

Sexually transmitted infections

August 2008

Statistical sources

United Kingdom (UK) statistics on sexually transmitted infections (STIs) are based on diagnoses made at genitourinary medicine (GUM) clinics¹. These will underestimate true prevalence as diagnoses made in other healthcare settings such as family planning clinics and general practice are not included, and many infections such as genital chlamydia and gonorrhoea often show no symptoms and remain undiagnosed.

Data for HIV diagnoses and AIDS are collated from a number of surveillance reports across the UK².

General trends

- In a survey of sexual attitudes and lifestyles in Great Britain³, 10.8 per cent of men and 12.6 per cent of women aged 16–44 reported ever having a sexually transmitted infection.
- In 2007, there were 397,990 new sexually transmitted infection diagnoses at GUM clinics in the UK, an increase of 63 per cent on 1998¹.
- Between 2006 and 2007 the number of new diagnoses increased by 6 per cent.
- Between 1998 and 2007 the largest increases were seen in diagnoses of genital chlamydia which rose by 150 per cent, genital herpes by 51 per cent and syphilis by 1,828 per cent.
- New cases of gonorrhoea in 2007 decreased for the fifth year running.

The overall rise in diagnoses can be attributed to a number of factors including increased transmission, a greater awareness of sexually transmitted infections leading to more people coming forward for testing, improved acceptability of GUM clinics and the development of more sensitive diagnostic tests.

- In 2007, over one million sexual health screens were carried out at GUM clinics in the UK, 10 per cent more than in 2006.

Chlamydia

- Genital chlamydia remains the most common bacterial sexually transmitted infection seen at GUM clinics in the UK, with 121,986 diagnoses in 2007, a rise of 7 per cent since 2006.
- The overall rate of new diagnoses was 201.3 per 100,000 population.
- The highest rates of diagnoses were among women aged 16–19 (1,423 per 100,000) and 20–24 (1,179.3 per 100,000) and men aged 20–24 (1,182.5 per 100,000).
- Young people aged 16–24 years accounted for 65 per cent of all new diagnoses.
- These data do not include cases diagnosed through the national screening programme in England (see below), unless they are referred to GUM clinics for management.

Obtaining accurate estimates of the true prevalence of chlamydia is difficult as the infection is often asymptomatic and is liable to remain undetected. The Department of Health (DH) began the phased implementation of a National Chlamydia Screening Programme (NCSP) for sexually active women and men under 25 years of age in England in April 2003. By June 2007, over 60 per cent of Primary Care Trusts were actively taking part. Scotland, Wales and Northern Ireland have not set up national chlamydia screening programmes.

- Between 2003 and 2007, around one in ten of those screened were found to be positive⁴.
- Chlamydia is implicated in more than 50 per cent of cases of pelvic inflammatory disease⁵, which can lead to ectopic pregnancy and infertility in women. It may be associated with fertility problems in men⁶.

Sexually transmitted infections (cont)

Genital warts

- Genital warts are the most common viral sexually transmitted infection diagnosed at GUM clinics in the UK, with 89,838 diagnoses in 2007, a rise of 7 per cent since 2006.
- The overall rate of new diagnoses was 148.3 per 100,000 population.
- The highest rates of diagnoses were in women aged 16–19 (830.1 per 100,000) and men aged 20–24 (815.2 per 100,000).

Diagnoses of genital warts at GUM clinics across the UK have been slowly increasing, and many more cases are likely to be diagnosed and treated in other healthcare settings such as general practice.

Genital warts are the clinical visible manifestation of the human papilloma virus (HPV), mainly types 6 and 11. Some high-risk types of HPV are associated with cervical cancer; however these rarely show up as visible warts and are likely to remain undiagnosed.

Gonorrhoea

- There were 18,710 diagnoses of gonorrhoea at GUM clinics in the UK in 2007, a fall of 1 per cent since 2006.
- The overall rate of new diagnoses was 30.9 per 100,000.
- The highest rates of diagnoses were in women aged 16–19 (136.9 per 100,000) and men aged 20–24 (174.2 per 100,000).
- Men accounted for 69 per cent of the overall diagnoses, with nearly a third of these occurring in men who have sex with men (MSM).

Rates for gonorrhoea are highest in predominantly urban regions, and higher in London (90.3 per 100,000) than any other part of the UK. This is likely to reflect the sub groups most at risk; in the UK these include MSM and black ethnic groups.

Syphilis

- There were 2,680 diagnoses of syphilis at GUM clinics in the UK in 2007, with little change since 2006.
- Men accounted for 89 per cent of the diagnoses; the highest rate occurred in the 25–34 age group (18.3 per 100,000).
- In 2007, 62 per cent of all syphilis diagnoses in males were among MSM.

Although syphilis is still a relatively rare condition, since 1999 there has been a substantial increase in the number of diagnoses mainly due to localised outbreaks, particularly in Bristol, London, Brighton and Manchester. Many of the cases have been among MSM, however heterosexual men and women have also been affected. Investigations into the outbreaks have shown some common behavioural features including high rates of partner change and anonymous contacts, unprotected oral sex, recreational drug use during sexual intercourse, and concomitant HIV infection⁷.

Genital herpes

- There were 26,062 diagnoses of genital herpes simplex at GUM clinics in the UK in 2007, an increase of 20 per cent since 2006.
- The overall rate of new diagnoses was 43.0 per 100,000.
- The highest rates of diagnoses were in women aged 16–19 (209.8 per 100,000) and 20–24 (241.9 per 100,000).

Diagnoses of genital herpes made at GUM clinics are likely to underestimate true prevalence as many people will be diagnosed and treated in other healthcare settings or may not seek treatment at all.

Genital herpes is caused by the herpes simplex virus (HSV) which has two subtypes, 1 (HSV-1) and 2 (HSV-2). Both types can cause symptoms on the genitals but also on the face (cold sores)⁸. Changes in sexual behaviour where oral sex is becoming more common⁹ and a decreased immunity in young people to HSV-1¹⁰ have been identified as a contributing factor to a rise in incidence of genital herpes.

Sexually transmitted infections (cont)

HIV/AIDS

By 31 December 2007¹⁰:

- 6,393 new diagnoses of HIV in the UK had been reported, compared with 7,276 in 2006. Due to delays in reported diagnoses, this figure is expected to rise
- 43 per cent of infections were acquired through heterosexual intercourse. The majority of these were acquired outside the UK
- 34 per cent of infections were acquired through sex between men. MSM remain most at risk of acquiring HIV within the UK
- there were 503 AIDS diagnoses and 445 HIV-related deaths, compared with 1,083 diagnoses and 749 HIV-related deaths in 1997.

By the end of 2007 there were an estimated 73,000 people living with HIV in the UK of whom about a third had not had their infections diagnosed. Highly active antiretroviral therapies (HAART) have resulted in substantial reductions in AIDS incidence and deaths in the UK, which, in turn, has led to an increase in the number of people needing long-term treatment.

Government policy

Governments in England¹¹, Wales¹² and Scotland¹³ have all published policy documents which address sexual health issues, including the need to reduce the incidence of STIs. Northern Ireland has a HIV/AIDS policy¹⁴ in place and a sexual health promotion strategy, which was subject to an extensive consultation, is expected to be published soon¹⁵.

References

- 1 Health Protection Agency, 'STIs annual data'. <<http://www.hpa.org.uk>>, accessed 6 August 2008.
- 2 Health Protection Agency, 'HIV'. <<http://www.hpa.org.uk>>, accessed 6 August 2008.
- 3 Fenton K et al, 'Sexual behaviour in Britain: reported sexually transmitted infections and prevalent genital Chlamydia trachomatis infection', *Lancet*, vol 358, (2001), 1851–1854.
- 4 National Chlamydia Screening Programme, *Maintaining Momentum: Annual Report of the National Chlamydia Screening Programme in England, 2006/07* (London: Health Protection Agency, 2007). <<http://www.chlamydiascreening.nhs.uk>>
- 5 Moss TR ed, *International Handbook of Chlamydia* [2nd ed] (Haslemere: Euromed Communications, 2006).
- 6 Idahl A et al, 'Demonstration of Chlamydia trachomatis IgG antibodies in the male partner of the infertile couple is correlated with a reduced likelihood of achieving pregnancy', *Human Reproduction*, vol 19, (2004), 1121–1126.
- 7 Doherty L et al, 'Syphilis: old problem, new strategy', *BMJ*, vol 325, (2002), 153–156.
- 8 Adler M et al, *ABC of Sexually Transmitted Infections* [5th edition] (London: BMJ Books, 2005).
- 9 Johnson AM, 'Sexual behaviour in Britain: partnerships, practices, and HIV risk behaviours', *Lancet*, vol 358, (2001), 1835–1842.
- 10 Health Protection Agency Centre for Infections et al, *New HIV Diagnoses Surveillance Tables: UK Data to the end of December 2007*. (London: HPA, 2007). <<http://www.hpa.org.uk>>
- 11 Department of Health, *National Strategy for Sexual Health and HIV* (London: DH, 2001). <<http://www.dh.gov.uk>>
- 12 National Assembly for Wales, *A Strategic Framework for Promoting Sexual Health in Wales* (Cardiff: National Assembly for Wales, 2000). <<http://new.wales.gov.uk>>
- 13 Scottish Executive, *Respect and Responsibility. Strategy and action plan for improving sexual health* (Edinburgh: Scottish Executive, 2005). <<http://www.scotland.gov.uk>>
- 14 Northern Ireland Department of Health and Social Services, *HIV and AIDS in Northern Ireland: A strategy* (Belfast: HMSO, 1993).
- 15 Northern Ireland Department of Health Social Services and Public Safety, *A Five Year Sexual Health Promotion Strategy and Action Plan. Consultative Document* (Belfast: DHSSPSNI, 2003).

Further information

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