Public Health England

Spotlight on sexually transmitted infections in Anglia and Essex Public Health England Centre

2013 data

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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1. Summary

Sexually transmitted infections (STIs) represent an important public health problem in Anglia and Essex. Out of all the Public Health England centres it has the lowest rate of new STIs in England.

Over 25,700 new STIs were diagnosed in Anglia and Essex residents in 2013, representing a rate of 621 diagnoses per 100,000 adults. Rates ranged by local authority from 559 new STI diagnoses per 100,000 population in Suffolk to 847 new STI diagnoses per 100,000 population in Peterborough.

The number of new STIs diagnosed in Anglia and Essex residents fell by 1% between 2012 and 2013.

PHE recommends that local areas should be working towards achieving a chlamydia diagnosis rate of at least 2,300 per 100,000 in the 15 to 24 year old age group and this is now an indicator in the Public Health Outcome Framework. In 2013 the chlamydia diagnosis rate for the 15 to 24 year old age group was 1,645 per 100,000 residents.

Men and women have similar rates of new STIs (643 and 598 per 100,000 residents respectively). Where gender and sexual orientation are known, men who have sex with men account for 6% of Anglia and Essex residents diagnosed with a new STI in a GUM clinic (68% of those diagnosed with syphilis and 32% of those diagnosed with gonorrhoea).

STIs disproportionately affect young people. Anglia and Essex residents aged between 15 and 24 years accounted for 57% of all new STI diagnoses in 2013.

Nationally, black ethnic groups have the highest rates of new STIs, although white ethnic groups contribute the highest numbers.
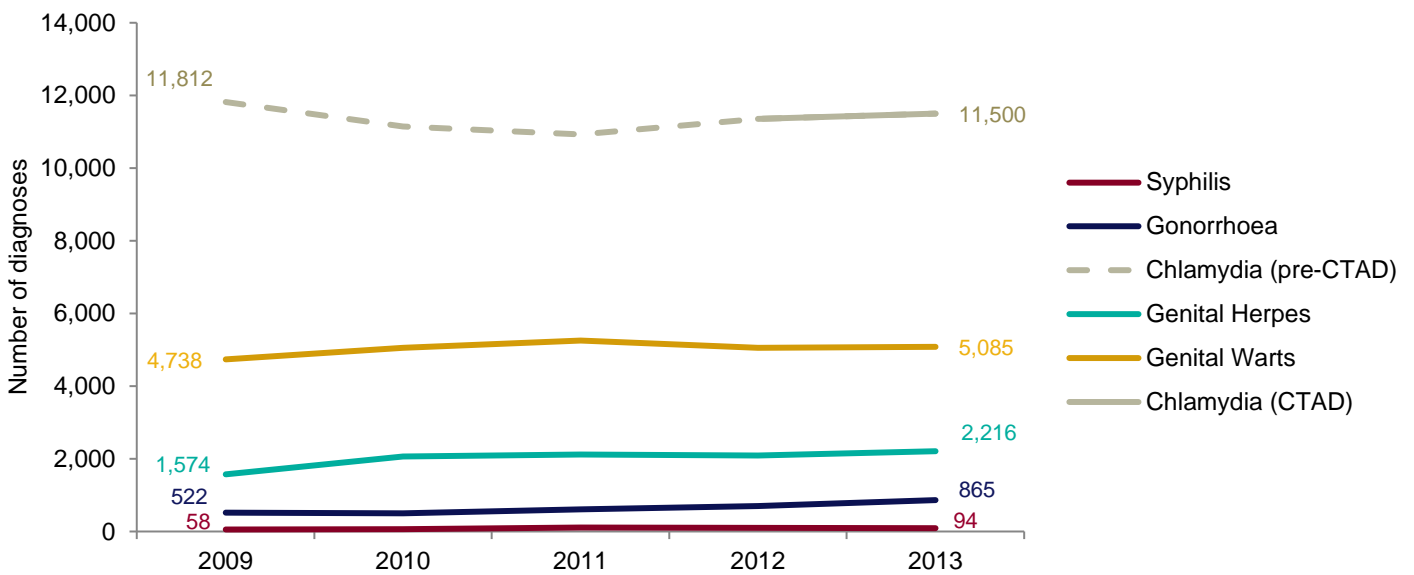
2. Charts, tables, maps

Figure 1: New STI diagnoses by public health centre (PHEC) of residence: England 2013.

Data source: GUMCAD and CTAD
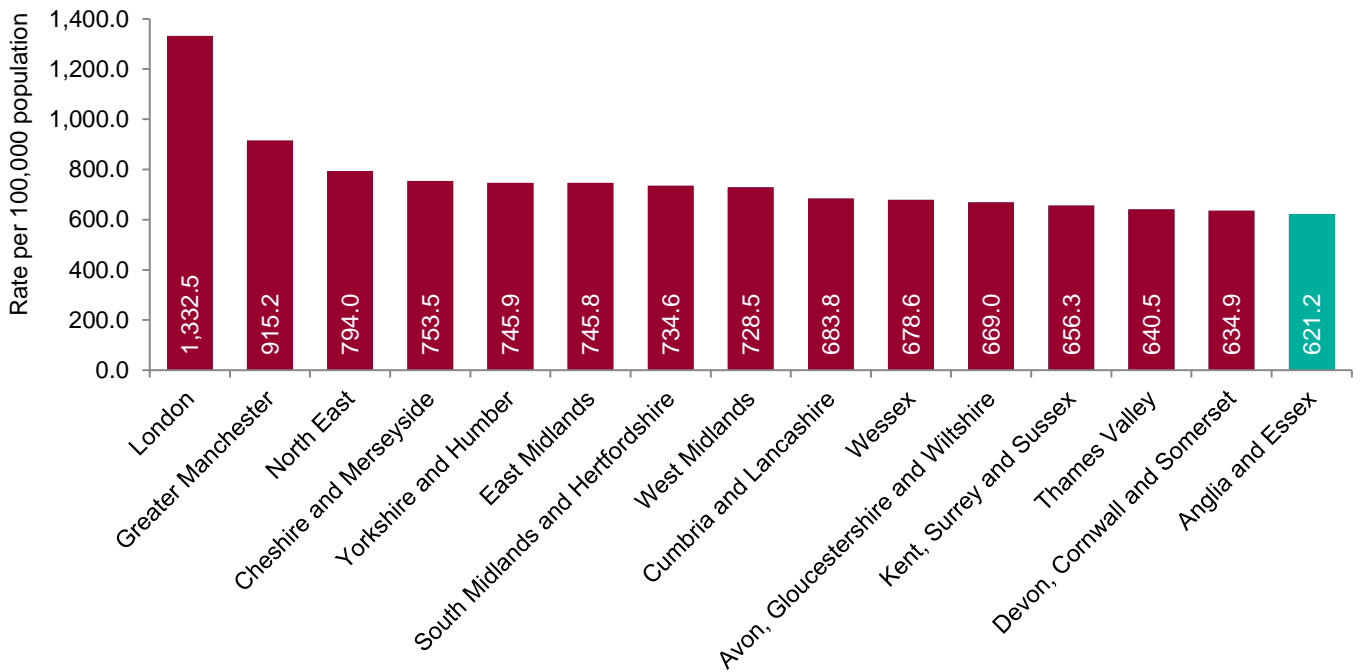
Figure 2: Diagnoses of the five main STIs: Anglia and Essex, 2009-2013

Data sources: GUMCAD, CTAD, NCSP and laboratory chlamydia data

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.
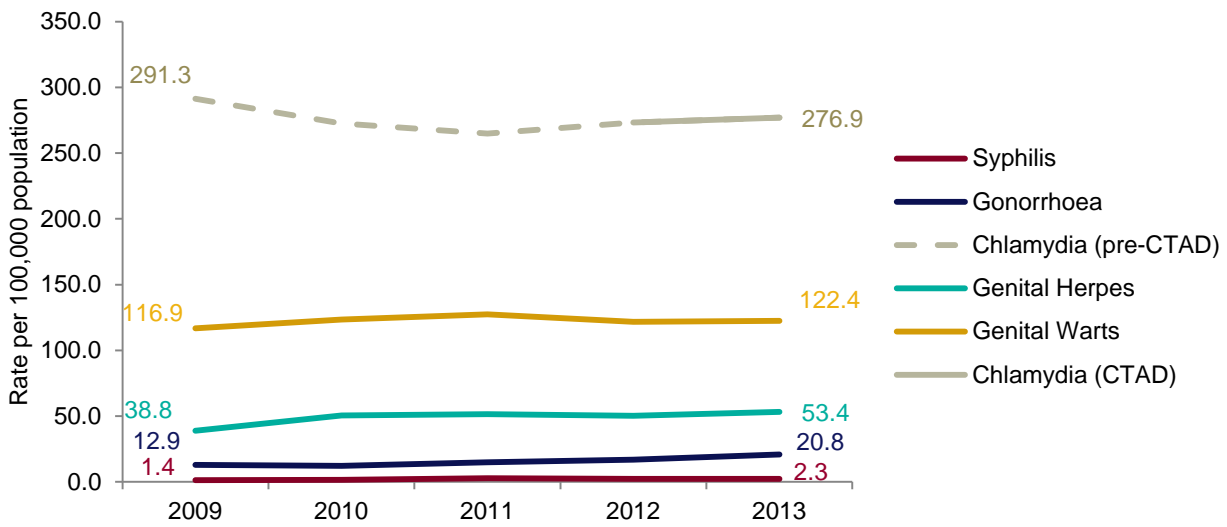Any decrease in genital warts diagnoses may be due to a moderately protective effect of HPV-16/18 vaccination.
Any increase in genital herpes diagnoses may be due to the use of more sensitive NAATs.
Increases or decreases may also reflect changing testing practices.
Due to changes in the surveillance of chlamydia in 2012 comparisons to previous years are not robust.

Figure 3: Diagnosis rates of the five main STIs: Anglia and Essex, 2009-2013.
Data sources: GUMCAD, CTAD, NCSP and laboratory chlamydia data

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.
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Increases or decreases may also reflect changing testing practices.
Due to changes to the surveillance of chlamydia in 2012, comparisons to previous years are not robust.

Table 1: Percentage change in new STI diagnoses: Anglia and Essex.
Data sources: GUMCAD, CTAD, NCSP and laboratory chlamydia data

| Diagnoses	2013	% change 2009-2013	% change 2012-2013
New STIs	25,798	-	-1%
Syphilis	94	62%	-6%
Gonorrhoea	865	66%	23%
Chlamydia	11,500	-	1%
Genital Herpes	2,216	41%	6%
Genital Warts	5,085	7%	1%

Figure 4: Rate of new STIs per 100,000 residents by age group in Anglia and Essex, 2013.
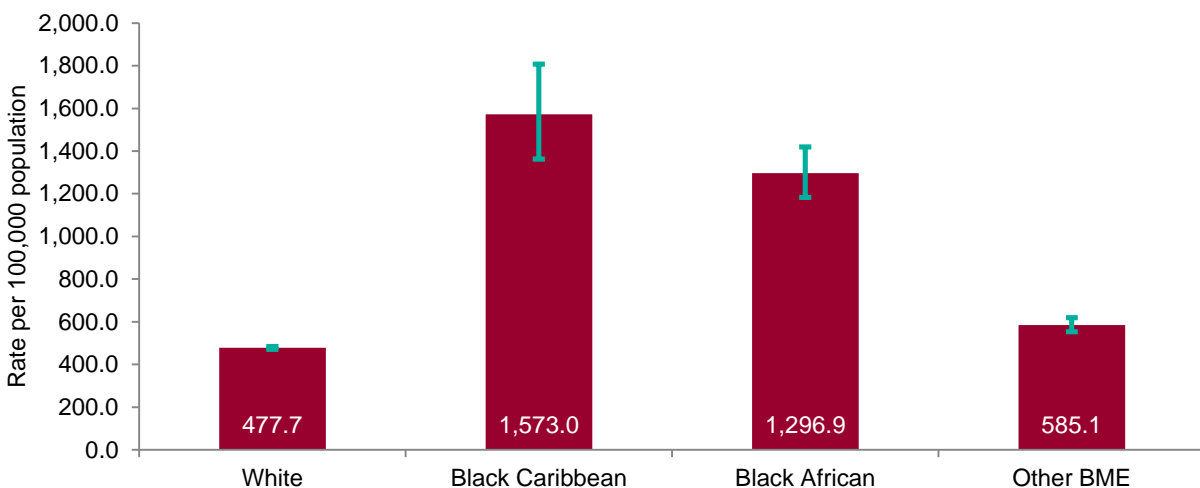Data sources: GUMCAD and CTAD
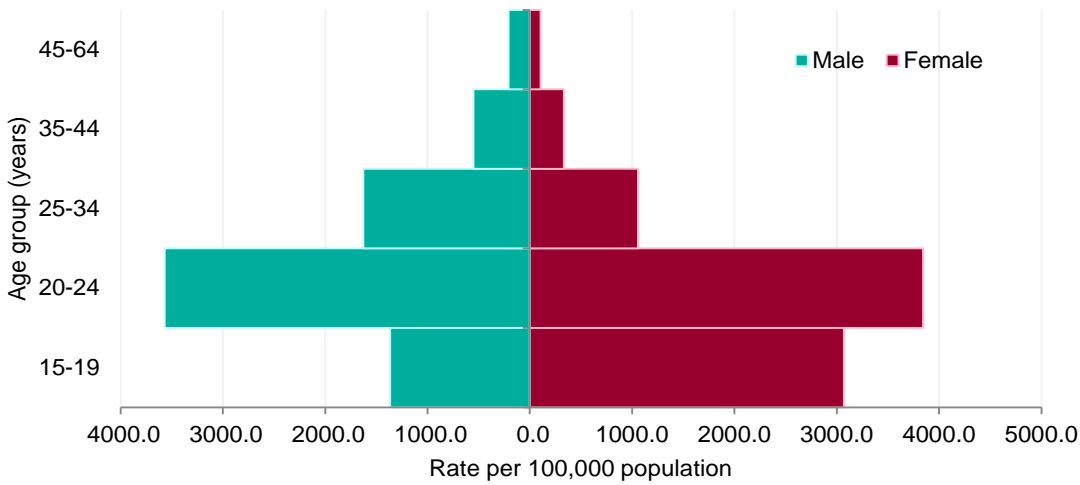
Figure 5a: Ethnicity of Anglia and Essex residents diagnosed with a new STI: 2013.
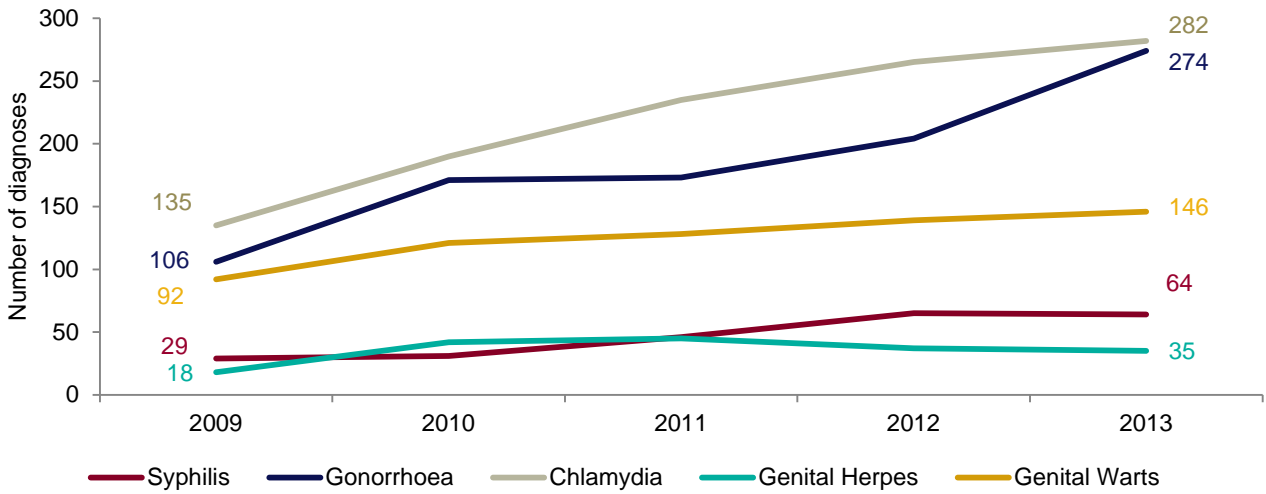Data sources: GUMCAD and CTAD
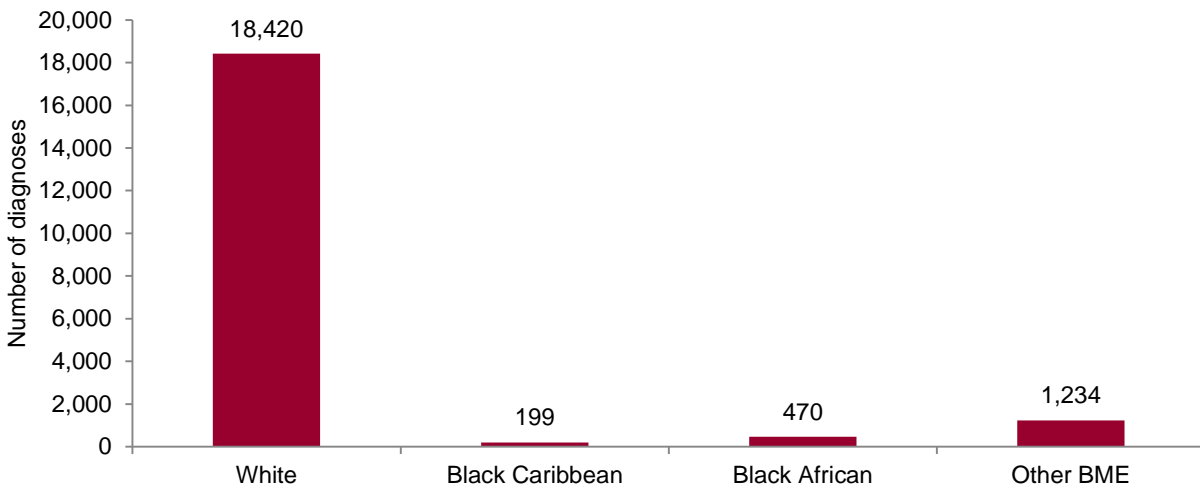
Figure 5b: Rates by ethnicity for Anglia and Essex residents diagnosed with a new STI: 2013
Data sources: GUMCAD and CTAD

Figure 6: Diagnoses of the five main STIs among MSM in GUM clinics: Anglia and Essex, 2009-2013.
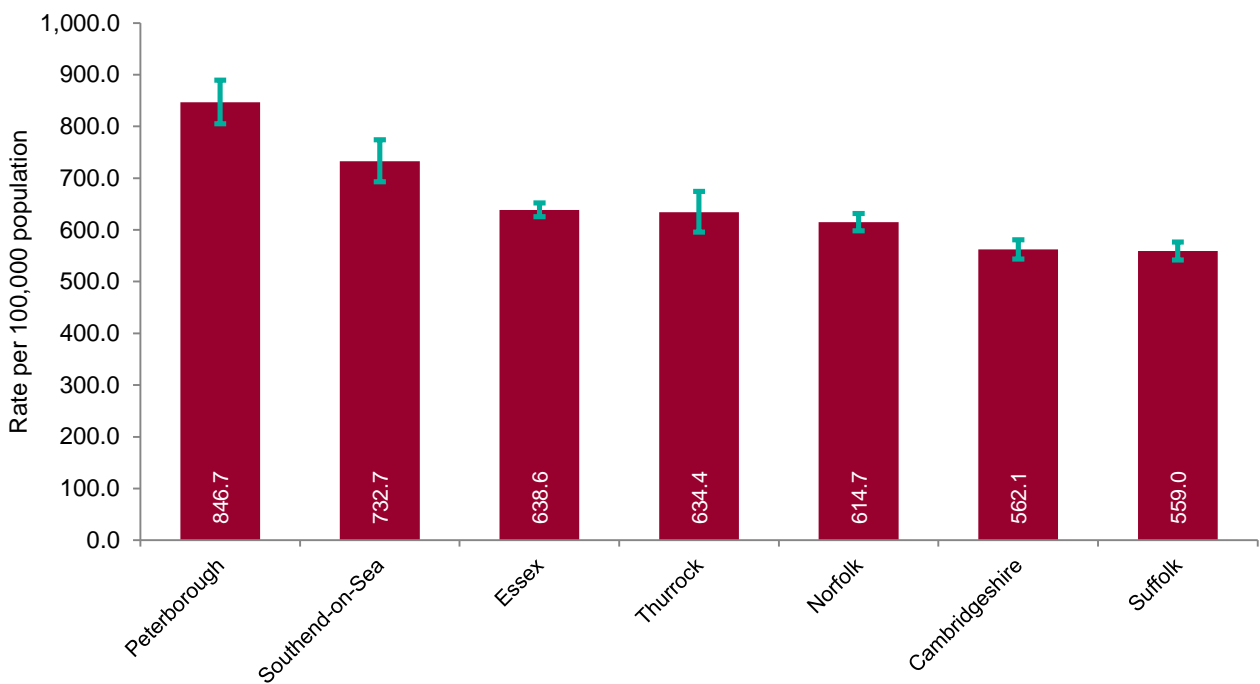Data source: GUMCAD

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 warts 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.

Figure 7: Rate of new STI diagnoses per 100,000 population among Anglia and Essex residents by upper tier local authority of residence 2013.
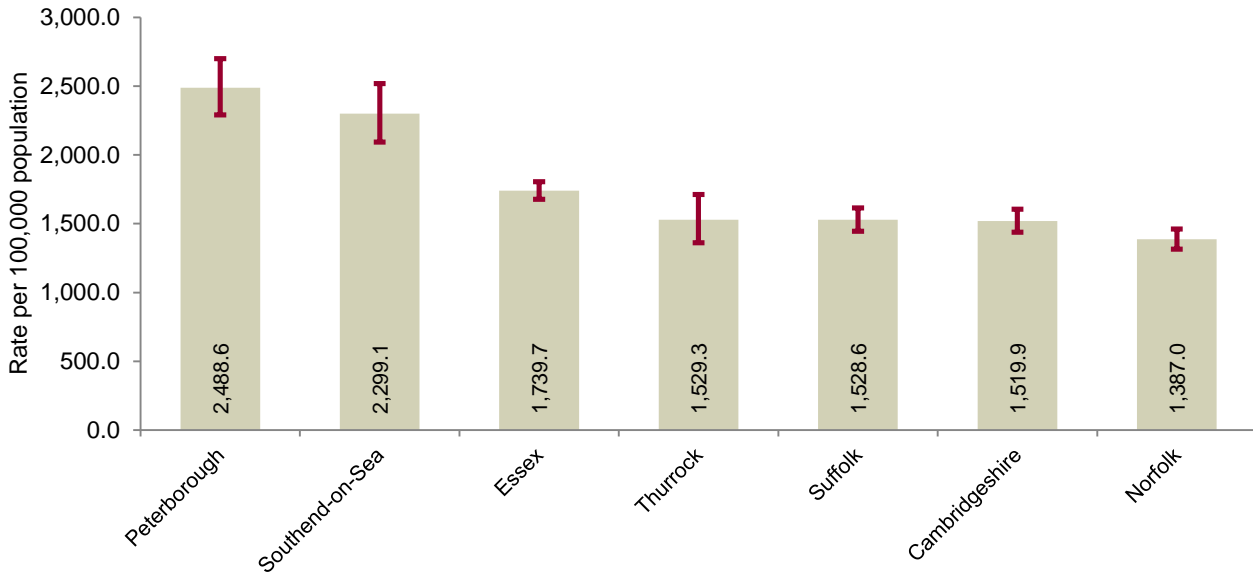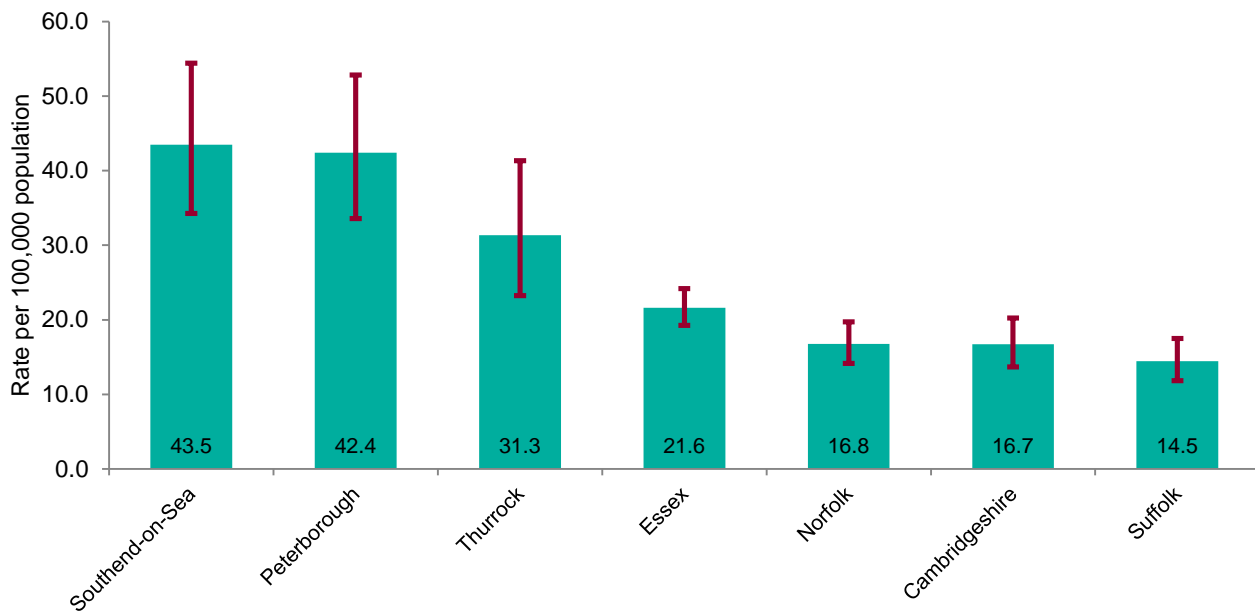Data sources: GUMCAD and CTAD

Figure 8: Rate of chlamydia diagnoses per 100,000 population aged 15-24 years in Anglia and Essex by upper tier local authority of residence: 2013.
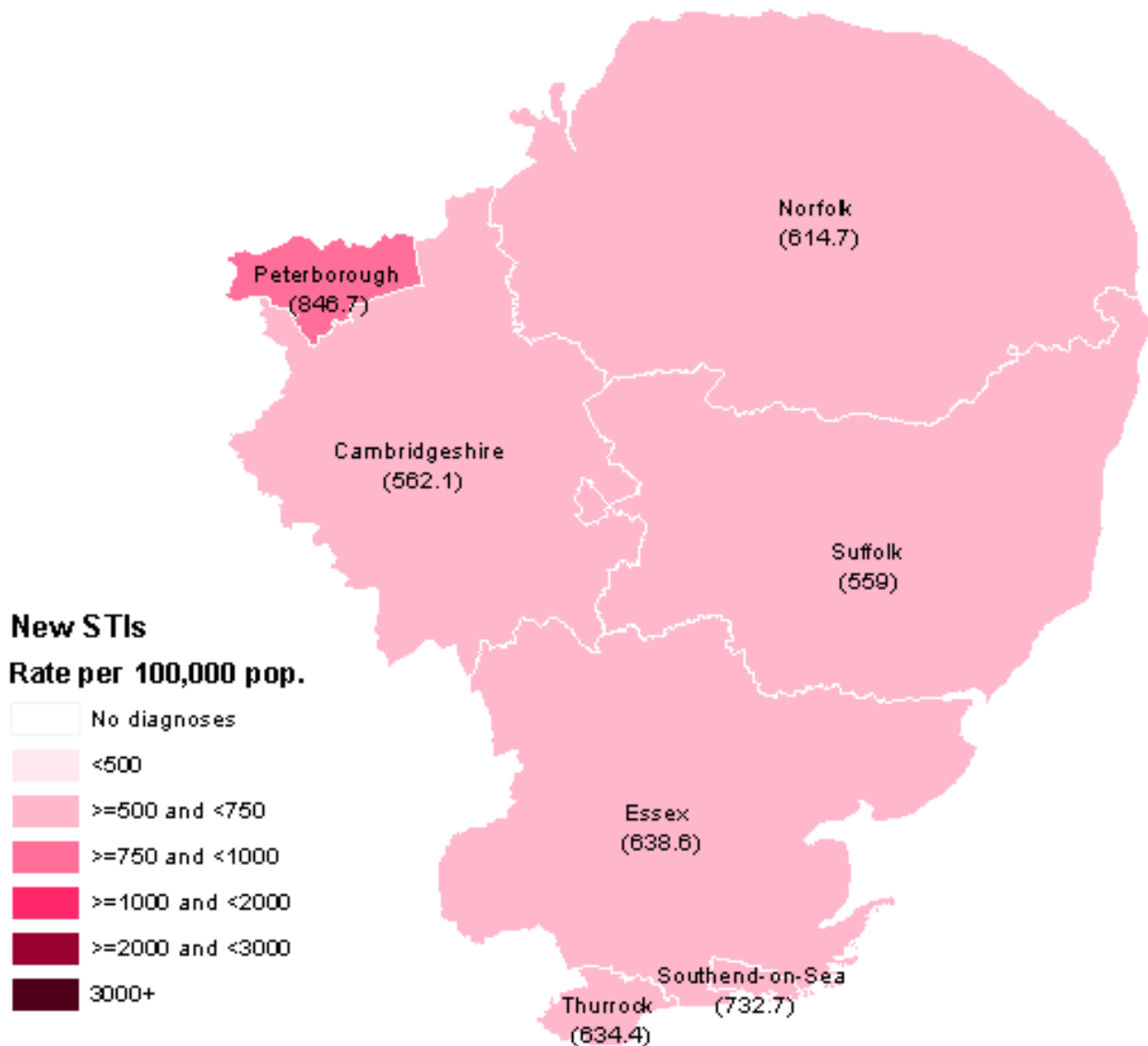Data sources: GUMCAD and CTAD

Figure 9: Rate of gonorrhoea diagnoses per 100,000 population in Anglia and Essex by upper tier local authority of residence: 2013.
Data source: GUMCAD

Figure 10: Map of new STI rates per 100,000 residents by upper tier local authority in Anglia and Essex 2013.

Data source: GUMCAD & CTAD

3. Information on data sources

Genitourinary Medicine Clinic Activity Dataset (GUMCAD)

This disaggregate reporting system collects information about attendances and diagnoses at genitourinary (GUM) clinics. Patients can be de-duplicated within a clinic but not between clinics. 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. The data extract used was provided in May 2014.

Chlamydia Testing Activity Dataset (CTAD)

The Chlamydia Testing Activity Dataset (CTAD) is a universal disaggregate dataset for the collection of data on all NHS and LA/NHS-commissioned chlamydia testing carried out in England. The CTAD dataset 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 population screening coverage, proportion of all tests that are positive and diagnosis rates. Date of data extract eg May 2014.

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 & epididymitis (presented in gonorrhoea total), scabies, Pediculosis pubis, syphilis (primary, secondary & early latent), trichomoniasis and genital warts (first episode).

Calculations

Confidence Intervals were calculated using Byar's method.
ONE mid-year estimates for 2012 were used as a denominator for rates for 2013.

4. Further information

Please access the online Sexual and Reproductive Health Profiles for further information: http://fingertips.phe.org.uk/profile/sexualhealth

For more information on local sexual health data sources please access the guide: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317141016664

Local authorities have access to LA STI epidemiology reports (LASERs) and the HIV and STI portal. They should contact lynsey.emmett@phe.gov.uk if they do not have access to this information.

5. Acknowledgements

We would like to thank the following:

- local sexual health clinics for supplying the GUM clinic data
- local laboratories for supplying the CTAD data
- PHE Centre for Infectious Disease Surveillance and Control (CIDSC) HIV and STI surveillance teams for collection, analysis and distribution of data