



UK Health
Security
Agency

Spotlight on sexually transmitted infections in the South East

2020 data

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1. Summary

Sexually transmitted infections (STIs) represent an important public health problem in the South East.

More than 38,200 new STIs were diagnosed in South East residents in 2020, representing a rate of 427 diagnoses per 100,000 population, which is lower than that seen for England as a whole (553 per 100,000). New STI rates were higher than England in the following local authorities: Brighton and Hove (1,081 per 100,000), Portsmouth (949), Southampton (906) and Reading (727).

After 3 years of increases, the number of new STIs diagnosed in South East residents fell by 34% between 2019 and 2020. Numbers of the 5 major STIs fell: syphilis decreased by 7%, gonorrhoea by 27%, chlamydia by 30%, genital herpes by 38% and genital warts by 44%. However, despite the fall since 2019, the number of gonorrhoea cases reported in 2020 were much higher than in 2016 (56% increase).

Access to sexual health services was impacted by the coronavirus (COVID-19) pandemic. STI testing (excluding chlamydia in under 25 year olds) fell markedly in the South East between 2019 and 2020 (by 27%), similar to the decrease seen in England (26% fall). There was a corresponding slight increase in the STI positivity reported in the South East, from 5.6% in 2019 to 5.7% in 2020.

UKHSA recommends that local areas should be working towards achieving a chlamydia detection rate of at least 2,300 per 100,000 among individuals aged 15 to 24 years and this is an indicator in the Public Health Outcomes Framework. In 2020 the chlamydia diagnosis rate among South East residents aged 15 to 24 years was 1,202 per 100,000 residents. Men and women have similar rates of new STIs (429 and 410 per 100,000 residents respectively).

Men who have sex with men (MSM) have particular health inequalities related to STIs, accounting for 20% of South East residents diagnosed with a new STI (excluding chlamydia diagnoses reported via CTAD), 82% of those diagnosed with syphilis and 48% of those diagnosed with gonorrhoea. Despite the decline in testing, the number of syphilis diagnoses among MSM remained stable.

STIs also continue to disproportionately affect young people. South East residents aged between 15 and 24 years accounted for 49% of all new STI diagnoses in 2020. From 2016 to 2020 there was a steep decline (95% decrease) in genital warts diagnosis rates in females aged 15 to 19 years. This follows the 2008 introduction in girls of vaccination against Human papillomavirus (HPV), the virus which causes genital warts.

The white ethnic group has the highest number of new STI diagnoses: over 24,800 (85%). Although only 2% of new STIs are in black Caribbeans, they have the highest rate: 1,508 per 100,000, which is 5 times the rate seen in the white ethnic group. Where country of birth was known, 83% of South East residents diagnosed with a new STI in 2020 (excluding chlamydia diagnoses reported via CTAD) were UK-born.

Implications for prevention

During the COVID-19 pandemic in 2020, the UK government implemented national and regional lockdowns and social and physical distancing with a focus to stay at home. This led to a marked reduction across all regions in the capacity for sexual health services (SHS) to provide face-to-face consultations. With a reduction of face-to-face consultations, there was a rapid reconfiguration to increase access to STI testing online and via telephone consultations (1) leading to an increase of consultations of both types in 2020 (2).

The reduction in STI diagnoses between 2019 and 2020 is likely due to a combination of reduced testing due to SHS service disruption and changes in behaviour. However, the large number of diagnoses in 2020 is clear evidence of sustained STI transmission; this is supported by evidence from community surveys which suggest that, although fewer people reported meeting new sex partners during 2020 compared to previous years, a substantial proportion still had an ongoing risk for STIs (for example, condomless sex with new sex partners) during 2020 (2, 3, 4, 5, 6).

In 2020, sexual health screens (tests for chlamydia, gonorrhoea, syphilis, or HIV) decreased, contributing to a decrease in STI diagnoses in SHS and community-based settings in all regions, compared to 2019.

The impact of STIs remains greatest for young people aged 15 to 24 years, gay, bisexual and other men who have sex with men (MSM) and black ethnic minorities (2).

The high rates of STIs among young people are likely to be due to greater rates of partner change (7). Although the impact is still great in young people, the number of new STI diagnoses among them decreased in 2020 with considerable falls seen in first episodes of genital warts and genital herpes. However, decreases in gonorrhoea and chlamydia were less pronounced. These decreases, especially in STIs usually diagnosed at face-to-face consultation, such as first episode genital warts and herpes, may be in part be due to a reduction in face-to-face consultations during the pandemic. Chlamydia, gonorrhoea and infectious syphilis showed less of a fall as they could be diagnosed using self-sampling kits via internet consultations. The larger fall in genital warts likely reflects the expected continuing decline in diagnoses since 2009 due to the National HPV Vaccination Programme that has achieved high coverage in girls and provided herd protection for heterosexual boys (2).

Implementation of Relationships Education in primary schools, as well as Relationships, Sex and Health Education (RSHE) in all secondary schools from September 2020 will help provide young people with the information and skills to look after their sexual health (8, 9, 10). As an effective method to reduce the risk of acquiring STIs, condoms are distributed through a range of local services. Many areas in England continue to provide condom schemes which distribute condoms to young people (mostly under 20 years of age) through a variety of outlets (2, 11).

Access to high quality information is essential for good sexual health and an on-line resource (12) and a telephone helpline (13) to provide advice on contraception, pregnancy and STIs continues to be funded. Additional guidance has been provided about seeking sexual and reproductive health advice during the COVID-19 pandemic (2, 14).

The early diagnosis and treatment of STIs is a key intervention for their prevention and control, and to reduce the harms of untreated infection. The National Chlamydia Screening Programme (NCSP) promotes screening for chlamydia, the most commonly diagnosed bacterial STI, in sexually active young women on change of partner or annually; this reflects a change in focus in June 2021 to reducing the reproductive harm of untreated chlamydia infection. Chlamydia data within this report is up to December 2020, at a time when the NCSP provided opportunistic screening to all young people aged 15 to 24 years (15). Despite a decrease in chlamydia testing and diagnoses across all regions during 2020, chlamydia positivity remained stable, suggesting ongoing transmission among young people in 2020. There has been a long-term decline in the chlamydia detection rate among 15 to 24 year olds and notable variations by geographic area, often reflecting rates of testing. Given the large falls in national testing and the high positivity of women within sexual and reproductive health services, it is likely that some infected women remain undiagnosed. Positively, the increases access of chlamydia testing services on the internet in 2020 suggests that these services are acceptable to young people, although this may just reflect the disruption to service provisions during the pandemic (2).

To help local areas improve their chlamydia detection rates in young people, facilitated chlamydia care pathway workshops continue to be delivered (16). These workshops provide local commissioners and providers with a comprehensive case management pathway; from the offer of chlamydia testing, uptake, diagnosis, treatment, partner notification and retesting and planning how services might be improved or resources redistributed (2).

In MSM, diagnoses of STIs decreased across all infections, reflecting a reduction in testing during 2020. Despite these decreases, diagnoses were still high for gonorrhoea, chlamydia and infectious syphilis, with the highest rates in HIV-diagnosed MSM compared to other men or women (2). This suggests that rapid STI transmission is occurring in dense sexual networks of HIV-positive MSM. Condomless sex increases the risk of infection with STIs, hepatitis B and C, and sexually transmissible enteric infections like *Shigella spp.*

Again, the decrease in first episode genital herpes may be explained by reduced face-to-face consultations. In addition, with the implementation of the national roll out of the HPV vaccination

in MSM aged up to 45 years attending specialist SHS and HIV clinics, since April 2018, some of the decrease in diagnoses may be associated with the programme.

As MSM continue to experience high rates of STIs they remain a priority for targeted STI prevention and health promotion work. There is a need to strengthen public health measures to reduce transmission of syphilis. National clinical guidelines recommend frequent testing in high-risk MSM ([17](#)), but surveillance data suggests this is not uniformly carried out. There are also concerns about poor knowledge and awareness of syphilis among MSM ([2](#), [18](#)). Therefore, published in June 2019, the Syphilis Action Plan, has recommendations to address the continued increase in syphilis diagnoses in England. The plan is based upon action that optimises 4 prevention pillars and has a particular focus on high-risk MSM ([19](#)):

1. increasing testing frequency of high-risk MSM and re-testing cases after treatment
2. deliver partner notification
3. maintain high antenatal screening coverage and vigilance
4. sustain targeted health promotion

In 2020, the population rates of STI diagnoses remained the highest among people of black ethnicity, but this varied across black ethnic groups. The high rate of STI diagnoses among black ethnic communities is most likely the consequence of a complex interplay of cultural, economic and behavioural factors. Data from a national probability sample indicate that men of black Caribbean or any other black backgrounds are most likely to report higher numbers of recent sexual partners and concurrent partnerships. This, coupled with assortative sexual mixing patterns, may be maintaining high levels of bacterial STIs in these communities ([2](#), [20](#)).

Several HIV prevention activities can also have an impact on STI control and promote safer sexual behaviours. The Office for Health Improvement and Disparities (OHID) within Department of Health and Social Care (DHSC) have commissioned Terrence Higgins Trust to deliver a new National HIV Prevention Programme from November 2021 to March 2024. The Programme aims to improve knowledge, understanding and uptake of combination HIV prevention interventions among populations most at-risk of HIV in England, particularly aimed at MSM and people of black ethnicity and other groups in whom there is a higher or emerging burden of infection ([21](#)).

Health promotion and education remain vital for STI prevention, through improving risk awareness and encouraging safer sexual behaviour. Consistent and correct condom use substantially reduces the risk of being infected with an STI. Prevention efforts should include condom provision, ensuring open access to SHS with STI screening and robust contact tracing, and should focus on groups at highest risk such as young people, black ethnic minorities and MSM. The UKHSA is supporting the DHSC in the development of a new Sexual and Reproductive Health Strategy, which will include a focus on reducing STIs and addressing inequalities ([2](#)).

UKHSA's main messages

It is important that health promotion and service access messages are sustained and reinforced. The main STI prevention messages are summarised below:

- using condoms consistently and correctly protects against HIV, other STIs such as chlamydia, gonorrhoea and syphilis, and unplanned pregnancy
- people at risk of HIV can also protect themselves by using HIV Pre-exposure Prophylaxis (PrEP), which is available from sexual health services
- people with HIV are unable to pass on the infection sexually if they are on treatment and have undetectable levels of the virus – this is known as 'Undetectable = Untransmittable' or 'U = U'
- vaccination against human papillomavirus (HPV) (for eligible MSM and those eligible as school-aged adolescents), hepatitis A and hepatitis B (for MSM and others with greater sexual health needs) will protect against disease caused by these viruses and prevent spread of these infections
- sexual health services offer free and confidential HIV and STI testing, condoms, PrEP, vaccination, and contraception advice:
 - most services and local areas also provide the option of internet access to HIV and STI testing
 - further advice on HIV and STIs, including how to access sexual and reproductive health services, is available through Sexwise and the national sexual health helpline on 0300 123 7123 (9am to 8pm Monday to Friday, 11am to 4pm Saturday to Sunday)
- regular testing for HIV and STIs is essential for good sexual health and everyone should have an STI screen, including an HIV test, annually if having condomless sex with new or casual partners – in addition:
 - women aged under 25 years who are sexually active should be screened for chlamydia on change of sexual partner or annually
 - gay, bisexual and other men who have sex with men should test for HIV and STIs annually or every 3 months if having condomless sex with new or casual partners

2. Charts, tables and maps

Figure 1 is a bar chart showing that the rate of new STI diagnoses per 100,000 in South East at 427.2 was the third lowest regional rate. The rate in London (1,166.9) was much higher than any other UKHSA region.

Figure 1. New STI diagnoses by UKHSA region of residence: England 2020

Data sources: GUMCAD, CTAD

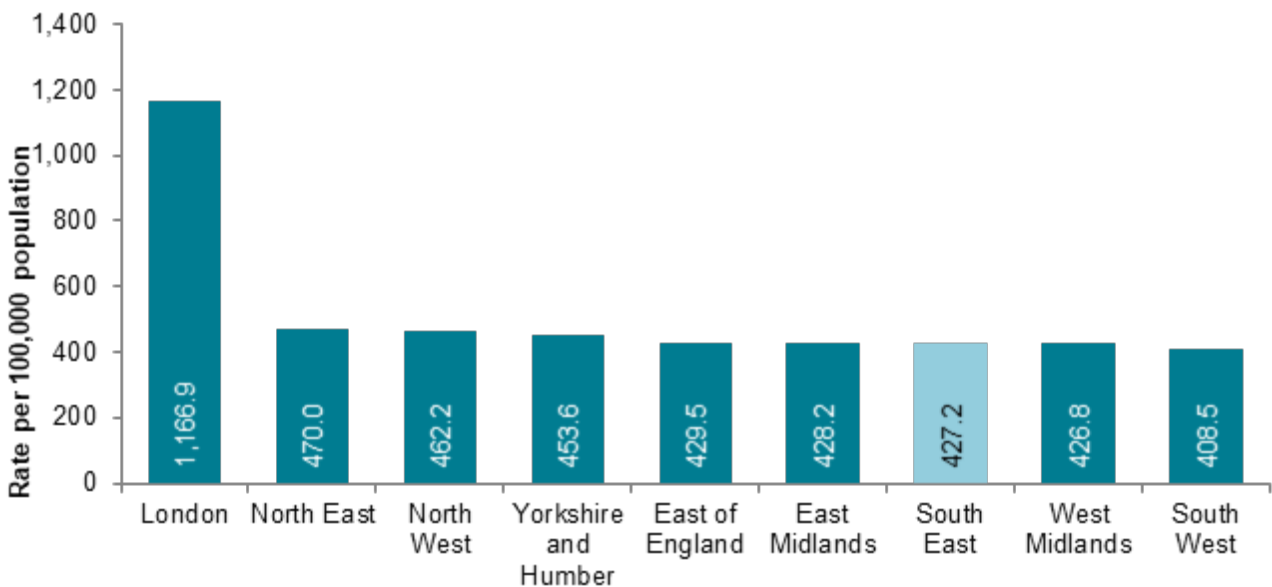
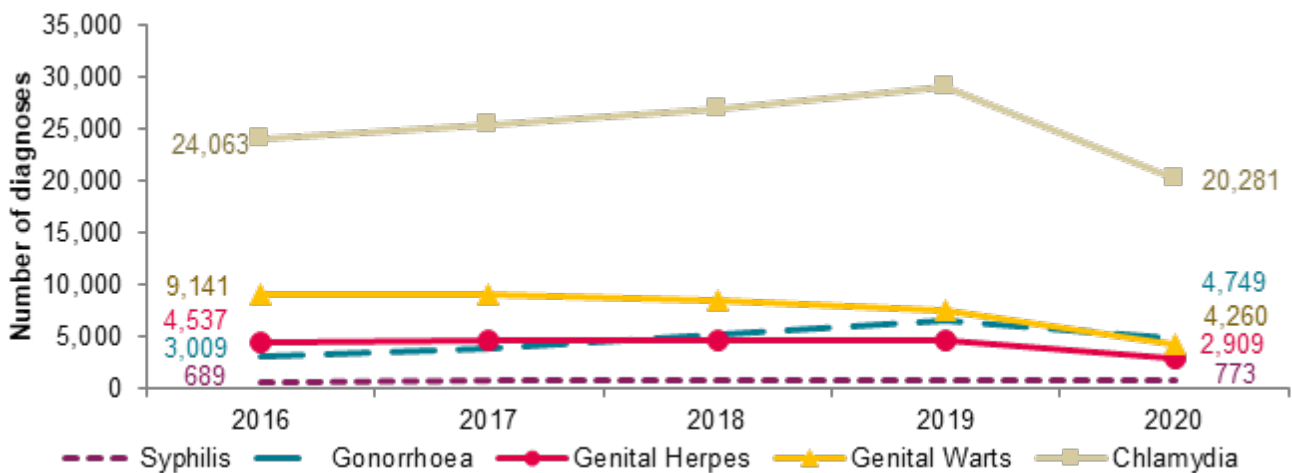


Figure 2 shows a trend line of the number of diagnoses of the 5 main STIs for South East residents, showing rises in chlamydia and gonorrhoea from 2016 to 2019, and falls in syphilis, gonorrhoea, genital herpes, genital warts and chlamydia from 2019 to 2020.

Figure 2. Number of diagnoses of the 5 main STIs: South East residents, 2016 to 2020

Data sources: GUMCAD, CTAD



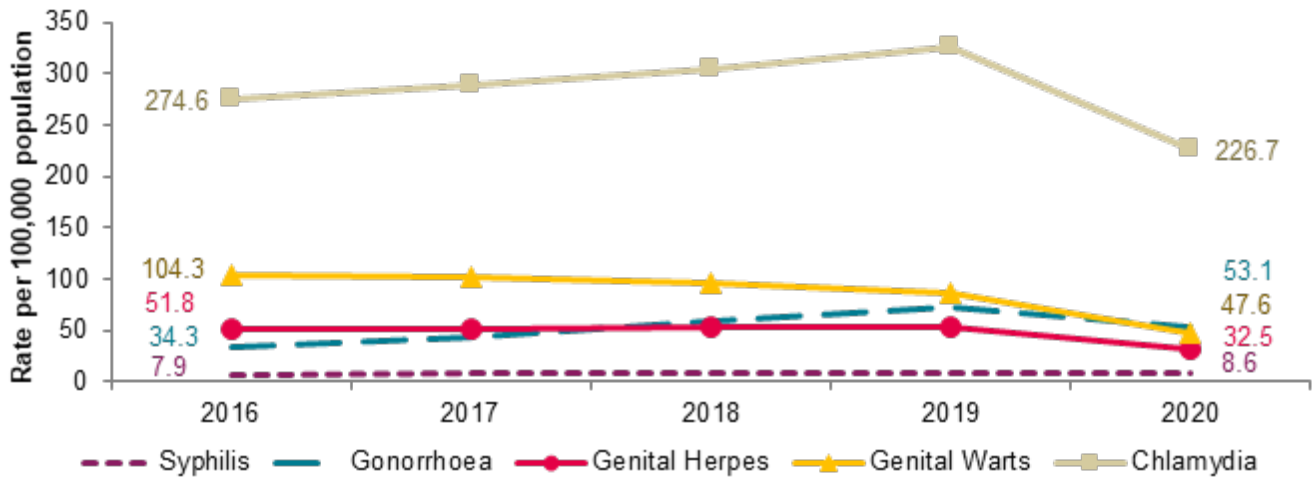
Any increase in gonorrhoea diagnoses may be due to the increased use of highly sensitive nucleic acid amplification tests (NAATs) and additional screening of extra-genital sites in MSM.

Any decrease in genital wart diagnoses may be due to a moderately protective effect of HPV-16/18 vaccination. Any increase in genital herpes diagnoses may be due to the use of more sensitive NAATs. Increases or decreases may also reflect changes in testing practices.

Figure 3 shows a trend line of the diagnosis rates of the 5 main STIs for South East residents, and shows the same trends as figure 2.

Figure 3. Diagnosis rates of the 5 main STIs: South East residents, 2016 to 2020

Data sources: GUMCAD, CTAD



Any increase in gonorrhoea diagnoses may be due to the increased use of highly sensitive nucleic acid amplification tests (NAATs) and additional screening of extra-genital sites in MSM. Any decrease in genital wart diagnoses may be due to a moderately protective effect of HPV-16/18 vaccination. Any increase in genital herpes diagnoses may be due to the use of more sensitive NAATs. Increases or decreases may also reflect changes in testing practices.

Table 1 shows that chlamydia was the most commonly diagnosed STI among South East residents, with 20,281 diagnoses in 2020. The greatest proportional increases from 2016 to 2020 were seen in syphilis and gonorrhoea diagnoses, increasing by 12% and 58% respectively. While falls were observed from 2019 to 2020 in all new STIs, syphilis, gonorrhoea, chlamydia, genital herpes and genital warts diagnoses, the greatest proportional fall was in genital warts (by 44%).

Table 1. Percentage change in new STI diagnoses: South East residents

Data sources: GUMCAD, CTAD

Diagnoses	2020	% change 2016 to 2020	% change 2019 to 2020
New STIs	38,220	-27%	-34%
Syphilis	773	12%	-7%
Gonorrhoea	4,749	58%	-27%
Chlamydia	20,281	-16%	-30%
Genital herpes	2,909	-36%	-38%

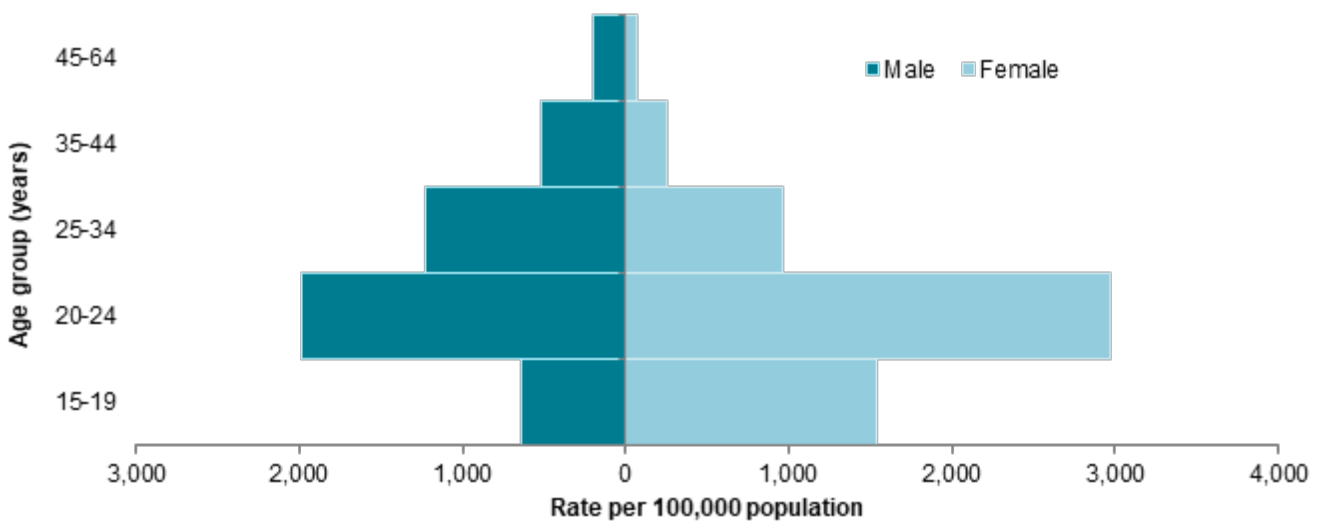
Diagnoses	2020	% change 2016 to 2020	% change 2019 to 2020
Genital warts	4,260	-53%	-44%

See notes for Figure 3.

Figure 4 is a bar chart showing rates of STIs by age group and gender for South East residents in 2020. The highest rates were seen in males and females aged 20 to 24 years.

Figure 4. Rates of new STIs per 100,000 residents by age group and gender in the South East, 2020

Data sources: GUMCAD, CTAD

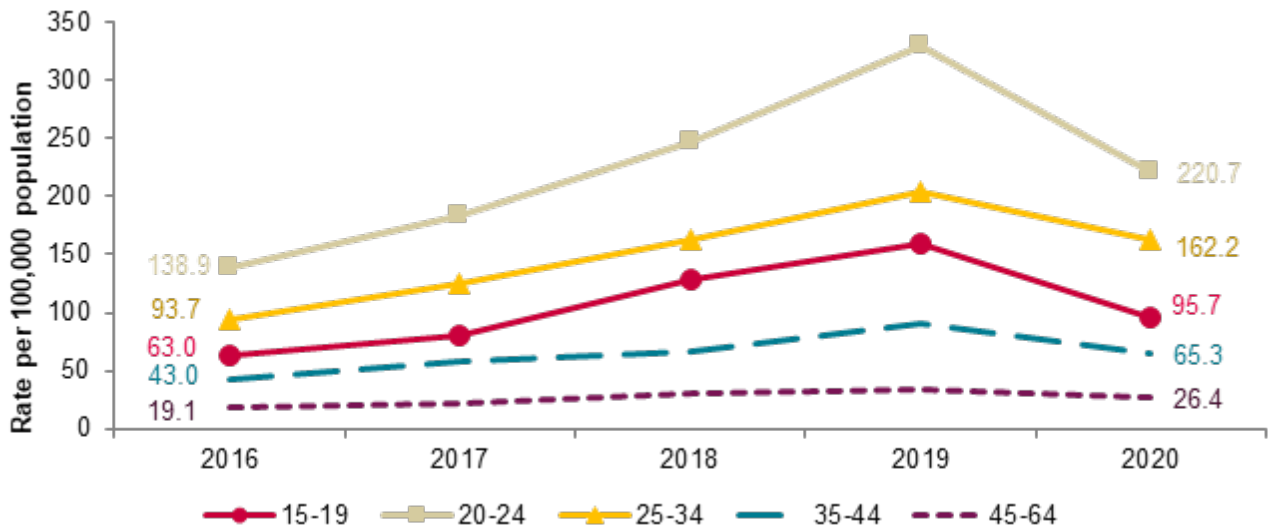


Age-specific rates are shown for those aged 15 to 64 years only.

Figure 5 shows rates of gonorrhoea per 100,000 residents by age group in the South East from 2016 to 2020. This shows that rates were highest in those aged 20 to 24 years. Rates in all age groups declined from 2019 to 2020. (Note that age-specific rates are shown for those aged 15 to 64 years only.)

Figure 5. Rates of gonorrhoea per 100,000 residents by age group in the South East, 2016 to 2020

Data source: GUMCAD



Age-specific rates are shown for those aged 15 to 64 years only.

Figure 6 shows rates of genital warts per 100,000 residents aged 15 to 19 years by gender in the South East, and shows that rates in both males and females fell from 2016 to 2020, the rate of decrease being higher among females.

Figure 6. Rates of genital warts per 100,000 residents aged 15 to 19 years by gender in the South East, 2020

Data source: GUMCAD

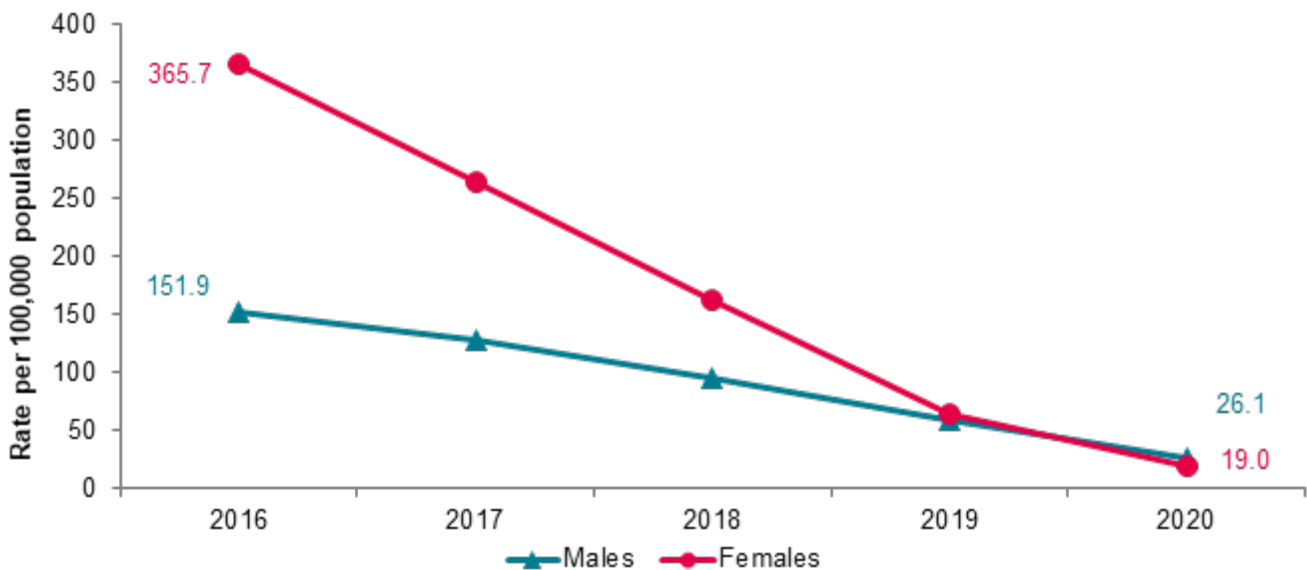


Figure 7 is a bar chart showing rates by ethnicity per 100,000 population of South East residents diagnosed with a new STI in 2020. It shows that rates in black Caribbeans and black Africans were significantly higher than rates in white ethnic groups.

Figure 7. Rates of new STIs by ethnic group per 100,000 residents in the South East, 2020

Data sources: GUMCAD, CTAD

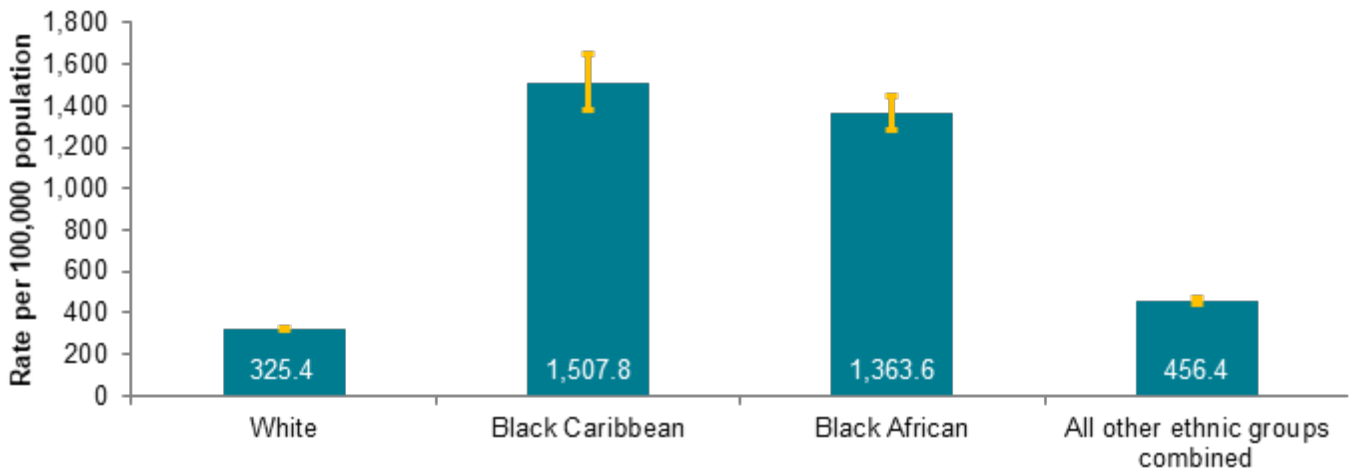


Table 2 shows that the highest numbers of STIs were in white (24,824) population groups, representing 85% of the total. Black Caribbean population groups made up 2%, black African 3% and other BME groups 10% of the total where ethnicity was known.

Table 2. Proportion of South East residents diagnosed with a new STI by ethnicity: 2020

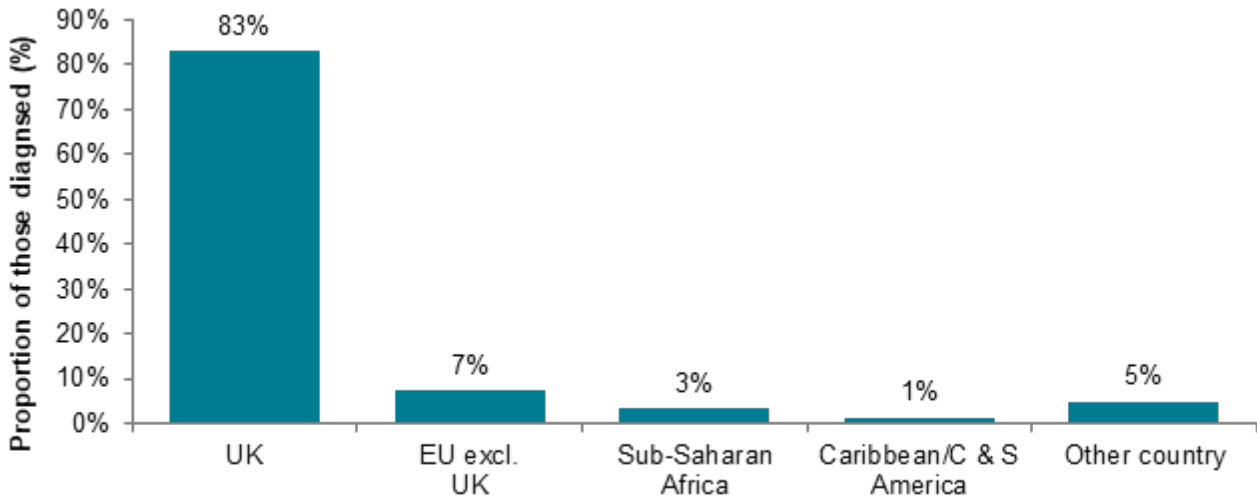
Data sources: GUMCAD, CTAD

Ethnic group	Number	Percentage excluding unknown
White	24,824	85%
Black Caribbean	478	2%
Black African	1,013	3%
All other ethnic groups combined	2,972	10%
Unknown	8,933	

Figure 8 is a bar chart showing proportions of South East residents diagnosed with a new STI by world region of birth in 2020. It shows that the UK-born constitute the highest proportion of South East residents diagnosed with a new STI (83%) with the next highest being EU born (7%).

Figure 8. Proportions of South East residents diagnosed with a new STI by world region of birth: 2020

Data source: GUMCAD data only

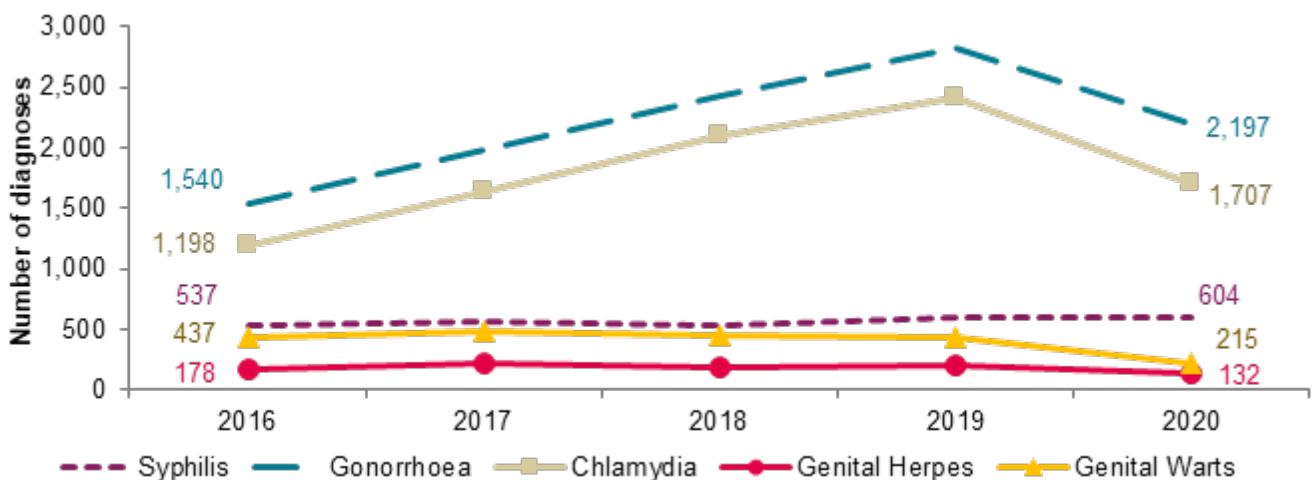


Data on country of birth is not collected by CTAD. All information about world region of birth is based on diagnoses made in specialist and non-specialist services which report to GUMCAD.

Figure 9 shows a trend line for diagnoses of the 5 main STIs in specialist sexual health clinics (SHCs) among men who have sex with men (MSM) South East residents, from 2016 to 2020. It shows large increases in the number of diagnoses of gonorrhoea and chlamydia from 2016 to 2019, with a subsequent fall from 2019 to 2020. The number of genital herpes and genital warts diagnoses were steady from 2016 to 2019, and then fell from 2019 to 2020. From 2016 to 2020 the number of syphilis diagnoses in MSM rose overall, with very little change from 2019 to 2020.

Figure 9. Diagnoses of the 5 main STIs among MSM: South East residents, 2016 to 2020

Data source: GUMCAD data only



Data on sexual orientation is not collected by CTAD. All information about MSM is based on diagnoses made in specialist and non-specialist services which report to GUMCAD.

Any increase in gonorrhoea diagnoses may be due to the increased use of highly sensitive nucleic acid amplification tests (NAATs) and additional screening of extra-genital sites in MSM.

Any decrease in genital wart diagnoses may be due to a moderately protective effect of HPV-16/18 vaccination.

Any increase in genital herpes diagnoses may be due to the use of more sensitive NAATs.

Any increase or decrease may reflect changes in testing.

Table 3 shows the number of the main STI diagnoses among MSM South East residents in 2020 and the percentage change since 2016 and 2019. It shows that gonorrhoea was the most common STI in MSM in 2020. From 2016 to 2020, a large proportional increase was seen in gonorrhoea (43%) and chlamydia (42%) and an increase was also seen in syphilis (12%). The number of genital warts diagnoses fell by 51% from 2016 to 2020. The number of all new STIs fell from 2019 to 2020 by 27%.

Table 3. Percentage change in new STI diagnoses in MSM: South East residents

Data sources: GUMCAD data only

Diagnoses	2020	% change 2016 to 2020	% change 2019 to 2020
New STIs	5,502	10%	-27%
Syphilis	604	12%	0%
Gonorrhoea	2,197	43%	-22%
Chlamydia	1,707	42%	-29%
Genital herpes	132	-26%	-35%
Genital warts	215	-51%	-50%

See notes for Figure 9.

Figure 10a is a bar chart showing the rate of new STI diagnoses per 100,000 population among South East residents by upper tier local authority of residence in 2020. It shows that the rate of new STIs per 100,000 by South East local authority compared to the South East rate (427). The rates per 100,000 in local authorities ranged from 201 per 100,000 in Oxfordshire to 1,081 per 100,000 in Brighton and Hove.

Figure 10a. Rate of new STI diagnoses per 100,000 population among South East residents by upper tier local authority of residence (UTLA): 2020

Data sources: GUMCAD, CTAD

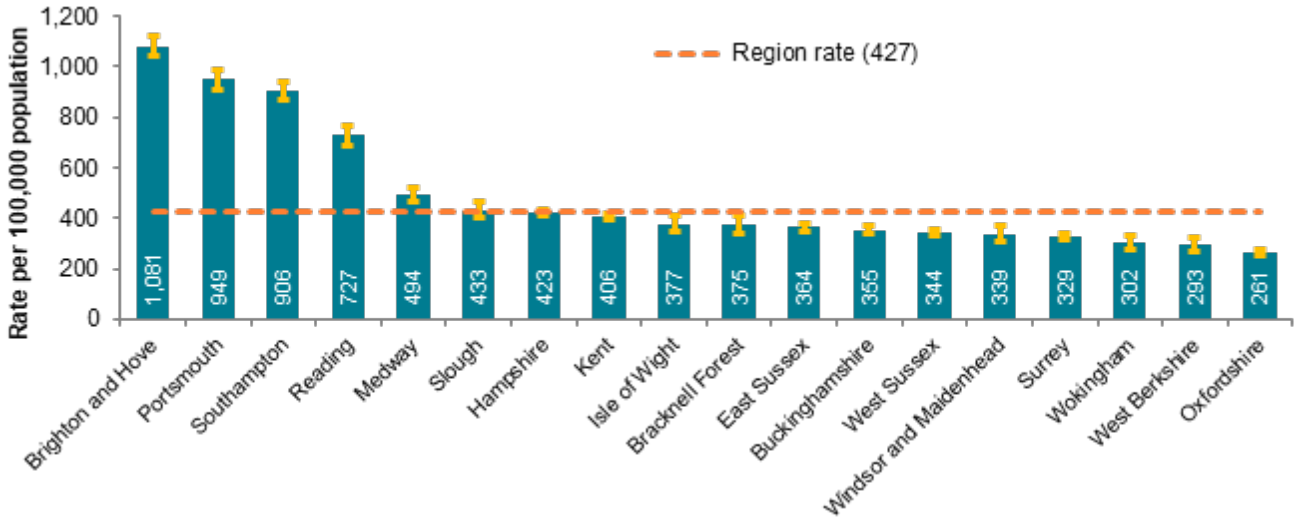


Figure 10b is a bar chart showing the rate of new STI diagnoses (excluding chlamydia diagnoses in persons aged 15 to 24 years) per 100,000 population aged 15 to 64 years among South East residents by upper tier local authority of residence in 2020. It shows the rate of new STIs (excluding chlamydia in 15 to 24 year olds) by local authority compared to the rate in England (609) and the South East (461) per 100,000 15 to 64 year olds. The rates in local authorities ranged from 286 per 100,000 in West Berkshire to 1,148 per 100,000 in Brighton and Hove.

Figure 10b. Rate of new STI diagnoses (excluding chlamydia diagnoses in persons aged 15 to 24 years) per 100,000 population aged 15 to 64 years among South East residents by upper tier local authority of residence: 2020

Data sources: GUMCAD, CTAD

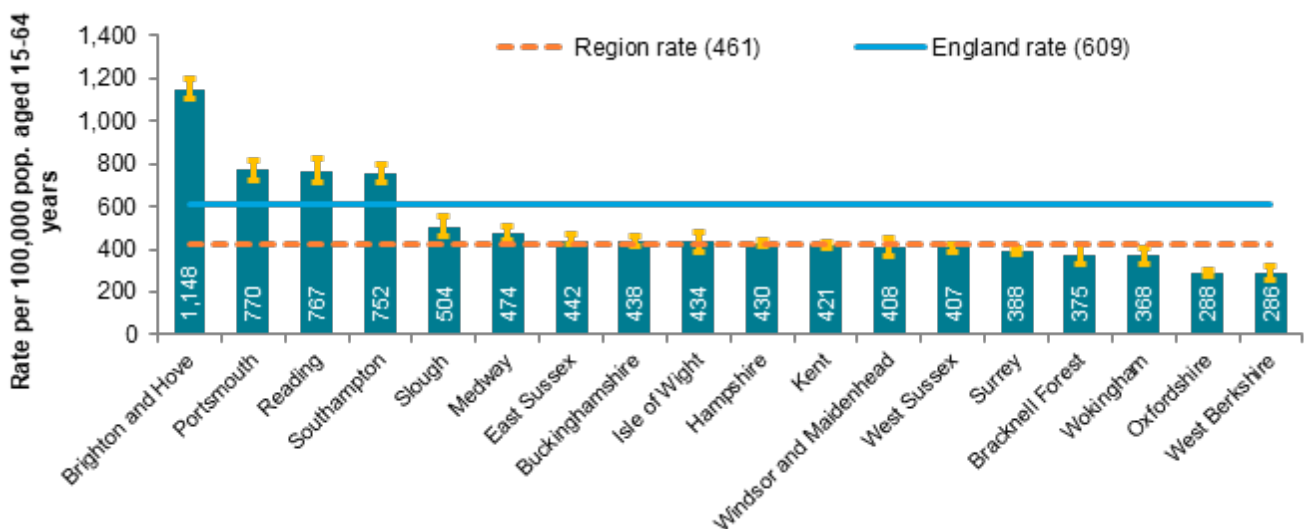


Figure 11 is a bar chart showing the chlamydia detection rate per 100,000 population aged 15 to 24 years in South East residents by upper tier local authority of residence in 2020. It shows

a large variation in the chlamydia detection rate in young people in South East local authorities from 588 per 100,000 in Oxfordshire to 2,323 in Portsmouth. Only Portsmouth had a chlamydia detection rate of over 2,300 per 100,000.

Figure 11. Chlamydia detection rate per 100,000 population aged 15 to 24 years in South East residents by upper tier local authority of residence: 2020

Data sources: GUMCAD, CTAD

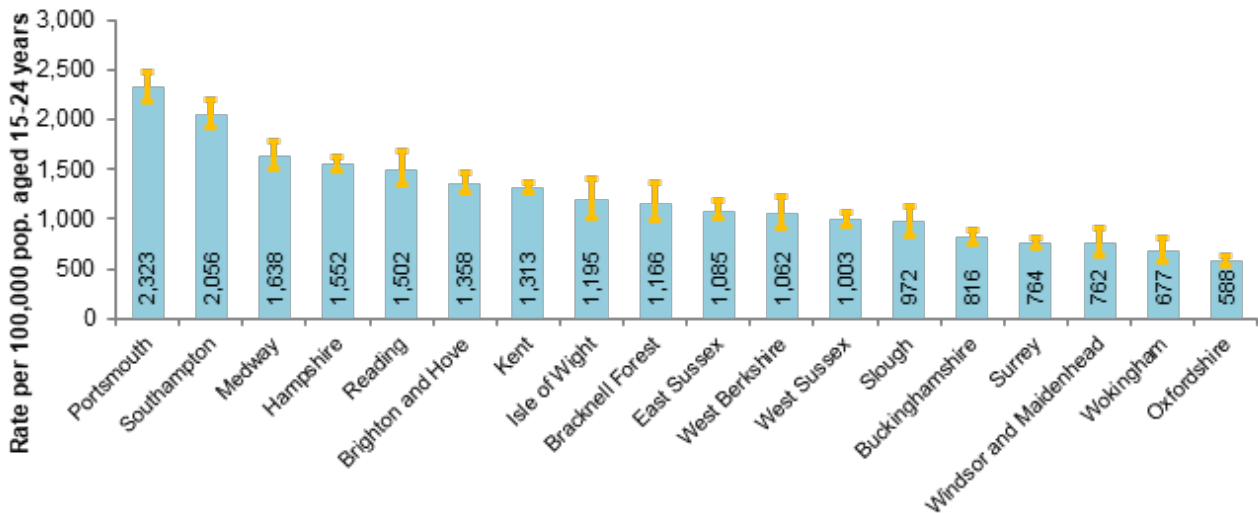


Figure 12 is a bar chart showing the rate of gonorrhoea diagnoses per 100,000 population in South East residents by upper tier local authority of residence in 2020. It shows a very large variation in the rate of gonorrhoea in South East local authorities from 10 per 100,000 in the Isle of Wight to 188 per 100,000 in Brighton and Hove.

Figure 12. Rate of gonorrhoea diagnoses per 100,000 population in South East residents by upper tier local authority of residence: 2020

Data source: GUMCAD

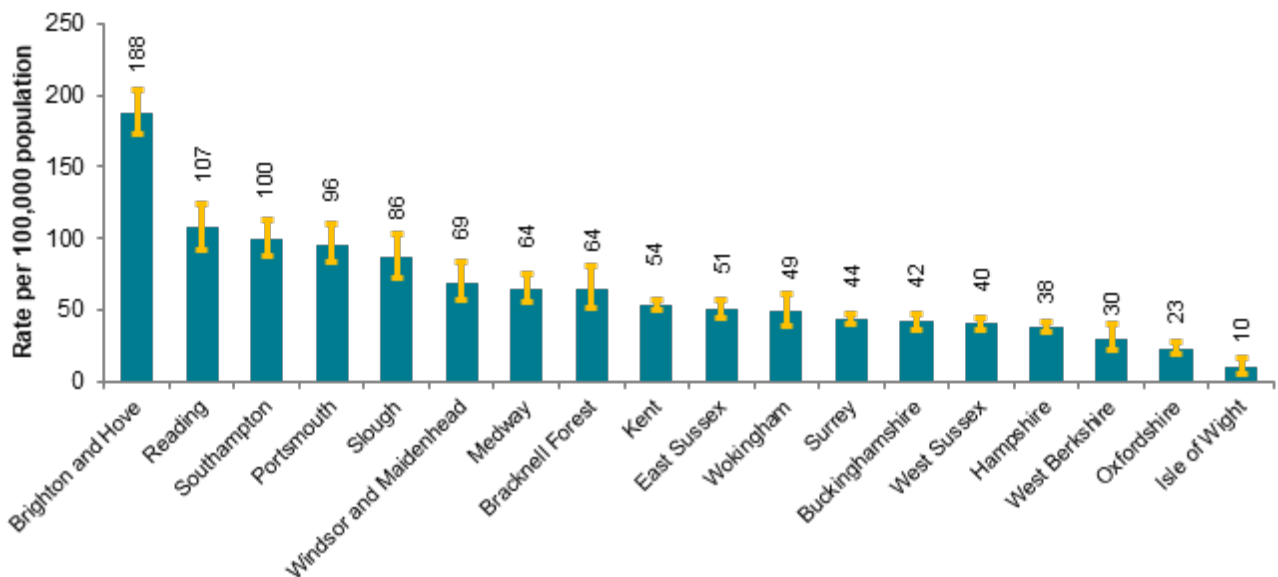


Figure 13 is a map of new STI rates per 100,000 residents by upper tier local authority in the South East in 2020. In general, higher STI rates were observed in more urban areas.

Figure 13. Map of new STI rates per 100,000 residents by upper tier local authority in the South East: 2020

Data sources: GUMCAD, CTAD

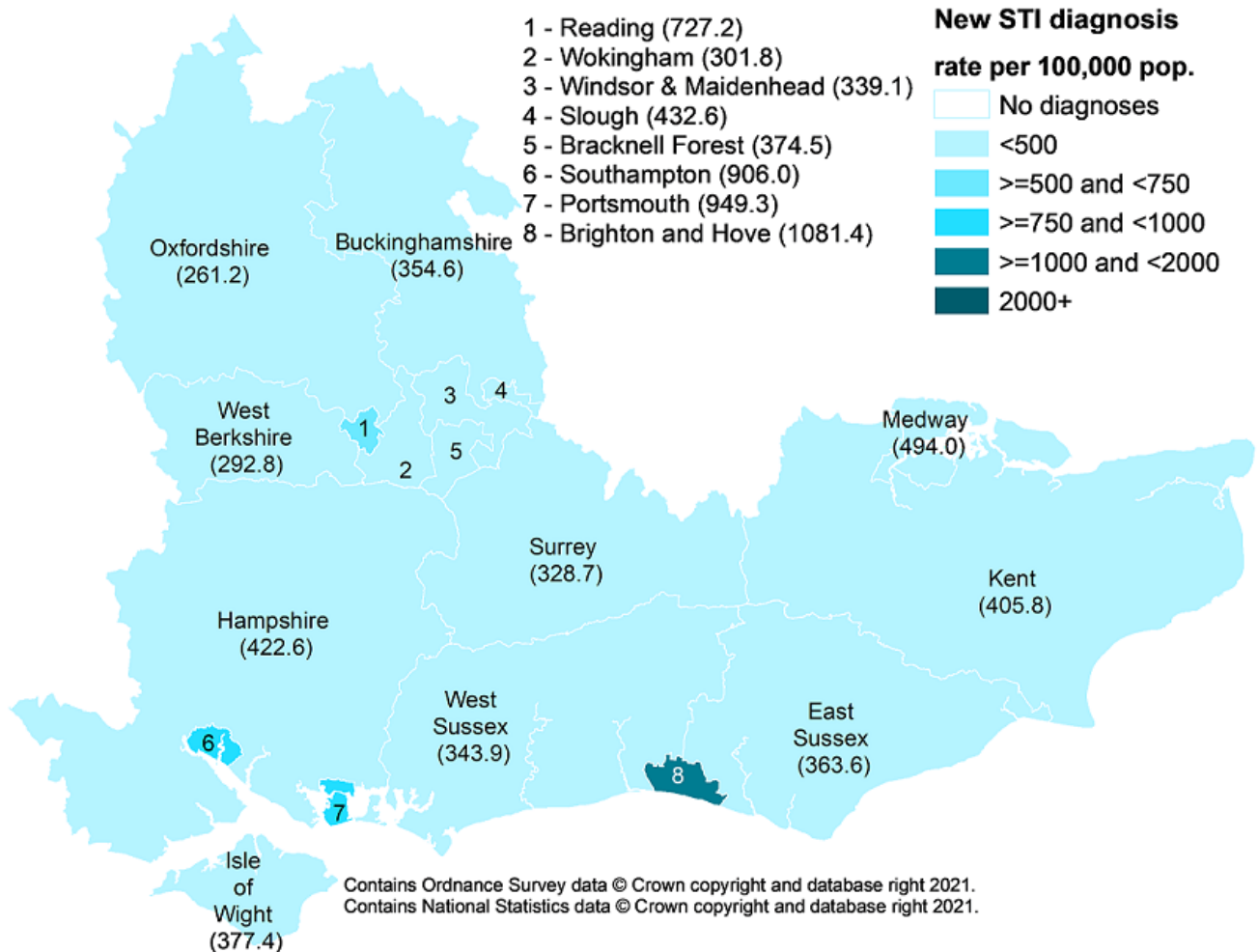


Figure 14 is a map of new STI rates per 100,000 residents by middle super output area in the South East in 2020. It provides more detail of local areas with higher rates of STIs, which are more concentrated in more urban areas.

Figure 14. Map of new STI rates per 100,000 residents by middle super output area (MSOA) in the South East: 2020

Data sources: GUMCAD, CTAD

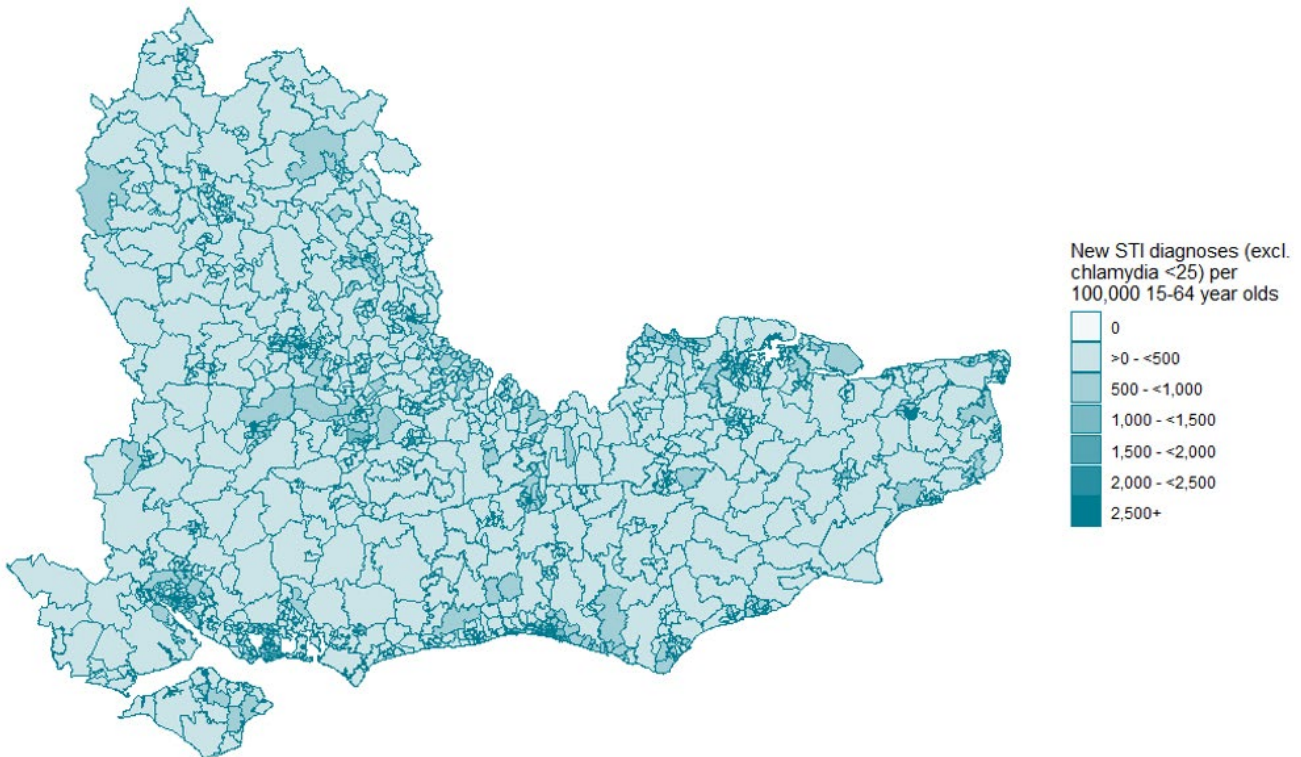


Figure 15 shows trend lines for the STI testing rate (excluding chlamydia in under 25 year olds) per 100,000 population in the South East and England residents aged 15 to 64 years from 2016 to 2020. After a rise in testing from 2016 to 2019 in both the South East and England, the testing rate fell from 2019 to 2020. The testing rate in the South East remained lower than England throughout.

Figure 15. STI testing rate (excluding chlamydia in under 25 year olds) per 100,000 population in South East residents aged 15 to 64: 2016 to 2020

Data sources: GUMCAD, CTAD

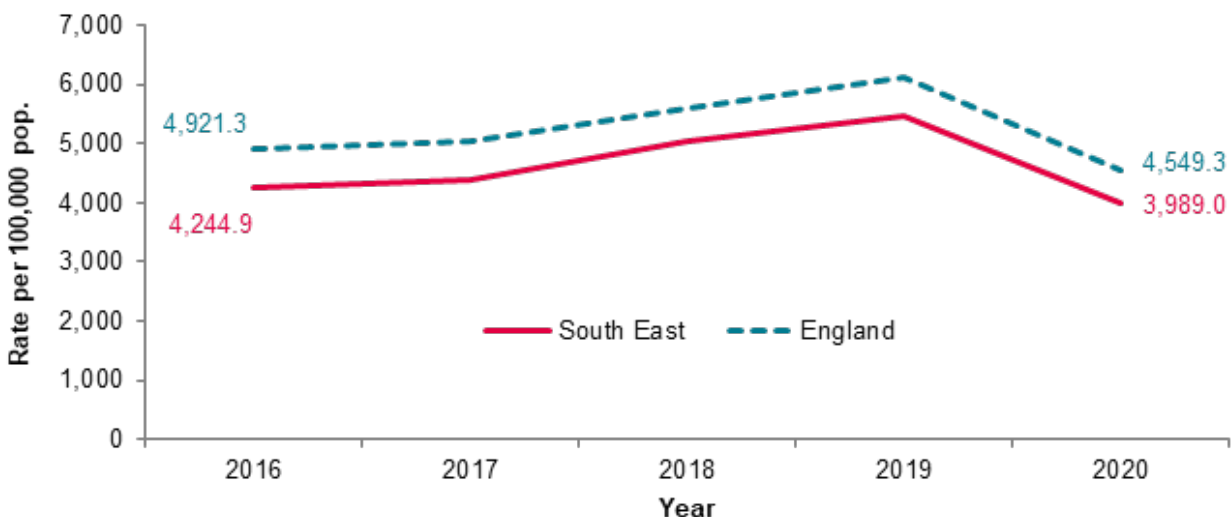
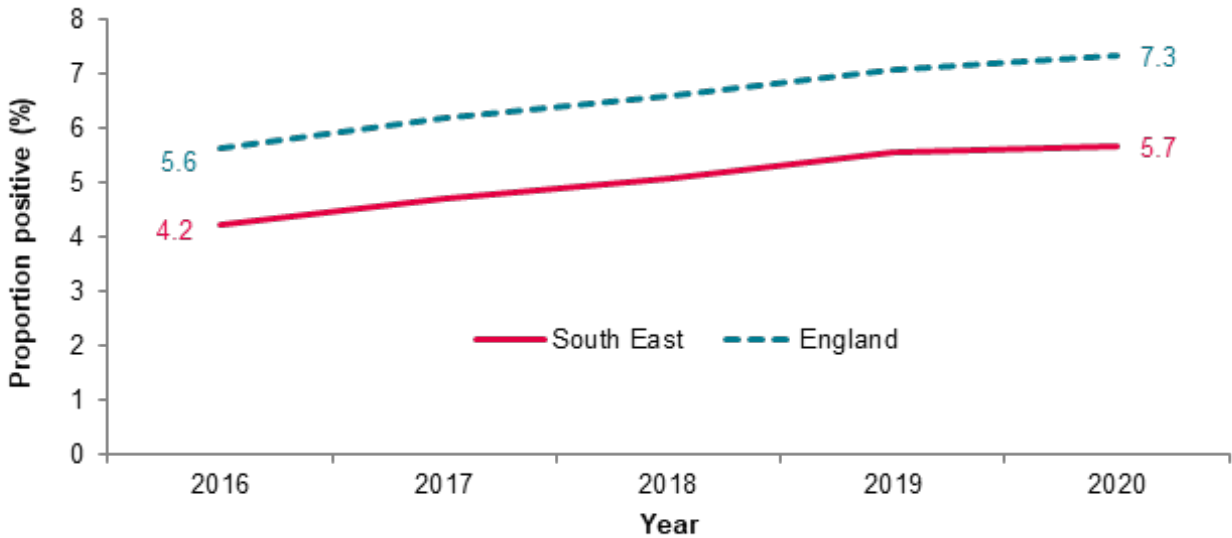


Figure 16 shows trend lines for the STI positivity rate (excluding chlamydia in under 25 year olds) in South East and England residents from 2016 to 2020. It shows that South East positivity was lower than England throughout, and increases were seen for both from 2016 to 2020.

Figure 16. STI testing positivity rate (excluding chlamydia in under 25 year olds) in South East residents: 2016 to 2020

Data sources: GUMCAD, CTAD



The numerator for the STI testing positivity rate now only includes infections which are also included in the denominator. These are: chlamydia (excluding diagnoses in those aged under 25 years), gonorrhoea, syphilis and HIV. Up to 2018 (data for 2017) it included all new STIs.

Table 4 shows the number of diagnoses of new STIs by UKHSA region of residence, data source and data subset in 2020. It shows that there were 38,220 new STIs diagnosed in the South East. The highest number of STIs were diagnosed in London residents with the majority of new STIs in all areas being diagnosed in specialist SHCs.

Table 4. Number of diagnoses of new STIs by UKHSA region of residence, data source and data subset 2020

Data sources: GUMCAD, CTAD

UKHSA region of residence	GUMCAD		CTAD [note 2]	Total
	Specialist SHSs	Non-specialist SHSs [note 1]		
East Midlands	11,470	5,184	4,182	20,836
East of England	17,879	4,003	6,204	28,086
London	73,984	7,995	23,072	105,051
North East	8,558	1,222	2,820	12,600
North West	24,313	2,607	7,131	34,051
South East	27,397	1,888	8,935	38,220

UKHSA region of residence	GUMCAD		CTAD [note 2]	Total
	Specialist SHSs	Non-specialist SHSs [note 1]		
South West	14,289	2,042	6,784	23,115
West Midlands	17,406	3,687	4,354	25,447
Yorkshire and Humber	16,659	1,521	6,886	25,066

Note 1: Diagnoses from enhanced GPs reporting to GUMCAD are included in the 'Non-specialist sexual health services (SHSs)' total.

Note 2: Including site type 12 chlamydia from GUMCAD.

Table 5 shows the number of diagnoses of the 5 main STIs in the South East by STI, data source and data subset in 2020. It shows that the majority of new STIs are diagnosed in specialist SHCs.

Table 5. Number of diagnoses of the 5 main STIs in the South East by STI, data source and data subset 2020

Data sources: GUMCAD, CTAD

5 main STIs	GUMCAD		CTAD [note 2]	Total
	Specialist SHSs	Non-specialist SHSs [note 1]		
Syphilis	766	7		773
Gonorrhoea	3,778	971		4,749
Chlamydia	10,605	741	8,935	20,281
Genital herpes	2,869	40		2,909
Genital warts	4,235	25		4,260

Note 1: Diagnoses from enhanced GPs reporting to GUMCAD are included in the 'Non-specialist sexual health services (SHSs)' total.

Note 2: Including site type 12 chlamydia from GUMCAD

3. Information on data sources

Find [more information on local sexual health data sources](#) in the UKHSA guide.

This report is based on data from the GUMCAD and CTAD surveillance systems published on 6 September 2021 (data to the end of calendar year 2020).

3.1 GUMCAD

This disaggregate reporting system collects information about attendances and diagnoses at specialist (Level 3) and non-specialist (Level 2) sexual health services. Information about the patient's area of residence is collected along with demographic data and other variables. GUMCAD superseded the earlier KC60 system and can provide data from 2009 onwards. GUMCAD is the main source of data for this report.

Due to limits on how much personally identifiable information sexual health clinics can share, it is not possible to deduplicate between different clinics. There is a possibility that some patients may be counted more than once if they are diagnosed with the same infection (for infection specific analyses) or a new STI of any type (for new STI analyses) at different clinics during the same calendar year.

3.2 CTAD

CTAD collects data on all NHS and local authority or NHS-commissioned chlamydia testing carried out in England. CTAD is comprised of all chlamydia (NAATs) tests for all ages (except for conjunctival samples), from all venues and for all reasons. CTAD enables unified, comprehensive reporting of all chlamydia data, to effectively monitor the impact of the NCSP through estimation of the coverage of population screening, proportion of all tests that are positive and detection rates.

For services which report to GUMCAD and for which CTAD does not receive data on the patient's area of residence (for example, SHSs), information about chlamydia diagnoses is sourced from GUMCAD data.

3.3 New STIs

New STI diagnoses comprise diagnoses of the following: chancroid, LGV, donovanosis, chlamydia, gonorrhoea, genital herpes (first episode), HIV (acute and AIDS defining), *Molluscum contagiosum*, non-specific genital infection (NSGI), non-specific pelvic inflammatory disease (PID) and epididymitis, chlamydial PID and epididymitis (presented in chlamydia total), gonococcal PID and epididymitis (presented in gonorrhoea total), scabies, pediculosis pubis,

syphilis (primary, secondary and early latent), trichomoniasis and genital warts (first episode), *Mycoplasma genitalium*, shigella.

3.4 Calculations

Confidence Intervals were calculated using [Byar's method](#).

ONS mid-year population estimates for 2020 were used as a denominator for rates for 2020. ONS ceased producing estimates of population by ethnicity in 2011. Estimates for that year were used as a denominator for rates for 2020.

4. Further information

As of this year, all analyses for this report include data from non-specialist (Level 2) SHSs and enhanced GP services as well as specialist (Level 3) SHSs.

For further information, access the online Sexual and Reproductive Health Profiles. These include a downloadable summary profile of local authority sexual health (SPLASH). For your local report go to Sexual Health Profiles – start, data view = ‘reports’, geography – area type = ‘Counties & UAs’ – region ‘South east region’, geography version = 2020/21.

For more information on local sexual health data sources, see [the UKHSA guide](#).

5. About the Field Service

The Field Service was established in 2018 as a national service comprising geographically dispersed multi-disciplinary teams integrating expertise in Field Epidemiology, Real-time Syndromic Surveillance, Public Health Microbiology and Food, Water and Environmental Microbiology to strengthen the surveillance, intelligence and response functions of UKHSA.

You can contact your local FS team at fes.seal@phe.gov.uk

If you have any comments or feedback regarding this report or the Field Service, contact josh.forde@phe.gov.uk

6. Acknowledgements

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- local laboratories for supplying the CTAD data
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About the UK Health Security Agency

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation health secure.

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