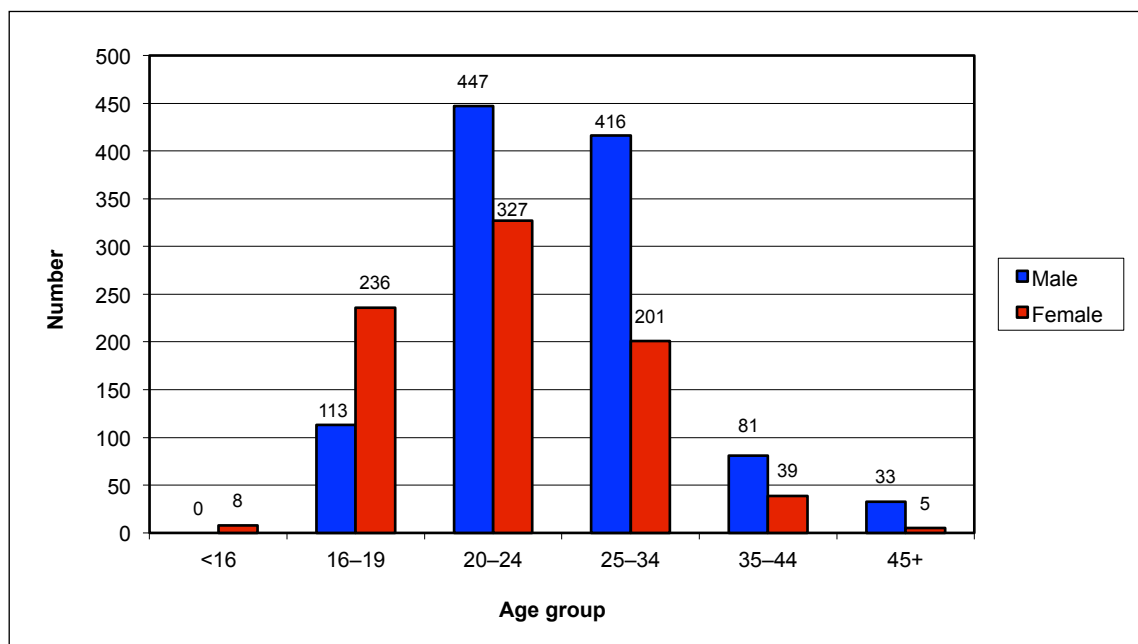


Figure 7: Number of new episodes of chlamydia in Northern Ireland, by gender and age group, 2009



Complicated chlamydia

There were 76 new episodes of complicated chlamydial infection diagnosed at Northern Ireland GUM clinics in 2009, compared to 91 in 2008. Of these, 84% were females.

Gonorrhoea

Diagnostic rates for gonorrhoea in Northern Ireland remain lower than the UK overall.

- Gonorrhoea accounted for 2% (180/7,417) of all new STI diagnoses made in Northern Ireland GUM clinics in 2009.
- Compared with 226 in 2008, the 180 new episodes of gonorrhoea in 2009 represent a decrease of 20% (see Figure 8).
- 29% of male diagnoses were attributed to MSM.
- 82% of new episodes were diagnosed in males and 18% in females (see Figure 9).
- The highest rates of infection overall were in the 25–34 years age group (see Figure 10).
- For males, the highest rate of infection was in the 25–34 years age group, and for females, the highest rate of infection was in the 20–24 years age group (see Figure 11).

Figure 8: Number of new episodes of gonorrhoea in Northern Ireland, 2003–2009

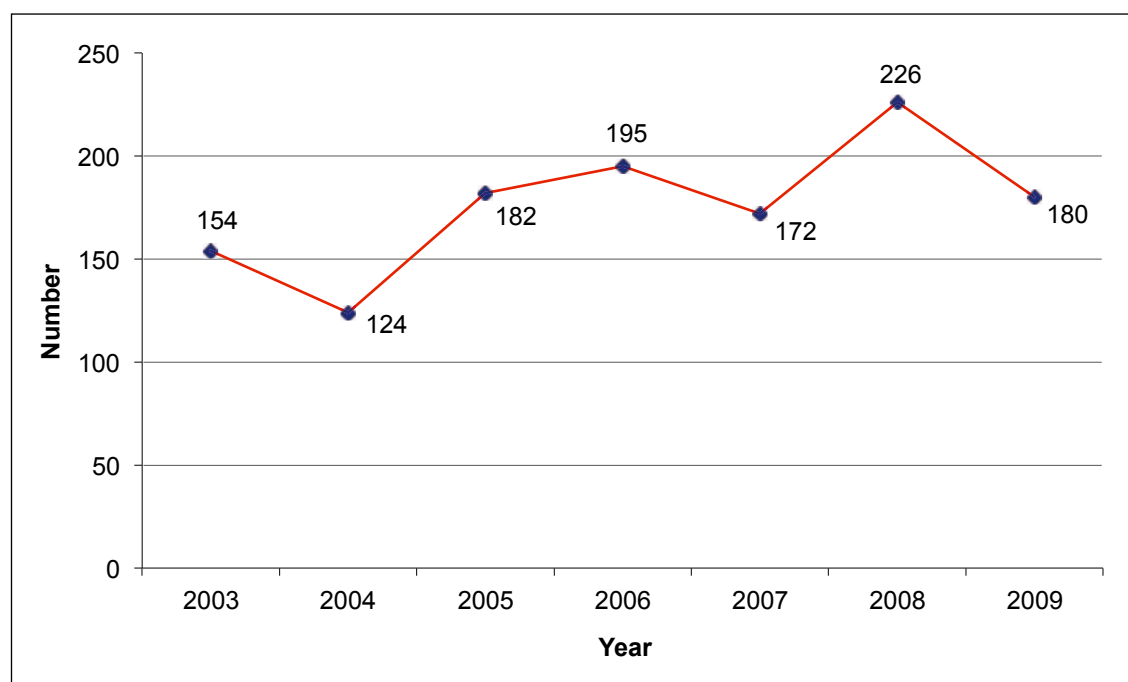


Figure 9: Number of new episodes of gonorrhoea in Northern Ireland, by gender, 2009

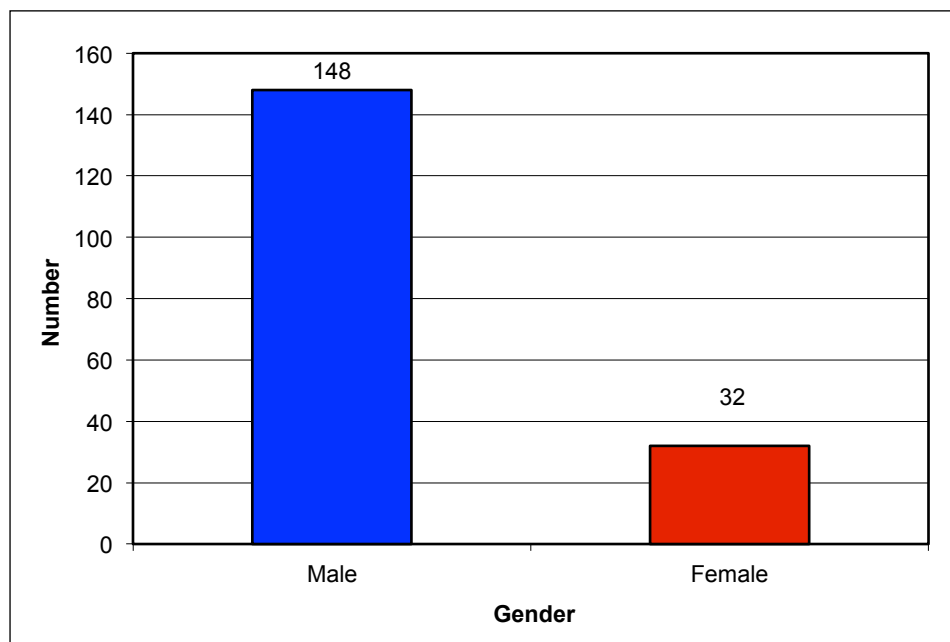


Figure 10: Number of new episodes of gonorrhoea in Northern Ireland, by age group, 2009

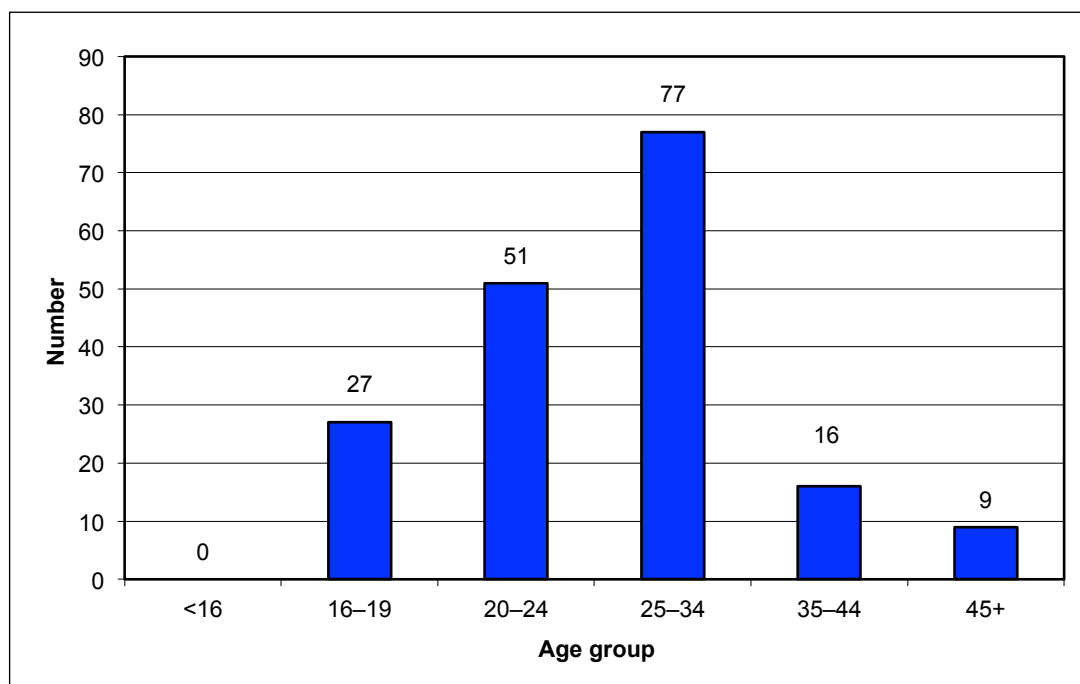
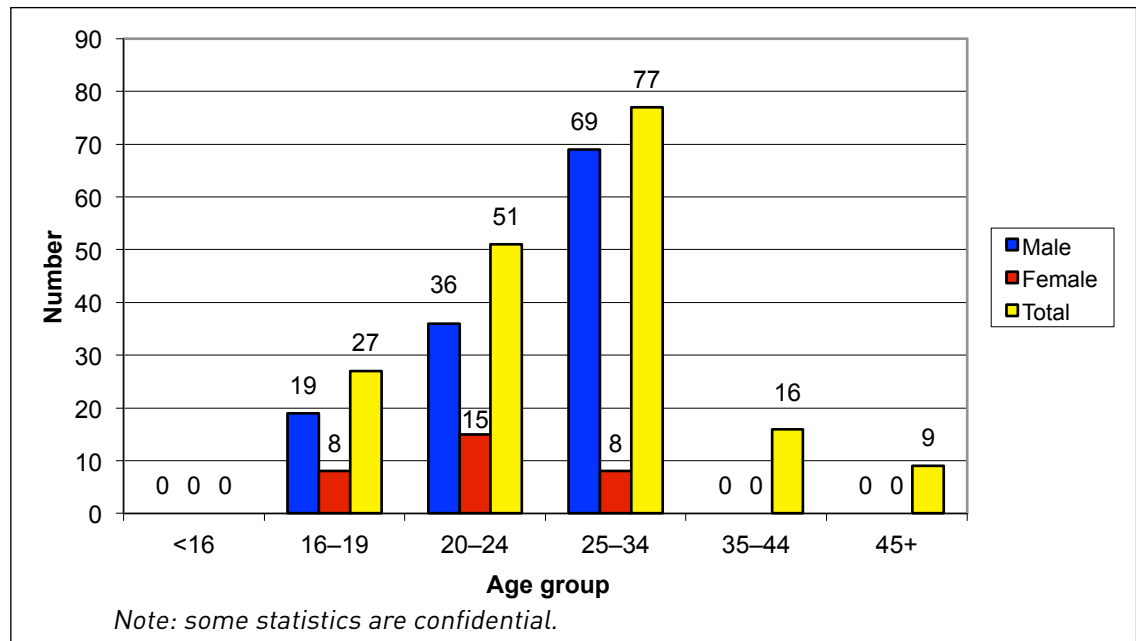


Figure 11: Number of new episodes of gonorrhoea in Northern Ireland, by gender and age group, 2009

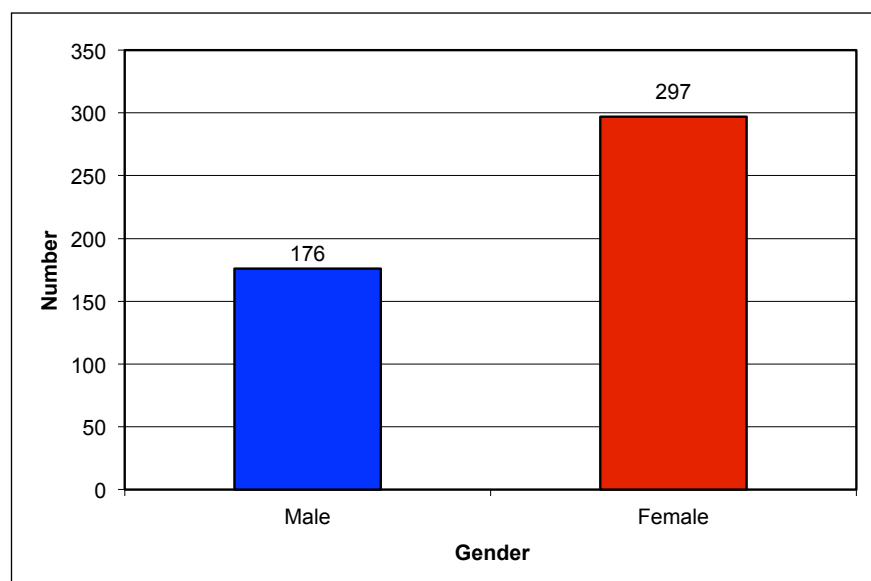


Genital herpes

Diagnostic rates of genital herpes in Northern Ireland are lower than the UK overall.

- There were 473 episodes (first infections and recurrent infections) of genital herpes diagnosed at Northern Ireland GUM clinics in 2009, compared with 403 in 2008, representing a decrease of 17% (see Figure 12).
- 63% (297) of these diagnoses were in females and 37% (176) in males.

Figure 12: Total diagnoses of genital herpes (first and recurrent episodes) in Northern Ireland, by gender, 2009



First episodes of genital herpes

- In 2009, genital herpes (first episodes) accounted for 5% (346/7,417) of all new STI diagnoses made in Northern Ireland GUM clinics.
- Compared with 296 in 2008, the 346 new episodes in 2009 represents an increase of 17% (see Figure 13).
- 35% of first episodes were diagnosed in males and 65% in females.
- For males and females, the highest rates of infection were in the 25–34 years age group (see Figure 14).
- 7% of first episodes in males were attributed to MSM.

Figure 13: Number of new episodes of genital herpes in Northern Ireland, 2003–2009

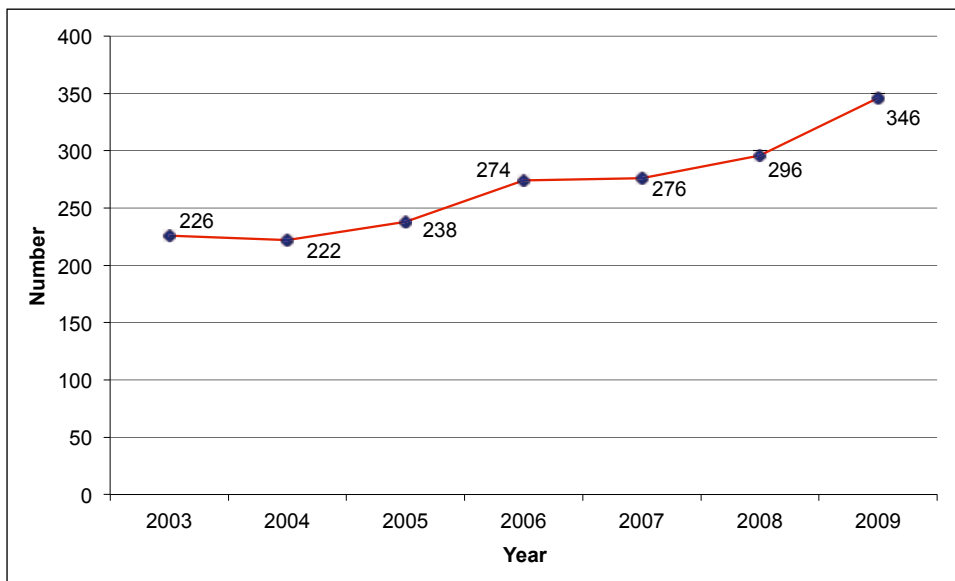
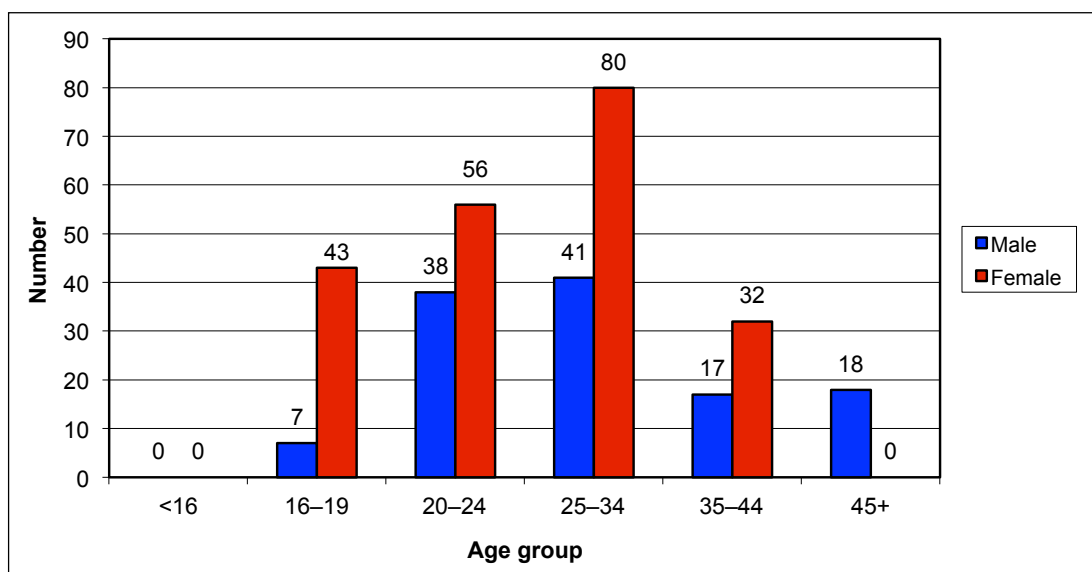
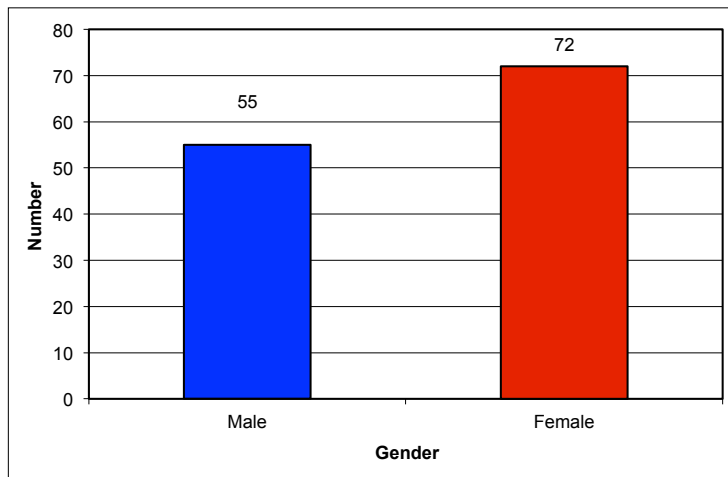


Figure 14: Number of first episodes of genital herpes diagnosed in Northern Ireland, by age and gender, 2009



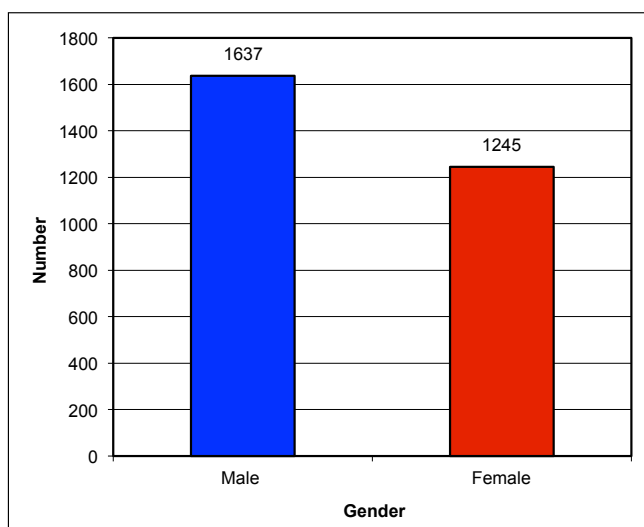
Recurrent episodes of genital herpes

- In total, 127 episodes of genital herpes diagnosed at Northern Ireland GUM clinics in 2009 were recurrent infections.
- 43% of recurrent episodes were diagnosed in males and 57% in females (see Figure 15).

Figure 15: Number of recurrent episodes of genital herpes diagnosed in Northern Ireland, by gender, 2009**Genital warts**

Diagnostic rates for first episodes of genital warts are more similar to those in the rest of the UK than is the case with other STIs.

- There were 2,882 episodes (first infections and recurrent infections) of genital warts diagnosed at Northern Ireland GUM clinics in 2009, compared with 2,886 in 2008.
- 57% (1,637) were diagnosed in males and 43% (1,245) in females (see Figure 16).

Figure 16: Total diagnoses of genital warts (first and recurrent episodes) in Northern Ireland, by gender, 2009

First episodes of genital warts

- In 2009, first episodes of genital warts accounted for 28% (2,086/7,417) of all new STI diagnoses made in Northern Ireland GUM clinics.
- Compared with 2,143 in 2008, the 2,086 diagnoses made in 2009 represents a decrease of 3% (see Figure 17).
- 56% of first episodes were diagnosed in males and 44% in females.
- For males and females, the highest rates of infection were in the 20–24 years age group (see Figure 18).
- 6% of first episodes in males were attributed to MSM.

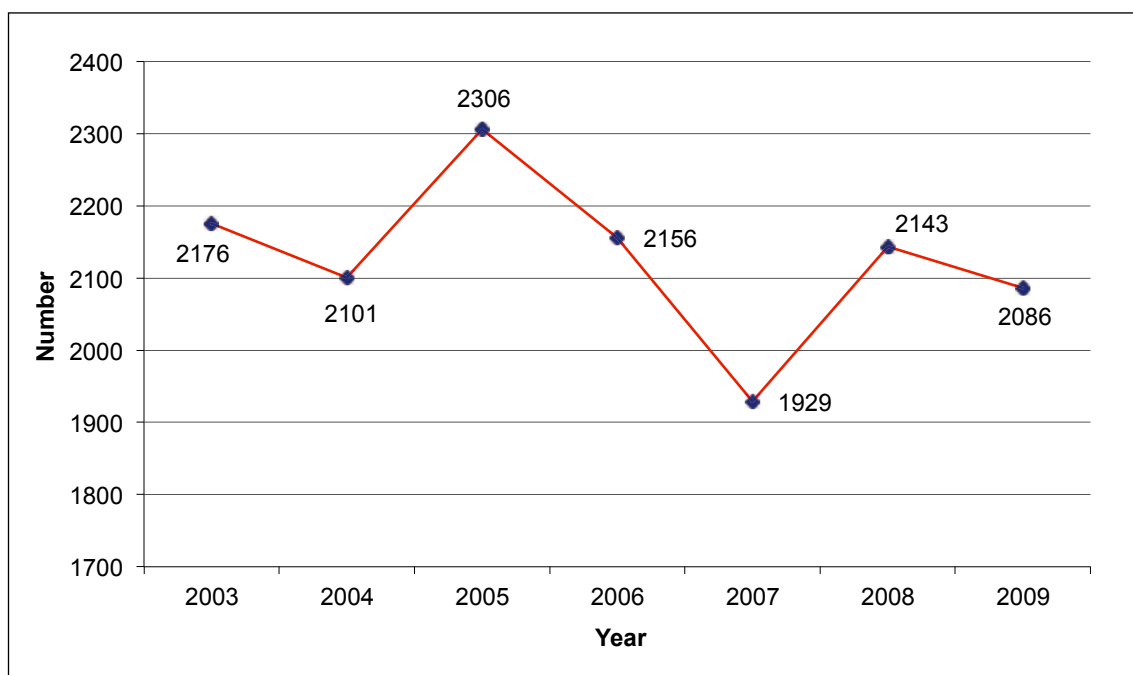
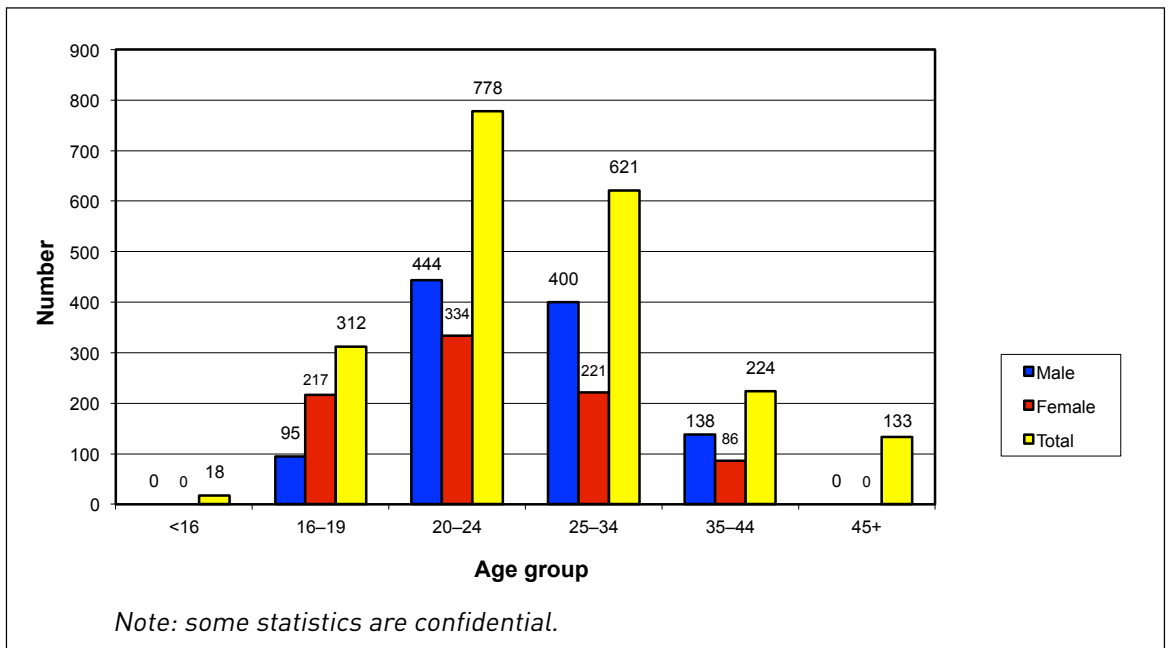
Figure 17: Number of new episodes of genital warts in Northern Ireland, 2003–2009

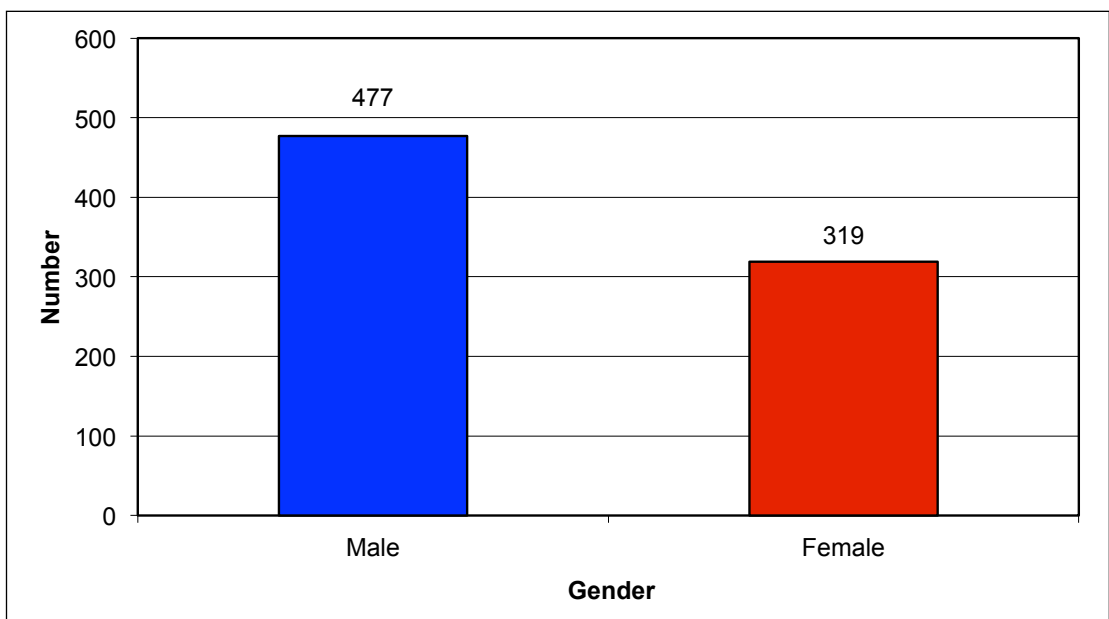
Figure 18: Number of first episodes of genital warts diagnosed in Northern Ireland, by age and gender, 2009



Recurrent episodes of genital warts

- In total, 796 episodes of genital warts diagnosed at Northern Ireland GUM clinics in 2009 were recurrent infections.
- 60% of recurrent episodes were diagnosed in males and 40% in females (see Figure 19).

Figure 19: Number of recurrent episodes of genital warts diagnosed in Northern Ireland, by gender, 2009



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.³ 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 first had 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 were statistically more likely to have multiple sexual relationships, and were 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.

Government policy

The DHSSPS issued a sexual health promotion strategy for Northern Ireland in December 2008.⁴ The DHSSPS also plans to introduce a chlamydia testing policy (DHSSPS: HSS (MD) 23/2008).

References

1. Department of Health. Chlamydia trachomatis: summary and conclusions of CMO Expert Advisory Group. London: DoH, 1998.
2. Fenton K et al. Sexual behaviour in Britain: reported sexually transmitted infections and prevalent genital chlamydia trachomatis infection. *Lancet* 2001; 358: 1851–54.
3. 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.
4. *Sexual health promotion strategy and action plan 2008–2013*. Belfast: DHSSPS, 2008.

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For further information contact FPA at:

3rd Floor Ascot House
24–31 Shaftesbury Square,
Belfast BT2 7DB

Tel: 0845 122 8687

Email: belfast@fpa.org.uk

or

3rd Floor,
67 Carlisle Road,
Londonderry BT48 6JL

Tel: (028) 7126 0016

Email: derry@fpa.org.uk

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