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HIV and STI trends in Wales

Surveillance Report, March 2010

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Purpose and Summary of Document:

This report presents the latest data on the rates of HIV/AIDS and other sexually transmitted infections (STI) in Wales. Data presented are complete to the end of December 2008.

Publication/Distribution:

- Publication on Public Health Wales intranet and internet
- E-mail notification of publication to stakeholders
- Link from Public Health Wales e-Bulletin
- Publication in Public Health Wales Document Database (Community surveillance)

Key points

- The prevalence of HIV/AIDS in Wales continues to increase; in 2008 there were 1,082 Welsh residents receiving treatment for HIV/AIDS (36 per 100,000 population). The increase in prevalence in recent years has been partly due to better survival of those infected with HIV in the past, and the immigration of people into Wales who have acquired their infection overseas. However, there continues to be local transmission of HIV/AIDS, particularly in men who have sex with men (MSM), and this group still makes up a significant proportion of prevalent cases in Wales.
- The number of HIV antibody tests carried out by laboratories in Wales continues to increase, with 57,614 tests carried out in 2008 (1,925 tests per 100,000 population). Since 2004 the number of tests carried out in GUM has nearly doubled.
- The Health Protection Agency (HPA) reported 148 new cases of HIV infection in Wales in 2008. This represents a decrease from the previous year which saw the highest number of new cases in Wales since the start of the epidemic. Ninety-one percent reported an exposure category, 51% of whom probably acquired their infection through heterosexual sex and 46% were in MSM.
- Just over half of those diagnosed with HIV in 2008 who acquired their infection through heterosexual sex were from a non-White ethnic group, predominantly those of Black-African ethnicity in whom women continue to be over-represented.
- Between 2007 and 2008 the numbers of new cases of syphilis, uncomplicated chlamydia, herpes and warts diagnosed in GUM clinics in Wales all continued to increase. The number of new cases of gonorrhoea decreased in 2008.
- The number of cases of infectious syphilis reported to the enhanced syphilis surveillance scheme continues to increase, with 119 cases reported in 2008 compared to 90 in 2007. The majority of all cases in 2008 were white (89%). Only 4% of cases reporting heterosexual sex as their probable source of infection.
- No prospective new blood donors were screened positive for treponemal infection in 2008. This compares with two in 2007 and none in 2006. There were, however, two positive donations from established donors in 2008 (this compares with two positive donations in 2007 and two in 2006).
- In 2008, there were 4,302 episodes of uncomplicated chlamydia infection diagnosed in GUM. This is an 18% increase on the number diagnosed in 2007 and the rate of uncomplicated chlamydial infection in Wales increased to 144 per 100,000 in 2008. The overall trend for an increase in diagnosis rates in Wales from 1994 to 2008 partly reflects increased awareness and improved diagnostic techniques.
- A significant proportion of chlamydia testing is carried out in general practice. Data from the voluntary replies of chlamydia laboratory tests results on samples submitted from all sources indicate that the number of positive test results increased from 4,194 tests in 2007 to 4,656 in 2008 (156 per 100,000 population). This is an underestimate as not all labs in Wales report.
- In 2008, there were 403 episodes of uncomplicated gonorrhoea and 177 epidemiological treatments of suspected gonorrhoea reported from GUM clinics in Wales (19 new cases per 100,000 population). This is lower than previous years in Wales (a decrease of 11% since 2007), continuing a general decrease in reported cases since 2004. Twenty percent of episodes of uncomplicated gonorrhoea reported in males in 2008 were in MSM (compared to 28% in

2007). Laboratory reports of *Neisseria gonorrhoea* also continued to decrease but remained highest in 15 to 24-year-old males and females (42 per 100,000 population for each sex).

- Since lymphogranuloma venereum (LGV) emerged as a serious infection of MSM in 2003, a total of eight cases have been reported from Wales. Five cases were identified in Wales in 2005, clustered in Abertawe Bro Morgannwg University Local Health Board. One further case was identified in Abertawe Bro Morgannwg in 2008 and two were identified in Cardiff and the Vale University Local Health Board in 2009.
- There are still barriers to effective surveillance of STI in Wales. KC60 data are not timely and neither laboratory nor KC60 data can provide data on the incidence of STI in Local Health Board resident populations. Also, voluntary reporting of STI by laboratories in Wales is not complete as some laboratories do not report routinely to the scheme. To address this, a project to develop and implement timely, person and area-based STI surveillance is currently being implemented across Wales.
- Integration of GUM and contraceptive services has resulted in more screening for STIs and blood-borne viruses occurring in community-based sexual health clinics. The activities of these clinics are not yet included in the KC60 data.

1. Introduction

This report brings together latest data on sexually transmitted infection (STI), including HIV/AIDS, in Wales. The report is based on data available at the time of publication. Please note that recent data may be liable to change.

The report has been prepared by Public Health Wales Communicable Disease Surveillance Centre (CDSC) for the Public Health Wales Sexual Health Programme. Assistance was provided by a small editorial team (see Appendix 1). Any comments or queries relating to this report or requests for further information should be directed to:

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Further data may be available from the Public Health Wales (www.wales.nhs.uk) and Health Protection Agency (www.hpa.org.uk) websites.

2. Suggested citation

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Author: Communicable Disease Surveillance Centre	Date: March 2010	Status: Approved for publication
Version: 1a	Page: 4 of 45	Intended Audience: Health professionals

3. Sources of data

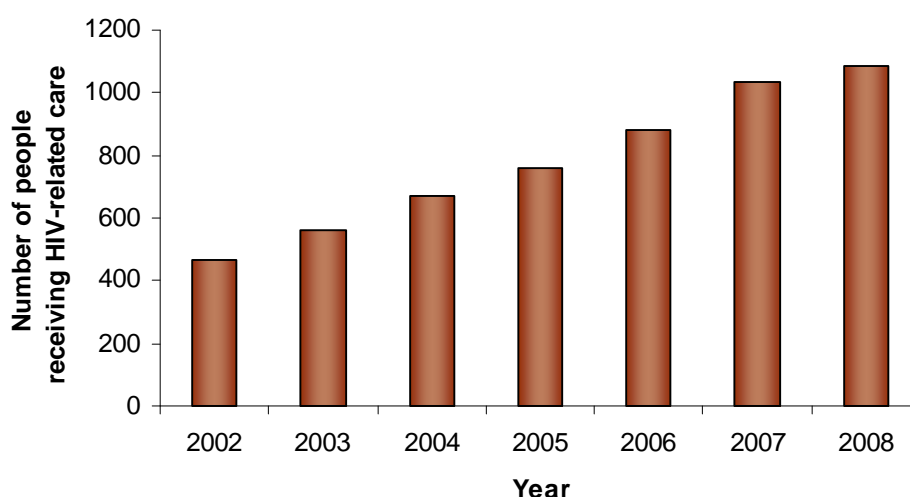
- Results of the Health Protection Agency (HPA) **Survey of Prevalent HIV Infections Diagnosed** (SOPHID) Scheme.
- Results of the Public Health Wales Communicable Disease Surveillance Centre **HIV Denominator Surveillance Scheme**. The results of clinical testing for HIV infection reported by the Public Health Wales Microbiology laboratories at Cardiff, Swansea, Bangor and Rhyl and the NHS laboratories at Hereford and Royal Glamorgan Hospital, Llantrisant and gathered via Microbiology Datastore.
- Clinical reporting of **newly diagnosed HIV** to the HPA.
- **Results of screening blood donated in Wales** by the Welsh Blood Service and National Blood Service (Merseyside and North Wales).
- **KC60 diagnostic statistics** submitted by departments of genitourinary medicine (GUM) in Wales and collated by Public Health Wales on behalf of the Welsh Assembly Government. Data reported from GUM clinics in Wales on KC60 forms are complete only up to the end of December 2008. Integration of GUM and contraceptive services has resulted in more screening for STIs and blood-borne viruses occurring in community-based sexual health clinics. The activities of these clinics are not yet included in the KC60 data.
- **CoSurv laboratory reports of STI** from all clinical diagnostic laboratories in Wales. These data are reported on a voluntary basis and it should be noted that some laboratories do not report routinely, therefore the data may be incomplete.
- Results of **Enhanced Surveillance of Syphilis in Wales**: Anonymous clinical reports of infectious syphilis to Public Health Wales CDSC from GUM clinics.
- Results of the HPA **Enhanced Surveillance of LGV**.
- Rates were calculated using StatsWales and the Office for National Statistics **mid-year population estimates**.

Author: Communicable Disease Surveillance Centre	Date: March 2010	Status: Approved for publication
Version: 1a	Page: 5 of 45	Intended Audience: Health professionals

4. HIV in Wales

- 4.1. HIV continues to be one of the most important communicable diseases in the UK. It is an infection associated with serious morbidity, high costs of treatment and care, significant mortality and high number of potential years of life lost. Further information about the epidemiology of HIV/AIDS in Wales is available from the Public Health Wales website <http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=26424>. Further information on HIV/AIDS in the UK can be obtained from the HPA: <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/>
- 4.2. Surveillance of the HIV epidemic in Wales is carried out using: (i) results of the HPA 'Survey of Prevalent HIV Infections Diagnosed' (SOPHID) Scheme; (ii) results of all clinical testing for HIV infection reported by the Public Health Wales Microbiology laboratories and NHS laboratories at Hereford and Royal Glamorgan Hospital (Public Health Wales CDSC HIV Denominator Surveillance Scheme); (iii) newly diagnosed HIV reported to the HPA Centre for Infection; and (iv) results of screening blood donated in Wales by the Welsh Blood Service and National Blood Service (Merseyside and North Wales).
- 4.3. The best indication of the number of people living with HIV/AIDS in Wales is provided by the HPA SOPHID (Survey of Prevalent HIV Infections Diagnosed) which counts the number of people receiving HIV-related treatment or care. These data are used to assess the prevalence of HIV/AIDS by Local Health Board of residence and are useful in the planning and financing of HIV care services.
- 4.4. SOPHID data show a steady increase in the Welsh residents living with HIV and receiving care in Wales, rising from 468 in 2002 to 1,082 in 2008 (see Figure 1). This increase reflects both an increase in new diagnoses and improved survival of cases due to better treatment. However, the percentage increase in rates between 2007 and 2008 has dropped from that seen between 2006 and 2007 (4.9% and 16.6% respectively).

Figure 1. Number of people resident in Wales* also receiving HIV-related care in Wales, 2002-2008 (Source: SOPHID)



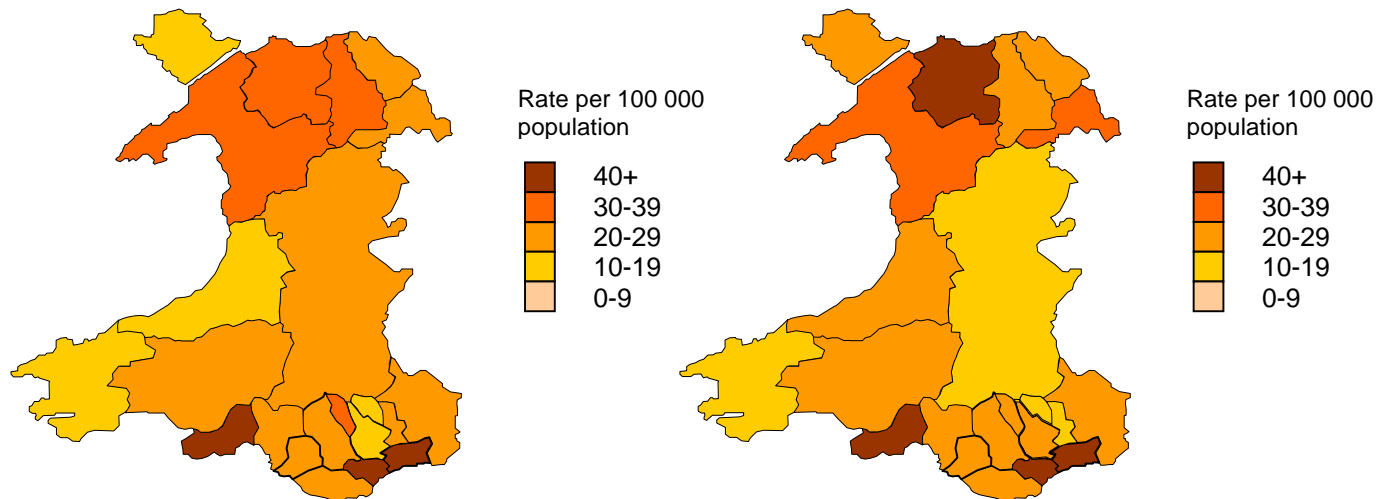
* Patients where area of residence is not known (22 patients) are not included

- 4.5. In 2008, prevalence of HIV/AIDS remained highest in the urban centres of South Wales and along the North Wales coast (Figure 2b). Between 2007 and 2008, there were increases in the

Author: Communicable Disease Surveillance Centre	Date: March 2010	Status: Approved for publication
Version: 1a	Page: 6 of 45	Intended Audience: Health professionals

rates of HIV/AIDS in 14 of the 22 Local Health Boards. In 2008, prevalence of HIV increased to between 20 and 29 per 100,000 population in the Isle of Anglesey, Caerphilly and Ceredigion, between 30 and 39 per 100,000 population in Wrexham and over 40 per 100,000 population in Conwy. In contrast, prevalence decreased in seven of the Local Health Boards. Rates decreased to between 10 and 19 per 100,000 population in Powys and Torfaen, and between 20 and 29 per 100,000 population in Denbighshire and Merthyr Tydfil in 2008.

Figure 2a. Prevalence of HIV in Wales by Local Health Board of residence, 2007 (Source: SOPHID) **Figure 2b. Prevalence of HIV in Wales by Local Health Board of residence, 2008 (Source: SOPHID)**

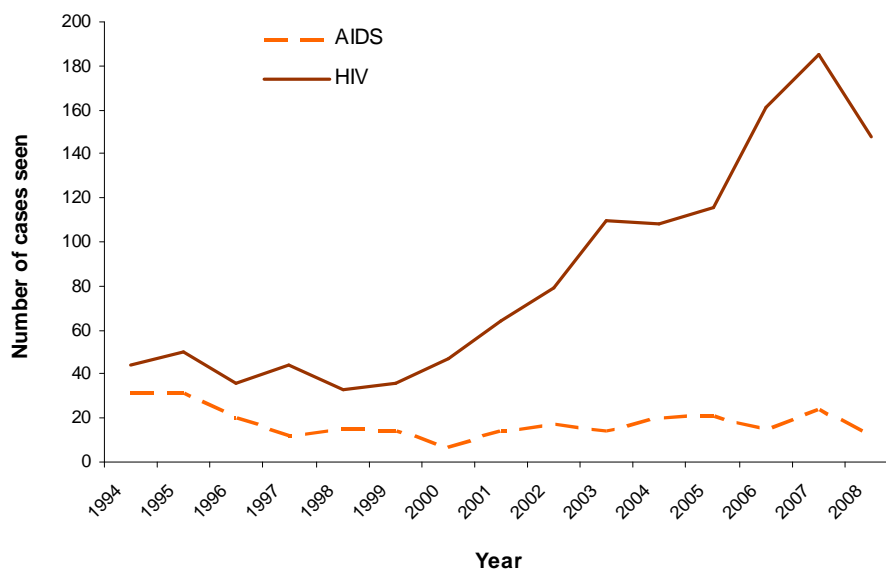


- 4.6. In 2008, prevalent cases were most frequently (38%) 35 to 44 years old and reported as having an asymptomatic clinical stage of infection (46%) (Table 1). There was an increase in the number of cases in those aged 45 to 54 years (from 205 in 2007 to 250 in 2008), while all other age groups remained stable ($\leq 1\%$ difference in rates).
- 4.7. The most probable route of transmission for those receiving treatment in 2008 was through sex between men (53%). Nearly all of these men (96%) were of white ethnicity (Table 2). The proportion of cases for each probable route of transmission remained stable ($\leq 1\%$ difference from the previous year), including those who probably acquired their infection through heterosexual sex.
- 4.8. Just over half of all prevalent cases who acquired their infection through heterosexual sex were from a non-White ethnic group (54%), predominantly those of Black-African ethnicity (88% of all non-White ethnic groups) (Table 2). The proportion of prevalent cases seen in each ethnic group remained stable from 2007 to 2008 ($\leq 1\%$ difference in rates).
- 4.9. Females represented just over half of all prevalent cases who acquired their infection through heterosexual sex (56%). While, Black-African females constituted 66% of all Black-Africans receiving care for HIV in 2008 and living in Wales.
- 4.10. Information on the number of HIV antibody tests carried out in Wales per year is available from the Public Health Wales CDSC HIV Denominator Surveillance Scheme. The total number of HIV antibody tests being carried out in Wales has increased substantially during recent years, from 30,841 in 2004 to 57,614 in 2008 (Table 3). This increase in testing has been largely due to the introduction of antenatal screening for HIV. However, the number of tests carried out on samples submitted from other sources has also increased. For example, GUM samples have increased

from 9,159 in 2004 to 16,397 in 2008 and hospital in-patient samples have increased from 956 to 1,374 for the same period. The number of newly diagnosed positives, as a proportion of all tests carried out, has remained relatively stable at about 0.3% in recent years.

- 4.11. As in previous years, the greatest numbers of HIV antibody tests carried out in 2008 were on people submitting sera from health facilities in South East Wales (48% of all tests) (Table 3). However, the testing rate was highest in North Wales in 2008 at 2,575 per 100,000 population, compared with 2,142 per 100,000 in South East Wales and 1,188 per 100,000 in Mid and West Wales. This represents a reversal from 2007 rates which may be due to changes in testing practices.
- 4.12. In 2008, the Public Health Wales HIV denominator scheme identified 159 new positives. This represents a decrease from previous years (177 in 2007 and 164 in 2006). Of these new positives, 68 submitted samples through genitourinary services, 11 through an ante-natal screening, five through hospital out-patient departments, three through their GP, two through fertility clinics, and one through a hospital in-patient department (Table 4). Forty-three percent of new positives identified were from an undetermined source.
- 4.13. The number of new diagnoses in women rose from 40 in 2007 to 53 in 2008 (23% to 33% of all new positives). While, there was a decrease in the number of new diagnoses in men from 135 in 2007 to 104 in 2008 (Table 4).
- 4.14. Although 159 new HIV positives were identified by laboratories in Wales in 2008 and reported to the HPA, some of these cases will have been previously diagnosed elsewhere in the UK. Conversely, the HPA may be aware of cases diagnosed in Wales that are not reported to Public Health Wales. The HPA reported 148 new cases of HIV infection and 12 new AIDS diagnoses in Wales in 2008. This represents a decrease in both from the previous year (185 and 24 new diagnoses respectively) (Figure 3).

Figure 3. Clinical reports of HIV* and AIDS in Wales, 1994–2008 by year of diagnosis



*Individuals with laboratory reports of infection plus those with AIDS or death reports for whom no matching laboratory report has been received
Data source: HPA new diagnosis of HIV and AIDS

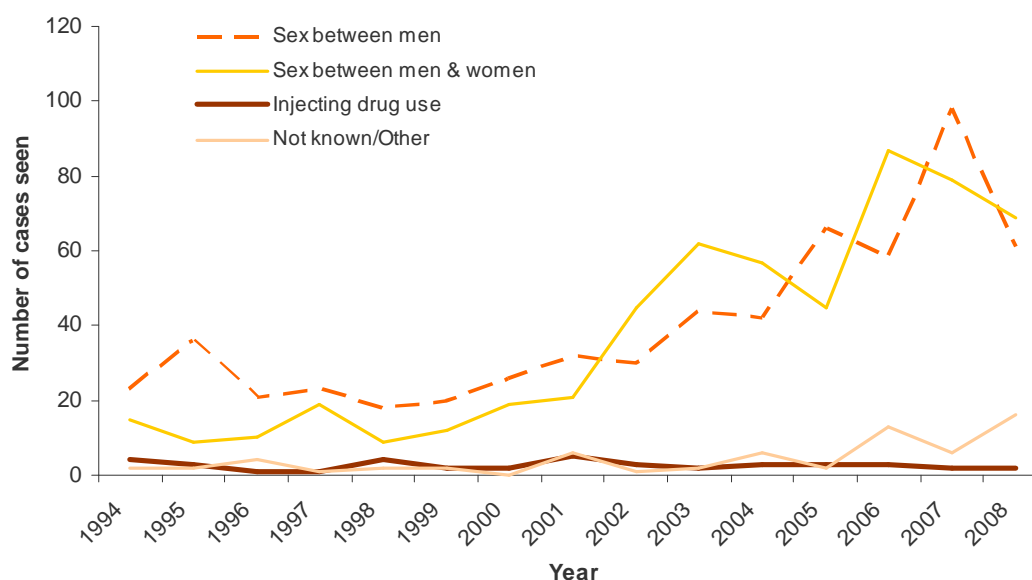
- 4.15. During the 1980s and 1990s, newly diagnosed HIV positives were most frequently men who reported sex with other men (MSM). However, the number of infections in patients reporting sex

Author: Communicable Disease Surveillance Centre	Date: March 2010	Status: Approved for publication
Version: 1a	Page: 8 of 45	Intended Audience: Health professionals

between men and women as their most likely source of infection has increased sharply in recent years (Figure 4). Information on the probable route of infection was only available for 25 of the 159 of the newly diagnosed positives in Wales in 2008 through the Public Health Wales HIV denominator scheme (Table 5). However, the HPA report that of the 134 (91%) new cases of HIV infection in Wales in 2008 which reported an exposure category, 51% reported heterosexual contact, 46% reported sex between men and 3% reported either injecting drug use or being the recipient of blood or tissue products.

- 4.16. In 2008, the number of new diagnoses reported to the HPA which were probably acquired through sex between men decreased from a peak of 98 in 2007 to 61 (Figure 4). The number of new diagnoses probably acquired through sex between men and women continued to decrease from a peak of 87 in 2006 to 69 in 2008.
- 4.17. The number of newly diagnosed HIV positives in Wales reporting injecting drug use as their most likely source of infection continues to remain low at five cases or fewer per year since 1981.

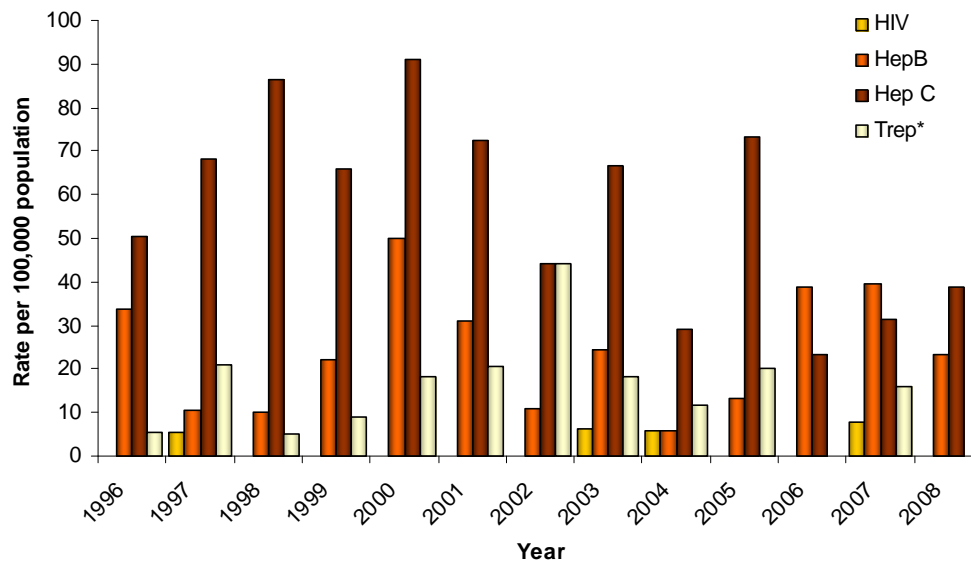
Figure 4. Clinical reports of HIV in Wales for selected exposure categories, 1994–2008, by year of diagnosis



Data source: HPA new diagnosis of HIV and AIDS

- 4.18. Blood donations are routinely screened for HIV infection. Blood from donors who are screened positive does not enter the blood supply. Such donors are removed from the donor panel and are not called for donation again.
- 4.19. No prospective new blood donors and no existing blood donors screened positive for HIV in 2008 (Tables 6 and 7). Since 1997, there have only been three new donors that have screened positive for HIV (one in each of 2003, 2004 and 2007) (Figure 5). The number of existing blood donors who screen positive for HIV has alternated between none and three between 2004 and 2008.

Figure 5. Rates (per 100,000 donations per year) of HIV, hepatitis B, hepatitis C and treponemal infection in prospective new blood donors in Wales, 1996-2008



*Treponemal infection (most likely syphilis)

4.20. In spring 2007, Public Health Wales (formerly NPHS) was contacted to assist in the management of a cluster of HIV cases in South Wales.^{1:2} Extensive contact tracing was carried out and a highly interconnected sexual network of young MSMs was identified that spread across South and West Wales and into England. In total, 123 individuals were identified through contact tracing resulting in successful contact with 90 individuals (73%). Of these, 11 confirmed they were already HIV positive and 15 individuals were newly diagnosed with HIV; all were male and 13 were exclusively MSM. This investigation demonstrated that well-informed and HIV educated individuals continue to transmit HIV and other STIs in highly active, casual sexual networks and that sexual network analysis is a useful tool in the investigation of HIV in Wales. The decrease in the total number of reports of HIV in MSMs in Wales from 2007 to 2008 (from 98 to 61) suggests that ongoing transmission may have been controlled by case finding during this investigation.

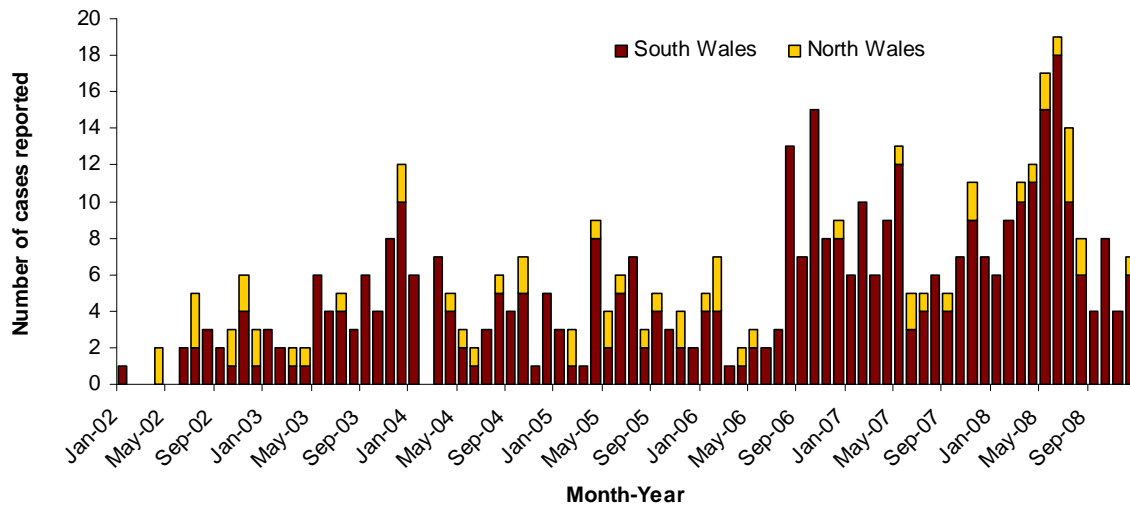
5. Syphilis in Wales

- 5.1. Syphilis is caused by *Treponema pallidum* subspecies *pallidum*, a spirochete that is a bacteria-like organism. In the UK, syphilis infection has become more common in recent years, particularly amongst gay men. The condition is especially significant in women in pregnancy where infection can cause miscarriage, still birth, or foetal abnormality. Latest information on the epidemiology of syphilis in the Wales can be obtained from the Public Health Wales website: <http://www.wales.nhs.uk/sites3/page.cfm?orgld=457&pid=26759> or the HPA website: <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Syphilis/>
- 5.2. In 2008, 76 episodes of primary and secondary infectious syphilis were reported by GUM clinics in Wales on KC60 forms. This continues a steady increase in cases since 2004, with 39, 43, 45 and 61 episodes reported for 2004, 2005, 2006 and 2007 respectively (Table 10).
- 5.3. Of the reported episodes in 2008, 92% (70 episodes) occurred in men, of whom 48 (69%) were MSM (Table 8a). This represents an increase in the proportion of reported episodes which were in known MSM since 2007 (63% in 2008 compared to 54% in 2007) and the highest reported proportion since 2004.
- 5.4. In 2008, episodes of primary or secondary infectious syphilis were most frequently reported in men aged 20-24 years (15 cases; 14 episodes per 100,000 men aged 20-24) (Table 9). In women, primary or secondary infectious syphilis was also most frequently reported in those aged 20-24 years (two cases; 2 episodes per 100,000 women aged 20-24 years).
- 5.5. In 2008 there were also 34 episodes of early latent syphilis, 39 episodes of other acquired syphilis and 21 epidemiological treatments of suspected syphilis (Table 8a). This represents an increase in the number of episodes of early latent syphilis and epidemiological treatment of suspected syphilis from 2007 (23 and 13 episodes respectively). However, there was a decrease in the number of episodes of other acquired syphilis from 2007 to 2008 (46 to 39 respectively).
- 5.6. Thirty of the 34 reported episodes of early latent syphilis and 27 of the 39 episodes of other acquired syphilis in 2008 were in males. Of those episodes reported in males, 80% of early latent syphilis and 37% of other acquired syphilis were homosexually acquired.
- 5.7. As in previous years, the majority of primary and secondary infectious syphilis episodes in 2008 were reported from Cardiff GUM clinic, constituting 43% of all reported episodes (Table 10). There has been a gradual increase of cases in South East Wales from 24 in 2005 to 52 in 2008, while numbers in Mid and West Wales and North Wales have varied between nine and 20 cases and three and 11 cases respectively.
- 5.8. An enhanced syphilis surveillance scheme was introduced in Wales in 2002, allowing more timely surveillance of new cases of infectious syphilis than through KC60 surveillance and providing more detailed information on the behavioural characteristics of cases. Since the introduction of this scheme, a total of 503 cases of syphilis (including KC60 codes A1-A3, A9 and stage not known) have been reported to CDSC through the enhanced surveillance scheme.
- 5.9. Two-hundred and fifteen reports to date were of primary infection, 136 of secondary infection, 115 were of early latent infection, and 20 were epidemiological treatment of suspected infection. The stage of infection was not reported for 17 cases.
- 5.10. There has been a large (and steady with the exception of 2003) increase in the number of cases of infectious syphilis reported to the scheme since 2002, increasing from 27 reported cases to 119 in 2008.

Author: Communicable Disease Surveillance Centre	Date: March 2010	Status: Approved for publication
Version: 1a	Page: 11 of 45	Intended Audience: Health professionals

5.11. The results of the enhanced syphilis surveillance scheme echo those of the KC60 forms in distribution of cases. The majority reported in 2008 (88) were from clinics in South East Wales, with Cardiff clinic reporting the most cases (60). Nineteen cases were reported from clinics in Mid and West Wales, while 12 were reported from clinics in North Wales (Table 11 and Figure 6).

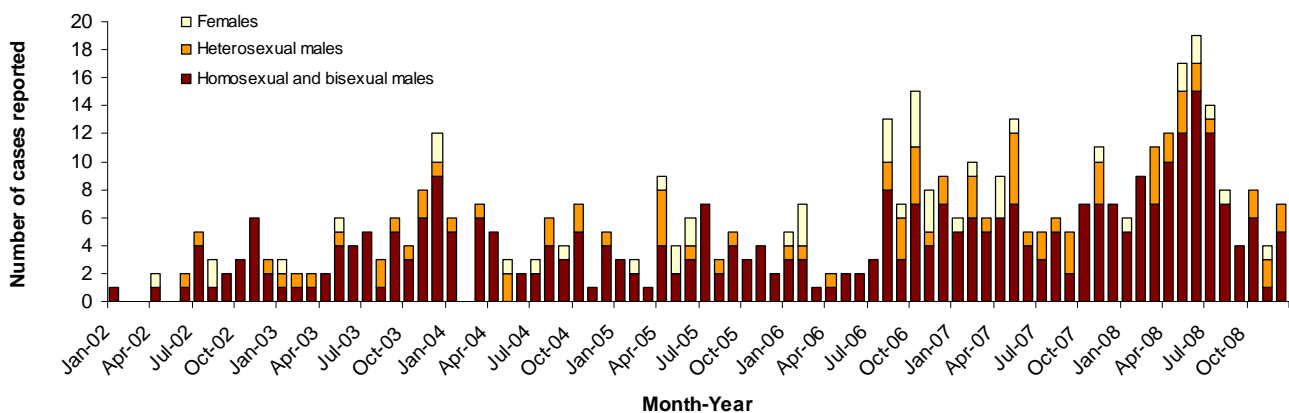
Figure 6. Cases of infectious syphilis reported to Public Health Wales CDSC through the enhanced surveillance scheme by month by region, 2002 to 2008



Note: South Wales includes South & East and Mid & West Wales

5.12. Of the 119 cases reported in 2008, 78% (93 cases) were in men who reported having sex with men. This compares with 71% of reported cases in 2007 and 59% of reported cases in 2006. In 2008, 18 men and eight women (22% of cases) reported acquiring syphilis through heterosexual sex (Figure 7). With the exception of a peak in 2006 (40% of cases), the proportion of cases reported acquiring syphilis through heterosexual sex has varied between 22% and 29% since 2002.

Figure 7. Cases of infectious syphilis reported to Public Health Wales CDSC through the enhanced surveillance scheme by month by sex and sexual orientation, 2002 to 2008



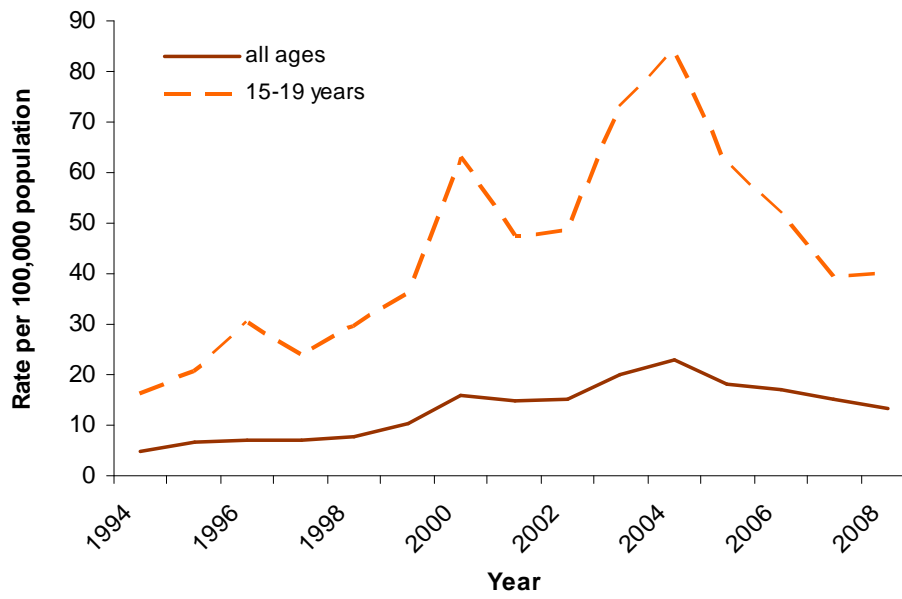
- 5.13. The majority of all cases in 2008 were white (89%); only 4% of cases reporting heterosexual sex as their probable source of infection and 4% of homosexual and bisexual men were from non-white ethnic groups.
- 5.14. Of those cases in who were asked about any sexual networks in 2008, 93 (78%) were in MSM. Of these, 60 (65%) responded and 38 (63% of responders) reported a sexual network.
- 5.15. Twenty-one cases in 2008 (18%) were known to be HIV positive. This compares with 16 (18%) in 2007 and 14 (19%) in 2006.
- 5.16. Antibody to *Treponema pallidum* persists after treatment and recovery from acute syphilis. Blood donors and some hospital patients are tested routinely for antibody to syphilis which, if present, may indicate infection in the past rather than acute disease. Blood donations which have antibody to *T. pallidum* are not transfused.
- 5.17. No prospective new blood donors were screened positive for treponemal infection in 2008. This compares with two in 2007 and none in 2006 (Table 6 and Figure 5). There were, however, two positive donations from established donors in 2008. This compares with two positive donations in 2007 and two in 2006 (Table 7).

6. Gonorrhoea

- 6.1. Gonorrhoea is a sexually acquired infection caused by the bacterium *Neisseria gonorrhoeae*. After genital chlamydia, gonorrhoea is the second most common bacterial sexually transmitted infection in the UK. Further information on the epidemiology of gonorrhoea is available from Public Health Wales <http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=26781> and HPA website: <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Gonorrhoea/>
- 6.2. In 2008, there were 403 episodes of uncomplicated gonorrhoea and 177 epidemiological treatments of suspected gonorrhoea reported from GUM clinics in Wales (19 new cases per 100,000 population). Two episodes of gonococcal ophthalmia neonatorum were reported by GUM clinics in Wales in 2008 (Table 8a).
- 6.3. The number of cases of uncomplicated gonorrhoea reported by GUM clinics in Wales in 2008 was lower than the previous years (Table 8a), and represents a decrease of 11% since 2007 (Figure 8). This continues a general decrease in reported cases since 2004.
- 6.4. Fifty-four of the 274 episodes (20%) of uncomplicated gonorrhoea reported in males in 2008 were in MSM. This compares to 89 (28% of infections in men) in 2007 and 81 (22%) in 2006.
- 6.5. The majority (36%) of the episodes of uncomplicated gonorrhoea (61 female; 44 male) reported in 2008 occurred in those aged 20-24 (97 and 47 cases in females and males respectively) (Table 9).
- 6.6. The clinic in Cardiff continued to report the highest number of cases of gonorrhoea (134 in 2008), but the number had decreased from a total of 146 in 2007. Most clinics reported a decrease in cases between 2007 and 2008.
- 6.7. Clinics in South and East Wales, however, collectively experienced a slight increase from 261 in 2007 to 270 in 2008 (3% increase). This was due to increases in the number of cases seen in Llantrisant and Newport clinics (17% and 44% increase respectively). This increase was not reflected by the number of cases homosexually acquired, which continued to decrease at a rate of 69% from 2007 to 2008 in South and East Wales (20% and 13% of all cases in 2007 and 2008 respectively).
- 6.8. Gonorrhoea can occasionally cause serious complications. There were seven reports of gonococcal complications from GUM clinics in 2008 (Table 13), five of which were from South-East Wales (71%). This follows only three cases of gonococcal complications in 2007 (all from South-East Wales) and nine cases in 2006 (six of which were from South-East Wales).
- 6.9. In 2008 there were a total of 290 laboratory reports of *Neisseria gonorrhoeae*, compared to 349 in 2007 and 428 in 2006. However, this is likely to be an underestimate of cases in Wales as some laboratories do not report STI routinely via CoSurv. One-hundred and sixty-two of the reports (56%) were reported by the laboratory in Cardiff and 100 (34%) by the laboratory in Swansea (Table 14).
- 6.10. As in previous years, in 2008 the rate of laboratory reports of *Neisseria gonorrhoeae* was highest in 15-24 year-old males and females (Table 15), at 42 per 100,000 population for each sex. Overall rates of *N. gonorrhoeae* continued to decrease in all age groups except those aged 45 to 54 years, where the rate more than doubled compared to 2007 (15 versus 7 per 100,000 population respectively).

Author: Communicable Disease Surveillance Centre	Date: March 2010	Status: Approved for publication
Version: 1a	Page: 14 of 45	Intended Audience: Health professionals

Figure 8. Reports of uncomplicated gonorrhoea from GUM clinics in Wales on form KC60 per 100,000 population: teenagers and all ages, 1994-2008



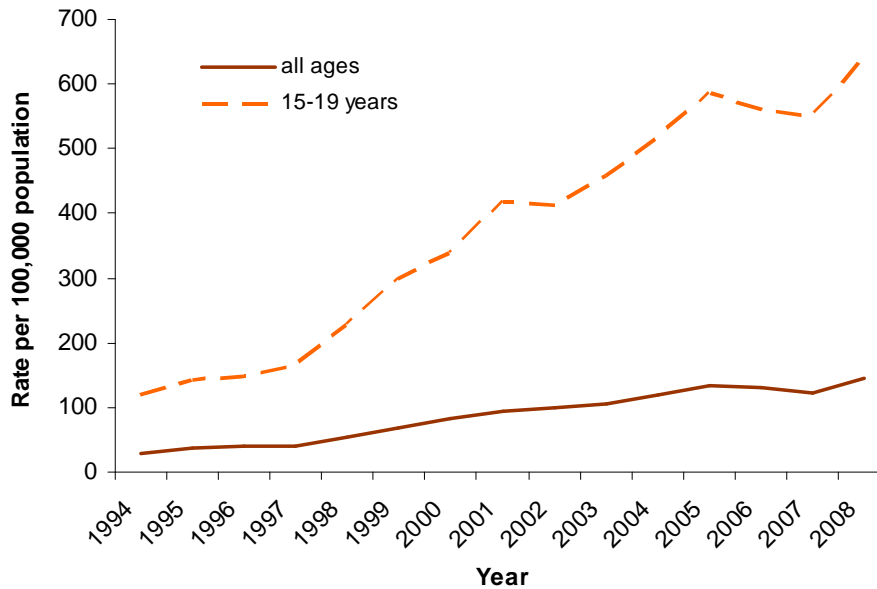
7. Genital chlamydia

- 7.1. Genital *Chlamydia trachomatis* is the most commonly diagnosed bacterial STI in the UK. Highest rates are seen in young people, especially men and women under 24 years. Genital chlamydial infection is an important reproductive health problem, because 10-30% of untreated infected women develop pelvic inflammatory disease (PID). A significant proportion of cases, particularly amongst women, are asymptomatic and so, are liable to remain undetected, putting women at risk of developing PID. For further information see the NPHS website: <http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=27497> or HPA website: <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Chlamydia/>
- 7.2. In 2008, there were 4,302 episodes of uncomplicated chlamydia infection diagnosed in GUM. This is compared to 3,642 in 2007 (18% increase) and 3,869 in 2006. In 2008, there were also 124 episodes of complicated chlamydial infection, two episodes of chlamydia ophthalmia neonatorum, and 2,041 episodes of epidemiological treatment of suspected chlamydia reported by GUM clinics in Wales (Table 8a).
- 7.3. Following a slight decrease in rates from 2004 to 2006, rates of uncomplicated chlamydial infection in Wales increased to 144 per 100,000 in 2008. The overall trend of diagnosis rates in Wales has increased from 1994 to 2008, partly reflecting increased awareness and improved diagnostic techniques (Figure 9).
- 7.4. Unlike for HIV, syphilis or, to a lesser extent, gonorrhoea, only a very small proportion of men diagnosed with anogenital chlamydia report acquiring their infection through sex with men. This proportion appears to have remained steady in recent years with 89 cases (4% of those in men) in MSM. This compares to 73 cases in 2007 and 64 cases in 2006 (4% and 3% of all cases in men respectively).
- 7.5. In 2008, episodes of uncomplicated chlamydia were most frequently reported in those aged 20-24 years-old for both men and women (Table 9).
- 7.6. The clinic in Cardiff continued to report the highest number of cases of uncomplicated chlamydial infection (1,031 in 2008), with an increase of 10% since 2007 (Table 16). Most clinics reported an increase in cases between 2007 and 2008, with clinics in the South and East of Wales reporting an increase of 39% and those in the Mid and West reporting a 19% increase.
- 7.7. The number of cases of uncomplicated chlamydial infection which were reported to be homosexually acquired continued to increase to 89 in 2008. This is compared to 73 cases in 2007 and 64 in 2006. This was due to a large increase in the number of cases homosexually acquired in the South and East of Wales (113% increase from 2007), despite decreases in the numbers of cases homosexually acquired in the Mid, West and North of Wales.
- 7.8. The number of episodes of complicated chlamydial infection shows a similar trend, with Cardiff clinic reporting the highest number of cases (22 in 2008) (Table 17). Ten of the clinics reported an increase in cases, compared with seven reporting a decrease and seven reporting the same number as reported in 2007. Overall, the South and East of Wales reported a 31% increase in cases, while the Mid and West of Wales reported a 36% increase since 2007. However, clinics in North Wales reported a 3% decrease in cases.
- 7.9. In 2008, there were a total of 4,656 reports of anogenital chlamydia infection received from laboratories in Wales (including specimens received from GPs etc.), equivalent to a rate of 156 per 100,000 population (Table 18). However, this is likely to be an underestimate as laboratories in Bridgend and Newport do not report cases of STI via CoSurv. Laboratories at Cardiff and Swansea continued to report the highest number of cases in 2008 (40% and 33% respectively).

Author: Communicable Disease Surveillance Centre	Date: March 2010	Status: Approved for publication
Version: 1a	Page: 16 of 45	Intended Audience: Health professionals

7.10. As in previous years, in 2008 rates of laboratory reports of anogenital chlamydial infection were highest in those aged 15-24 years old (Table 15), at 579 and 1,157 per 100,000 population for males and females respectively. Overall rates of anogenital chlamydial infection continued to increase in all age groups except in females aged 45-54 or 55-64 years, where the rates continued a decrease seen since 2005.

Figure 9. Reports of uncomplicated chlamydia from GUM clinics in Wales on form KC60 per 100,000 population: teenagers and all ages, 1994 - 2008



8. LGV

- 8.1. Lymphogranuloma venereum (LGV) is a sexually transmitted disease caused by a specific type of *Chlamydia trachomatis* (serovars L1, L2, and L3). LGV is highly prevalent in parts of Africa, Asia, and South America but has been rare in Western Europe for many decades. LGV is a chronic disease that has a variety of acute and late manifestations, starting with a small painless blister or sore where the infection entered the body, that might go unnoticed. Inflamed and swollen lymph glands may then appear in the groin (inguinal syndrome) and/or acute hemorrhagic proctitis (anorectal syndrome) develops. If left untreated, the symptoms can become more severe and cause lasting damage to health. More information about LGV is available from the HPA website:
<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/LGV/>
- 8.2. Since 2003 a series of outbreaks of LGV have been reported in European cities among MSM. Most cases present with proctitis, are of white ethnicity, and are HIV-positive.
- 8.3. High levels of concurrent STI (gonorrhoea, syphilis, hepatitis B virus, and genital herpes) are also seen. Transmission of hepatitis C virus has been associated with the LGV outbreak in Rotterdam, Netherlands. Contact tracing has been of limited use as most cases report multiple sexual contacts, mostly anonymous. So far there is little indication that LGV has spread outside this specific sub-group.
- 8.4. In October 2004 the HPA launched an enhanced surveillance scheme for LGV to improve case ascertainment and awareness in the UK. By the end of August 2008, 775 cases in the UK had been confirmed as LGV positive and epidemiological data for enhanced surveillance was available for 678 of the cases. For further information about the surveillance scheme including guidelines for referral of specimens, see:
<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/LGV/EnhancedSurveillanceSystem/>
- 8.5. A cluster of five cases of LGV were reported in MSM attending Swansea GUM in 2005. Three cases were laboratory confirmed and reported to HPA enhanced surveillance, the other two cases were diagnosed clinically.
- 8.6. There were no further reports of LGV cases in Wales in 2006 or 2007; however one case was reported by the Swansea clinic in 2008 and two by Cardiff GUM clinic in 2009.

9. Other infections

Anogenital warts

- 9.1. Anogenital warts are usually small flat warts or growths found on or around the penis, anus or vagina. They are caused by the human papillomavirus (HPV). Warts are the most common viral STI diagnosed in the UK, with highest rates of new cases in 20-24 year old men and 16-19 year old women. Certain HPV types have been associated with cervical cancer. Although these are different types to those that cause warts it is possible that the distribution of anogenital warts may reflect the distribution of other oncogenic types of HPV. Further details about the epidemiology of HPV in the UK can be found at the HPA website: <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/GenitalWarts/>
- 9.2. The number of new cases of anogenital warts (first attack) continues to increase, reaching 3,887 episodes reported by GUM clinics in Wales in 2008 (Table 8b). This is compared to 3,666 first attack episodes in 2007 and 3,837 in 2006.
- 9.3. In 2008, episodes of first attack anogenital warts were most frequently reported in 20-24 year-old males and females (Table 9). The number of cases was higher for females than males in all age groups until age 20 years, at which the trend reversed with males reporting higher numbers of cases.
- 9.4. The highest number of cases of anogenital warts – first attack was reported by Cardiff and Newport clinics in 2008, with 789 and 706 cases respectively (Table 19).

Genital herpes

- 9.5. Genital herpes simplex virus (HSV) infection is the most common ulcerative sexually transmitted disease in the UK. It is associated with considerable physical and psychological morbidity and may frequently recur. It can cause severe systemic disease in neonates and immunosuppressed hosts and may facilitate HIV transmission. Many HSV infections are sub-clinical. There are two distinct subtypes of HSV. Type 2 is almost exclusively associated with genital infection. Type 1 causes oral herpes (or cold sores) but has increasingly been implicated in genital infections. In England and Wales, HSV-2 antibody prevalence is about 3% in men and 5% in women. See the HPA website for more information: <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/GenitalHerpes/>
- 9.6. In 2008, 758 episodes of anogenital herpes simplex - first attack were reported by the GUM clinics in Wales (Table 8b). This compares to 651 episodes reported in 2007 and 687 reported in 2006.
- 9.7. Episodes were most frequently reported to be in 25 to 34 year-old males and in 20 to 24-year-old females (Table 9). The number of cases was higher for females than males in all age groups until age 45 years, at which the trend reversed with males reporting higher numbers of cases.
- 9.8. The highest number of cases of anogenital herpes simplex – first attack was reported by Cardiff and Llantrisant clinics in 2008, with 176 and 106 cases respectively (Table 19).

Author: Communicable Disease Surveillance Centre	Date: March 2010	Status: Approved for publication
Version: 1a	Page: 19 of 45	Intended Audience: Health professionals

Hepatitis B and C

- 9.9. Hepatitis B and hepatitis C are blood borne viruses that can also be transmitted sexually. Detailed information on the epidemiology of hepatitis B and C are available at: <http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=25438> and <http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=25496>. Information on the 'Viral Hepatitis Action Plan for Wales' is available at: <http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=25483>
- 9.10. In 2008, there were 11 new diagnoses of hepatitis B in GUM clinics in Wales, this is compared with 26 in 2007 (a 58% decrease) and 24 in 2006 (Table 8b). Only one of the new diagnoses in 2008 was made in MSM, a number which has remained constant since 2005. In 2008, 515 hepatitis B vaccinations were administered by GUM clinics in Wales (first dose only), of which 197 were administered to MSM. There were also 35 new diagnoses of hepatitis C, which can be compared with 48 in 2007 (a 27% decrease) and 64 in 2006. Three of the new diagnoses in 2008 were in MSM (9%).
- 9.11. Blood donations are routinely screened for hepatitis B and hepatitis C infection. Blood from donors who are screened positive does not enter the blood supply. During recent years, hepatitis C has been more prevalent than hepatitis B, HIV or syphilis in prospective Welsh blood donors (Figure 5). However, in 2006 and 2007 there were more donations from prospective new donors positive for hepatitis B than from those positive for hepatitis C. In 2008 this trend was again reversed with five cases of hepatitis C reported compared to three cases of hepatitis B (Table 6). No established blood donor was screened positive for hepatitis B in 2008, while three were screened positive for hepatitis C (Table 7).

Author: Communicable Disease Surveillance Centre	Date: March 2010	Status: Approved for publication
Version: 1a	Page: 20 of 45	Intended Audience: Health professionals

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Appendix 1

Table 1. Numbers of diagnosed HIV-infected patients resident in Wales by most advanced clinical stage, gender and age group when last seen for care in 2008*. Source: SOPHID scheme, HPA Centre for Infections.

Age group	Clinical Stage of Infection										Total
	Asymptomatic		Symptomatic pre-AIDS		AIDS		Death in 2008 in a patient with AIDS		Not known		
	M	F	M	F	M	F	M	F	M	F	
0-14	2	4	2	2	3	2	0	0	0	0	15
15-24	19	18	11	3	1	0	0	0	0	0	52
25-34	90	41	48	27	12	12	0	0	1	1	232
35-44	134	50	113	32	63	18	1	0	1	1	413
45-54	87	13	74	17	48	5	2	0	2	2	250
55+	36	8	38	4	31	1	0	1	1	0	120
Total	368	134	286	85	158	38	3	1	5	4	1082

* Patients with diagnosed HIV infection seen for statutory medical HIV-related care in 2008. This excludes infants born to HIV-infected women in the survey year but who were uninfected or whose infection status was indeterminate. At least 98% of indeterminate infants will subsequently be confirmed as uninfected.

Data does not include patients where area of residence is not known.

Table 2. Numbers of diagnosed HIV-infected patients resident in Wales and seen for care in 2008* by ethnicity by sex by probable route of infection. Source: SOPHID scheme, HPA Centre for Infections.

Probable route of infection	Ethnicity																Total
	White		Black – Caribbean		Black – African		Black – Other		Indian/Pakistani/Bangladeshi		Other/Mixed		Other – Asian/Oriental		Not known		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Sex between men	550	--	3	--	4	--	1	--	0	--	12	--	2	--	2	0	574
Sex between men & women	107	85	1	1	67	130	1	0	1	3	3	3	0	13	1	1	417
Mother-to-child transmission	4	2	0	0	5	6	0	0	0	0	3	3	0	0	0	0	23
Injecting drug use	16	8	0	0	0	0	0	0	1	0	3	1	0	0	0	0	29
Blood/blood product recipients	24	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	27
Other/Not known	6	0	0	0	0	2	0	0	1	0	0	0	0	0	1	2	12
Total	707	96	4	1	77	139	2	0	3	3	21	7	2	13	4	3	1082

M = Male; F = Female

*Patients with diagnosed HIV infection seen for statutory medical HIV-related care in 2008. This excludes infants born to HIV-infected women in the survey year but who were uninfected or whose infection status was indeterminate. At least 98% of indeterminate infants will subsequently be confirmed as uninfected.

Data does not include patients where area of residence is not known.

Table 3. Number HIV antibody tests carried out in Wales and number of people newly diagnosed HIV positive* in Wales 2004-2008 by region from which sera was submitted: Public Health Wales CDSC HIV denominator scheme

Region (from which sera was submitted)	2004			2005			2006**			2007			2008		
	total tested	new positives	(%)	total tested	new positives	(%)	total tested	new positives	(%)	total tested	new positives	(%)	total tested	new positives	(%)
Mid & West	9299	24	0.3	12058	24	0.2	14370	54	0.4	14637	37	0.3	12014	30	0.2
South & East	13730	61	0.4	20220	75	0.4	20620	86	0.4	18031	119	0.7	27867	108	0.4
North Wales	7670	15	0.2	8964	22	0.2	14173	24	0.2	8668	20	0.2	17527	21	0.0
Not known/outside Wales	142	1	0.7	402	0	0.0	443	0	0.0	196	1	0.5	206	0	0.0
Total	30841	101	0.3	41644	121	0.3	49606	164	0.3	41532	177	0.4	57614	159	0.3

*Data excludes patients previously tested positive for HIV in the UK

**Denominator data includes specimens tested as part of the lookback exercise in 2006

Table 4. Number HIV antibody tests carried out in Wales and number of people newly diagnosed positive* in Wales 2004-2008 by sex by facility of source sample: Public Health Wales CDSC HIV denominator scheme

Facility	2004			2005			2006**			2007			2008		
	Total tested (new positives)			Total tested (new positives)			Total tested (new positives)			Total tested (new positives)			Total tested (new positives)		
	M	F	Not known	M	F	Not known	M	F	Not known	M	F	Not known	M	F	Not known
GUM/STD clinic	4971 (39)	4116 (19)	72 (2)	6108 (54)	5070 (19)	206	6151 (72)	5218 (41)	27 (1)	8878 (110)	7315 (24)	41 (2)	8857 (51)	7507 (16)	33 (1)
GP	497 (2)	1283 (1)	65	645 (2)	654	27	1720 (3)	3437 (3)	65	904 (6)	2488	42	1045 (1)	4179 (2)	21
Hospital in patient	492 (7)	454 (2)	10	508	354 (1)	1	477 (9)	508 (16)	7	516 (3)	501 (2)	4	615	755 (1)	4
Hospital out patient	356 (2)	329 (1)	14	397 (1)	298 (1)	23	455 (4)	444 (2)	13	576 (1)	483 (2)	24	822 (3)	632 (2)	34
Casualty	14 (1)	3	1	27	15	0	17	8	0	21	15	0	32	22	0
Haemophilia centre	37	27	0	31	25	0	36	24	0	29	17	0	33	7	0
Blood transfusion service	79	77 (1)	2	99 (3)	102	0	54	75 (1)	1	18 (1)	17	0	0	0	0
Prison service	25	0	1	31	0	1	107	1	0	55 (1)	1	2	38	1	0
Ante-natal screen	0	6253 (2)	22	0	10270 (3)	0	0	12006 (8)	0	0	7516 (2)	0	0	14624 (11)	0
Drugs team	48	24	0	85	37	0	77	31	0	168	52	1	144	84	0
Renal unit	624	423	1	1592	1095	3	1767	1242	1	1938	1286	2	1202	717	1
Bone bank	0	0	0	49 (1)	71	0	21	45	0	14	31	0	4	17	0
Forensic/post mortem	2	1	0	2	0	0	0	1	0	3	0	0	1	0	0
Fertility clinic	655	712	1	852	811	3	954	926 (1)	4	964	996	8	997 (1)	1088 (1)	3
Private clinic	0	0	0	4	0	0	4	6	0	1	6	0	8	7	0
Other/undetermined	1343 (12)	7124 (10)	683	2016 (27)	9638 (9)	494	2819 (2)	10405 (1)	452	1989 (13)	4205 (10)	405	3018 (48)	10284 (20)	589 (1)
Total	9154 (63)	20815 (36)	872 (2)	12446 (88)	28440 (33)	758	14659 (90)	34377 (73)	570 (1)	16074 (135)	24929 (40)	529 (2)	16816 (104)	39924 (53)	685 (2)

M = Male; F = Female

*Data excludes patients previously tested positive for HIV in the UK

**Denominator data includes specimens tested as part of the lookback exercise in 2006

Table 5. Number of people newly diagnosed HIV positive* in Wales 2004-2008 by sex and exposure category: Public Health Wales CDSC HIV denominator scheme

Exposure group	2004			2005			2006			2007			2008		
	Male	Female	Not Known	Male	Female	Not Known	Male	Female	Not Known	Male	Female	Not Known	Male	Female	Not Known
Homosexual/bisexual men	22	-	-	38	-	-	34	-	-	89	-	-	16	-	-
Heterosexual: "high risk" partner**	0	0	0	0	0	0	3	5	0	0	2	0	1	1	0
Heterosexual: partner overseas	9	13	1	4	15	0	6	14	0	15	16	0	2	2	0
Heterosexual: partner UK	0	1	0	0	0	0	0	2	0	3	1	0	0	1	0
Intravenous drug abuse (IVDA)	4	0	0	2	1	0	1	0	0	1	1	0	0	0	0
IVDA and homosexual	0	-	-	0	-	-	1	-	-	0	-	-	0	-	-
Blood factor (Haemophiliacs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blood/tissue transfer (e.g. transfusion): overseas/UK	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
NSI/occupational exposure/bite/tattoo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mother to infant	1	1	0	0	0	0	0	3	0	0	1	0	1	0	0
Other multiple exposures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not known	27	21	1	44	17	0	45	49	1	27	19	2	84	49	1
Total	63	36	2	88	33	0	90	73	1	135	40	2	104	53	2

M = Male; F = Female

*Data excludes patients previously tested positive for HIV in the UK

**IDU, bisexual man or known HIV positive partner

Table 6. The number of blood donations from prospective new donors by area* of donation and number positive for HIV, Hepatitis B, Hepatitis C and treponemal infection 2005-2008**

Old Health Authority area	2005				2006				2007				2008							
	No. Bled	Donations positive for:				No. Bled	Donations positive for:				No. Bled	Donations positive for:				No. Bled	Donations positive for:			
		HIV	HepB	HepC	Trep		HIV	HepB	HepC	Trep		HIV	HepB	HepC	Trep		HIV	HepB	HepC	Trep
East Dyfed	1399	0	1	1	0	1308	0	0	0	0	1270	0	1	0	0	1168	0	0	0	0
Pembroke	582	0	0	1	0	469	0	0	0	0	519	0	0	1	0	714	0	1	1	0
Gwent	1911	0	0	1	1	1656	0	0	1	0	1787	0	0	2	0	1658	0	0	0	0
Powys (south)	639	0	0	1	0	460	0	2	0	0	503	0	0	0	0	515	0	0	0	0
Mid Glamorgan	2027	0	0	3	2	1660	0	1	0	0	1747	0	1	0	0	1829	0	1	2	0
South Glamorgan	3506	0	1	2	0	3054	0	2	1	0	3195	0	3	1	1	3257	0	1	2	0
West Glamorgan	1720	0	0	2	0	1702	0	0	1	0	1618	1	0	0	1	2008	0	0	0	0
North Wales (Gwynedd N, Clwyd)	3216	0	0	0	0	2574	0	0	0	0	2028	0	0	0	0	1788	0	0	0	0
Total	15000	0	2	11	3	12883	0	5	3	0	12667	1	5	4	2	12937	0	3	5	0

*Aggregate data provided by historic health authority areas

**Data for 2005 amended following notification of changes from Welsh Blood Service

Table 7. The number of blood donations from existing donors by area* of donation and number positive for HIV, Hepatitis B, Hepatitis C and treponemal infection 2005-2008

Old Health Authority area	2005					2006					2007					2008				
	No. Bled	Donations positive for:				No. Bled	Donations positive for:				No. Bled	Donations positive for:				No. Bled	Donations positive for:			
		HIV	HepB	HepC	Trep		HIV	HepB	HepC	Trep		HIV	HepB	HepC	Trep		HIV	HepB	HepC	Trep
East Dyfed	10059	0	0	0	0	9830	0	0	0	0	9425	0	0	0	0	9287	0	0	0	0
Pembroke	5651	0	0	0	0	5350	0	0	0	0	5099	0	0	0	1	5522	0	0	1	0
Gwent	18164	0	0	1	0	17597	0	0	0	0	17193	0	0	0	0	16711	0	0	0	0
Powys (south)	5060	0	0	0	0	4792	0	0	0	0	4663	0	0	0	0	4554	0	0	0	0
Mid Glamorgan	20471	1	0	0	0	19111	0	1	1	1	19060	2	0	2	1	19498	0	0	2	1
South Glamorgan	24442	2	0	0	0	23380	1	0	0	1	23232	0	0	0	0	23845	0	0	0	0
West Glamorgan	14486	0	0	1	0	13551	0	0	0	0	13200	0	0	0	0	13602	0	0	0	0
North Wales (Gwynedd N, Clwyd)	24556	0	1	0	0	23260	0	0	0	0	20040	0	0	0	0	20393	0	0	0	0
Total	122889	3	1	2	0	116871	1	1	1	2	111912	2	0	2	2	113412	0	0	3	2

*Aggregate data provided by historic health authority areas

Table 8a. Episodes of sexually transmitted infection reported by Genito-urinary clinics in Wales (KC60 forms), 2004-2006

Code	Condition/episode*	2004				2005				2006				2007				2008			
		Males	MSM	Females	Total	Males	MSM	Females	Total	Males	MSM	Females	Total	Males	MSM	Females	Total	Males	MSM	Females	Total
A1,A2	Primary and secondary infectious syphilis	38	28	1	39	39	20	4	43	39	27	6	45	56	33	5	61	70	48	6	76
A3	Early latent syphilis	18	11	2	20	13	10	3	16	20	9	7	27	21	16	2	23	30	24	4	34
A4,A5,A6	Other acquired syphilis	24	7	11	35	21	9	9	30	26	5	13	39	28	15	18	46	27	10	12	39
A7	Congenital syphilis, aged under 2 years	1		0	1	0		0	0	0		0	0	0		0	0	0		0	0
A8	Congenital syphilis, aged 2 or over	0		1	1	0		0	0	0		0	0	0		0	0	0		0	0
A9	Epidemiological treatment of suspected syphilis	6	5	1	7	5	1	0	5	9	5	2	11	9	8	4	13	19	11	2	21
B1,B2	Uncomplicated gonorrhoea	457	93	220	677	381	87	152	533	362	81	145	507	315	89	139	454	274	54	129	403
B3	Gonococcal ophthalmia neonatorum	0		0	0	1		0	1	0		0	0	0		0	0	0		2	2
B4	Epidemiological treatment of suspected gonorrhoea	111	20	96	207	103	20	85	188	96	22	113	209	92	21	74	166	79	14	98	177
B5	Complicated gonococcal infection - including PID and epididymitis	3	0	6	9	2	0	3	5	0	0	9	9	1	0	2	3	2	0	5	7
C1-3	Chancroid/ Donovanosis/ LGV	0		1	1	2		1	3	4		0	4	2		1	3	5		4	9
C4a,C4c	Uncomplicated chlamydial infection	1622	38	1920	3542	1903	45	2039	3942	1858	64	2011	3869	1673	73	1969	3642	2081	89	2221	4302
C4b	Complicated chlamydial infection - including PID and epididymitis	25	2	106	131	25	2	99	124	22	0	96	118	30	3	72	102	31	1	93	124
C4d	Chlamydia ophthalmia neonatorum	0		0	0	2		1	3	1		0	1	0		0	0	0		2	2
C4e	Epidemiological treatment of suspected chlamydia	1038	60	719	1757	1042	64	718	1760	1169	51	767	1936	1209	62	804	2013	1170	44	871	2041
C4h	Uncomplicated non-gonococcal/non-specific urethritis in males or treatment of mucopurulent cervicitis in females	2354	85	286	2640	2391	79	397	2788	2436	115	597	3033	1908	102	738	2646	1632	85	231	1863

C4i	Epidemiological treatment of NSGI	189	14	679	868	188	11	598	786	280	22	758	1038	234	16	341	575	147	15	288	435
C5	Complicated infection(non-chlamydial/ non-gonococcal) - including PID and epididymitis	105	2	403	508	119	4	394	513	127	7	448	575	114	3	392	506	107	3	289	396
C6a	Trichomoniasis	2	█	52	54	6	█	72	78	2	█	60	62	1	█	41	42	5	█	81	86
C6b	Anaerobic / bacterial vaginosis and anaerobic balanitis	65	█	2639	2704	79	█	2873	2952	104	█	3060	3164	108	█	2827	2935	126	█	2605	2731

**Using new KC60 coding implemented 2003*

MSM = Men having sex with men, recorded on the KC60 form as homosexually acquired. Information on whether homosexually acquired not collected for all conditions

Table 8b. Episodes of sexually transmitted infection reported by Genito-urinary clinics in Wales (KC60 forms), 2004-2008

Code	Condition/episode*	2004				2005				2006				2007				2008			
		Males	MSM	Females	Total	Males	MSM	Females	Total	Males	MSM	Females	Total	Males	MSM	Females	Total	Males	MSM	Females	Total
C6c	Other vaginosis/vaginitis/balanitis	672		139	811	706		144	850	526		88	614	529		61	590	479		65	544
C7a	Anogenital candidosis	262		2322	2584	400		2629	3029	409		2988	3397	321		2403	2724	317		2331	2648
C7b	Epidemiological treatment of C6 and C7	64		63	127	61		67	128	62		53	115	97		106	203	131		185	316
C8-9	Scabies/Pediculosis pubis	74	14	9	83	80	21	7	87	58	11	14	72	48	13	6	54	53	12	3	56
C10a	Anogenital herpes simplex - first attack	207	9	411	618	225	6	417	642	261	7	426	687	225	7	426	651	300	12	458	758
C10b	Anogenital herpes simplex - recurrence	180	8	201	381	201	10	207	408	166	7	186	352	146	10	174	320	190	7	222	412
C11a	Anogenital warts - first attack	1871	65	1630	3501	1949	63	1794	3743	1899	66	1938	3837	1835	70	1831	3666	1992	62	1895	3887
C11b	Anogenital warts - recurrence	976	28	562	1538	913	33	540	1453	987	30	577	1564	881	28	568	1449	953	36	633	1586
C11c	Anogenital warts - reregistered cases	414		338	752	351		313	664	411		359	770	416		441	857	373		313	686
C12	Molluscum contagiosum	229	4	151	380	247	7	146	393	274	8	168	442	306	5	183	489	333	7	178	511
C13a	Viral hepatitis B (HbsAg positive): first diagnosis**	20	4	2	22	15	1	4	19	22	1	2	24	20	1	6	26	8	1	3	11
C13b	**number of which were acute viral hepatitis B	0	0	0	0	2	0	4	6	1	1	0	1	3	1	1	4	1	0	0	1
C13c	Viral hepatitis B: subsequent presentation	2	0	1	3	3	1	22	25	3	1	5	8	6	1	1	7	8	3	3	11
C14	Viral hepatitis C: first diagnosis	39	2	20	59	34	1	13	47	42	2	22	64	32	1	16	48	25	3	10	35
D2a	Urinary tract infection	37		169	206	43		138	181	39		178	217	24		164	188	42		191	233
D2b	Other conditions requiring treatment at GUM clinic	1358		1202	2560	1452		1237	2689	1486		1479	2965	1657		1550	3207	1686		1417	3103
D3	Other episodes not requiring treatment	4735		4034	8769	5492		4467	9959	6021		4589	10610	7109		5608	12717	9339		8747	18086
E1a	New HIV diagnosis: asymptomatic	43	22	15	58	49	27	14	63	44	24	18	62	70	46	18	88	44	20	18	62
E2a	New HIV diagnosis: symptomatic (not AIDS)	17	6	6	23	15	12	6	21	20	13	13	33	27	20	12	39	26	14	9	35
E1b, E2b	Subsequent HIV presentation (not AIDS)	347		128	475	686		232	918	745		265	1010	1015		393	1408	997		405	1402
E3a1	AIDS: first presentation - new HIV diagnosis	5	1	2	7	3	0	0	3	0	0	0	0	3	2	1	4	0	0	0	0

E3a2	AIDS: first presentation - HIV diagnosed previously	0	0	2	2	0	0	0	0	0	0	0	1	0	0	1	1	0	1	2	
E3b	AIDS - subsequent presentation	166		45	211	174		41	215	122		25	147	182		31	213	190		44	234

**Using new KC60 coding implemented 2003*

MSM = Men having sex with men, recorded on the KC60 form as homosexually acquired. Information on whether homosexually acquired not collected for all conditions

Table 8c. Episodes of sexually transmitted infection reported by Genito-urinary clinics in Wales (KC60 forms), 2004-2008

Code	Condition/episode*	2004				2005				2006				2007				2008			
		Males	MSM	Females	Total	Males	MSM	Females	Total	Males	MSM	Females	Total	Males	MSM	Females	Total	Males	MSM	Females	Total
P1a	HIV antibody counselling - with testing	830	106	551	1381	969	135	604	1573	1013	159	665	1678	1137	235	739	1876	890	105	627	1517
P1b	HIV antibody counselling - without testing	4455	136	4276	8731	4784	131	4432	9216	5097	142	4685	9782	3723	133	4089	7812	4247	95	4579	8826
P2	Hepatitis B vaccination	370	188	138	508	376	192	138	514	447	240	165	612	469	263	171	640	373	197	142	515
P3	Family Planning			291	291			367	367			396	396			575	575			1831	1831
P4a	Cervical Cytology - minor abnormality			81	81			91	91			126	126			140	140			222	222
P4b	Cervical Cytology - major abnormality			7	7			15	15			11	11			14	14			32	32
Code	Services provided																				
S1	Sexual health screen (no HIV antibody test)	7295	163	7252	14547	7018	143	7088	14106	6135	164	6053	12188	4396	198	5042	9438	4305	137	5071	9376
S2	HIV antibody test and sexual health screen	3962	371	3608	7570	5793	538	5186	10979	7746	681	7055	14801	9804	830	8546	18350	10978	840	10188	21166
Total all conditions		34676	1478	34711	69387	38363	1669	38262	76625	40591	1965	40641	81232	40283	2305	40745	81028	44086	1949	46766	90852

*Using new KC60 coding implemented 2003

MSM = Men having sex with men, recorded on the KC60 form as homosexually acquired. Information on whether homosexually acquired not collected for all conditions

Table 9. Episodes of sexually transmitted infection reported by Genito-urinary clinics in Wales (KC60 forms), 2008

Code	Condition	Sex	Under 15	15	16-19	20-24	25-34	35-44	45-64	65 and over	Age unknown	All ages
A1,A2	Primary and secondary infectious syphilis	M	0	0	3	15	15	14	21	2	0	70
		F	0	0	1	2	2	1	0	0	0	6
B1,B2	Uncomplicated gonorrhoea	M	0	1	31	97	76	36	29	4	0	274
		F	1	1	48	47	19	9	4	0	0	129
B1,B2	Uncomplicated gonorrhoea - homosexually acquired	M	0	0	4	15	14	9	9	3	0	54
		F										
C4a,C4c	Uncomplicated chlamydial infection	M	3	8	399	935	537	130	61	10	0	2081
		F	21	44	845	893	339	72	7	0	0	2221
C10a	Anogenital herpes simplex - first attack	M	0	1	34	80	95	49	38	3	0	300
		F	4	8	115	144	103	54	30	0	0	458
C11a	Anogenital warts - first attack	M	2	7	271	804	568	208	120	12	0	1992
		F	7	33	608	688	346	146	66	1	0	1895

Table 10. Episodes of primary and secondary infectious syphilis (and number homosexually acquired) per year by GUM clinic and region of GUM clinic: KC60 data, 2002-2008

Region	Clinic	2002	2003	2004	2005	2006	2007	2008	
South & East	Aberdare	0	0	0	1	1	0	1	
	Cardiff	8	32	25	16	21	23	33	
	Llantrisant	0	1	3	2	3	7	5	
	Newport	0	4	6	5	4	8	13	
	Pontypool	--	--	--	--	--	0	0	
	Pontypridd	--	--	--	--	--	0	0	
	Total		8 (6)	37 (26)	34 (26)	24 (13)	29 (18)	38 (29)	52 (34)
Mid & West	Aberystwyth	0	0	1	0	0	0	0	
	Bridgend	0	0	0	2	1	3	3	
	Builth Wells	--	--	0	0	0	1	0	
	Cardigan	--	--	--	0	0	0	0	
	Carmarthen – Pond Street	--	0	0	0	0	0	0	
	Carmarthen – West Wales General Hospital	0 *	0	0	1	0	0	1	
	Haverfordwest	0	0	0	0	0	1	0	
	Lampeter	--	--	--	0	--	--	--	
	Llanelli	--	0	0	0	1	1	0	
	Newtown	--	--	--	0	0	0	0	
	Pembroke	0	0	0	0	0	1	0	
	Port Talbot	0	1	0	0	0	0	1	
	Swansea	0	4	2	7	7	13	8	
	Total		0	5 (1)	3 (1)	10 (6)	9 (6)	20 (4)	13 (8)
	North Wales	Bangor	0	3	0	1	2	2	4
Bodelwyddan		2	2	2	2	3	0	1	
Holyhead		0	0	0	1	0	1	0	
Llandudno		0	0	0	1	0	0	1	
Pwllheli		0	0	0	0	0	0	0	
Wrexham		3	3	0	4	2 (1)	0	5	
Total			5 (4)	8 (2)	2 (1)	9 (1)	7 (3)	3 (0)	11 (6)
Wales		13 (10)	50 (29)	39 (28)	43 (20)	45 (27)	61 (33)	76 (48)	

Data is reported where the clinic was open for the full year

*Includes data for Llanelli for 2002

Table 11. Episodes of infectious syphilis* reported to Public Health Wales CDSC through the enhanced surveillance scheme by clinics in Wales

Region	Clinic	2002	2003	2004	2005	2006	2007	2008
South & East	Aberdare	0	0	0	1	1	0	0
	Cardiff	12	41	35	24	31	39	60
	Llantrisant	4	4	1	3	8	11	13
	Newport	0	0	0	4	18	23	15
	Total	16	45	36	32	58	73	88
Mid & West	Bridgend	0	0	2	1	2	0	0
	Port Talbot	0	0	0	0	0	0	0
	Swansea	0	7	5	7	7	9	16
	Aberystwyth	0	0	0	0	0	0	1
	Builth Wells	-	-	0	0	0	1	0
	Cardigan	-	-	-	0	1	0	0
	Lampeter	-	-	-	0	-	-	-
	Newtown	-	-	-	0	0	0	0
	Carmarthen	0	-	0	0	0	0	2
	Pond Street	0	-	0	0	0	0	0
	West Wales General Hospital	0 **	0	0	0	0	0	0
	Llanelli	-	0	0	0	0	0	0
	Haverfordwest	0	0	0	0	0	0	0
	Pembroke	0	0	0	0	0	0	0
	Total	0	7	7	8	10	10	19
North Wales	Bangor	3	3	2	1	3	5	8
	Bodelwyddan	3	1	2	0	3	2	1
	Holyhead	0	0	0	0	0	0	0
	Llandudno	0	0	0	0	0	0	1
	Pwllheli	0	0	0	0	0	0	0
	Wrexham	5	1	2	9	1	0	2
	Total	11	5	6	10	7	7	12
Wales		27	57	49	50	75	90	119

Note that data for recent years may change as reports come in

Data is reported where the clinic was open for the full year

*Data includes A1, A2, A3, A9 and stage of infection not known. Figures may differ from KC60 data due to differences in data collection methods.

**Includes data for Llanelli for 2002

Table 12. Episodes of post-pubertal uncomplicated gonorrhoea (and number homosexually acquired) per year by GUM clinic and region of GUM clinic: KC60 data, 2002-2008

Region	Clinic	2002	2003	2004	2005	2006	2007	2008	
South & East	Aberdare	5	36	28	13	14	15	3	
	Cardiff	159	150	237	223	144	146	134	
	Llantrisant	32	81	57	48	47	36	42	
	Newport	81	126	105	95	93	63	91	
	Pontypool	--	--	--	--	--	1	0	
	Pontypridd	--	--	--	--	--	0	0	
	Total		277 (43)	393 (57)	427 (72)	379 (69)	298 (50)	261 (52)	270 (36)
Mid & West	Aberystwyth	0	1	4	3	2	3	2	
	Bridgend	16	19	12	8	13	13	10	
	Builth Wells	--	--	1	1	0	1	0	
	Cardigan	--	--	--	1	1	1	0	
	Carmarthen – Pond Street	--	0	1	4	3	0	2	
	Carmarthen – West Wales General Hospital	15 *	4	10	10	7	5	4	
	Haverfordwest	4	2	20	5	4	6	3	
	Lampeter	--	--	0	--	--	--	--	
	Llanelli	--	7	6	5	9	9	6	
	Newtown	--	--	--	0	0	0	1	
	Pembroke	1	3	11	6	1	0	1	
	Port Talbot	6	8	18	9	20	14	1	
	Swansea	55	74	71	35	82	94	60	
	Total		97 (6)	118 (9)	154 (9)	87 (12)	142 (16)	146 (32)	90 (13)
	North Wales	Bangor	7	11	11	5	9	8	6
Bodelwyddan		32	22	45	26	26	10	7	
Holyhead		0	1	2	1	0	0	0	
Llandudno		3	3	2	2	3	1	2	
Pwllheli		0	3	0	0	2	6	1	
Wrexham		22	42	36	33	27	22	27	
Total			64 (9)	82 (9)	96 (12)	67 (6)	67 (15)	47 (5)	43 (5)
Wales		438 (58)	593 (75)	677 (93)	533 (87)	507 (81)	454 (89)	403 (54)	

Data is reported where the clinic was open for the full year

*Includes data for Llanelli for 2002

Table 13. Episodes of gonococcal complications (B5) (and number homosexually acquired) per year by GUM clinic and region of GUM clinic: KC60 data, 2002-2008

Region	Clinic	2002	2003	2004	2005	2006	2007	2008	
South & East	Aberdare	--	0	0	0	0	0	0	
	Cardiff	4	3	2	3	1	2	3	
	Llantrisant	0	2	2	0	3	0	1	
	Newport	0	3	1	1	2	1	1	
	Pontypool	--	--	--	--	--	0	0	
	Pontypridd	--	--	--	--	--	0	0	
	Total		4 (0)	8 (0)	5 (0)	4 (0)	6 (0)	3 (0)	5 (0)
Mid & West	Aberystwyth	0	0	0	0	0	0	0	
	Bridgend	0	0	0	0	0	0	0	
	Builth Wells	--	--	0	0	0	0	0	
	Cardigan	--	--	--	0	0	0	0	
	Carmarthen – Pond Street	--	0	0	0	0	0	0	
	Carmarthen – West Wales General Hospital	0 *	0	0	0	1	0	0	
	Haverfordwest	0	0	0	0	0	0	0	
	Lampeter	--	--	--	0	--	--	--	
	Llanelli	--	0	0	0	0	0	0	
	Newtown	--	--	--	0	0	0	0	
	Pembroke	0	0	0	0	0	0	0	
	Port Talbot	0	0	0	0	0	0	0	
	Swansea	0	0	1	0	0	0	1	
	Total		0	0	1 (0)	0	1 (0)	0	1 (0)
	North Wales	Bangor	0	0	0	0	0	0	0
Bodelwyddan		2	2	1	0	0	0	0	
Holyhead		0	0	0	0	0	0	0	
Llandudno		0	0	0	0	0	0	0	
Pwllheli		0	0	0	0	0	0	0	
Wrexham		0	0	2	1	2	0	1	
Total			2 (0)	2 (0)	3 (0)	1 (0)	2 (0)	0	1 (0)
Wales		6 (0)	10 (0)	9 (0)	5 (0)	9 (0)	3 (0)	7 (0)	

Data is reported where the clinic was open for the full year

*Includes data for Llanelli for 2002

Table 14. Laboratory reports of *Neisseria gonorrhoeae by reporting laboratory and year, 2002-2008**

Laboratory	2002	2003	2004	2005	2006	2007	2008
Abergavenny Nevill Hall	3	--	--	--	4	3	1
Aberystwyth Bronglais	4	1	1	1	0	0	0
Bangor NPHS	12	17	13	7	13	14	7
Bridgend Princess of Wales	--	--	--	--	--	--	--
Cardiff NPHS	177	130	247	234	174	157	162
Carmarthen NPHS	1	8	7	13	19	15	11
Haverfordwest Withybush	5	4	13	4	11	4	1
Llantrisant Royal Glamorgan	0	20	97	80	36	--	--
Merthyr Tydfil Prince Charles	1	2	1	1	0	1	0
Newport Royal Gwent	--	--	--	--	--	--	--
Rhyl NPHS	30	16	34	16	16	12	8
Swansea NPHS	63	80	84	41	155 **	143	100
Wrexham Maelor	0	1	33	18	--	--	--
Outside Wales	0	0	1	0	0	0	0
Total	296	279	531	415	428	349	290

*Includes all anogenital specimens positive for *Neisseria gonorrhoea*

**May include duplicates

Table 15. Rates (per 100,000 population) of laboratory reports* of gonorrhoea and anogenital chlamydia by sex by age group, 2004-2008

Organism	Year	Sex	Age-group					Total**
			15-24	25-34	35-44	45-54	55-64	
<i>Neisseria gonorrhoeae</i>	2004	F	73.89	17.00	3.71	1.16	0.53	12.09
		M	102.21	49.66	20.47	9.02	0.51	23.60
	2005	F	50.57	14.42	1.39	3.53	1.05	8.98
		M	70.25	39.03	20.46	8.45	4.50	18.70
	2006	F	48.19	23.46	4.17	0.60	0.00	9.86
		M	67.59	41.38	22.98	12.79	0.98	19.10
	2007	F	46.69	14.06	2.79	0.60	1.51	8.52
		M	51.87	34.03	15.78	6.73	2.87	14.65
	2008	F	41.91	10.86	5.20	1.20	0.00	7.70
		M	42.36	22.71	9.03	13.92	1.42	11.56
Anogenital chlamydia***	2004	F	1231.17	263.25	40.79	13.34	1.59	194.23
		M	428.53	185.30	36.56	15.64	4.08	86.58
	2005	F	1203.83	234.39	43.97	11.19	2.62	190.34
		M	468.14	205.86	39.46	12.67	2.00	94.80
	2006	F	1146.23	238.69	36.56	10.13	2.05	184.34
		M	473.64	197.87	55.74	15.84	4.42	98.22
	2007	F	1096.80	223.93	30.71	8.43	2.02	176.35
		M	479.96	204.72	45.85	18.96	4.30	99.04
	2008	F	1156.81	237.43	42.58	7.83	1.50	187.87
		M	578.93	236.36	52.16	19.97	4.73	117.14

To calculate rates, the mid-year estimates corresponding to each particular reporting year were used.

Rates may change slightly as figures are updated.

* Excludes laboratory reports of *Neisseria gonorrhoeae* and anogenital chlamydia from Newport Royal Gwent, and reports of anogenital chlamydia from Wrexham, Bridgend and Abergavenny hospitals.

** Total ONS population of females/males was used as denominator for total rate. Total for the age group 15 – 64 was used as numerator for total rate.

*** Includes all anogenital specimens positive for *Chlamydia trachomatis* or *Chlamydia spp.*

Table 16. Episodes of uncomplicated chlamydial infection (and number homosexually acquired) per year by GUM clinic and region of GUM clinic: KC60 data, 2002-2008

Region	Clinic	2002	2003	2004	2005	2006	2007	2008	
South & East	Aberdare	39 (0)	31 (0)	35 (0)	38 (0)	68 (0)	47 (0)	64 (0)	
	Cardiff	1041 (27)	890 (35)	1173 (27)	1109 (26)	954 (28)	935 (28)	1031 (48)	
	Llantrisant	154 (1)	182 (0)	168 (0)	178 (0)	195 (2)	176 (1)	316 (1)	
	Newport	488 (2)	545 (3)	488 (2)	485 (4)	612 (11)	414 (0)	745 (11)	
	Pontypool	--	--	--	--	--	11 (0)	54 (2)	
	Pontypridd	--	--	--	--	--	5 (0)	0	
	Total		1722 (30)	1648 (38)	1864 (29)	1810 (30)	1829 (41)	1588 (29)	2210 (62)
Mid & West	Aberystwyth	27 (0)	35 (0)	41 (1)	25 (1)	43 (0)	44 (1)	90 (1)	
	Bridgend	40 (0)	64 (0)	53 (0)	61 (0)	58 (0)	46 (1)	45 (0)	
	Builth Wells	--	--	13 (0)	20 (0)	19 (0)	13 (0)	22 (1)	
	Cardigan	--	--	--	4 (0)	17 (0)	13 (1)	35 (0)	
	Carmarthen – Pond Street	--	8 (0)	13 (0)	18 (0)	38 (0)	30 (0)	42 (0)	
	Carmarthen – West Wales General Hospital	75* (0)	62 (0)	67 (0)	65 (0)	37 (0)	41 (0)	75 (1)	
	Haverfordwest	32 (0)	36 (0)	48 (0)	55 (0)	44 (0)	62 (0)	115 (1)	
	Lampeter	--	--	--	9 (1)	--	--	--	
	Llanelli	--	65 (0)	78 (0)	60 (0)	95 (0)	65 (0)	107 (0)	
	Newtown	--	--	--	6 (0)	14 (0)	10 (0)	18 (0)	
	Pembroke	18 (0)	12 (0)	21 (0)	25 (0)	8 (0)	25 (0)	40 (0)	
	Port Talbot	72 (0)	77 (1)	77 (0)	44 (0)	69 (0)	49 (1)	70 (1)	
	Swansea	298 (0)	467 (1)	507 (4)	392 (4)	450 (6)	552 (22)	472 (14)	
	Total		562 (0)	826 (2)	918 (5)	784 (6)	892 (6)	950 (26)	1131 (19)
	North Wales	Bangor	71 (0)	73 (0)	119 (0)	292 (0)	234 (0)	240 (1)	201 (0)
Bodelwyddan		165 (1)	160 (3)	193 (2)	300 (6)	291 (8)	254 (12)	226 (3)	
Holyhead		21 (0)	20 (0)	22 (0)	66 (0)	45 (0)	51 (0)	54 (0)	
Llandudno		28 (0)	29 (0)	42 (0)	115 (0)	111 (0)	83 (0)	58 (0)	
Pwllheli		10 (0)	13 (0)	32 (0)	39 (0)	28 (0)	41 (0)	30 (0)	
Wrexham		316 (2)	354 (1)	331 (2)	536 (3)	439 (9)	435 (5)	394 (5)	
Total			611 (3)	649 (4)	739 (4)	1348 (9)	1148 (17)	1104 (18)	963 (8)
Wales		2895 (33)	3123 (44)	3521 (38)	3942 (45)	3869 (64)	3642 (73)	4304 (89)	

Data is reported where the clinic was open for the full year

*Includes data for Llanelli for 2002

Table 17. Episodes of complicated chlamydial infection (C4b) (and number homosexually acquired) per year by GUM clinic and region of GUM clinic: KC60 data, 2002-2008

Region	Clinic	2002	2003	2004	2005	2006	2007	2008	
South & East	Aberdare	0	9	2	6	6	1	3	
	Cardiff	29	22	38	25	18	9	22	
	Llantrisant	4	9	6	4	9	11	12	
	Newport	28	13	13	25	29	11	10	
	Pontypool	--	--	--	--	--	1	0	
	Pontypridd	--	--	--	--	--	3	0	
	Total		61 (1)	53 (0)	59 (2)	60 (1)	62 (0)	36 (1)	47 (0)
Mid & West	Aberystwyth	0	0	2	0	0	1	3	
	Bridgend	2	1	1	3	4	3	4	
	Builth Wells	--	--	0	0	0	0	0	
	Cardigan	--	--	--	1	0	0	0	
	Carmarthen – Pond Street	--	2	2	6	1	1	1	
	Carmarthen – West Wales General Hospital	13 *	6	9	5	1	1	1	
	Haverfordwest	5	11	6	0	5	12	12	
	Lampeter	--	--	--	0	--	--	--	
	Llanelli	--	14	5	0	2	1	0	
	Newtown	--	--	--	0	0	1	1	
	Pembroke	7	6	3	0	2	2	6	
	Port Talbot	0	0	0	1	3	0	1	
	Swansea	6	9	13	6	12	11	16	
	Total		33 (0)	49 (0)	41 (0)	22 (1)	30 (0)	33 (2)	45 (0)
	North Wales	Bangor	6	6	8	15	8	16	7
Bodelwyddan		2	6	5	7	10	6	4	
Holyhead		0	1	0	0	0	0	0	
Llandudno		0	0	0	0	1	3	1	
Pwllheli		0	1	1	0	0	0	1	
Wrexham		14	12	17	20	7	8	19	
Total			22 (0)	26 (0)	31 (0)	42 (0)	26 (0)	33 (0)	32 (1)
Wales		116 (1)	128 (0)	131 (2)	124 (2)	118 (0)	102 (3)	124 (1)	

Data is reported where the clinic was open for the full year

*Includes data for Llanelli for 2002

Table 18. Laboratory reports of anogenital chlamydia* by reporting laboratory and year, 2002-2008**

Laboratory	2002	2003	2004	2005	2006	2007	2008
Abergavenny Nevill Hall	0	0	0	0	0	0	0
Aberystwyth Bronglais	80	115	115	90	148	139	257
Bangor NPHS	205	199	331	606	513	542	492
Bridgend Princess of Wales	--	--	--	--	--	--	--
Cardiff NPHS	1366	1470	1894	1770	1585	1612	1875
Carmarthen NPHS	83	165	236	224	296	265	96
Haverfordwest Withybush	63	103	38	14	13	63	0
Llantrisant Royal Glamorgan	0	0	297	371	203	0	0
Merthyr Tydfil Prince Charles	27	55	5	0	0	0	0
Newport Royal Gwent	--	--	--	--	--	--	--
Rhyl NPHS	194	191	218	269	388	318	409
Swansea NPHS	714	660	1153	987	1142	1255	1527
Wrexham Maelor	0	0	0	0	0	0	0
Outside Wales	0	0	6	0	1	0	0
Total	2732	2958	4293	4331	4289	4194	4656

*Includes all anogenital specimens positive for *Chlamydia trachomatis* or *Chlamydia spp.*

**Figures amended as more reports received

Table 19. New episodes of selected conditions by GUM clinic (KC60 data): 2008 data

Region		Syphilis	Gonorrhoea	Chlamydia	NSU - male	Trichom- oniasis	Anaerobic/ bacterial vaginosis	Candidosis	Herpes	Warts	Incoming telephone calls for clinical advice or results	All first attendances for an episode	Number of new patients attending for an episode
		A1,A2	B1,B2	C4a,C4c	C4h	C6a	C6b	C7a	C10a	C11a			
South & East	Aberdare	1	3	64	56	0	39	43	8	114	336	596	370
	Cardiff	33	134	1031	326	25	673	848	176	789	0	10896	5634
	Llantrisant*	5	42	316	348	7	364	452	106	460	3707	3487	2106
	Newport	13	91	745	400	29	340	147	97	706	2534	8629	5159
	Pontypool	0	0	54	11	0	39	8	7	46	0	654	441
	Total	52	270	2210	1141	61	1455	1498	394	2115	6577	24262	13710
Mid & West	Aberystwyth**	0	2	90	3	0	20	19	9	63	681	824	624
	Bridgend	3	10	45	51	0	44	43	8	85	330	670	407
	Builth Wells	0	0	22	2	0	8	13	0	26	187	205	160
	Cardigan	0	0	35	0	2	4	6	0	19	242	273	205
	Cardiff - Pond St.	0	2	42	19	0	15	18	8	44	174	425	311
	Cardiff - West Wales General Hospital	1	4	75	47	1	16	24	20	95	428	880	619
	Haverfordwest	0	3	115	30	0	50	35	27	85	527	856	667
	Llanelli	0	6	107	21	2	49	58	25	111	569	1131	653
	Newtown	0	1	18	3	0	6	13	0	18	187	192	145
	Pembroke	0	1	40	30	0	24	18	6	51	258	367	312
	Port Talbot	1	1	70	37	1	65	35	6	63	137	629	341
	Swansea	8	60	472	257	8	427	357	88	420	3362	8202	3908
	Total	13	90	1131	500	14	728	639	197	1080	7082	14654	8352
North Wales	Bangor	4	6	201	30	2	112	102	35	142	1384	1491	985
	Bodelwyddan	1	7	226	11	3	62	74	52	190	1235	2351	1168
	Holyhead	0	0	54	1	0	27	22	6	28	259	340	249
	Llandudno	1	2	58	7	0	49	40	15	42	296	385	271
	Pwllheli	0	1	30	1	0	17	22	2	20	222	279	204
	Wrexham	5	27	394	172	6	281	244	56	271	2484	5185	2822
	Total	11	43	963	222	11	548	504	166	693	5880	10031	5699
Wales	76	403	4304	1863	86	2731	2641	757	3888	19539	48947	27761	

* Includes data for the clinics at Pontypridd and the University of Glamorgan; **Includes data for the clinic at Lampeter

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Appendix 2

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