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Sexual Health Trends in Wales:

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

Annual report 2024

(Data to end of 2023)

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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Contents

1. Executive summary	7
1.1 Purpose	7
1.2 Key findings	7
1.2.1 STIs.....	7
1.2.2 Contraception.....	8
1.2.3 Termination of pregnancy (ToP).....	8
2. Data sources	9
2.2 Limitations	10
3. STI testing and diagnoses	10
3.1 STI testing	10
3.2 STI diagnoses.....	14
3.3 Coinfections.....	24
4. Contraception	25
4.1 Long-acting reversible contraception (LARC).....	25
4.2 Emergency contraception	30
5. Termination of pregnancy	31

Tables

Table 1: Number of STI tests, by source of test and year	10
Table 2: Number of individuals tested, by source of test and year	11
Table 3: Number of individuals tested in SHCs by sex, age group, Health Board, ethnicity, and year.....	12
Table 4: Number of individuals tested through the postal service, by sex, age group, Health Board and year	13
Table 5: Number of individuals tested in prison, by age group, prison and year	13
Table 6: Number of individuals tested in GP/ANC by sex and year	13
Table 7: Heat table of the individual testing rate per 100,000 population (combined sources).	14
Table 8: Number of individuals diagnosed with STIs and positivity, by source and year	15
Table 9: Number of individuals diagnosed with chlamydia, by sex, age group, Health Board, ethnicity, and year (combined sources).....	16
Table 10: Heat table of diagnosis rate per 100,000 population of chlamydia, by gender, age, Health Board, ethnicity [§] , and year (combined sources)	16
Table 11: Number of individuals diagnosed with gonorrhoea, by sex, age group, Health Board, ethnicity, and year (combined sources).....	17
Table 12: Heat table of diagnosis rate per 100,000 population of gonorrhoea, by gender, age, Health Board, ethnicity [§] , and year (combined sources). Darker blue indicates higher rates.	17
Table 13: Number of individuals diagnosed with syphilis, by sex, age group, Health Board, ethnicity, and year (combined sources).....	18

Table 14: Heat table of diagnosis rate per 100,000 population of syphilis, by gender, age, Health Board, ethnicity [§] and year (combined sources)	18
Table 15: Number of individuals diagnosed with syphilis, by stage of infection and year (enhanced syphilis surveillance forms)	19
Table 16: Number of individuals diagnosed with 1st episode genital herpes, by sex, age group, Health Board, ethnicity, and year (combined sources)	19
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)	20
Table 18: Number of individuals diagnosed with 1st episode genital warts, by sex, age group, Health Board, ethnicity, and year (combined sources)	20
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)	21
Table 20: Diagnosis rate per 100,000 population of STIs in females, by year (combined sources)	21
Table 21: Diagnosis rate per 100,000 population of STIs in males, by year (combined sources)	21
Table 22: Number of male individuals diagnosed with STIs, by sexuality and year	22
Table 23: Number of individuals diagnosed with Mpox, by Health Board in 2023	22
Table 24: Number of individuals diagnosed with STIs in 2023 and the number of proportion of individuals who also had an infection between 2020 and 2022 (SHC data only)	23
Table 25: Number of individuals re-infected with STIs, by sex, age group, Health Board and ethnicity (SHC data only)	24
Table 26: Number of individuals co-infected with STIs in 2023 (SHC data only)	24
Table 27: Individual coinfection rate per 100,000 population of STIs, by sex, age group, Health Board, and ethnicity	25
Table 28: Heat table of reception rate per 100,000 population of LARC in SHCs, by type and year	26
Table 29: Number of individuals receiving LARC IUD/IUS in SHCs, by age group, Health Board, ethnicity, and year	27
Table 30: Number of individuals receiving LARC implants in SHCs, by age group, Health Board, ethnicity, and year	27
Table 31: Number of individuals receiving LARC injections in SHCs, by age group, Health Board, ethnicity, and year	28
Table 32: Heat table of reception rate per 100,000 population of LARC in SHCs, by age group, Health Board, and year (combined types)	28
Table 33: Proportion of individuals receiving any contraception from SHCs, by Health Board and year (combined types)	29
Table 34: Number of LARC units prescribed by GPs, by type, Health Board and year	29
Table 35: Number of individuals receiving emergency contraception in SHCs, by type (oral and IUD) by year	30
Table 36: Number of individuals receiving emergency contraception in SHCs, by age group, Health Board, ethnicity, and year (combined types)	30
Table 37: Proportion of individuals receiving any contraception through SHCs that are receiving emergency contraception, by year (combined types)	31
Table 38: Number of emergency contraception units prescribed by GPs in each Health Board, by year	31

Table 39: Number of individuals and rate per 1000 population receiving a ToP procedure by year 2016-2022, Wales'	31
Table 40: Rate per 1,000 women aged 15-44 receiving a ToP procedure, by Health Board of residence, 2022.....	32

Figures

Figure 1: Number of individuals tested, by year (combined sources).....	11
Figure 2: Heat map of individual testing rate per 100,000 population in SHCs, by local authority (combined sources)	12
Figure 3: Figure 3: Number of cases of Mpox diagnoses per month since the beginning of the mpox outbreak in 2022, Wales.....	23
Figure 4: Number of individuals receiving LARC in SHCs, by type and year	26
Figure 5: Rates per 1,000 population, by age group and Health Board of residence, Wales 2022.....	32

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
HDUHB	Hywel Dda University Health Board
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 overview of the trends in sexual health in the population of Wales up to the end of 2023, including information on sexually transmitted infections (STIs), emergency and long-acting reversible contraception (LARC) provision and termination of pregnancy. The report is aimed at policy makers, health service clinicians and planners, commissioners, criminal justice and third sector agencies and academia.

1.2 Key findings

1.2.1 STIs

- Introduction of the STI/BBV post and test service in Wales in 2021 has substantially increased the number of STI tests undertaken in Wales, particularly amongst younger people aged 15-24 and 25-34
- When combining testing data for chlamydia, gonorrhoea and syphilis across all locations, testing is at a 10-year high
- Genital chlamydia remains the most frequently diagnosed bacterial STI in Wales. Diagnoses of chlamydia remain fairly constant (9,103 in 2023), with a 2% decrease on the previous year. In 2023, cases were most frequently female and in the 15-24 age group
- There was a substantial increase in the number of gonorrhoea and syphilis diagnoses in 2023:
 - 5,292 gonorrhoea diagnoses, a 27% increase compared to 2022. Cases were most frequently male and in the 15-24 age group
 - 507 syphilis diagnoses, a 20% increase compared to 2022. This was a 17% increase from the previous peak of 433 cases in 2019
- Diagnosis of genital herpes is now more common than that of genital warts in Wales. Cases of a first episode genital herpes increased by 2% (1,190 cases) compared to 2022. However, annually reported cases remain fewer than the 1,557 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 a first episode of genital warts continue to decline with 985 cases in 2023, a 69% reduction over the last decade
- With respect to recorded self-reported sexuality, chlamydia, genital herpes, and genital warts are more frequently diagnosed in young heterosexual males. Gonorrhoea and syphilis are more frequently diagnosed in gay and bisexual men
- Covid-19 pandemic restrictions and the introduction of the post and test scheme have resulted in a marked decrease in Sexual Health Clinic (SHC) attendances since 2020. As such, recent incidence data should be interpreted with caution

- **Reinfections:** Analysis of sexual health clinic data 2020-2023 indicates reinfection rates for chlamydia, syphilis and gonorrhoea are around 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
- **STI 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; and those aged 15-24
 - Gonorrhoea/syphilis and chlamydia/syphilis co-infections were highest in: males; those aged 25-34

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 10% in 2023 compared to the previous year compared and by 30% since the highest number recorded in 2019
- IUD/IUSs are the most frequently fitted LARC type in 2023, with 5,545 individuals receiving the device
- There was a 17% reduction in the use of implants in 2023, compared to 2022
- In 2023 there was a slight increase in the provision of injectable LARC at SHCs

1.2.3 Termination of pregnancy (ToP)

- Across all services, the number of individuals receiving a ToP procedure continues to increase, with a 39% increase between 2016 and 2022. Betsi Cadwaladr University Health Board reports the highest number of procedures in 2022

2. Data sources

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

Sexual Health 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 in integrated sexual health clinics in Wales. SWS provides a Wales-wide dataset that includes results of STI and BBV testing and diagnosis information for individuals using sexual health services in Wales 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 sexual networks. An eForm reporting mechanism was introduced at the end of 2023.

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 uses 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.

SystemOne

This is an electronic management system 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.

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 figures¹. Population estimates for Ethnicity are based on the 2011 ONS census².

In addition, ONS data on Termination of Pregnancy are collated for all Health Boards in Wales via the HSA4 notification system³.

2.2 Limitations

As recognised in the Sexual Health Service Review in 2018⁴, 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.

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, diagnosis rates per 100,000 by ethnic group from 2021 onwards should be interpreted with care.

3. STI testing and diagnoses

3.1 STI testing

In Wales, STI 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 tests, by source of test and year

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
Chlamydia	SHC	52,992	55,123	66,129	70,393	69,833	75,694	29,412	18,063	22,634	26,195
	Postal								55,292	66,596	70,569
	GP ANC	42,541	45,151	43,064	41,632	39,954	40,492	30,550	34,473	33,304	22,789
	Prison						1,119	825	626	1,005	940
	Total	95,533	100,274	109,193	112,025	109,787	117,305	60,787	108,454	123,539	120,493
Gonorrhoea	SHC	52,913	55,047	66,093	70,364	69,793	75,665	29,392	18,049	22,613	26,172
	Postal								55,378	66,666	70,673
	GP ANC	16,977	9,623	8,790	12,756	13,396	15,144	13,512	21,595	23,628	18,129
	Prison						1,097	806	612	986	940
	Total	69,890	64,670	74,883	83,120	83,189	91,906	43,710	95,634	113,893	115,914
Syphilis	SHC	30,875	32,414	35,324	37,526	35,984	38,952	14,746	9,262	14,752	18,431
	Postal								27,922	31,264	30,431
	GP ANC	17,089	30,626	29,517	28,632	28,118	27,404	25,876	25,301	23,721	23,568
	Prison		6	8	8	220	1,377	1,763	2,435	2,450	5,401
	Total	47,964	63,046	64,849	66,166	64,322	67,733	42,385	64,920	72,187	77,831

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2024

¹ Office for National Statistics. Mid-2021 population estimates. [ONS mid-year population estimates](#)

² Office for National Statistics. 2011 census - Ethnicity and National Identity in England and Wales: 2011. [Census 2011](#)

³ Office for National statistics. [Guide to abortion statistics, England and Wales: 2021 - GOV.UK \(www.gov.uk\)](#)

⁴ [A-Review-of-Sexual-Health-in-Wales-Final-Report.pdf \(phwwhocc.co.uk\)](#)

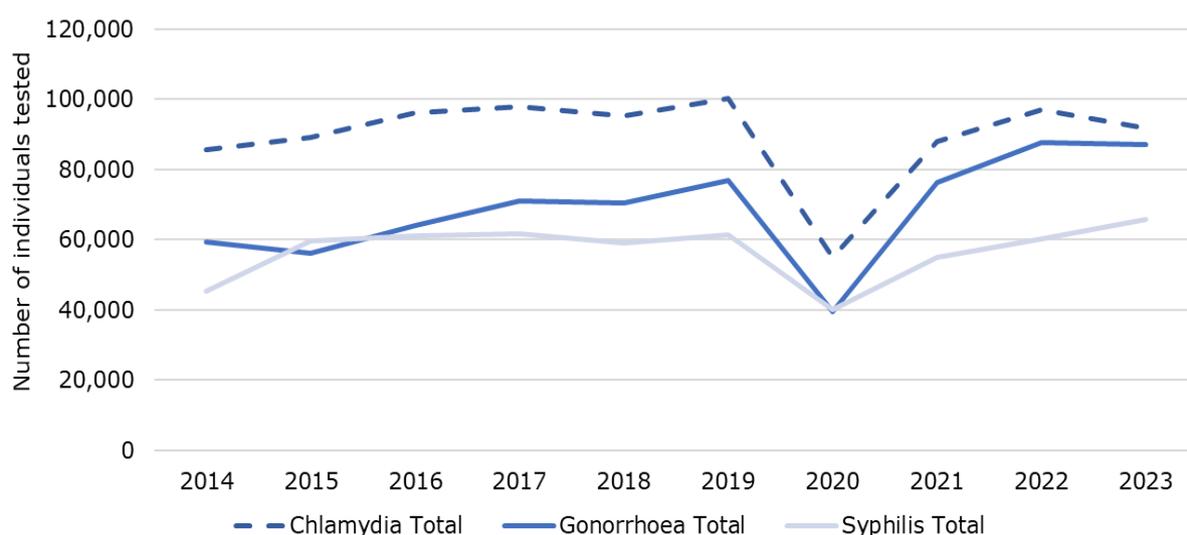
When combining data across locations and diseases, overall testing is at a 10-year high.

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

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

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
Chlamydia	SHC	45,870	47,449	56,316	59,648	58,272	61,898	26,304	15,813	19,327	21,847
	Postal								40,014	45,769	47,911
	GP/ANC	39,660	41,629	39,713	38,378	36,896	37,352	27,983	31,722	30,915	21,296
	Prison						991	718	562	891	830
	Total	85,530	89,078	96,029	98,026	95,168	100,241	55,005	88,111	96,902	91,884
Gonorrhoea	SHC	45,815	47,397	56,295	59,634	58,256	61,881	26,295	15,802	19,319	21,834
	Postal								40,022	45,773	47,939
	GP/ANC	13,628	8,791	7,796	11,426	12,289	13,975	12,586	19,844	21,844	16,641
	Prison						971	701	549	876	821
	Total	59,443	56,188	64,091	71,060	70,545	76,827	39,582	76,217	87,812	87,235
Syphilis	SHC	28,456	29,584	32,171	33,634	31,453	33,263	13,215	7,633	12,165	14,926
	Postal								20,330	22,709	22,721
	GP/ANC	16,860	29,976	28,895	28,109	27,486	26,795	25,067	24,719	22,968	23,022
	Prison		6	8	8	220	1,341	1,685	2,315	2,383	5,073
	Total	45,316	59,566	61,074	61,751	59,159	61,399	39,967	54,997	60,225	65,742

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2024



Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2024

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

The number of individuals tested for chlamydia across the locations has decreased by 5% since 2022, with 91,884 individuals being tested. However, testing has not returned to 2019 (pre-pandemic) highs, showing an 8% decrease in testing on 2019 levels.

The number of individuals tested for gonorrhoea across the locations has also remained steady from the previous year, with 87,235 individuals being tested in 2023.

Testing for syphilis increased by 9% over the last year with 65,742 individuals tested in 2023, representing a 7% increase in testing from 2019.

Demographic profile of individuals tested for STIs

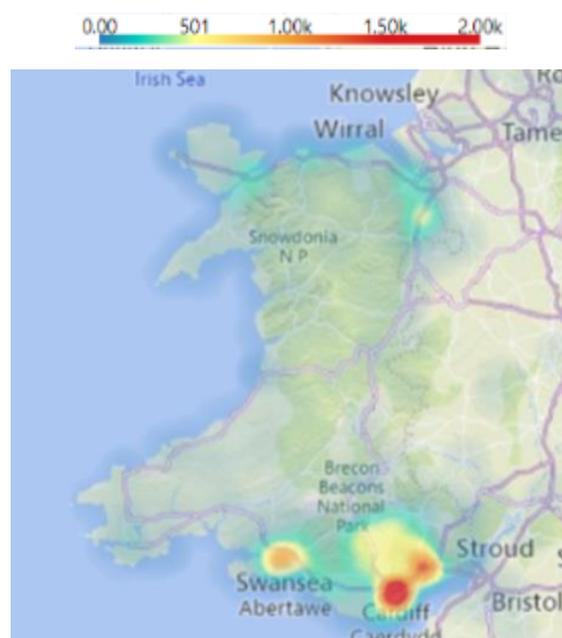
The demographic profile for individuals tested in SHCs is shown in Table 3.

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

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
All	45,876	47,514	56,476	39,913	58,608	62,334	26,700	16,329	20,507	23,298	
Gender	Female	26,468	28,129	34,491	36,961	35,872	38,416	16,429	9,655	11,455	13,041
	Male	19,406	19,377	21,979	2,944	22,725	23,900	10,263	6,665	9,003	10,173
	Unknown	<5	8	6	8	11	18	8	9	49	84
Age	0-14	207	205	222	248	179	211	121	104	129	147
	15-24	24,562	24,358	28,696	29,719	28,648	29,987	12,134	6,059	7,305	8,138
	25-34	13,336	14,443	17,271	19,079	18,849	20,245	8,879	5,695	7,069	7,942
	35-44	4,714	5,249	6,264	6,701	6,687	7,220	3,452	2,665	3,600	4,177
	45-54	2,235	2,366	2,905	2,924	3,024	3,167	1,399	1,199	1,540	1,783
	55+	822	893	1,118	1,242	1,221	1,504	715	607	864	1,111
	Unknown	0	0	0	0	0	0	0	0	0	0
HB	ABUHB	12,356	11,962	14,167	15,218	14,535	15,164	6,765	4,763	5,816	6,912
	BCUHB	7,916	9,351	9,677	9,206	9,701	10,161	4,706	2,561	3,478	2,743
	CTMUHB	7,174	7,159	7,288	6,690	4,175	3,767	1,549	1,325	2,023	1,949
	CVUHB	6,962	7,266	9,688	11,950	14,062	15,256	6,736	4,122	5,222	5,286
	HDUHB	1,088	967	4,540	5,657	6,839	5,744	1,727	509	495	1,468
	PTB	146	0	0	0	0	0	0	0	0	0
	SBUHB	10,234	10,809	11,116	11,192	9,295	12,243	5,217	3,049	3,473	4,940
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	326	364	424	443	454	525	221	108	216	407
	Black	562	525	647	702	718	725	324	191	384	527
	Mixed	583	647	826	882	910	820	405	263	389	582
	Other	251	277	531	802	818	673	258	145	239	322
	White	41,781	42,758	50,687	52,837	50,887	52,671	20,388	10,663	13,280	16,261
	Unknown	2,373	2,943	3,361	4,247	4,821	6,920	5,104	4,959	5,999	5,199

Source: SWS, 2024

In 2023, 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 more frequent in: females; those aged 15-24; those with White ethnicity; and individuals living in CVUHB (Table 4).

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

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
All								40,669	46,332	48,542
Gender								25,275	26,103	21,923
Female								14,623	15,417	13,461
Male								771	4,812	13,158
Unknown								0	<5	<5
Age								12,201	20,217	19,932
0-14								18,786	17,139	18,047
15-24								6,630	6,152	7,219
25-34								2,101	1,987	2,353
35-44								845	825	984
45-54								106	10	6
55+								3,935	6,097	6,246
Unknown								4,558	7,020	7,219
HB								2,793	4,472	4,823
ABUHB								8,190	12,709	13,222
BCUHB								3,181	4,867	5,312
CTMUHB								698	1,219	1,307
CVUHB								3,455	5,934	5,751
HDUHB								13,859	4,014	4,662
PTB								0	130	747
SBUHB								0	157	802
Unknown								0	250	1,109
Ethnicity								0	71	406
Asian								0	8,194	40,362
Black								40,669	37,530	5,116
Mixed										
Other										
White										
Unknown										

Source: Test and Post Scheme/TDL, 2024

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 6 shows demography of those tested through their GP or antenatal care clinic.

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

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
All		787	2,065	3,391	2,593	5,243	2,486	2,897	3,395	5,794
Age										
0-14										
15-24										
25-34										
35-44										
45-54										
55+										
Unknown										
Prison										
H.M. Prison Berwyn										
H.M. Prison Parc										
H.M. Prison Cardiff										
H.M. Prison Swansea										
H.M. Prison Usk										
H.M. Prison Prescoed										

Source: SystmOne, 2024

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

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
All	72,749	72,811	69,281	67,551	65,534	65,230	53,815	57,529	55,714	48,126
Gender										
Female	66,655	67,612	64,437	62,548	60,677	59,902	50,106	53,590	51,897	44,147
Male	5,984	5,144	4,808	4,959	4,826	5,296	3,684	3,913	3,817	3,978
Unknown	110	55	36	44	31	32	25	26	0	<5

Source: LIMS/Datastore, 2024

Table 7 shows the individual testing rate per 100,000 population for each infection. 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). Darker blue indicates higher rates.

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Chlamydia	2782.6	2899.0	3120.7	3181.3	3086.0	3246.4	1771.8	2837.1	3094.3	2934.1
Gonorrhoea	1933.9	1828.6	2082.8	2306.1	2287.6	2488.1	1275.0	2454.2	2804.0	2785.6
Syphilis	1474.3	1938.5	1984.7	2004.0	1918.4	1988.5	1287.4	1770.9	1923.1	2099.3

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2024

3.2 STI diagnoses

The number of diagnoses of each infection can be seen in Table 8. The number of chlamydia diagnoses is has dropped slightly from the previous year, with 9,103 individuals diagnosed in 2023 (2% less than in 2022).

Gonorrhoea diagnoses are at a 10-year high with a 27% increase in cases since 2022, reaching 5,292 diagnoses.

There were 507 diagnoses of syphilis in 2023, which is a 20% increase compared to 2022. This is a 17% increase from the previous peak of 433 cases in 2019.

Diagnoses of 1st episode genital herpes saw a 2% increase between 2022 and 2023, reaching 1,190. However, this is less than diagnoses in 2018 where cases peaked at 1,557.

Diagnoses of 1st episode genital warts continues to decline with 985 cases in 2023, 3% less than in 2022.

Table 8: Number of individuals diagnosed with STIs⁵ and positivity, by source and year

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Chlamydia	SHC	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%	3,259 20.6%	4,012 20.8%	4,431 20.3%
	Postal								3,497 8.7%	4,504 9.8%	4,198 8.8%
	GP/ANC	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%	429 2.0%
	Prison						58 5.9%	37 5.2%	50 8.9%	42 4.7%	45 5.4%
	Total	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%	7,580 8.6%	9,290 9.6%	9,103 9.9%
Gonorrhoea	SHC	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%	1,125 7.1%	2,408 12.5%	3,205 14.7%
	Postal								604 1.5%	1,609 3.5%	1,965 4.1%
	GP/ANC	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 0.7%	111 0.7%
	Prison						12 1.2%	5 0.7%	8 1.5%	13 1.5%	11 1.3%
	Total	984 1.7%	973 1.7%	961 1.5%	1,193 1.7%	1,324 1.9%	1,599 2.1%	1,223 3.1%	1,822 2.4%	4,174 4.8%	5,292 6.1%
Syphilis	SHC	158 0.6%	140 0.5%	180 0.6%	249 0.7%	281 0.9%	324 1.0%	218 1.6%	271 3.6%	316 2.6%	368 2.5%
	Postal								6 0.0%	6 0.0%	7 0.0%
	GP/ANC	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%	98 0.4%
	Prison						20 1.5%	13 0.8%	13 0.6%	19 0.8%	34 0.7%
	Total	186 0.4%	208 0.3%	247 0.4%	308 0.5%	350 0.6%	433 0.7%	305 0.8%	368 0.7%	424 0.7%	507 0.8%
Genital Herpes	SHC/Total	1,236	1,221	1,491	1,417	1,529	1,557	1,020	962	1,170	1,190
Genital Warts	SHC/Total	3,218	3,145	3,181	2,962	2,628	2,267	1,230	1,135	1,018	985

Sources: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2024

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).

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)

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Gender	Female	4,031	3,983	4,525	4,710	4,358	4,451	2,907	4,451	5,380	4,684
	Male	2,614	2,547	3,044	3,174	2,944	3,106	1,988	3,070	3,440	3,216
	Unknown	7	<5	<5	<5	0	<5	<5	59	470	1,203
Age	0-14	18	8	24	17	10	11	<5	8	<5	8
	15-24	4,661	4,458	5,204	5,456	4,889	5,029	3,042	3,922	6,152	5,879
	25-34	1,571	1,613	1,789	1,888	1,831	1,878	1,386	2,752	2,299	2,299
	35-44	279	282	342	322	366	381	384	627	532	607
	45-54	97	90	142	123	138	159	107	181	169	215
	55+	26	40	56	53	53	77	51	95	88	95
	Unknown	0	<5	0	0	0	0	<5	6	0	0
HB	ABUHB	1,772	1,758	1,887	1,800	1,661	1,649	1,076	968	1,245	1,522
	BCUHB	1,223	1,398	1,419	1,295	1,340	1,395	942	920	1,238	1,032
	CTMUHB	925	800	889	823	570	560	273	488	729	742
	CVUHB	1,088	1,178	1,308	1,867	1,986	2,011	1,350	2,349	3,251	2,996
	HDUHB	426	253	690	726	715	584	399	436	589	533
	PTB	47	32	39	32	28	22	13	62	119	126
	SBUHB	1,098	1,112	1,337	1,343	998	1,336	842	1,133	1,709	1,745
	Unknown	73	<5	<5	<5	<5	<5	<5	1,224	410	407
Ethnicity	Asian	26	21	26	33	41	48	19	17	38	106
	Black	57	56	76	94	88	77	60	42	96	186
	Mixed	69	59	88	100	99	94	58	53	103	186
	Other	35	26	48	70	93	77	31	32	34	84
	White	4,534	4,507	5,547	5,756	5,298	5,317	2,882	1,760	2,845	6,056
	Unknown	1,931	1,863	1,785	1,834	1,683	1,946	1,847	5,676	6,174	2,485

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2024

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

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Gender	Female	267.0	264.0	299.6	311.5	288.1	294.0	191.1	292.9	350.5	305.2
	Male	167.1	162.9	194.3	202.3	187.4	197.3	125.6	193.6	215.4	201.4
Age	0-14	3.5	1.5	4.6	3.3	1.9	2.1	0.8	1.4	0.8	1.6
	15-24	1172.9	1146.0	1366.4	1464.3	1333.8	1389.8	838.0	1089.3	1696.3	1621.0
	25-34	424.5	435.1	478.9	500.7	483.7	493.1	362.2	721.0	593.7	593.7
	35-44	76.4	88.8	99.8	99.3	108.4	114.9	85.6	169.9	154.6	162.3
	45-54	22.4	20.8	32.7	28.5	32.4	38.1	26.2	45.3	43.3	55.1
	55+	2.6	4.0	5.5	5.2	5.1	7.3	4.7	8.7	8.0	8.6
HB	ABUHB	306.5	304.0	325.4	309.8	284.9	282.2	183.2	164.5	210.5	257.4
	BCUHB	177.4	203.1	206.4	188.5	195.2	203.6	136.9	133.9	179.9	150.0
	CTMUHB	212.4	183.3	203.1	187.5	129.7	126.9	61.7	110.4	164.2	167.1
	CVUHB	227.8	246.5	272.5	386.8	410.1	413.0	274.7	477.1	643.0	592.6
	HDUHB	111.6	66.6	181.9	191.8	189.2	154.4	104.6	114.0	152.9	138.4
	PTB	35.4	24.1	29.4	24.2	21.2	16.7	9.8	46.4	88.9	94.1
	SBUHB	290.0	293.4	351.6	353.2	262.3	351.5	220.8	298.3	445.7	455.1
	Unknown										
Ethnicity	Asian	37.1	29.9	37.1	47.1	58.5	68.4	27.1	19.1	42.7	119.1
	Black	311.9	306.4	415.8	514.3	481.5	421.3	328.3	152.4	348.4	675.0
	Mixed	218.9	187.2	279.2	317.2	314.1	298.2	184.0	109.1	211.9	382.7
	White	154.8	153.9	189.4	196.6	180.9	181.6	98.4	60.4	97.6	207.7

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2024

[§] Rate per 100,000 population by ethnicity from 2021 onwards should be interpreted with caution 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)

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Gender	Female	324	321	358	451	404	536	480	696	1,692	2,239
	Male	660	652	603	742	919	1,063	742	1,121	2,269	2,518
	Unknown	0	0	0	0	<5	0	<5	5	213	535
Age	0-14	3	7	5	0	<5	<5	<5	<5	<5	6
	15-24	501	478	496	584	571	681	542	653	2,441	3,037
	25-34	309	316	285	363	460	536	410	704	1,086	1,358
	35-44	102	92	99	124	154	204	179	284	396	575
	45-54	49	47	54	83	89	117	60	107	155	200
	55+	20	32	22	39	49	60	28	72	94	115
	Unknown	0	<5	0	0	0	0	<5	0	0	<5
HB	ABUHB	293	256	179	246	321	375	297	324	540	922
	BCUHB	91	118	140	204	198	234	249	196	506	450
	CTMUHB	118	123	101	105	74	72	44	95	271	371
	CVUHB	310	295	370	445	504	578	406	735	1,787	2,118
	HDUHB	25	15	46	69	69	76	54	55	167	402
	PTB	0	0	0	<5	0	0	<5	5	23	30
	SBUHB	146	166	125	122	158	264	171	217	755	813
Unknown	<5	0	0	<5	0	0	<5	195	125	186	
Ethnicity	Asian	8	12	10	13	14	18	9	13	29	78
	Black	14	15	15	12	25	30	23	24	51	78
	Mixed	18	11	13	20	34	36	19	22	67	118
	Other	7	<5	13	25	35	18	11	15	23	45
	White	845	803	791	959	1,069	1,271	846	662	1,807	3,869
	Unknown	92	128	119	164	147	226	315	1,086	2,197	1,104

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2024

The diagnosis rate per 100,000 population (Table 12) reflects trends seen in the number of gonorrhoea diagnosis aside from rates being higher in those of Black and Mixed ethnicity than in individuals of White ethnicity.

Table 12: Heat table of diagnosis rate per 100,000 population of gonorrhoea, by gender, age, Health Board, ethnicity[§], and year (combined sources). Darker blue indicates higher rates.

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Gender	Female	21.5	21.3	23.7	29.8	26.7	35.4	31.5	45.8	110.2	145.9
	Male	42.2	41.7	38.5	47.3	58.5	67.5	46.9	70.7	142.1	157.7
Age	0-14	0.6	1.4	1.0	0.0	0.2	0.2	0.6	0.4	0.4	1.2
	15-24	126.1	122.9	130.2	156.7	155.8	188.2	149.3	181.4	673.1	837.4
	25-34	83.5	85.2	76.3	96.3	121.5	140.7	107.1	184.4	280.4	350.7
	35-44	27.9	25.5	27.8	35.2	43.8	57.9	50.1	78.2	105.9	153.7
	45-54	11.3	10.9	12.4	19.2	20.9	28.0	14.7	26.8	39.7	51.3
	55+	2.0	3.2	2.2	3.8	4.7	5.7	2.6	6.6	8.5	10.4
HB	ABUHB	50.7	44.3	30.9	42.3	55.1	64.2	50.6	55.1	91.3	155.9
	BCUHB	13.2	17.1	20.4	29.7	28.8	34.1	36.2	28.5	73.5	65.4
	CTMUHB	27.1	28.2	23.1	23.9	16.8	16.3	9.9	21.5	61.0	83.6
	CVUHB	64.9	61.7	77.1	92.2	104.1	118.7	82.6	149.3	353.5	418.9
	HDUHB	6.5	3.9	12.1	18.2	18.3	20.1	14.2	14.4	43.4	104.4
	PTB	0.0	0.0	0.0	0.8	0.0	0.0	0.8	3.7	17.2	22.4
	SBUHB	38.6	43.8	32.9	32.1	41.5	69.5	44.8	57.1	196.9	212.0
Ethnicity	Asian	11.4	17.1	14.3	18.5	20.0	25.7	12.8	14.6	32.6	87.6
	Black	76.6	82.1	82.1	65.7	136.8	164.1	125.8	87.1	185.1	283.1
	Mixed	57.1	34.9	41.2	63.4	107.9	114.2	60.3	45.3	137.9	242.8
	White	28.9	27.4	27.0	32.7	36.5	43.4	28.9	22.7	62.0	132.7

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2024

[§] Rate per 100,000 population by ethnicity from 2021 onwards should be interpreted with caution 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)

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Gender	Female	37	77	82	74	86	114	79	79	103	124
	Male	149	131	165	234	262	319	225	288	321	383
	Unknown	0	0	0	0	<5	0	<5	<5	0	0
Age	0-14	0	0	0	0	0	0	0	0	0	0
	15-24	33	34	53	47	71	77	54	48	63	53
	25-34	61	73	78	105	142	170	121	140	145	199
	35-44	45	52	58	82	68	84	60	91	103	134
	45-54	29	27	34	45	39	62	42	48	61	67
	55+	18	22	24	29	30	40	27	41	52	54
	Unknown	0	0	0	0	0	0	<5	0	0	0
HB	ABUHB	51	36	36	72	73	71	53	94	72	111
	BCUHB	34	24	36	50	60	68	46	48	73	73
	CTMUHB	27	37	25	29	29	43	37	21	39	37
	CVUHB	51	63	83	84	101	149	73	107	125	126
	HDUHB	<5	9	21	20	25	16	31	17	19	27
	PTB	<5	<5	0	<5	0	<5	0	0	<5	<5
	SBUHB	17	35	46	50	58	83	64	81	89	131
	Unknown	0	<5	0	<5	<5	<5	<5	0	<5	0
Ethnicity	Asian	6	<5	<5	<5	0	<5	<5	<5	7	16
	Black	6	8	<5	<5	<5	8	<5	<5	7	7
	Mixed	<5	5	<5	<5	9	<5	6	6	<5	10
	Other	<5	0	<5	9	<5	<5	<5	<5	<5	10
	White	131	110	150	216	244	273	171	191	217	258
	Unknown	38	84	83	75	89	141	121	164	187	206

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2024

This is partially consistent with the syphilis diagnosis rate per 100,000 population (Table 14), with rate being higher in those living in SBUHB and those of Black, mixed and Asian ethnicity.

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

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Gender	Female	2.5	5.1	5.4	4.9	5.7	7.5	5.2	5.2	6.7	8.1
	Male	9.5	8.4	10.5	14.9	16.7	20.3	14.2	18.2	20.1	24.0
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	8.3	8.7	13.9	12.6	19.4	21.3	14.9	13.3	17.4	14.6
	25-34	16.5	19.7	20.9	27.8	37.5	44.6	31.6	36.7	37.4	51.4
	35-44	12.3	14.4	16.3	23.3	19.3	23.8	16.8	25.1	27.5	35.8
	45-54	6.7	6.2	7.8	10.4	9.2	14.9	10.3	12.0	15.6	17.2
	55+	1.8	2.2	2.4	2.8	2.9	3.8	2.5	3.8	4.7	4.9
	Unknown										
HB	ABUHB	8.8	6.2	6.2	12.4	12.5	12.2	9.0	16.0	12.2	18.8
	BCUHB	4.9	3.5	5.2	7.3	8.7	9.9	6.7	7.0	10.6	10.6
	CTMUHB	6.2	8.5	5.7	6.6	6.6	9.7	8.4	4.7	8.8	8.3
	CVUHB	10.7	13.2	17.3	17.4	20.9	30.6	14.9	21.7	24.7	24.9
	HDUHB	1.0	2.4	5.5	5.3	6.6	4.2	8.1	4.4	4.9	7.0
	PTB	1.5	2.3	0.0	0.8	0.0	0.8	0.0	0.0	3.0	1.5
	SBUHB	4.5	9.2	12.1	13.1	15.2	21.8	16.8	21.3	23.2	34.2
	Unknown										
Ethnicity	Asian	8.6	1.4	5.7	2.9	0.0	5.7	2.9	2.2	7.9	18.0
	Black	32.8	43.8	21.9	21.9	21.9	43.8	10.9	10.9	25.4	25.4
	Mixed	12.7	15.9	9.5	6.3	28.6	9.5	19.0	12.3	8.2	20.6
	White	4.5	3.8	5.1	7.4	8.3	9.3	5.8	6.6	7.4	8.8

Source: SWS, Test and Post Scheme/TDL, SystmOne and Datastore, 2024

[§] Rate per 100,000 population by ethnicity from 2021 onwards should be interpreted with caution 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 to record more detailed information, such as stage of infection. The stage of infection for individuals who had an enhanced form completed can be seen in Table 15.

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

Stage of infection	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Early latent	19	18	22	63	35	54	28	46	13	28
Primary	63	36	34	57	68	86	56	69	68	113
Secondary	32	17	25	38	22	27	17	32	18	29
Unknown	18	16	11	6	12	40	34	44	38	66
Total	132	87	92	164	137	207	135	191	137	236

Source: Enhanced Syphilis Surveillance, 2024

In 2023, there was a 72% increase in the number of individuals who completed an enhanced surveillance form. Since 2018, the majority of cases have been in the primary stage. The number of primary cases reported increased by 66% from 2022 to 2023. Early latent cases increased by 115% from 2022 to 2023 but remained lower than in 2021.

Genital herpes

First episode genital herpes diagnoses (Table 16) were most frequent in: females; aged 15-24; clinics in ABUHB; 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)

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Gender	Female	760	795	944	919	1,017	1,002	664	651	789	800
	Male	476	426	545	498	512	555	356	311	372	388
	Unknown	0	0	<5	0	0	0	0	0	9	<5
Age	0-14	<5	<5	8	<5	0	<5	<5	<5	<5	<5
	15-24	584	644	754	690	737	732	483	424	534	526
	25-34	384	352	431	428	460	470	325	321	369	392
	35-44	140	121	157	149	163	188	106	117	155	167
	45-54	85	62	94	93	95	87	62	65	67	53
	55+	42	38	47	53	74	77	42	34	42	48
	Unknown	0	0	0	0	0	0	0	0	0	0
HB	ABUHB	361	360	363	384	447	396	275	234	250	290
	BCUHB	205	272	289	238	285	256	169	152	198	142
	CTMUHB	226	168	194	194	123	142	71	71	138	73
	CVUHB	192	231	319	246	277	342	235	275	258	288
	HUHB	15	5	93	124	144	117	53	63	62	123
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	237	185	233	231	253	304	217	167	264	274
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	15	8	12	8	10	11	<5	<5	<5	21
	Black	11	7	20	<5	10	13	9	6	9	17
	Mixed	14	14	16	21	19	15	13	14	12	21
	Other	6	5	11	15	25	21	9	<5	9	10
	White	1,155	1,121	1,341	1,303	1,380	1,399	729	580	809	880
Unknown	35	66	91	67	85	98	258	359	327	241	

Source: SWS, 2024

As seen with other infections, the diagnosis rate per 100,000 population (Table 17) is relatively consistent with the trends in number of diagnoses aside from ethnicity with rates being higher in those of Black and Mixed ethnicity compared to 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)

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Gender	Female	50.3	52.7	62.5	60.8	67.2	66.2	43.6	42.8	51.4	52.1
	Male	30.4	27.2	34.8	31.7	32.6	35.3	22.5	19.6	23.3	24.3
Age	0-14	0.2	0.8	1.5	0.8	0.0	0.6	0.4	0.2	0.6	0.8
	15-24	147.0	165.6	198.0	185.2	201.1	202.3	133.1	117.8	147.2	145.0
	25-34	103.8	95.0	115.4	113.5	121.5	123.4	84.9	84.1	95.3	101.2
	35-44	38.3	33.5	44.1	42.3	46.4	53.3	29.6	32.2	41.4	44.7
	45-54	19.6	14.3	21.7	21.6	22.3	20.8	15.2	16.3	17.2	13.6
	55+	4.2	3.8	4.6	5.2	7.1	7.3	3.9	3.1	3.8	4.3
HB	ABUHB	62.4	62.2	62.6	66.1	76.7	67.8	46.8	39.8	42.3	49.0
	BCUHB	29.7	39.5	42.0	34.6	41.5	37.4	24.6	22.1	28.8	20.6
	CTMUHB	51.9	38.5	44.3	44.2	28.0	32.2	16.0	16.1	31.1	16.4
	CVUHB	40.2	48.3	66.4	51.0	57.2	70.2	47.8	55.9	51.0	57.0
	HDUHB	3.9	1.3	24.5	32.8	38.1	30.9	13.9	16.5	16.1	31.9
	PTB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	SBUHB	62.6	48.8	61.3	60.7	66.5	80.0	56.9	44.0	68.9	71.5
Ethnicity	Asian	21.4	11.4	17.1	11.4	14.3	15.7	2.9	2.2	4.5	23.6
	Black	60.2	38.3	109.4	16.4	54.7	71.1	49.2	21.8	32.7	61.7
	Mixed	44.4	44.4	50.8	66.6	60.3	47.6	41.2	28.8	24.7	43.2
	White	39.4	38.3	45.8	44.5	47.1	47.8	24.9	19.9	27.7	30.2

Source: SWS, 2024

Genital warts

1st episode genital warts (Table 18) are most frequent in: males; those aged 25-34; clinics in SBUHB; 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)

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Gender	Female	1,501	1,388	1,412	1,324	1,138	961	568	485	422	435
	Male	1,717	1,757	1,769	1,637	1,490	1,305	661	650	593	549
	Unknown	0	0	0	<5	0	<5	<5	0	<5	<5
Age	0-14	<5	<5	0	<5	<5	<5	<5	0	0	0
	15-24	1,833	1,744	1,769	1,580	1,361	1,055	488	317	213	213
	25-34	846	850	852	859	789	735	433	498	449	411
	35-44	296	307	300	273	255	267	168	173	199	188
	45-54	174	163	167	165	144	136	86	97	100	86
	55+	65	78	93	81	77	73	54	50	57	87
	Unknown	0	0	0	0	0	0	0	0	0	0
HB	ABUHB	752	740	683	607	551	492	291	266	232	214
	BCUHB	533	656	553	463	420	389	246	205	225	112
	CTMUHB	604	514	463	388	253	166	62	97	91	84
	CVUHB	669	623	702	724	730	624	274	247	201	216
	HDUHB	89	74	307	316	366	202	112	92	70	134
	PTB	15	0	0	0	0	0	0	0	0	0
	SBUHB	556	538	473	464	308	394	245	228	199	225
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	21	18	13	21	27	19	8	<5	5	11
	Black	25	24	28	22	13	24	7	6	14	14
	Mixed	27	28	37	49	34	28	12	8	10	19
	Other	23	20	22	38	40	31	5	6	8	13
	White	2,944	2,835	2,865	2,650	2,339	1,950	889	732	673	720
Unknown	178	220	216	182	175	215	309	381	308	208	

Source: SWS, 2024

The genital warts diagnosis rate per 100,000 can be seen in Table 19 and trends are similar, however: the rate is higher in SBUHB (58.7 per 100,000) compared to ABUHB (36.2 per 100,000); and like with other STIs, the rate is higher in those of Black and Mixed ethnicity than those of White ethnicity.

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)

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Gender	Female	99.4	92.0	93.5	87.6	75.2	63.5	37.3	31.9	27.5	28.3
	Male	109.8	112.3	112.9	104.3	94.8	82.9	41.8	41.0	37.1	34.4
Age	0-14	0.8	0.6	0.0	0.8	0.4	0.2	0.2	0.0	0.0	0.0
	15-24	461.2	448.3	464.5	424.0	371.3	291.6	134.4	88.0	58.7	58.7
	25-34	228.6	229.3	228.1	227.8	208.4	193.0	113.2	130.5	115.9	106.1
	35-44	81.0	85.0	84.3	77.5	72.5	75.8	47.0	47.6	53.2	50.3
	45-54	40.2	37.6	38.5	38.3	33.8	32.6	21.0	24.3	25.6	22.1
	55+	6.6	7.8	9.2	7.9	7.4	6.9	5.0	4.6	5.2	7.9
HB	ABUHB	130.1	128.0	117.8	104.5	94.5	84.2	49.6	45.2	39.2	36.2
	BCUHB	77.3	95.3	80.4	67.4	61.2	56.8	35.7	29.8	32.7	16.3
	CTMUHB	138.7	117.8	105.8	88.4	57.6	37.6	14.0	21.9	20.5	18.9
	CVUHB	140.1	130.4	146.2	150.0	150.7	128.1	55.7	50.2	39.8	42.7
	HDUHB	23.3	19.5	80.9	83.5	96.8	53.4	29.4	24.1	18.2	34.8
	PTB	11.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	SBUHB	146.8	141.9	124.4	122.0	80.9	103.7	64.3	60.0	51.9	58.7
Ethnicity	Asian	29.9	25.7	18.5	29.9	38.5	27.1	11.4	2.2	5.6	12.4
	Black	136.8	131.3	153.2	120.4	71.1	131.3	38.3	21.8	50.8	50.8
	Mixed	85.7	88.8	117.4	155.5	107.9	88.8	38.1	16.5	20.6	39.1
	White	100.5	96.8	97.8	90.5	79.9	66.6	30.4	25.1	23.1	24.7

Source: SWS, 2024

Comparison of STI infections by gender and self-reported sexuality

The diagnosis rates per 100,000 for all infections are shown in Table 20 (females) and Table 21 (males). Rates of gonorrhoea and syphilis are at a 10-year high in both females and males.

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

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Chlamydia	267.0	264.0	299.6	311.5	288.1	294.0	191.1	292.9	350.5	305.2
Gonorrhoea	32.0	31.7	31.2	38.7	42.9	51.8	39.4	58.7	133.3	169.0
Syphilis	2.5	5.1	5.4	4.9	5.7	7.5	5.2	5.2	6.7	8.1
1st Herpes	50.3	52.7	62.5	60.8	67.2	66.2	43.6	42.8	51.4	52.1
1st Warts	99.4	92.0	93.5	87.6	75.2	63.5	37.3	31.9	27.5	28.3

Source: SWS, Test and Post Scheme/TDL, SystemOne and Datastore, 2024

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

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Chlamydia	167.1	162.9	194.3	202.3	187.4	197.3	125.6	193.6	215.4	201.4
Gonorrhoea	42.2	41.7	38.5	47.3	58.5	67.5	46.9	70.7	142.1	157.7
Syphilis	9.5	8.4	10.5	14.9	16.7	20.3	14.2	18.2	20.1	24.0
1st Herpes	30.4	27.2	34.8	31.7	32.6	35.3	22.5	19.6	23.3	24.3
1st Warts	109.8	112.3	112.9	104.3	94.8	82.9	41.8	41.0	37.1	34.4

Source: SWS, Test and Post Scheme/TDL, SystemOne and Datastore, 2024

Similar trends in the rate are observed 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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
Chlamydia	Heterosexual male	1,915	1,949	2,361	2,450	2,044	1,841	905	762	964	1,031
	Gay or bisexual male	233	267	347	341	408	456	350	379	418	444
	Unknown male	111	49	93	120	328	564	549	411	375	420
Gonorrhoea	Heterosexual male	308	280	247	291	282	324	225	246	558	695
	Gay or bisexual male	308	338	326	401	540	586	326	398	707	747
	Unknown male	21	11	13	25	68	111	163	116	244	357
Syphilis	Heterosexual male	39	34	35	43	42	56	32	33	45	46
	Gay or bisexual male	97	80	115	166	180	189	110	172	188	229
	Unknown male	5	6	5	8	22	30	49	40	46	48
1st episode genital herpes	Heterosexual male	430	378	485	444	425	397	223	196	228	232
	Gay or bisexual male	25	37	46	43	43	55	34	22	37	44
	Unknown male	21	11	14	11	44	103	99	93	107	112
1st episode genital warts	Heterosexual male	1,559	1,619	1,595	1,465	1,220	936	367	366	338	320
	Gay or bisexual male	96	114	134	132	109	82	48	41	47	45
	Unknown male	62	24	40	40	161	287	246	243	208	184

Source: SWS, 2024

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

Mpox

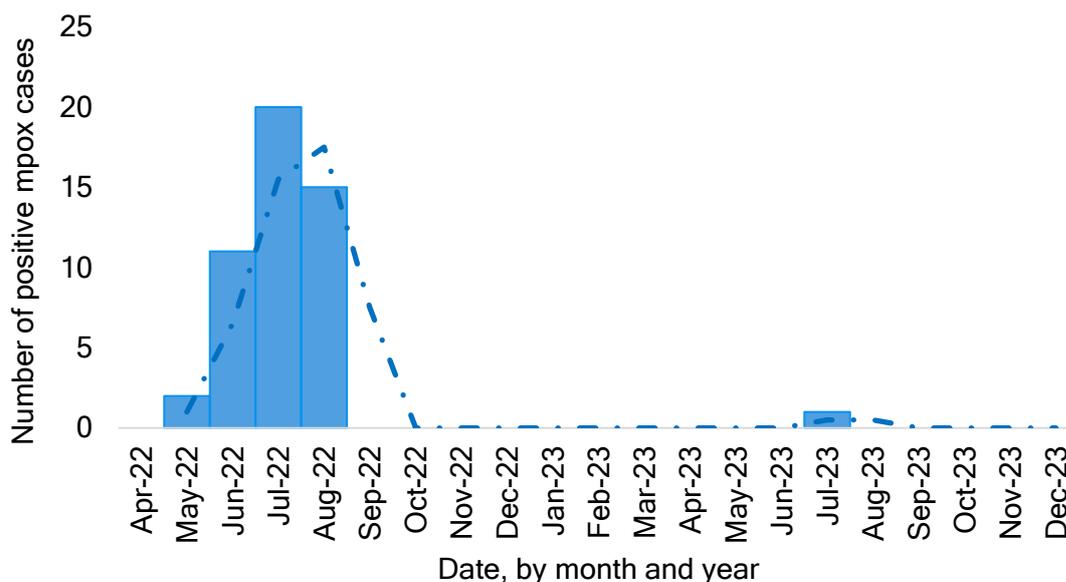
Mpox is a viral disease, mostly occurring in Central and Western Africa. The virus can be passed person to person through close contact with Mpox lesions, and material that has been in contact with lesions (such as bedding), as well as through coughing and sneezing. Previously, seven cases had been seen in the UK 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 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 49 cases were detected in Wales by the end of 2023 (see Table 23), with most cases identified in CVUHB. The most recent Mpox case in Wales was recorded in August 2023.

Table 23: Number of individuals diagnosed with Mpox, by Health Board in 2023

	2022-2023
ABUHB	<5
BCUHB	14
CTMUHB	<5
CVUHB	18
HDUHB	<5
SBUHB	9
Total	49

Source: LIMS/Datastore, 2024



Source: UK IMT Data, 2024

Figure 3: Epidemiological curve showing cases of Mpox diagnosed per month since the beginning of the Mpox outbreak in 2022, Wales

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 SHCs⁶ in 2023 and the number and proportion of those infected in 2023 with a prior diagnosis between 2020 and 2022.

Table 24: Number of individuals diagnosed with STIs in 2023 and the number and proportion of individuals who also had an infection between 2020 and 2022 (SHC data only)

	Individuals diagnosed in 2023	n. also diagnosed between 2020-2022	%
Chlamydia	4,431	444	10%
Gonorrhoea	3,205	309	10%
Syphilis	368	31	8%

Source: SWS, 2024

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

⁶ Reinfections can only be determined in SHC data

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

		Chlamydia	Gonorrhoea	Syphilis
All		444	309	31
Gender	Female	236	57	<5
	Male	208	252	30
	Unknown	<5	0	0
	0-14	<5	0	0
Age	15-24	301	101	<5
	25-34	79	106	9
	35-44	38	64	11
	45-54	15	22	<5
	55+	<5	16	<5
	Unknown	0	0	0
HB	ABUHB	98	69	13
	BCUHB	22	15	<5
	CTMUHB	<5	9	<5
	CVUHB	204	165	10
	HDUHB	<5	<5	0
	PTB	0	0	0
	SBUHB	105	50	7
	Unknown	0	0	0
Ethnicity	Asian	<5	<5	<5
	Black	8	<5	<5
	Mixed	12	6	<5
	Other	8	<5	<5
	White	290	238	21
	Unknown	120	50	6

Source: SWS, 2024

3.3 Coinfections

Coinfections occur when an individual is diagnosed with more than one infection simultaneously. Coinfections of selected infections in SHCs in 2023 are shown in Table 26, with chlamydia and gonorrhoea being the most common coinfection.

Table 26: Number of individuals co-infected with STIs in 2023 (SHC data only)

	Chlamydia	Gonorrhoea	Syphilis
Chlamydia		678	40
Gonorrhoea	678		60
Syphilis	40	60	

Source: SWS, 2024

Table 27 shows the coinfection rate per 100,000 population for each combination. These are broken down by gender, age group, Health Board, and ethnicity.

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	20.7	N/A	0.1
	Male	22.4	3.8	2.4
Age	0-14	3.7	N/A	N/A
	15-24	128.2	3.9	1.9
	25-34	28.1	6.2	3.9
	35-44	14.2	3.2	2.7
	45-54	5.4	1.8	1.8
	55+	0.8	0.1	0.1
HB	ABUHB	26.7	2.4	2.4
	BCUHB	7.7	0.4	0.6
	CTMUHB	10.1	N/A	N/A
	CVUHB	55.0	4.7	3.0
	HDUHB	1.3	0.3	N/A
	PTB	N/A	N/A	N/A
	SBUHB	36.3	4.7	1.8
Ethnicity	Asian	10.1	2.2	3.4
	Black	54.4	3.6	N/A
	Mixed	28.8	4.1	4.1
	White	15.8	0.3	0.2

Source: SWS, 2024

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

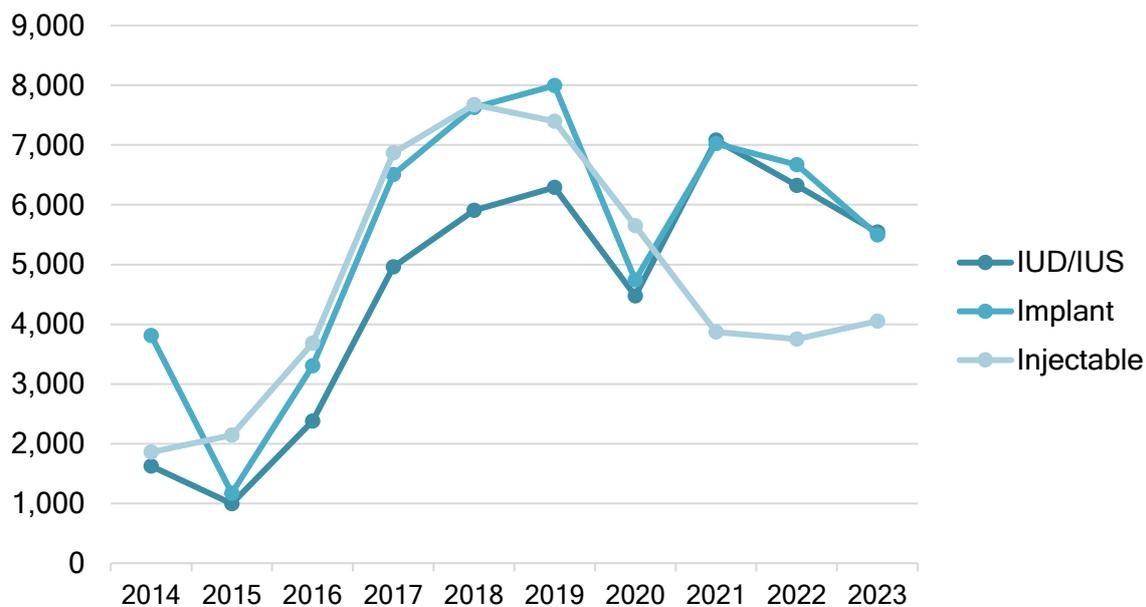
- chlamydia and gonorrhoea is highest in: males; those aged 15-24; clinics in CVUHV; and those of Black ethnicity
- gonorrhoea and syphilis is highest in: males; those aged 25-34; clinics in CVUHB; and those of White ethnicity
- chlamydia and syphilis is also highest in: males; those aged 25-34; clinics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

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.



Source: SWS, 2024

Figure 4: Number of individuals receiving LARC in SHCs, by type and year

The number of individuals receiving LARC in SHCs overall decreased by 10% in 2023 compared to the previous year compared to in 2021 and by 30% 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. In 2023 there was a slight increase in the provision of injectable LARC at SHCs.

Implants had typically been the type of LARC provided most often, however, IUD/IUSs have been increasing in popularity, being the most common type of LARC provided in 2023. The reception rate per 100,000 population can be seen in Table 28.

Table 28: Heat table of reception rate per 100,000 population of LARC in SHCs, by type and year

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Type	IUD/IUS	104.0	63.7	151.8	315.9	376.0	399.7	282.6	446.5	396.1	347.3
	Implant	243.7	74.9	210.7	414.5	485.5	508.0	299.6	442.9	417.7	344.2
	Injectable	118.8	137.0	235.0	437.6	488.7	470.0	356.9	244.1	235.0	253.6
	Any LARC	454.0	265.3	573.5	1,136.7	1,317.8	1,345.5	922.1	1,110.7	1,034.0	928.8

Source: SWS, 2024

The preferred type of LARC may vary by demography. Demographic information for the individuals receiving each type of LARC can be seen in Tables 29-31.

Table 29: Number of individuals receiving LARC IUD/IUS in SHCs, by age group, Health Board, ethnicity, and year⁷

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
Age	0-14	<5	0	<5	8	6	<5	5	10	<5	<5
	15-24	383	196	505	1,286	1,467	1,756	1,238	1,890	1,359	1,227
	25-34	606	348	818	1,810	2,177	2,080	1,686	2,379	2,213	1,995
	35-44	420	287	644	1,240	1,467	1,447	1,028	1,780	1,732	1,520
	45-54	207	149	366	578	741	774	486	950	949	745
	55+	10	16	43	36	44	29	30	73	70	54
	Unknown	0	0	0	0	5	203	0	0	0	0
LHB	ABUHB	1,344	0	0	845	1,715	1,738	1,084	1,356	1,740	1,802
	BCUHB	<5	0	<5	12	11	7	241	1,764	1,490	780
	CTMUHB	<5	527	714	870	844	879	282	251	394	323
	CVUHB	278	469	1,183	1,597	1,438	1,595	1,106	1,805	913	1,090
	HDUHB	<5	0	480	731	1,105	961	749	604	546	135
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	0	0	0	903	794	1,111	1,011	1,302	1,241	1,415
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	38	15	59	73	78	118	42	62	45	92
	Black	11	14	39	55	68	73	32	45	76	92
	Mixed	34	10	39	68	96	73	73	96	70	108
	Other	13	6	31	67	90	81	51	42	49	73
	White	1,467	848	1,835	4,078	5,032	5,302	3,317	4,792	4,472	4,073
	Unknown	64	103	375	617	543	644	958	2,045	1,612	1,107

Source: SWS, 2024

Table 30: Number of individuals receiving LARC implants in SHCs, by age group, Health Board, ethnicity, and year

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
Age	0-14	96	<5	54	119	136	204	103	105	108	167
	15-24	2,341	632	1,860	3,467	4,022	4,109	2,331	3,115	2,877	2,388
	25-34	988	409	989	2,064	2,400	2,321	1,558	2,409	2,242	1,827
	35-44	304	111	310	662	826	949	583	1,074	1,113	907
	45-54	83	16	87	192	242	271	165	315	324	203
	55+	<5	0	<5	0	<5	<5	<5	7	6	<5
	Unknown	0	0	0	<5	0	139	<5	0	0	0
LHB	ABUHB	3,428	0	0	1,510	2,950	3,021	1,642	2,200	2,969	2,804
	BCUHB	0	<5	<5	5	<5	13	258	1,506	915	538
	CTMUHB	<5	612	760	1,021	961	988	310	313	180	185
	CVUHB	377	557	1,557	1,655	1,410	1,468	683	1,050	596	732
	HDUHB	7	<5	983	1,262	1,582	1,441	1,118	1,056	977	189
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	0	0	0	1,052	723	1,065	731	900	1,033	1,048
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	27	14	35	47	57	61	30	43	38	45
	Black	28	11	42	62	76	79	34	51	47	76
	Mixed	52	6	42	81	95	127	47	61	75	95
	Other	19	5	29	52	80	128	49	50	76	66
	White	3,563	1,038	2,590	5,526	6,723	6,927	3,847	5,342	5,059	3,874
	Unknown	124	98	563	737	597	674	735	1,478	1,375	1,340

Source: SWS, 2024

⁷ Data for Aneurin Bevan University Health Board for the years 2015 and 2016 was not available – Tables 36-39

Table 31: Number of individuals receiving LARC injections in SHCs, by age group, Health Board, ethnicity, and year

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
Age	0-14	15	11	39	52	68	73	51	23	32	47
	15-24	1,203	1,298	2,248	4,010	4,476	4,028	2,909	1,997	1,824	1,949
	25-34	488	602	970	1,971	2,225	2,165	1,859	1,304	1,299	1,342
	35-44	139	184	352	698	770	797	692	463	509	601
	45-54	14	48	72	134	139	155	139	85	87	110
	55+	0	0	0	<5	0	<5	0	0	<5	0
	Unknown	0	0	0	0	0	179	0	0	0	0
LHB	ABUHB	1,748	0	0	1,551	2,124	1,870	1,918	1,285	1,303	1,621
	BCUHB	0	0	0	<5	<5	<5	81	278	262	177
	CTMUHB	18	2,016	2,299	2,580	2,810	2,677	1,467	707	730	870
	CVUHB	85	127	1,028	1,120	1,104	981	629	546	499	573
	HDUHB	8	0	354	463	618	539	416	285	232	59
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	0	0	0	1,150	1,021	1,330	1,139	771	726	749
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	5	6	15	26	28	27	15	11	13	25
	Black	10	<5	20	45	41	55	41	33	36	53
	Mixed	27	<5	17	49	72	73	56	41	41	60
	Other	11	7	15	39	53	66	43	31	34	39
	White	1,747	2,079	3,181	6,163	6,982	6,672	4,853	3,063	2,868	3,058
	Unknown	59	46	433	545	502	505	642	693	760	814

Source: SWS, 2024

- 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 32.

Table 32: Heat table of reception rate per 100,000 population of LARC in SHCs, by age group, Health Board, and year (combined types)

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
All	454.0	265.3	573.5	1,136.7	1,317.8	1,345.5	922.1	1,110.7	1,034.0	928.8	
Age	0-14	43.7	5.6	35.6	68.5	79.8	105.5	58.8	53.2	55.1	85.4
	15-24	1,961.7	1,075.0	2,372.5	4,693.0	5,451.3	5,473.9	3,613.6	3,911.3	3,406.3	3,109.9
	25-34	1,093.3	697.6	1,403.4	2,978.5	3,445.9	3,308.1	2,568.4	3,047.5	2,880.0	2,574.6
	35-44	454.5	307.3	708.7	1,413.5	1,675.7	1,746.3	1,243.1	1,753.9	1,725.7	1,560.2
	45-54	136.9	96.0	233.7	404.4	510.3	556.1	370.3	654.1	674.4	525.3
	55+	2.1	3.0	8.2	7.0	8.2	5.9	5.5	13.9	13.4	10.0
	Unknown	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LHB	ABUHB	2,150.8	0.0	0.0	1,307.2	2,245.0	2,182.4	1,515.8	1,575.4	1,965.3	2,024.0
	BCUHB	0.6	0.3	0.6	5.7	4.0	5.7	161.3	986.3	748.1	423.2
	CTMUHB	9.5	1,360.8	1,604.0	1,912.1	1,971.5	1,939.6	905.5	557.5	569.1	599.2
	CVUHB	294.8	460.7	1,480.1	1,713.4	1,557.2	1,587.0	948.2	1,315.8	761.0	906.3
	HDUHB	7.7	1.0	918.3	1,245.8	1,672.0	1,497.8	1,151.8	980.7	880.1	193.7
	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	1,577.2	1,305.6	1,786.6	1,455.9	1,510.7	1,525.8	1,625.7
	Unknown	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Source: SWS, 2024

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 33. Provision of LARC as preferred contraception is most common in CVUHB (74%).

Table 33: Proportion of individuals receiving any contraception from SHCs, by Health Board and year (combined types)

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
All	60%	49%	46%	49%	51%	51%	54%	65%	67%	66%	
HB	ABUHB	58%	N/A	N/A	57%	57%	56%	55%	62%	66%	64%
	BCUHB	100%	50%	40%	74%	70%	63%	73%	74%	72%	68%
	CTMUHB	45%	43%	42%	43%	44%	45%	43%	45%	55%	58%
	CVUHB	80%	78%	51%	55%	57%	56%	60%	77%	73%	74%
	HDUHB	48%	18%	45%	47%	50%	47%	53%	57%	56%	50%
	SBUHB	N/A	N/A	N/A	47%	49%	51%	58%	71%	72%	69%

Source: SWS, 2024

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 is shown in Table 34 and there was an overall increase in IUD/IUS provision and an overall decrease in implant and injection provision.

Table 34: Number of LARC units prescribed by GPs, by type, Health Board and year

	2019	2020	2021	2022	2023	
All	88,673	75,766	82,786	82,311	81,274	
IUD/IUS	ABUHB	1,085	677	1,028	1,127	1,169
	BCUHB	1,429	912	1,316	1,261	1,270
	CTMUHB	923	584	807	906	1,030
	CVUHB	1,365	697	1,216	1,631	1,697
	HDUHB	477	333	472	594	592
	PTB	412	283	415	434	423
	SBUHB	562	365	519	552	554
	Total	6,253	3,851	5,773	6,505	6,735
Implant	ABUHB	974	767	1,136	1,064	889
	BCUHB	1,199	750	938	832	754
	CTMUHB	865	577	787	757	575
	CVUHB	1,337	793	1,137	1,328	1,185
	HDUHB	782	480	759	648	659
	PTB	551	349	437	404	404
	SBUHB	1,001	770	907	913	777
Total	6,709	4,486	6,101	5,946	5,243	
Injection	ABUHB	13,674	12,230	13,210	13,074	12,292
	BCUHB	16,327	13,665	14,082	14,274	14,648
	CTMUHB	13,844	12,830	14,637	13,516	13,894
	CVUHB	11,549	10,311	10,342	10,084	10,232
	HDUHB	7,979	7,408	7,584	7,632	7,093
	PTB	2,109	1,730	1,722	1,804	1,901
	SBUHB	10,229	9,255	9,335	9,476	9,236
Total	75,711	67,429	70,912	69,860	69,296	

Source: General Practice Prescribing Data, 2024

4.2 Emergency contraception

Emergency contraception is given up to 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 mechanism⁸.

The number of individuals receiving emergency contraception in SHCs is presented in Table 41 and increased by 62% to 850 individuals between 2022 and 2023. However, this remains an overall decrease (53%) from the 1,813 individuals provided with emergency contraception in SHCs in 2019.

Table 35: Number of individuals receiving emergency contraception in SHCs, by type (oral and IUD) by year

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Emergency	Oral	128	196	664	1,126	1,133	1,248	347	203	281	418
	IUD	33	20	188	457	443	565	274	263	245	432
	All	161	216	852	1,583	1,576	1,813	621	466	526	850

Source: SWS, 2024

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

Table 36: Number of individuals receiving emergency contraception in SHCs, by age group, Health Board, ethnicity, and year (combined types)

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	All	161	216	852	1,583	1,576	1,813	621	466	526	850
Age	0-14	5	5	21	22	17	28	11	<5	11	11
	15-24	92	125	490	880	921	1,003	354	250	245	342
	25-34	43	65	230	474	437	530	175	159	173	332
	35-44	17	19	92	173	165	172	64	45	77	146
	45-54	<5	<5	18	33	34	29	17	8	19	19
	55+	0	0	<5	0	<5	<5	0	0	<5	0
	Unknown	0	0	0	<5	0	50	0	0	0	0
HB	ABUHB	155	0	0	45	79	63	0	0	122	357
	BCUHB	0	0	0	0	0	0	10	51	32	41
	CTMUHB	<5	184	309	405	373	372	122	61	63	65
	CVUHB	0	32	407	530	535	623	318	296	184	183
	HDUHB	<5	0	136	232	303	272	100	58	37	11
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	0	0	0	371	286	483	71	0	88	193
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	<5	<5	13	17	20	35	9	5	<5	14
	Black	0	0	6	26	24	31	7	7	9	15
	Mixed	5	<5	9	21	22	22	10	6	14	24
	Other	<5	<5	6	29	34	7	6	<5	<5	10
	White	148	199	689	1,327	1,346	1,555	455	237	334	598
	Unknown	6	12	129	163	130	163	134	210	164	189

Source: SWS, 2024

The proportion of individuals taking any contraception that accessed emergency contraception in SHCs has increased to 3.8% since 2021 however it remains lower than in 2019 (4.4%; Table 43).

⁸ Welsh Government. Community Pharmacy Services: April 2021 to March 2022

Table 37: Proportion of individuals receiving any contraception through SHCs that are receiving emergency contraception, by year (combined types)

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Emergency	Oral	1.1%	2.3%	3.4%	3.1%	2.8%	3.0%	1.3%	0.8%	1.1%	1.9%
	IUD	0.3%	0.2%	1.0%	1.3%	1.1%	1.4%	1.0%	1.0%	1.0%	1.9%
	All	1.4%	2.5%	4.4%	4.4%	3.9%	4.4%	2.3%	1.7%	2.1%	3.8%

Source: SWS, 2024

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

Table 38: Number of emergency contraception units prescribed by GPs in each Health Board, by year

		2019	2020	2021	2022	2023
HB	ABUHB	484	381	364	262	247
	BCUHB	798	633	558	410	407
	CTMUHB	397	347	240	211	198
	CVUHB	708	475	404	323	304
	HDUHB	352	260	203	174	162
	PTB	212	159	167	123	111
	SBUHB	613	507	396	323	313
	Total	3,564	2,762	2,332	1,826	1,742

Source: General Practice Prescribing Data, 2024

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 39% increase in the number of individuals receiving a ToP procedure in the six years to 2022 (Table 45).

Table 39: Number of individuals and rate per 1000 population receiving a ToP procedure by year 2016-2022, Wales^{9,10}

	Total number of abortions	Rate per 1,000 women aged 15 to 44	95% confidence interval
2016	8,246	14.0	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
2022	11,451	19.4	19.0 - 19.8

Source: Office for National Statistics, 2024

⁹ Age standardised rates are calculated using 2013 European Standardised Population. Rates for HBs are based on mid-2020 population estimates

¹⁰ The confidence intervals show the range of values in which the expected value lays 95% of the time

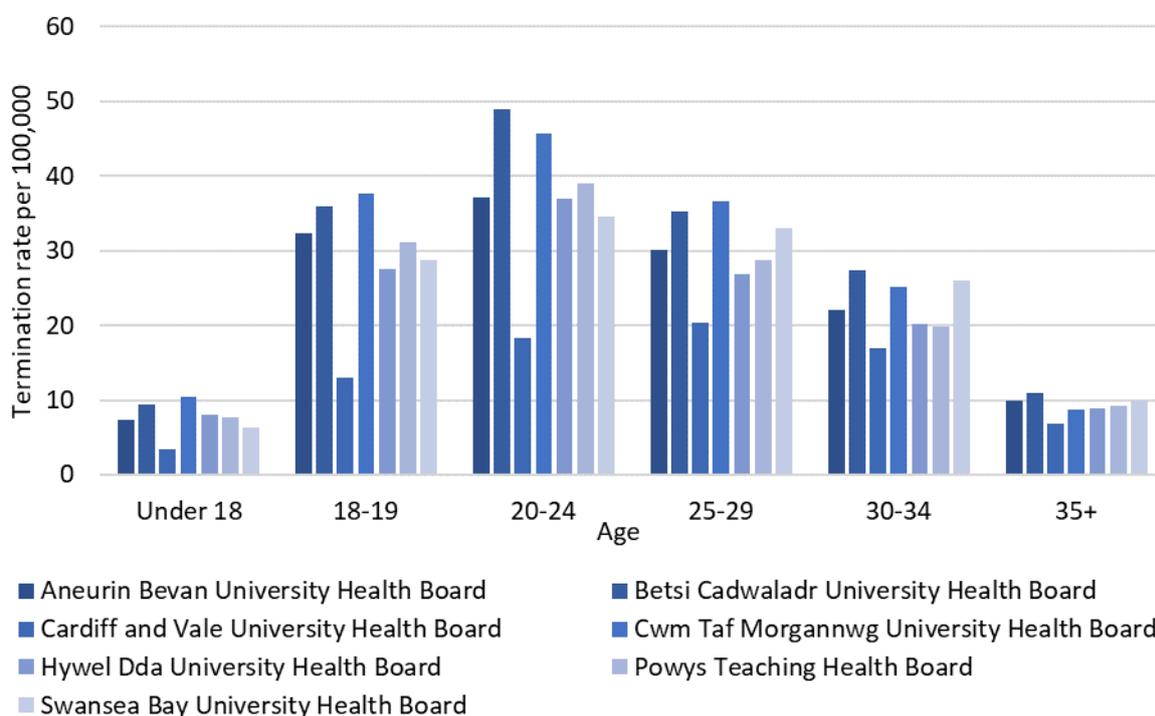
The age standardised rates per 1,000 women and girls (aged 15-44) receiving a ToP varied by health board as shown in Table 46.

Table 40: Rate per 1,000 women aged 15-44 receiving a ToP procedure, by Health Board of residence, 2022

	Total number of abortions	Rate per 1,000 women aged 15 to 44	95% confidence interval
Aneurin Bevan UHB	2,168	19.9	19.1 - 20.8
Betsi Cadwaladr UHB	2,797	24.3	23.3 - 25.2
Cardiff and Vale UHB	1,503	12.3	11.7 - 13.0
Cwm Taf Morgannwg UHB	1,906	23	22.0 - 24.1
Hywel Dda UHB	1,185	18.7	17.6 - 19.8
Powys Teaching HB	364	19.3	17.3 - 21.4
Swansea Bay UHB	1,528	20.4	19.4 - 21.5
Total - Wales	11,451	19.4	19.0 - 19.8

Source: Office for National Statistics, 2024

Rate of ToP varies by age group and health board of residence as shown in Figure 4 for 2022. The highest rates of ToP per 100,000 population were recorded in CTMUHB and BCUHB in the 20–24 years age groups in 2022.



Source: Office for National Statistics, 2024

Figure 5: Rates per 1,000 population, by age group and Health Board of residence, Wales 2022