

# **Sexually Transmitted Infections in Northern Ireland, 2023**

## Contents

Executive Summary .....	2
Introduction .....	4
New STI diagnoses .....	4
Home testing .....	8
Chlamydia .....	12
Gonorrhoea .....	15
Genital herpes .....	18
Genital warts .....	20
Syphilis .....	22
Mpox .....	26
Conclusions.....	27
Surveillance arrangements and sources of data .....	29
Testing .....	29
Appendix 1: STI groupings .....	31

## Executive Summary

There were 5,615 new sexually transmitted infections (STIs) diagnosed in Sexual Health and HIV clinics (SH clinics) in Northern Ireland in 2023. This is a 6% increase from 2022 (5,280).

Gonorrhoea, chlamydia and non-specific genital infection were the most diagnosed sexually transmitted infections in 2023 and were responsible for 65% (3,651) of diagnoses in SH clinics.

Of the diagnoses made in SH clinics, gonorrhoea was responsible for the largest percentage (28%) while the largest percentage of diagnoses made in online services was chlamydia (76%). This reflects that those being tested in clinics are more likely to have symptoms and that gonorrhoea causes symptoms more often than chlamydia.

There were 1,561 diagnoses of gonorrhoea in SH clinics, a 3% decrease when compared to 2022 (1,606).

Prior to the pandemic, chlamydia was the most common bacterial STI diagnosed in SH clinics. However, since the initiation of the online STI testing service the majority of chlamydia has been diagnosed via online testing. Overall diagnoses of chlamydia in online and face to face SH services have increased by 62% since 2019.

In Northern Ireland STI testing occurs in both SH clinics and through the online STI testing service, SH:24. In 2023, there were 17,187 tests carried out in SH clinics and 29,090 done in the online service. Combining the number of tests carried out within SH clinics with those via SH:24 the number of sexual health tests increased by 52% between quarter ending December 2019 and December 2023.

New diagnoses of infectious syphilis increased further in 2023 by 17% from 197 in 2022 to 230 in 2023. Of these, 77% (177) were diagnosed in gay, bi-sexual and men who have sex with men (GBMSM). Although the number of diagnosis is smaller in heterosexual males and females increases have been observed in both with a 61% increase in heterosexual males when comparing 2023 (29) with 2020 (18) and three times as many diagnoses in females when comparing 2023 (24) to 2020 (8). Syphilis was the only infection for which diagnoses did not decrease during the COVID-19

pandemic. The 230 diagnoses made in 2023 is the highest annual incidence of syphilis reported to date in Northern Ireland.

In 2023, genital warts (first episode) decreased by 11% from the previous year. Since 2011 there has been a year-on-year decrease in first episodes of infection with a 66% decrease when comparing 2023 (795) to 2011 (2,305). This is likely to be due to the introduction of the HPV vaccination in 2008.

New diagnoses of genital herpes simplex (first episode) increased by 8% to 477 in 2023 compared with 440 in 2022. Over half (53%, n = 477) of the total attendances for herpes in 2023 were for treatment of first infection and 47% (431) were for treatment of recurrent infection.

There were three diagnoses of mpox made in Northern Ireland in 2023 compared to 34 in 2022.

## Introduction

The Northern Ireland Sexual Health Action Plan 2023-2026 aims to reduce the transmission of sexually transmitted infections (STIs) by identifying groups or locations for intervention, improving communication with the public and fostering cross-border collaboration and coordination of actions.<sup>1</sup>

This report describes the testing and detections of STIs in Northern Ireland during 2023, with the aim of supporting health services, community and voluntary services and policy-makers to make evidence-based decisions.

## New STI diagnoses

Figures 1 and 2 demonstrate changes in STI diagnoses in SH clinics 2006-2023. Notable changes include changing in testing practice in 2010 resulting in a decrease in total new STI diagnoses and NSGI diagnoses and increases in gonorrhoea diagnosis and changes in behaviour and health service use during the COVID-19 resulted in a marked temporary reduction in STI diagnoses in 2020 and 2021, followed by an increase. Chlamydia infection, NSGI, and genital warts (first infections) were the most common STI diagnoses in SH clinics between 2006 and 2021. However, the number of gonorrhoea diagnoses increased more than two-fold (146%) in 2022. Despite a slight decrease of 3% in gonorrhoea diagnoses in 2023, it is now the most prevalent STI seen in SH clinics. This may be due to a shift in testing practices, with asymptomatic patients now being tested through the online SH:24 service, and clinic appointments targeted towards those with symptoms (Figure 2). Although improved access to testing has increased STI diagnoses, there is also evidence of increased transmission of certain STIs e.g. consistency of trends with other parts of the UK.

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<sup>1</sup> <https://www.health-ni.gov.uk/publications/sexual-health-action-plan-2023-2026>

## Sexually Transmitted Infections in Northern Ireland, 2023

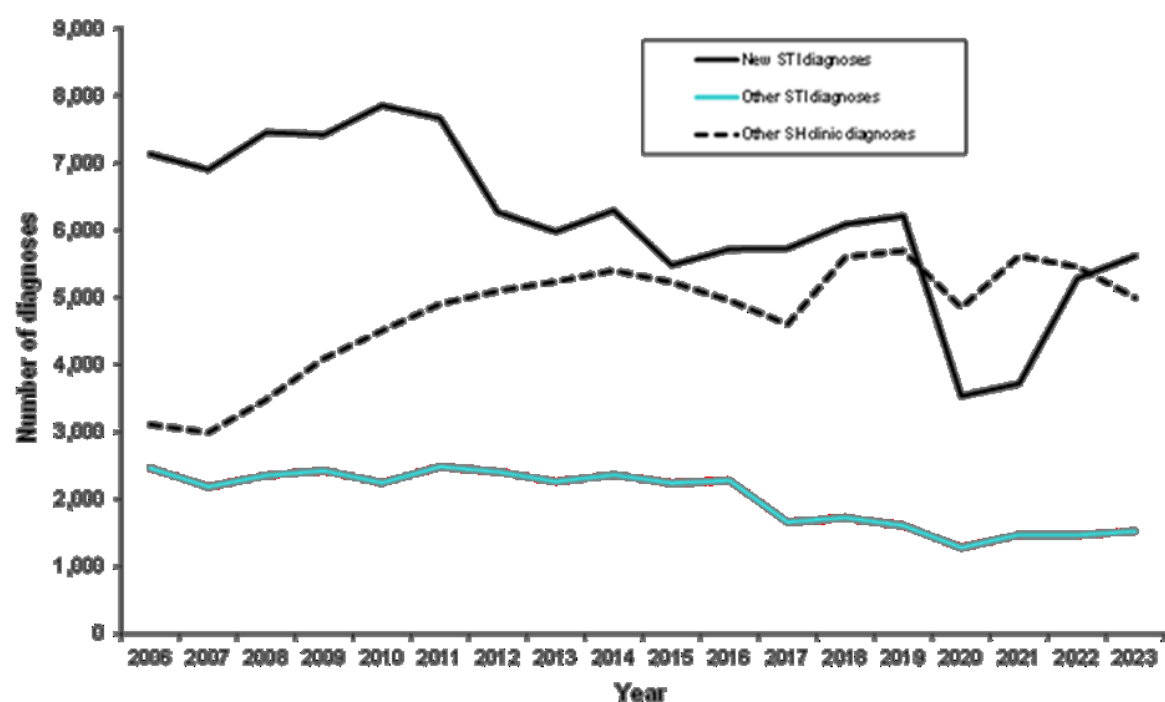


Figure 1 Diagnoses made in SH clinics, 2006-2023

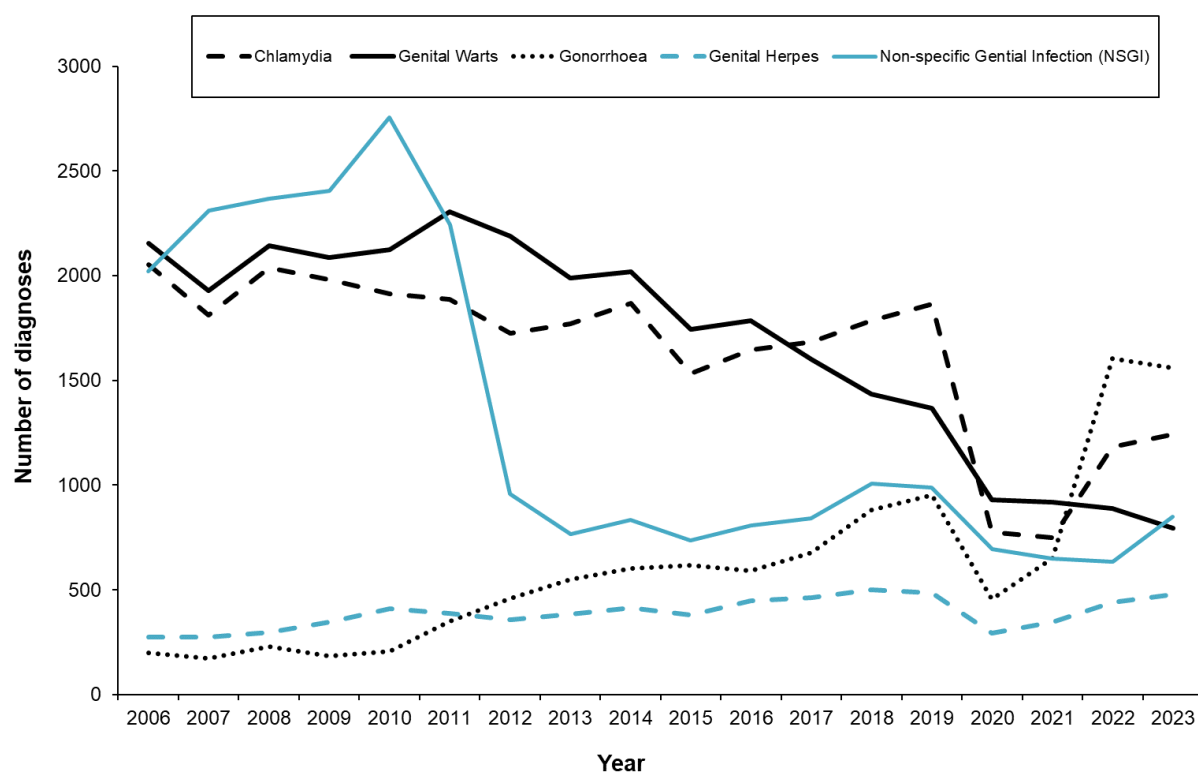


Figure 2 New diagnoses of selected STIs made in SH clinics, 2006-2023

Sexual health testing in SH clinics increased by 82% between 2006 and 2019 but decreased by almost 70% in 2020 due to the COVID-19 pandemic. Since then, testing

## Sexually Transmitted Infections in Northern Ireland, 2023

has increased in 2021, 2022 and in 2023 but remains lower than pre-pandemic (Figure 3).

There has been a marked increase in the number of gay, bi-sexual and men who have sex with men (GBMSM) being tested for STIs since 2017 (Figure 4). GBMSM testing within SH clinics has returned to the numbers observed prior to the COVID-19 pandemic, while testing among heterosexual males and heterosexual females remain lower. This may be due to those individuals accessing online testing (Figure 4, Figure 5).

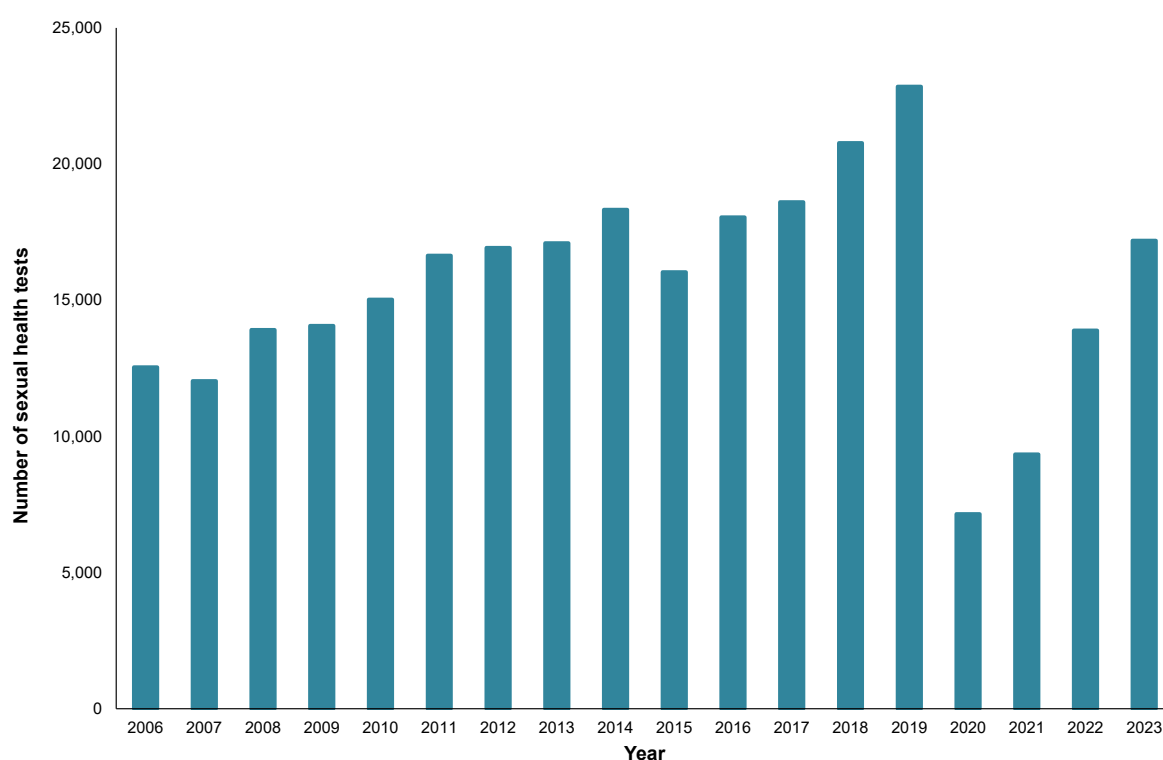


Figure 3 Number of STI tests in SH clinics, 2006-2023

## Sexually Transmitted Infections in Northern Ireland, 2023

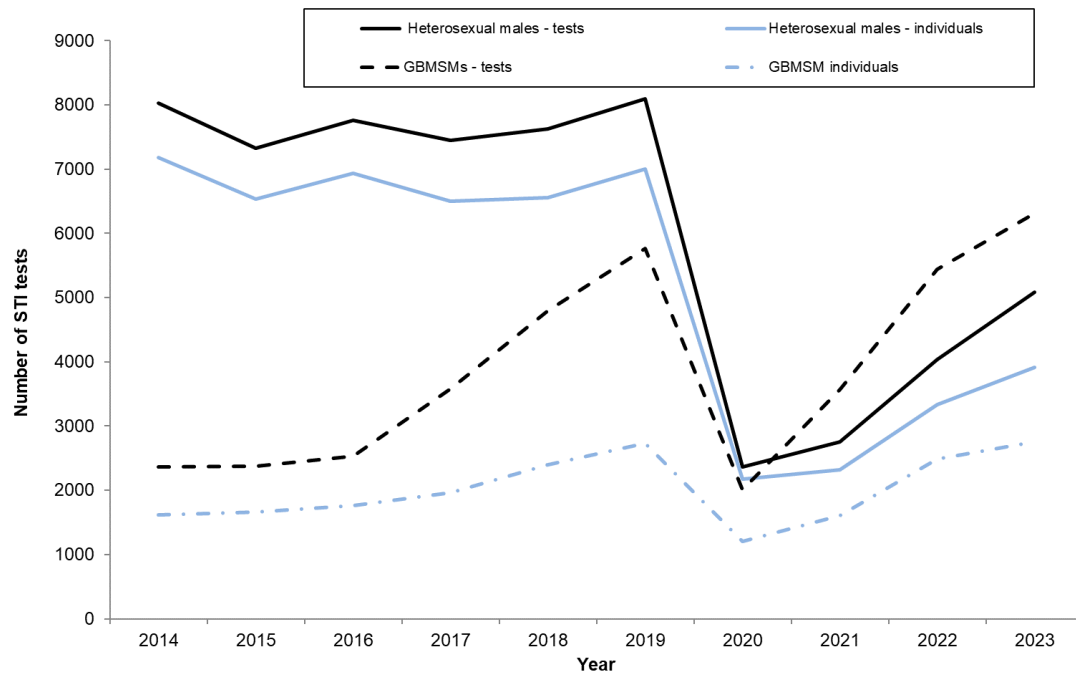


Figure 4 Number of sexual health tests in SH clinics by male sexual orientation, 2014-2023

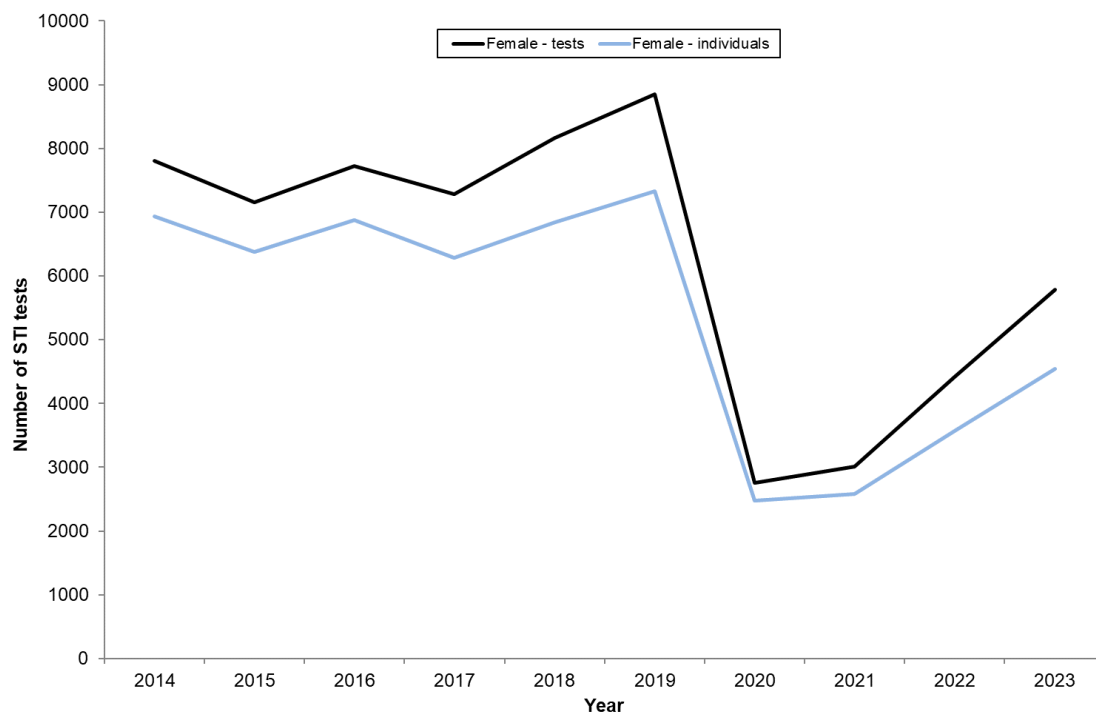


Figure 5 Number of sexual health tests in SH clinics, females 2014-2023

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics



## Home testing

In October 2019, SH:24 online home testing was introduced in Northern Ireland, increasing access to STI testing. SH:24 is a sexual health testing service that provides confidential self-testing for chlamydia, gonorrhoea, syphilis and HIV. It is targeted towards people who are asymptomatic and is free at the point of delivery.

In 2023, the number of home STI tests processed by SH:24 remained stable (29,090) compared to 2022 (29,437). Combining the number of tests carried out within SH clinics with those conducted via SH:24 shows a 52% increase in the number of sexual health tests between quarter ending December 2019 and December 2023 (Figure 6, Table 1). Those aged 20-29 years accounted for over half (51%) of tests returned to SH:24 in 2023. Asymptomatic service users are directed to home testing (SH:24), including those on Pre-Exposure Prophylaxis (PrEP) for prevention of HIV.

In 2023, home testing kits had a 7% positivity rate for chlamydia and 2% gonorrhoea. Reactive results for syphilis or HIV receive confirmatory testing in SH clinics. In SH clinics 3 in 10 samples taken were positive for a new STI. The higher test-positivity rate in SH clinics is attributable to the increased likelihood of patients attending SH clinics to be symptomatic. Many patients attending SH clinics will also already have had a positive home test prior to their attendance at the clinic

## Sexually Transmitted Infections in Northern Ireland, 2023



Figure 6 Number of tests\* in Sexual Health & HIV services, Northern Ireland, March 2019 - December 2023

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

\*Data presented is based on tests rather than individuals; a person may have been tested online and has a subsequent test carried out in SH clinics, thus appearing in both datasets. SH:24 service commenced in October 2019 and is based on the number of tests processed

Table 1: Number of tests\* carried out via Sexual Health & HIV services, quarter ending March 2019 to December 2023

Quarter ending	SH clinic tests	SH:24 tests	Total tests
<b>Mar-19</b>	5,674		5,674
<b>Jun-19</b>	5,785		5,785
<b>Sep-19</b>	6,467		6,467
<b>Dec-19</b>	4,920	1,513	6,433
<b>Mar-20</b>	4,121	2,767	6,888
<b>Jun-20</b>	323	3,655	3,978
<b>Sep-20</b>	1,132	4,926	6,058
<b>Dec-20</b>	1,574	5,259	6,833
<b>Mar-21</b>	1,379	6,393	7,772
<b>Jun-21</b>	1,916	5,048	6,964
<b>Sep-21</b>	2,977	6,174	9,151
<b>Dec-21</b>	3,062	6,135	9,197
<b>Mar-22</b>	2,967	7,505	10,472
<b>Jun-22</b>	3,276	7,697	10,973
<b>Sep-22</b>	3,810	7,666	11,476
<b>Dec-22</b>	3,840	6,569	10,409
<b>Mar-23</b>	4,167	8,731	12,898
<b>Jun-23</b>	4,126	8,383	12,509
<b>Sep-23</b>	4,442	6,658	11,100
<b>Dec-23</b>	4,452	5,318	9,770

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

\*Data presented is based on tests rather than individuals; a person may have been tested online and has a subsequent test carried out in SH clinics, thus appearing in both datasets. SH:24 service commenced in October 2019 and is based on the number of tests processed

There were 1,971 diagnoses of chlamydia reported through SH:24 during 2023, a decrease of 17% compared to 2022 (2,365). There were 620 diagnoses of gonorrhoea reported through SH:24 during 2023, which is a decrease of 13% compared to 714 in 2022.

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 rather than attending SH clinics.

## Sexually Transmitted Infections in Northern Ireland, 2023

Table 2: Number of positive SH:24 test results by month, 2023

Month	Chlamydia	Percentage positive	Gonorrhoea	Percentage positive
Jan	210	6.6	88	2.8
Feb	195	8.1	53	2.2
Mar	185	6.5	64	2.2
April	189	6.8	67	2.4
May	202	7.7	46	1.8
June	206	7.5	45	1.6
July	186	7.7	53	2.2
August	139	6.5	36	1.7
Sept	139	7.4	45	2.4
Oct	123	6.8	46	2.5
Nov	92	5.2	42	2.4
Dec	105	6.7	35	2.2
Total	1971	7.0	620	2.2

Source: SH:24

## Chlamydia

Chlamydial infection accounted for almost a quarter (1,242; 22%) of all new STI diagnoses made in SH clinics during 2023. Of the 1,242 chlamydia diagnoses in 2023, 59% (732) were among males and the majority were aged 20-24 years, representing 27% of all diagnoses among males and 43% among females (Figure 7). More than 40% of the male chlamydia diagnoses were in GBMSM.

The number of chlamydia diagnoses in SH clinics decreased by 25% between 2006 and 2015 but began to increase from 2016 to 2019. In 2020, the number of diagnoses in SH clinics decreased by 58% from 2019 due to COVID-19 and a shift to online testing with doxycycline treatment offered by post, reducing the need for those testing positive to attend SH clinic.

During 2023, the number of chlamydia diagnoses increased by 5% from 2022. However, the number of chlamydia diagnoses made in SH clinics remains lower than the number of diagnoses observed before the COVID-19 pandemic (Figure 8).

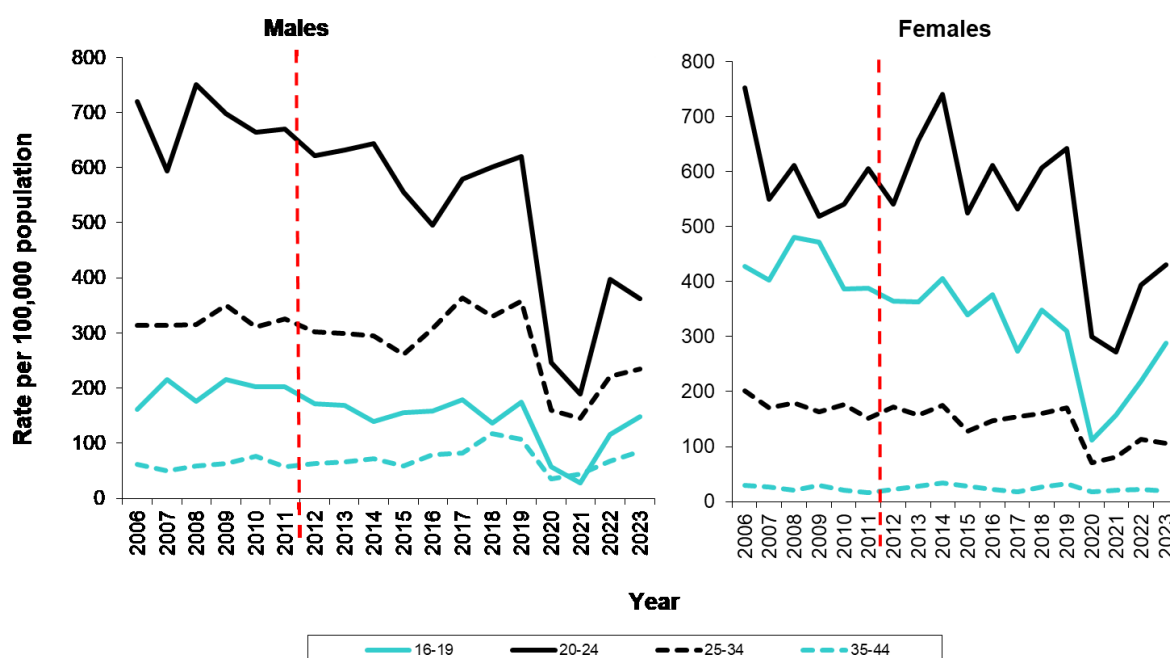


Figure 7 Rates of diagnosis of chlamydial infection in SH clinics by gender and age group, 2006-2023

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

## Sexually Transmitted Infections in Northern Ireland, 2023

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

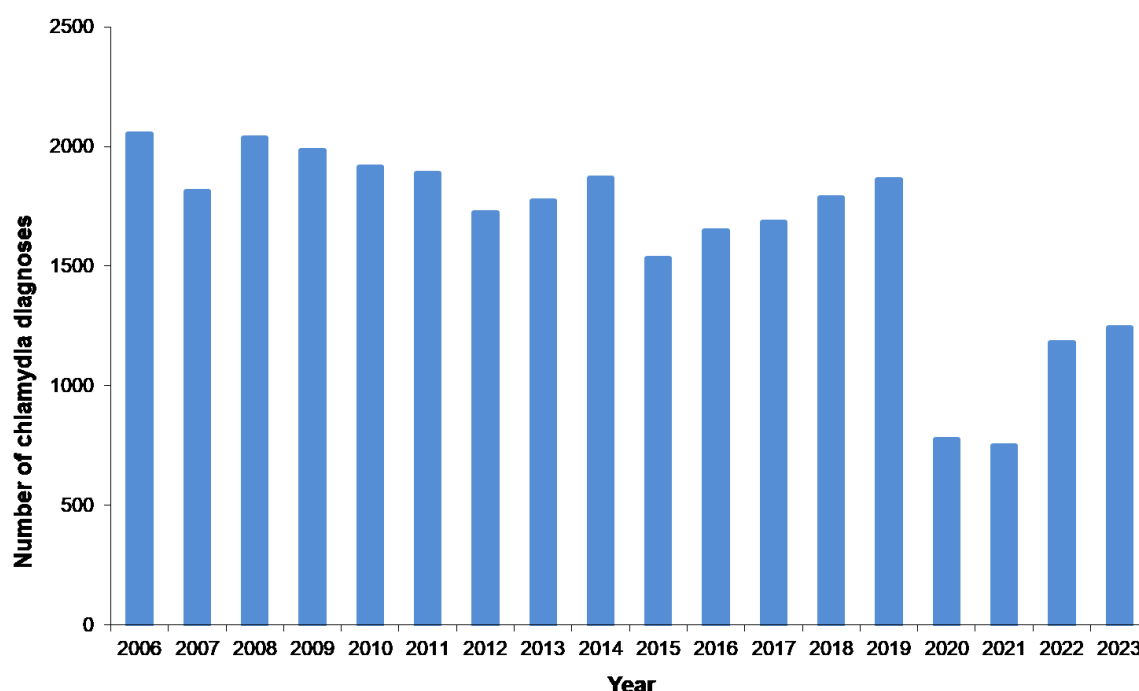


Figure 8 Diagnoses of chlamydial infection in SH clinics, 2006-2023

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

Note: A further 1,971 diagnoses were made via SH:24.

The number of chlamydia diagnoses made in Sexual Health & HIV services (including SH clinics and online testing) increased by 62% in 2023 (3,213) compared with 2019 (1,978) (Figure 9).

There is no way to link individuals diagnosed through SH:24 to their corresponding record in the data from SH clinics. It is therefore not possible to determine how many people with an SH:24 diagnoses went on to attend a clinic. There may be some duplication for people who tested in both the online service and subsequently attended clinic. Given high rates of uptake for online chlamydia treatment however, this is unlikely to substantially influence the number of reported chlamydia diagnoses.

## Sexually Transmitted Infections in Northern Ireland, 2023

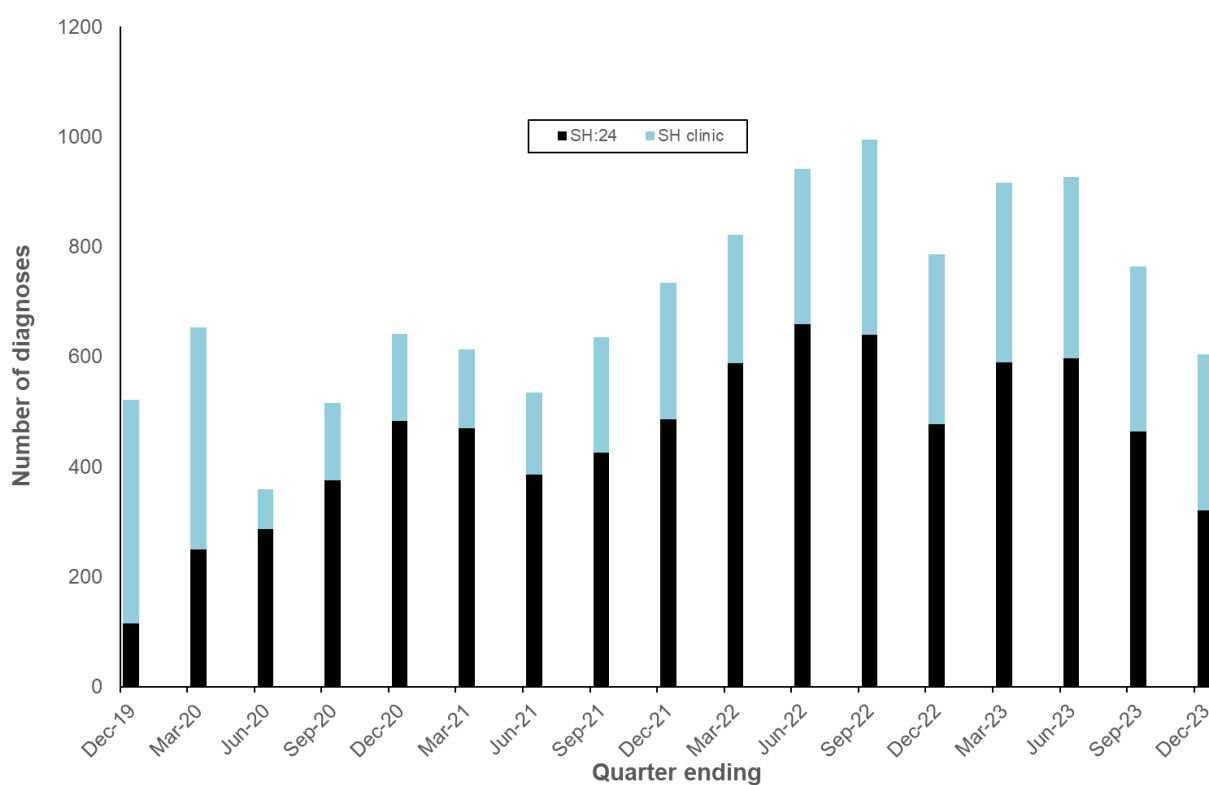


Figure 9 Diagnoses of chlamydial infection in Sexual Health & HIV services, December 2019 – December 2023

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

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

## Gonorrhoea

Gonorrhoea is now the most prevalent STI diagnosed in SH clinics, accounting for almost one third (28%; 1,561) of all new STI diagnoses made in SH clinics during 2023. There was, however, a slight decrease (3%) in the number of new gonorrhoea diagnoses reported in 2023 (1,561) when compared to 2022 (1,606) (Figure 10). Of the 1,561 new gonorrhoea diagnoses reported in 2023, 75% (1,167) were diagnosed in males, of which 67% (782) were in GBMSM (Figure 11).

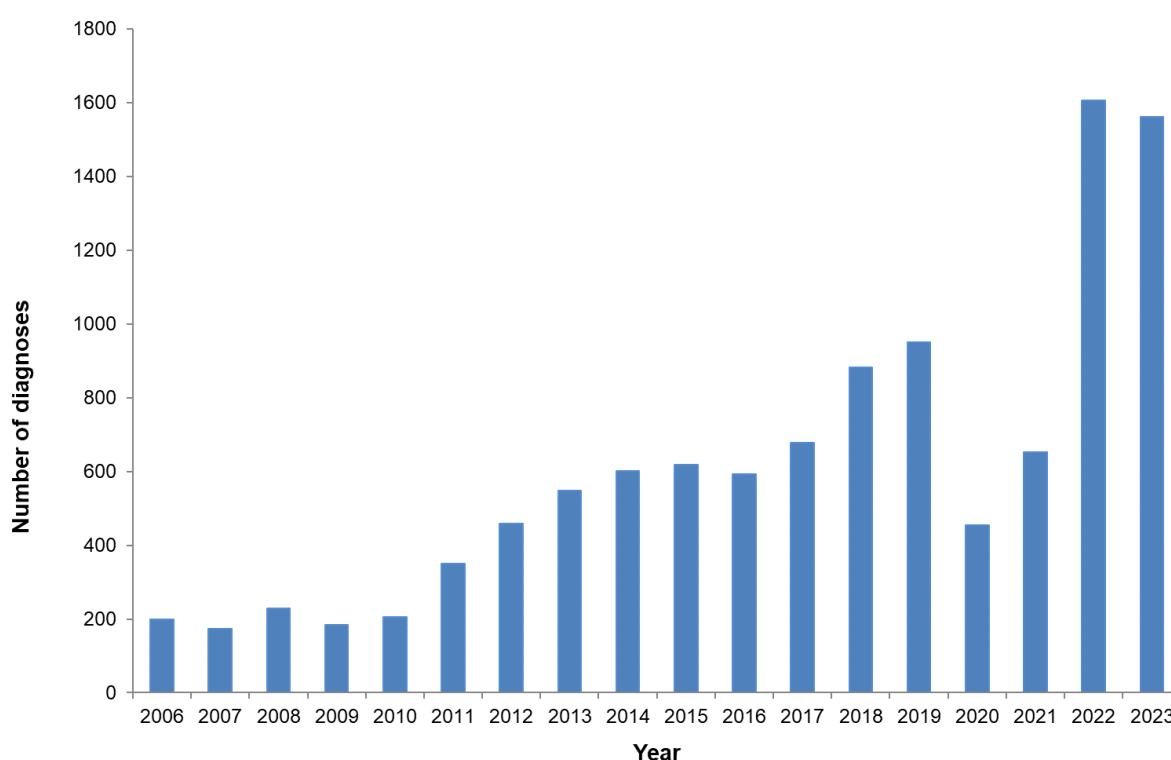


Figure 10 Diagnoses of gonorrhoea in SH clinics, 2006–2023

In 2023, the largest proportion of gonorrhoea infections were diagnosed among GBMSM (782/1,167) (37%). This is consistent with the trend observed over the past 10 years (Figure 11)



## Sexually Transmitted Infections in Northern Ireland, 2023

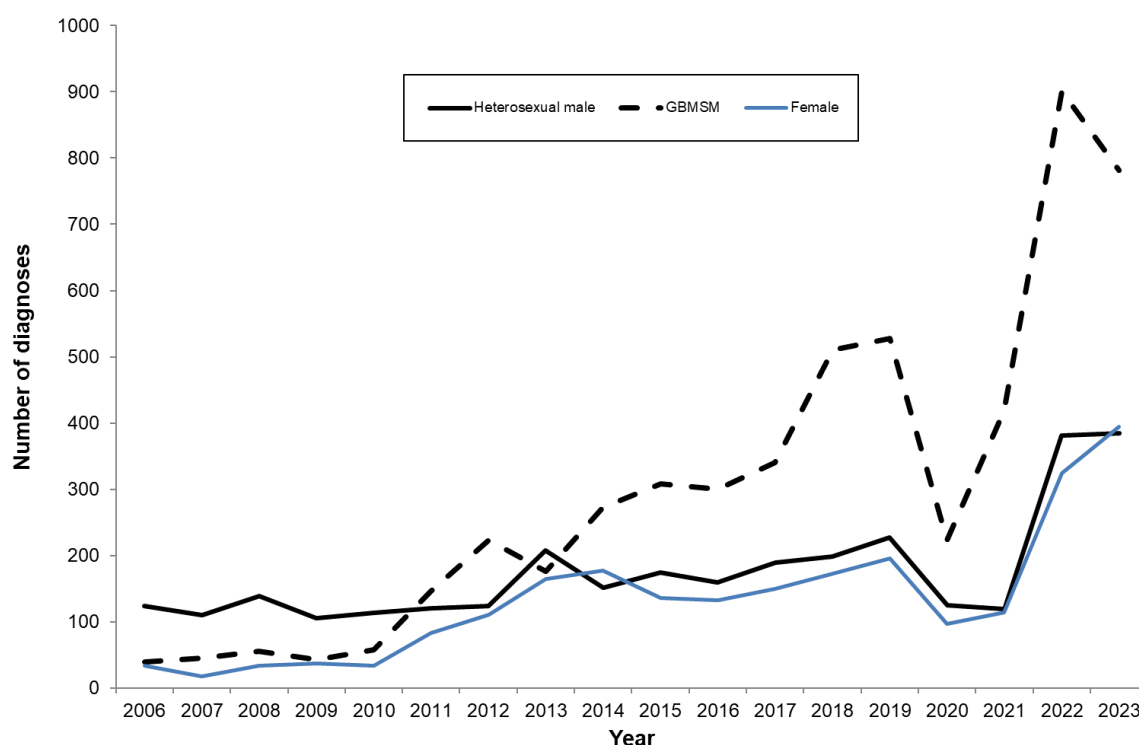


Figure 11 Diagnoses of gonorrhoea by gender and sexual orientation in SH clinics, 2006-2023

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

The highest age-specific incidence rates among both men and women were for those aged 20-24 (472 and 337 per 100,000 population respectively) (Figure 12). The largest proportion of female gonorrhoea diagnoses were in those aged 16-24 (66%), followed by those aged 25-34 (27%). Male gonorrhoea diagnoses were most common in those aged 20-24 years followed by those 25-34 years. The annual number of gonorrhoea diagnoses remained relatively stable at around 200 per year between 2006 and 2010 but increased from 350 in 2011 to 951 in 2019. A decrease in gonorrhoea diagnoses was observed during 2020, likely due to changes in behaviour and healthcare use associated with COVID-19 pandemic, before increasing in 2021 and again in 2022 to 1,606 diagnoses, the highest annual number reported to date. In 2023 there was a 3% decrease in the number of reported gonorrhea diagnoses (1,561).

## Sexually Transmitted Infections in Northern Ireland, 2023

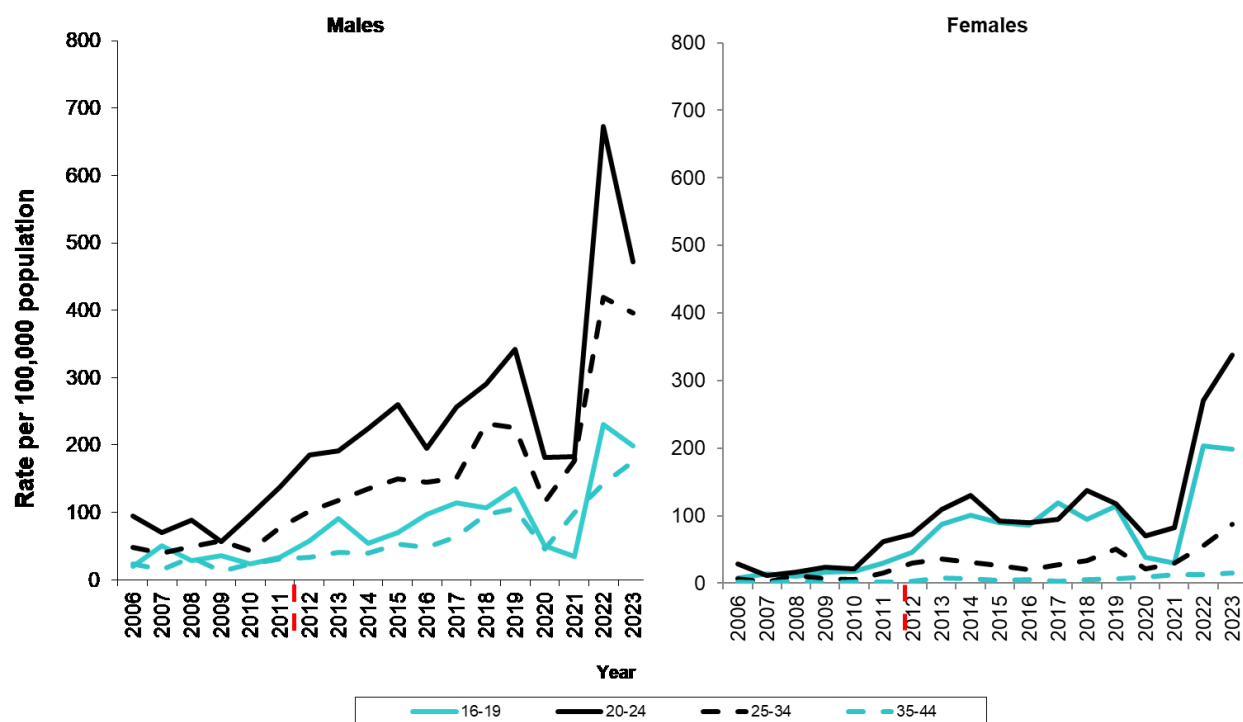


Figure 12 Rates of diagnosis of gonorrhoea in SH clinics by gender and age group, 2006–2023

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

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

## Genital herpes

Genital herpes accounted for 8% (477/5,615) of all new STI diagnoses made in SH clinics in 2023. There were 908 episodes (first infections and recurrent infections) of genital herpes diagnosed during 2023, of which 64% (585/908) were in females.

The highest age specific incidence rates of first infection in men were among those aged 20-34 years (130 per 100,000 population), and in those aged 16-24 years among women (302 per 100,000 population) (Figure 13). GBMSM accounted for 17% (27/159) of first diagnoses among males.

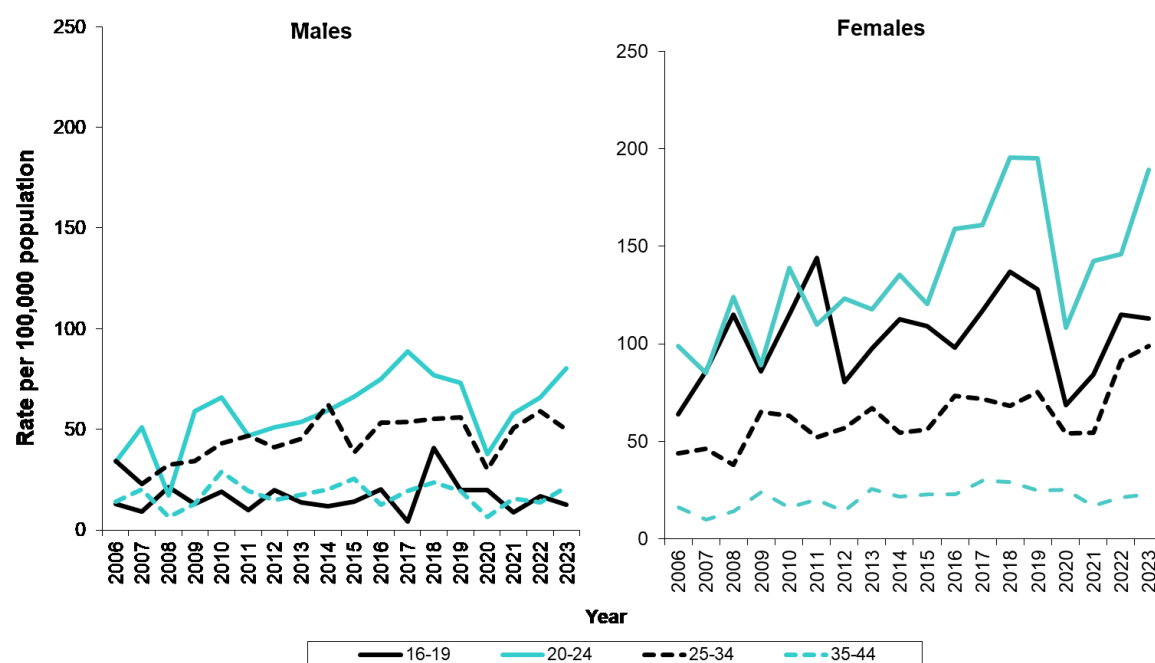


Figure 13 Rates of diagnosis of genital herpes (first episode) in SH clinics, by age and gender, 2006–2023

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

The number of annual first episode 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, 2022 and again in 2023, although they remain lower than the pre-pandemic peak in 2018 (Figure 14).

## Sexually Transmitted Infections in Northern Ireland, 2023

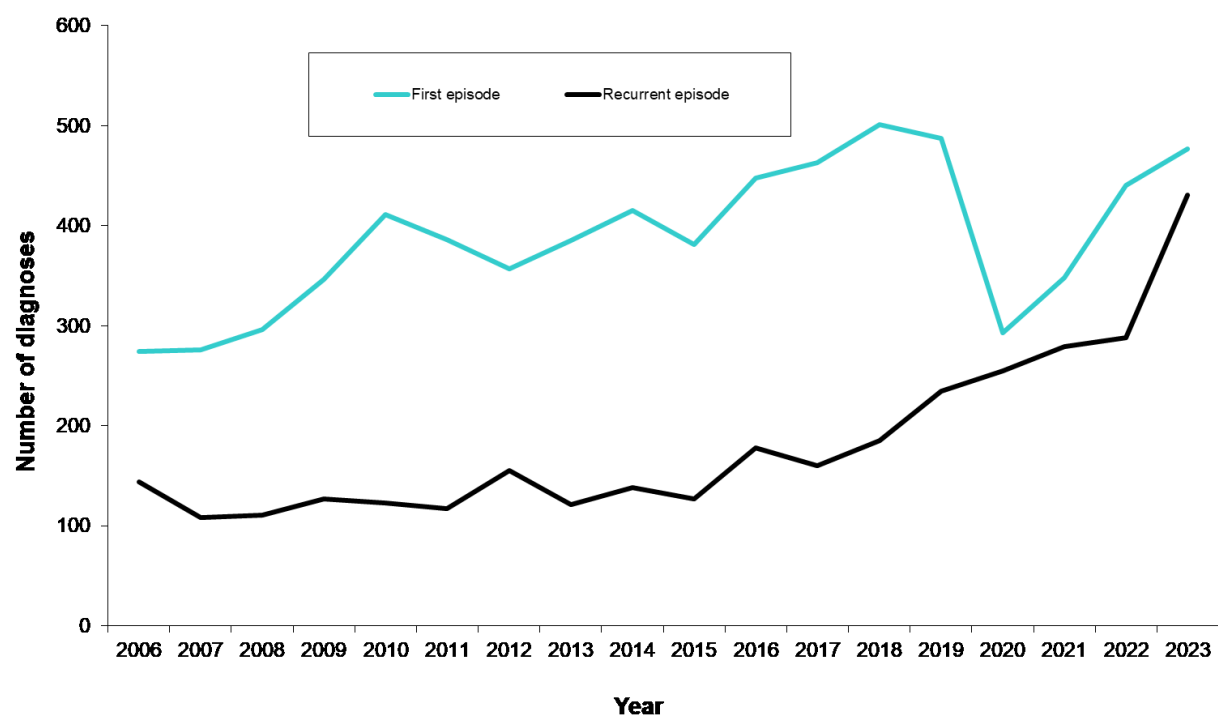


Figure 14 Diagnoses of genital herpes in SH clinics, 2006–2023

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

## Genital warts

Genital warts (first episodes) accounted for 14% (795/5,615) of all new STI diagnoses made in SH clinics during 2023. First infection accounted for 43% (795) of all attendances for genital warts in 2023 and 1,036 (57%) were to treat a recurrent infection. Recurrent infections were present in 58% of male diagnoses (664/1,150) compared with 55% of female diagnoses (372/681).

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 66% decrease in first episodes of infection when comparing 2023 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 reduction is likely to be due to the HPV vaccination programme.

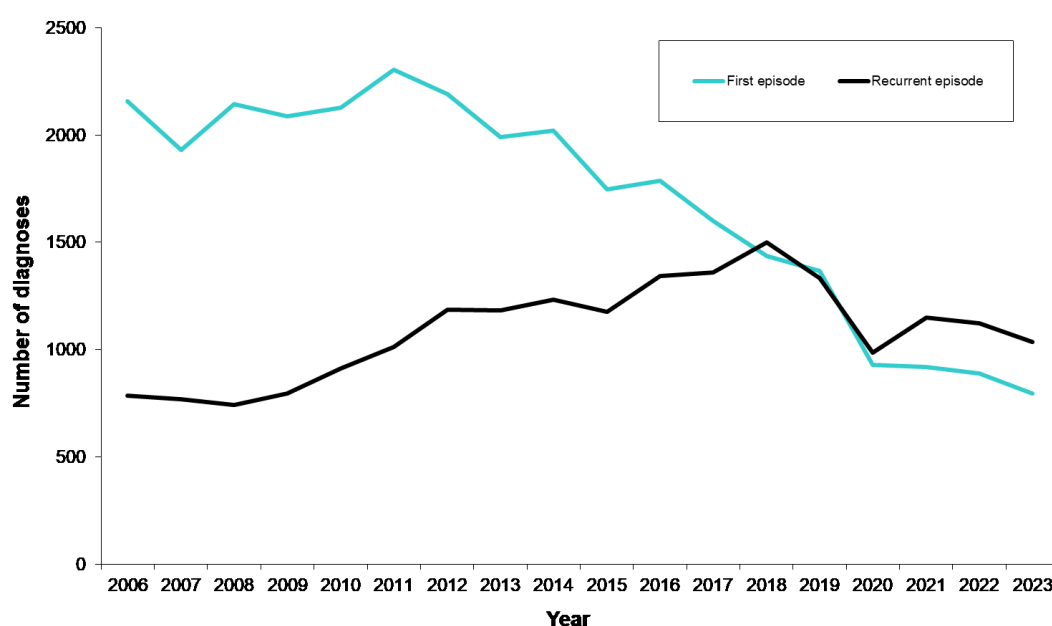


Figure 15. Diagnoses of genital warts in SH clinics, 2006–2023

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

## Sexually Transmitted Infections in Northern Ireland, 2023

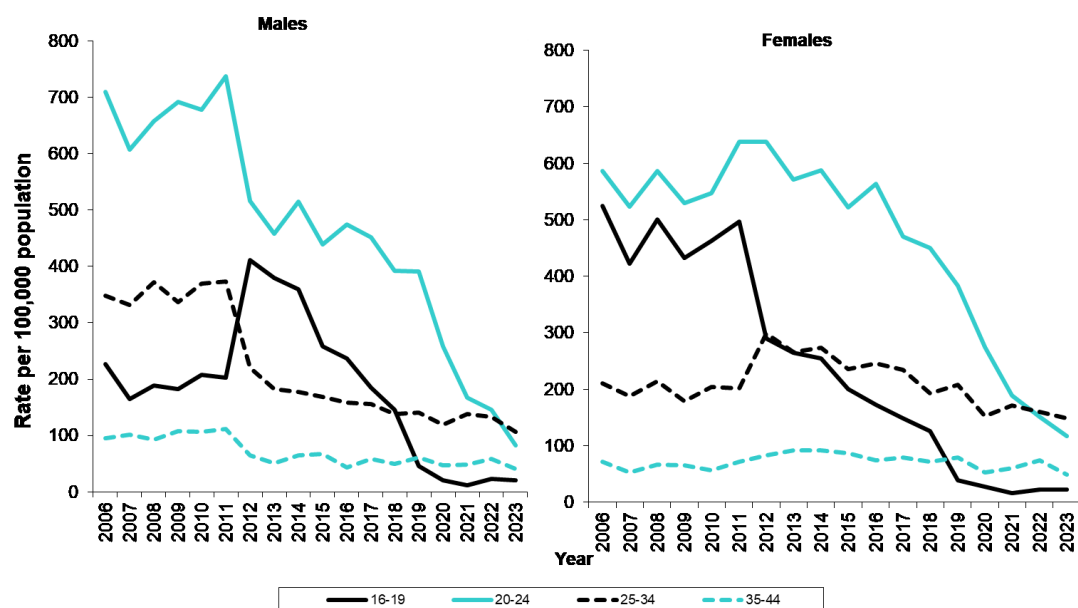


Figure 16. Rates of diagnosis of genital warts (first episode) in SH clinics, by age and gender, 2006–2023

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

## Syphilis

In 2023, there were 142 new episodes of primary and secondary syphilis reported in Northern Ireland. Additionally, 88 episodes of early latent syphilis were reported. Of these 230 cases, 77% (177) were diagnosed in GBMSM.

The large increases in syphilis diagnoses in GBMSM from 2021 (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.

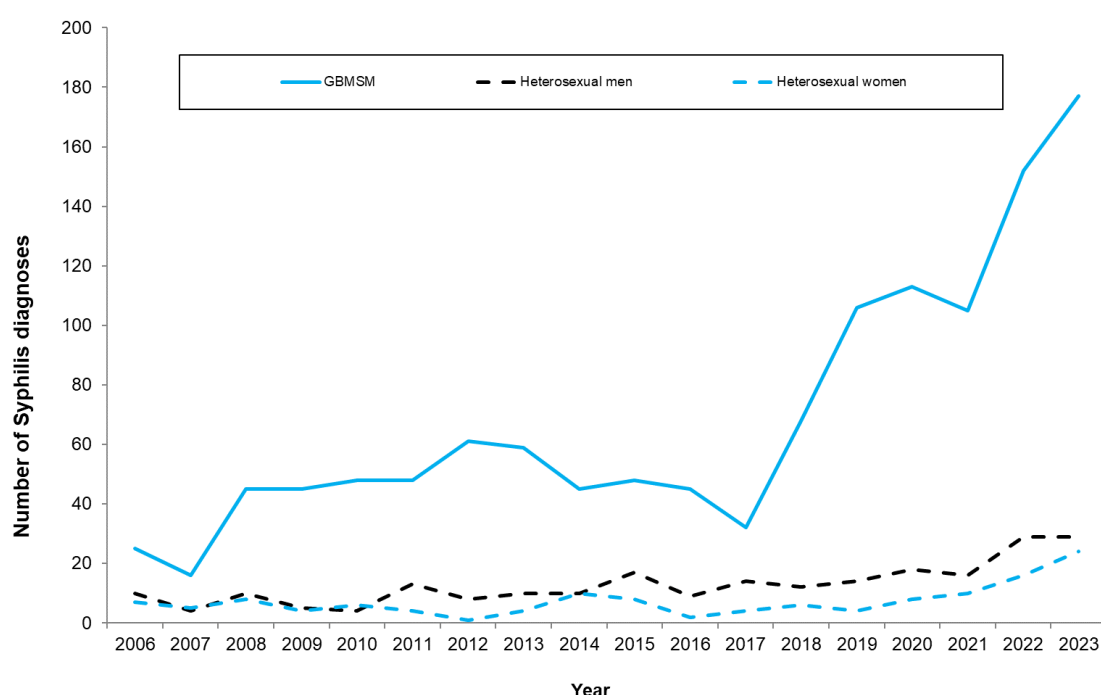


Figure 17. Number of syphilis\* diagnoses in SH clinics, by gender and sexual orientation, 2006-2023

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

\*Primary, secondary and early latent syphilis

Northern Ireland has seen a significant increase in infectious syphilis cases. Between 2006 and 2017 numbers were relatively stable. In 2018 there was a 72% (86) increase when compared to 2017 (50) and increases have been noted each year from 2018 to 2023 with the highest number of diagnoses being made in 2023 (230) (Figure 18).

## Sexually Transmitted Infections in Northern Ireland, 2023

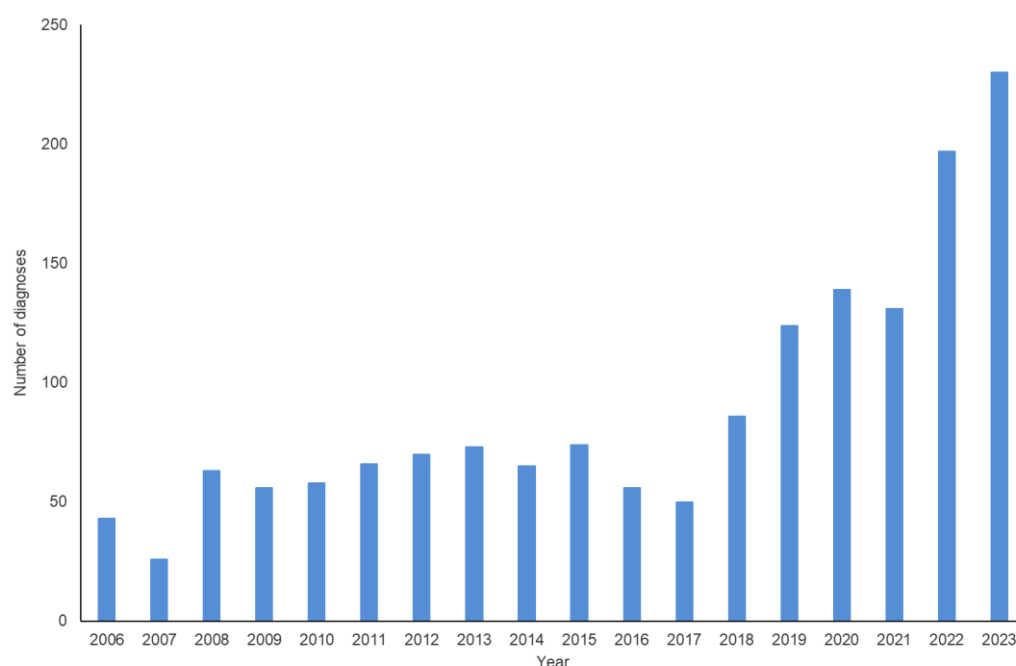


Figure 18 Number of infectious syphilis\* diagnoses in SH clinics, 2006-2023

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

\*Primary, secondary and early latent syphilis

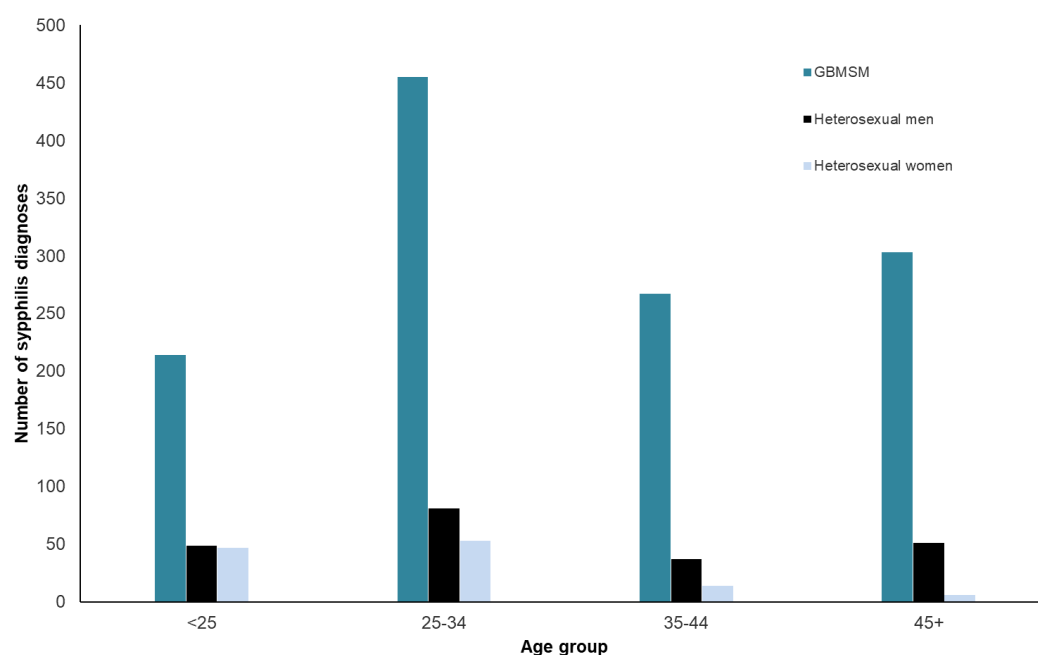


Figure 19 Age distribution of syphilis\* diagnoses in SH clinics, by gender and sexual orientation, 2006 -2023

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

\*Primary, secondary and early latent syphilis



## Sexually Transmitted Infections in Northern Ireland, 2023

Between 2006 and 2023 the highest number of episodes in heterosexual females is in those aged 25-34 (45%) In GBMSM, the highest number of episodes was in the 25-44 years age group (58%), with 722 out of 1,243 diagnoses. In heterosexual males, diagnoses were more evenly spread across the age bands, with those aged over 25+ years accounting for 77% (Figure 19).

Data from before 2011 are difficult to interpret due to the extent to which the stage of disease was unknown and 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% (Figure 20, Table 3).

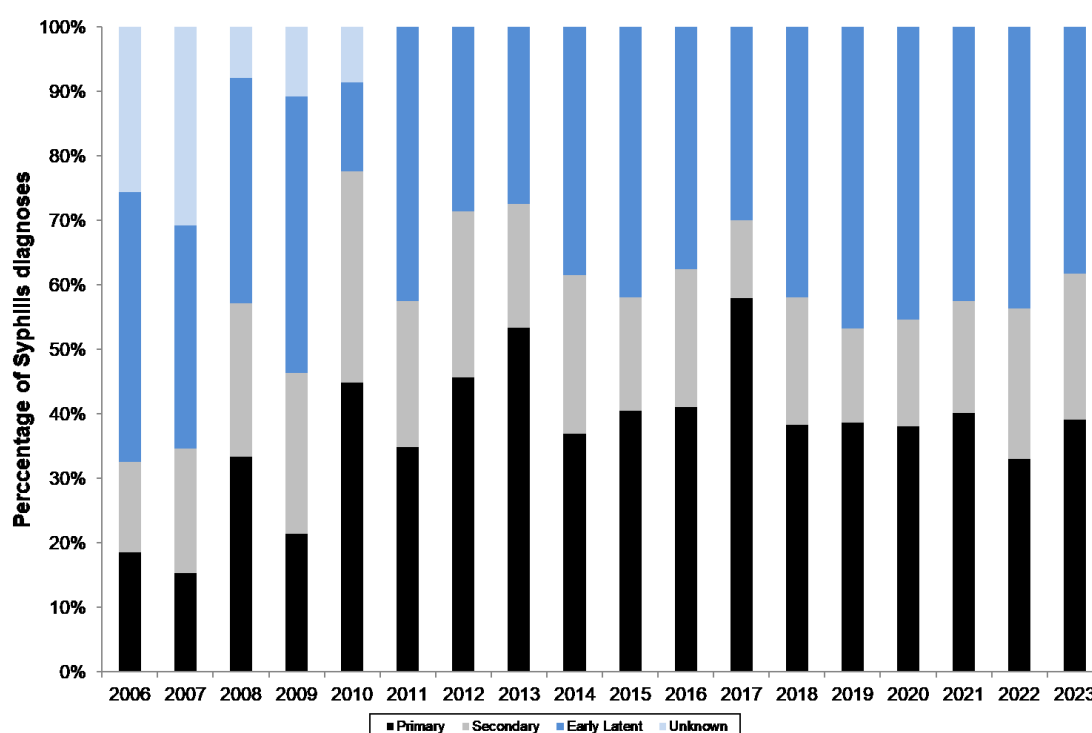


Figure 20. Stage of syphilis, by year of diagnosis, 2006-2023

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

\*Primary, secondary and early latent syphilis

Table 3: Percentage of Syphilis diagnoses by stage of infection, 2019 - 2023

	<b>Stage of Infection</b>		
<b>Year</b>	Primary	Secondary	Early Latent
<b>2019</b>	38.7	14.5	46.8
<b>2020</b>	38.1	16.5	45.3
<b>2021</b>	40.5	16.8	42.7
<b>2022</b>	33.0	23.4	43.7
<b>2023</b>	39.1	22.6	38.3

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

Enhanced surveillance arrangements for infectious syphilis in Northern Ireland have been in place since syphilis first re-emerged in 2001. In 2023 information is available for 205 cases. Of the 205 cases, 96% occurred in individuals resident in Northern Ireland with 71% of episodes having likely been acquired within Northern Ireland. Diagnosed co-infections included chlamydia, gonorrhoea and genitals warts with 20% of cases also reporting as being HIV positive.

## Mpox

An international outbreak of mpox was detected in May 2022 with cases reported from regions 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. 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 2023, three confirmed cases of mpox diagnosed in Northern Ireland. 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.

## Conclusions and key messages

- Access to STI testing in Northern Ireland has improved markedly following the introduction of the online postal service in 2019. These increased testing opportunities have contributed to an increase in STI diagnosis and treatment. However, the report also demonstrates that when access to the online service decreases, e.g. because of limitations put on the daily test kits available, STI diagnosis also decreases indicated the possibility of missed diagnoses. It is critical that commissioners closely monitor the impact of any restrictions in access to the online service to ensure it continues to support early access to treatment and diagnosis.
- Combining diagnoses made in online and face-to-face sexual health services there have been increases in diagnosis of chlamydia, and syphilis between 2022 and 2023. While there has been some reduction in gonorrhoea diagnosis 2022-2023, the number of cases diagnosed in 2022 remains substantially higher than pre-2019. Overall this emphasises the importance of ongoing educational and communications work to raise awareness on STIs and STI prevention, to support access to preventative measures such as condoms and to provide access to early testing and treatment.
- Gonorrhoea and syphilis diagnoses disproportionately impact on gay, bisexual and other men who have sex with men and targeted health promotion should continue to support prevention within this population group. In addition, increases in diagnosis in gonorrhoea and syphilis are demonstrated in heterosexual men and women, particularly younger women. It is critical that health promotion efforts to raise awareness also target these populations.
- Around 4 in 10 syphilis diagnosis occur at the later, post-symptom stage. This indicates a need for further awareness raising to support earlier diagnosis, treatment and prevention of further transmission.
- The significant decrease in diagnosis of new HPV (new genital warts) infections is indicative of the success of the HPV vaccination programme and should be celebrated. Monitoring of vaccine uptake should continue to support early identification of any changes in uptake which would impact on the success of the programme.



## Technical 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 has been in place since 2001.

The SH:24 home testing service commenced in October 2019. Users can request a test to be posted to their home address. Anyone testing positive for chlamydia may also receive treatment via post and therefore do not need to attend SH clinic and will not therefore be captured in the GUMCAD surveillance data.

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

Only a minority of syphilis reactive results represent true untreated syphilis with most either failing to confirm on further testing, or representing past treated syphilis infection. Those confirmed as true untreated syphilis should be represented in GUMCAD surveillance data.

Service users with a reactive result for HIV are advised to attend SH clinics for further testing. If they are confirmed to have HIV, they will be represented in the annual HIV report.<sup>2</sup>

## Testing

Testing is carried out both through home testing (SH:24) and in SH clinics. It should be noted some people test in both the online service and in clinic – for example someone diagnosed with gonorrhoea online needs to attend clinic for treatment where

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<sup>2</sup><https://www.publichealth.hscni.net/sites/default/files/2024-11/2024%20Northern%20Ireland%20HIV%20data%20%282023%20data%29.pdf>

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.

## Appendix 1: STI groupings

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