GIG CYMRU NHS WALES

Iechyd Cyhoeddus Cymru

Public Health Wales

Sexual Health Trends in Wales:

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

Annual report 2025 v.2

(Data to end of 2024)

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.

Communicable Disease Surveillance Centre

Public Health Wales

Number 2 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

www.publichealthwales.org

Acknowledgements:

Public Health Wales would like to thank all those who contributed to the provision of services, data and surveillance systems for sexual health in Wales.

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

Suggested Citation: Public Health Wales Health Protection Division (2025). Sexual Health Trends in Wales: Sexually Transmitted Infections, Emergency and Long-Acting Reversible Contraception provision - Annual report 2025 v.2. Cardiff, Public Health Wales.

Contents

Tables

Figures

Glossary of Abbreviations

ANC	Antenatal care
ABUHB	Aneurin Bevan University Health Board
BCUHB	Betsi Cadwaladr University Health Board
CTMUHB	Cwm Taf Morgannwg University Health Board
CVUHB	Cardiff and Vale University Health Board
GBMSM	Gay and bisexual men who have sex with men
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
TAP	Test and Post service

Executive summary

Purpose

This report provides an overview of the trends in sexual health in the population of Wales up to the end of 2024, including information on sexually transmitted infections (STIs), emergency and long-acting reversible contraception (LARC) provision. The report is aimed at policy makers, health service clinicians and planners, commissioners, criminal justice and third sector agencies and academia.

Key findings

STIs

- In 2024, there were:
    - 7,881 chlamydia diagnoses (249.1 per 100,000 population), a 16% decrease compared to the previous year. Cases were most frequently female and in the 15-24 age group
    - 3,204 gonorrhoea diagnoses (101.3 per 100,000 population), a 40% decrease compared to 2023. Cases were most frequently male and aged 15-24 years old
    - 515 syphilis diagnoses (16.3 per 100,000 population), a 2% increase compared to 2023. Cases were most frequently in males, individuals aged 25-34 years old
    - First episode genital herpes diagnoses decreased by 7% (1,107 cases) compared to 2023 (35.0 per 100,000 population). Higher rates per 100,000 population are diagnosed among females in the 15-24 age group
    - First episode of genital warts diagnoses remained stable (31.1 per 100,000 population) on the previous year with 985 cases in 2024, however, there has a 69% reduction over the last decade
    - 3 cases of Mpox Clade IIb diagnosed in Wales

- Where male self-reported sexual orientation was recorded (74% of cases), 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 who have sex with men (GBMSM)

- **Reinfections**: Reinfections of chlamydia, gonorrhoea and syphilis range from 6-16% of diagnoses in 2024. Most 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 more frequent in: males; 35-44 age group

- **STI co-Infections**: Highest rates of gonorrhoea co-infections with chlamydia or syphilis were recorded in SHCs within Cardiff and Vale University Health Board. Chlamydia and syphilis co-infections rates were highest in SHCs in Swansea Bay 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

Testing

- Since the introduction of the Test and Post (TAP) service in Wales in 2020, STI testing has increased substantially. However, the overall number of STI tests in Wales in 2024 decreased by 2% from the previous year. All individuals diagnosed with an STI via TAP are referred to Sexual Health Clinics (SHCs) for confirmatory testing and treatment

- There has been a 55% increase in the number of males receiving STI testing in Welsh prison settings in 2024. The most marked increase was seen in syphilis testing (68% increase) due to the inclusion of syphilis as part of opt-out dried blood spot testing

Long-acting reversible contraception (LARC)

- The number of individuals receiving LARC, including intrauterine device (IUD/IUS), implant or injection in SHCs decreased by 3% in 2024
- Implants were the most frequently fitted LARC type in 2024, 6,339 individuals receiving this form of contraception, a 2% decrease from 2023
- There was a 7% reduction in fittings of IUD/IUSs in 2024, compared to 2023
- In 2024, there was a 2% increase in the provision of injectable LARC at SHCs

Data sources (see appendix I for additional detail and data limitations)

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.

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.

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

The Test and Post (TAP) service was introduced in Wales in 2020 as a pilot and fully implemented in Wales in 2021.

Laboratory Information Management Service / Datastore extract

Laboratory Information Management System (LIMS) includes all laboratory tests undertaken in NHS Wales laboratories and as such provides information on all population in Wales. Prison data from LIMS is only available from 2019 onwards.

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. Population statistics for gender, age and location of residence are based on 2023 mid-year figures[1]. Population estimates for Ethnicity are based on the 2021 ONS census[2].

[1] Office for National Statistics. Mid-2023 population estimates. ONS mid-year population estimates
[2] Office for National Statistics. Ethnic group, England and Wales: Census 2021: 2021. Census 2021

STI testing and diagnoses

STI testing

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

Table 1: Number of STI tests, by infection, testing service and year 2015-2024, Wales

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Chlamydia	SHC	55,123	66,129	70,394	69,833	75,695	29,412	18,063	22,635	26,209	26,010
	Postal							55,292	65,254	69,225	66,613
	GP ANC	45,151	43,065	41,632	39,956	40,492	30,550	34,487	33,411	32,697	29,583
	Prison					1,116	825	627	1,005	940	1,055
	Total	**100,274**	**109,194**	**112,026**	**109,789**	**117,303**	**60,787**	**108,469**	**122,305**	**129,071**	**123,261**
Gonorrhoea	SHC	55,047	66,093	70,365	69,793	75,666	29,392	18,049	22,614	26,186	25,991
	Postal							55,378	65,322	69,327	66,694
	GP ANC	9,623	8,790	12,756	13,396	15,144	13,512	21,602	23,679	25,328	24,908
	Prison					1,094	806	613	986	931	1,035
	Total	**64,670**	**74,883**	**83,121**	**83,189**	**91,904**	**43,710**	**95,642**	**112,601**	**121,772**	**118,628**
Syphilis	SHC	32,414	35,324	37,527	35,984	38,953	14,746	9,262	14,753	18,440	18,606
	Postal							27,922	30,652	29,853	29,473
	GP ANC	30,626	29,518	28,632	28,118	27,404	25,877	25,302	23,716	23,566	22,427
	Prison					1,447	1,766	2,435	2,450	5,403	9,385
	Total	**63,040**	**64,842**	**66,159**	**64,102**	**67,804**	**42,389**	**64,921**	**71,571**	**77,262**	**79,891**

Source: SWS, Test and Post Scheme/TDL and Datastore, 2025

Overall STI testing has fallen by 2% compared to 2023, where testing was at a 10-year high.

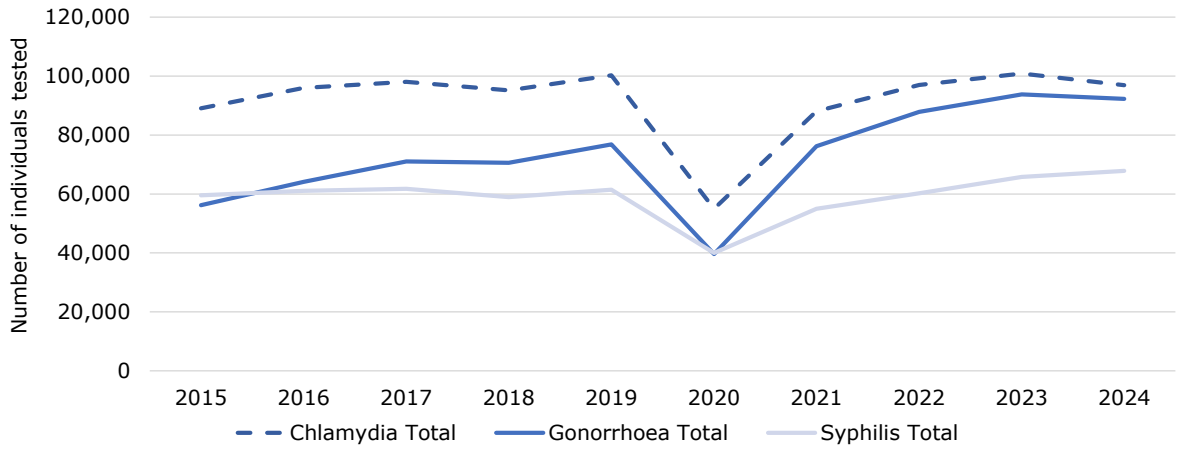
Of all STI testing in 2024, the majority of tests were undertaken via the TAP service, accounting for 50.6%, followed by GP/ANC at 23.9%, SHCs at 22%, and prisons accounting for 3.5%.

In 2024 the number of individuals tested for STIs was slightly lower than those recorded up to 2019 for chlamydia, but have exceeded pre-pandemic levels for gonorrhoea and syphilis, by 20% and 10% respectively. 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 infection, testing service and year 2015-2024

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Chlamydia	SHC	47,449	56,316	59,649	58,272	61,899	26,304	15,813	19,328	21,861	21,623
	Postal							40,014	45,768	47,911	46,371
	GP/ANC	41,629	39,714	38,378	36,898	37,352	27,983	31,733	30,996	30,240	27,949
	Prison					988	718	562	891	830	975
	Total	**89,078**	**96,030**	**98,027**	**95,170**	**100,239**	**55,005**	**88,122**	**96,983**	**100,842**	**96,918**
Gonorrhoea	SHC	47,397	56,295	59,635	58,256	61,882	26,295	15,802	19,320	21,848	21,609
	Postal							40,022	45,772	47,939	46,397
	GP/ANC	8,791	7,796	11,426	12,289	13,975	12,586	19,850	21,881	23,194	23,319
	Prison					968	701	549	876	821	958
	Total	**56,188**	**64,091**	**71,061**	**70,545**	**76,825**	**39,582**	**76,223**	**87,849**	**93,802**	**92,283**
Syphilis	SHC	29,584	32,171	33,635	31,453	33,264	13,215	7,633	12,166	14,935	15,132
	Postal							20,330	22,708	22,721	22,385
	GP/ANC	29,976	28,896	28,109	27,486	26,795	25,067	24,715	22,960	23,022	21,801
	Prison					1,409	1,689	2,315	2,385	5,074	8,504
	Total	**59,560**	**61,067**	**61,744**	**58,939**	**61,468**	**39,971**	**54,993**	**60,219**	**65,752**	**67,822**

Source: SWS, Test and Post Scheme/TDL and Datastore, 2025



Source: SWS, Test and Post Scheme/TDL and Datastore, 2025

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

Table 3 shows the testing rate per 100,000 population for each infection. In 2024, chlamydia and gonorrhoea testing rates decreased by 4% and 2% respectively compared to the previous year. The rate of syphilis testing per 100,000 population has increased by 3% since 2023.

Table 3: Heat table of testing rate per 100,000 population (combined sources). Darker blue indicates higher rates.

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Chlamydia	2899.0	3120.7	3181.3	3086.1	3246.4	1771.8	2837.5	3095.9	3186.8	3062.8
Gonorrhoea	1828.6	2082.8	2306.2	2287.6	2488.1	1275.0	2454.3	2804.3	2964.3	2916.3
Syphilis	1938.3	1984.5	2003.8	1911.2	1990.7	1287.5	1770.8	1922.3	2077.9	2143.3

Source: SWS, Test and Post Scheme/TDL and Datastore, 2025

Demographic profile of individuals tested for STIs

The demographic profile for individuals tested in SHCs is shown in Table 4.

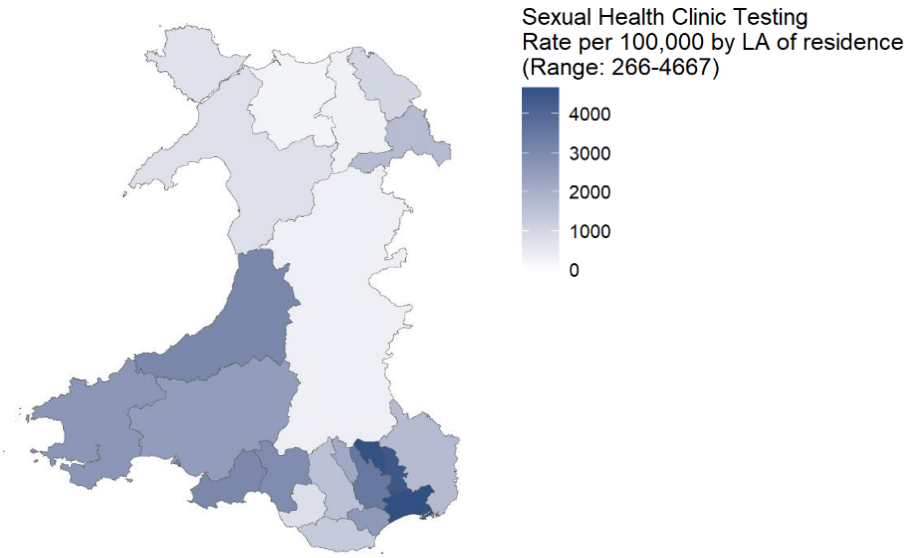
Table 4: Number of individuals tested in SHCs by sex, age group, Health Board of residence, ethnicity, and year

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total		**47,514**	**56,476**	**59,914**	**58,608**	**62,335**	**26,700**	**16,329**	**20,508**	**23,312**	**22,853**
Sex	Female	28,129	34,491	36,961	35,872	38,416	16,430	9,654	11,457	13,055	12,743
	Male	19,377	21,979	22,944	22,726	23,902	10,262	6,665	9,004	10,180	10,053
	Unknown	8	6	9	10	17	8	10	47	77	57
Age	0-14	205	222	248	179	211	121	104	129	147	126
	15-24	24,357	28,696	29,717	28,647	29,988	12,135	6,060	7,304	8,143	7,263
	25-34	14,444	17,271	19,082	18,850	20,246	8,879	5,695	7,071	7,947	7,890
	35-44	5,249	6,264	6,701	6,687	7,219	3,451	2,665	3,600	4,179	4,508
	45-54	2,366	2,905	2,924	3,024	3,167	1,399	1,199	1,540	1,784	1,859
	55+	893	1,118	1,242	1,221	1,504	715	606	864	1,112	1,207
	Unknown	0	0	0	0	0	0	0	0	0	0
Health Board	ABUHB	11,962	14,167	15,218	14,535	15,164	6,765	4,763	5,816	6,912	6,214
	BCUHB	9,351	9,677	9,207	9,701	10,161	4,705	2,561	3,479	2,755	2,720
	CTMUHB	7,159	7,288	6,690	4,175	3,768	1,549	1,325	2,023	1,951	1,731
	CVUHB	7,266	9,688	11,950	14,062	15,256	6,737	4,122	5,222	5,286	5,170
	HDUHB	967	4,540	5,657	6,840	5,743	1,727	510	495	1,468	1,635
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	10,809	11,116	11,192	9,295	12,243	5,217	3,048	3,473	4,940	5,383
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	365	425	443	459	529	228	118	240	429	461
	Black	523	647	702	721	727	329	197	399	552	580
	Mixed	649	827	887	916	832	412	267	399	592	604
	Other	276	529	802	814	671	254	146	242	333	375
	White	42,762	50,693	52,847	50,915	52,710	20,448	10,771	13,475	16,479	16,012
	Unknown	2,939	3,355	4,233	4,783	6,866	5,029	4,830	5,753	4,927	4,821

Source: SWS, 2025

Location of testing and service access

In 2024, testing in SHCs was typically more frequent in: females; those aged 25-34; clinics located in Aneurin Bevan University Health Board; and those of White ethnicity. A heat map showing the area of residence of those tested can be seen in Figure 2.



Source: SWS, 2025

Figure 2: Heat map of people tested for STIs in SHCs per 100,000 population, by local authority of residence, 2024

Testing through the TAP service is more frequent in: females; those aged 25-34; those with White ethnicity; and individuals living in Cardiff and Vale University Health Board (Table 5).

Table 5: Number of individuals tested through the TAP service, by sex, age group, Health Board and year 2021-2024

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total								**40,669**	**46,331**	**48,542**	**47,226**
Sex	Female							25,275	28,751	29,997	29,214
	Male							14,623	16,716	17,449	16,784
	Unknown							771	864	1,096	1,228
Age	0-14							0	<5	<5	<5
	15-24							12,201	20,283	19,927	17,460
	25-34							18,786	17,105	18,054	17,792
	35-44							6,630	6,126	7,222	8,055
	45-54							2,101	1,983	2,347	2,657
	55+							845	822	985	1,245
	Unknown							106	<15	<10	<15
Health Board	ABUHB							3,935	5,923	6,768	6,758
	BCUHB							4,558	6,887	7,721	7,541
	CTMUHB							2,793	4,364	5,236	5,216
	CVUHB							8,190	12,370	14,323	13,210
	HDUHB							3,181	4,782	5,675	5,464
	PTB							698	1,189	1,421	1,479
	SBUHB							3,455	5,789	6,263	5,893
	Unknown							13,859	5,027	1,135	1,665
Ethnicity	Asian							0	187	1,019	1,017
	Black							0	140	813	957
	Mixed							0	212	1,293	1,351
	Other							0	0	122	405
	White							0	7,614	42,704	41,589
	Unknown							40,669	38,178	2,591	1,907

Source: Test and Post Scheme/TDL, 2025

A heat map of postal testing rate per 100,000 population by local authority of residence can be seen in Figure 3. Cardiff has the highest rate of postal testing.

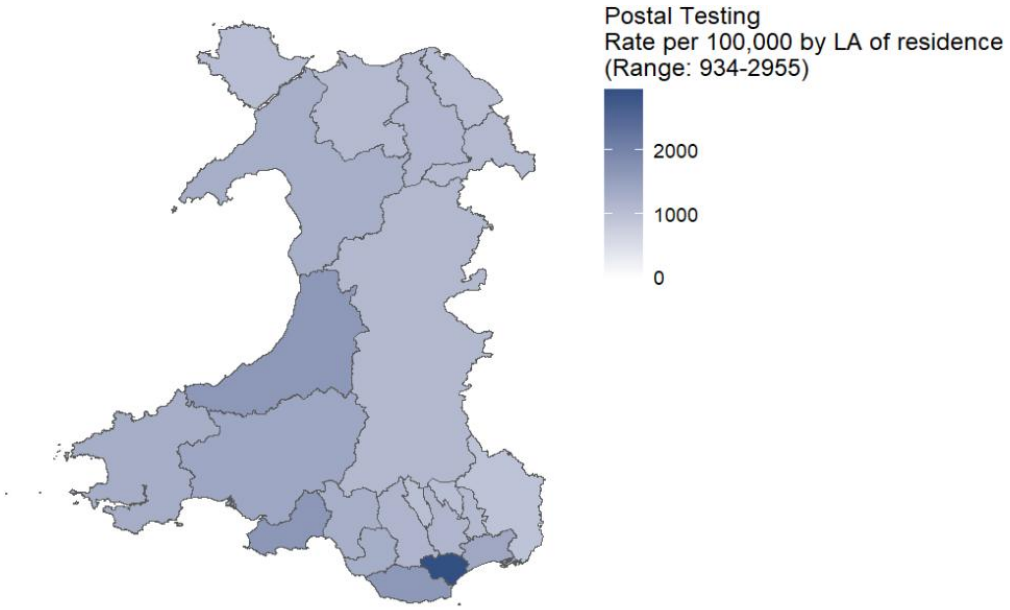


Figure 3: Heat map of people tested using postal service per 100,000 population, by local authority of residence, 2024

Table 6 shows demography of those tested through their GP or antenatal care clinic. Table 7 shows demography of males tested in prison, with testing more frequent in: those aged 25-34; and those residing in H.M. Prison Berwyn. In Wales, all six prisons are male only.

Table 6: Number of individuals tested in GP/ANC by sex, age group and health board of residence, 2015-2024

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total		**70,268**	**66,817**	**64,864**	**62,798**	**62,574**	**51,846**	**55,103**	**52,800**	**52,304**	**48,889**
Sex	Female	66,609	63,418	61,444	59,535	58,756	49,172	52,409	50,413	46,226	43,251
	Male	3,613	3,368	3,380	3,237	3,772	2,622	2,628	2,326	2,888	2,586
	Unknown	46	31	40	26	46	52	66	61	3,190	3,052
Age	0-14	75	58	<70	57	70	38	48	68	311	264
	15-24	19,127	17,839	16,749	15,391	15,359	11,652	11,449	10,625	8,555	7,561
	25-34	30,525	29,224	28,723	28,120	27,756	24,511	25,467	23,721	22,044	20,462
	35-44	13,459	12,973	12,925	12,762	12,875	10,895	12,509	12,229	11,540	11,138
	45-54	5,213	4,893	4,612	4,533	4,539	3,311	3,944	4,268	3,809	3,598
	55+	1,849	1,825	1,789	1,928	1,952	1,413	1,674	1,889	2,951	2,903
	Unknown	20	5	<5	7	23	26	12	0	3,094	2,963
Health Board	ABUHB	13,601	13,201	12,611	12,400	12,150	9,828	11,188	11,163	11,351	10,465
	BCUHB	15,705	14,474	13,122	12,609	13,446	10,887	10,492	9,585	8,895	7,682
	CTMUHB	6,097	5,937	5,781	5,730	5,655	4,800	5,225	5,294	5,137	5,088
	CVUHB	13,723	13,413	13,693	13,186	13,980	11,495	12,084	10,941	10,753	10,272
	HDUHB	7,252	7,072	6,662	6,338	5,868	5,276	5,593	5,266	5,154	4,701
	PTB	1,420	1,270	1,347	1,164	1,114	777	796	783	744	682
	SBUHB	11,454	9,977	9,661	9,500	9,622	8,098	8,919	8,947	9,731	9,507
	Unknown	1,016	1,473	1,987	1,871	739	685	806	821	539	492

Source: LIMS/Datastore, 2025

Table 7: Number of males tested in Welsh prisons, by age group, prison and year 2015-2024

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total						**2,275**	**2,307**	**2,766**	**3,087**	**5,622**	**8,974**
Age	0-14					0	0	0	0	1	0
	15-24					655	463	449	571	736	1,121
	25-34					884	950	1,047	1,184	2,272	3,208
	35-44					413	517	728	753	1,525	2,824
	45-54					220	250	346	362	706	1,167
	55+					75	101	184	191	356	640
	Unknown					28	26	12	26	26	14
Prison	H.M. Prison Berwyn					396	583	1,257	1,531	3,882	4,640
	H.M. Prison Parc					749	709	259	743	898	2,431
	H.M. Prison Cardiff					747	592	704	399	312	1,161
	H.M. Prison Swansea					261	102	50	71	79	240
	H.M. Prison Usk					46	116	226	138	183	254
	H.M. Prison Prescoed					76	205	270	205	268	248

Source: LIMS/Datastore, 2025

STI diagnoses

The number of diagnoses of each infection can be seen in Table 8. Compared to the previous year, in 2024:

- The number of chlamydia diagnoses has reduced by 16% (7,881 cases)
- There has been a 40% decrease in gonorrhoea diagnoses (3,204 cases)
- There were 515 cases of syphilis in 2024, a 2% increase
- Diagnoses of 1st episode genital herpes saw a 7% decrease in the last year (1,107 cases)
- Diagnoses of 1st episode genital warts remains stable (985 cases)

Table 8: Number of individuals diagnosed with STIs[3] and positivity, by source and year

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Chlamydia	SHC	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%	3,684 17.0%
	Postal							3,497 8.7%	4,504 9.8%	4,198 8.8%	3,581 7.7%
	GP/ANC	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%	735 2.4%	665 2.2%	570 2.0%
	Prison					58 5.9%	37 5.2%	50 8.9%	42 4.7%	45 5.4%	46 4.7%
	Total	**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%**	**9,293 9.6%**	**9,339 9.3%**	**7,881 8.1%**
Gonorrhoea	SHC	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%	3,206 14.7%	1,996 9.2%
	Postal							604 1.5%	1,609 3.5%	1,965 4.1%	1,111 2.4%
	GP/ANC	40 0.5%	41 0.5%	74 0.6%	76 0.6%	70 0.5%	65 0.5%	85 0.4%	144 0.7%	154 0.7%	86 0.4%
	Prison					12 1.2%	5 0.7%	8 1.5%	13 1.5%	11 1.3%	11 1.1%
	Total	**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%**	**5,336 5.7%**	**3,204 3.5%**
Syphilis	SHC	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%	334 2.2%
	Postal							6 0.0%	6 0.0%	7 0.0%	19 0.1%
	GP/ANC	68 0.2%	67 0.2%	59 0.2%	69 0.3%	89 0.3%	74 0.3%	78 0.3%	79 0.3%	97 0.4%	96 0.4%
	Prison					20 1.4%	13 0.8%	13 0.6%	19 0.8%	34 0.7%	66 0.8%
	Total	**208 0.3%**	**247 0.4%**	**308 0.5%**	**350 0.6%**	**433 0.7%**	**305 0.8%**	**368 0.7%**	**420 0.7%**	**506 0.8%**	**515 0.8%**
Genital Herpes	**SHC/Total**	**1,222**	**1,491**	**1,416**	**1,525**	**1,555**	**1,025**	**962**	**1,168**	**1,191**	**1,107**
Genital Warts	**SHC/Total**	**3,144**	**3,186**	**2,956**	**2,627**	**2,264**	**1,228**	**1,135**	**1,018**	**987**	**985**

Sources: SWS, Test and Post Scheme/TDL and Datastore, 2025

Interpretation of ethnicity should be treated with caution due to underreporting.

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

Chlamydia

Chlamydia diagnoses 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 9 and Appendix A).

Individuals of Black and mixed ethnicity had higher diagnosis rates per 100,000 population compared to those of White ethnicity.

Table 9: Chlamydia diagnoses per 100,000 population by gender, age, Health Board, ethnicity[$,] and year (combined sources). Darker blue indicates higher rates.

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Total	**212.6**	**246.0**	**256.0**	**236.8**	**244.8**	**157.7**	**244.1**	**296.6**	**295.1**	**249.1**
Sex	Female	254.7	288.8	300.0	277.3	282.7	183.6	280.3	353.2	339.3	281.4
	Male	168.8	201.5	210.0	194.7	205.2	130.7	202.1	231.6	232.2	202.7
Age	0-14	1.5	4.6	3.5	1.9	2.1	0.8	1.4	0.8	2.0	1.4
	15-24	1146.0	1366.4	1463.8	1333.3	1388.4	838.0	1087.6	1690.1	1571.7	1226.8
	25-34	435.1	478.9	500.5	484.0	493.1	362.2	720.7	593.5	596.4	560.7
	35-44	88.8	99.8	99.3	108.4	115.2	85.6	170.2	154.5	162.1	163.1
	45-54	20.8	32.7	28.5	32.4	38.1	26.2	45.6	43.3	58.9	57.6
	55+	4.2	5.5	5.4	5.2	7.5	4.7	8.8	8.2	11.3	11.6
Health Board	ABUHB	304.0	325.4	309.8	284.9	282.2	183.2	164.5	209.3	259.3	256.1
	BCUHB	203.1	206.4	188.5	195.2	203.6	136.9	133.9	180.5	170.1	150.1
	CTMUHB	183.3	203.1	187.5	129.7	126.9	61.7	110.4	164.3	176.5	126.8
	CVUHB	246.5	272.5	386.8	410.1	413.0	274.7	477.1	642.7	625.2	508.0
	HDUHB	66.6	181.9	191.8	189.2	154.4	104.6	114.0	153.4	146.6	130.4
	PTB	24.1	29.4	24.2	21.2	16.7	9.8	46.4	86.6	101.9	90.7
	SBUHB	293.4	351.6	353.2	262.3	351.5	220.8	298.3	444.0	462.7	352.6
Ethnicity	Asian	29.9	37.1	47.1	58.5	68.4	27.1	20.2	53.9	153.9	130.3
	Black	306.4	415.8	514.3	481.5	421.3	328.3	156.1	355.7	715.1	598.9
	Mixed	187.2	282.4	326.8	320.4	307.7	193.5	111.1	214.0	411.5	351.9
	White	153.9	189.5	196.6	181.2	181.8	98.9	61.5	99.1	217.8	182.6

Source: SWS, Test and Post Scheme/TDL and Datastore, 2025

[$] 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 10 and Appendix B) were most frequent in males; those aged 15-24; clinics in CVUHB; and individuals of White ethnicity.

The diagnosis rate per 100,000 population (Table 10) 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 10: Gonorrhoea diagnoses per 100,000 population by gender, age, Health Board, ethnicity[$,] and year (combined sources). Darker blue indicates higher rates.

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Total	**31.7**	**31.2**	**38.7**	**42.9**	**51.8**	**39.4**	**58.7**	**133.2**	**168.6**	**101.3**
Sex	Female	20.5	22.9	28.7	25.7	34.1	30.3	43.9	112.1	156.8	70.9
	Male	43.2	39.9	49.1	60.8	70.2	48.8	73.7	151.6	175.5	129.4
Age	0-14	1.4	1.0	0.0	0.2	0.2	0.6	0.4	0.4	1.2	1.2
	15-24	122.9	130.2	156.7	155.8	188.2	149.3	180.8	670.6	810.2	330.3
	25-34	85.2	76.3	96.3	121.5	140.5	107.1	184.4	280.5	348.3	268.0
	35-44	25.5	27.8	35.2	43.8	57.9	50.1	78.2	105.8	150.2	137.0
	45-54	10.9	12.4	19.2	20.9	28.0	14.7	26.8	39.7	52.9	56.8
	55+	3.2	2.2	3.8	4.7	5.7	2.6	6.6	8.5	10.4	12.6
Health Board	ABUHB	44.3	30.9	42.3	55.1	64.2	50.6	55.1	91.1	157.7	109.7
	BCUHB	17.1	20.4	29.7	28.8	34.1	36.2	28.5	73.3	68.5	48.4
	CTMUHB	28.2	23.1	23.9	16.8	16.3	9.9	21.5	60.6	87.1	44.8
	CVUHB	61.7	77.1	92.2	104.1	118.7	82.6	149.3	354.3	427.6	226.7
	HDUHB	3.9	12.1	18.2	18.3	20.1	14.2	14.4	43.1	106.9	87.3
	PTB	0.0	0.0	0.8	0.0	0.0	0.8	3.7	17.2	25.3	12.6
	SBUHB	43.8	32.9	32.1	41.5	69.5	44.8	57.1	196.8	216.1	117.5
Ethnicity	Asian	17.1	15.7	18.5	20.0	25.7	12.8	14.6	35.9	98.8	73.0
	Black	82.1	82.1	65.7	136.8	158.7	125.8	87.1	181.5	283.1	254.1
	Mixed	34.9	41.2	69.8	111.0	126.9	66.6	49.4	146.1	267.5	137.9
	White	27.4	27.0	32.7	36.5	43.6	29.0	23.0	63.2	138.3	82.6

Source: SWS, Test and Post Scheme/TDL and Datastore, 2025

[$] 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 11 and Appendix C) were most frequent in: male; those aged 25-34; clinics in CVUHB; and individuals of White ethnicity.

Table 11: Syphilis diagnoses per 100,000 population by gender, age, Health Board, ethnicity[$,] and year (combined sources). Darker blue indicates higher rates.

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Total	**6.8**	**8.0**	**10.0**	**11.3**	**14.0**	**9.8**	**11.8**	**13.4**	**16.0**	**16.3**
Sex	Female	4.9	5.2	4.7	5.5	7.2	5.0	5.0	6.3	7.6	8.3
	Male	8.7	10.9	15.5	17.4	21.1	14.8	19.0	20.8	24.7	24.5
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	8.7	13.9	12.6	19.4	21.3	14.9	13.3	17.0	14.1	13.3
	25-34	19.7	20.9	27.8	37.5	44.6	31.6	36.7	37.4	50.5	55.6
	35-44	14.4	16.3	23.3	19.3	23.8	16.8	25.1	27.0	34.6	34.4
	45-54	6.2	7.8	10.4	9.2	14.9	10.3	12.0	15.4	17.5	16.2
	55+	2.2	2.4	2.8	2.9	3.8	2.5	3.8	4.7	4.8	4.7
Health Board	ABUHB	6.2	6.2	12.4	12.5	12.2	9.0	16.0	12.2	18.6	17.8
	BCUHB	3.5	5.2	7.3	8.7	9.9	6.7	7.0	10.5	10.4	13.9
	CTMUHB	8.5	5.7	6.6	6.6	9.7	8.4	4.7	8.8	8.3	10.5
	CVUHB	13.2	17.3	17.4	20.9	30.6	14.9	21.7	24.6	24.3	21.2
	HDUHB	2.4	5.5	5.3	6.6	4.2	8.1	4.4	4.9	7.0	12.4
	PTB	2.3	0.0	0.8	0.0	0.8	0.0	0.0	3.0	1.5	0.7
	SBUHB	9.2	12.1	13.1	15.2	21.8	16.8	21.3	22.6	33.6	27.2
Ethnicity	Asian	1.4	5.7	2.9	0.0	5.7	2.9	3.4	9.0	18.0	9.0
	Black	43.8	21.9	21.9	21.9	43.8	10.9	10.9	25.4	25.4	21.8
	Mixed	15.9	9.5	6.3	25.4	9.5	19.0	12.3	8.2	22.6	12.3
	White	3.8	5.1	7.4	8.4	9.4	5.9	6.7	7.7	9.2	8.9

Source: SWS, Test and Post Scheme/TDL and Datastore, 2025

[$] 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.

Enhanced syphilis surveillance

When an individual is diagnosed with infectious syphilis in a sexual health clinic, an enhanced syphilis surveillance form is completed to record more detailed information, such as stage of infection and sexual networks. In 2024, of the 334 individuals diagnosed with syphilis within SHC's, an enhanced form was completed for 69.2% (231 cases) and shown in Table 12.

Table 12: Number of individuals diagnosed with syphilis, by stage of infection and year (enhanced syphilis surveillance forms)

Stage of infection	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Early latent	18	21	59	34	54	28	47	9	25	56
Late latent	0	0	0	0	0	0	0	0	7	23
Primary	35	34	57	68	86	56	69	64	113	99
Secondary	17	25	36	22	27	17	31	18	29	33
Unknown	16	11	6	12	40	34	43	38	65	20
Total Forms Completed	**86**	**91**	**158**	**136**	**207**	**135**	**190**	**129**	**239**	**231**
Total Syphilis (SHC)	**140**	**180**	**249**	**281**	**324**	**218**	**271**	**316**	**368**	**334**

Source: Enhanced Syphilis Surveillance, 2025

Since 2018, the majority cases have been diagnosed in the primary stage of infection. The number of primary cases reported decreased by 12% from 2023 to 2024. Early latent cases increased by 124% from 2023 to 2024. Late latent cases were three times greater in 2024 compared to 2023, which has implications for complications of syphilis, such as neurological or cardiovascular issues.

Genital herpes

First episode genital herpes diagnoses (Table 13 and Appendix D) were most frequent in: females; aged 15-24; clinics in ABUHB; and individuals of White ethnicity.

Table 13: 1st episode genital herpes diagnoses per 100,000 population by gender, age, Health Board, ethnicity[$], and year. Darker blue indicates higher rates.

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Total	**39.8**	**48.5**	**46.0**	**49.5**	**50.4**	**33.0**	**31.0**	**37.3**	**37.6**	**35.0**
Sex	Female	50.8	60.3	58.5	64.5	63.5	42.3	41.0	49.4	49.8	45.5
	Male	28.3	36.1	32.9	33.8	36.7	23.4	20.5	24.2	25.0	24.1
Age	0-14	0.8	1.5	0.8	0.0	0.6	0.4	0.2	0.6	0.8	0.6
	15-24	165.3	198.0	184.9	200.5	202.0	133.9	117.2	146.5	140.0	117.9
	25-34	95.5	115.4	113.8	121.3	123.1	85.2	84.6	95.0	100.5	101.0
	35-44	33.5	44.1	42.3	46.4	53.3	29.9	32.2	41.4	43.2	37.2
	45-54	14.3	21.7	21.3	22.1	20.8	15.2	16.3	17.2	13.6	17.5
	55+	3.8	4.6	5.2	7.1	7.3	3.9	3.1	3.8	4.3	4.8
Health Board	ABUHB	62.2	62.6	66.1	76.7	67.6	46.8	39.6	42.3	48.7	38.3
	BCUHB	39.5	42.0	34.6	41.4	37.4	24.6	22.1	28.6	20.7	21.5
	CTMUHB	38.5	44.3	44.4	28.0	32.2	16.0	16.1	31.1	16.3	11.9
	CVUHB	48.5	66.4	50.5	57.0	70.4	48.4	56.1	50.9	55.6	54.8
	HDUHB	1.3	24.5	32.8	38.1	30.9	14.2	16.5	16.1	31.7	34.5
	PTB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	SBUHB	48.8	61.3	60.7	66.0	79.5	57.2	44.0	68.7	70.3	66.5
Ethnicity	Asian	11.4	17.1	11.4	14.3	15.7	2.9	2.2	4.5	23.6	13.5
	Black	38.3	109.4	16.4	54.7	71.1	49.2	18.1	39.9	65.3	50.8
	Mixed	44.4	50.8	66.6	63.4	47.6	41.2	30.9	22.6	45.3	51.4
	White	38.3	45.8	44.5	47.0	47.8	25.1	20.0	27.9	30.7	29.0

Source: SWS, 2025

[$] 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.

Genital warts

1st episode genital warts (Table 14 and Appendix E) are most frequent in: males; those aged 25-34; clinics in CVUHB; and those of White ethnicity.

The genital warts diagnosis rate per 100,000 can be seen in Table 14 and trends are similar, however: the rate is higher in SBUHB (51.1 per 100,000) compared to CVUHB (48.6 per 100,000).

Table 14: 1st episode genital warts diagnoses per 100,000 population by gender, age, Health Board, ethnicity[$], and year (combined sources). Darker blue indicates higher rates.

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Total	**102.3**	**103.5**	**95.9**	**85.2**	**73.3**	**39.6**	**36.5**	**32.5**	**31.2**	**31.1**
Sex	Female	88.6	90.3	84.3	72.7	60.8	35.8	30.6	26.4	27.0	24.7
	Male	116.5	117.2	107.9	98.2	86.3	43.4	42.8	38.6	35.5	37.5
Age	0-14	0.6	0.0	0.8	0.4	0.2	0.2	0.0	0.0	0.0	0.0
	15-24	447.8	465.5	423.2	371.6	291.0	134.4	88.0	58.5	57.0	38.6
	25-34	230.6	228.9	228.4	208.4	192.5	112.9	130.2	116.4	104.8	113.0
	35-44	84.1	83.7	76.9	72.2	76.3	46.7	47.9	53.2	48.9	55.8
	45-54	37.6	38.5	37.8	33.8	32.4	21.0	24.0	25.4	22.5	23.8
	55+	7.7	9.2	7.8	7.3	6.9	5.0	4.7	5.1	7.8	8.1
Health Board	ABUHB	128.0	117.8	104.5	94.5	84.4	49.6	45.0	39.2	35.9	33.6
	BCUHB	95.6	80.4	67.4	61.3	56.8	35.7	29.8	32.8	16.2	15.5
	CTMUHB	118.5	106.2	88.8	57.3	37.6	14.0	21.9	20.5	18.8	20.8
	CVUHB	130.4	146.2	150.2	150.7	128.6	55.5	50.4	40.0	42.3	48.6
	HDUHB	19.5	81.5	83.2	96.6	53.1	29.4	24.1	17.9	34.5	34.5
	PTB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	SBUHB	140.3	124.6	119.9	80.9	102.3	64.0	60.0	51.5	57.5	51.1
Ethnicity	Asian	25.7	18.5	29.9	38.5	28.5	11.4	4.5	5.6	12.4	12.4
	Black	131.3	153.2	120.4	71.1	131.3	38.3	21.8	61.7	54.4	76.2
	Mixed	92.0	117.4	155.5	107.9	85.7	38.1	14.4	22.6	41.2	37.0
	White	96.7	98.0	90.3	79.9	66.5	30.5	25.3	23.4	25.0	24.3

Source: SWS, 2025

[$] 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.

Comparison of STI infections by gender and self-reported sexual orientation

Rates of diagnosis in females in 2024 has fallen across all diseases apart from syphilis, where there was an increase, the highest rate in a decade. In males, diagnosis rate decreased in chlamydia, gonorrhoea, and 1st episode herpes, rates of syphilis diagnosis stayed consistent and there was an increase in 1st episode warts diagnoses.

Some infections are more common in gay and bisexual men who have sex with men (GBMSM). Table 15 shows the number of infections in men by self-reported sexual orientation.

Table 15: Number of males diagnosed with SHCs, by self-reported sexual orientation, infection and year 2015-2024

	Sexual orientation	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Chlamydia	Heterosexual	1,949	2,359	2,450	2,046	1,841	903	762	963	1,039	854
	Gay or bisexual	267	349	341	409	456	355	383	422	450	438
	Unknown	49	93	120	325	564	546	408	371	411	356
Gonorrhoea	Heterosexual	275	247	289	278	322	224	245	560	689	362
	Gay or bisexual	343	326	403	545	589	327	398	709	761	671
	Unknown	11	13	25	68	111	162	116	239	353	321
Syphilis	Heterosexual	34	34	42	42	56	31	30	43	44	42
	Gay or bisexual	80	116	167	181	189	111	177	190	231	165
	Unknown	6	5	8	22	30	49	38	46	48	79
1st episode genital herpes	Heterosexual	379	485	444	425	396	223	195	228	233	214
	Gay or bisexual	37	46	43	42	56	35	24	36	44	40
	Unknown	11	14	11	44	103	98	93	107	112	120
1st episode genital warts	Heterosexual	1,619	1,598	1,462	1,216	936	366	365	338	320	331
	Gay or bisexual	115	133	130	108	84	50	43	48	48	43
	Unknown	24	40	40	161	286	245	242	207	183	209

Source: SWS, 2025

Chlamydia, genital herpes, and genital warts cases are more frequently amongst heterosexual men than in GBMSM, whereas Gonorrhoea and syphilis are more frequently diagnosed in GBMSM.

Mpox

Mpox is an infectious disease caused by the monkeypox virus (MPXV). There are two distinct clades of the virus: clade I and clade II.

A global outbreak of mpox clade II began in May 2022 and in the UK primarily affected GBMSM. On 14 August 2024, due to an upsurge of mpox clade I in African regions, heightened surveillance was introduced.

Since the implementation of testing in Wales on 24 May 2022 and 31 December 2024, there have been no cases of mpox clade I and 53 cases of mpox clade II infection identified, three of which were reported in 2024.

Table 16: Number of individuals diagnosed with Mpox, by Health Board 2022-2024

	2022-2024
ABUHB	5
BCUHB	14
CTMUHB	<5
CVUHB	19
HDUHB	<5
SBUHB	10
Total	**53**

Source: LIMS/Datastore, 2025

Reinfections

A reinfection refers to a subsequent diagnosis of the same infection following treatment / clearance of the original infection. Table 17 shows the number of individuals diagnosed with each infection in SHCs[4] in 2024 and the number and proportion of those infected in 2024 with a prior diagnosis between 2021 and 2023.

[4] Reinfections can only be determined in SHC data

Table 17: Number of individuals diagnosed in SHCs with chlamydia, gonorrhoea or syphilis in 2024 and the number of proportion of individuals who also had an infection between 2021 and 2023 (SHC data only)

	Individuals diagnosed in 2024	n. also diagnosed between 2021-2023	%
Chlamydia	7,881	460	6%
Gonorrhoea	1,996	322	16%
Syphilis	334	29	9%

Source: SWS, 2025

The demography of individuals experiencing reinfections may vary with infection (Table 18).

- 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 ABUHB; and those of White ethnicity

Table 18: Number of individuals diagnosed within SHCs in 2024 with evidence of reinfection with chlamydia, gonorrhoea or syphilis, by sex, age group, Health Board and ethnicity[$]

		Chlamydia	Gonorrhoea	Syphilis
	Total	**460**	**322**	**29**
Sex	Female	247	53	<5
	Male	210	269	<30
	Unknown	<5	0	0
Age	0-14	0	0	0
	15-24	298	85	<5
	25-34	94	114	10
	35-44	36	70	11
	45-54	24	28	<5
	55+	8	25	<5
	Unknown	0	0	0
Health Board	ABUHB	114	82	11
	BCUHB	14	10	<5
	CTMUHB	7	5	0
	CVUHB	216	173	10
	HDUHB	0	12	0
	PTB	0	0	0
	SBUHB	109	40	<10
	Unknown	0	0	0
Ethnicity	Asian	<10	<10	<5
	Black	<10	<10	<5
	Mixed	13	<10	<5
	Other	<5	<5	0
	White	322	264	21
	Unknown	106	33	5

Source: SWS, 2025

[$] Ethnicity from 2021 onwards should be interpreted with caution due to a high proportion of records with 'Unknown' ethnicity.

Coinfections

Coinfections occur when an individual is diagnosed with more than one infection simultaneously. Coinfections of selected infections in SHCs in 2024 are shown in Table 19, with chlamydia and gonorrhoea being the most common coinfection.

Table 19: Number of individuals co-infected with STIs in 2024

Coinfection	Number of individuals
Chlamydia and Gonorrhoea	399
Chlamydia and Syphilis	32
Gonorrhoea and Syphilis	32

Source: SWS, 2025

Table 20 shows the coinfection rate per 100,000 population for each combination. These are broken down by gender, age group, Health Board, and ethnicity.

Table 20: Individual coinfection rate per 100,000 population of STIs, by sex, age group, Health Board, and ethnicity[$] in 2024

		Chlamydia & gonorrhoea	Gonorrhoea & syphilis	Chlamydia & syphilis
Sex	Female	8.9	0.0	0.2
	Male	16.4	2.1	1.9
Age	0-14	1.6	0.0	0.0
	15-24	56.7	1.1	1.9
	25-34	26.0	4.1	3.6
	35-44	11.4	1.8	1.6
	45-54	5.5	0.8	0.5
	55+	1.0	0.2	0.3
Health board	ABUHB	22.0	1.5	1.2
	BCUHB	4.8	0.1	0.6
	CTMUHB	3.1	0.7	0.0
	CVUHB	28.4	1.9	2.1
	HDUHB	0.3	0.8	0.0
	PTB	0.0	0.0	0.0
	SBUHB	18.7	1.5	2.6
Ethnicity	Asian	6.7	0.0	1.1
	Black	47.2	0.0	0.0
	Mixed	16.5	2.1	6.2
	White	9.5	0.1	0.2

Source: SWS, 2025

[$] 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.

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

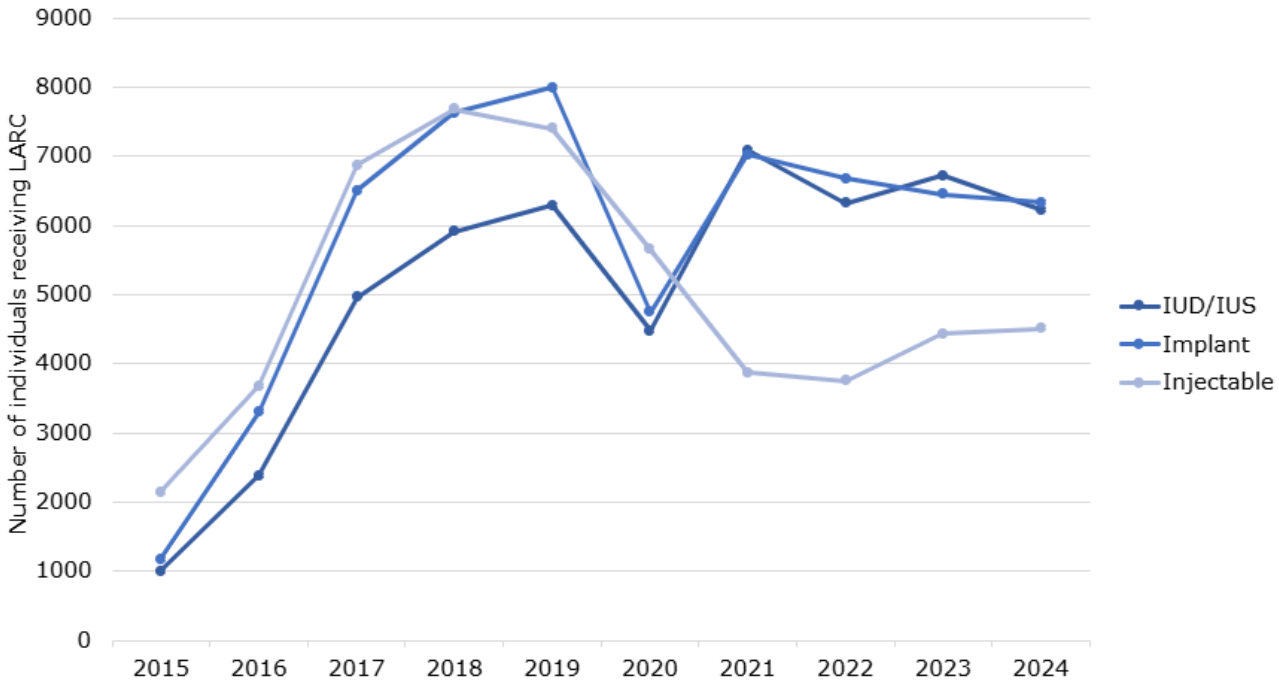
- Chlamydia and gonorrhoea are highest in: males; those aged 15-24; clinics in CVUHB; and those of Black ethnicity
- Gonorrhoea and syphilis are highest in: males; those aged 25-34; clinics in CVUHB; and those of mixed ethnicity
- Chlamydia and syphilis are also highest in: males; those aged 25-34; clinics in SBUHB; and those of mixed ethnicity

Contraception

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 within primary care. The number of individuals receiving LARC in SHCs can be seen in Figure 4.



Source: SWS, 2025

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

Overall, the number of females receiving any type of LARC within SHCs decreased by 3% in 2024 compared to the previous year, and by 21% since 2019, the highest number recorded.

Implants were the most popular type of LARC provided in SHCs in 2024. The reception rate per 100,000 population can be seen in Table 21.

Table 21: Heat table of reception rate per 100,000 population of females receiving LARC in SHCs, by type and year 2015-2024

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Type	IUD/IUS	63.7	151.8	316.0	376.1	399.9	282.6	446.5	395.9	417.4	386.4
	Implant	74.9	210.7	414.5	485.7	508.2	299.7	443.1	417.7	400.2	393.4
	Injectable	137.0	235.0	437.6	488.7	470.2	357.1	244.1	235.2	275.0	279.6
	Any LARC	265.3	573.6	1,136.8	1,318.1	1,346.0	922.4	1,110.8	1,034.1	1,073.9	1,040.6

Source: SWS, 2025

Demographic information for the individuals receiving each type of LARC can be seen in Appendices F-H.

- 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 22.

Table 22: Heat table of reception rate per 100,000 population (females) of LARC in SHCs, by age group, Health Board, and year (combined types)

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Total	**265.3**	**573.6**	**1,136.8**	**1,318.1**	**1,346.0**	**922.4**	**1,110.8**	**1,034.1**	**1,073.9**	**1,040.6**
Age	0-14	6.0	39.5	72.9	86.1	112.6	61.1	54.4	57.6	99.3	71.9
	15-24	1,077.1	2,381.7	4,703.5	5,472.1	5,488.7	3,626.1	3,922.2	3,405.0	3,493.4	3,358.2
	25-34	695.5	1,394.4	2,967.5	3,428.7	3,299.8	2,562.2	3,040.8	2,874.3	2,921.3	2,837.6
	35-44	307.8	704.9	1,413.5	1,670.1	1,741.9	1,239.3	1,750.6	1,721.5	1,770.3	1,772.8
	45-54	95.5	232.8	400.8	508.0	556.1	368.3	653.6	674.3	688.0	646.6
	55+	3.0	8.2	7.0	8.2	5.9	5.5	13.9	13.1	16.0	18.8
Health Board	ABUHB	0.0	0.0	1,307.2	2,245.0	2,182.4	1,515.8	1,575.4	1,965.1	2,012.7	1,856.7
	BCUHB	0.6	0.9	6.0	5.1	7.4	162.4	987.2	748.2	423.5	337.9
	CTMUHB	1,360.8	1,604.0	1,912.1	1,971.5	1,940.1	905.5	557.5	570.7	599.4	600.3
	CVUHB	460.7	1,480.1	1,713.4	1,557.2	1,587.0	948.6	1,315.4	762.2	886.6	1,005.7
	HDUHB	1.0	918.3	1,245.8	1,672.0	1,497.8	1,151.3	980.7	879.5	1,429.8	1,497.8
	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	1,577.2	1,305.6	1,786.6	1,456.4	1,510.7	1,522.8	1,603.6	1,495.0

Source: SWS, 2025

The proportion of females choosing LARC as opposed to other forms of contraception provided with SHCs has been increasing since 2016 and the differences across the Health Boards can be seen in Table 23. Provision of LARC as preferred contraception is most common in CVUHB (77%).

Table 23: Proportion of females receiving any contraception from SHCs, by Health Board and year (combined types)

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Total	**49%**	**46%**	**49%**	**51%**	**51%**	**54%**	**65%**	**67%**	**64%**	**62%**
Health Board	ABUHB	-	-	57%	57%	56%	55%	62%	66%	64%	61%
	BCUHB	50%	50%	70%	69%	63%	73%	74%	72%	68%	59%
	CTMUHB	43%	42%	43%	44%	45%	43%	45%	55%	58%	61%
	CVUHB	78%	51%	55%	57%	56%	60%	77%	73%	74%	77%
	HDUHB	18%	45%	47%	50%	47%	53%	57%	56%	53%	54%
	SBUHB	-	-	47%	49%	51%	58%	71%	72%	69%	67%

Source: SWS, 2025

LARC is also available from primary care and recorded as units prescribed as opposed to the number of individuals provided with LARC. The number of units prescribed in each Health Board is shown in Table 24. There was an overall increase in IUD/IUS provision and an overall decrease in implant and injection provision in 2024.

Table 24: Number of LARC units prescribed by primary care, by type, Health Board and year 2019-2024

		2020	2021	2022	2023	2024
	Total	**75,766**	**82,787**	**82,311**	**81,274**	**77,099**
IUD/IUS	ABUHB	677	1,028	1,127	1,169	973
	BCUHB	912	1,316	1,261	1,270	1,077
	CTMUHB	584	807	906	1,030	894
	CVUHB	697	1,216	1,631	1,697	1,700
	HDUHB	333	472	594	592	577
	PTB	283	415	434	423	431
	SBUHB	365	519	552	554	514
	Total	**3,851**	**5,773**	**6,505**	**6,735**	**6,166**
Implant	ABUHB	767	1,136	1,064	889	866
	BCUHB	750	938	832	754	746
	CTMUHB	577	787	757	575	565
	CVUHB	793	1,137	1,328	1,185	1,167
	HDUHB	480	759	648	659	616
	PTB	349	437	404	404	382
	SBUHB	770	907	913	777	690
	Total	**4,486**	**6,101**	**5,946**	**5,243**	**5,032**
Injection	ABUHB	12,230	13,210	13,074	12,292	11,873
	BCUHB	13,665	14,082	14,274	14,648	13,987
	CTMUHB	12,830	14,638	13,516	13,894	13,026
	CVUHB	10,311	10,342	10,084	10,232	9,278
	HDUHB	7,408	7,584	7,632	7,093	7,060
	PTB	1,730	1,722	1,804	1,901	1,941
	SBUHB	9,255	9,335	9,476	9,236	8,736
	Total	**67,429**	**70,913**	**69,860**	**69,296**	**65,901**

Source: General Practice Prescribing Data, 2025

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 mechanism[5].

The number of individuals receiving emergency contraception in SHCs decreased by 35% to 555 females between 2023 and 2024, as shown in Table 25.

Table 25: Number of individuals receiving emergency contraception in SHCs, by type (oral and IUD) by year

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Emergency	Oral	196	664	1,126	1,133	1,248	347	203	281	419	304
	IUD	20	188	457	443	565	274	263	245	432	251
	Total	**216**	**852**	**1,583**	**1,576**	**1,813**	**621**	**466**	**526**	**851**	**555**

Source: SWS, 2025

The demography of individuals taking emergency contraception can be seen in Table 26.

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

Table 26: Number of females receiving emergency contraception (combined types) in SHCs, by age group, Health Board, ethnicity, and year 2015-2024

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Total	**216**	**852**	**1,583**	**1,576**	**1,813**	**621**	**466**	**526**	**851**	**555**
Age	0-14	5	21	21	17	28	11	<5	11	11	<5
	15-24	125	490	881	921	1,004	354	250	245	343	244
	25-34	65	230	474	437	530	175	159	173	332	194
	35-44	19	92	173	165	172	64	45	77	146	100
	45-54	<5	18	33	34	29	17	8	19	19	14
	55+	0	<5	0	<5	<5	0	0	<5	0	0
	Unknown	0	0	<5	0	49	0	0	0	0	0
Health Board	ABUHB	0	0	45	79	63	0	0	122	357	240
	BCUHB	0	0	0	0	0	10	51	32	41	35
	CTMUHB	184	309	405	373	372	122	61	63	66	38
	CVUHB	32	407	530	535	623	318	296	184	183	108
	HDUHB	0	136	232	303	272	100	58	37	11	0
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	0	0	371	286	483	71	0	88	193	134
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	<5	13	17	20	35	10	6	<5	15	13
	Black	0	6	26	24	31	7	7	10	16	12
	Mixed	<5	9	21	22	23	10	6	16	25	15
	Other	<5	6	29	34	7	6	<5	<5	11	12
	White	199	689	1,327	1,346	1,557	457	239	340	604	383
	Unknown	12	129	163	130	160	131	207	156	180	120

Source: SWS, 2025

In 2024, the proportion of females, taking any contraception, that accessed emergency contraception in SHCs is at 2.2%, a decrease from 3.1% in 2023 which remains the largest proportion in the last 5 years (Table 27).

Table 27: Proportion of females receiving any contraception through SHCs that are receiving emergency contraception, by year (combined types)

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Emergency	Oral	2.3%	3.4%	3.1%	2.8%	3.0%	1.3%	0.8%	1.1%	1.5%	1.2%
	IUD	0.2%	1.0%	1.3%	1.1%	1.4%	1.0%	1.0%	1.0%	1.6%	1.0%
	Total	**2.5%**	**4.4%**	**4.4%**	**3.9%**	**4.4%**	**2.3%**	**1.7%**	**2.1%**	**3.1%**	**2.2%**

Source: SWS, 2025

Within primary care provision, typically, the majority of emergency contraception units were dispensed in BCUHB GP surgeries (Table 28).

Table 28: Number of emergency contraception units prescribed by GPs in each Health Board, by year

		2019	2020	2021	2022	2023	2024
Health Board	ABUHB	484	381	364	262	247	199
	BCUHB	798	633	558	410	407	327
	CTMUHB	397	347	240	211	198	167
	CVUHB	708	475	404	323	304	226
	HDUHB	352	260	203	174	162	134
	PTB	212	159	167	123	111	111
	SBUHB	613	507	396	323	313	252
	Total	**3,564**	**2,762**	**2,332**	**1,826**	**1,742**	**1,416**

Source: General Practice Prescribing Data, 2025

Appendices

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

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Sex	Female	3,983	4,525	4,708	4,356	4,449	2,906	4,445	5,642	5,467	4,535
	Male	2,547	3,044	3,176	2,946	3,106	1,988	3,072	3,556	3,606	3,147
	Unknown	<5	<5	<5	0	<5	<5	63	95	266	199
Age	0-14	8	24	18	10	<15	<5	7	<5	10	7
	15-24	4,458	5,204	5,454	4,887	5,024	3,042	3,916	6,150	5,905	4,609
	25-34	1,613	1,789	1,887	1,832	1,878	1,386	2,751	2,300	2,339	2,199
	35-44	321	355	350	381	406	306	618	578	627	631
	45-54	90	142	123	138	159	107	182	169	225	220
	55+	42	56	55	54	79	51	96	90	126	130
	Unknown	0	0	0	0	<5	<5	10	<5	107	85
Health Board	ABUHB	1,758	1,887	1,800	1,661	1,649	1,076	968	1,238	1,544	1,525
	BCUHB	1,398	1,419	1,295	1,340	1,395	942	920	1,243	1,177	1,039
	CTMUHB	800	889	823	570	560	273	488	730	788	566
	CVUHB	1,178	1,308	1,867	1,986	2,011	1,350	2,349	3,244	3,240	2,633
	HDUHB	253	690	726	715	584	399	436	591	569	506
	PTB	<35	<40	<35	<30	<25	<15	62	116	137	122
	SBUHB	1,112	1,337	1,343	998	1,336	842	1,133	1,706	1,803	1,374
	Unknown	<5	<5	<5	<5	<5	<5	1,224	425	81	116
Ethnicity	Asian	21	26	33	41	48	19	18	48	137	116
	Black	56	76	94	88	77	60	43	98	197	165
	Mixed	59	89	103	101	97	61	54	104	200	171
	Other	26	47	71	92	76	32	31	27	60	81
	White	4,508	5,549	5,756	5,306	5,324	2,897	1,792	2,890	6,351	5,324
	Unknown	1,862	1,783	1,830	1,674	1,937	1,828	5,642	6,126	2,394	2,024

Source: SWS, Test and Post Scheme/TDL and Datastore, 2025

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

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Sex	Female	321	358	451	404	536	479	696	1,791	2,527	1,142
	Male	652	603	742	920	1,063	742	1,120	2,328	2,725	2,009
	Unknown	0	0	0	0	0	<5	6	55	84	53
Age	0-14	<10	5	0	<5	<5	<5	<5	<5	6	6
	15-24	478	496	584	571	681	542	651	2,440	3,044	1,241
	25-34	316	285	363	460	535	410	704	1,087	1,366	1,051
	35-44	92	99	124	154	204	179	284	396	581	530
	45-54	47	54	83	89	117	60	107	155	202	217
	55+	32	22	39	49	60	28	72	94	116	141
	Unknown	<5	0	0	<5	<5	<5	<5	<5	21	18
Health Board	ABUHB	256	179	246	321	375	297	324	539	939	653
	BCUHB	118	140	204	198	234	249	196	505	474	335
	CTMUHB	123	101	105	74	72	44	95	269	389	200
	CVUHB	295	370	445	504	578	406	735	1,788	2,216	1,175
	HDUHB	15	46	69	69	76	54	55	166	415	339
	PTB	0	0	<5	0	0	<5	5	23	34	17
	SBUHB	166	125	122	158	264	171	217	756	842	458
	Unknown	0	0	<5	0	0	<5	195	128	27	27
Ethnicity	Asian	12	11	13	14	18	9	13	32	88	65
	Black	15	15	12	25	29	23	24	50	78	70
	Mixed	11	13	22	35	40	21	24	71	130	67
	Other	<5	13	26	35	17	11	15	22	34	43
	White	803	790	958	1,070	1,276	848	670	1,844	4,032	2,409
	Unknown	128	119	162	145	219	311	1,076	2,155	974	550

Source: SWS, Test and Post Scheme/TDL and Datastore, 2025

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

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Sex	Female	77	82	74	86	114	79	79	101	123	134
	Male	131	165	234	263	319	225	288	319	383	381
	Unknown	0	0	0	<5	0	<5	<5	0	0	0
Age	0-14	0	0	0	0	0	0	0	0	0	0
	15-24	34	53	47	71	77	54	48	62	53	50
	25-34	73	78	105	142	170	121	140	145	198	218
	35-44	52	58	82	68	84	60	91	101	134	133
	45-54	27	34	45	39	62	42	48	60	67	62
	55+	22	24	29	30	40	27	41	52	54	52
	Unknown	0	0	0	0	0	<5	0	0	0	0
Health Board	ABUHB	36	36	72	73	71	53	94	72	111	106
	BCUHB	24	36	50	60	68	46	48	72	72	96
	CTMUHB	37	25	29	29	43	37	21	39	37	47
	CVUHB	63	83	84	101	149	73	107	124	126	110
	HDUHB	9	21	20	25	16	31	17	19	27	48
	PTB	<5	0	<5	0	<5	0	0	<5	<5	<5
	SBUHB	35	46	50	58	83	64	81	87	131	106
	Unknown	<5	0	<5	<5	<5	<5	0	<5	<5	<5
Ethnicity	Asian	<5	<5	<5	0	<5	<5	<5	8	16	8
	Black	8	<5	<5	<5	8	<5	<5	7	7	6
	Mixed	5	<5	<5	8	<5	6	6	<5	11	6
	Other	<5	<5	9	<5	<5	<5	<5	<5	9	10
	White	111	150	216	246	275	174	196	225	267	260
	Unknown	83	83	75	89	139	119	158	174	196	225

Source: SWS, Test and Post Scheme/TDL and Datastore, 2025

Appendix D: Number of individuals diagnosed with 1st episode genital herpes, by sex, age group, Health Board, ethnicity, and year

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Sex	Female	795	944	918	1,014	1,000	669	650	789	802	733
	Male	427	545	498	511	555	356	312	371	388	374
	Unknown	0	<5	0	0	0	0	0	8	<5	0
Age	0-14	<5	8	<5	0	<5	<5	<5	<5	<5	<5
	15-24	643	754	689	735	731	486	422	533	526	443
	25-34	354	431	429	459	469	326	323	368	394	396
	35-44	121	157	149	163	188	107	117	155	167	144
	45-54	62	94	92	94	87	62	65	67	52	67
	55+	<40	47	<55	74	<80	<45	<35	<45	<50	<55
	Unknown	0	0	0	0	0	0	0	0	0	0
Health Board	ABUHB	360	363	384	447	395	275	233	250	290	228
	BCUHB	272	289	238	284	256	169	152	197	143	149
	CTMUHB	168	194	195	123	142	71	71	138	73	53
	CVUHB	232	319	244	276	343	238	276	257	288	284
	HDUHB	5	93	124	144	117	54	63	62	123	134
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	185	233	231	251	302	218	167	264	274	259
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	8	12	<10	10	11	<5	<5	<5	21	12
	Black	7	20	<5	10	13	<10	5	11	18	14
	Mixed	14	16	21	20	15	13	15	11	22	25
	Other	5	11	14	25	21	<10	<5	<10	10	14
	White	1,122	1,341	1,303	1,377	1,399	735	584	813	894	846
	Unknown	66	91	67	83	96	257	355	320	226	196

Source: SWS, 2025

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

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Sex	Female	1,386	1,415	1,323	1,142	957	567	485	422	435	398
	Male	1,758	1,771	1,632	1,485	1,306	661	650	593	551	583
	Unknown	0	0	<5	0	<5	0	0	<5	<5	<5
Age	0-14	<5	0	<5	<5	<5	<5	0	0	0	0
	15-24	1,742	1,773	1,577	1,362	1,053	488	317	213	214	145
	25-34	855	855	861	789	733	432	497	451	411	443
	35-44	304	298	271	254	269	167	174	199	189	216
	45-54	163	167	163	144	135	86	96	99	86	91
	55+	<80	93	<85	<80	<75	<55	51	56	87	90
	Unknown	0	0	0	0	0	0	0	0	0	0
Health Board	ABUHB	740	683	607	551	493	291	265	232	214	200
	BCUHB	658	553	463	421	389	246	205	226	112	107
	CTMUHB	517	465	390	252	166	62	97	91	84	93
	CVUHB	623	702	725	730	626	273	248	202	219	252
	HDUHB	74	309	315	365	201	112	92	69	134	134
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	532	474	456	308	389	244	228	198	224	199
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	18	13	21	27	20	8	<5	5	11	11
	Black	24	28	22	13	24	7	<10	17	15	21
	Mixed	29	37	49	34	27	12	<10	11	20	18
	Other	20	22	37	40	31	5	<10	9	14	17
	White	2,833	2,870	2,645	2,340	1,946	893	737	681	730	710
	Unknown	220	216	182	173	216	303	374	295	197	208

Source: SWS, 2025

Appendix F: Number of females receiving LARC IUD/IUS in SHCs, by age group, Health Board, ethnicity, and year[6]

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Age	0-14	0	<5	8	6	<5	5	10	<5	5	<5
	15-24	197	508	1,287	1,469	1,758	1,238	1,893	1,360	1,403	1,439
	25-34	347	817	1,811	2,181	2,082	1,689	2,376	2,213	2,351	2,099
	35-44	288	643	1,239	1,464	1,447	1,029	1,780	1,731	1,884	1,693
	45-54	149	366	578	742	774	483	950	950	996	886
	55+	16	43	36	43	29	30	73	69	88	108
	Unknown	0	0	0	<5	202	0	0	0	0	0
Health Board	ABUHB	0	0	845	1,715	1,738	1,084	1,356	1,740	1,802	1,571
	BCUHB	<5	<5	13	13	10	242	1,765	1,490	785	491
	CTMUHB	527	714	870	844	879	282	251	394	327	390
	CVUHB	469	1,183	1,597	1,438	1,595	1,106	1,804	913	1,090	1,222
	HDUHB	0	480	731	1,105	961	748	604	546	1,308	1,385
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	0	0	903	794	1,111	1,012	1,302	1,241	1,415	1,168
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	15	59	73	79	118	45	64	49	100	101
	Black	14	39	56	68	73	33	46	79	94	84
	Mixed	10	39	67	97	73	73	96	73	119	111
	Other	6	31	67	91	82	51	42	49	77	74
	White	849	1,836	4,080	5,032	5,309	3,326	4,815	4,515	5,212	4,645
	Unknown	103	375	616	542	639	946	2,019	1,559	1,125	1,212

Source: SWS, 2025

[6] Data for Aneurin Bevan University Health Board for the years 2015 and 2016 was not available – Tables 29-33

Appendix G: Number of females receiving LARC implants in SHCs, by age group, Health Board, ethnicity, and year

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Age	0-14	<5	56	120	136	209	104	105	108	190	141
	15-24	632	1,860	3,467	4,023	4,106	2,337	3,119	2,880	2,885	2,684
	25-34	408	987	2,063	2,403	2,316	1,552	2,407	2,241	2,088	2,063
	35-44	112	310	662	824	945	584	1,074	1,113	1,033	1,171
	45-54	16	87	192	242	271	165	316	324	247	277
	55+	0	<5	0	<5	<5	<5	7	6	6	<5
	Unknown	0	0	<5	0	148	<5	0	0	0	0
Health Board	ABUHB	0	0	1,510	2,950	3,021	1,642	2,200	2,969	2,804	2,504
	BCUHB	<5	<5	5	<5	15	260	1,509	916	541	496
	CTMUHB	612	760	1,021	961	988	310	313	181	187	180
	CVUHB	557	1,557	1,655	1,410	1,468	683	1,050	596	732	906
	HDUHB	<5	983	1,262	1,582	1,441	1,118	1,056	977	1,137	1,181
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	0	0	1,052	723	1,065	731	900	1,033	1,048	1,072
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	14	35	47	60	61	30	45	42	47	62
	Black	11	42	62	76	83	37	56	53	82	96
	Mixed	6	42	82	98	124	49	62	78	108	111
	Other	5	29	52	78	128	50	51	80	68	63
	White	1,038	2,590	5,526	6,728	6,935	3,859	5,386	5,099	4,830	4,610
	Unknown	98	563	736	590	667	719	1,428	1,320	1,314	1,397

Source: SWS, 2025

Appendix H: Number of females receiving LARC injections in SHCs, by age group, Health Board, ethnicity, and year

		2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Age	0-14	12	47	60	79	80	53	25	36	55	39
	15-24	1,302	2,258	4,026	4,511	4,060	2,931	2,012	1,835	2,154	2,071
	25-34	599	956	1,954	2,191	2,158	1,844	1,294	1,293	1,467	1,576
	35-44	183	350	697	762	795	686	457	507	638	708
	45-54	47	69	128	135	152	138	84	84	118	112
	55+	0	0	<5	0	<5	0	0	<5	0	0
	Unknown	0	<5	0	0	154	0	0	0	0	0
Health Board	ABUHB	0	0	1,551	2,124	1,870	1,918	1,285	1,303	1,621	1,670
	BCUHB	0	0	<5	<5	<5	83	278	263	178	217
	CTMUHB	2,016	2,299	2,580	2,810	2,678	1,467	707	733	871	810
	CVUHB	127	1,028	1,120	1,104	981	629	546	499	573	593
	HDUHB	0	354	463	618	539	416	285	232	440	466
	PTB	0	0	0	0	0	0	0	0	0	0
	SBUHB	0	0	1,150	1,021	1,330	1,139	771	726	749	750
	Unknown	0	0	0	0	0	0	0	0	0	0
Ethnicity	Asian	6	15	27	29	28	16	13	15	33	29
	Black	<5	20	45	41	55	41	32	36	57	64
	Mixed	<5	17	50	73	74	56	41	41	64	67
	Other	7	15	39	53	63	41	31	35	42	46
	White	2,080	3,182	6,163	6,987	6,681	4,881	3,097	2,921	3,491	3,495
	Unknown	45	432	543	495	499	617	658	708	745	805

Source: SWS, 2025

Appendix I: Data sources and data limitations

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 Service / The Doctors Lab (TDL)

The Test and Post (TAP) service 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. Prison data from LIMS is only available from 2019 onwards.

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 2023 mid-year figures[7]. Population estimates for Ethnicity are based on the 2021 ONS census[8].

Limitations

As recognised in the Sexual Health Service Review in 2018[9], 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 TAP scheme until August 2022. As such, diagnosis rates per 100,000 by ethnic group from 2021 onwards should be interpreted with care.

[7] Office for National Statistics. Mid-2023 population estimates. ONS mid-year population estimates
[8] Office for National Statistics. Ethnic group, England and Wales: Census 2021: 2021. Census 2021
[9] A-Review-of-Sexual-Health-in-Wales-Final-Report.pdf (phwwhocc.co.uk)

This report no longer reports on HIV testing and diagnoses and therefore number of tests and individuals tested will not be comparable to previous reports.

The number of postal tests may be slightly lower than in previous reports and have improved accuracy due to an improved method of deduplication.