



UK Health
Security
Agency

Spotlight on sexually transmitted infections in the West Midlands

2020 data

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1. Summary

Sexually transmitted infections (STIs) represent an important public health problem in the West Midlands.

More than 25,400 new STIs were diagnosed in West Midlands residents in 2020, representing a rate of 427 diagnoses per 100,000 population. Rates by upper tier local authority ranged from 249 new STI diagnoses per 100,000 population in Solihull to 662 new STI diagnoses per 100,000 population in Coventry.

The number of new STIs diagnosed in West Midlands residents fell by 35% between 2019 and 2020. Numbers of the 5 major STIs fell: syphilis decreased by 19%, gonorrhoea by 19%, chlamydia by 30%, genital herpes by 47% and genital warts by 51%. The testing rate in the West Midlands also fell from 2019 to 2020 following an increase in testing between 2016 and 2019.

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 West Midlands residents aged 15 to 24 years was 1,187 per 100,000 residents. Rates of new STIs vary somewhat between men and women (384 and 442 per 100,000 residents respectively).

Where gender and sexual orientation are known, men who have sex with men (MSM) account for 12% of West Midlands residents diagnosed with a new STI excluding chlamydia diagnoses reported via CTAD (70% of those diagnosed with syphilis and 24% of those diagnosed with gonorrhoea).

STIs disproportionately affect young people. West Midlands residents aged between 15 and 24 years accounted for 53% of all new STI diagnoses in 2020. A steep decline (94% decrease) has been seen between 2016 and 2020 in genital warts diagnosis rates in females aged 15 to 19. This follows the introduction in 2008 of vaccination against Human papillomavirus (HPV), the virus which causes genital warts, for girls.

The white ethnic group has the highest number of new STI diagnoses: over 15,700 (71%). Although only 7% of new STIs are in Black Caribbeans, they have the highest rate: 1,895 per 100,000, which is 6 times the rate seen in the white ethnic group. Where country of birth was known, 85% of West Midlands residents diagnosed with a new STI in 2020 (excluding chlamydia diagnoses reported via CTAD) were UK-born.

Implications for prevention

During the coronavirus (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, but 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).

Access to high quality information is essential for good sexual health and an on-line resource and a telephone helpline (8) 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, 9).

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 is still the greatest for young people aged 15 to 24 years, 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 (10). Although the impact is still great in young people, the number of new STI diagnoses among them decreased in 2020 with considerable decreases seen in first episode of genital warts, first episode of genital herpes and trichomoniasis. 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 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 provide young people with the information and skills to look after their sexual health (11, 12, 13). 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, 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 drops 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 increase of accessing 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 compared to recent years, with the highest rates in HIV-diagnosed MSM compared to other men or women. 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:

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.

There is a particular focus on high-risk MSM ([19](#)).

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. Key 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 the West Midlands at 426.8 was the second 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

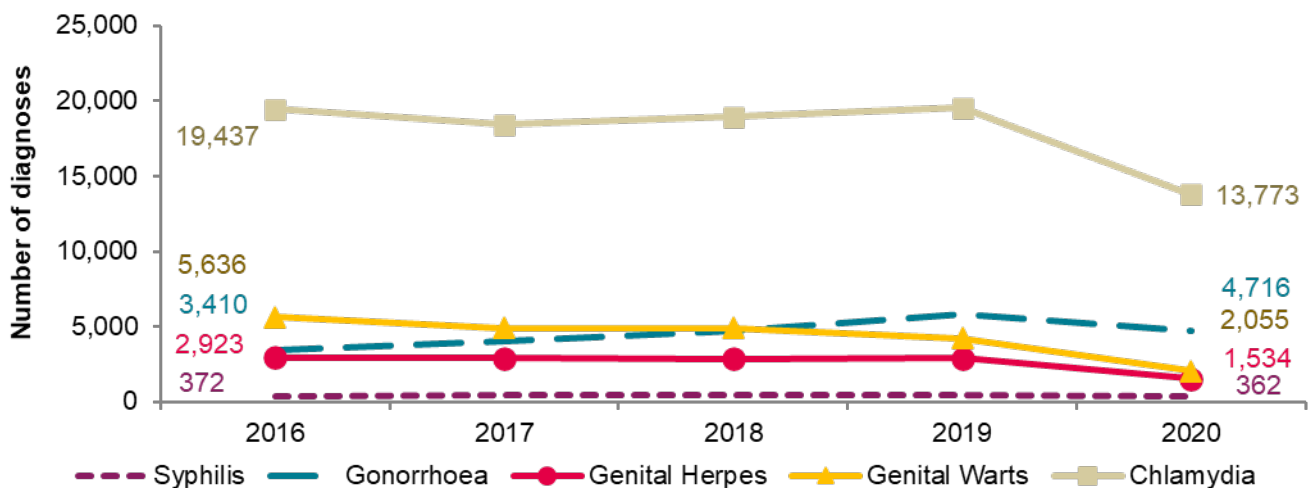
Data sources: GUMCAD, CTAD



Figure 2 shows a trend line of the number of diagnoses of the 5 main STIs for West Midlands residents, showing a rise in gonorrhoea from 2016 to 2019. There was an increase in the number of cases of syphilis between 2016 and 2019 (from 372 to 449). The number of cases in all 5 of the main STIs fell between 2019 to 2020.

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

Data sources: GUMCAD, CTAD



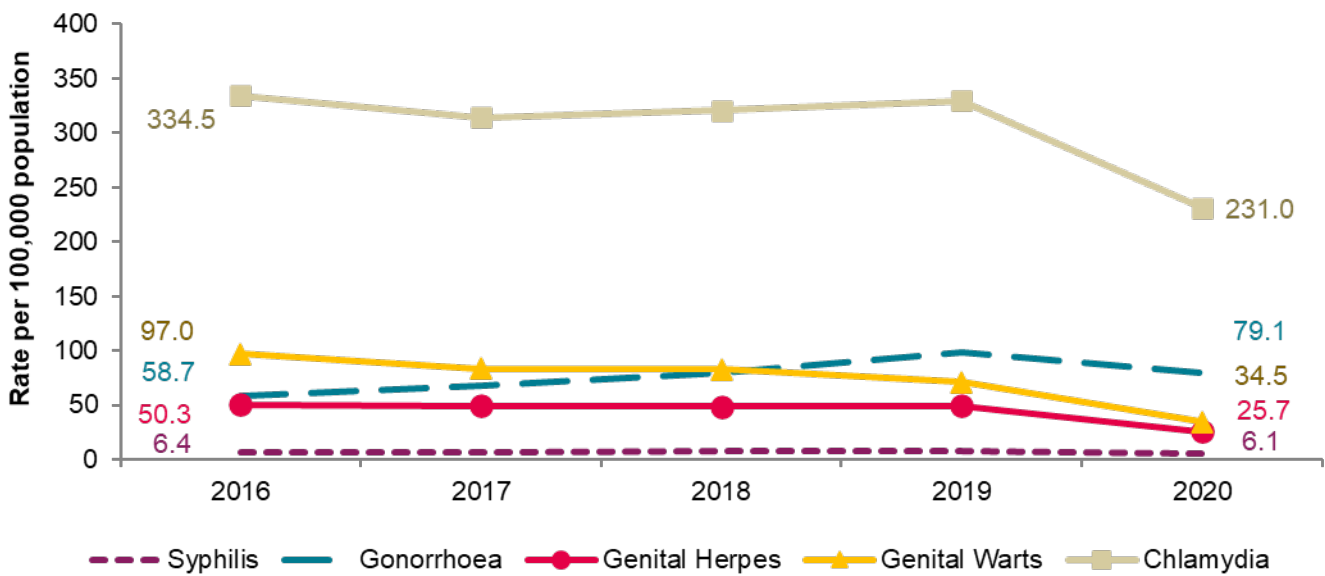
Spotlight on STIs in the West Midlands

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 West Midlands residents, and shows the same trends as figure 2.

Figure 3. Diagnosis rates of the 5 main STIs: West Midlands 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 West Midlands residents, with 13,773 diagnoses in 2020. A large proportional increase from 2016 to 2020 was seen in gonorrhoea diagnoses, increasing by 38%. 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 51%).

Table 1. Percentage change in new STI diagnoses: West Midlands residents

Data sources: GUMCAD, CTAD

Diagnoses	2020	% change 2016 to 2020	% change 2019 to 2020
New STIs	25,447	-34%	-35%
Syphilis	362	-3%	-19%
Gonorrhoea	4,716	38%	-19%

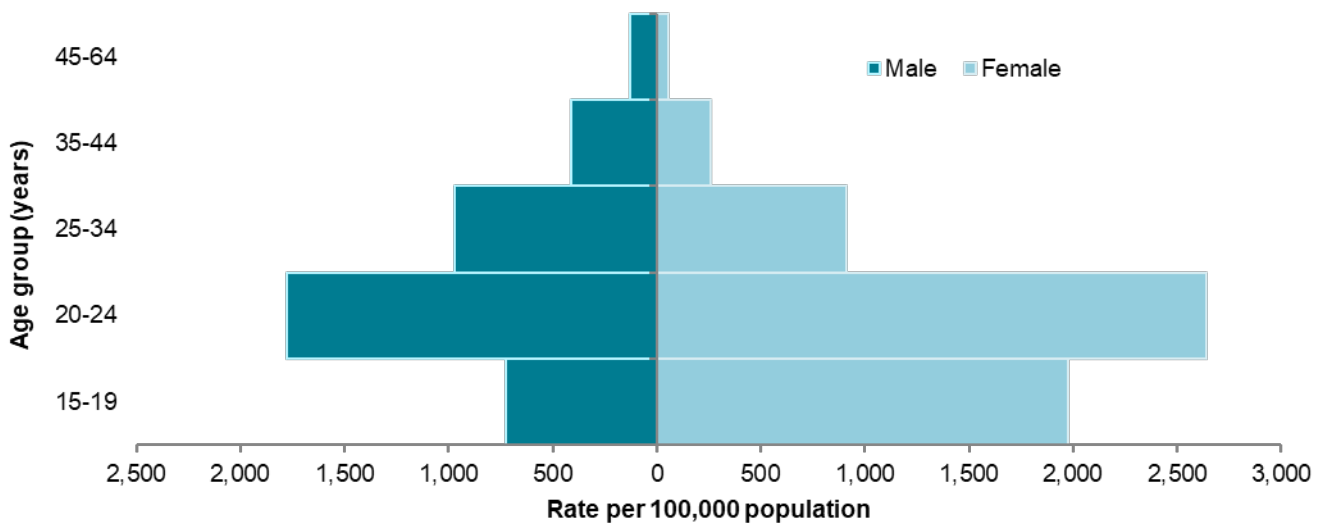
Diagnoses	2020	% change 2016 to 2020	% change 2019 to 2020
Chlamydia	13,773	-29%	-30%
Genital herpes	1,534	-48%	-47%
Genital warts	2,055	-64%	-51%

See notes for Figure 3.

Figure 4 is a bar chart showing rates of STIs by age group and gender for West Midlands residents in 2020. In both males and females, the highest rates of new STIs were seen in individuals aged 20 to 24 years. At younger ages, females have a higher rate of new STIs than males, but this changes in those over 25 years old.

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

Data sources: GUMCAD, CTAD

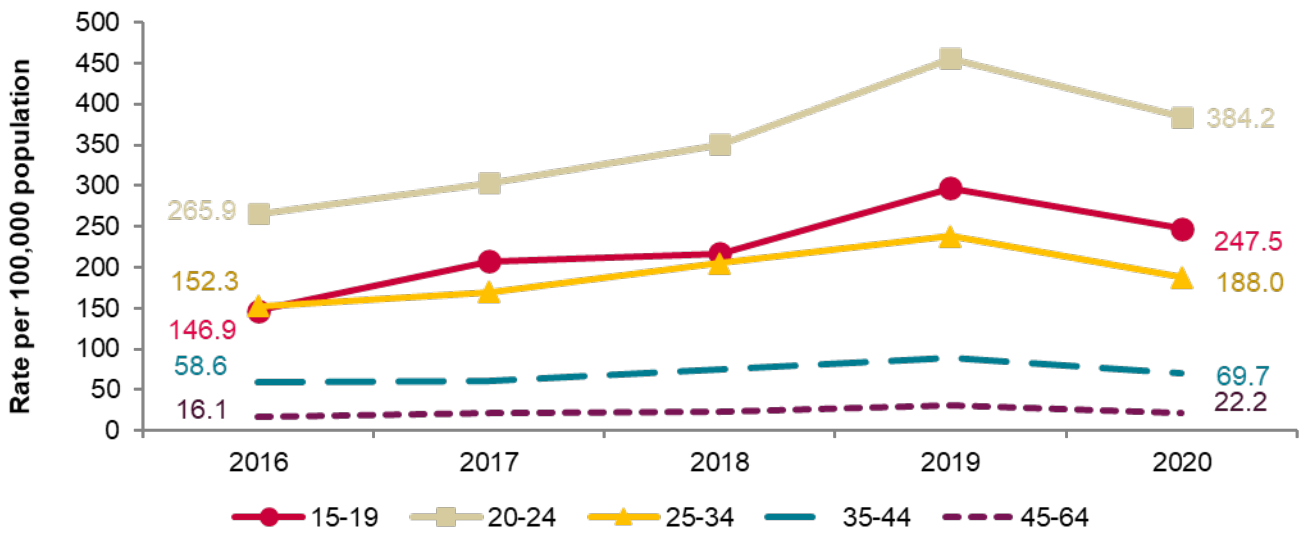


*Age-specific rates are shown for those aged 15 to 64 years only.

Figure 5 shows rates of gonorrhoea per 100,000 residents by age group in the West Midlands 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 West Midlands, 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 West Midlands. Rates in both males and females fell from 2016 to 2020, the rate of decrease being higher among females. This may be due to a moderately protective effect of HPV-16/18 vaccination.

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

Data source: GUMCAD

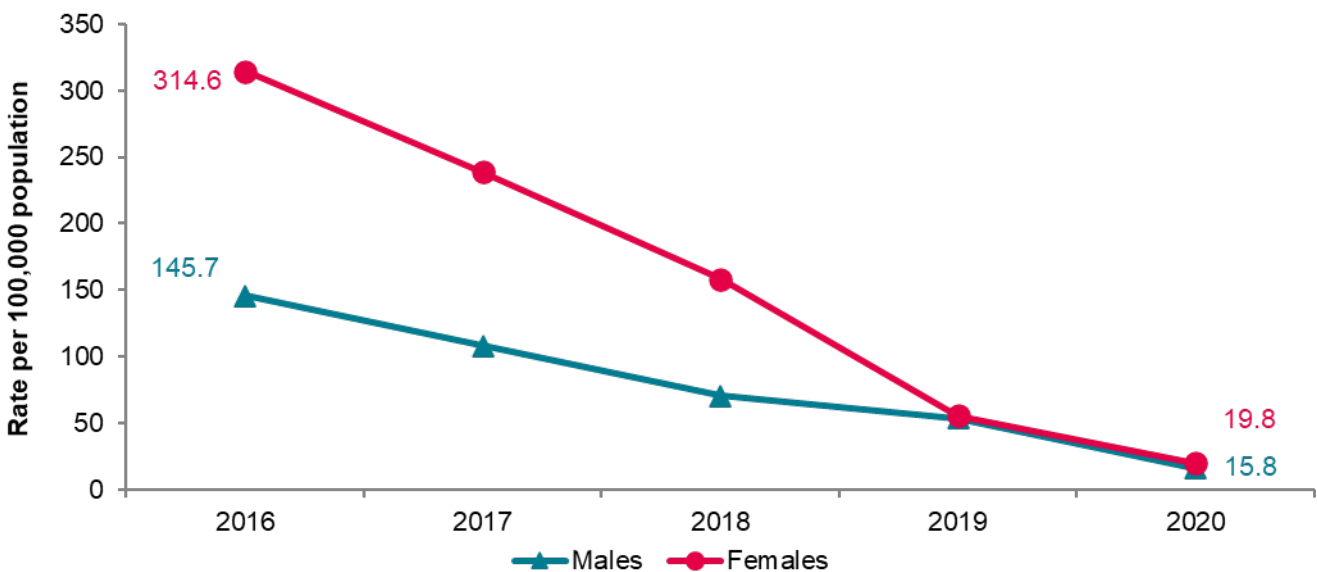


Figure 7 is a bar chart showing rates by ethnicity per 100,000 population for West Midlands residents diagnosed with a new STI in 2020. It shows that rates in Black Caribbeans and Black Africans were significantly higher than rates in White ethnic groups.

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

Data sources: GUMCAD, CTAD

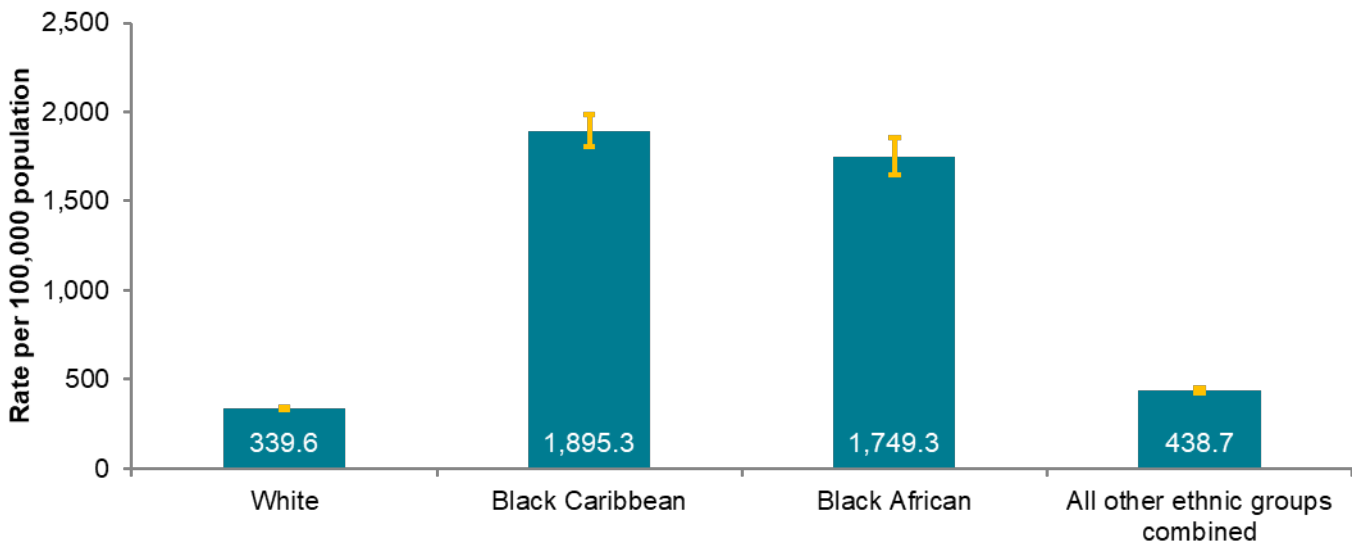


Table 2 shows that the highest numbers of STIs were in White (15,738) population groups, representing 71% of the total. Black Caribbean population groups made up 7%, Black African 5% and other BME groups 16% of the total where ethnicity was known. In 13% of cases, ethnicity was unknown.

Table 2. Proportion of West Midlands residents diagnosed with a new STI by ethnicity: 2020

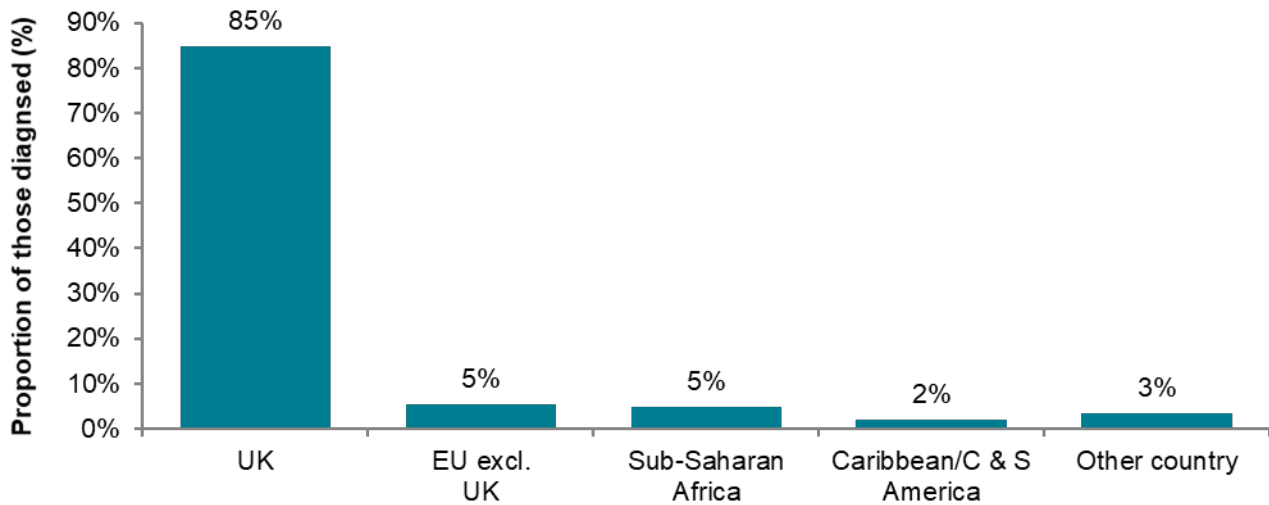
Data sources: GUMCAD, CTAD

Ethnic group	Number	Percentage excluding unknown
White	15,738	71%
Black Caribbean	1,645	7%
Black African	1,124	5%
All other ethnic groups combined	3,585	16%
Unknown	3,355	

Figure 8 is a bar chart showing proportions of West Midlands residents diagnosed with a new STI in 2020 by world region of birth. It shows that the majority of infections occurred in individuals born in the UK.

Figure 8. Proportions of West Midlands residents diagnosed with a new STI by world region of birth*: 2020

Data source: GUMCAD data only

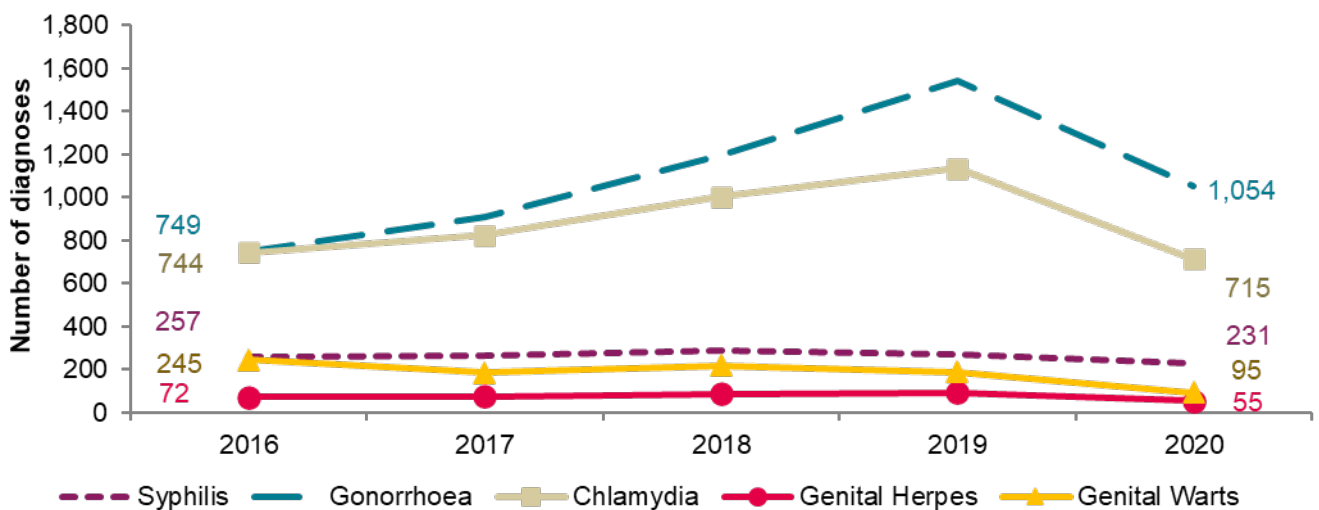


*Data on country of birth is not collected by CTAD. All information about world region of birth is based on diagnoses made in specialist and non-specialist services which report to GUMCAD.

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) West Midlands 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 also fell from 2019 to 2020. From 2016 to 2018 the number of syphilis diagnoses in MSM rose, but decreased in 2019 and 2020.

Figure 9. Diagnoses of the 5 main STIs among MSM*: West Midlands 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.

GUMCAD started in 2009. Reporting of sexual orientation is less likely to be complete for earlier years, so rises seen may be partly artefactual.

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 West Midlands 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 (41%). The number of genital warts diagnoses fell by 61% from 2016 to 2020. The number of all new STIs fell from 2019 to 2020 by 35%.

Table 3. Percentage change in new STI diagnoses in MSM*: West Midlands residents

Data sources: GUMCAD data only

Diagnoses	2020	% change 2016 to 2020	% change 2019 to 2020
New STIs	2,392	-5%	-35%
Syphilis	231	-10%	-14%
Gonorrhoea	1,054	41%	-32%
Chlamydia	715	-4%	-37%
Genital herpes	55	-24%	-41%
Genital warts	95	-61%	-50%

See notes for Figure 9 (including asterisk).

Figure 10a is a bar chart showing the rate of new STI diagnoses per 100,000 population among West Midlands residents by upper tier local authority of residence in 2020. It shows that the rate of new STIs per 100,000 by West Midlands local authority compared to the West Midlands rate (427) and England rate (562). The rates per 100,000 in local authorities ranged from 249 per 100,000 in Solihull to 662 per 100,000 in Coventry.

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

Data sources: GUMCAD, CTAD

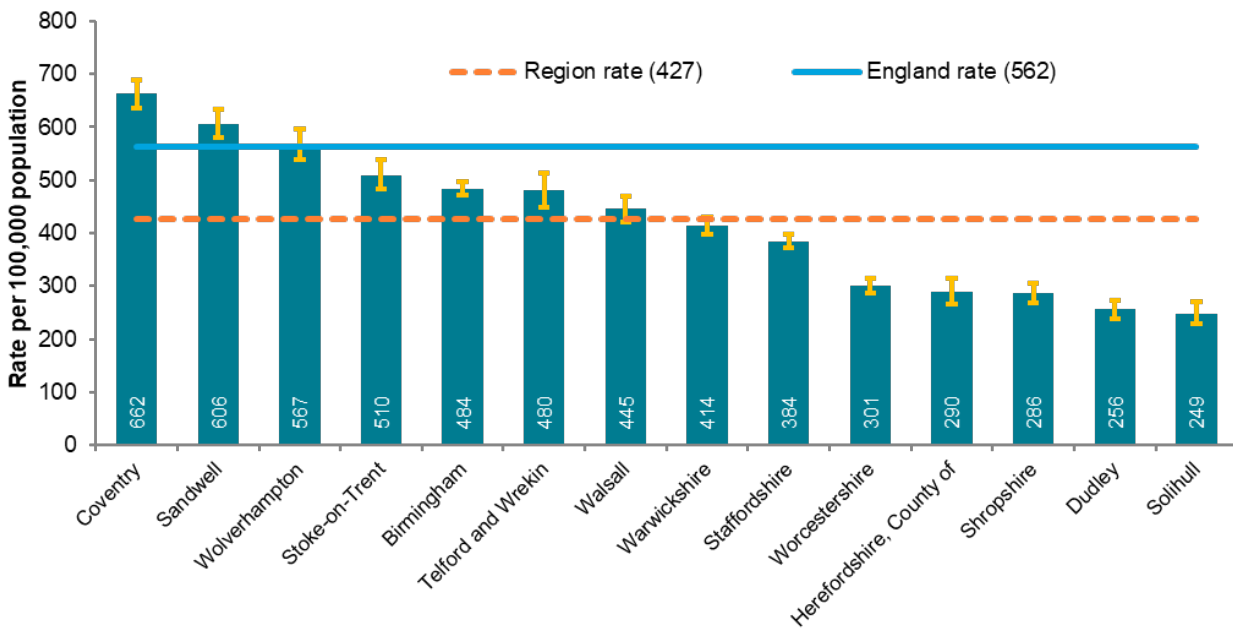


Figure 10b is a bar chart showing the rate of new STI diagnoses (excluding chlamydia diagnoses in persons aged 15 to 24 years) per 100,000 population aged 15 to 64 years among West Midlands residents by upper tier local authority of residence in 2020. It shows the rate of new STIs (excluding chlamydia in 15 to 24 year olds) by local authority compared to the rate in England (619) and the West Midlands (442) per 100,000 15 to 64 year olds. The rates in local authorities ranged from 269 per 100,000 in Solihull to 642 per 100,000 in Sandwell.

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 West Midlands residents by upper tier local authority of residence: 2020

Data sources: GUMCAD, CTAD

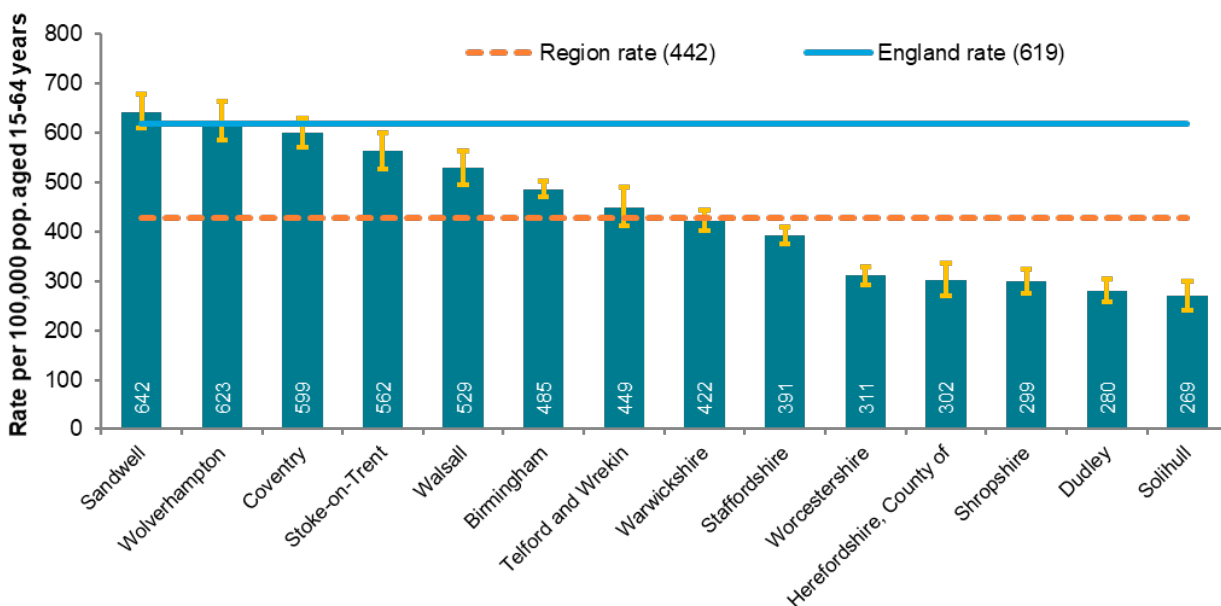


Figure 11 is a bar chart showing the chlamydia detection rate per 100,000 population aged 15 to 24 years in West Midlands residents by upper tier local authority of residence in 2020. It shows a variation in the chlamydia detection rate in young people in West Midlands local authorities from 738 per 100,000 in Dudley to 1,668 in Telford and Wrekin. All areas are below the recommended chlamydia detection rate of at least 2,300 per 100,000 among individuals aged 15 to 24 years.

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

Data sources: GUMCAD, CTAD

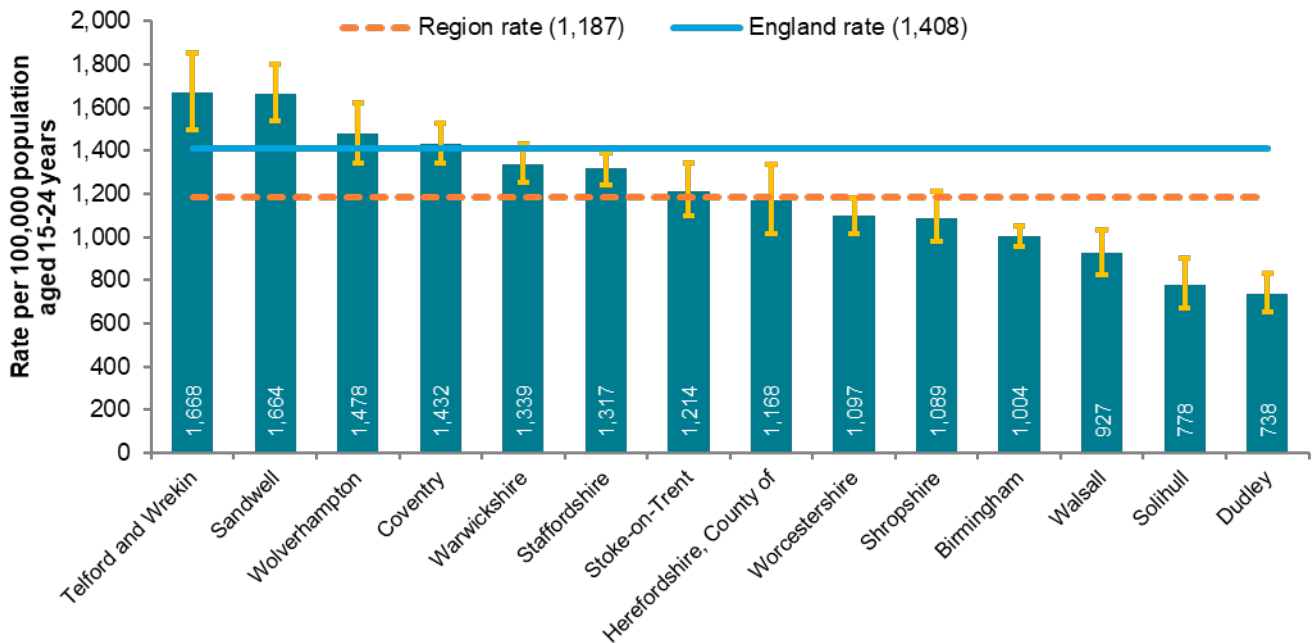


Figure 12 is a bar chart showing the rate of gonorrhoea diagnoses per 100,000 population in West Midlands residents by upper tier local authority of residence in 2020. It shows a very large variation in the rate of gonorrhoea in West Midlands local authorities from 21 per 100,000 in Herefordshire to 158 per 100,000 in Sandwell.

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

Data source: GUMCAD

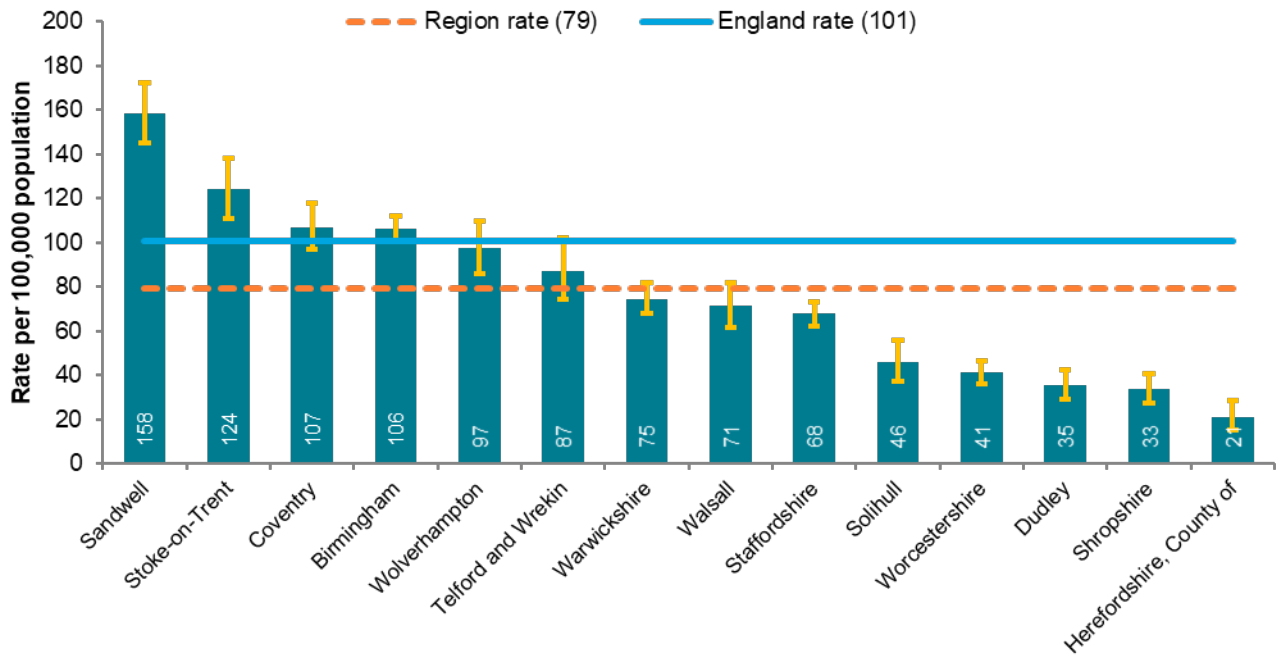


Figure 13 is a map of new STI rates per 100,000 residents by upper tier local authority in the West Midlands in 2020. In general, higher STI rates were observed in more urban areas.

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

Data sources: GUMCAD, CTAD

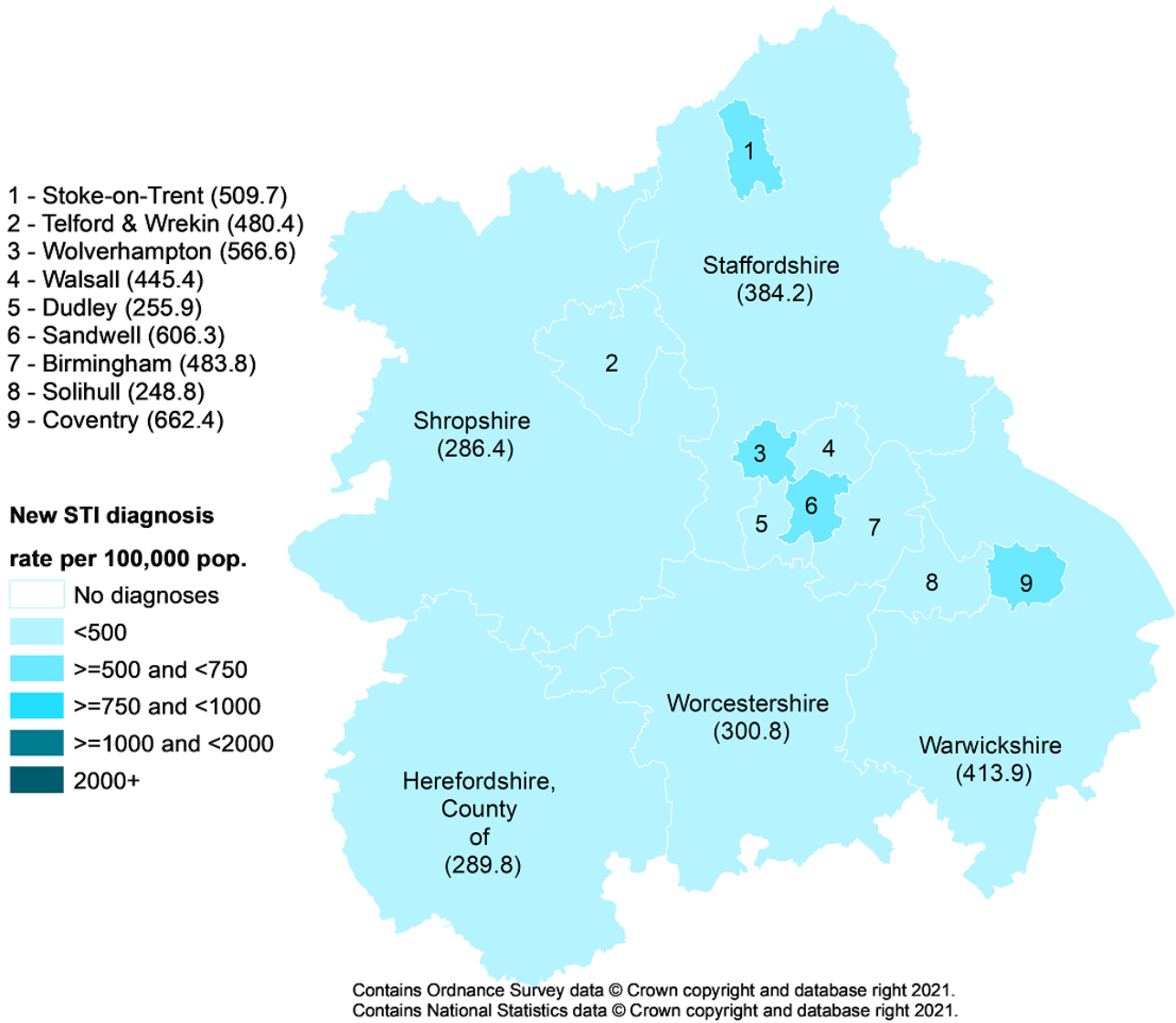


Figure 14 shows trend lines for the STI testing rate (excluding chlamydia in under 25 year olds) per 100,000 population in West Midlands and England residents aged 15 to 64 years from 2016 to 2020. After a rise in testing from 2016 to 2019 in both the West Midlands and England, the testing rate fell from 2019 to 2020. The testing rate in the West Midlands remained lower than England throughout.

Figure 14. STI testing rate (excluding chlamydia in under 25 year olds) per 100,000 population in West Midlands residents aged 15 to 64: 2016 to 2020

Data sources: GUMCAD, CTAD

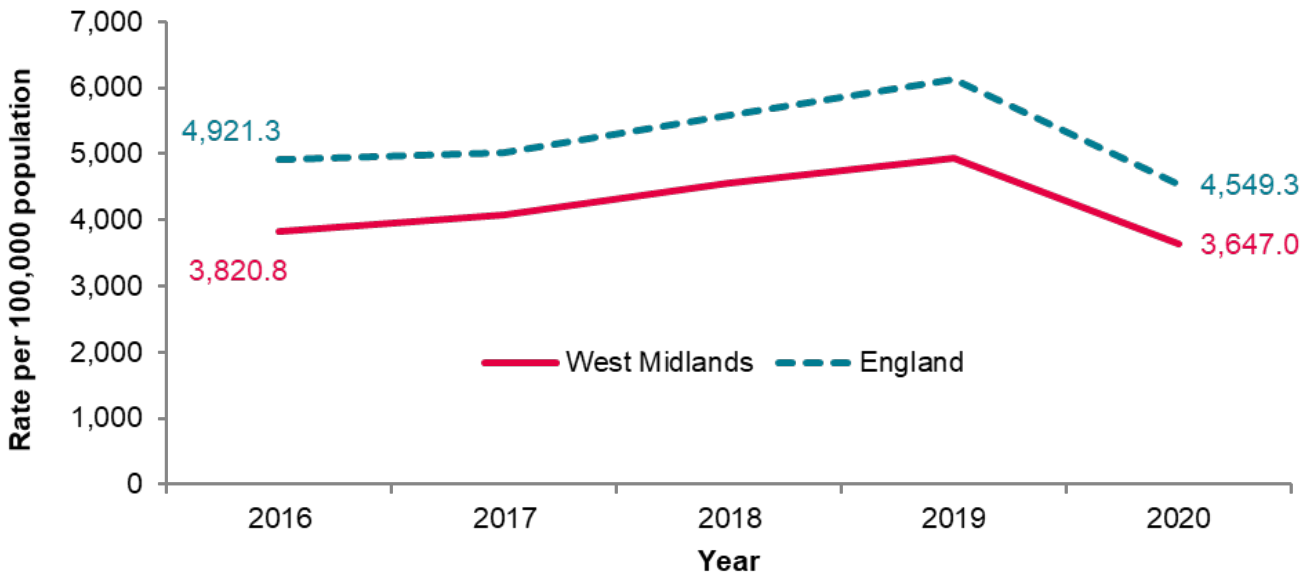
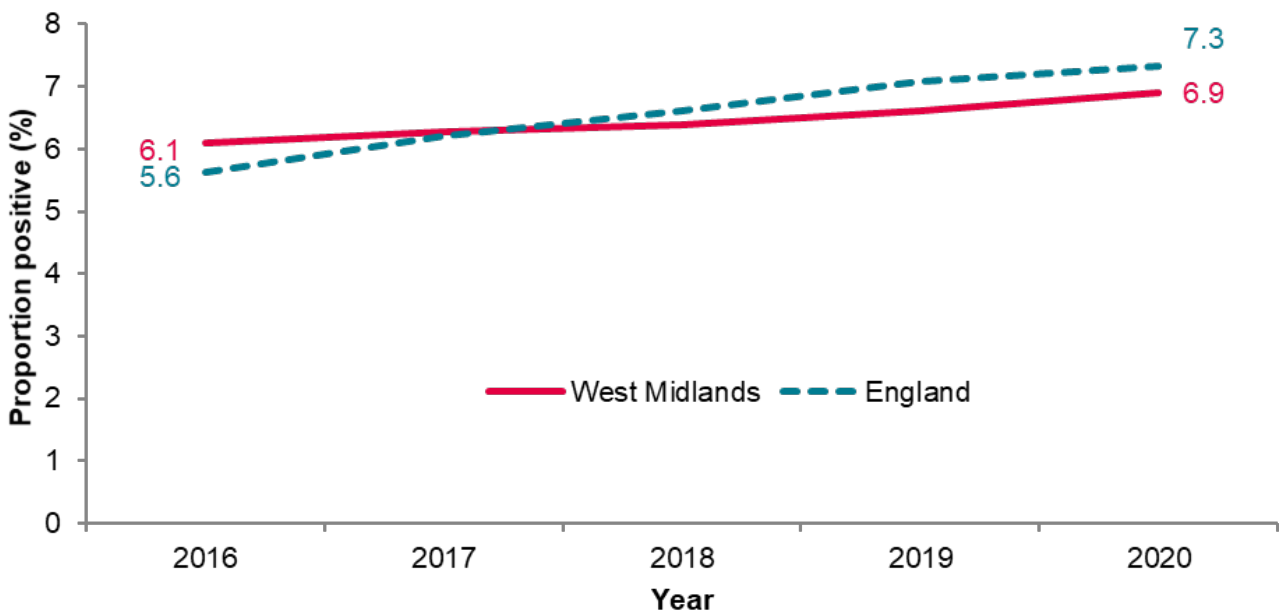


Figure 15 shows trend lines for the STI positivity rate (excluding chlamydia in under 25 year olds) in West Midlands and England residents from 2016 to 2020. It shows that West Midlands positivity was higher than England in 2016 and 2017, but lower than England from 2018 to 2020.

Figure 15. STI testing positivity rate* (excluding chlamydia in under 25 year olds) in West Midlands 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 25,447 new STIs diagnosed in the West Midlands. The highest number of STIs were diagnosed in London residents with the majority of new STIs in all areas being diagnosed in specialist SHSs.

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**	Total
	Specialist SHSs	Non-specialist SHSs*		
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
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

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

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

Data sources: GUMCAD, CTAD

Five main STIs	GUMCAD		CTAD**	Total
	Specialist SHSs	Non-specialist SHSs*		
Syphilis	362			362
Gonorrhoea	3,727	989		4,716
Chlamydia	6,724	2,695	4,354	13,773
Genital herpes	1,534			1,534
Genital warts	2,053	2		2,055

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

** 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

GUMCAD is a disaggregate reporting system which 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 are able to 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 (with the exception of 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](#).

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

Local authorities have access to HIV and STI data exchange and web portal. If they do not have access to this information, contact FSMidlands@ukhsa.gov.uk

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. The Field Service also leads and coordinates the Global Health work of UKHSA's National Infection Service working with the Global Public Health Team and will lead and coordinate the national aspects of UKHSA's port health functions.

You can contact your local FS team at FSMidlands@ukhsa.gov.uk

If you have any comments or feedback regarding this report or the Field Service, contact fsmidlands@ukhsa.gov.uk

6. Acknowledgements

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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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