

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 based on diagnoses made in Genito Urinary Medicine (GUM) clinics. These will underestimate true prevalence as diagnoses made in other settings, such as family planning clinics or general practice, are not included, and many infections such as gonorrhoea and genital chlamydial infection often show no symptoms and remain undiagnosed.

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

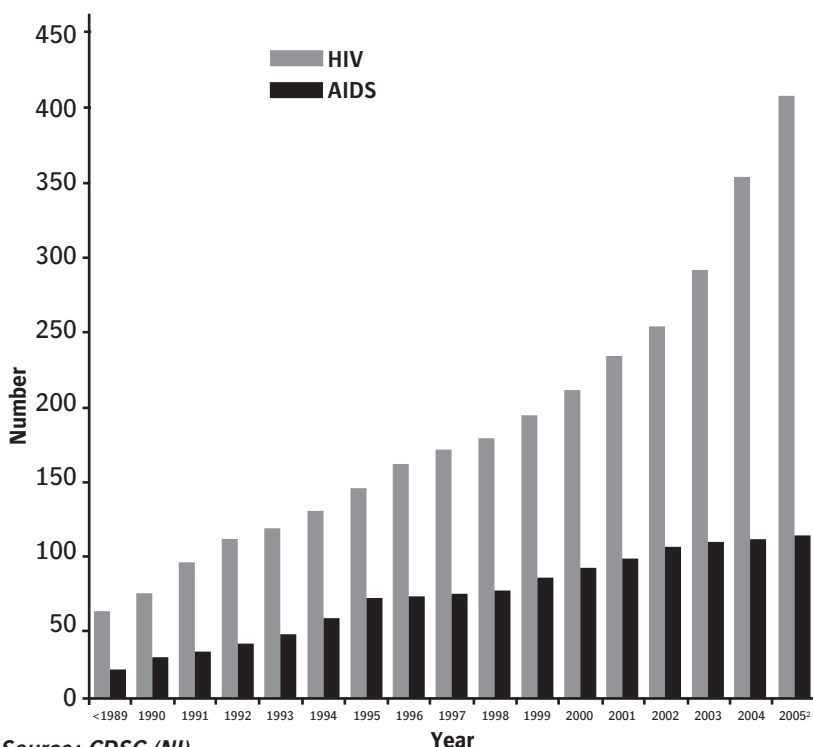
As Table 1 indicates, by the end of December 2005, a total of 76,765 HIV infections had been reported in the UK. This represents an increase of 7.8% from the end of 2004.

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: CDSC (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 went 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 2004, the latest date for which official statistics are available from CDSC (NI).

Infectious syphilis

As Table 5 shows, there were 63 cases of primary, secondary or early latent infectious syphilis diagnosed in Northern Ireland in 2004,

Table 5: Gender and sexual orientation of people diagnosed with infectious syphilis, by year of diagnosis, 2001-2004

| | Homosexual male | Heterosexual male | Bisexual male | Heterosexual female | Total |
|--------------|-----------------|-------------------|---------------|---------------------|-------|
| 2001 | 16 (73%) | 2 (9%) | 1 (5%) | 3 (13%) | 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 |
| Total | 105 | 25 | 9 | 14 | 153 |

Chlamydia

New diagnoses of chlamydia made in Northern Ireland GUM clinics have increased by 50% between 2000 (963) and 2004 (1446) – an increase of 45% in men and 55% in women. The highest rate of chlamydia diagnoses has been observed among both men and women aged 20-24. 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.

almost triple the figure for 2001. MSMs account for 75% of the total number during the four year period. In 2001, they represented 78% of the total number reported that year, with heterosexual transmission accounting for 22%. However, the proportion of infections acquired through sex between men and women had increased to 30% in 2004.

The highest number of syphilis episodes has been observed in older age groups. Cumulative data from 2001-2004 show heterosexual men aged 45 years and over, and heterosexual women aged 25-34, are most often affected. Among MSM, most episodes have occurred in the 25-34 and 35-44 age groups.

Analysis of risk factor indicates unsafe sexual practices – the majority of those diagnosed with syphilis never or only occasionally used a condom. In particular, there is a lack of appreciation for the need for safe practices during oral sex.²

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%.³ 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.⁴

Other sexually transmitted infections

Compared with 2003, new diagnoses of:

- gonorrhoea have decreased by 19.5% to 124;
- herpes have decreased by 1.8% to 222;
- warts have decreased by 3.6% to 2,096.

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. From 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 highest in females.

Government policy

The DHSSPS has an AIDS/HIV policy and some Health Boards and Trusts have developed specific sexual health strategies.⁵ 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.

Except where stated, the statistics quoted in this factsheet have been provided by the AIDS/HIV quarterly surveillance tables published by the Health Protection Agency Centre for Infections.

References

1. **fpaNI**, University of Ulster. Towards better sexual health: a survey of sexual attitudes and lifestyles of young people in Northern Ireland. London: **fpa**, 2002.
2. The UK Collaborative Group for HIV and STI Surveillance. Mapping the issues: HIV and other sexually transmitted infections in the United Kingdom, 2005.
3. Department of Health. Chlamydia trachomatis: summary and conclusions of CMO Expert Advisory Group. London: DoH, 1998.
4. Fenton K et al. Sexual behaviour in Britain: reported sexually transmitted infections and prevalent genital chlamydia trachomatis infection. *Lancet* 2001; 358: 1851-1854.
5. Department of Health and Social Services. HIV and AIDS in Northern Ireland: A Strategy. DHSS, 1993.

Other Northern Ireland factsheets:

Relationships and sex education in schools

Teenage pregnancy

Abortion

The legal position regarding contraceptive advice and provision to young people

Family planning services in Northern Ireland

Sexual orientation

Sexual behaviour and young people

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