

Sexually Transmitted Infections and Young People in the United Kingdom: 2008 Report

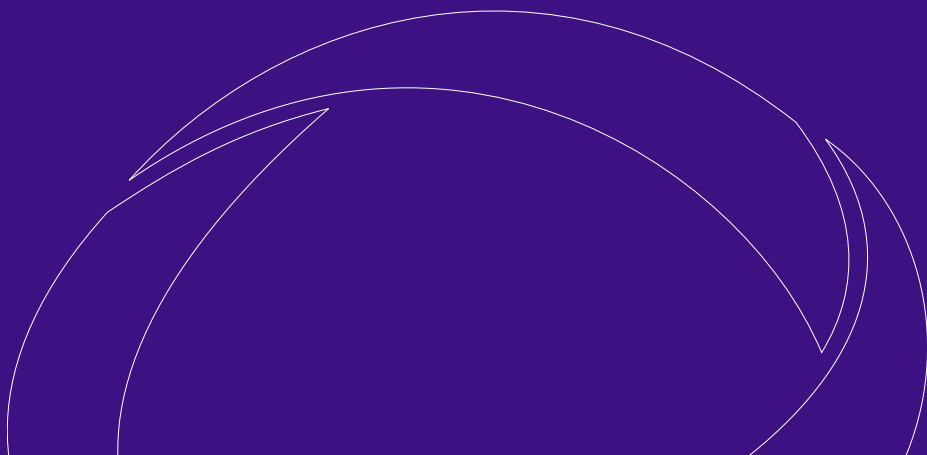


Messages to be used with young people

All those interested in the sexual health of sexually active young people should use their particular communication skills to relay the following key messages for the prevention of STIs:

- Have fewer sexual partners and avoid overlapping sexual relationships.
- Use a condom when having sex with a new partner and continue to do so until both have been screened.
- Get screened for chlamydia every year and whenever you have a new partner.
- If you are a man who has sex with men, then always use a condom and have an annual sexual health screen, including an HIV test.

Sexually transmitted infections (STIs), including HIV, remain one of the most important causes of illness due to infectious disease among young people (aged between 16 and 24 years old). If left untreated, many STIs can lead to long-term fertility problems (e.g. with chlamydia or gonorrhoea). Infection with HIV or the strains of human papillomavirus (HPV) that cause cervical cancer can lead to long-term illness and possible death.



Key findings

- Young people (aged 16-24 years old) are the age group most at risk of being diagnosed with a sexually transmitted infection, accounting for 65% of all chlamydia, 50% of genital warts and 50% of gonorrhoea infections diagnosed in genitourinary medicine clinics across the UK in 2007.
- The most common sexually transmitted infection in young people is genital chlamydia. The National Chlamydia Screening Programme in England performed 270,729 screens in under 25 year olds in 2007: 9.5% of screens in women and 8.4% in men were positive for chlamydia. A further 79,557 diagnoses of genital chlamydia infection were made among young people in genitourinary medicine clinics in the UK in 2007, (a rate of 1,102 per 100,000 16-24 year olds), a rise of 7% on 2006.
- Genital warts were the second most commonly diagnosed sexually transmitted infection among young people in genitourinary medicine clinics, with 49,250 cases diagnosed in 2007 (682 per 100,000), a 8% rise on 2006.
- In 2007, 702 young people were diagnosed with HIV, representing 11% of all new HIV diagnoses. Young men who have sex with men remain the group of young people most at risk of acquiring HIV in the UK.
- Increases in diagnoses reflect greater ascertainment of cases through more testing and improved diagnostic methods, as well as indicating increased unsafe sexual behaviour among young people.

Recommendations

- There should be easy access for young people to sexual health services that can provide advice, screening and treatment of STIs including HIV.
- Interventions to promote sexual health among young people should be designed from a strong evidence base and evaluated for their continuing effectiveness.
- The delivery of high quality personal, relationship and sexual health education, which should include sexuality among its themes, is essential in providing young people with the necessary information and skills to be able to negotiate and engage in safer sexual behaviour.
- Information from the new improved STI surveillance will enable primary care organisations to better target future prevention efforts, especially in vulnerable populations such as men who have sex with men and ethnic minority communities with the highest rates of STIs.

A purple-tinted background image featuring close-up, overlapping faces of young people, primarily of African descent, smiling and looking towards the camera.

New diagnoses of STI (including HIV) in young people

Genital chlamydia infection is the most commonly diagnosed STI among young people attending genitourinary medicine clinics in the UK. In 2007, 79,557 diagnoses of genital chlamydia were made among young people in genitourinary medicine clinics (1,102 per 100,000 population aged 16-24 years). High rates were also reported for genital warts (682 per 100,000), genital herpes (156 per 100,000) and gonorrhoea (130 per 100,000), although rates were much lower for HIV (10 per 100,000) and syphilis (6 per 100,000).

Since 1998, diagnosis rates of almost all STIs among young people attending genitourinary medicine clinics have risen in the UK (*Figure 1a and 1b*). The rate of chlamydia diagnoses has more than doubled, from 447 per 100,000 in 1998 to 1,102 per 100,000 in 2007. Although rates of gonorrhoea have declined in recent years from the peak in 2002 (186 per 100,000), to 130 per 100,000 in 2007, rates are still a third higher than in 1998 (96 per 100,000).

The number of new HIV diagnoses in young people in the UK remains relatively low compared to older age groups. In 2007, there were 702 new diagnoses of HIV among young people (10 per 100,000), which is still nearly three times the number reported in 1998 (258). Nearly all young people diagnosed with HIV in 2007 were infected through either heterosexual contact (48%), of whom the largest group were Black-Africans who have probably been infected abroad, and sex between men (48%), of whom the majority were white and have probably been infected in the UK (*Figure 2*).

For infections such as chlamydia, genital herpes and HIV, these rates are an underestimate as asymptomatic infections can remain undiagnosed. In addition, many young people may be diagnosed outside of genitourinary medicine clinics, by their general practitioner or as part of the National Chlamydia Screening Programme.

Young people are disproportionately affected by STIs

Young people are the group most at risk of being diagnosed with a sexually transmitted infection (other than HIV). Young people represent only 12% of the population, but account for nearly half of all STIs diagnosed in genitourinary medicine clinics across the UK in 2007: 65% of chlamydia, 55% of genital warts and 50% of gonorrhoea (*Figure 3*).

The excessive morbidity among young people due to STIs, a consequence of both increased sexual activity^[1] and possible susceptibility to infection^[2], highlights the importance of well-targeted interventions in this population. Of particular concern are younger females aged 16-19 years, among whom the highest rates of diagnosed chlamydia and genital warts are reported (*Figure 4*).

Young men who have sex with men

There have been worrying increases in the number of younger men diagnosed with STIs in the past decade, with more than a doubling of diagnoses of HIV (from 128 in 1998 to 281 in 2007) and a threefold increase of gonorrhoea (339 to 1001) – increases similar to that observed in older men who have sex with men. The prevalence of undiagnosed HIV infection appears to have decreased among young men who have sex with men in London (from 4.0% in 2002 to 2.5% in 2006), but increased among those outside of London (from 0.8% in 2002 to 1.8% in 2006).

Young ethnic minorities

Rates of diagnosed STIs vary among young people of different ethnic groups. Data from the National Chlamydia Screening Programme in England show that in 2007 chlamydia positivity rates of >10% are found among

Figure 1a: Diagnosis rates of genital chlamydia and warts in younger (16-24) and older (25-44) adults, UK, 1998-2007

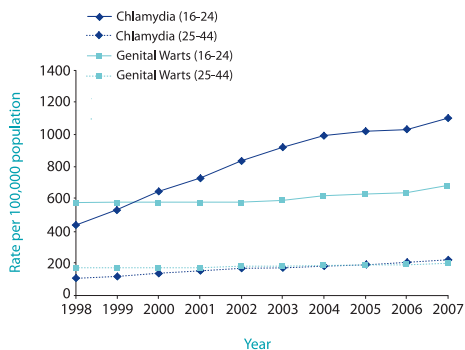
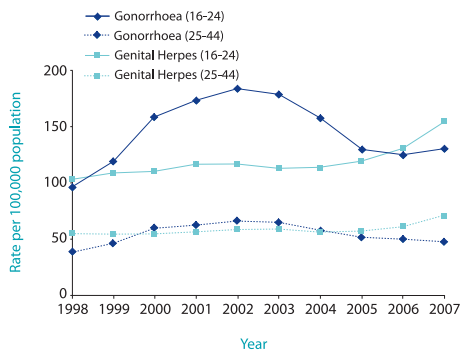


Figure 1b: Diagnosis rates of gonorrhoea and genital herpes in younger (16-24) and older adults (25-44), UK, 1998-2007



young Black-Caribbeans (12.9%), Black-Other (10.1%) and those of mixed origin (11.2%), while rates among young White Caucasians are 9.3% and <5% among young Asians (4.4%).

Data from the Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP), which operates in England and Wales, indicate that young Black-Caribbeans are disproportionately affected by gonorrhoea, accounting for 21% of the samples collected in 2006.

Prevention and control

As with other infectious diseases, the prevention and control of STIs (including HIV) is based on reducing the duration of infection (e.g. early testing and treatment), reducing the number of susceptible individuals (e.g. HPV vaccination) and reducing transmission of infection (e.g. change in sexual behaviour including regular condom use).

Chlamydia screening

The National Chlamydia Screening Programme in England offers sexually active young people screening for chlamydia and other sexual health promotion activities, mainly in community settings. In 2007, over 270,729 screens were performed (a 93% increase on the 140,157 performed in 2006) and 9.5% of females and 8.4% of males were positive for chlamydia. Among females, the highest rates were found in 16-19 year olds (*Figure 5*). Chlamydia positivity was higher among those who reported two or more sexual partners in the last 12 months (11.8%) compared to those who did not (7.8%).

Figure 2: New HIV diagnoses among young people by probable route of transmission, UK, 1998-2007*

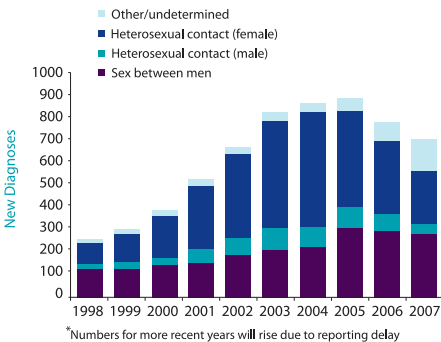
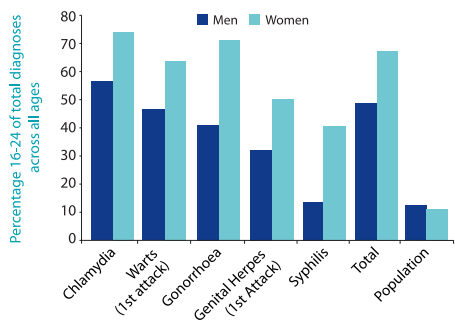


Figure 3: Percentage of sexually transmitted infections diagnosed among young people (16-24), UK, 2007



Uptake of HIV testing in young people

Current data for 2007 show that of the 46,114 young people attending sentinel genitourinary medicine clinics in England, Wales and Northern Ireland, nearly all (92%) accepted voluntary confidential testing for HIV, with little difference by sex or sexual orientation.

Human papillomavirus immunisation programme

A national human papillomavirus immunisation programme will begin throughout the UK in autumn 2008. This programme aims to prevent cervical cancer in females and will routinely offer all girls aged 12-13 years immunisation with a vaccine that protects against the two types of HPV virus that cause ~70% of cervical cancers (HPV 16 and HPV 18)^[3]. There will also be a catch-up campaign for girls aged up to 18 years: in England this will be a two-year campaign starting in autumn 2009.

Behaviour change and sexual health promotion

There are a number of national and local media campaigns that aim to inform young people of their choices about safer sex, to improve their sexual health and promote condom use.

The “Condom Essential Wear” media campaign, comprising advertising through traditional and digital media, aims to normalise condom use and is targeted at sexually active young people.

Given that in 2000 over a quarter of young people reported having had sex before the age of 16^[4], the effective delivery of high quality personal, relationship and sexual health education remains of paramount importance^[5]. It is essential that interventions are multi-level, so that they are delivered not only to young people themselves, but also to their parents and the wider community.

Figure 4: Age distribution of chlamydia and genital warts by sex, UK, 2007

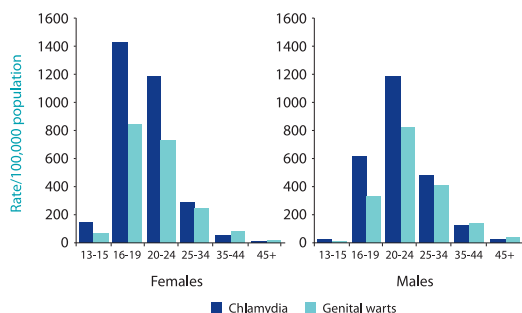
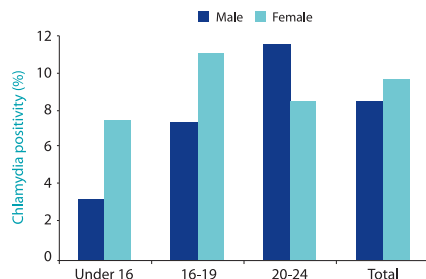


Figure 5: Chlamydia positivity rates in screens performed by National Chlamydia Screening Programme, 2007



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Website: www.hpa.org.uk

Links to data

STI data: www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733775264

HIV data: www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1200660065903

GRASP data: www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733842001

Other useful links

Condom essential wear: www.condomessentialwear.co.uk

HPV vaccination programme:
www.immunisation.nhs.uk/Vaccines/HPV/Resources

National Chlamydia Screening Programme:
www.chlamydia Screening.nhs.uk

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