Sexually Transmitted Infections in Northern Ireland, 2022

HSC Public Health Agency

STI surveillance in Northern Ireland

Key findings

- In Northern Ireland STI testing occurs in face-to-face Sexual Health and HIV clinics (henceforth referred to as 'SH clinics') and through the online STI testing service, SH:24. In 2022 13,893 tests were carried out in clinics and 29,437 were done in the online service.

- There were 5,280 new STI diagnoses in SH clinics in Northern Ireland in 2022. This is a 42% increase from 2021 (3,718). There were 3,079 diagnosis in the online service. This is a 47% increase from 2021 (2,097). It should be noted some people test in both the online service and clinic – for example someone diagnosed with gonorrhoea online needs to attend clinic for treatment where they will be retested. Therefore, there is some duplication between testing locations, and it is not possible to deduce total new STI diagnosis. HIV and syphilis reactive results are excluded from the online diagnoses as these require confirmatory testing in clinic.

- Gonorrhoea, chlamydia and genital warts (first episode) were the most diagnosed sexually transmitted infections in 2022 and were responsible for 70% (3,676) of diagnoses.

- The largest proportion of diagnoses in SH clinics was for gonorrhoea (30%) while the largest proportion of diagnoses in online services was for chlamydia (70%). This reflects that people testing in clinics are more likely to have symptoms and that gonorrhoea causes symptoms more often than chlamydia.

- There were 1,606 diagnoses of gonorrhoea in clinics, an almost three-fold increase from 2021 (652). This is the highest number of gonorrhoea diagnoses recorded in Northern Ireland since records began and makes it the most common infection seen in clinics.

- Diagnoses of chlamydia in clinics increased by 57% from 750 in 2021 to 1,181 in 2022. Prior to the COVID-19 pandemic chlamydia was the most common infection seen in clinic services. When comparing 2022 (1,181) with 2019 (1,863) there has been a 37% decrease in diagnoses within clinics. However, when considering diagnoses of chlamydia made by SH:24 along with the diagnoses in SH clinics, there has been an increase of 41% in 2022 (3,546) compared with 2021 (2,519).

- New diagnoses of infectious syphilis increased by 50% from 131 in 2021 to 197 in 2022. Of these, 77% (152) were diagnosed in gay, bi-sexual and men who have sex with men (GBMSM). Syphilis was the only infection that did not decrease during the COVID-19 pandemic. In 2018 there was a 72% (86) increase when compared to 50 in 2017 and increases have been noted each year from 2018 to 2022 with 197 diagnoses being made in 2022.

- In response to an international outbreak of Mpox in May 2022, testing for Mpox was introduced in Northern Ireland and the infection was made notifiable in June 2022. There were 34 diagnoses of Mpox made in Northern Ireland in 2022.

Diagnoses provided in Northern Ireland Sexual Health & HIV clinics in 2022

Summary

- 5,280 **new STI diagnoses** were made, an increase of 42% compared with 2021 (3,718)
- 67% (3,544/5,280) of **new STI diagnoses** were in males
- Three types of infection accounted for 70% of new STI diagnoses – gonorrhoea (30%), chlamydia (22%) and genital warts (first episode) (17%)
- 1,469 **other STI diagnoses** were made
- 5,452 **other diagnoses made in SH clinics**

Appendix 1. provides further information on diagnoses made in SH clinics between 2006 and 2022.

Trends: 2006-2022

The number of new STI diagnoses remained relatively stable between 2006 and 2011 (range: 6,897-7,850). Between 2011 and 2017, new diagnoses decreased, reflecting the steep decline in new diagnoses of non-specific genital infection (NSGI). This decline was attributed to a change in testing, with PCR testing for gonorrhoea and chlamydia replacing urethral culture in asymptomatic patients.[1] This change in testing resulted in more detections of organisms with proven pathogenicity, particularly Neisseria gonorrhoeae (Figure 1).

Diagnoses of new STIs increased again between 2017 and 2018, with a further 2% increase in 2019 when compared to 2018. In 2020, due to the COVID-19 pandemic, the number of new STIs decreased by 43% when compared to 2019. However, the numbers have increased by 42% between 2021 and 2022 (Figure 1).

Chlamydia infection, NSGI, and genital warts (first infections) were the most common STI diagnoses in SH clinics between 2006 and 2019, accounting for two thirds (68%) of all new diagnoses. However, the number of gonorrhoea diagnoses increased by 2.5-fold (146%) in 2022 compared with 2021, making it the most prevalent STI seen in SH clinics. This is likely due to a shift in testing practices, with asymptomatic patients now being tested through the online SH:24 service, and clinic appointments being targeted for those with symptoms (Figure 2). Although improved access to testing has increased STI diagnoses, it is believed that there are true increases in the incidence of several infections.

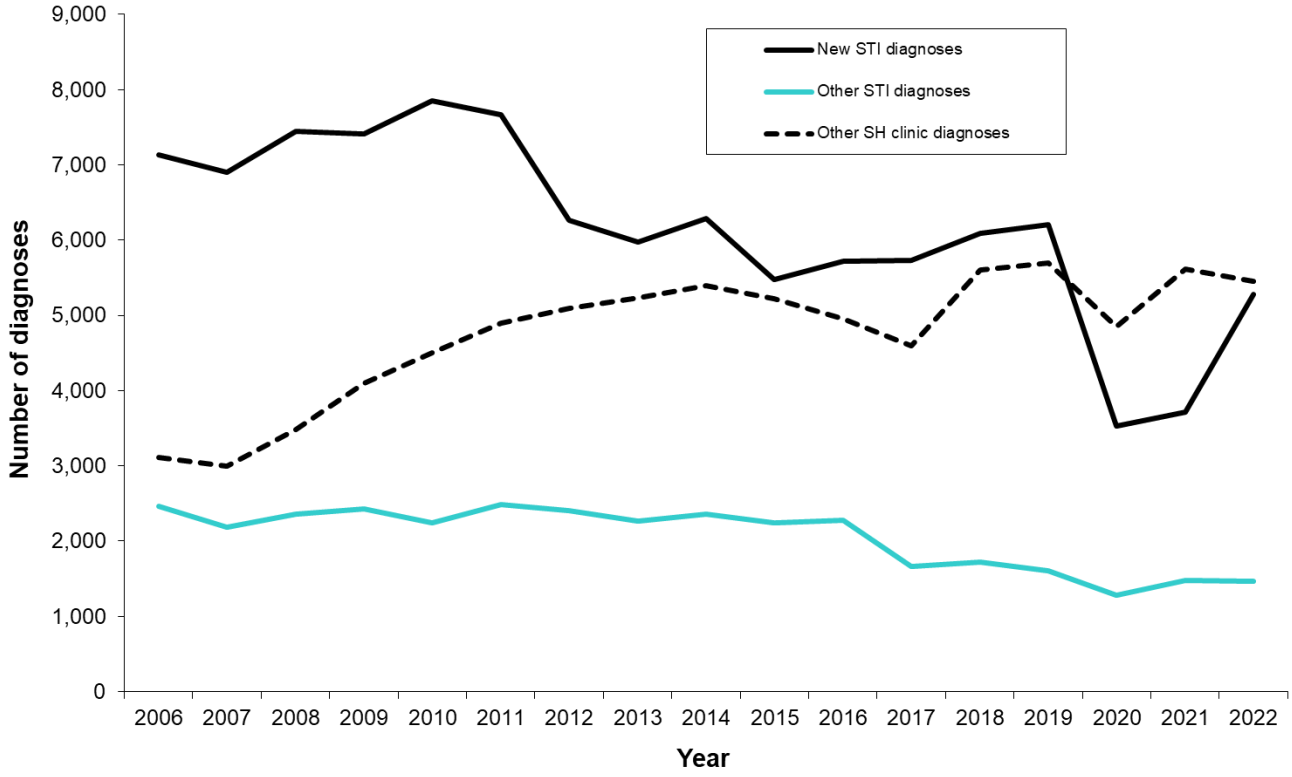

Figure 1: Diagnoses made in SH clinics, 2006-2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics
Appendix 2. provides definition of New STI diagnoses, Other STI diagnoses and Other SH clinic diagnoses.

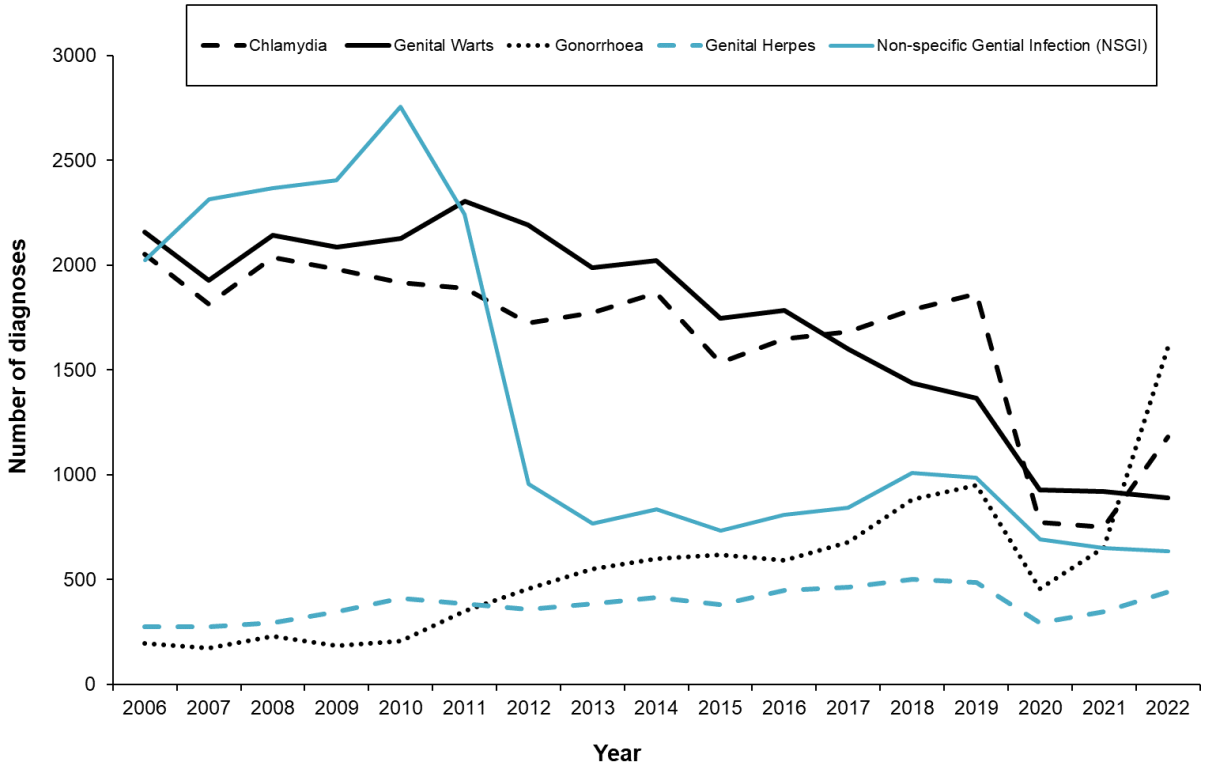

Figure 2: New diagnoses of selected STIs made in SH clinics, 2006-2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

Sexual health testing in SH clinics increased by 82% between 2006 and 2019. However, this number decreased by almost 70% in 2020 compared with 2019 due to the COVID-19 pandemic. Since then, testing has increased in both 2021 and 2022 but remains lower than pre-pandemic (Figure 3).

There has been a significant increase in the number of GBMSM being tested for STIs since 2017.

GBMSM testing within SH clinics has returned to the numbers observed prior to the COVID-19 pandemic, whereas the heterosexual male and heterosexual female testing remain lower. This may be due to those individuals accessing online testing (Figure 4, Figure 5).

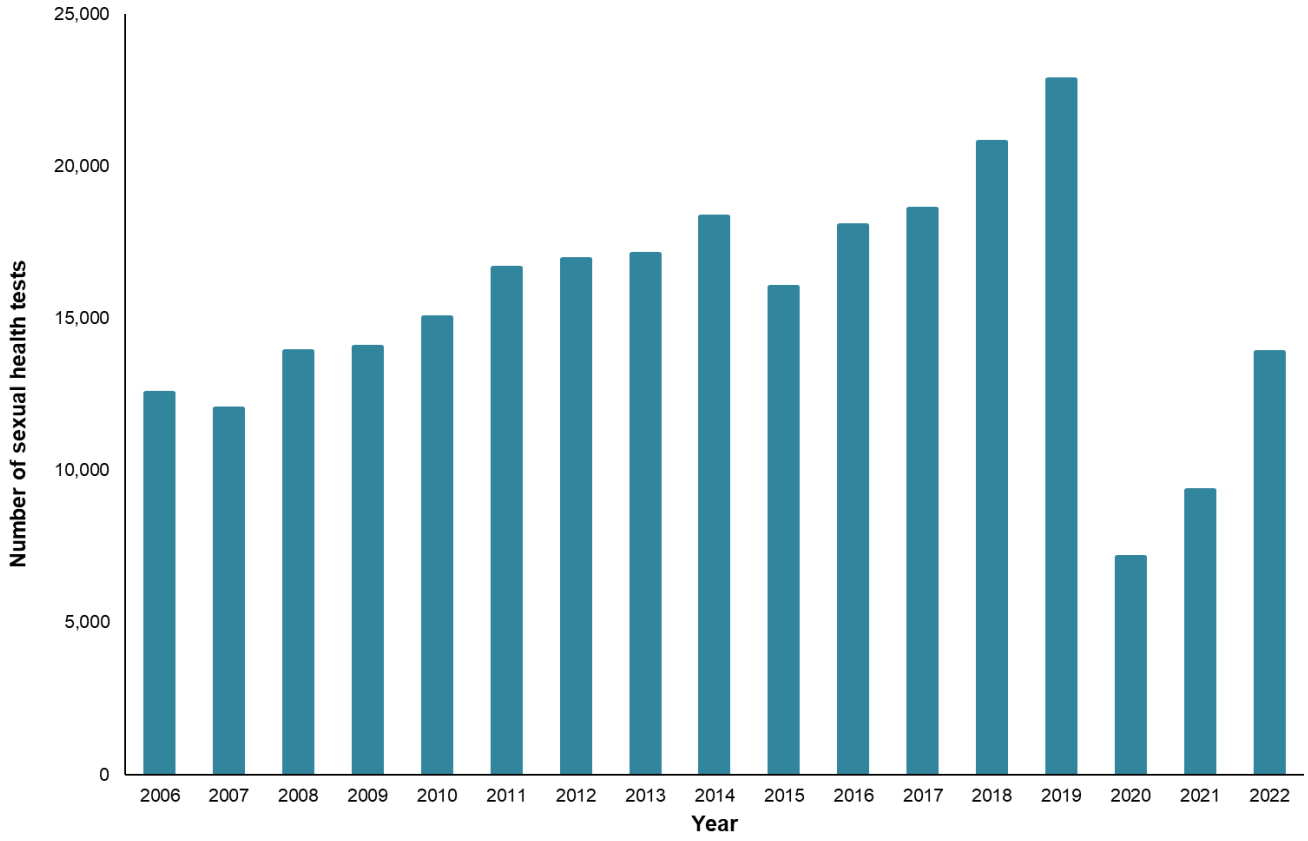

Figure 3: Number of STI tests in SH clinics, 2006-2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

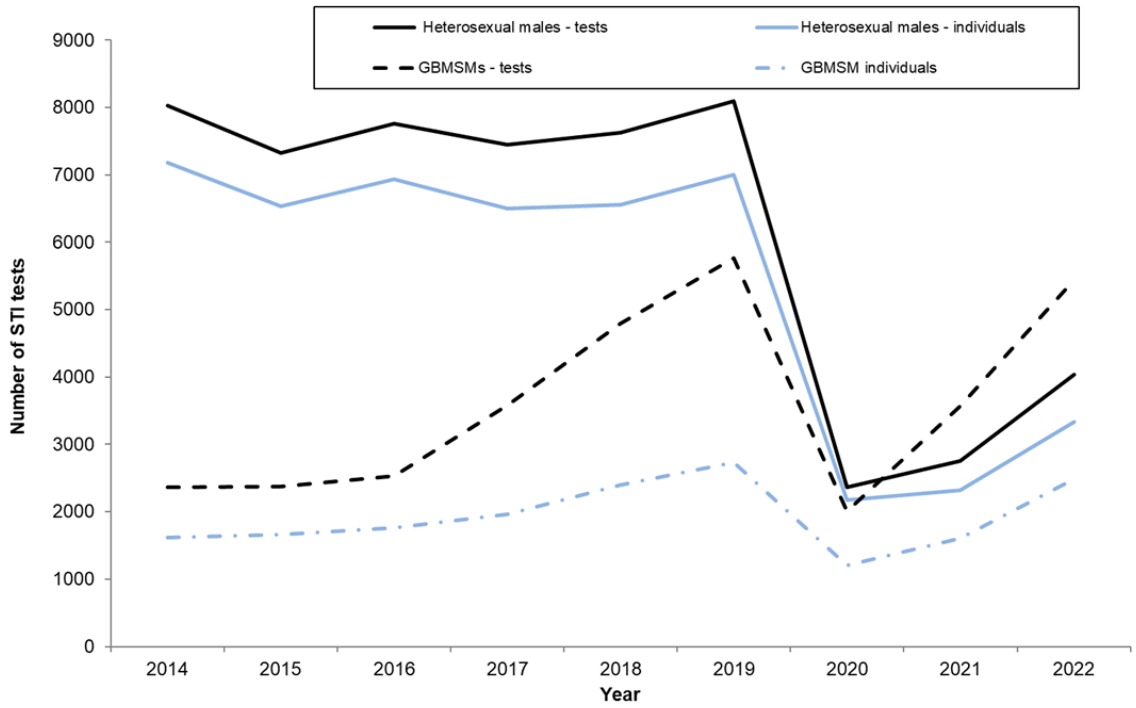

Figure 4: Number of sexual health tests in SH clinics by male sexual orientation, 2014-2022

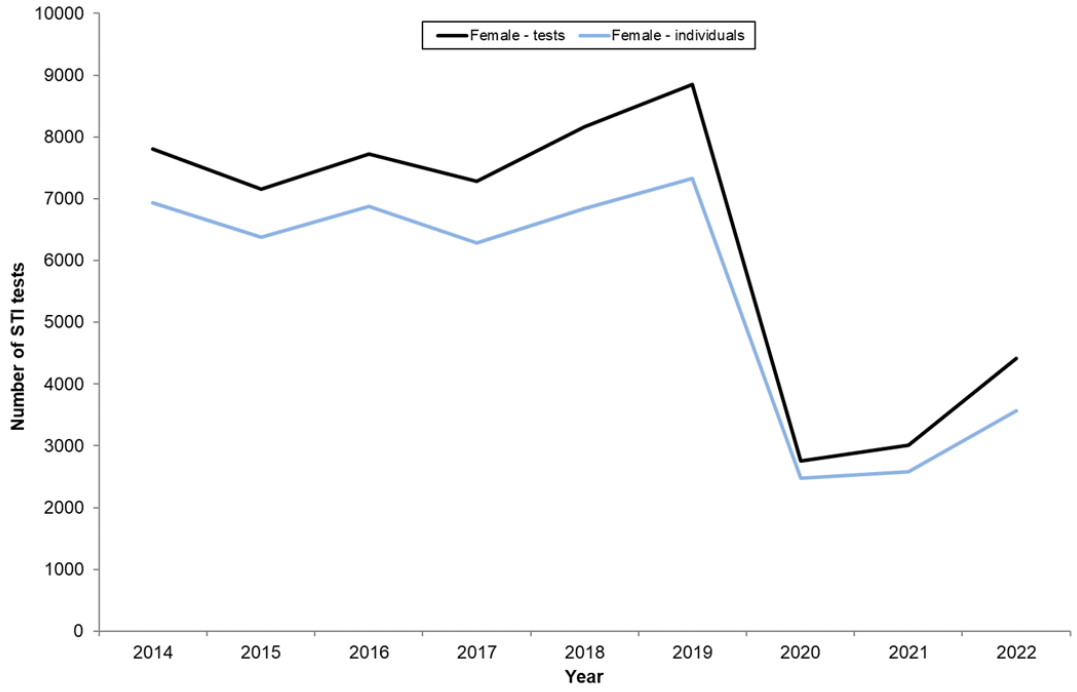

Figure 5: Number of sexual health tests in SH clinics, by females 2014-2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

SH:24: Home testing

In October 2019, SH:24 online home testing was launched, giving greater access to testing. SH:24 is a sexual health testing service that provides confidential home-testing for chlamydia, gonorrhoea, syphilis and HIV. It is targeted at people who are asymptomatic and is free at the point of delivery.

In 2022, the number of home STI tests processed by SH:24 increased by 24% (29,437) when compared to 2021 (23,750). Combining the number of tests carried out within SH clinics with those via SH:24 the number of sexual health tests increased by 62% between quarter ending December 2019 and December 2022 (Figure 6, Table 1). Those aged 20-29 years accounted for over half (54%) of tests returned to SH:24 in 2022.

While SH:24 is used across all Trust areas, residents of Belfast Trust account for over one third of all test kits issued.

Asymptomatic service users are directed to home testing (SH:24), including those on Pre-Exposure Prophylaxis (PrEP) for prevention of HIV.

Home testing kits had a 12% positivity rate for chlamydia, gonorrhoea, syphilis or HIV. The positivity rate in SH clinics is higher at 40%, with 4 in 10 samples being positive for a new STI. The higher test positivity rate is because patients attending SH clinics are more likely to have symptoms, and some people will have attended because they already had a positive home test.

Service users who receive a positive gonorrhoea test result from SH:24 are advised to attend SH clinics for treatment, and therefore should be represented in the GUMCAD surveillance data.

Service users with a reactive result for HIV are advised to attend clinic for further testing. If they are confirmed to have HIV, they will be represented in the annual HIV report.

A minority of syphilis reactive results represent true untreated syphilis. The remainder of the reactive results do not confirm on further testing or represent past treated syphilis. The true untreated syphilis should be represented in the GUMCAD surveillance data.

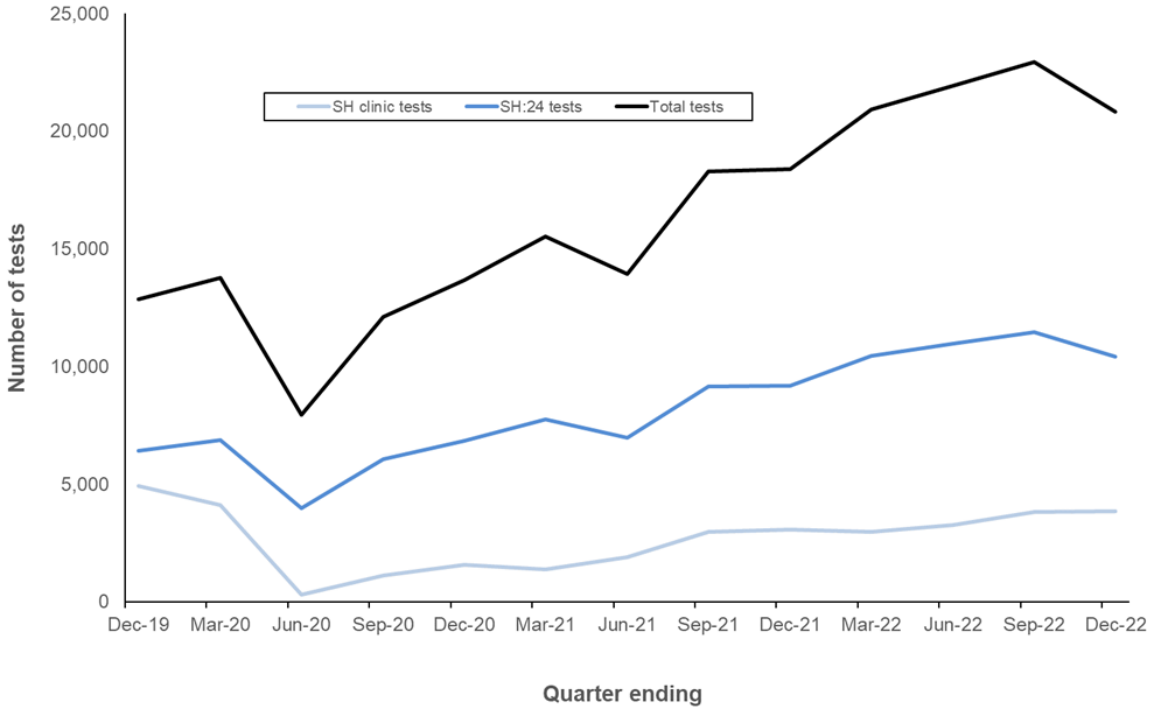

Figure 6: Number of tests* in Sexual Health & HIV services, Northern Ireland, December 2019 - December 2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics and SH:24 (online)

SH:24 service commenced in October 2019 and is based on the number of tests processed
*Data presented is based on tests and not individuals; a person may have been tests online and had a subsequent test carried out in SH clinic

Table 1: Number of tests* carried out via Sexual Health & HIV services, quarter ending Dec 2019 to Dec 2022

Quarter ending	SH clinic tests	SH:24 tests	Total tests
Dec-19	4,920	1,513	6,433
Mar-20	4,121	2,767	6,888
Jun-20	323	3,655	3,978
Sep-20	1,132	4,926	6,058
Dec-20	1,574	5,259	6,833
Mar-21	1,379	6,393	7,772
Jun-21	1,916	5,048	6,964
Sep-21	2,977	6,174	9,151
Dec-21	3,062	6,135	9,197
Mar-22	2,967	7,505	10,472
Jun-22	3,276	7,697	10,973
Sep-22	3,810	7,666	11,476
Dec-22	3,840	6,569	10,409

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics and SH:24 (online)

SH:24 service commenced in October 2019 and is based on the number of tests processed
*Data presented is based on tests and not individuals; a person may have been tests online and had a subsequent test carried out in SH clinic

There were 2,365 diagnoses of chlamydia made by SH:24 during 2022, which is an increase of 34% when compared to 2021 (1,769). There were 714 diagnoses of gonorrhoea made in SH:24 during 2022 an increase of 118% compared to 328 in 2021.

SH:24 service users with uncomplicated chlamydia infection are offered treatment with Doxycycline by postal delivery. Approximately 90% of those with chlamydia opt for postal treatment, and therefore do not attend clinics, and are not represented in the GUMCAD surveillance data.

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Table 2: Number of positive SH:24 test results by month, 2022

Month	Chlamydia	Percentage positive	Gonorrhoea	Percentage positive
Jan	200	*7.3*	48	*1.7*
Feb	171	*8.0*	38	*1.8*
Mar	217	*9.1*	55	*2.3*
April	225	*9.3*	83	*3.4*
May	225	*9.0*	87	*3.5*
June	209	*8.2*	81	*3.2*
July	226	*8.9*	51	*2.0*
August	213	*8.9*	57	*2.4*
Sept	201	*8.0*	55	*2.2*
Oct	209	*8.5*	58	*2.4*
Nov	169	*7.3*	68	*2.9*
Dec	100	*6.2*	33	*2.1*
Total	2365	*8.3*	714	*2.5*

Source: SH:24 (online)

Chlamydia

Chlamydial infection accounted for almost a quarter (1,181/5,280; 22%) of all new STI diagnoses made in SH clinic during 2022. This is a 57% increase from the number of chlamydia diagnoses in 2021. Of the 1,181 chlamydia diagnoses in 2022, 60% (n=708) were in males. The largest age group for chlamydia diagnoses was 20-24 years old, with 31% of male diagnoses and 42% of female diagnoses in this age group (Figure 7). Almost half (46%) of the male chlamydia diagnoses were in GBMSM.

Trends: 2006–2022

The number of chlamydia diagnoses in SH clinics decreased by 25% between 2006 and 2015. However, diagnoses began to increase from 2016 to 2019. In 2020 the number of diagnoses decreased by 58% when compared to 2019 due to COVID-19 and a shift to online testing. Online testing caused a change in practice for people who tested positive for chlamydia using home testing kits. Individuals are offered treatment by post and therefore do not necessarily attend clinic. As a result, the number of chlamydia diagnoses made in clinics in 2022 remains lower than the number of diagnoses seen before the COVID-19 pandemic (Figure 8).

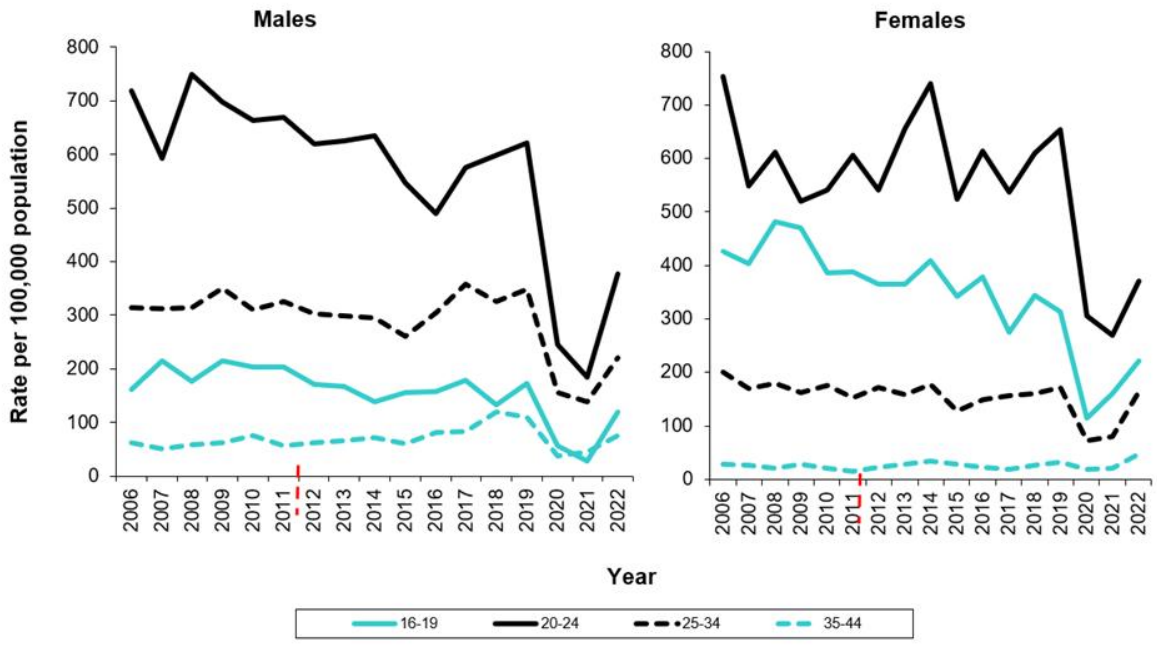

Figure 7: Rates of diagnosis of chlamydial infection in SH clinics by gender and age group, 2006-2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

Rates have been recalculated from 2012 as a result of new coding within Sexual Health & HIV services

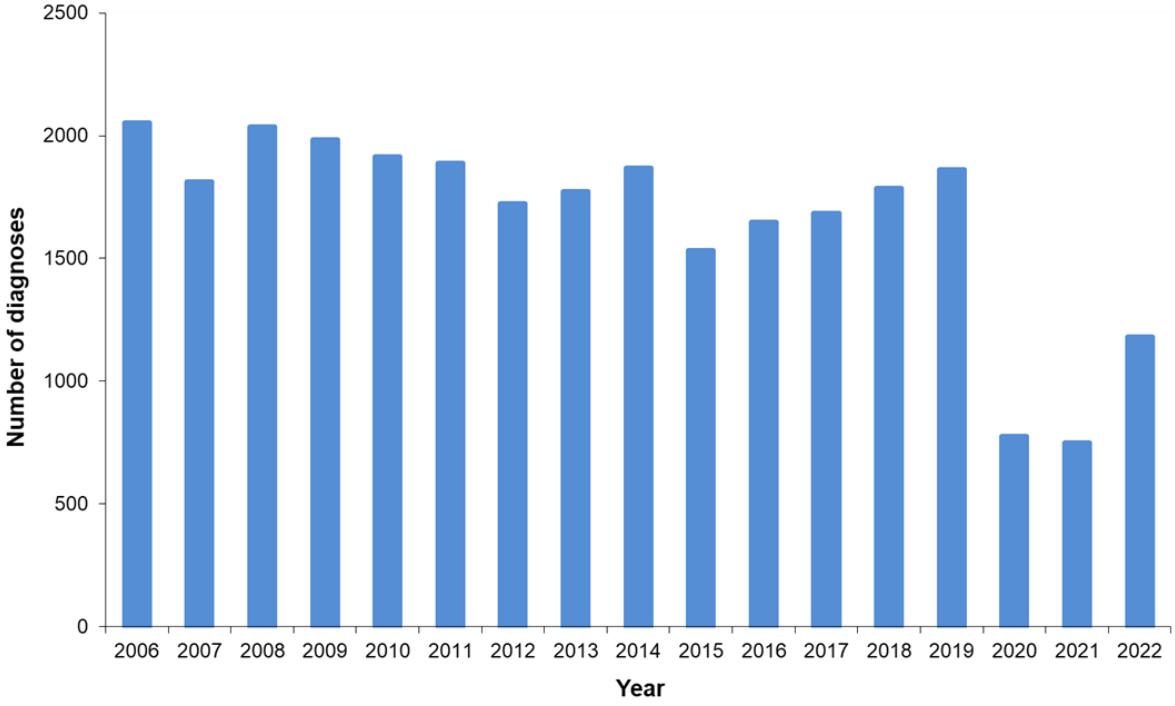

Figure 8: Diagnoses of chlamydial infection in SH clinics, 2006-2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

Note: A further 2,365 diagnoses were made via SH:24 with over 90% treated

The number of chlamydia diagnoses made in Sexual Health & HIV services (including SH clinics and online testing) show there has been an increase of 79% in 2022 (n=3,546) compared with 2019 (n=1,978) (Figure 9).

There is no linkage between the data sources for SH:24 and SH clinics, it is not possible to determine how many people with SH:24 diagnoses went on to attend a clinic. Therefore, there may be some duplication of people who tested in the online service and subsequently attended clinic. However, given high rates of uptake for online chlamydia treatment this is unlikely to substantially affect the increase in chlamydia diagnosis rate noted.

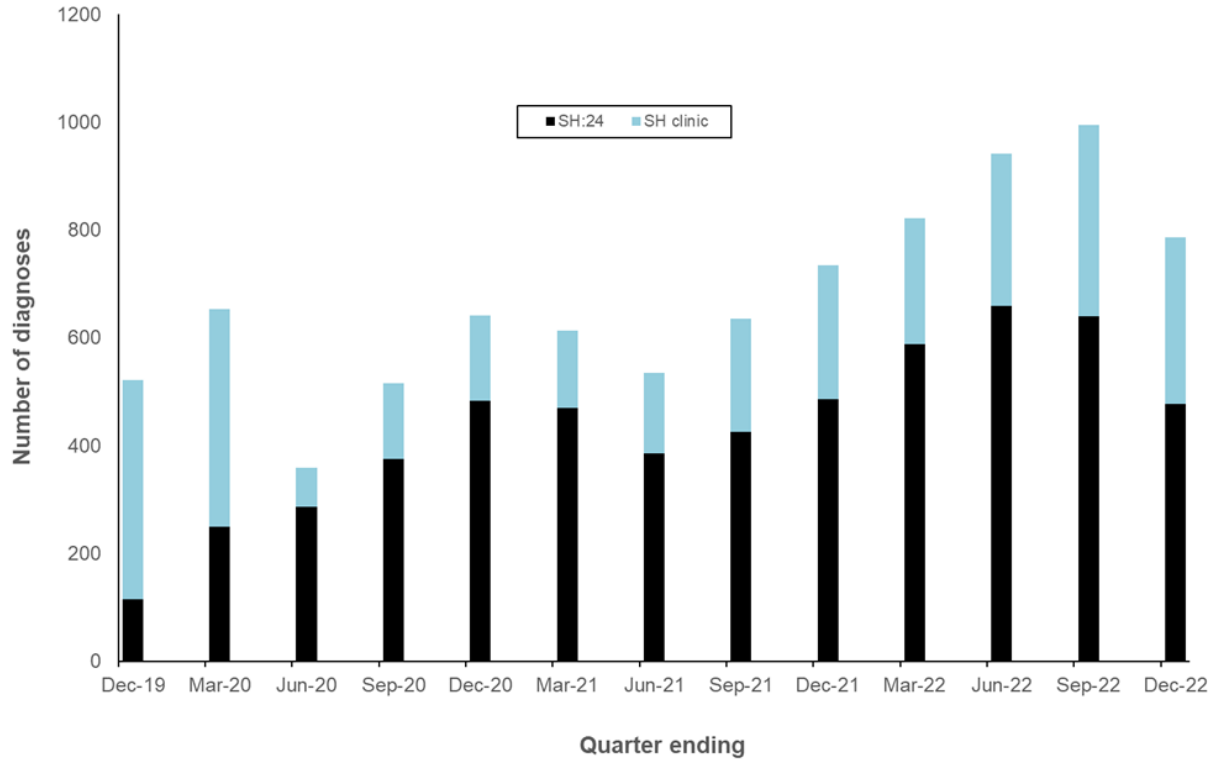

Figure 9: Diagnoses of chlamydial infection in Sexual Health & HIV services, December 2019 – December 2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics and SH:24 online

Note: Over 90% of diagnoses made via SH:24 receive treatment and therefore may not attend GUM clinics. Cases that do attend clinic are unable to be identified.

Gonorrhoea

There was a significant increase in the number of gonorrhoea diagnoses made in 2022, with 1,606 new cases reported, compared to 652 in 2021. Gonorrhoea diagnoses accounted for almost one third (1,606/5,280, 30%) of all new STI diagnoses made in SH clinics during 2022. This is almost a three-fold increase (Figure 10). Of these, 1,282 (80%) were diagnosed in males and 70% (901/1,282) of male diagnoses were in GBMSM (Figure 11).

The highest diagnostic rates in both men and women were aged 20-24. Female gonorrhoea diagnoses were most common in those aged 16-24 (70%), followed by those aged 25-34 (21%) (Figure 12). Male gonorrhoea diagnoses were most common in those aged 25-34 (39%) followed by those 20-24 (29%).

Trends: 2006–2022

The annual number of diagnoses of gonorrhoea had shown very little change between 2006 and 2010. However, diagnoses rose from 350 in 2011 to 951 in 2019 (Figure 10). Diagnoses decreased in 2020 due to changes associated with COVID-19 pandemic, before increasing in 2021 and again in 2022 to 1,606 diagnoses, which was the highest annual number of gonorrhoea diagnoses reported. The proportion of male diagnoses attributed to GBMSM ranged from 24% in 2006 to 78% in 2021, with 70% in 2022.

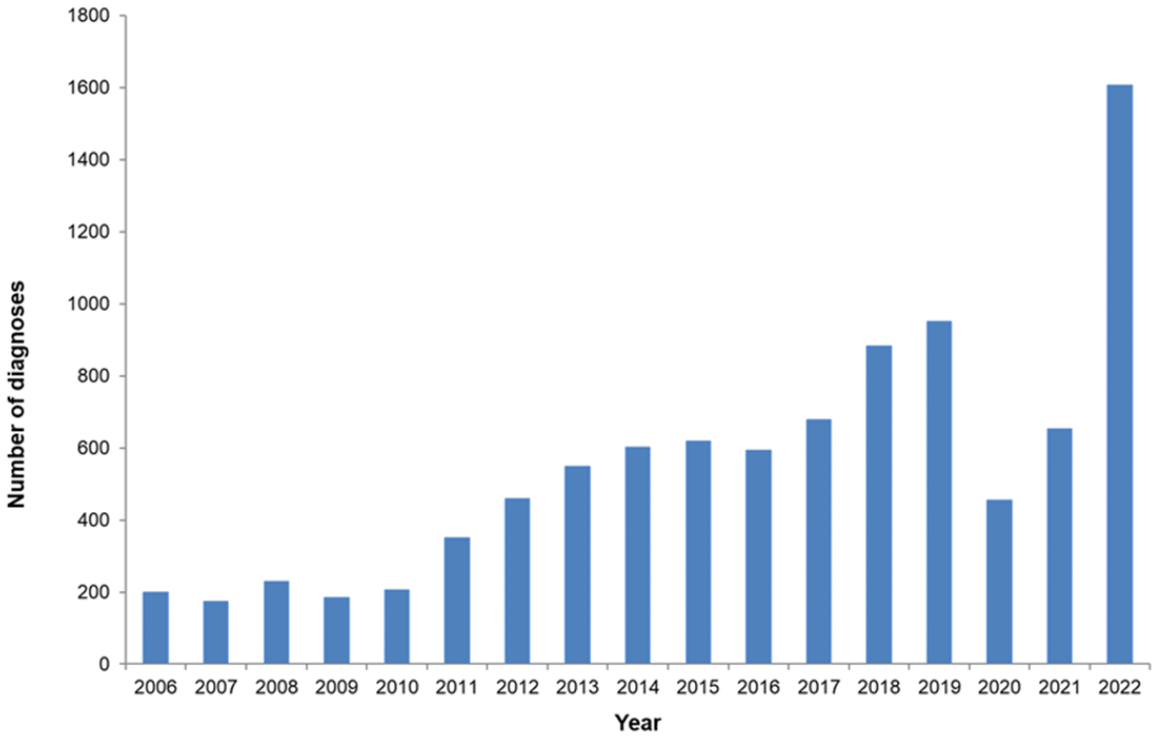

Figure 10: Diagnoses of gonorrhoea in SH clinics, 2006–2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

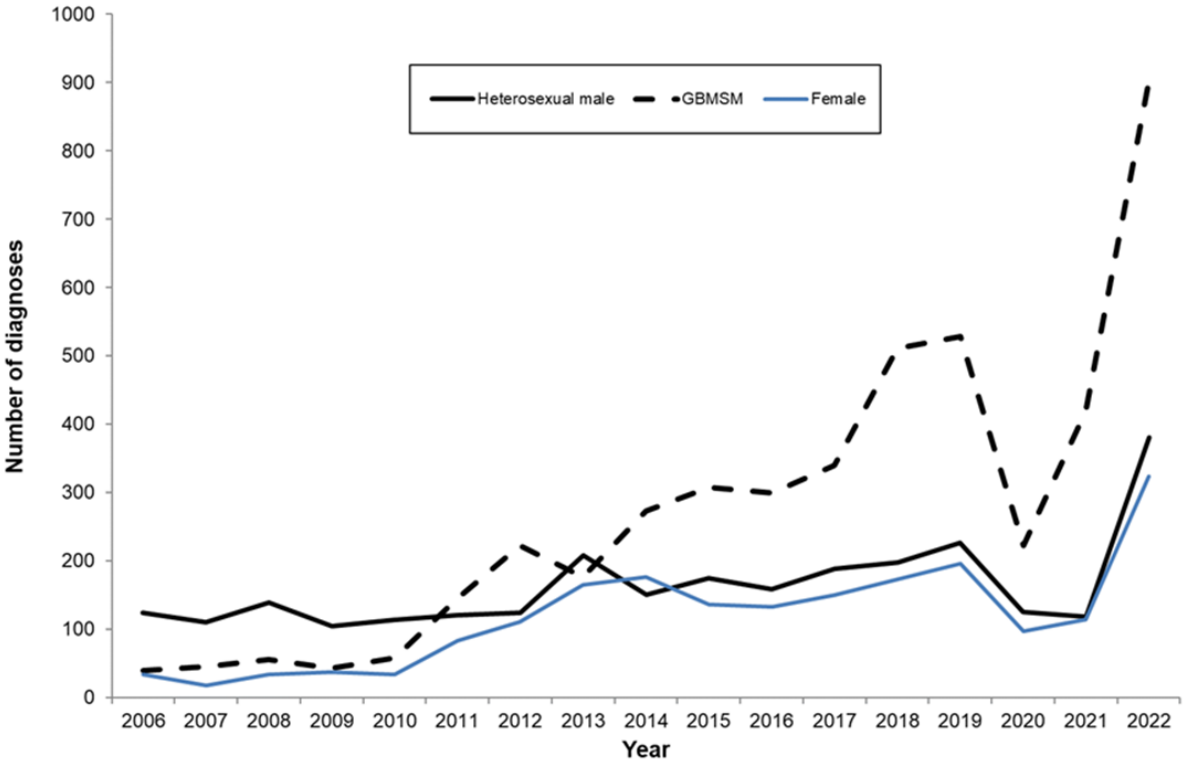

Figure 11: Diagnoses of gonorrhoea by gender and sexual orientation in SH clinics, 2006-2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

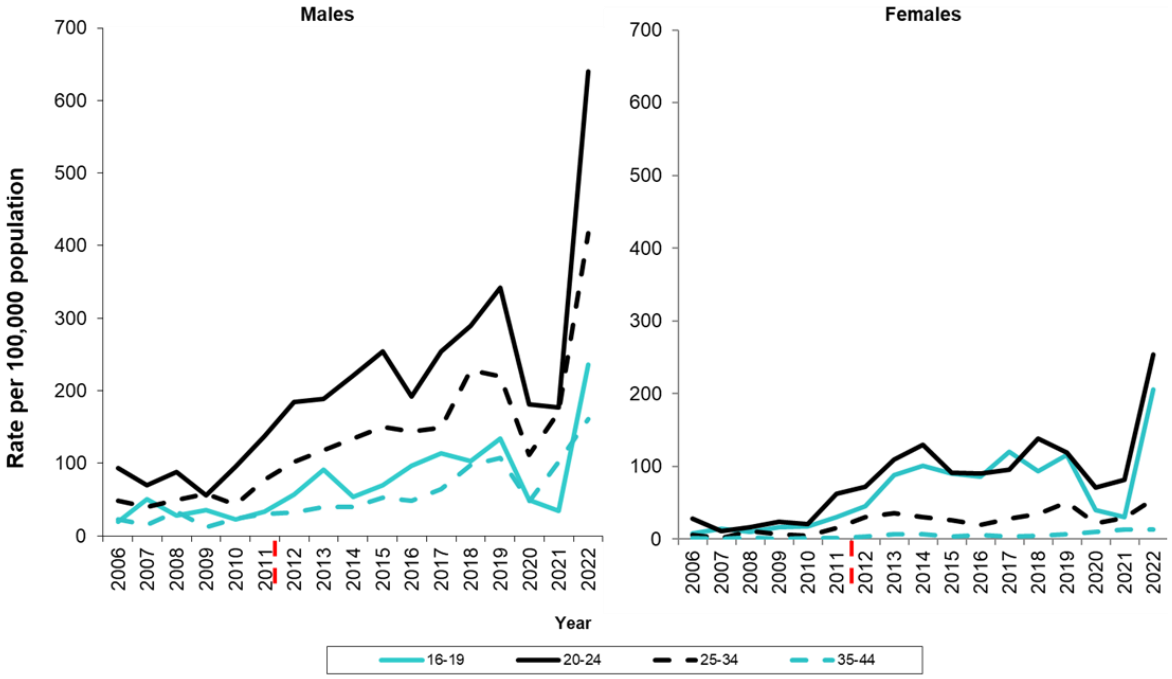

Figure 12: Rates of diagnosis of gonorrhoea in SH clinics by gender and age group, 2006–2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

Rates have been recalculated from 2012 as a result of new coding within GUM clinic

Genital herpes

Genital herpes accounted for 8% (440/5,280) of all new STI diagnoses made in in SH clinics in 2022. There were 727 episodes (first infections and recurrent infections) of genital herpes diagnosed. Of these, 462 were diagnosed in females (64%).

The highest diagnostic rates of first infection in men were aged 20-34, and in women, those aged 16-24 years (Figure 13). Almost one third (27%;43/158) of male first diagnoses occurred in GBMSM.

Trends: 2006–2022

The number of annual first diagnoses of genital herpes increased steadily from 2008 to 2010. There was then a plateau from 2011 to 2015, followed by another increase from 2015 to 2018. There was a slight dip in 2019, and then a decrease in 2020 due to the COVID-19 pandemic. The number of diagnoses increased in 2021 and 2022, although they remain lower than the pre-pandemic peak in 2018 (Figure 14).

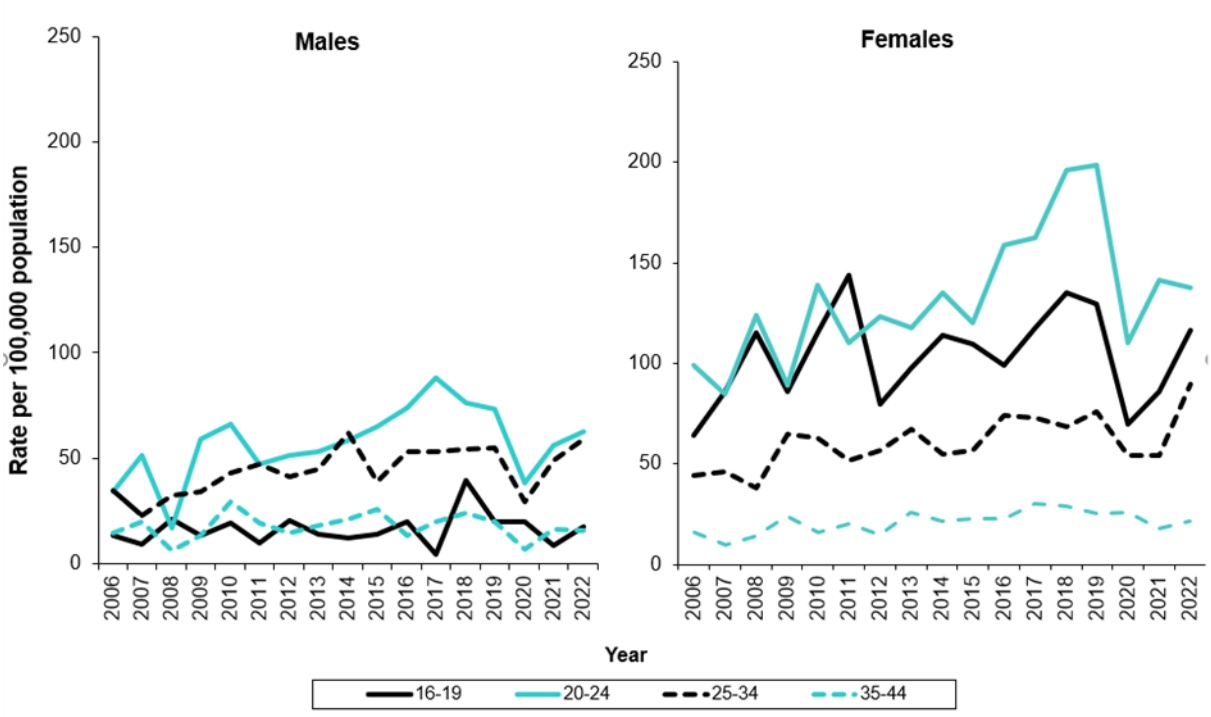

Figure 13: Rates of diagnosis of genital herpes (first episode) in SH clinics, by age and gender, 2006–2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

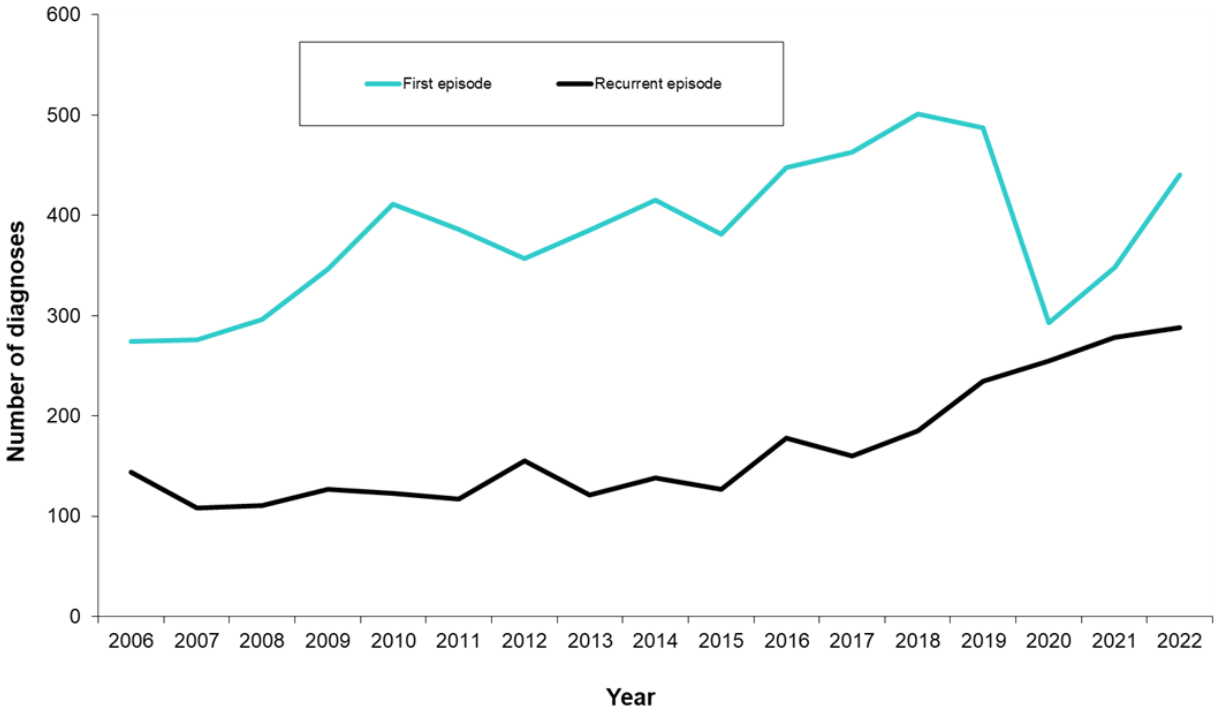

Figure 14: Diagnoses of genital herpes in SH clinics, 2006–2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

Genital warts

Genital warts (first episodes) accounted for 17% (889/5,280) of all new STI diagnoses made in SH clinics during 2022. First infection accounted for 44% (889) of all attendances for genital warts in 2022 and 1,122 (56%) were to treat a recurrent infection. Recurrent infections were present in 59% of male diagnoses (736/1,239) compared with 50% of female diagnoses (386/772).

Trends: 2006–2022

The number of annual diagnoses of first infections of genital warts showed little variation between 2006 and 2011. Since 2011 there has been a year-on-year decrease in first episodes of infection with a 61% decrease in first episodes of infection when comparing 2022 to 2011 (Figure 15).

Between 2006 and 2018, diagnostic rates have been consistently highest in 20-24 year old males and females, followed by 16-19 year old females and 25-34 year old males. However, since 2018 the diagnostic rates in 16-19 year old and 20-24 year old males and females has decreased significantly. The decline in diagnostic rates from 2011 has been greatest in females aged 16-19 years (95%) and in males in the same age group (89%) (Figure 16). This is likely to be due to the success of the HPV vaccination programme.[2,3]

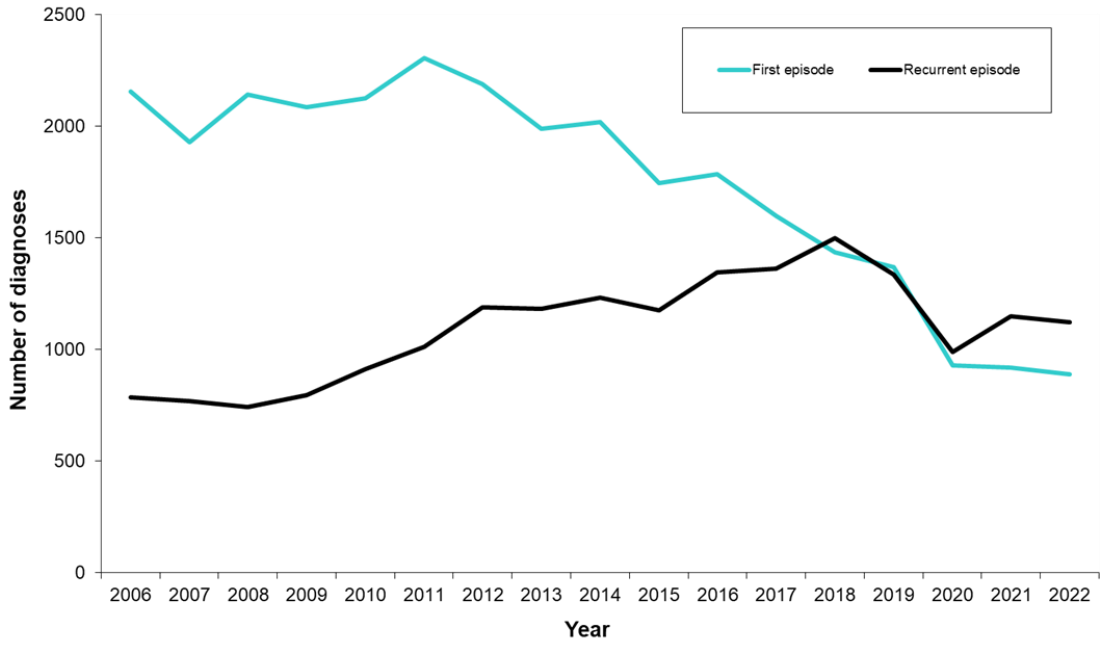

Figure 15: Diagnoses of genital warts in SH clinics, 2006–2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

Figure 16: Rates of diagnosis of genital warts (first episode) in SH clinics, by age and gender, 2006–2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

Syphilis

In 2022, there were 111 new episodes of primary and secondary syphilis reported in Northern Ireland. Additionally, 86 episodes of early latent syphilis were reported. Of these 197 cases, 77% (152) were diagnosed in GBMSM.

The large increase in syphilis diagnoses in GBMSM in 2022 (Figure 17) may be due to a number of factors, including increased testing in GBMSM, increased attendance of those seeking HIV PrEP and the more frequent routine testing of those prescribed PrEP, and a change in risk behaviour with an increase in condomless sex.

Trends 2006-2022

Northern Ireland has seen a significant increase in infectious syphilis cases since 2001. In the decade before 2000, there was an average of only one case of infectious syphilis reported each year. The number of diagnoses of infectious syphilis increased year on year from 2001 to 2004 with an almost three-fold increase in diagnoses. This was followed with a decrease in cases between 2005-2007 with the number of cases remaining fairly stable between 2008 and 2017 (range:50-74). In 2018 (86) there was a 72% increase when compared to 2017 (50) and increases have been noted each year from 2018 to 2022 with the highest number of diagnoses being made in 2022 (197) (Figure 18).

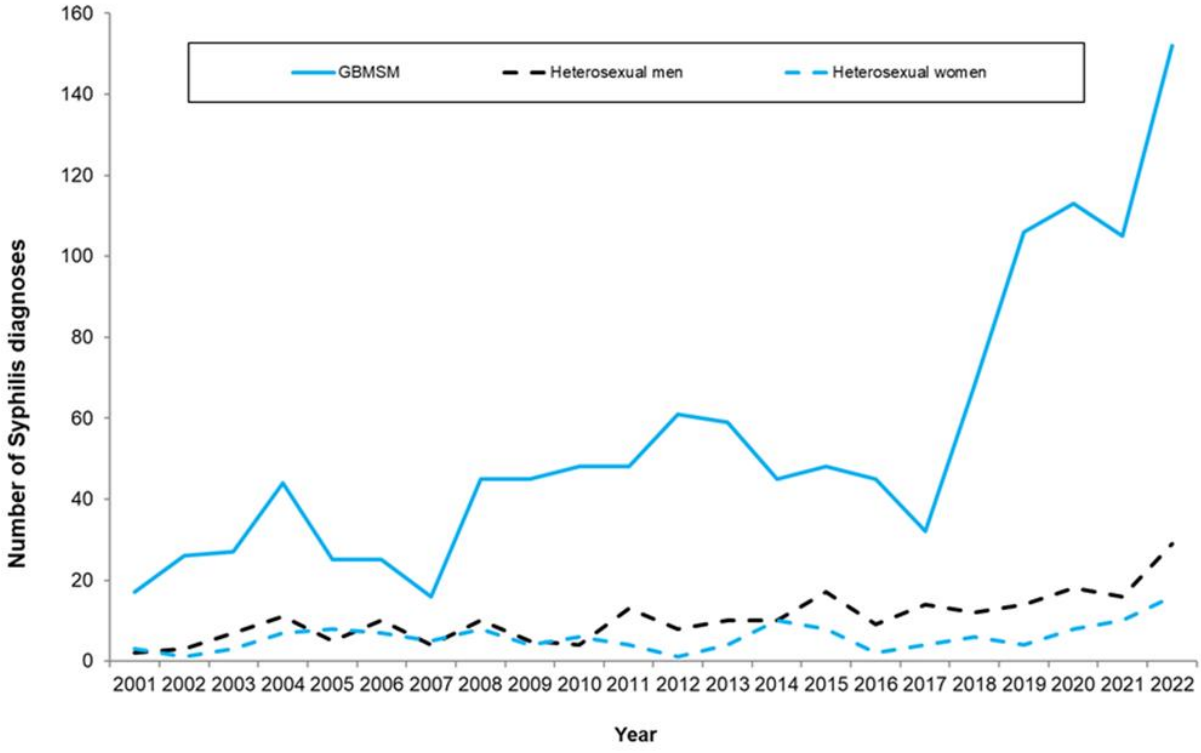

Figure 17: Number of syphilis* diagnoses in SH clinics, by gender and sexual orientation, 2001-2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

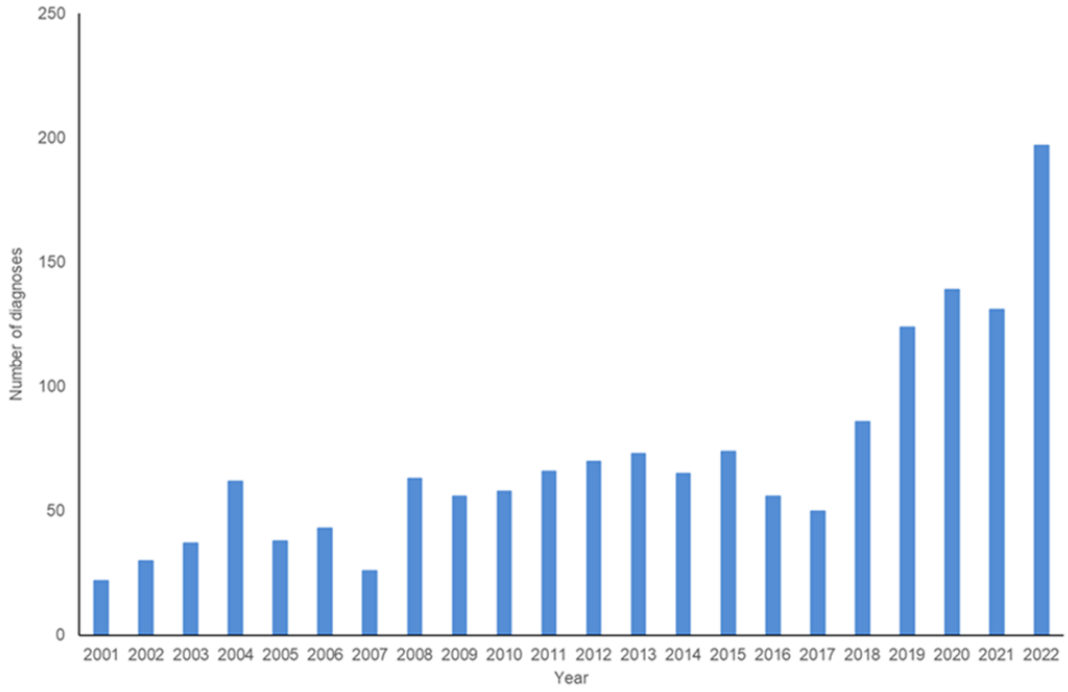

Figure 18: Number of infectious syphilis* diagnoses in SH clinics, 2001-2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

The highest number of episodes in heterosexual females is in those aged 25-34 (45%; 58/128). In GBMSM, the highest number of episodes was in the 25-44 years age group (58%), with 702 out of 1,201 diagnoses. In heterosexual males, diagnoses were more evenly spread across the age bands, with those aged over 25+ years accounting for 78% (178/229) of diagnoses (Figure 19).

Data from before 2011 is difficult to interpret because the extent to which the stage of disease was unknown varied from year to year. However, over the past five years, the percentage of diagnoses made during the primary stage (the first stage of the disease, which is characterised by a painless chancre) has ranged from 33% to 41%. This suggests that there is still a significant lack of awareness of the signs and symptoms of infectious syphilis in the affected population (Figure 20).

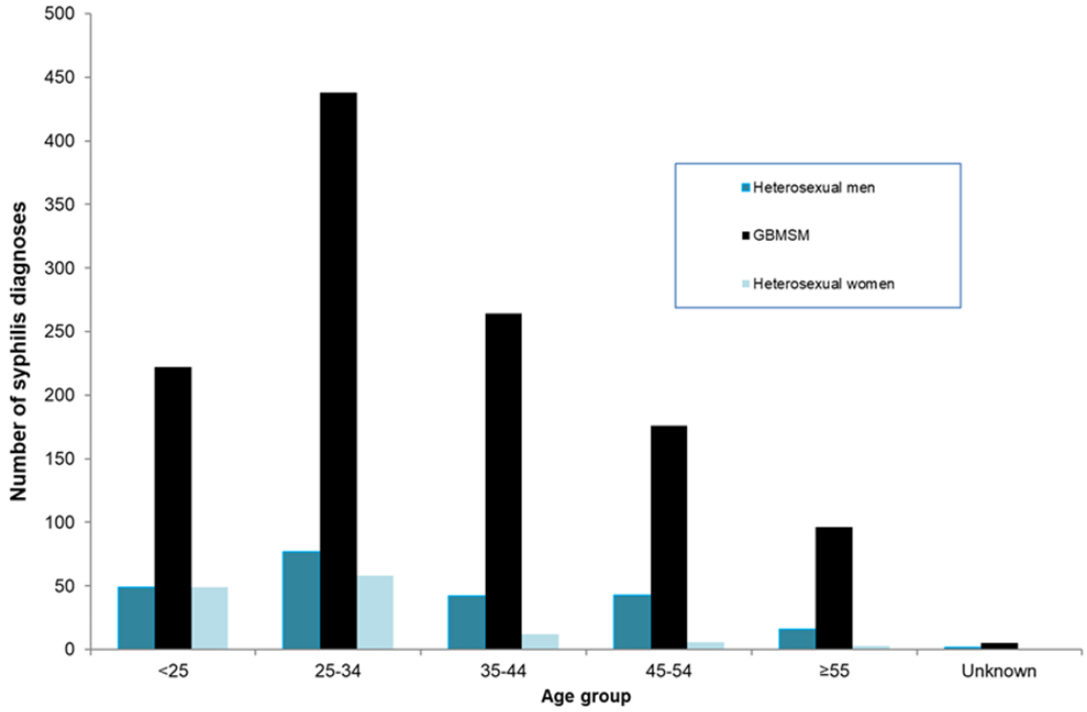

Figure 19: Age distribution of syphilis* diagnoses in SH clinics, by gender and sexual orientation, 2001–2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

*Primary, secondary and early latent syphilis

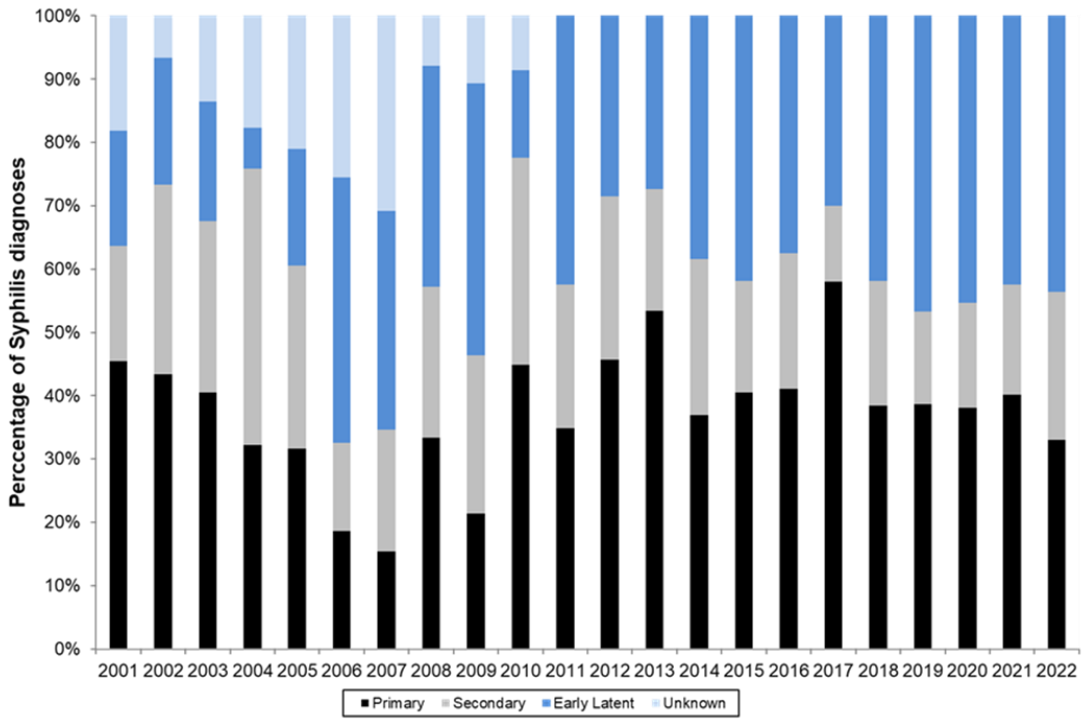

Figure 20: Stage of disease, by year of diagnosis, 2001-2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

Mpox

An international outbreak of Mpox was detected in May 2022 with cases reported from countries where the disease is not endemic, including Northern Ireland. Testing was introduced and Mpox became a notifiable disease in Northern Ireland in June 2022. A vaccination program that used the pre-existing smallpox vaccine was introduced to protect against Mpox in June 2022 in response to the increase in cases.[4] The vaccine is recommended for people who are at higher risk of contracting the virus, such as healthcare workers and people who have close contact with infected individuals.

In 2022, there were 34 new cases of Mpox diagnosed in Northern Ireland. All of the cases were in men, and most of the cases were in GBMSM. About one-third of the cases (11 out of 34) were in people aged 30-39 (Figure 21).

By the end of December 2022, 1,420 individuals had received at least one dose of the vaccine to protect against Mpox, and 752 had received two doses.

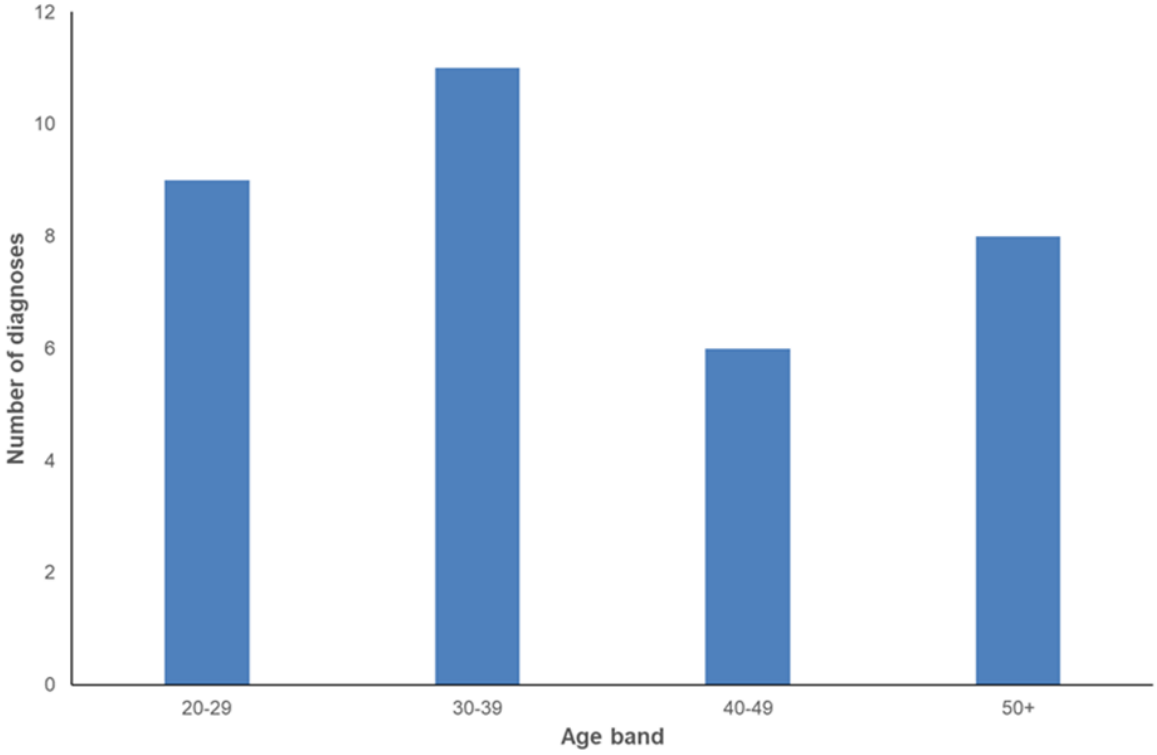

Figure 21: Number of Mpox diagnoses by age band made in SH clinics, 2022

Source: Enhanced Mpox surveillance, PHA

Summary and conclusions

- The number of new STI diagnoses in clinic services increased by 42% in 2022, compared to 2021. This may be in part due to continued recovery of testing within SH clinics following the COVID-19 pandemic, as well as an increase in the number of people using SH:24 home testing.
- Testing in SH clinics increased by 49% in 2022 compared to 2021 after a significant decrease (69%) in 2020 during the pandemic compared with 2019.
- Overall (online and SH clinic) the most commonly diagnosed STI was chlamydia. Gonorrhoea was the most common STI diagnosed in clinics in 2022, followed by chlamydia and genital warts. Chlamydia was the most commonly diagnosed STI in online services.
- There continues to be a rise in certain STIs in GBMSM, in particular syphilis from 2017 and gonorrhoea from 2020.
- A large proportion of STIs are diagnosed in GBMSM; 79% of male infectious syphilis, 70% of male gonorrhoea, 46% of male chlamydia infections and 27% of male genital herpes.
- It follows that GBMSM have accounted for a large proportion of the syphilis and gonorrhoea diagnoses during 2022. However, increases in gonorrhoea have also been noted in young heterosexuals.
- There was a 57% increase in the number of chlamydia diagnoses made in SH clinics. When combining the number of diagnoses made in clinics with those made by SH:24 there has been an increase of 41% when comparing 2022 to 2021.
- The first cases of Mpox were diagnosed in Northern Ireland in 2022, but public health actions, including the introduction of a vaccination program, meant that the number of cases remained low.
- Home self-testing for STIs (SH:24) was an important route for testing, with a large number of individuals using the service. There were 2,365 diagnoses of chlamydia made by SH:24 during 2022, an increase of 34% when compared to 2021. Individuals with a positive chlamydia test were also offered treatment via post, and approximately 90% of users opted for this.
- The main STIs are gonorrhoea, chlamydia, genital warts (first episode), genital herpes (first episode), and syphilis. The highest diagnostic rates of these STIs occur in 16-24 year old females and 20-34 year old males. People aged 16-34 years old accounted for approximately 80% of new STIs.

Recommendations

- Safer sex messages should continue to be promoted to the general population, young people and GBMSM.
- The risks to health of condomless casual sex, both within and outside Northern Ireland, need to be reinforced.
- There should be communications encouraging STI testing to the general population, young people and GBMSM.
- Commissioners should continue to seek to expand access to STI testing opportunities. Home self-testing offers an opportunity to expand access to testing to under-served areas, and higher risk populations.
- Research is needed to understand the reasons for rises in gonorrhoea in young heterosexuals.

Individuals can reduce their risk of acquiring or transmitting an STI by:

- Always using a condom when having sex with casual and new partners;
- Getting tested if at risk, as these infections are frequently asymptomatic;
- GBMSM having sex with casual or new partners should have an HIV/STI screen at least annually, and every three months if changing partners regularly;
- Reducing the number of sexual partners and avoiding overlapping sexual relationships.

Notes

Surveillance arrangements and sources of data

GUMCAD collects anonymised patient-level data on all Sexually Transmitted Infections (STIs) tests and diagnoses made in Sexual Health and HIV clinics in Northern Ireland.

Enhanced syphilis surveillance for infectious syphilis in Northern Ireland have been in place since 2001.

Data from online home STI testing (SH:24).

Interpretation of data

The numbers of STI diagnoses are influenced by access to services.

The COVID-19 pandemic caused major service disruption, therefore caution is required when making any comparisons between different time periods.

Appendix 1: Diagnoses made in SH clinics, 2006-2022

Year	New STI diagnoses	Other STI diagnoses	Other SH clinic diagnoses
2006	7,129	2,464	3,110
2007	6,897	2,187	2,991
2008	7,452	2,355	3,480
2009	7,417	2,426	4,094
2010	7,850	2,245	4,507
2011	7,661	2,485	4,900
2012	6,267	2,410	5,095
2013	5,977	2,260	5,233
2014	6,292	2,363	5,400
2015	5,477	2,242	5,224
2016	5,719	2,279	4,953
2017	5,726	1,663	4,600
2018	6,086	1,725	5,600
2019	6,208	1,610	5,693
2020	3,534	1,282	4,845
2021	3,718	1,474	5,617
2022	5,280	1,469	5,452

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

Appendix 2: STI groupings

New STI diagnoses
Chlamydial infection (uncomplicated and complicated)
Gonorrhoea (uncomplicated and complicated)
Infectious and early latent syphilis
Genital herpes simplex (first episode)
Genital warts (first episode)
New HIV diagnosis
Non-specific genital infection (uncomplicated and complicated)
Chancroid/lymphogranuloma venereum (LGV)/donovanosis
Molluscum contagiosum
Trichomoniasis
Scabies
Pediculus pubis
Other STI diagnoses
Congenital and other acquired syphilis
Recurrent genital herpes simplex
Recurrent and re-registered genital warts
Subsequent HIV presentations (including AIDS)
Ophthalmia neonatorum (chlamydial or gonococcal)
Epidemiological treatment of suspected STIs (syphilis, chlamydia, gonorrhoea, non-specific genital infection)
Other diagnoses made at SH clinics
Viral hepatitis B and C
Vaginosis and balanitis (including epidemiological treatment)
Anogenital candidiasis (including epidemiological treatment)
Urinary tract infection
Cervical abnormalities
Other conditions requiring treatment at a GUM clinic

Appendix 3: References

1. British Association for Sexual Health and HIV. UK National guideline for the management of gonorrhoea in adults 2011. Available at: www.bashh.org/guidelines

2. HPV vaccine for adolescents aged 12 to 13 years old | nidirect

3. HPV vaccine for men who have sex with men | nidirect

4 Monkeypox | nidirect

Links to further information

Sexually transmitted infections | HSC Public Health Agency (hscni.net)
STI Reports - Health Protection Surveillance Centre (hpsc.ie)
STIs and screening for chlamydia in England 2022 report (gov.uk)