



Ministry
of Defence

Defence Statistics Health
Ministry of Defence
Oak 0 West (#6028)
Abbey Wood North
Bristol BS34 8JH
United Kingdom

Telephone: +44 (0)30679 84423
E-mail: Analysis-Health-PQ-FOI@mod.gov.uk

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20 October 2021

Dear [REDACTED],

Thank you for your emails of 24 September 2021 requesting the following information:

1. "The number of UK armed forces personnel who have had a diagnostic read code entered into their electronic health record for a sexually transmitted infection in 2020 and 2021 (to date). Please break down by service and infection and infection type and by year."
2. "The number of UK armed forces personnel who have had a diagnostic read code entered into their electronic health record for alcohol abuse/ addiction/ dependency in 2019, 2020 and 2021 (to date). Please break down by service and by year."

I am treating your correspondence as a request for information under the Freedom of Information Act 2000.

A search for the information has now been completed within the Ministry of Defence, and I can confirm that all the information in scope of your request is held. Some of the information falls within the scope of the absolute exemption provided for at section 40 (personnel data) of the FOI Act and has been withheld.

Section 40(2) has been applied to some of the information to protect personal information as governed by the Data Protection Act 2018 and GDPR. In line with JSP200 Statistics Disclosure Guidance, numbers fewer than five have been suppressed to reduce the possible inadvertent disclosure of individual identities; secondary suppression has been applied so numbers cannot be derived. Section 40 is an absolute exemption and there is therefore no requirement to consider the public interest in making a decision to withhold the information.

Between 1 January 2020 and 26 September 2021, **2,720** UK armed forces personnel had at least one Read code for a sexually transmitted infection (STI) entered onto their electronic medical record (**Table 1**).

Table 1: UK armed forces personnel¹ with a sexually transmitted infection by service and year, numbers²

1 January 2020 to 26 September 2021

	All	2020	2021
All	2,720	1,702	1,283
Royal Navy³	631	392	288
Army	1,580	985	757
RAF	510	326	238

Source: DMICP and JPA

¹ Includes trained and untrained, regular and reservist personnel.

² Personnel were counted once per service but only once in the total. E.g. if someone had a Read code entered while in the Royal Navy and another while in the Army, they were counted once in Royal Navy and once in Army but only once in the total.

³ Royal Navy includes Royal Navy and Royal Marines personnel.

Table 2 displays the numbers of personnel with at least one Read code for an STI entered in their electronic medical record between 1 January 2020 and 26 September 2021. This information is presented by year, service and infection.

Table 2: UK armed forces personnel¹, with a sexually transmitted infection read code by year, service and infection, numbers^{2,3}

1 January 2020 to 26 September 2021

	All	2020			2021		
		Royal Navy ⁴	Army	RAF	Royal Navy ⁴	Army	RAF
All	2,720	392	985	326	288	757	238
Chlamydia	862	130	343	77	66	217	54
Genital Herpes	549	70	193	81	74	164	63
Genital Warts	427	64	147	43	48	117	34
Gonorrhoea	47	~	25	0	~	15	~
Hepatitis	72	6	44	~	~	41	~
HIV	75	10	40	7	10	43	8
Mycoplasma Genitalium	5	~	~	0	0	~	~
Pediculosis Pubis	~	~	~	0	~	0	0
PID and epididymitis	739	113	212	118	82	168	75
Syphilis	28	~	15	~	~	7	~
Trichomonas	6	0	~	~	~	~	~
Unspecified STD	~	0	~	0	0	0	0

Source: DMICP and JPA

¹ Includes trained and untrained, regular and reservist personnel.

² Personnel were counted once per infection and once overall; thus, the sum of each infection does not equal the total personnel with a Read code for an STI this applies to the overall total and to the totals for each service within each year. E.g. if someone had Chlamydia, Gonorrhoea and Hepatitis they would be counted once each for Chlamydia, Gonorrhoea and Hepatitis but only once in the total number of personnel with a Read code for a sexually transmitted infection.

³ In line with JSP 200, the suppression methodology has been applied to ensure individuals are not inadvertently identified dependent on the risk of disclosure. Numbers fewer than five have been suppressed and presented as '~'.

⁴ Royal Navy includes Royal Navy and Royal Marines.

Between 1 January 2019 and 26 September 2021, **2,053** UK armed forces personnel had at least one Read code for alcohol misuse, addiction, or dependency entered onto their electronic medical record (**Table 3**).

Table 3: UK armed forces personnel¹ with a Read code for alcohol misuse, addiction or dependency by service and year, numbers²

1 January 2019 to 26 September 2021

	All	2019	2020	2021
All	2,053	1,048	884	699
Royal Navy³	502	270	227	175
Army	1,285	641	542	435
RAF	267	137	115	89

Source: DMICP and JPA

¹ Includes trained and untrained, regular and reservist personnel.

² Personnel were counted once per service but only once in the total. E.g. if someone had an alcohol misuse Read code entered while in the Royal Navy and another while in the Army, they were counted once in Royal Navy and once in Army but only once in the total.

³ Royal Navy includes Royal Navy and Royal Marines personnel.

Under section 16 of the Act (Advice and Assistance), you may find it useful to note the following:

Personnel include all UK armed forces regular and reservist, trained and untrained personnel. This does not include entitled or non-entitled civilians, foreign service or non-UK military. This response relates to all personnel who had a DMICP record and served in the date ranges indicated, and is not limited to the currently serving population.

Reservist personnel have been included. However, please note that the majority of reservist personnel receive their primary medical care from the NHS. Any personnel who were seen only by the NHS were not included in the number of personnel with a Read code entered into their military medical record.

As within wider society, there is no quick fix to reduce alcohol misuse in the armed forces. We provide a package of measures to educate personnel on the dangers of alcohol misuse to help them make informed decisions and have introduced extensive policy and guidance for Commanders.

It is defence policy that service personnel can choose to attend NHS and private sexual health clinics. Therefore, STI figures may not represent all personnel who have had an STI within the time periods.

Information was derived from the Defence Medical Information Capability Programme (DMICP). DMICP has a centralised data warehouse of Read coded information. It is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers from which searches can be run.

Please see **Annex A** for a list of the Read codes that have been searched for alcohol misuse and STIs.

Please note, Read codes for alcohol misuse cover a variety of issues which range in severity, from inebriety to alcoholism. Not all the personnel in the tables above fall into the severe categories; some are cases of intoxication.

The conditions for inclusion of STI Read codes were identified from the Sexual Health and HIV Activity Property Type (SHHAPT) coding. This is the way in which Public Health England have directed that sexual health and HIV activity be recorded both within sexual health clinics and within Defence Primary Healthcare.

For some of the conditions searched for, sexual transmission is not the only route of transmission, therefore these figures may overestimate the number of personnel with an STI.

Please note that if information was entered as free text in the patient record then it is not available in the DMICP data warehouse and was not retrieved using the search for Read codes.

DMICP is a live data source and is subject to change. Date of extract 28 September 2021.

Joint Personnel Administration (JPA) is the most accurate source for demographic information for UK armed forces personnel and was used to gather information on a person's service.

If you have any queries regarding the content of this letter, please contact this office in the first instance.

Would you like to be added to our contact list, so that we can inform you about updates to statistics and consult you if we are thinking of making changes? You can subscribe to updates by emailing Analysis-Health-PQ-FOI@mod.gov.uk

If you wish to complain about the handling of your request, or the content of this response, you can request an independent internal review by contacting the Information Rights Compliance team, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.gov.uk). Please note that any request for an internal review should be made within 40 working days of the date of this response.

If you remain dissatisfied following an internal review, you may raise your complaint directly to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not normally investigate your case until the MOD internal review process has been completed. The Information Commissioner can be

contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website at <https://ico.org.uk/>.

Yours sincerely,

Defence Statistics Health