

This factsheet provides information on the incidence and trends of the main sexually transmitted infections (STIs), including HIV and AIDS, in Northern Ireland. The statistics are based on diagnoses made in genito-urinary medicine (GUM) clinics. These will underestimate true prevalence as diagnoses made in other settings such as family planning clinics or general practice are not included, and many infections such as gonorrhoea and genital chlamydial infection often show no symptoms and remain undiagnosed.

Key issues

- The number of new reports of HIV infection has increased in recent years.
- The main exposure category for HIV infection is sex between men.
- The syphilis outbreak identified in October 2001 continued throughout 2002 and 2003 and is still ongoing.
- The incidence of STIs is greater in the 20-34 age group.

Services and sources of statistics

In 1916 a report from the Royal Commission on Venereal Diseases recommended establishing a free, confidential, open access service for the diagnosis and treatment of venereal diseases (VD). These clinics became part of the National Health Service in 1948. Unlike the previous term 'VD', the term 'sexually transmitted infections' encompasses the whole range of STIs. Clinics are now known as genitor-urinary medicine (GUM) or sexual health clinics. There are four GUM clinics in Northern Ireland – in Belfast, Coleraine, Derry and Newry – providing free, confidential sexual health services including the diagnosis and treatment of STIs. Referral by a general practitioner is not required.

Responsibility for monitoring changes in the incidence, prevalence and patterns of communicable disease (including HIV and AIDS) in Northern Ireland was transferred from the

Department of Health, Social Services and Public Safety (DHSSPS) to the Communicable Disease Surveillance Centre (Northern Ireland), CDSC (NI), in 1999. CDSC provides a similar service throughout England and Wales.

Current trends

Cumulative cases of HIV are increasing but cumulative cases of AIDS are increasing at a much lower rate. The introduction of more effective treatments can delay the onset of AIDS.

There has been an increase in most other STIs. A number of reasons may account for this including increased transmission, improved acceptability of GUM clinics leading to more people attending, greater public and professional awareness of some STIs and the development of more sensitive diagnostic tests.

HIV and AIDS

Figure 1 shows the incidence of HIV in comparison with the incidence of AIDS in Northern Ireland up to December 2003. It shows that whilst cumulative cases of HIV are increasing, cumulative cases of AIDS are increasing at a much lower rate.

HIV in the United Kingdom

The following statistics refer to the period up to the end of June 2004.

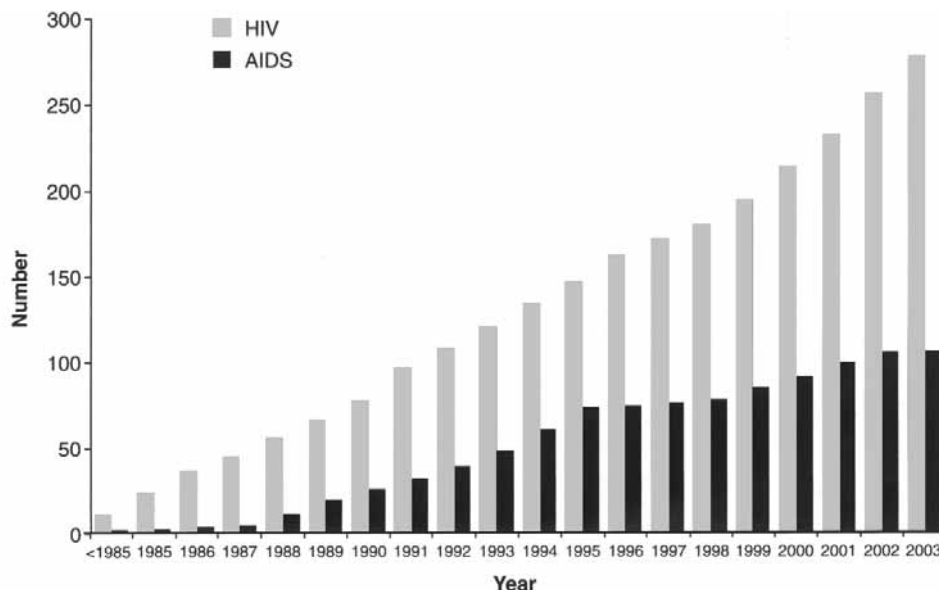
As Table 1 indicates, by the end of June 2004 a total of 64,599 HIV infections had been reported in the UK. This represents an increase of 19.2% from the end of 2002.

HIV in Northern Ireland

As Table 1 shows, by the end of June 2004 a total of 311 HIV infections had been reported in Northern Ireland. It is important to note that these statistics exclude those first diagnosed and reported elsewhere in Great Britain but who may now reside in Northern Ireland. As the table shows, Northern Ireland has the highest percentage increase in HIV infection in the UK and exceeds the UK increase rate.

As Table 2 shows, the main risk factor for acquiring HIV in Northern Ireland is sex between men.

Figure 1: HIV and AIDS – cumulative total by year of diagnosis 1985-2003, Northern Ireland



Source: CDSC (NI)

Table 1: HIV infection – cumulative data to end of 2002 and June 2004, United Kingdom

Region	Total HIV infected individuals up to end of 2002	Total HIV infected individuals up to end of June 2004	% increase
England	49,787	59,565	19.6%
Wales	761	901	18.4%
Scotland	3,395	3822	12.6%
Northern Ireland	250	311	24.4%
UK	54,193	64,599	19.2%

Source: Communicable Disease Surveillance Centre NI. Aids/HIV quarterly surveillance tables. Cumulative UK data to end June 2004

Table 2: HIV cases by exposure category to end of June 2004, Northern Ireland

Exposure category	Male	Female	All
Sexual intercourse			
<i>Between men</i>	165	-	165
<i>Between men and women</i>	53	56	109
Injecting drug use	5	3	8
Blood/tissue factor or blood factor	20	1	21
Other/undetermined	6	2	8
Total	207	43	311

Source: Communicable Disease Surveillance Centre NI. Aids/HIV quarterly surveillance tables. Cumulative UK data to end June 2004

AIDS in the United Kingdom

The following statistics refer to the period up to the end of June 2004.

As Table 3 shows, by the end of June 2004 the cumulative total for AIDS cases in the UK was 20,493. This represents an increase of 7% from the

end of 2002. The biggest increase was in England.

AIDS in Northern Ireland

By the end of June 2004 the cumulative total for AIDS cases was 106. As Table 4 shows, approximately 56% of those infected acquired the HIV infection from sex between men.

Table 3: United Kingdom: data cumulative on AIDS cases up to end 2002 and June 2004

Region	Total AIDS cases up to end of 2002	Total AIDS cases up to end of June 2004	% increase
England	17,631	18,887	7.1%
Wales	284	298	4.9%
Scotland	1,142	1,202	5.2%
Northern Ireland	102	106	3.9%
UK	19,159	20,493	7%

Source: Communicable Disease Surveillance Centre NI. Aids/HIV quarterly surveillance tables. Cumulative UK data to end June 2004

Table 4: AIDS cases by exposure category to end of June 2004, Northern Ireland

Exposure category	Male	Female	All
Sexual intercourse			
<i>Between men</i>	59	-	59
<i>Between men and women</i>	15	12	27
Injecting drug use	2	2	4
Blood/tissue factor or blood factor	12	1	13
Other/undetermined	2	1	3
Total	90	16	106

Source: Communicable Disease Surveillance Centre NI. Aids/HIV quarterly surveillance tables. Cumulative UK data to end June 2004

Young people and STIs

The *Towards better sexual health* survey, published by fpa in Northern Ireland in December 2002, focused on young people under 25 years of age.¹ The research found that, of the young people surveyed, just 2.6% said they had visited a GUM clinic. Of these, 20 respondents went for a check-up and six had been treated for an STI. Of those who had attended a GUM clinic, 2.7% said they had received an HIV/AIDS test. Marginally more young women than young men had attended a GUM clinic and received

treatment. There was no significant difference in clinic attendance and treatment between respondents who had one lifetime sexual partner and those who had multiple partners. However, respondents who had their first sexual intercourse when they were over 16 years old were twice as likely to have gone for a check-up or for treatment at a GUM clinic. Hence, those young people who are statistically more likely to have multiple sexual relationships, and are therefore at a higher risk of contracting an STI, were actually less likely to attend a clinic.

Respondents who held a third-level qualification were significantly more likely to attend a clinic for an STI test or treatment than respondents with lower educational qualifications. Young people currently attending school or colleges of further or higher education were least likely to have sought treatment or a check-up at a clinic.

Other sexually transmitted infections

STIs are diagnosed and treated in GUM clinics, general practice, hospital departments such as gynaecology, and at family planning clinics. STIs are not regarded as a notifiable disease; however, the four GUM clinics are required to provide data to DHSSPS. These reports to the DHSSPS provide the most comprehensive and reliable source of data.

The following statistics relate to the year 2002, the latest date for which official statistics are available from CDSC.

Infectious syphilis

There were 20 cases of primary and secondary infectious syphilis reported in Northern Ireland, compared to 11 in 2001. In England there were 1,199 new cases compared to 696 in 2001.

Gonorrhoea

In Northern Ireland there were 117 new reports of uncomplicated gonorrhoea, compared to 148 in 2001; 90% were males (86% in 2001) compared to 70% in England which was the same in 2001; 77% (60% in 2001) were aged 20-34 years; 6% (19% in 2001) were in the 16-19 age group.

Chlamydia

A total of 1,170 diagnoses of uncomplicated chlamydia infections were reported in Northern Ireland (947 in 2001); 47% in males (50% in 2001) compared with 44% in England (43% in 2001). Approximately 76% were aged 20-34 years (70% in 2001); 15% (21% in 2001) were in the 16-19 age group of whom 76% were female.

In the UK the rates among females in the 16-24 age group have steadily increased between 1993 and 2001. Obtaining accurate estimates of the true prevalence of chlamydia is difficult as the infection often shows no symptoms and therefore remains undiagnosed. British studies (Northern Ireland was excluded) in which selected populations of women were screened show a variation in prevalence of between 2% and 12%.² In the *National survey of sexual attitudes and lifestyles* in Great Britain, 3,569 people were tested for chlamydia. Of these, 2.2% of men and 1.5% of women were found to have the infection.³

Anogenital warts

There were 2,176 diagnoses (first attack) reported in Northern Ireland compared with 2,130 in 2001; 53% were in males (52% in 2001). The proportion of cases was greater in 25-34 year old men and in 20-24 year old women.

The overall rate of STIs in Northern Ireland is considerably lower than in England with the exception of anogenital warts. The rate of first attacks of anogenital warts in Northern Ireland is on a par with the rate reported from GUM clinics in England.

Government policy

DHSSPS has an AIDS/HIV policy and some Health Boards and Trusts have developed specific sexual health strategies.⁴ DHSSPS issued a sexual health promotion strategy for Northern Ireland for consultation in 2004. At the time of writing the final strategy has not been launched.

Except where stated, the statistics quoted in this factsheet have been provided by the Communicable Disease Surveillance Centre (Northern Ireland), Belfast City Hospital, Lisburn Road, Belfast BT9 7AB.

References

1. Schubotz D, Simpson A, Rolston B. Towards better sexual health: a survey of sexual attitudes and lifestyles of young people in Northern Ireland. Belfast: **fpa**, 2002.
2. Department of Health. Chlamydia trachomatis: summary and conclusions of CMO Expert Advisory Group. London: DoH, 1998.
3. Fenton K et al. Sexual behaviour in Britain: reported sexually transmitted infections and prevalent genital chlamydia trachomatis infection. *The Lancet* 2001; 358; 1851-1854.
4. Department of Health and Social Services. HIV and AIDS in Northern Ireland: a strategy. DHSS, 1993.

For further information contact **fpa** at:

113 University Street

Belfast BT7 1HP

Tel: (028) 9032 5488

Email: belfast@fpa.org.uk

or

2nd Floor

Northern Counties Buildings

Custom House Street

Londonderry BT48 6AE

Tel: (028) 7126 0016

Email: derry@fpa.org.uk

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