GIG CYMRU NHS WALES

Iechyd Cyhoeddus Cymru
Public Health Wales

Sexual Health in Wales:

Sexually Transmitted Infections, Emergency and Long-acting Reversible Contraception provision and Termination of Pregnancy

Annual report 2023

(Data to end of 2022)

About Public Health Wales

Public Health Wales exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales. We work locally, nationally and internationally, with our partners and communities.

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Acknowledgements:

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Report prepared by the BBV, STI, TB and Inequalities specialist subject group, Public Health Wales Communicable Disease Surveillance Centre.

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Contents

Tables

Figures

Glossary of Abbreviations

ANC	Antenatal care
ABUHB	Aneurin Bevan University Health Board
BCUHB	Betsi Cadwaladr University Health Board
BPAS	British Pregnancy Advisory Service
CTMUHB	Cwm Taf Morgannwg University Health Board
CVUHB	Cardiff and Vale University Health Board
GP	General Practice
HIV	Human immunodeficiency virus
IUD	Intrauterine device
IUS	Intrauterine system
LARC	Long-acting reversible contraception
MSM	Men who have sex with men
PTB	Powys Teaching Health Board
SBUHB	Swansea Bay University Health Board
STI	Sexually transmitted infection
SHC	Sexual health clinic
SWS	Sexual Health in Wales Surveillance Scheme
ToP	Termination of Pregnancy

1. Executive summary

1.1 Purpose

This report provides an epidemiological overview of key sexual health infections and interventions, including sexually transmitted infections (STIs), emergency and long-acting reversible contraception (LARC) provision and termination of pregnancy in Wales up to the end of 2022. The report is aimed at policy makers, health service clinicians and planners, commissioners, criminal justice and third sector agencies and academia. This report is published alongside the BBV in Wales, 2023 annual report (LINK)

1.2 Key findings and trends

As recognised in the Sexual Health Service Review in 2018[1], recurrent data quality issues exist in relation to underreporting of testing and diagnosis data generated by sexual health clinics (SHC) (see Section 2 – Sexually transmitted infections in Wales Surveillance Scheme (SWS)). Whilst this is being addressed through forthcoming implementation of the 'All-Wales sexual health case management, surveillance and reporting system' the SWS data reported herein may be subject to revision in future annual reports.

1.2.1 STIs and HIV

- Introduction of the post and test scheme has substantially increased the number of STI tests undertaken, particularly amongst younger people aged 15-24 and 25-34, and thereby increasing the sensitivity of STI surveillance in Wales

- Covid pandemic restrictions and the introduction of the post and test scheme have resulted in a marked decrease in Sexual Health Clinic (SHC) attendances in since 2020. As such, recent incidence data should be interpreted with caution

- When combining testing data across all locations for the four main STIs (Chlamydia, Gonorrhoea, Syphilis and HIV), testing was at a 10-year high, primarily driven by the implementation of STI/BBV postal testing in Wales

- The number of diagnoses of chlamydia and gonorrhoea were also at a 10-year high in 2022:
    - 9,215 chlamydia diagnoses in 2022, an increase of 22% on the previous year. The majority of cases were female and in the 15-24 age group.
    - 4,126 gonorrhoea diagnoses in 2022, a 127% increase compared to 2021. The majority of cases were male and in the 15-24 age group.

[1] A-Review-of-Sexual-Health-in-Wales-Final-Report.pdf (phwwhocc.co.uk)

- There were 417 diagnoses of syphilis in 2022, a 14% increase compared to 2021. However, cases of syphilis peaked in 2019, with 433 cases.

- A total of 60 new diagnoses of HIV amongst Welsh residents were reported in 2021, representing a 56.5% reduction over the last decade.

- Cases of 1st episode genital herpes increased by 18% (1,142 cases) compared to 2021. However, annual reported cases remain fewer than the 1,554 cases reported in 2018. Higher rates per 100,000 population are diagnosed among females in the 15-24 and 25-34 age groups

- Diagnoses of 1st episode genital warts continues to decline with 1,003 cases in 2022, a 69.5% reduction over the last decade.

- Chlamydia, genital herpes, and genital warts are more common in heterosexual men than gay and bisexual men. Gonorrhoea and syphilis are more common in gay and bisexual men than heterosexual men

- **Reinfections**: Analysis of sexual health clinic data 2019-2021 indicates an overall reinfection rate for chlamydia, syphilis and gonorrhoea of 10%. The majority of reinfections are recorded in SHCs within Cardiff and Vale University Health Board and amongst those of white ethnicity. The demographic profile of individuals experiencing reinfections vary:
    - Chlamydia reinfections more frequent in: females; 15-24 age group
    - Gonorrhoea reinfections more frequent in: males; 25-34 age group
    - Syphilis reinfections: only occurred in males; more frequent in those aged 35-44

- **Co-Infections**: Highest rates of all co-infections were recorded in SHCs within Cardiff and Vale University Health Board. The demographic profile of coinfections indicates:
    - Chlamydia/gonorrhoea co-infection is highest in: males; those aged 15-24
    - Gonorrhoea/syphilis and chlamydia/syphilis co-infections were highest in: males; those aged 25-34

- **Ethnicity** is poorly reported within sexual health clinic data, and was not collected as part of the test and post scheme up to August 2022. As such, it is not currently possible to reliably report variation in the STI (chlamydia, syphilis and gonorrhoea) diagnosis rates per 100,000 by ethnic group in years 2021 and 2022.

1.2.2 Contraception

- The number of individuals receiving Long Acting Reversible Contraception (LARC – including intrauterine device (IUD/IUS), implant or injection) in SHCs decreased by 6% in 2022 compared to the previous year compared

and by 22% since the highest number recorded in 2019. The trend in provision of injectable LARC ('Depot') is most marked with a year on year decrease since 2018.

1.2.3 Termination of pregnancy (ToP)

- Across all services there has been a 34% increase in the number of individuals receiving a ToP procedure in the five years to 2021. However, TOP data are not currently available for all Health Board areas and as such accurate individual and event level annual and trend data across Wales is not currently possible. Action is underway to address this data issue.

- For Health Board areas where ToP data is reported, there is substantial geographic variation in rate of ToP per 100,000 population. Over the last 5 years to 2021 –
    - Increases have been recorded in Aneurin Bevan, Cwm Taf Morgannwg and Hywel Dda University Health Board
    - Decreases have been recorded in Betsi Cadwaladr University and Powys Teaching Health Boards
    - There is insufficient data to examine trends in Swansea Bay and Cardiff and Vale University Health Board areas

2. Data sources

A number of data sources have been utilised in the production of this report:

Sexually transmitted infections in Wales Surveillance Scheme (SWS)

The Sexual health in Wales Surveillance scheme (SWS) introduced in 2011, collates information from the electronic patient management systems currently used within sexual health clinics in Wales. SWS provides a Wales-wide dataset that includes BBV testing and diagnostic information for individuals utilising sexual health services along with some key demographic and behavioural data for those individuals such as sex, age, ethnicity and local authority of residence.

Enhanced Syphilis Surveillance

Enhanced Syphilis Surveillance forms are completed by the clinician with the patient detailing additional information that is not routinely included on standard clinical systems, such as risk factors and contact tracing requirements.

The Test and Post Scheme / The Doctors Lab (TDL)

The Test and Post scheme was introduced in Wales in 2020 as a pilot to support continued access to STI testing during the COVID-19 pandemic. The scheme utilises online ordering and postal delivery of testing kits for chlamydia, gonorrhoea, syphilis, HIV, hepatitis B and hepatitis C. Results are texted to individuals with direction for sexual health clinical treatment as required. Data including tests requested, completed samples and results are generated through the Signum Health ordering platform and through The Doctors Lab (TDL)

Laboratory Information Management Service / Datastore extract

Laboratory Information Management System (LIMS) is a computerised information system into which laboratory staff key in requests from wards, theatres, A&E and clinics for pathology tests to be undertaken. Samples are fed through pathology analysers which are connected to the LIMS and which pass the measurements and the results data to LIMS via dedicated interfaces. Test results are then aligned to the patients' identity by LIMS ready for use by the clinicians and their team.

The LIMS data source includes all laboratory tests undertaken in NHS Wales laboratories and as such provides information on all population in Wales

SystmOne

This is an electronic medical record used in all prisons in England and Wales since 2012 and offers a platform for health records to be shared between prisons, so that information can be accessed by all prison healthcare staff as required. This enables a mechanism for establishing prison population size as well as coverage and outcome of BBV screening and diagnosis.

Survey of Prevalent HIV Infected cases (SOPHID)

Information from all people living with a diagnosed HIV infection and accessing care at NHS services in Wales are report to SOPHID, with England and Northern Ireland utilising the comparable HARS system. SOPHID data are used to plan services, monitor the quality of care received by patients and their clinical outcomes. More information about SOPHID is available on the archived HPA site.

General Practice Prescribing Data Extract

General Practice and non-medical prescriber data on all relevant prescriptions are collated by NHS Wales Shared Services Partnership (NWSSP).

Office for National Statistics

The Office for National Statistics (ONS) provides national and subnational mid-year population estimates for the UK and its constituent countries by administrative area, age and sex (including components of population change, median age and population density). Population statistics for gender, age and location of residence are based on 2021 mid-year figures[2]. Population estimates for Ethnicity are based on the 2011 ONS census[3].

In addition ONS data on Termination of Pregnancy is collated for all Health Boards in Wales via the HSA4 notification system[4].

[2] Office for National Statistics. Mid-2021 population estimates. ONS mid-year population estimates
[3] Office for National Statistics. 2011 census - Ethnicity and National Identity in England and Wales: 2011. Census 2011
[4] Office for National statistics. Guide to abortion statistics, England and Wales: 2021 - GOV.UK (www.gov.uk)

3. STI and HIV testing and diagnoses

3.1 STI and HIV testing

In Wales, STI and HIV testing can be accessed: in sexual health clinics (SHCs); via the postal service; at General Practice (GP) and antenatal clinics (ANCs); and in prisons. The number of total tests conducted in each location can be seen in Table 1.

Table 1: Number of STI and HIV tests, by source of test and year

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Chlamydia	SHC	48,640	52,997	55,123	66,129	70,392	69,832	75,694	29,409	18,064	22,240
	Postal									54,546	66,173
	GP ANC	33,407	42,541	45,151	43,064	41,632	39,948	40,492	30,550	34,444	33,304
	Prison							1,119	825	626	1,005
	Total	82,047	95,538	100,274	109,193	112,024	109,780	117,305	60,784	107,680	122,722
Gonorrhoea	SHC	48,557	52,918	55,047	66,093	70,363	69,792	75,665	29,389	18,050	22,220
	Postal									54,632	66,467
	GP ANC	39,951	16,977	9,623	8,790	12,756	13,394	15,144	13,512	21,579	23,627
	Prison							1,097	806	612	986
	Total	88,508	69,895	64,670	74,883	83,119	83,186	91,906	43,707	94,873	113,300
Syphilis	SHC	28,174	30,876	32,414	35,324	37,526	35,983	38,952	14,743	9,263	14,477
	Postal									27,097	31,079
	GP ANC	1,979	17,089	30,626	29,517	28,632	28,115	27,404	25,876	25,298	23,713
	Prison			6	8	8	220	1,377	1,763	2,435	2,450
	Total	30,153	47,965	63,046	64,849	66,166	64,318	67,733	42,382	64,093	71,719
HIV	SHC	29,240	32,259	33,620	36,242	38,323	36,578	39,485	15,094	9,641	15,004
	Postal									28,041	32,532
	GP ANC	17,506	29,722	33,334	31,934	31,744	30,980	30,295	28,039	27,824	26,689
	Prison			797	2,155	3,474	2,711	4,816	1,931	2,585	2,834
	Total	46,746	61,981	67,751	70,331	73,541	70,269	74,596	45,064	68,091	77,059

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2023

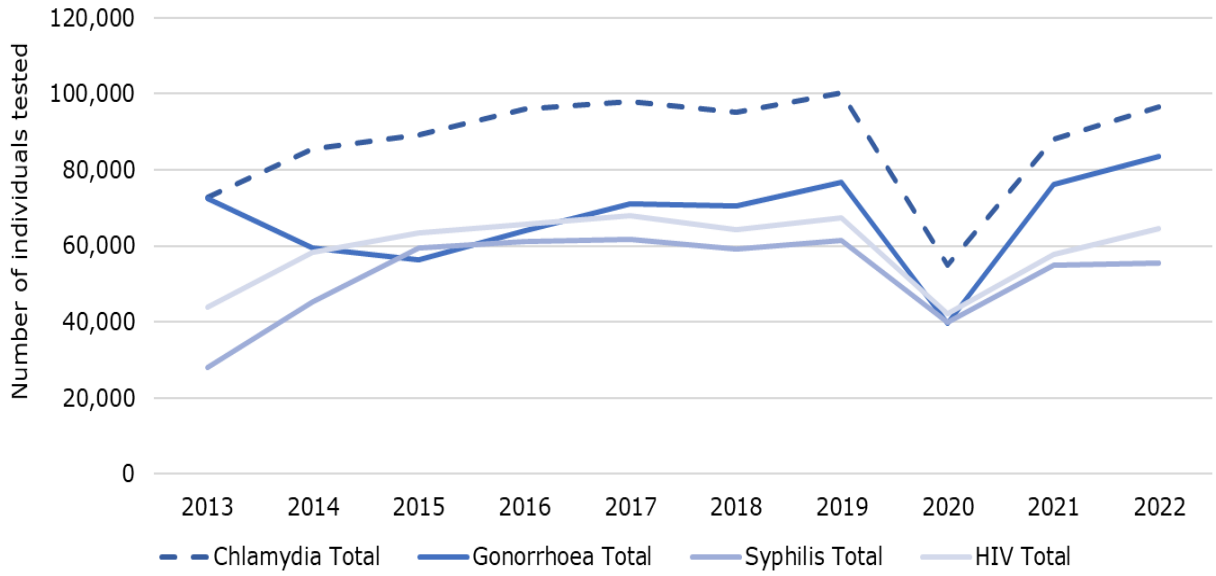
When combining data across locations, testing for all four infections is at a 10-year high.

The number of individuals tested for each infection can be seen in Table 2 and are displayed in graph form in Figure 1.

Table 2: Number of individuals tested, by source of test and year

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Chlamydia	SHC	42,521	45,875	47,449	56,316	59,647	58,271	61,898	26,302	15,813	19,015
	Postal									40,014	45,769
	GP/ANC	30,279	39,660	41,629	39,713	38,378	36,890	37,352	27,983	31,696	30,950
	Prison							991	718	562	891
	Total	72,800	85,535	89,078	96,029	98,025	95,161	100,241	55,003	88,085	96,625
Gonorrhoea	SHC	42,460	45,820	47,397	56,295	59,633	58,255	61,881	26,293	15,802	19,008
	Postal									40,022	45,773
	GP/ANC	29,895	13,628	8,791	7,796	11,426	12,284	13,975	12,586	19,823	17,886
	Prison							971	701	549	876
	Total	72,355	59,448	56,188	64,091	71,059	70,539	76,827	39,580	76,196	83,543
Syphilis	SHC	26,282	28,457	29,584	32,171	33,634	31,452	33,263	13,213	7,634	11,956
	Postal									20,329	22,709
	GP/ANC	1,695	16,860	29,976	28,894	28,109	27,481	26,795	25,067	24,734	18,559
	Prison			6	8	8	220	1,341	1,685	2,315	2,383
	Total	27,977	45,317	59,566	61,073	61,751	59,153	61,399	39,965	55,012	55,607
HIV	SHC	26,964	29,314	30,289	32,675	33,955	31,677	33,456	13,302	7,745	12,111
	Postal									20,634	23,743
	GP/ANC	16,906	29,113	32,351	30,999	30,675	30,082	29,395	26,900	27,016	25,916
	Prison			787	2,065	3,385	2,593	4,459	1,848	2,459	2,735
	Total	43,870	58,427	63,427	65,739	68,015	64,352	67,310	42,050	57,854	64,505

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2023



Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2023

Figure 1: Number of individuals tested, by year (combined sources)

The number of individuals tested for chlamydia across the locations has increased by 10% since 2021, with 96,625 individuals being tested. However, testing has not returned to 2019 (pre-pandemic) highs, showing a 4% decrease in testing on 2019 levels.

The number of individuals tested for gonorrhoea across the locations has also increased by 10% on the previous year and is at a 10-year high with 83,543 individuals being tested in 2022.

Testing for syphilis increase by 1% over the last year with 55,607 individuals tested in 2022, representing a 9% decrease in testing from 2019.

The number of individuals tested for HIV increased by 11% on the previous year, reaching 64,505 individuals tested in 2022. However, this represents a 4% decrease in individuals tested in 2019.

Demographic profile of individuals tested for STIs and HIV

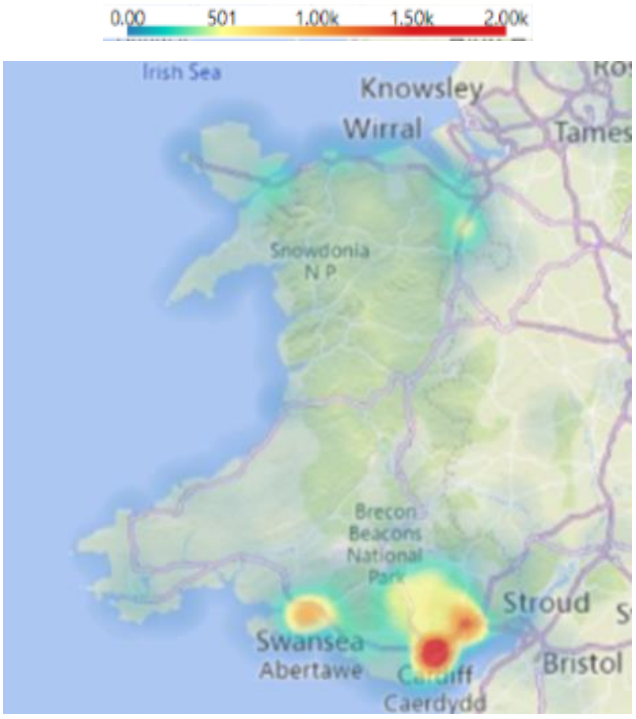
The demographic profile for individuals tested in SHCs can be seen in Table 3.

Table 3: Number of individuals tested in SHCs by sex, age group, Health Board, ethnicity and year

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
All		43,270	46,707	48,204	56,977	60,368	58,942	62,650	26,888	16,500	20,419
Gender	Female	24,606	26,924	28,469	34,741	37,181	36,049	38,567	16,517	9,733	11,362
	Male	18,663	19,781	19,727	22,230	23,179	22,882	24,065	10,363	6,757	9,005
	Unknown	<5	<5	8	6	8	11	18	8	10	52
Age	0-14	191	212	207	224	248	181	211	123	105	130
	15-24	23,366	24,831	24,604	28,856	29,848	28,752	30,062	12,186	6,102	7,240
	25-34	12,397	13,615	14,647	17,429	19,230	18,956	20,361	8,934	5,753	7,035
	35-44	4,388	4,861	5,359	6,340	6,778	6,743	7,278	3,487	2,695	3,609
	45-54	2,156	2,322	2,455	2,962	2,981	3,061	3,204	1,420	1,221	1,533
	55+	771	866	932	1,166	1,283	1,249	1,534	738	624	872
	Unknown	<5	0	0	0	0	0	0	0	0	0
HB	ABUHB	11,346	12,485	12,113	14,285	15,345	14,660	15,344	6,894	4,870	5,972
	BCUHB	9,389	8,012	9,445	9,786	9,313	9,798	10,198	4,717	2,577	3,475
	CTMUHB	6,401	7,302	7,284	7,368	6,766	4,221	3,795	1,565	1,340	1,743
	CVUHB	4,518	7,225	7,444	9,765	11,993	14,071	15,279	6,755	4,139	5,266
	HDUHB	1,221	1,096	968	4,557	5,672	6,849	5,754	1,734	514	496
	PTB	311	149	0	0	0	0	0	0	0	0
	SBUHB	10,084	10,438	10,950	11,216	11,279	9,343	12,280	5,223	3,060	3,467
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	284	340	376	425	448	450	519	215	96	185
	Black	468	583	539	653	708	727	728	324	188	365
	Mixed	512	596	655	833	890	911	819	398	240	367
	Other	196	259	287	535	807	830	677	258	151	230
	White	34,757	42,493	43,362	51,133	53,205	51,134	52,863	20,440	10,617	12,780
	Unknown	7,053	2,436	2,985	3,398	4,310	4,890	7,044	5,253	5,208	6,492

Source: SWS, 2023

In 2022, testing in SHCs is typically more frequent in: females; those aged 15-24; clinics located in ABUHB; and those of White ethnicity. A heat map showing the location of testing can be seen in Figure 2.



Source: SWS, 2023

Figure 2: Heat map of individual testing rate per 100,000 population in SHCs, by local authority (combined sources)

Testing through the postal service is typically more frequent in: females; those aged 15-24; and individuals living in CVUHB. This can be seen in Table 4.

Table 4: Number of individuals tested through the postal service, by sex, age group, Health Board and year

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
All										40,686	46,367
Gender	Female									25,283	26,151
	Male									14,626	15,427
	Unknown									777	4,789
Age	0-14									<5	<5
	15-24									17,489	18,889
	25-34									15,534	17,978
	35-44									5,178	6,526
	45-54									1,742	2,075
	55+									636	887
	Unknown									106	10
HB	ABUHB									3,917	5,943
	BCUHB									4,510	7,043
	CTMUHB									2,836	4,493
	CVUHB									8,211	11,476
	HDUHB									3,196	4,727
	PTB									702	1,188
	SBUHB									3,440	5,807
	Unknown									13,874	5,690

Source: Test and Post Scheme/TDL, 2023

Table 5 shows demography of males tested in prison, with testing more frequent in: those aged 25-34; and those residing in H.M. Prison Berwyn.

Table 5: Number of individuals tested in prison, by age group, prison and year

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
All				793	2,073	3,393	2,813	7,762	4,952	5,885	6,885
Age	0-14			0	0	0	0	0	0	0	0
	15-24			0	0	0	572	1,970	1,006	977	1,270
	25-34			0	0	0	1,042	2,933	2,049	2,256	2,652
	35-44			0	0	0	632	1,578	1,100	1,542	1,703
	45-54			0	0	0	298	792	532	722	792
	55+			0	0	0	200	360	210	364	415
	Unknown			793	2,073	3,393	69	129	55	24	53
Prison	H.M. Prison Berwyn			0	0	264	578	1,496	1,287	2,595	3,171
	H.M. Prison Parc			388	852	1,438	950	2,594	1,541	611	1,870
	H.M. Prison Cardiff			240	868	1,273	582	2,087	1,221	1,527	888
	H.M. Prison Swansea			0	<5	158	175	787	243	138	193
	H.M. Prison Usk			69	238	70	237	351	231	449	299
	H.M. Prison Prescoed			96	113	190	291	447	429	565	464

Source: SystmOne, 2023

Table 6: Number of individuals tested in GP/ANC by sex and year

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
All		62,294	72,749	72,811	69,281	67,551	65,523	65,229	53,815	57,524	55,829
Gender	Female	56,508	66,648	67,602	64,424	62,536	60,655	59,885	50,091	53,584	52,004
	Male	5,655	5,989	5,149	4,821	4,969	4,832	5,306	3,697	3,910	3,808
	Unknown	131	112	60	36	46	36	38	27	30	17

Source: LIMS/Datastore, 2023

Table 7 shows the individual testing rate per 100,000 population for each infection. Higher rates of testing are shown in green, with lower rates in red. For all infections, testing rate has progressively increased since 2020.

Table 7: Heat table of the individual testing rate per 100,000 population (combined sources)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Chlamydia	2361.8	2766.3	2874.3	3084.6	3136.6	3031.9	3179.3	1735.3	2836.5	3111.5
Gonorrhoea	2347.4	1922.6	1813.1	2058.7	2273.8	2247.4	2436.7	1248.7	2453.7	2690.2
Syphilis	907.6	1465.6	1922.1	1961.8	1975.9	1884.7	1947.4	1260.9	1771.5	1790.6
HIV	1423.2	1889.6	2046.6	2111.7	2176.4	2050.3	2134.9	1326.7	1863.0	2077.2

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2023

3.2 STI diagnoses

The number of diagnoses of each infection can be seen in Table 8. The number of chlamydia diagnoses is at a 10-year high, with 9,215 individuals diagnosed in 2022 (22% more than in 2021).

Gonorrhoea diagnoses are also at a 10-year high with a 127% increase in cases since 2021, reaching 4,126 diagnoses.

There were 417 diagnoses of syphilis in 2022, which is a 14% increase compared to 2021. However, cases of syphilis peaked in 2019, with 433 cases.

Diagnoses of 1st episode genital herpes saw an 18% increase between 2021 and 2022, reaching 1,142. However, this is less than diagnoses in 2018 where cases peaked at 1,554.

Diagnoses of 1st episode genital warts continues to decline with 1,003 cases in 2022, 12% less than in 2021.

Table 8: Number of individuals diagnosed with STIs[5] and positivity, by source and year

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Chlamydia	SHC	4,697 11.0%	4,969 10.8%	4,961 10.5%	6,128 10.9%	6,523 10.9%	6,087 10.4%	6,265 10.1%	4,015 15.3%	3,260 20.6%	3,937 20.7%
	Postal									3,497 8.7%	4,504 9.8%
	GP/ANC	1,632 5.4%	1,683 4.2%	1,571 3.8%	1,442 3.6%	1,364 3.6%	1,215 3.3%	1,236 3.3%	845 3.0%	774 2.4%	732 2.4%
	Prison							58 5.9%	37 5.2%	50 8.9%	42 4.7%
	Total	6,329 8.7%	6,652 7.8%	6,532 7.3%	7,570 7.9%	7,887 8.0%	7,302 7.7%	7,559 7.5%	4,897 8.9%	7,581 8.6%	9,215 9.5%
Gonorrhoea	SHC	923 2.2%	934 2.0%	933 2.0%	920 1.6%	1,119 1.9%	1,248 2.1%	1,517 2.5%	1,153 4.4%	1,124 7.1%	2,360 12.4%
	Postal									604 1.5%	1,609 3.5%
	GP/ANC	77 0.3%	50 0.4%	40 0.5%	41 0.5%	74 0.6%	76 0.6%	70 0.5%	65 0.5%	85 0.4%	144 0.8%
	Prison							12 1.2%	5 0.7%	8 1.5%	13 1.5%
	Total	1,000 1.4%	984 1.7%	973 1.7%	961 1.5%	1,193 1.7%	1,324 1.9%	1,600 2.1%	1,224 3.1%	1,821 2.4%	4,126 4.9%
Syphilis	SHC	119 0.5%	158 0.6%	139 0.5%	180 0.6%	249 0.7%	281 0.9%	324 1.0%	218 1.6%	270 3.5%	309 2.6%
	Postal									6 0.0%	6 0.0%
	GP/ANC	<5 0.1%	28 0.2%	68 0.2%	67 0.2%	59 0.2%	69 0.3%	89 0.3%	74 0.3%	78 0.3%	83 0.4%
	Prison							20 1.5%	13 0.8%	13 0.6%	19 0.8%
	Total	120 0.4%	186 0.4%	207 0.3%	247 0.4%	308 0.5%	350 0.6%	433 0.7%	305 0.8%	367 0.7%	417 0.7%
Genital Herpes	SHC/Total	1,134	1,235	1,221	1,495	1,418	1,527	1,554	1,022	966	1,142
Genital Warts	SHC/Total	3,281	3,218	3,142	3,181	2,962	2,628	2,264	1,229	1,136	1,003

Sources: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2023

[5] Genital herpes and warts are not tested for and therefore positivity is not applicable

Chlamydia

Chlamydia diagnoses (Table 9) were most frequent in: females; those aged 15-24; clinics in CVUHB; and individuals of White ethnicity. This is more clearly reflected in the diagnosis rate per 100,000 population (Table 10; higher rates are represented in red and lower rates in green).

Prior to 2021 and 2022 (ethnicity data not reliable due to high proportion of 'Unknown ethnicity' individuals of Black and mixed ethnicity had higher diagnosis rates per 100,000 population compared to those of White ethnicity.

Table 9: Number of individuals diagnosed with chlamydia, by sex, age group, Health Board, ethnicity and year (combined sources)

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Gender	Female	3,805	4,031	3,983	4,525	4,710	4,358	4,451	2,907	4,452	5,336
	Male	2,513	2,614	2,547	3,044	3,174	2,943	3,105	1,988	3,069	3,407
	Unknown	11	7	<5	<5	<5	<5	<5	<5	60	472
Age	0-14	22	18	8	24	17	10	11	<5	8	<5
	15-24	4,492	4,661	4,458	5,204	5,456	4,889	5,029	3,042	4,449	5,984
	25-34	1,432	1,571	1,613	1,789	1,888	1,831	1,878	1,386	2,342	2,370
	35-44	253	253	282	342	322	366	381	384	538	556
	45-54	89	97	90	142	123	138	159	107	165	167
	55+	38	26	40	56	53	53	77	51	83	90
	Unknown	<5	0	<5	0	0	0	0	<5	6	0
HB	ABUHB	1,298	1,772	1,758	1,887	1,800	1,661	1,649	1,076	968	1,229
	BCUHB	1,445	1,223	1,398	1,419	1,295	1,340	1,395	942	919	1,236
	CTMUHB	831	925	800	889	823	570	560	273	488	671
	CVUHB	1,009	1,088	1,178	1,308	1,867	1,986	2,011	1,350	2,345	3,115
	HDUHB	451	426	253	690	726	715	584	399	440	575
	PTB	48	47	32	39	32	28	22	13	62	115
	SBUHB	1,171	1,098	1,112	1,337	1,343	998	1,336	842	1,131	1,679
	Unknown	76	73	<5	<5	<5	<5	<5	<5	1,228	595
Ethnicity	Asian	28	26	21	26	33	40	47	17	15	23
	Black	48	57	56	76	94	88	77	57	40	78
	Mixed	39	69	59	88	100	100	93	56	47	69
	Other	16	35	27	48	70	95	79	31	31	23
	White	4,050	4,534	4,506	5,547	5,756	5,289	5,305	2,857	1,724	1,933
	Unknown	2,148	1,931	1,863	1,785	1,834	1,690	1,958	1,879	5,724	7,089

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2023

Table 10: Heat table of diagnosis rate per 100,000 population of chlamydia, by gender, age, Health Board, ethnicity[$] and year (combined sources)

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Gender	Female	242.8	256.6	253.1	286.6	297.2	273.9	278.5	181.0	280.8	336.5
	Male	165.8	171.8	167.0	198.4	206.1	190.2	199.7	127.1	201.9	224.2
Age	0-14	4.2	3.5	1.5	4.6	3.2	1.9	2.1	0.8	1.6	0.8
	15-24	1095.8	1148.0	1113.9	1322.3	1414.7	1288.2	1341.8	799.7	1236.3	1662.9
	25-34	386.7	419.9	427.8	466.3	484.6	463.8	468.1	342.4	613.6	621.0
	35-44	68.0	69.4	78.2	96.0	91.2	103.7	107.5	107.0	148.2	153.1
	45-54	20.7	22.4	20.7	32.7	28.4	32.3	37.9	26.1	41.3	41.8
	55+	3.9	2.6	4.0	5.5	5.1	5.0	7.2	4.7	7.6	8.3
HB	ABUHB	224.0	305.1	301.9	322.7	306.3	280.9	277.5	179.9	164.5	208.9
	BCUHB	209.1	176.5	201.6	204.2	186.0	191.9	199.4	133.9	133.8	179.9
	CTMUHB	190.7	211.6	182.3	201.4	185.6	128.0	124.8	60.7	110.4	151.8
	CVUHB	210.4	225.3	242.6	266.9	378.4	400.1	401.8	267.6	476.6	633.1
	HDUHB	117.5	111.0	66.0	179.8	188.9	185.4	150.8	102.4	115.0	150.3
	PTB	36.1	35.4	24.1	29.5	24.1	21.1	16.6	9.8	46.4	86.1
	SBUHB	308.2	287.9	290.1	346.2	346.5	256.3	342.3	215.4	297.8	442.1
Ethnicity	Asian	39.9	37.1	29.9	37.1	47.1	57.0	67.0	24.2	21.4	32.8
	Black	262.6	311.9	306.4	415.8	514.3	481.5	421.3	311.9	218.9	426.8
	Mixed	123.7	218.9	187.2	279.2	317.2	317.2	295.0	177.7	149.1	218.9
	White	138.3	154.8	153.9	189.4	196.6	180.6	181.2	97.6	58.9	66.0

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2023

[$] Rate per 100,000 population by ethnicity for 2021 and 2022 should not be considered

due to a high proportion of records with 'Unknown' ethnicity

Gonorrhoea

Gonorrhoea diagnoses (Table 11) were most frequent in: male; those aged 15-24; clinics in CVUHB; and individuals of White ethnicity.

Table 11: Number of individuals diagnosed with gonorrhoea, by sex, age group, Health Board, ethnicity and year (combined sources)

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Gender	Female	366	324	321	358	451	405	536	480	695	1,682
	Male	632	660	652	603	742	918	1,063	742	1,120	2,236
	Unknown	<5	0	0	0	0	<5	0	<5	6	208
Age	0-14	5	<5	7	5	0	<5	<5	<5	<5	<5
	15-24	512	501	478	496	584	571	681	542	733	2,379
	25-34	292	309	316	285	363	460	536	410	661	1,092
	35-44	117	102	92	99	124	154	204	179	256	406
	45-54	47	49	47	54	83	89	117	60	101	152
	55+	27	25	35	29	46	51	61	37	69	96
	Unknown	<5	0	<5	0	0	0	0	<5	0	0
HB	ABUHB	295	293	256	179	246	321	375	297	322	536
	BCUHB	89	91	118	140	204	198	234	249	194	505
	CTMUHB	224	221	205	171	173	154	151	92	158	278
	CVUHB	234	225	311	294	384	444	506	575	580	1,105
	HDUHB	30	25	15	46	69	69	76	54	55	162
	PTB	<5	0	0	0	<5	0	0	<5	5	22
	SBUHB	187	146	166	125	122	158	264	171	217	746
	Unknown	16	7	14	10	13	20	18	17	211	263
Ethnicity	Asian	9	8	12	10	13	14	17	9	72	187
	Black	8	14	15	15	12	25	29	21	23	41
	Mixed	16	18	11	13	20	35	33	18	21	45
	Other	7	7	<5	13	25	36	20	12	13	20
	White	775	845	803	791	959	1,066	1,270	836	645	1,320
	Unknown	185	92	128	119	164	148	230	327	1,107	2,680

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2023

Similarly, the diagnosis rate per 100,000 population (Table 12) reflects trends seen in the number of gonorrhoea diagnosis. However, prior to 2021, higher rates are recorded amongst those of Black and mixed ethnicity.

Table 12: Heat table of diagnosis rate per 100,000 population of gonorrhoea, by gender, age, Health Board, ethnicity[$] and year (combined sources)

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Gender	Female	23.4	20.6	20.4	22.7	28.5	25.5	33.5	29.9	43.8	106.1
	Male	41.7	43.4	42.7	39.3	48.2	59.3	68.4	47.5	73.7	147.1
Age	0-14	1.0	0.6	1.3	1.0	0.0	0.2	0.2	0.6	0.4	0.4
	15-24	124.9	123.4	119.4	126.0	151.4	150.5	181.7	142.5	203.7	661.1
	25-34	78.8	82.6	83.8	74.3	93.2	116.5	133.6	101.3	173.2	286.1
	35-44	31.4	28.0	25.5	27.8	35.1	43.7	57.5	49.9	70.5	111.8
	45-54	10.9	11.3	10.8	12.4	19.2	20.8	27.9	14.7	25.3	38.1
	55+	2.8	2.5	3.5	2.8	4.4	4.8	5.7	3.4	6.3	8.8
HB	ABUHB	50.9	50.4	44.0	30.6	41.9	54.3	63.1	49.6	54.7	91.1
	BCUHB	12.9	13.1	17.0	20.1	29.3	28.4	33.4	35.4	28.2	73.5
	CTMUHB	51.4	50.5	46.7	38.7	39.0	34.6	33.7	20.5	35.7	62.9
	CVUHB	48.8	46.6	64.1	60.0	77.8	89.4	101.1	114.0	117.9	224.6
	HDUHB	7.8	6.5	3.9	12.0	18.0	17.9	19.6	13.9	14.4	42.4
	PTB	3.0	0.0	0.0	0.0	0.8	0.0	0.0	0.8	3.7	16.5
	SBUHB	49.2	38.3	43.3	32.4	31.5	40.6	67.6	43.7	57.1	196.4
Ethnicity	Asian	12.8	11.4	17.1	14.3	18.5	20.0	24.2	12.8	102.7	266.7
	Black	43.8	76.6	82.1	82.1	65.7	136.8	158.7	114.9	125.8	224.3
	Mixed	50.8	57.1	34.9	41.2	63.4	111.0	104.7	57.1	66.6	142.8
	White	26.5	28.9	27.4	27.0	32.7	36.4	43.4	28.5	22.0	45.1

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2023

[$] Rate per 100,000 population by ethnicity for 2021 and 2022 should not be considered due to a high proportion of records with 'Unknown' ethnicity

Syphilis

Syphilis diagnoses (Table 13) were most frequent in: male; those aged 25-34; clinics in CVUHB; and individuals of White ethnicity

Table 13: Number of individuals diagnosed with syphilis, by sex, age group, Health Board, ethnicity and year (combined sources)

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Gender	Female	24	37	77	82	74	87	114	79	79	100
	Male	96	149	130	165	234	262	319	225	287	316
	Unknown	0	0	0	0	0	<5	0	<5	<5	<5
Age	0-14	0	0	0	0	0	0	0	0	0	0
	15-24	32	33	34	53	47	71	77	54	48	63
	25-34	29	61	73	78	105	142	170	121	139	143
	35-44	29	45	52	58	82	68	84	60	91	101
	45-54	20	29	26	34	45	39	62	42	48	59
	55+	10	18	22	24	29	30	40	27	41	51
	Unknown	0	0	0	0	0	0	0	<5	0	0
HB	ABUHB	29	51	36	36	72	73	71	53	94	72
	BCUHB	33	34	23	36	50	60	68	46	47	73
	CTMUHB	19	27	37	25	29	29	43	37	21	35
	CVUHB	26	51	63	83	84	101	149	73	107	125
	HDUHB	<5	<5	9	21	20	25	16	31	17	19
	PTB	<5	<5	<5	0	<5	0	<5	0	0	<5
	SBUHB	11	17	35	46	50	58	83	64	81	86
	Unknown	0	0	<5	0	<5	<5	<5	<5	0	<5
Ethnicity	Asian	<5	6	<5	<5	<5	0	<5	<5	<5	7
	Black	5	6	8	<5	<5	<5	8	<5	<5	7
	Mixed	<5	<5	5	<5	<5	8	<5	5	5	<5
	Other	<5	<5	0	<5	9	<5	<5	<5	<5	<5
	White	96	131	109	150	216	244	271	170	184	203
	Unknown	7	38	84	83	75	90	143	122	170	195

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2023

This is mostly consistent with the syphilis diagnosis rate per 100,000 population (Table 14; higher rates are represented in red and lower rates in green).

Table 14: Heat table of diagnosis rate per 100,000 population of syphilis, by gender, age, Health Board, ethnicity[$] and year (combined sources)

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Gender	Female	1.5	2.4	4.9	5.2	4.7	5.5	7.1	4.9	5.0	6.3
	Male	6.3	9.8	8.5	10.8	15.2	16.9	20.5	14.4	18.9	20.8
Age	0-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	15-24	7.8	8.1	8.5	13.5	12.2	18.7	20.5	14.2	13.3	17.5
	25-34	7.8	16.3	19.4	20.3	27.0	36.0	42.4	29.9	36.4	37.5
	35-44	7.8	12.4	14.4	16.3	23.2	19.3	23.7	16.7	25.1	27.8
	45-54	4.6	6.7	6.0	7.8	10.4	9.1	14.8	10.3	12.0	14.8
	55+	1.0	1.8	2.2	2.3	2.8	2.8	3.7	2.5	3.8	4.7
HB	ABUHB	5.0	8.8	6.2	6.2	12.3	12.3	11.9	8.9	16.0	12.2
	BCUHB	4.8	4.9	3.3	5.2	7.2	8.6	9.7	6.5	6.8	10.6
	CTMUHB	4.4	6.2	8.4	5.7	6.5	6.5	9.6	8.2	4.7	7.9
	CVUHB	5.4	10.6	13.0	16.9	17.0	20.3	29.8	14.5	21.7	25.4
	HDUHB	0.3	1.0	2.3	5.5	5.2	6.5	4.1	8.0	4.4	5.0
	PTB	0.8	1.5	2.3	0.0	0.8	0.0	0.8	0.0	0.0	3.0
	SBUHB	2.9	4.5	9.1	11.9	12.9	14.9	21.3	16.4	21.3	22.6
Ethnicity	Asian	5.7	8.6	1.4	5.7	2.9	0.0	5.7	2.9	2.9	10.0
	Black	27.4	32.8	43.8	21.9	21.9	21.9	43.8	10.9	21.9	38.3
	Mixed	12.7	12.7	15.9	9.5	6.3	25.4	9.5	15.9	15.9	12.7
	White	3.3	4.5	3.7	5.1	7.4	8.3	9.3	5.8	6.3	6.9

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2023

[$] Rate per 100,000 population by ethnicity for 2021 and 2022 should not be considered due to a high proportion of records with 'Unknown' ethnicity

When an individual is diagnosed with syphilis in a SHC, an enhanced syphilis surveillance form should be completed, recording some more detailed information such as stage of infection. The stage of infection for individuals who has an enhanced form completed can be seen in Table 16.

Table 15: Number of individuals diagnosed with syphilis, by stage of infection and year (enhanced syphilis surveillance forms)

Stage of infection	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Early latent	21	19	18	22	63	35	54	28	46	9
Primary	52	63	36	34	57	68	86	56	69	66
Secondary	10	32	17	25	38	22	27	17	32	18
Unknown	12	18	16	11	6	12	40	34	44	38
Total	95	132	87	92	164	137	207	135	191	131

Source: Enhanced Syphilis Surveillance, 2023

In 2022, there was an overall 31% reduction in the number of individuals who completed an enhanced surveillance form. Since 2018, the majority of cases have been in the primary stage. Early latent cases decreased by 80% since 2021.

Genital herpes

1st episode genital herpes diagnoses (Table 16) were most frequent in: females; aged 15-24; clinics in SBUHB; and individuals of White ethnicity

Table 16: Number of individuals diagnosed with 1st episode genital herpes, by sex, age group, Health Board, ethnicity and year (combined sources)

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Gender	Female	724	760	796	947	918	1,016	1,001	666	653	769
	Male	410	475	425	546	500	511	553	356	313	365
	Unknown	0	0	0	<5	0	0	0	0	0	8
Age	0-14	<5	<5	<5	8	<5	0	<5	<5	<5	<5
	15-24	527	584	644	757	693	737	732	484	425	519
	25-34	356	384	352	431	428	459	470	326	324	361
	35-44	126	140	121	157	148	163	188	106	117	153
	45-54	82	84	62	95	92	94	87	62	65	64
	55+	41	42	38	47	53	74	74	42	34	42
	Unknown	0	0	0	0	0	0	0	0	0	0
HB	ABUHB	357	361	359	363	384	447	395	275	235	250
	BCUHB	246	205	272	289	238	284	255	169	152	198
	CTMUHB	221	226	169	194	194	123	142	71	71	113
	CVUHB	106	192	231	320	247	276	342	236	278	258
	HDUHB	15	15	5	94	124	144	117	53	63	62
	PTB	<5	0	0	0	0	0	0	0	0	0
	SBUHB	187	236	185	235	231	253	303	218	167	261
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	<5	15	8	12	8	10	10	<5	<5	<5
	Black	8	10	7	20	<5	10	13	8	6	9
	Mixed	14	14	14	16	20	19	15	13	13	12
	Other	<5	6	5	11	14	25	21	9	<5	8
	White	985	1,155	1,120	1,344	1,305	1,378	1,397	725	574	768
	Unknown	124	35	67	92	68	85	98	265	370	341

Source: SWS, 2023

As seen with other infections, the diagnosis rate per 100,000 population (Table 17; higher rates are represented in red and lower rates are represented in green) is mainly consistent with the trends in number of diagnoses aside from

ethnicity with a rate of 49.2 per 100,000 population in those Black ethnicity compared to 26.2 per 100,000 in those of White ethnicity.

Table 17: Heat table of diagnosis rate per 100,000 population of 1st episode genital herpes, by gender, age, Health Board, ethnicity and year (combined sources)

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Gender	Female	46.2	48.4	50.6	60.0	57.9	63.8	62.6	41.5	41.2	48.5
	Male	27.1	31.2	27.9	35.6	32.5	33.0	35.6	22.8	20.6	24.0
Age	0-14	0.4	0.2	0.8	1.5	0.8	0.0	0.6	0.4	0.2	0.6
	15-24	128.6	143.8	160.9	192.3	179.7	194.2	195.3	127.2	118.1	144.2
	25-34	96.1	102.6	93.4	112.3	109.9	116.3	117.1	80.5	84.9	94.6
	35-44	33.9	38.4	33.6	44.1	41.9	46.2	53.0	29.5	32.2	42.1
	45-54	19.0	19.4	14.3	21.9	21.3	22.0	20.7	15.1	16.3	16.0
	55+	4.2	4.2	3.8	4.6	5.1	7.0	6.9	3.9	3.1	3.9
HB	ABUHB	61.6	62.2	61.7	62.1	65.3	75.6	66.5	46.0	39.9	42.5
	BCUHB	35.6	29.6	39.2	41.6	34.2	40.7	36.5	24.0	22.1	28.8
	CTMUHB	50.7	51.7	38.5	44.0	43.8	27.6	31.7	15.8	16.1	25.6
	CVUHB	22.1	39.8	47.6	65.3	50.1	55.6	68.3	46.8	56.5	52.4
	HDUHB	3.9	3.9	1.3	24.5	32.3	37.3	30.2	13.6	16.5	16.2
	PTB	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	SBUHB	49.2	61.9	48.3	60.9	59.6	65.0	77.6	55.8	44.0	68.7
Ethnicity	Asian	2.9	21.4	11.4	17.1	11.4	14.3	14.3	2.9	2.9	5.7
	Black	43.8	54.7	38.3	109.4	16.4	54.7	71.1	43.8	32.8	49.2
	Mixed	44.4	44.4	44.4	50.8	63.4	60.3	47.6	41.2	41.2	38.1
	White	33.6	39.4	38.2	45.9	44.6	47.1	47.7	24.8	19.6	26.2

Source: SWS, 2023

Genital warts

1st episode genital warts (Table 18) is most frequent in: males; those aged 25-34; clinics in ABUHB; and those of White ethnicity

Table 18: Number of individuals diagnosed with 1st episode genital warts, by sex, age group, Health Board, ethnicity and year (combined sources)

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Gender	Female	1,507	1,496	1,386	1,415	1,331	1,145	960	566	486	413
	Male	1,774	1,722	1,756	1,766	1,630	1,483	1,303	662	650	587
	Unknown	0	0	0	0	<5	0	<5	<5	0	<5
Age	0-14	<5	<5	<5	0	<5	<5	<5	<5	0	0
	15-24	1,929	1,832	1,743	1,772	1,580	1,363	1,056	489	317	211
	25-34	844	847	850	853	857	787	731	433	499	437
	35-44	278	296	306	298	274	255	267	167	174	197
	45-54	161	174	162	166	167	144	135	85	96	101
	55+	65	65	78	92	80	77	74	54	50	57
	Unknown	0	0	0	0	0	0	0	0	0	0
HB	ABUHB	815	752	740	683	607	551	491	292	265	232
	BCUHB	679	533	657	553	463	421	389	246	205	225
	CTMUHB	628	604	513	462	390	252	166	62	97	76
	CVUHB	387	669	623	702	725	729	623	271	249	202
	HDUHB	116	89	74	307	316	366	202	112	92	70
	PTB	43	15	0	0	0	0	0	0	0	0
	SBUHB	613	556	535	474	461	309	393	246	228	198
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	15	22	18	13	20	27	19	8	<5	<5
	Black	19	25	24	28	21	13	24	6	6	14
	Mixed	26	26	28	37	49	34	28	12	6	9
	Other	17	23	20	22	39	40	29	5	6	8
	White	2,697	2,944	2,832	2,865	2,651	2,337	1,943	881	727	646
	Unknown	507	178	220	216	182	177	221	317	389	323

Source: SWS, 2023

The genital warts diagnosis rate per 100,000 can be seen in Table 19 (higher rates are represented in red and lower rates in green) and trends are similar,

however: the rate is higher in CVUHB (41.1 per 100,000) compared to ABUHB (39.4 per 100,000); and the rate is higher in those Black ethnicity (76.6 per 100,000) compared to those of White ethnicity (22.1 per 100,000).

Table 19: Heat table of diagnosis rate per 100,000 population of 1st episode genital warts, by gender, age, Health Board, ethnicity and year (combined sources)

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Gender	Female	96.2	95.2	88.1	89.6	84.0	72.0	60.1	35.2	30.6	26.0
	Male	117.1	113.2	115.1	115.1	105.8	95.8	83.8	42.3	42.8	38.6
Age	0-14	0.8	0.8	0.6	0.0	0.8	0.4	0.2	0.2	0.0	0.0
	15-24	470.6	451.2	435.5	450.2	409.7	359.1	281.8	128.6	88.1	58.6
	25-34	227.9	226.4	225.5	222.3	220.0	199.4	182.2	107.0	130.7	114.5
	35-44	74.7	81.3	84.9	83.7	77.6	72.3	75.3	46.5	47.9	54.3
	45-54	37.4	40.1	37.3	38.2	38.6	33.7	32.2	20.8	24.0	25.3
	55+	6.6	6.5	7.7	9.0	7.7	7.3	6.9	5.0	4.6	5.2
HB	ABUHB	140.7	129.5	127.1	116.8	103.3	93.2	82.6	48.8	45.0	39.4
	BCUHB	98.2	76.9	94.8	79.6	66.5	60.3	55.6	35.0	29.8	32.7
	CTMUHB	144.1	138.1	116.9	104.7	88.0	56.6	37.0	13.8	21.9	17.2
	CVUHB	80.7	138.6	128.3	143.2	146.9	146.9	124.5	53.7	50.6	41.1
	HDUHB	30.2	23.2	19.3	80.0	82.2	94.9	52.2	28.7	24.1	18.3
	PTB	32.4	11.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	SBUHB	161.3	145.8	139.6	122.8	118.9	79.4	100.7	62.9	60.0	52.1
Ethnicity	Asian	21.4	31.4	25.7	18.5	28.5	38.5	27.1	11.4	2.9	4.3
	Black	104.0	136.8	131.3	153.2	114.9	71.1	131.3	32.8	32.8	76.6
	Mixed	82.5	82.5	88.8	117.4	155.5	107.9	88.8	38.1	19.0	28.6
	White	92.1	100.5	96.7	97.8	90.5	79.8	66.4	30.1	24.8	22.1

Source: SWS, 2023

Comparison of STI infections by self-reported sex and sexuality

The diagnosis rates per 100,000 for all infections can be seen in Table 20 (females) and Table 21 (males), where higher rates are represented in red and lower rates in green.

Table 20: Diagnosis rate per 100,000 population of STIs in females, by year (combined sources)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Chlamydia	242.8	256.6	253.1	286.6	297.2	273.9	278.5	181.0	280.8	336.5
Gonorrhoea	23.4	31.8	31.4	30.9	38.2	42.2	50.7	38.6	58.6	132.9
Syphilis	1.5	2.4	4.9	5.2	4.7	5.5	7.1	4.9	5.0	6.3
1st Herpes	46.2	48.4	50.6	60.0	57.9	63.8	62.6	41.5	41.2	48.5
1st Warts	96.2	95.2	88.1	89.6	84.0	72.0	60.1	35.2	30.6	26.0

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2023

Table 21: Diagnosis rate per 100,000 population of STIs in males, by year (combined sources)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Chlamydia	165.8	171.8	167.0	198.4	206.1	190.2	199.7	127.1	201.9	224.2
Gonorrhoea	41.7	43.4	42.7	39.3	48.2	59.3	68.4	47.5	73.7	147.1
Syphilis	6.3	9.8	8.5	10.8	15.2	16.9	20.5	14.4	18.9	20.8
1st Herpes	27.1	31.2	27.9	35.6	32.5	33.0	35.6	22.8	20.6	24.0
1st Warts	117.1	113.2	115.1	115.1	105.8	95.8	83.8	42.3	42.8	38.6

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2023

Similar trends in the rate are seen across both male and female service users.

Some infections are more common in men who have sex with men (MSM). Table 22 shows the number of infections in men by sexuality.

Table 22: Number of male individuals diagnosed with STIs, by sexuality and year

	Sexuality	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Chlamydia	Heterosexual male	1,829	1,914	1,949	2,363	2,451	2,043	1,842	900	762	938
	Gay or bisexual male	158	233	266	345	338	407	452	348	376	410
	Unknown male	186	112	50	93	122	329	566	556	413	378
Gonorrhoea	Heterosexual male	309	309	282	248	292	286	325	224	244	543
	Gay or bisexual male	262	307	336	325	399	535	585	323	396	688
	Unknown male	31	21	11	13	26	68	111	167	119	245
Syphilis	Heterosexual male	24	40	35	36	43	43	59	33	34	42
	Gay or bisexual male	71	96	78	114	166	179	186	109	169	184
	Unknown male	<5	5	6	5	8	22	30	49	41	48
1st episode genital herpes	Heterosexual male	341	429	377	486	446	426	396	222	197	218
	Gay or bisexual male	23	25	37	46	43	41	54	34	22	37
	Unknown male	46	21	11	14	11	44	103	100	94	110
1st episode genital warts	Heterosexual male	1,555	1,566	1,621	1,594	1,461	1,214	934	367	366	331
	Gay or bisexual male	88	94	111	132	129	107	80	47	39	45
	Unknown male	131	62	24	40	40	162	289	248	245	211

Source: SWS, 2023

Chlamydia, genital herpes, and genital warts are more common in heterosexual men than gay and bisexual men. Gonorrhoea and syphilis are more common in gay and bisexual men than heterosexual men.

Mpox

Mpox is a viral disease, mostly occurring in Central and Western Africa. The virus can be passed person to person through close contact with Mpox lesions, and material that has been in contact with lesions (such as bedding), as well as through coughing and sneezing. Previously, 7 cases had been seen between 2018 and 2021. In 2022 a total of 1,237 individuals were vaccinated for Mpox in Wales.

In 2022, an outbreak was detected in the UK, with the first case being detected in England in on the 6th May 2022. The first case in Wales was confirmed on the 26th of May 2022. A total of 48 cases were detected in Wales in 2022 (see Table 23) with the majority of cases being in CVUHB.

Table 23: Number of individuals diagnosed with Mpox, by Health Board in 2022

	2022
ABUHB	<5
BCUHB	14
CTMUHB	<5
CVUHB	17
HDUHB	<5
SBUHB	9
Total	48

Source: LIMS/Datastore, 2023

3.3 Reinfections

A reinfection refers to a subsequent diagnosis of the same infection following treatment / clearance of the original infection. Table 24 shows the number of individuals diagnosed with each infection in SHCs[6] in 2022 and the number and proportion of those infected in 2022 with a prior diagnosis between 2019 and 2021. Across the STI infections, the overall proportion was 10%.

Table 24: Number of individuals diagnosed with STIs in 2022 and the number of proportion of individuals who also had an infection between 2019 and 2021 (SHC data only)

	Individuals diagnosed in 2022	n. also diagnosed between 2019-2021	%
Chlamydia	3,937	409	10%
Gonorrhoea	2,360	238	10%
Syphilis	309	31	10%

Source: SWS, 2023

The demography of individuals experiencing reinfections may vary with infection (Table 25).

- Chlamydia reinfections are more frequent in: females; those aged 15-24; clinics in CVUHB; and those of White ethnicity
- Gonorrhoea reinfections are more frequent in males; those aged 25-34; clinics in CVUHB; and those White ethnicity
- Syphilis reinfections only occurred in males and were more frequent in: those aged 35-44; in clinics in CVUHB; and those of White ethnicity

Table 25: Number of individuals re-infected with STIs, by sex, age group, Health Board and ethnicity (SHC data only)

		Chlamydia	Gonorrhoea	Syphilis
	All	409	238	31
Gender	Female	230	16	0
	Male	178	222	31
	Unknown	<5	0	0
Age	0-14	<5	0	0
	15-24	269	59	<5
	25-34	86	97	8
	35-44	33	48	10
	45-54	16	22	7
	55+	<5	12	<5
	Unknown	0	0	0
HB	ABUHB	88	51	10
	BCUHB	32	19	<5
	CTMUHB	<5	6	<5
	CVUHB	199	117	9
	HDUHB	<5	<5	0
	PTB	0	0	0
	SBUHB	83	44	6
	Unknown	0	0	0
Ethnicity	Asian	<5	<5	<5
	Black	7	<5	<5
	Mixed	8	9	<5
	Other	5	<5	0
	White	269	173	23
	Unknown	118	47	5

Source: SWS, 2023

[6] Reinfections can only be determined in SHC data

3.4 Coinfections

Coinfections occur when an individual is diagnosed with more than one infection at one time. Coinfections of selected infections in SHCs in 2022 are shown in Table 26, with chlamydia and gonorrhoea being the most common coinfection.

Table 26: Number of individuals co-infected with STIs in 2022 (SHC data only)

	Chlamydia	Gonorrhoea	Syphilis
Chlamydia		581	52
Gonorrhoea	581		70
Syphilis	52	70	

Source: SWS, 2023

Table 27 shows the coinfection rate per 100,000 population for each combination (higher rates are represented in red and lower rates in green).

Table 27: Individual coinfection rate per 100,000 population of STIs, by sex, age group, Health Board and ethnicity

		chlamydia & gonorrhoea	gonorrhoea & syphilis	chlamydia & syphilis
Gender	Female	16.1	0.1	0.2
	Male	21.3	4.4	3.2
Age	0-14	1.0	0.0	0.0
	15-24	107.5	4.4	2.8
	25-34	28.8	7.9	4.7
	35-44	13.5	4.4	4.1
	45-54	5.5	1.0	1.8
	55+	0.6	0.4	0.2
HB	ABUHB	14.3	2.4	1.5
	BCUHB	9.5	0.6	0.4
	CTMUHB	4.7	0.7	0.2
	CVUHB	57.3	6.5	5.5
	HDUHB	1.8	0.0	0.0
	PTB	0.0	0.0	0.0
	SBUHB	32.1	4.5	3.2
Ethnicity	Asian	5.7	4.3	2.9
	Black	49.2	16.4	16.4
	Mixed	38.1	6.3	0.0
	White	10.6	0.8	0.6

Source: SWS, 2023

The demography of individuals experiencing coinfections may vary with combination of infections. The rate of coinfection of:

- chlamydia and gonorrhoea is highest in: males; those aged 15-24; clinics in CVUHV; and those of Black ethnicity
- gonorrhoea and syphilis is highest in: males; those aged 25-34; clinics in CVUHB; and those of Black ethnicity
- chlamydia and syphilis is also highest in: males; those aged 25-34; clinics in CVUHB; and those of Black ethnicity

3.5 HIV infection

Overall new HIV infections in Wales are reported in conjunction with UKHSA[7]. Table 28 shows the number of new infections in Wales, showing a steady decrease in cases since 2018.

Table 28: Number of individuals resident in Wales with new HIV diagnosis, by sex, age group, ethnicity and year

	2013	2014	2015	2016	2017	2018	2019	2020	2021
All	138	190	196	144	124	144	126	77	60
Female	24	50	37	31	25	29	36	20	20
Male	114	140	159	113	99	115	90	57	40
0-14	<5	<5	0	0	<5	<5	<5	0	0
15-24	22	24	16	19	17	11	<10	<10	<5
25-34	42	50	65	47	35	42	41	25	15
35-49	49	72	69	41	39	61	45	27	24
50-64	21	35	34	27	25	23	29	14	17
65+	<5	<10	12	10	<10	<10	<10	<5	<5
White	103	132	142	90	85	93	64	35	28
Black African	14	18	15	9	13	12	10	7	5
Black Caribbean	<5	0	0	0	0	0	0	0	<5
Other or mixed	8	16	10	15	10	13	10	9	6
Unknown	<10	24	29	30	16	26	42	26	<20

Source: Survey of Prevalent HIV Infected cases (SOPHID), 2023

Typically, new diagnoses of HIV in Wales are more common in: males; those aged 35-49; and those of White ethnicity.

The diagnosis rate per 100,000 population can be seen in Table 29, where higher rates are represented in red and lower rates are represented in green, for males and females and the overall rate has been decreasing since 2019.

Table 29: Diagnosis rate per 100,000 population of HIV, by sex, age group, ethnicity and year

	2013	2014	2015	2016	2017	2018	2019	2020	2021
All	4.5	6.1	6.3	4.6	4.0	4.6	4.0	2.4	1.9
Female	1.5	3.2	2.4	2.0	1.6	1.8	2.3	1.2	1.3
Male	7.5	9.2	10.4	7.4	6.4	7.6	5.8	3.6	2.6

Source: Survey of Prevalent HIV Infected cases (SOPHID), 2023

Of those providing a latest CD4 figure, the proportion of new diagnoses that are classified as late (CD4 <300) has been decreasing since 2019 (Table 30).

Table 30: Proportion of individuals diagnosed with HIV who have a late or very late diagnosis (UKHSA)[8]

	2013	2014	2015	2016	2017	2018	2019	2020	2021
Number with CD4 count within 91 days of diagnosis	114	124	130	67	79	85	75	34	23
Median CD4	330	340	286	379	330	390	300	348	424
Number with late diagnosis	51	60	68	27	39	35	41	17	10
% late (of those with a CD4)	45%	48%	52%	40%	49%	41%	55%	50%	43%

Source: Survey of Prevalent HIV Infected cases (SOPHID), 2023

[7] HIV data is only available up to 2021

[8] CD4 count is not available at diagnosis for all cases, e.g. in 2021, CD4 count is available for 23/60 cases

Of those providing self-reported expected routes of transmission remain sex between men and heterosexual contact (Table 31).

Table 31: Number of individuals diagnosed with HIV, by route of transmission and year

Probable exposure category	2013	2014	2015	2016	2017	2018	2019	2020	2021
Sex between men	83	77	107	52	52	61	37	31	18
Heterosexual contact	40	67	49	42	43	42	29	19	24
Injecting drug use	<5	9	6	<10	<5	0	0	<5	0
Mother to child	<5	<5	0	0	0	<5	<5	0	0
Other	0	0	0	<5	<5	<5	0	<5	0

Source: Survey of Prevalent HIV Infected cases (SOPHID), 2023

The number of individuals reportedly living with HIV in Wales (accessing care) is shown in Table 32 and there was an 11% decrease between 2020 and 2021.

Table 32: Number of individuals living with HIV, by sex, age group, ethnicity and year

	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total	1,674	1,829	1,943	2,023	2,097	2,192	2,373	2,424	2,163
Female	420	442	464	482	489	509	545	559	493
Male	1,254	1,387	1,479	1,541	1,608	1,683	1,826	1,865	1,617
Under 15	14	16	12	10	<5	<5	7	6	0
15 to 24	71	58	<65	<60	<65	<55	<60	<50	33
25 to 34	297	317	337	332	313	321	331	328	257
35 to 49	791	853	870	871	880	898	958	957	852
50 to 64	428	499	563	632	702	761	840	885	821
65 and over	73	86	100	121	136	156	181	199	200
White	1,267	1,399	1,496	1,562	1,610	1,681	1,779	1,809	1,581
Black African	290	294	291	303	318	317	329	337	288
Black Caribbean	<5	<5	6	7	7	6	9	7	8
Black Other	<30	<30	31	31	33	36	41	42	38
Asian	45	51	58	55	54	63	64	65	57
Other or mixed	37	42	47	51	58	60	66	64	58

Source: Survey of Prevalent HIV Infected cases (SOPHID), 2023

Living with HIV in Wales is more common in: males; those aged 35-49; and those of White ethnicity.

The rate per 100,000 population is shown in Table 33. The decrease in the number of individuals living with HIV is also represented by the change in rate.

Table 33: Rate per 100,000 of individuals living with HIV, by sex, age group, ethnicity and year

	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total	54.3	59.2	62.7	65.0	67.1	69.8	75.3	76.5	69.7
Female	26.8	28.1	29.5	30.5	30.9	32.0	34.1	34.8	31.1
Male	82.8	91.2	96.9	100.5	104.4	111.0	117.5	119.3	106.4

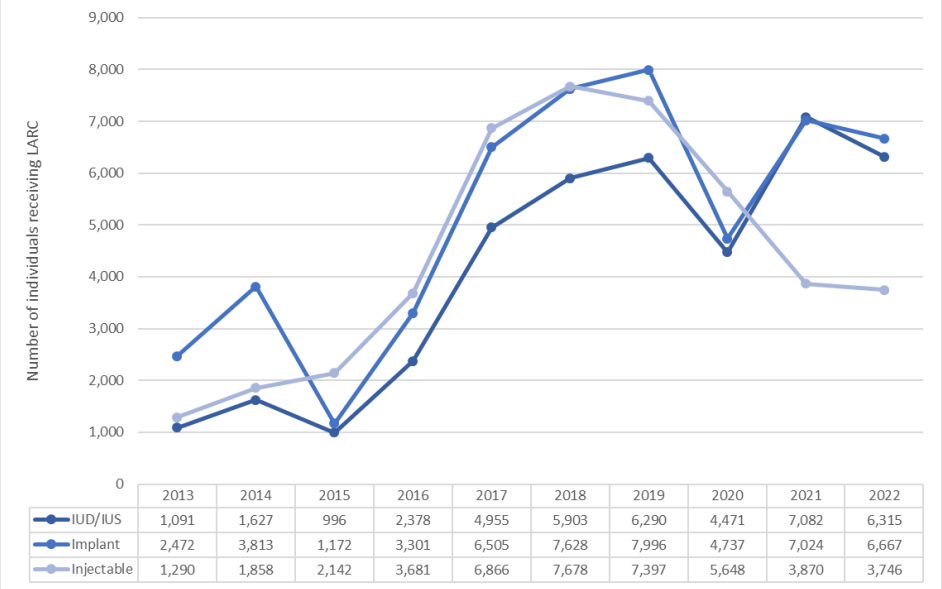
Source: Survey of Prevalent HIV Infected cases (SOPHID), 2023

4. Contraception

4.1 Long-acting reversible contraception (LARC)

There are three main types of LARC provided in the UK, specifically intrauterine devices (IUD/IUS), implants and injections ('Depot'). IUD/IUSs last for between 5 and 10 years; implants last for up to 3 years; and injections last for up to 3 months. Individuals select a type of LARC that suits them.

LARC are most commonly provided in SHCs in Wales, however, they can also be provided by GPs. The number of individuals receiving LARC in SHCs can be seen in Figure 3.



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
IUD/IUS	1,091	1,627	996	2,378	4,955	5,903	6,290	4,471	7,082	6,315
Implant	2,472	3,813	1,172	3,301	6,505	7,628	7,996	4,737	7,024	6,667
Injectable	1,290	1,858	2,142	3,681	6,866	7,678	7,397	5,648	3,870	3,746

Source: SWS, 2023

Figure 3 Number of individuals receiving LARC in SHCs, by type and year

The number of individuals receiving LARC in SHCs overall decreased by 6% in 2022 compared to the previous year compared to in 2021 and by 22% since the highest number recorded in 2019. The trend in provision of injectable LARC ('Depot') is most marked with a year on year decrease since 2018.

Implants are typically the most commonly provided type of LARC, however, IUD/IUSs had been increasing in popularity between 2015 and 2021. This is reflected by the reception rate per 100,000 population seen in Table 34.

Table 34: Heat table of reception rate per 100,000 population of LARC in SHCs, by type and year

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Type	IUD/IUS	69.6	103.6	63.3	150.6	312.6	370.9	393.6	278.4	446.6	398.3
	Implant	157.7	242.8	74.5	209.0	410.4	479.3	500.3	294.9	443.0	420.5
	Injectable	82.3	118.3	136.1	233.1	433.2	482.5	462.8	351.7	244.1	236.2
	Any LARC	304.2	452.1	263.6	569.0	1,125.2	1,300.8	1,325.0	908.3	1,110.7	1,040.1

Source: SWS, 2023

The preferred type of LARC may vary by demography. Demographic information for the individuals receiving each type of LARC can be seen in Tables 35-37.

Table 35: Number of individuals receiving IUD/IUS in SHCs, by age group, Health Board, ethnicity and year[9]

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Age	0-14	0	<5	0	<5	8	6	<5	5	10	<5
	15-24	248	384	197	504	1,287	1,466	1,755	1,236	1,889	1,359
	25-34	388	605	347	819	1,805	2,180	2,084	1,686	2,378	2,207
	35-44	292	420	287	644	1,241	1,462	1,445	1,029	1,782	1,728
	45-54	155	207	149	366	578	740	775	485	950	950
	55+	8	10	16	43	36	44	29	30	73	70
	Unknown	0	0	0	0	0	5	200	0	0	0
LHB	ABUHB	1,074	1,344	0	0	845	1,715	1,738	1,084	1,356	1,740
	BCUHB	0	<5	0	<5	9	9	6	239	1,764	1,488
	CTMUHB	<5	<5	527	714	870	843	879	282	251	393
	CVUHB	16	278	469	1,183	1,597	1,438	1,595	1,106	1,805	913
	HDUHB	0	<5	0	480	731	1,104	961	749	604	546
	PTB	0	0	0	0	903	0	0	0	0	0
	SBUHB	0	0	0	0	0	794	1,111	1,011	1,302	1,235
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	26	38	15	58	73	75	118	42	60	41
	Black	7	11	14	39	55	67	73	32	44	74
	Mixed	17	34	10	39	68	97	73	73	88	69
	Other	7	13	6	31	66	92	80	49	43	49
	White	1,016	1,467	848	1,836	4,073	5,022	5,297	3,299	4,753	4,405
	Unknown	18	64	103	375	620	550	649	976	2,094	1,677

Source: SWS, 2023

Table 36: Number of individuals receiving implants in SHCs, by age group, Health Board, ethnicity and year

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Age	0-14	74	97	<5	54	120	135	205	103	105	108
	15-24	1,534	2,340	630	1,859	3,465	4,021	4,110	2,330	3,116	2,874
	25-34	629	988	410	990	2,064	2,403	2,319	1,554	2,406	2,242
	35-44	195	304	112	310	662	825	948	583	1,075	1,113
	45-54	39	83	16	87	193	242	271	165	315	323
	55+	<5	<5	0	<5	0	<5	<5	<5	7	7
	Unknown	0	0	0	0	<5	0	140	<5	0	0
LHB	ABUHB	2,433	3,428	0	0	1,510	2,950	3,021	1,642	2,200	2,969
	BCUHB	<5	0	<5	<5	5	<5	13	253	1,506	911
	CTMUHB	<5	<5	612	760	1,021	961	988	310	312	180
	CVUHB	35	377	557	1,557	1,655	1,410	1,468	683	1,050	596
	HDUHB	0	7	<5	983	1,262	1,582	1,441	1,118	1,056	977
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	0	0	0	0	1,052	723	1,065	731	900	1,034
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	21	27	14	35	47	56	59	30	40	38
	Black	14	28	11	42	62	74	78	33	48	44
	Mixed	27	52	6	42	81	96	126	44	59	74
	Other	8	19	5	29	52	81	128	49	48	73
	White	2,358	3,564	1,038	2,590	5,523	6,717	6,917	3,808	5,295	5,001
	Unknown	44	123	98	563	740	604	688	773	1,534	1,437

Source: SWS, 2023

[9] Data for Aneurin Bevan University Health Board for the years 2015 and 2016 was not available – Tables 36-39

Table 37: Number of individuals receiving injections in SHCs, by age group, Health Board, ethnicity and year

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Age	0-14	12	15	13	37	50	71	70	50	22	33
	15-24	840	1,202	1,298	2,243	4,017	4,468	4,022	2,914	2,002	1,822
	25-34	317	487	600	976	1,967	2,230	2,179	1,851	1,300	1,291
	35-44	106	140	184	354	694	767	794	690	461	513
	45-54	15	14	47	70	136	142	157	143	85	86
	55+	0	0	0	0	<5	0	<5	0	0	<5
	Unknown	0	0	0	<5	0	0	174	0	0	0
LHB	ABUHB	1,256	1,748	0	0	1,551	2,124	1,870	1,918	1,285	1,303
	BCUHB	0	0	0	0	<5	0	<5	80	277	262
	CTMUHB	<5	17	2,015	2,299	2,580	2,811	2,676	1,466	706	727
	CVUHB	30	85	127	1,028	1,120	1,104	981	629	546	499
	HDUHB	0	8	0	354	463	618	539	416	285	231
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	0	0	0	0	1,150	1,021	1,330	1,139	771	724
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	5	5	6	15	26	28	27	15	10	12
	Black	<5	10	<5	20	45	40	57	42	32	35
	Mixed	13	27	<5	17	49	70	70	52	37	37
	Other	7	11	6	14	39	53	66	43	31	34
	White	1,247	1,746	2,077	3,180	6,161	6,978	6,665	4,842	3,035	2,801
	Unknown	15	59	48	435	546	509	512	654	725	827

Source: SWS, 2023

- IUD/IUSs were most frequently provided to individuals: aged 25-34; in clinics in ABUHB; and of White ethnicity
- Implants and injections were most frequently provided to individuals: aged 15-24; in ABUHB; and of White ethnicity

The LARC reception rate per 100,000 population can be seen in Table 38 where green represents a higher rate and yellow represents a lower rate.

Table 38: Heat table of reception rate per 100,000 population of LARC in SHCs, by age group, Health Board and year (combined types)

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	All	304.2	452.1	263.6	569.0	1,125.2	1,300.8	1,325.0	908.3	1,110.7	1,040.1
Age	0-14	32.9	44.7	5.9	35.7	69.7	81.2	106.0	58.7	52.8	56.4
	15-24	1,285.8	1,930.9	1,052.4	2,324.9	4,602.8	5,353.2	5,373.5	3,489.8	3,915.3	3,401.8
	25-34	715.6	1,091.7	694.7	1,395.5	2,943.4	3,385.7	3,239.4	2,509.4	3,044.5	2,901.8
	35-44	310.1	456.7	310.2	705.7	1,418.4	1,676.4	1,747.5	1,250.9	1,755.8	1,778.4
	45-54	94.3	137.1	95.7	233.9	401.4	509.1	554.2	370.0	654.7	659.6
	55+	1.7	2.1	3.0	8.1	6.9	8.1	5.8	5.4	13.9	13.4
LHB	ABUHB	1,583.6	2,142.7	N/A*	N/A*	1,295.1	2,219.1	2,152.7	1,493.6	1,575.5	1,972.9
	BCUHB	0.3	0.6	0.3	0.6	4.5	3.1	5.4	157.0	986.1	747.0
	CTMUHB	3.6	9.0	1,352.8	1,592.4	1,896.1	1,949.0	1,910.0	891.8	556.7	569.5
	CVUHB	32.7	293.0	456.2	1,462.0	1,691.5	1,536.5	1,562.4	936.1	1,316.8	780.0
	HDUHB	0.0	7.7	1.0	909.9	1,230.0	1,642.3	1,467.4	1,131.8	980.7	885.3
	PTB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	SBUHB	0.0	0.0	0.0	0.0	1,553.5	1,281.6	1,749.3	1,428.0	1,511.1	1,531.8
Ethnicity	Asian	148.0	195.4	100.7	310.9	417.5	464.8	589.2	254.6	313.8	260.5
	Black	290.5	581.0	338.9	1,198.4	1,888.4	2,178.9	2,445.2	1,283.1	1,488.9	1,840.0
	Mixed	357.8	715.6	108.6	594.2	1,239.5	1,642.0	1,661.1	1,073.3	1,156.4	1,111.7
	White	303.5	441.0	254.3	487.1	1,025.9	1,220.5	1,232.1	784.2	856.7	804.3

Source: SWS, 2023

N/A* – no data available

The proportion of individuals choosing LARC as opposed to other forms of contraception has been increasing since 2016 and the differences across the Health Boards can be seen in Table 39.

Table 39: Proportion of individuals receiving any contraception from SHCs, by Health Board and year (combined types)

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	All	56%	60%	49%	46%	49%	51%	51%	54%	65%	67%
HB	ABUHB	56%	58%	N/A	N/A	57%	57%	56%	55%	62%	66%
	BCUHB	100%	100%	100%	67%	70%	79%	61%	73%	74%	72%
	CTMUHB	47%	43%	43%	42%	43%	44%	45%	43%	45%	55%
	CVUHB	46%	80%	78%	51%	55%	57%	56%	60%	77%	73%
	HDUHB	N/A	48%	18%	45%	47%	50%	47%	53%	57%	56%
	SBUHB	N/A	N/A	N/A	N/A	47%	49%	51%	58%	71%	72%

Source: SWS, 2023

LARC is also available from the GP and recorded as units prescribed as opposed to individuals provided. The number of units given in each Health Board in shown in Table 40 and there was an overall increase in IUD/IUS provision and an overall decrease in implant and injection provision.

Table 40: Number of LARC units prescribed by GPs, by type, Health Board and year

		2019	2020	2021	2022
	All	88,673	75,766	82,772	82,311
IUD/IUS	ABUHB	1,085	677	1,028	1,127
	BCUHB	1,429	912	1,305	1,261
	CTMUHB	923	584	807	906
	CVUHB	1,365	697	1,216	1,631
	HDUHB	477	333	472	594
	PTB	412	283	415	434
	SBUHB	562	365	519	552
	Total	6,253	3,851	5,762	6,505
Implant	ABUHB	974	767	1,136	1,064
	BCUHB	1,199	750	938	832
	CTMUHB	865	577	787	757
	CVUHB	1,337	793	1,137	1,328
	HDUHB	782	480	759	648
	PTB	551	349	437	404
	SBUHB	1,001	770	907	913
	Total	6,709	4,486	6,101	5,946
Injection	ABUHB	13,674	12,230	13,210	13,074
	BCUHB	16,327	13,665	14,082	14,274
	CTMUHB	13,844	12,830	14,637	13,516
	CVUHB	11,549	10,311	10,342	10,084
	HDUHB	7,979	7,408	7,584	7,632
	PTB	2,109	1,730	1,721	1,804
	SBUHB	10,229	9,255	9,333	9,476
	Total	75,711	67,429	70,909	69,860

Source: General Practice Prescribing Data, 2023

4.2 Emergency contraception

Emergency contraception is given up between 3-5 days (depending on brand) after unprotected sex to prevent pregnancy. Emergency contraception can be accessed through SHCs, GPs and over the counter in pharmacies. Community Pharmacy make a considerable contribution to provision of emergency contraception and this is reported through a different mechanism[10]

The number of individuals receiving emergency contraception in SHCs can be seen in Table 41 and increased by 13% to 526 individuals between 2021 and 2022. However, this is a 71% decrease from the 1,813 individuals provided with emergency contraception in SHCs in 2019.

Table 41: Number of individuals receiving emergency contraception in SHCs, by type (oral and IUD) by year

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Emergency	Oral	91	128	196	664	1,126	1,133	1,248	347	202	281
	IUD	37	33	20	188	457	443	565	274	263	245
	All	128	161	216	852	1,583	1,576	1,813	621	465	526

Source: SWS, 2023

Demography of individuals taking emergency contraception can be seen in Table 42.

Table 42: Number of individuals receiving emergency contraception in SHCs, by age group, Health Board, ethnicity and year (combined types)

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	All	128	161	216	852	1,583	1,576	1,813	621	465	526
Age	0-14	<5	5	5	21	21	17	28	11	<5	11
	15-24	81	92	125	490	880	921	1,003	354	250	245
	25-34	31	43	65	230	475	437	530	175	158	173
	35-44	13	17	19	92	173	165	172	64	45	77
	45-54	<5	<5	<5	18	33	34	29	17	8	19
	55+	0	0	0	<5	0	<5	<5	0	0	<5
	Unknown	0	0	0	0	<5	0	50	0	0	0
HB	ABUHB	127	155	0	0	45	79	63	0	0	122
	BCUHB	0	0	0	0	0	0	0	10	51	32
	CTMUHB	0	<5	184	309	405	373	372	122	60	63
	CVUHB	<5	0	32	407	530	535	623	318	296	184
	HDUHB	0	<5	0	136	232	303	272	100	58	37
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	0	0	0	0	371	286	483	71	0	88
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	0	<5	<5	13	17	20	35	9	<5	<5
	Black	0	0	0	6	26	24	31	8	7	8
	Mixed	<5	5	<5	9	21	22	21	9	4	13
	Other	0	<5	<5	6	29	34	7	6	<5	<5
	White	122	148	199	689	1,325	1,345	1,552	452	230	327
	Unknown	<5	6	12	129	165	131	167	137	220	174

Source: SWS, 2023

[10] Welsh Government. Community Pharmacy Services: April 2021 to March 2022

The proportion of individuals taking any contraception that accessed emergency contraception in SHCs has increased slightly to 2.1% since 2021 however is it much lower than in 2019 (4.4%; Table 43).

Table 43: Proportion of individuals receiving any contraception through SHCs that are receiving emergency contraception, by year (combined types)

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Emergency	Oral	1.1%	1.1%	2.3%	3.4%	3.1%	2.8%	3.0%	1.3%	0.7%	1.1%
	IUD	0.4%	0.3%	0.2%	1.0%	1.3%	1.1%	1.4%	1.0%	1.0%	1.0%
	All	1.5%	1.4%	2.5%	4.4%	4.4%	3.9%	4.4%	2.3%	1.7%	2.1%

Source: SWS, 2023

Typically, the majority of LARC units were dispensed in CVUHB GP surgeries (Table 44).

Table 44: Number of emergency contraception units prescribed by GPs, by year

		2019	2020	2021	2022
HB	ABUHB	264	213	213	155
	BCUHB	464	321	300	239
	CTMUHB	134	130	96	107
	CVUHB	561	364	307	256
	HDUHB	127	103	79	78
	PTB	103	72	89	62
	SBUHB	216	164	154	137
	Total	1,869	1,367	1,238	1,034

Source: General Practice Prescribing Data, 2023

5. Termination of pregnancy

Termination of pregnancy (ToP) procedures are carried out only following a positive pregnancy test, including surgical (post 10 week gestation) and early medical abortion (up to 10 weeks).

Across Wales, there has been a 28.5% increase in the number of individuals receiving a ToP procedure in the six years to 2021 (Table 45).

Table 45: Number of individuals and rate per 1000 population receiving a ToP procedure by year 2017-2021, Wales[11,12]

	Total number of abortions	Rate per 1,000 women aged 15 to 44	95% confidence interval
2016	8,246	14	13.7 - 14.3
2017	8,599	14.6	14.3 - 15.0
2018	9,053	15.4	15.1 - 15.7
2019	9,476	16.1	15.8 - 16.5
2020	9,834	16.8	16.4 - 17.1
2021	10,594	17.9	17.6 - 18.3

Source: Office for National Statistics, 2023

The age standardised rates per 1,000 women and girls (aged 15-44) receiving a ToP varied by health board as shown in Table 46.

Table 46: Rate per 1,000 women aged 15-44 receiving a ToP procedure, by Health Board of residence, 2021

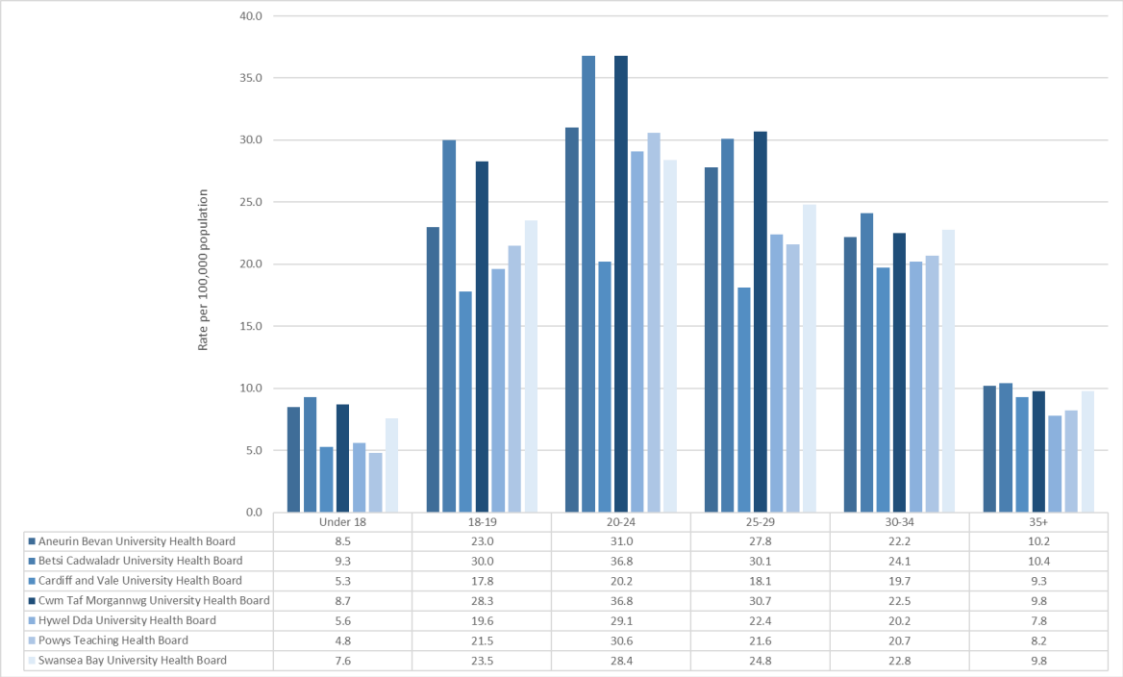
	Total number of abortions	Rate per 1,000 women aged 15 to 44	95% confidence interval
Aneurin Bevan UHB	2068	18.7	17.9 - 19.5
Betsi Cadwaladr UHB	2453	20.9	20.0 - 21.7
Cardiff and Vale UHB	1651	14.3	13.6 - 15.0
Cwm Taf Morgannwg UHB	1744	20.2	19.3 - 21.2
Hywel Dda UHB	1018	16	15.0 - 17.0
Powys Teaching HB	300	16.4	14.5 - 18.3
Swansea Bay UHB	1360	17.8	16.9 - 18.8
Total - Wales	**10594**	**17.9**	**17.6 - 18.3**

Source: Office for National Statistics, 2023

Rate of ToP varies by age group and health board of residence as shown in Figure 4 for 2021. The highest rates of ToP per 100,000 population were recorded in CTMUHB and BCUHB in the 20-24 year age groups in 2021.

[11] Age standardised rates are calculated using 2013 European Standardised Population. Rates for HBs are based on mid-2020 population estimates

[12] The confidence intervals show the range of values in which the expected value lays 95% of the time



	Under 18	18-19	20-24	25-29	30-34	35+
Aneurin Bevan University Health Board	8.5	23.0	31.0	27.8	22.2	10.2
Betsi Cadwaladr University Health Board	9.3	30.0	36.8	30.1	24.1	10.4
Cardiff and Vale University Health Board	5.3	17.8	20.2	18.1	19.7	9.3
Cwm Taf Morgannwg University Health Board	8.7	28.3	36.8	30.7	22.5	9.8
Hywel Dda University Health Board	5.6	19.6	29.1	22.4	20.2	7.8
Powys Teaching Health Board	4.8	21.5	30.6	21.6	20.7	8.2
Swansea Bay University Health Board	7.6	23.5	28.4	24.8	22.8	9.8

Source: Office for National Statistics, 2023

Figure 4: Rates per 1,000 population, by age group and Health Board of residence, Wales 2021