

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.

### Key issues

- The number of new reports of HIV infection continues to increase.
- 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. The CDSC provides a similar service throughout England and Wales.

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 notifiable diseases; 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 2007, the latest date for which official statistics are available from CDSC (NI).

### Current trends in Northern Ireland

For the first time since 2001, the number of new STI diagnoses made in Northern Ireland GUM clinics decreased – from 7,107 in 2006 to 6,888 in 2007. However, this may be partly explained by a temporary reduction in the number of appointments available at the clinic in the Royal Victoria Hospital. This was a result of an identified need to re-prioritise HIV service provision. As Northern Ireland's only full-time GUM clinic, any such reduction in capacity is likely to have an effect on Northern Ireland figures.

The increase in new diagnoses of HIV from 56 in 2006 to 65 in 2007 is consistent with the overall trend of year-on-year increase seen since 1999.

### HIV and AIDS

The following statistics for HIV and AIDS refer to the period up to the end of December 2007. Unlike cumulative cases of AIDS, cumulative cases of HIV are increasing.

As Table 1 shows, by the end of December 2007, a total of 94,897 HIV infections had been reported in the UK. This represents an increase of 9.2% from the end of 2006.

### HIV in Northern Ireland

While prevalence remains lower than in other UK countries, annual new diagnoses have increased year on year since 2001, almost doubling between 2003 and 2004. As Table 2 shows, by the end of 2007, a total of 539 HIV infections had been reported in Northern Ireland.

Figure 1: Annual diagnosed cases of HIV and AIDS in the UK, up to 2007

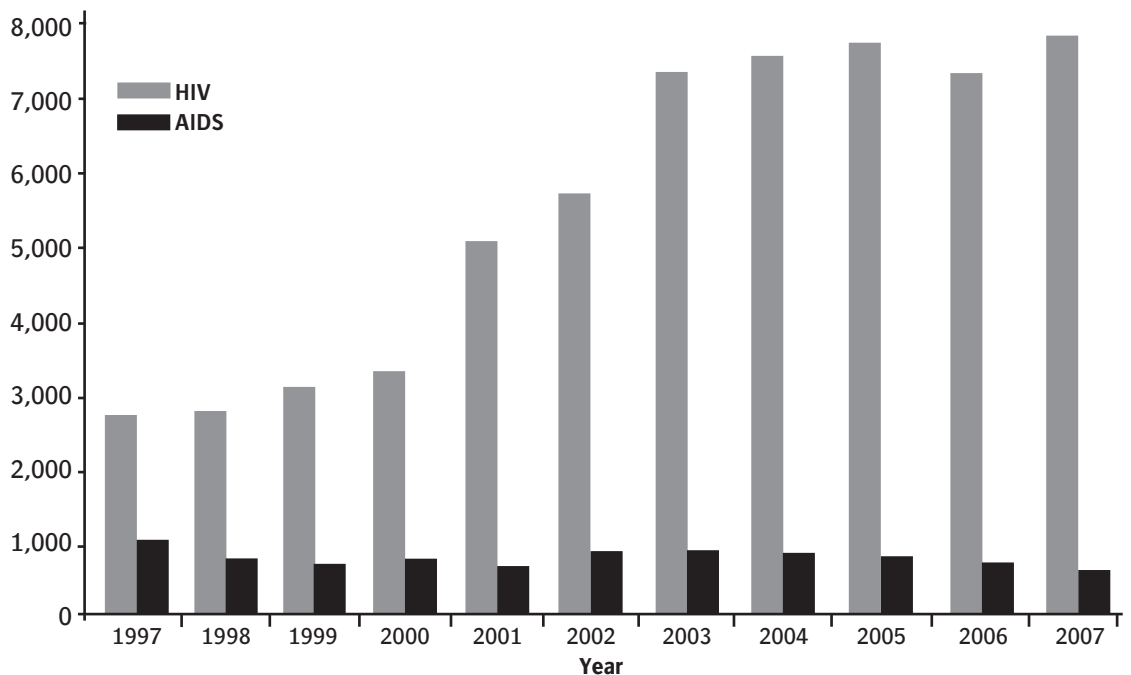


Table 1: HIV infection – cumulative data of individuals diagnosed with HIV in the United Kingdom

Region	Total number of individuals up to end of 2006	Total number of individuals up to end of 2007	% increase
England	80,326	87,435	9.2%
Wales	1,272	1,464	8.7%
Scotland	5,091	5,459	9.3%
Northern Ireland	474	539	8.8%
UK	87,163	94,897	9.2%

Table 2: Annual diagnosed cases of HIV in Northern Ireland, up to end of December 2007

Year	HIV diagnoses
1996 or earlier	163
1997	9
1998	9
1999	15
2000	18
2001	20
2002	27
2003	33
2004	62
2005	62
2006	56
2007	65
Total	539

Figure 2: HIV and AIDS – cumulative total by year of diagnosis <1989-2007, Northern Ireland

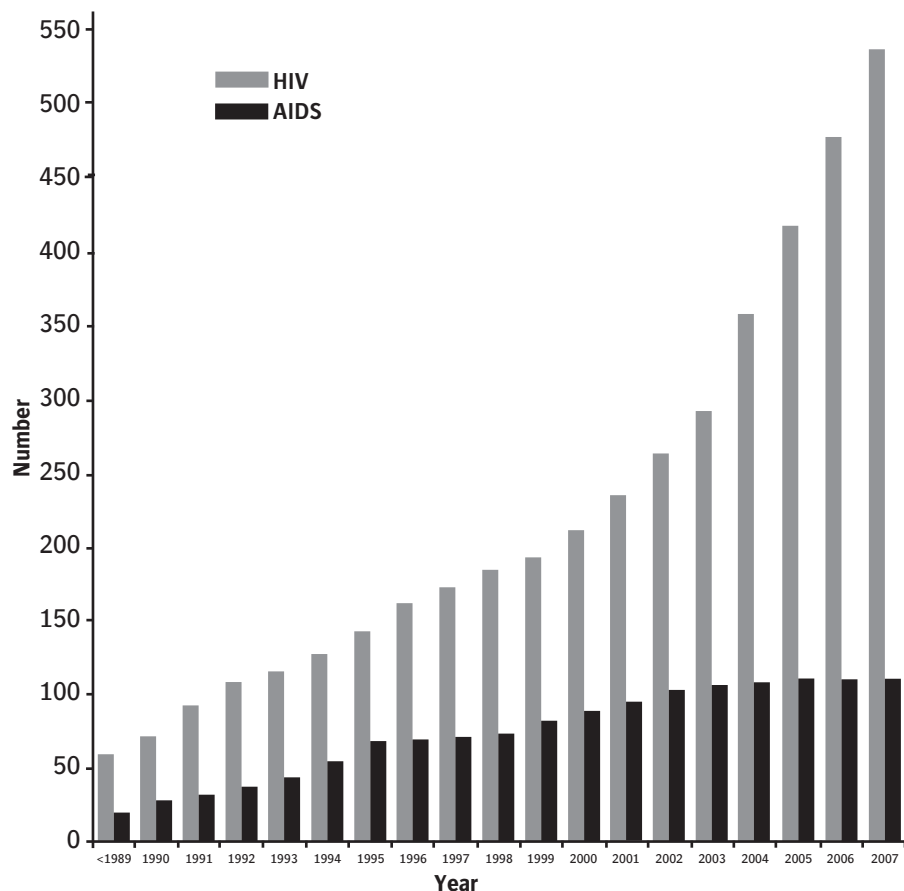


Table 3: HIV cases by exposure category to end of December 2007 in Northern Ireland

Exposure category	Total number of individuals up to end of 2007
Sex between men	261
Sex between men and women	231
Injecting drug use	12
Other/undetermined causes	35
Total	539

- 378 HIV residents of Northern Ireland (as defined when last seen for statutory medical HIV-related care in 2007) received care.
- Of those receiving care, 49% (186/378) acquired their infection through MSM, and 46% (173/378) through heterosexual contact.

Trends from 2000 to 2007:

- Heterosexual transmission has assumed increasing importance since 2002 and now accounts for 43% (231/539) of new diagnoses made to date. In all, 45% (103/231) in this category are men.
- Of cases acquired through heterosexual exposure and where location of exposure is known, 72% (149/207) have been infected through exposure outside the UK. Of cases acquired through MSM exposure, 75% were infected inside the UK (140/186).

During 2007 in GUM clinics in Northern Ireland:

- 52% of diagnoses were acquired through men having sex with men (MSM).

- The numbers in the other exposure categories remain low, with 12 cases acquired through injecting drug use and 35 acquired through other/undetermined causes.

### **AIDS in Northern Ireland**

By the end of December 2007, the cumulative total for AIDS diagnoses was 125. The UK figure was 23,925.

As Table 4 shows, the annual numbers of diagnoses and deaths remain low, due largely to the influence of highly active antiretroviral therapies (HAART), which in turn leads to an increase in the number of people needing long-term treatment.

**Table 4: Annual diagnosed cases of AIDS in Northern Ireland, and mortality rate, up to end of December 2007**

Year	AIDS diagnoses	Deaths
1992 or earlier	39	32
1993	9	*
1994	12	7
1995	13	8
1996	*	9
1997	*	*
1998	*	*
1999	7	*
2000	6	*
2001	8	*
2002	7	5
2003	*	0
2004	*	0
2005	7	*
2006	*	0
2007	*	*
Total	125	79

**NB.** Following recent ONS guidance on data disclosure, where the number of episodes in any category in any one year is 1-4, this is reported with an asterisk (\*). In addition, where the anonymised figure can be deduced from the totals, the next smallest figure will also be anonymised.

### **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 involve predominantly MSM.

### **During 2007 in GUM clinics in Northern Ireland:**

- In total, 26 new episodes were diagnosed, a 40% decrease from 2006 (43).
- Of these, 4 presented as primary syphilis, 5 as secondary syphilis, and 9 as early latent syphilis. For 8 episodes, the stage of illness was not known.
- 62% (16/26) were diagnosed as a result of MSM.
- In all, 22 episodes were residents of Northern Ireland.
- In 14 episodes, exposure was likely to have occurred within Northern Ireland.
- 50% (13/26) reported one sexual partner in the three months preceding diagnosis.
- The highest number of sexual partners reported was 26.

### **Trends from 2000 to 2007:**

- The outbreak continued to involve predominantly MSM, accounting for 78% (180/258) of diagnoses to the end of 2007.
- 55% of heterosexually acquired episodes were in males.
- The highest number of episodes in heterosexual females was in the 25-34 year old age group (56%: 19/34).
- The highest number of episodes attributed to MSM was in the 25-44 year old age group (66%: 116/177).
- Diagnoses were more evenly spread across the age bands in heterosexual males, with those aged 25+ years accounting for 83% (33/40) of diagnoses in this category.

**Chlamydia**

As it is 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%.<sup>1</sup> 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.<sup>2</sup>

In 2007, chlamydial infection accounted for 26% (1,813/6,888) of all new STI diagnoses made in GUM clinics.

**Uncomplicated chlamydia**

Diagnostic rates of uncomplicated chlamydia infection are increasing throughout the UK. This may be partly due to increasing public and professional awareness, and the use of more sensitive testing. Rates in Northern Ireland are lower than the UK overall.

**During 2007 in GUM clinics in Northern Ireland:**

- A total of 1,743 new episodes were diagnosed, compared with 1,979 in 2006.
- Of these, 938 (54%) were males.
- The highest rates of infection in both males and females were in the 20-24 year old age group, accounting for 40% of male diagnoses and 42% of female diagnoses.
- The rate of diagnoses in the 16-19 year old age group is 1.9 times higher in females than in males.
- 4% (39/938) of the total male diagnoses were attributed to MSM.

**Trends from 2000 to 2007:**

- Total diagnoses of uncomplicated chlamydial infection increased by 81%, from 963 in 2000 to 1,743 in 2007.
- Diagnoses in males increased by 95%, while diagnoses in females increased by 67%.
- Diagnostic rates in females were consistently highest in the 16-24 year old age group, peaking between 20-24 years.
- Diagnostic rates in males were highest in the 20-34 year old age group, peaking between 20-24 years.
- Diagnostic rates in those aged under 25 years were consistently higher in females, with rates in those aged 25 years or older consistently higher in males.
- Diagnoses in those aged under 16 years accounted for 0.7% (81/11,194) of all diagnoses.
- Diagnoses in the 45+ year old age groups accounted for 1.5% (166/11,194) of all diagnoses.
- The proportion of total male diagnoses attributed to MSM increased from 2% in 2000 to 4% in 2007.

**Complicated chlamydia**

Diagnoses of complicated chlamydial infection have remained relatively low.

**During 2007 in GUM clinics in Northern Ireland:**

- There were 70 new episodes diagnosed, compared with 82 in 2006.
- Of these, 59 (84%) were women.

**Uncomplicated gonorrhoea**

Gonorrhoea accounted for 3% (173/6,888) of all new STI diagnoses made in GUM clinics.

**During 2007 in GUM clinics in Northern Ireland:**

- A total of 172 new episodes were diagnosed, compared with 195 in 2006, a decrease of 12%.
- Of these, 155 (90%) were males.
- The highest rates of infection in males were diagnosed in the 20-24 year old age group.
- The highest rates of infection in females were diagnosed in the 16-19 year old age group.
- The rate of infection in 20-24 year old males was over five times higher than in 20-24 year old females.
- 82% of female diagnoses were in the 16-24 year old age group.
- Among males, diagnoses were more evenly distributed throughout the age groups – 46% were 16-24 years, 30% were 25-34 years and 13% were 35-44 years.
- 29% (45/155) of the total male diagnoses were attributed to MSM.

**Trends from 2000 to 2007:**

- Although numbers have been variable, diagnoses have shown a general increased trend since 2000, with a slight decrease in 2007.
- The proportion of male diagnoses attributed to MSM ranged from 9% in 2000 to 40% in 2005.
- There were fewer than five diagnoses of complicated gonorrhoea annually.
- Diagnoses in males aged 45+ years accounted for 5.2% (55/1,064) of all male diagnoses. There was no clear trend in females due to the small numbers involved.

**Genital herpes**

Genital herpes (first episodes) accounted for 4% (276/6,888) of all new STI diagnoses made in GUM clinics. Diagnostic rates in Northern Ireland are lower than the UK overall.

**During 2007 in GUM clinics in Northern Ireland:**

- There were 384 episodes (first infections and recurrent infections), compared with 418 in 2006, a decrease of 8%.
- Of these, 247 (64%) were females.
- In all, 276 (72%) were for treatment of first infections and 108 (28%) were for treatment of recurrent infections.
- 25% of male diagnoses (34/137) and 30% of female diagnoses (74/247) were recurrent infections.
- The highest rates of first infection in females were diagnosed in the 16-19 year old age group (88/100,000 population), and for males, in the 20-24 year old age group (47/100,000 population).
- Rates of first infection for most age groups were higher in females, except for the 35+ year old age groups. The rate of infection in 16-19 year old females was nine times higher than in males of the same age.
- Fewer than five diagnoses were attributed to MSM.

**Trends from 2000 to 2007:**

- First diagnoses between 2000 and 2007 showed no clear trend, with numbers ranging from 281 in 2000 to 222 in 2004. There was an increase in 2007 for the third successive year.
- Diagnostic rates in females were highest in the 16-24 year old age group. In males, the highest rates were in the 20-34 year old age group, peaking between 20-24 years.

- Diagnoses in males under 20 years accounted for 6.3% (42/669) of all male diagnoses, with the 45+ year old age groups accounting for 8.1% (54/669).

- Diagnoses in females aged under 16 years accounted for 1.2% (16/1,365) of all female diagnoses, with the 45+ year old age groups accounting for 4.9% (67/1,365).

### 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 the other STIs. Genital warts (first episodes) accounted for 28% (1,929/6,888) of all new STI diagnoses made in GUM clinics.

### During 2007 in GUM clinics in Northern Ireland:

- There were 2,697 episodes (first and recurrent infections) diagnosed, compared with 2,941 in 2006, a decrease of 8%.
- Of these, 1,504 (56%) were males.
- In all, 1,929 (72%) were for treatment of first infections and 768 (28%) were for treatment of recurrent infections.
- 30% of male diagnoses (454/1,504) were recurrent infections, compared with 26% (314/1,193) of female diagnoses.
- The highest rates of first infection in both men and women were in the 20-24 year old age group.
- 37% of male and female diagnoses were in the 20-24 year old age group.
- The rate of infection in females aged 16-19 years (434/100,000 of the population) was more than twice that of males of the same age. However, rates in those aged over 19 years were higher in males.
- 3% (47/1,504) of the total male diagnoses were attributed to MSM.

### Trends from 2000 to 2007:

- Diagnoses decreased by 9% between 2000 (2,177) and 2007 (1,929).
- Diagnostic rates in females were highest in the 16-24 year old age group, peaking between 20-24 years.
- In males, the highest rates were in the 20-34 year old age group, peaking between 20-24 years.
- Rates in those aged under 20 years were consistently higher in females, whereas rates in 20+ year old age groups were higher in males.
- Diagnoses in those aged under 16 years accounted for 0.4% (67/17,091) of all diagnoses (first attack).
- Diagnoses in the 45+ year old age groups accounted for 4.2% (718/17,091) of the total diagnoses.
- Diagnoses attributed to MSM remained stable between 2-3%.

### 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.<sup>3</sup> 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 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 than respondents with lower educational qualifications to attend a clinic for an STI test or treatment. Young people currently attending school or a college 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 and some HSSBs have their own sexual health strategies.<sup>4</sup>

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. Department of Health, Social Services and Public Safety. Sexual health promotion strategy and action plan 2008-2013. Belfast: DHSSPS, 2008.

#### Other Northern Ireland factsheets

*Abortion*

*Relationships and sexuality education in schools*

*Sexual behaviour and young people*

*Sexual health and people with learning difficulties*

*Sexual orientation*

*Teenage pregnancy*

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