agenda

Title of Meeting	160th Meeting of the Public Health Agency Board
Date	18 January 2024 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

standing items

1 1.30	Welcome and Apologies		Chair
2 1.30	Declaration of Interests		Chair
3 1.30	Minutes of Previous Meeting held on 14 December 2023		Chair
4 1.35	Actions from Previous Meeting / Matters Arising		Chair
5 1.40	Updates from Board Committees: • Governance and Audit Committee • Remuneration Committee • Planning, Performance and Resources Committee		Committee Chairs
6 1.50	Updates from other Programme Boards/Committees: • Screening Programme Board • Procurement Board • Information Governance Steering Group • Public Inquiries Programme Board		Non-Executives
7 2.05	Risk Management • Reports of New or Emerging Risks		Chair
8 2.10	Chief Executive's and Executive Directors' Report		Chief Executive/ Executive Directors
9 2.30	Finance Report	**PHA/01/01/24**	Director of Finance

items for noting

10 2.45	Annual Report on the Specialist Training Programme in Public Health	**PHA/02/01/24**	Dr McClean
11 2.50	Sexually Transmitted Infections in Northern Ireland Annual Report 2022	**PHA/03/01/24**	Dr McClean

closing items

12 3.05	Chair's Remarks	Chair
13 3.10	Any Other Business	Chair

14 Details of next meeting:

Thursday 15 February 2024 at 1.30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

HSC Public Health Agency

minutes

Title of Meeting	159th Meeting of the Public Health Agency Board
Date	14 December 2023 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Colin Coffey	-	Chair
Mr Aidan Dawson	-	Chief Executive
Dr Joanne McClean	-	Director of Public Health
Ms Heather Reid	-	Interim Director of Nursing, Midwifery and Allied Health Professionals
Mr Stephen Wilson	-	Interim Director of Operations
Mr Craig Blaney	-	Non-Executive Director
Mr John Patrick Clayton	-	Non-Executive Director
Ms Anne Henderson	-	Non-Executive Director
Ms Deepa Mann-Kler	-	Non-Executive Director
Professor Nichola Rooney	-	Non-Executive Director
Mr Joseph Stewart	-	Non-Executive Director

In Attendance

Dr Aideen Keaney	-	Director of Quality Improvement
Ms Tracey McCaig	-	Director of Finance and Corporate Governance, SPPG
Mr Brendan Whittle	-	Director of Community Care, SPPG
Mr Robert Graham	-	Secretariat

Apologies

Mr Robert Irvine	-	Non-Executive Director

140/23	**Item 1 – Welcome and Apologies**
140/23.1	The Chair welcomed everyone to the meeting. Apologies were noted from Mr Robert Irvine.
141/23	**Item 2 – Declaration of Interests**
141/23.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda.
141/23.2	Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

142/23 **Item 3 – Minutes of previous meeting held on 16 November 2023**

142/23.1 The minutes of the Board meeting held on 16 November 2023 were **APPROVED** as an accurate record of that meeting, subject to an amendment in paragraph 135/23.3 where Mr Clayton asked that it be clarified that his comment was being made following a suggestion that that the Performance Management Report would be discussed by members of the Planning, Performance and Resources Committee.

143/23 **Item 4 – Matters Arising**

143/23.1 The Chair noted that an action log giving updates on each of the actions from the last meeting had been shared with members in advance. He asked if members had any queries they wished to raise.

143/23.2 Mr Clayton noted that members had received a copy of the paper that had been shared with the Department around staffing in health protection. He said that at the last Governance and Audit Committee (GAC) meeting, there had been a discussion around the risk on staffing on the Corporate Risk Register and how there should be one overall risk rather than separate risks for each directorate, and he queried if this needed to be revisited.

143/23.3 The Chief Executive advised that at the Accountability Review meeting that morning, it was suggested that this should be a separate risk given the Agency's reliance on health protection staff. He added that this will also feature on the Department's Risk Register given the level of advice that PHA health protection staff give the Department. He said that the Department has asked that PHA develops an action plan and keeps the Department updated. The Chair advised that the Department is keen to help PHA resolve this risk and acknowledges that the PHA is doing all that it can. He said that the Board also needs to keep this on its agenda.

143/23.4 Dr McClean noted that the Department draws on PHA's resources and PHA provides the Department with a lot of support. She added that HSC terms and conditions are less attractive than those in the Department. The Chair asked whether PHA has had any discussions with Queen's University. Dr McClean replied that there has been some discussions around joint appointments and she had met with Queen's 6/8 weeks ago. She explained that in order to secure a joint appointment an individual has to be an academic and have carried out a lot of research.

143/23.5 The Chief Executive said that the Permanent Secretary was assured that PHA is taking the appropriate steps and welcomed PHA exploring the possibility of "reverse" joint appointments. Dr McClean advised that PHA has a number of individuals who carry out teaching roles at Queen's.

143/23.6 Ms Mann-Kler noted that there is a challenge for the Agency because of the impact of individuals being able to receive much higher salaries to work in the Republic of Ireland. The Chair said that this point was made, but not accepted at the Accountability Review meeting.

143/23.7 Mr Clayton asked if the paper on campaigns could be shared with members. Mr Wilson agreed to do this **(Action 1 – Mr Wilson)**.

144/23 Item 5 – Chair's Business

144/23.1 The Chair advised that he had met with Mr Peter Toogood who will be taking over the role of head of PHA's Sponsor Branch. He added that he will meet with him again in January. He said that he also met with the Permanent Secretary and it was a good meeting. He added that over the next week he will be meeting with more senior staff in PHA and that in the New Year he wishes to meet with all PHA staff across different offices.

144/23.2 The Chair reported that he has met with Ms Judith Savage from EY and he has also had meetings with the Equality Commission and with RQIA.

144/23.3 The Chair said that he had attended an event arranged as part of the AAA Screening Programme and that he would like to see more publicity in the press around such events.

144/23.4 The Chair reported that he and the Chief Executive had attended the PHA Accountability Meeting with the Permanent Secretary earlier that day and that it was a positive meeting which covered a range of areas. He said that the Board can expect to receive the updated HSC Framework Document as well as the Partnership Agreement shortly and that there would be a session for the Board to look at these and what they mean for PHA. He noted that the Agri-food and Biosciences Institute (AFBI) was one of the first organisations to sign a Partnership Agreement and it was now being reviewed and changed.

145/23 Item 6 – Chief Executive's Business

145/23.1 The Chief Executive noted that his Report had already been circulated to members in advance of the meeting but that he wished to highlight the launch of primary HPV testing. He said that this will make a huge difference to women's lives. He added that there has been a lot of pressure to get this implemented and he congratulated all those involved, but he said that there is still a lot of work to be done.

145/23.2 The Chief Executive reported that a formal offer has been made to an individual for the role of Director of Finance and Corporate Services and he anticipated that the individual will take up the role. He said that he wished to recognise the work of Mr Stephen Wilson who has been acting up in the role of Director of Operations over the last number of years.

145/23.3 Ms Henderson asked for an update on the implementation of the Reshape and Refresh programme. The Chief Executive replied that the final Programme Board meeting is taking place on Friday and there will then be a full session with the PHA Board in January. Ms McCaig noted that she was due to bring an update to members on the costs for EY and she would do that for January following the conclusion of their work.

145/23.4 Mr Clayton returned to the matter of primary HPV testing and said that he was glad to hear that there have been no issues to date. He asked whether PHA or SPPG will be responsible for the recurrent costs. Dr McClean explained that PHA will fund the screening element and the laboratory costs, but SPPG is responsible for treatment costs.

145/23.5 The Chair asked if members were content with the format of the Chief Executive's Report. Ms Mann-Kler said that she would like to get more a sense of what challenges the Agency is facing and where it is meeting resistance. The Chief Executive said that he would consider this and suggested that there could be a quarterly "state of the nation" update. Ms Henderson said that she found the update helpful as it gives a broad overview of what is happening.

146/23 Item 7 – Finance Report (PHA/01/12/23)

146/23.1 Ms McCaig presented the Finance Report for the period up to 31 October and reported that PHA is projected to have a year-end break-even position. She noted that the surplus within the management and administration budget has increased but this will be looked at in the context of the impact of the Reshape and Refresh work. She advised that the key risks have not changed and she will discuss the position with regard to saving later in her update.

146/23.2 Ms McCaig advised that there may be some movement in terms of the final year-end position given there has been a lower uptake on vaccinations but that position has not yet been fully worked through.

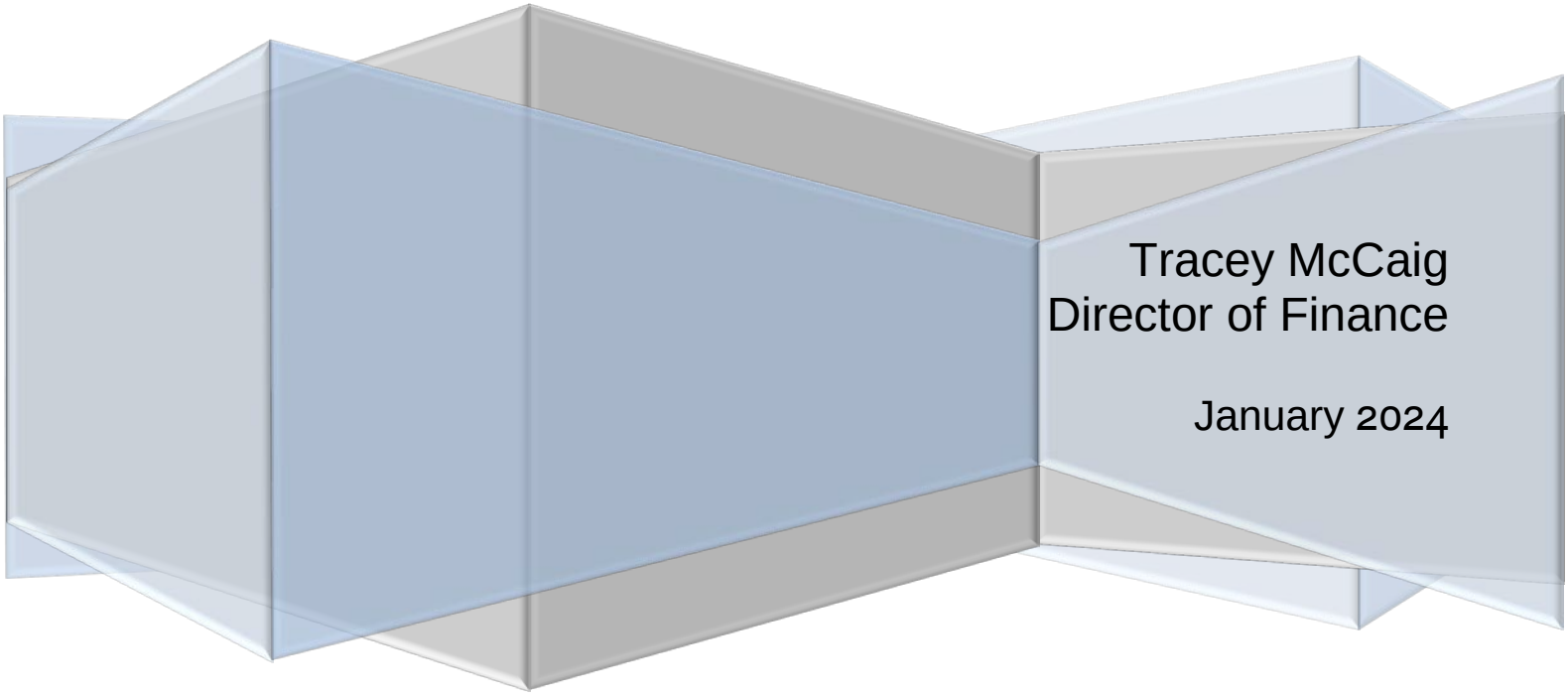
146/23.3 The Chair commented that there is a concern around the strain of flu that is circulating. Dr McClean advised that with regard to vaccines, the uptake of the flu vaccine is better than that for the COVID vaccine, but both are lower than last year which is disappointing given the flu vaccine does help prevent hospital admissions. She reported that early indications are that the flu season has now commenced and PHA will be advising the Department of this. She said that the type of flu is the H3 strain which can lead to more severe illness.

146/23.4 Ms Henderson asked who is eligible for the flu vaccine and Dr McClean explained that at the moment it is eligible to those over 65, but lowering that is one of the options being considered. Ms Mann-Kler asked about uptake in care homes as it is easier to get those individuals vaccinated. Dr McClean reported that the uptake in care homes has been good, but it has fallen in other groups. She said that there is an efficient process

	in place with community pharmacies carrying out the vaccinations. Ms Mann-Kler asked if the reduction in uptake is across all 4 UK nations, and Dr McClean confirmed that it is. Ms Mann-Kler suggested that there may be an element of vaccine fatigue.
146/23.5	Ms McCaig updated members on the outstanding monies owed by the Special EU Programmes Body (SEUPB) to PHA and advised that €423k should be paid before Christmas. The Chair said that public sector bodies should seek to avail of opportunities for additional funding and that PHA should explore any funding for which it is eligible, for example it could partner with a charity organisation to run a campaign. Mr Stewart noted that previously if a public sector organisation sought additional funding, then the Department of Finance could in turn reduce the funding it gives. The Chair acknowledged that there is that risk. Ms McCaig advised that PHA has done some co-operative work with PEACEPLUS.
146/23.6	Ms McCaig reported that PHA has received correspondence which the Department has sent to all ALBs regarding savings for 2024/25. She explained that organisations have been asked to respond by 12 January modelling scenarios for flat cash as well as setting out what the impacts would be of budget reductions of 2%, 5% and 10%. She said that if the opening position was “flat cash”, the overall health deficit would open with a significant deficit and that all ALBs and SPPG are being asked to consider what savings/efficiencies could be made to support the financial position. She advised that there is a tight timeframe to respond so PHA will look at a high-level response which outlines impact, risk, challenges and those which may require an equality impact assessment and a rural needs assessment. She said that each Director will be asked to contribute to the response and that any of these scenarios will present a huge challenge to the PHA. She added that choices may have to be made around prioritisation. Mr Stewart commented that any potential reduction of services may require a Ministerial decision. Ms McCaig agreed and said that in the absence of a Minister, it would be for the Permanent Secretary to determine within the NIEFA.
146/23.7	Ms Henderson asked what would happen in the event of there being slippage in the vaccine budget. Ms McCaig said that it would likely be offered back to the Department to support the central position. The Chief Executive noted that while the Permanent Secretary indicated that the Department would welcome any slippage, it would be PHA’s preference to see individuals receive a vaccination.
146/23.8	Mr Clayton noted that previously any savings initiatives identified by PHA were rated as to whether they would be low, medium or high impact and that the Board had an opportunity to review that. He suggested that on this occasion those areas that were previously rated low or medium would likely be now rated as high, due to the recurrent nature of the savings, and therefore an Equality Impact Assessment will be required. He added that in any discussions with the Permanent

	Secretary, it would have to highlighted that if PHA does not deliver on particular functions, there will be an impact on public health. The Chair said that this will be a challenge for PHA and when the first draft of the response is prepared, the Board will need to be upfront and ensure that it contains the right wording. *At this point Professor Rooney left the meeting.*
146/23.9	Ms Mann-Kler asked if there is much discussion with the Chief Executives of other ALBs. The Chief Executive replied that this is an item on the agenda of weekly meetings that he joins with the Trust Chief Executives. He added that while PHA is in a break-even position, the Trusts are facing significant deficits. He noted that one of the outcomes of the COVID Inquiry may be that needs to be more investment in public health so therefore it is counter intuitive to remove funding from the PHA. He added that the political situation may also have an impact.
146/23.10	Ms Mann-Kler asked how the need to make savings will impact on the change towards an Integrated Care System (ICS). Ms McCaig explained that the Area Integrated Programme Boards (AIPBs) are at an early stage of implementation and do not have budgets.
146/23.11	Ms McCaig advised that Trusts have not been asked to develop savings scenarios as they have a different challenge in that they need to break even as next year they could have significant opening deficits.
146/23.12	Ms McCaig said that work will begin on the savings plan and information will be shared with members when it becomes available.
146/23.13	The Board noted the Finance Report.
147/23	**Item 8 – Any Other Business**
147/23.1	There was no other business.
148/23	**Item 9 – Details of Next Meeting** *Thursday 18 January 2024 at 1.30pm* *Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast* Signed by Chair: Date:

Finance Report
November 2023



Tracey McCaig
Director of Finance

January 2024

Section A: Introduction/Background

1. The PHA Financial Plan for 2023/24 has set out the funds notified as available, risks and uncertainties for the financial year and summarised the opening budgets against the high level reporting areas. It also outlined how the PHA would manage the overall funding available, in the context of cash releasing savings targets applied to the organisation. It received formal approval by the PHA Board in the June 2023 meeting.

2. The Financial Plan detailed the quantum of cash releasing savings targets (£5.3m, plus an additional £3.2m in respect of the area of Research and Development), the plans in place in year to address the target applied and the resultant opening forecast deficit of £0.65m. A focus on reducing and closing this gap is continuing as plans are required to meet the target both in-year and recurrently.

3. This executive summary report reflects the draft year-end position as at the end of November 2023 (month 8). Supplementary detail is provided in Annex A.

Section B: Update – Revenue position

4. The Financial Plan indicated an opening position for the Agency of a £650k deficit for the year. This is summarised in Table 1.

Table 1: Opening financial position 2023/24

	R&D £m	Other £m	Total £m
Savings targets applied	3.20[1]	5.30	8.50
Actions (2023/24):			
R&D budget reduced pending DoH decision on expenditure (UK wider NIHR)[1]	3.20[1]		3.20
Programme: budget / expenditure reductions		3.60	3.60
Management & Administration: anticipated net slippage		1.10	1.10
Subtotal deficit	**-**	**0.60**	**0.60**
HSCQI budget provision (unfunded pressure)		0.05	0.05
Opening deficit position	**-**	**0.65**	**0.65**

[1] Assumes funding in respect of R&D will be provided in line with DoH decision.

5. The PHA has reported a surplus at November 2023 of £0.4m (October 2023, surplus of £0.3m) against the year to date budget position for 2023/24. The forecast year-end position is reported as breakeven (October 2023 forecast, breakeven).

6. The month 8 position is summarised in Table 2 below.

Table 2: PHA Summary Financial Position – November 2023

	Annual Budget	YTD Budget	YTD Expenditure	YTD Variance	Projected year end surplus / (deficit)
	£'000	£'000	£'000	£'000	£'000
Health Improvement	13,280	8,854	8,854	0	
Health Protection	9,627	6,418	6,418	0	
Service Development & Screening	14,762	9,842	9,842	0	
Nursing & AHP	7,983	5,322	5,322	0	
Centre for Connected Health	0	0	0	0	
Quality Improvement	24	16	16	0	
Other	0	0	0	0	
Programme expenditure - Trusts	**45,677**	**30,451**	**30,451**	**0**	**0**
Health Improvement	29,954	18,363	18,369	(6)	
Health Protection	17,160	15,048	15,247	(199)	
Service Development & Screening	3,759	1,796	1,686	110	
Research & Development	3,282	0	0	0	
Campaigns	394	278	298	(21)	
Nursing & AHP	801	216	113	102	
Quality Improvement	193	34	34	0	
Other	(1,718)	(1,145)	(216)	(929)	
Programme expenditure - PHA	**53,826**	**34,589**	**35,531**	**(942)**	**(2,185)**
Subtotal Programme expenditure	**99,503**	**65,040**	**65,982**	**(942)**	**(2,185)**
Public Health	16,624	11,051	10,315	736	
Nursing & AHP	5,150	3,442	3,117	325	
Operations	5,367	3,577	3,399	178	
Quality Improvement	717	442	439	2	
PHA Board	456	255	173	82	
Centre for Connected Health	462	314	259	54	
SBNI	840	556	493	63	
Subtotal Management & Admin	**29,616**	**19,635**	**18,195**	**1,440**	**2,185**
Trusts	272	146	146	0	
PHA Direct	0	0	0	0	
Subtotal Transformation	**272**	**146**	**146**	**0**	**0**
Trusts	147	0	0	0	
PHA Direct	3,457	1,902	1,967	(65)	
Other ringfenced	**3,604**	**1,902**	**1,967**	**(65)**	**0**
TOTAL	**132,995**	**86,723**	**86,290**	**433**	**(0)**

Note: Table may be subject to minor roundings

7. In respect of the reported position:

- **Programme – Trusts**: A total of £45.7m has been allocated to Trusts at this point, with full spend against budget shown.

- **Programme – PHA**: The remaining annual programme budget is currently £53.8m.

- A cumulative overspend of £0.9m is shown to date (month 7, £0.9m) against the Programme budgets listed. This reflects some areas of spend ahead of current budget.
- In line with the Financial Plan, the anticipated overspend for the year is c£2.0m with the overspend being met in 2023/24 by a forecast underspend in Administration budgets. A mid-year review of the financial plan has completed which reported that £4.1m of recurrent budget reductions have been identified in year. Work is ongoing to fully identify the remaining savings measures to meet the full financial target applied to PHA in 2023/24 and recurrently, pending the out-workings of refreshed Directorate structures and any resultant impacts on baselines.
- Savings plans will continue to be closely monitored throughout the year and will be regularly reported to the AMT and PPR Committee.

- **Management & Administration**: Annual budget of £29.6m.
  - An underspend of £1.4m is reported to date (month 7, £1.2m), reflecting underspends in Public Health, Nursing & AHPs and Operations. The primary surplus to date relates to the area of Public Health where staff costs have reduced due to role vacancies. Expenditure against funded budgets are reviewed with Directorate budget holders to understand any ongoing trends and incorporate these into the year-end forecast position.
  - The forecast full year underspend is £2.2m (month 7, £2.2m). The level of anticipated underspend will be subject to further refinement based on ongoing updates from Directorate budget managers and the review of assumptions made in the Financial plan in respect of anticipated cost pressures. Information has been received on the reduction of senior medical posts, however some assumptions have been made regarding the timing of the replacement or recruitment of these posts, which may have to be updated to increase expenditure forecasts if necessary.
  - The anticipated underspend will offset, in-year, cash releasing savings applied fully to Programme budgets. The favourable movement has

therefore enabled a reduction in the Agency's forecast deficit to report breakeven.

- **Ringfenced**: There is annual budget of c£3.9m in ringfenced budgets, the largest element of which relates to a Covid funding allocation for the Vaccine Management System (£2.7m), along with other funding allocations such as Safe Staffing (£0.3m) and Suicide Prevention (£0.3m) and smaller allocations for NI Protocol and for SBNI. A breakeven position is assumed against these budgets for the year, however they will be closely monitored for any risk to breakeven throughout the year.

8. As noted above, the projected year end position is breakeven (month 7, breakeven) and work will continue to identify measures to maintain this breakeven position.

Section C: Risks

9. The following significant assumptions, risks or uncertainties facing the organisation were outlined in the Financial Plan.

10. **Recurrent impact of savings made non-recurrently in-year**: The opening allocation letter has indicated that, whilst 2023/24 savings measures may be non-recurrent in nature, the funding reductions are recurrent and therefore PHA is expected to work to ensure savings are made recurrently going forward into 2024/25 where necessary. While PHA has identified a significant element of the £5.3m savings target applied, there remain challenges in delivering the full requirement recurrently. PHA colleagues have identified savings / budget reductions for £4.1m recurrently in-year following a mid-year review and are continuing to work on developing savings proposals to address the remaining gap pending costing of refreshed Directorate structures and any resulting impacts on baseline. Savings targets will continue to be monitored throughout the year with the identification of further recurrent savings plans finalised for 2024/25.

11. **EY Reshape & Refresh review and Management and Administration budgets**: The PHA is currently undergoing a significant review of its structures and processes,

and the final report from EY will not be available until later in the year. There is a risk in implementing the outcomes of this review in a savings context, and careful management will be required at all stages of this process. In addition, there have been a number of material vacancies which are generating slippage and for which Directors are reviewing options for the remainder of the year.

12. **SEUPB / CHITIN income**: PHA receives income from EU partner organisations for the CHITIN R&D project. Claims are made on a quarterly basis, however PHA have not been receiving payments on a regular basis. At 31 March 2023, the value of funding due was c£4.3m however, PHA had an equal and opposite creditor listed for monies due to other organisations. Since year end a total of now c£2.5m has been received. R&D staff are continuing to work closely with colleagues in partner organisations and the relevant funding body to ensure the expected full reimbursement of all claims.

13. **Demand led services:** There are a number of demand led budgetary areas which are more difficult to predict funding requirements for, presenting challenges for the financial management of the Agency's budget. For example, smoking cessation / Nicotine Replacement Therapy (NRT) and Vaccines. The financial position of these budgets are being carefully tracked. We are now in receipt of some information on Shingles vaccine which is showing a stock carry-forward level in the VMS system – we are investigating and this may lead to slippage which has been discussed with the Permanent Secretary and a firm position will be advised at next report. The potential slippage on vaccines could be in the region of £1m.

14. **Annual Leave:** PHA staff are still carrying a significant amount of annual leave, due to the demands of responding to the Covid-19 pandemic over the last two years. This balance of leave is being managed to a more normal level, and the assumption that this is expected to be at pre-pandemic levels by the end of 2023/24 has been included in financial planning and will be kept under close review.

15. **Funding not yet allocated**: At the start of the financial year there are a number of areas where funding is anticipated but has not yet been released to the PHA. These include Pay awards for the 2023/24 financial year. No expenditure will be

progressed for any pay award payments to staff until such pay awards are approved by DoH and funding identified and secured.

16. Due to the complex nature of Health & Social Care, there will undoubtedly be further challenges with financial impacts which will be presented going forward into the future. PHA will continue to monitor and manage these with DoH and Trust colleagues on an ongoing basis.

Section D: Update - Capital position

17. The PHA has a capital allocation (CRL) of £10.5m. This all relates to projects managed through the Research & Development (R&D) team. The overall summary position, as at October 2023, is reflected in Table 3, being a forecast breakeven position on capital funding.

18. R&D expenditure is managed through the R&D Division within PHA, and funds essential infrastructure for research such as information databanks, tissue banks, clinical research facilities, clinical trials units and research networks. The element relating to 'Trusts' is allocated throughout the financial year, and the allocation for 'Other Bodies' is used predominantly within universities – both allocations fund agreed projects that enable and support clinical and academic researchers.

19. CHITIN (Cross-border Healthcare Intervention Trials in Ireland Network) is a unique cross-border partnership between the Public Health Agency in Northern Ireland and the Health Research Board in the Republic of Ireland, to develop infrastructure and deliver Healthcare Intervention Trials (HITs). The CHITIN project is funded from the EU's INTERREG VA programme, and the funding for each financial year from the Special EU Programmes Body (SEUPB) matches expenditure claims, ensuring a breakeven position. Further information on delays experienced in the reimbursement of costs is provided in Section C, above.

Table 3: PHA Summary capital position – October 2023

Capital Summary	Total CRL £'000	Year to date spend £'000	Full year forecast £'000	Forecast Surplus / (Deficit) £'000
HSC R&D:				
R&D - Other Bodies	2,559	1,357	2,559	0
R&D - Trusts	6,224	0	6,224	0
R&D - Capital Receipts	(1,074)	(136)	(1,074)	0
R&D - Other	950	0	950	0
Subtotal HSC R&D	**8,659**	**1,221**	**8,659**	**0**
CHITIN Project:				
CHITIN - Other Bodies	1,178	0	1,178	0
CHITIN - Trusts	0	0	0	0
CHITIN - Capital Receipts	(1,178)	0	(1,178)	0
Subtotal CHITIN	**0**	**0**	**0**	**0**
Other:				
Congenital Heart Disease Network	683	14	683	0
iReach Project	405	0	405	0
R&D - NICOLA	731	0	731	0
Subtotal Other	**1,819**	**14**	**1,819**	**0**
Total PHA Capital position	**10,478**	**1,235**	**10,478**	**0**

20. PHA has also received three other smaller capital allocations for the Congenital Heart Disease (CHD) Network (£0.7m), iReach Project (£0.4m) and NICOLA (£0.7m), all of which are managed through the PHA R&D team.

21. The capital position will continue to be kept under close review throughout the financial year.

Recommendation

22. The PHA Board are asked to note the PHA financial update as at November 2023.

Public Health Agency

Annex 1 - Finance Report

2023/24

Month 8 - November 2023

PHA Financial Report - Executive Summary

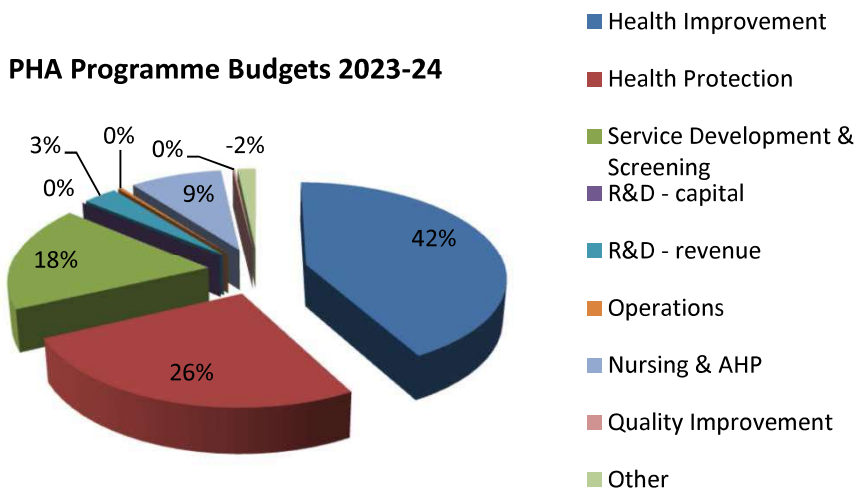
Year to Date Financial Position (page 2)

At the end of month 8, PHA is reporting an underspend of £0.4m against its profiled budget. This position is a result of PHA Direct programme budgets projected overspend for the financial year offset by underspends within Adminstration budgets (page 6).

Budget managers continue to be encouraged to closely review their profiles and financial positions to ensure the PHA meets its breakeven obligations at year-end.

Programme Budgets (pages 3&4)

The chart below illustrates how the Programme budget is broken down across the main areas of expenditure.

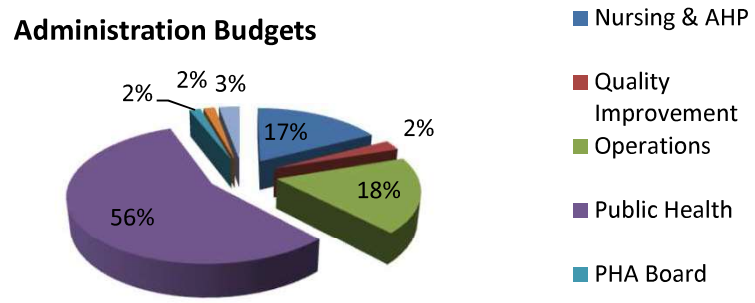


Administration Budgets (page 5)

The breakdown of the Administration budget by Directorate is shown in the chart below. Over half of the budget relates to the Directorate of Public Health.

A number of vacant posts remain within PHA, and this is creating slippage on the Administration budget which is offset by expenditure on the PHA Reshape and Refresh programme and other pressures noted in the Financial Plan.

Management will review the need for the recruitment of vacant posts to ensure business needs continue to be met.



Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a breakeven position for the full year.

This reflects the continued requirement to fully identify savings measures to meet the full cash releasing savings funding reductions applied to PHA in 2023/24.

Public Health Agency
2023/24 Summary Position - November 2023

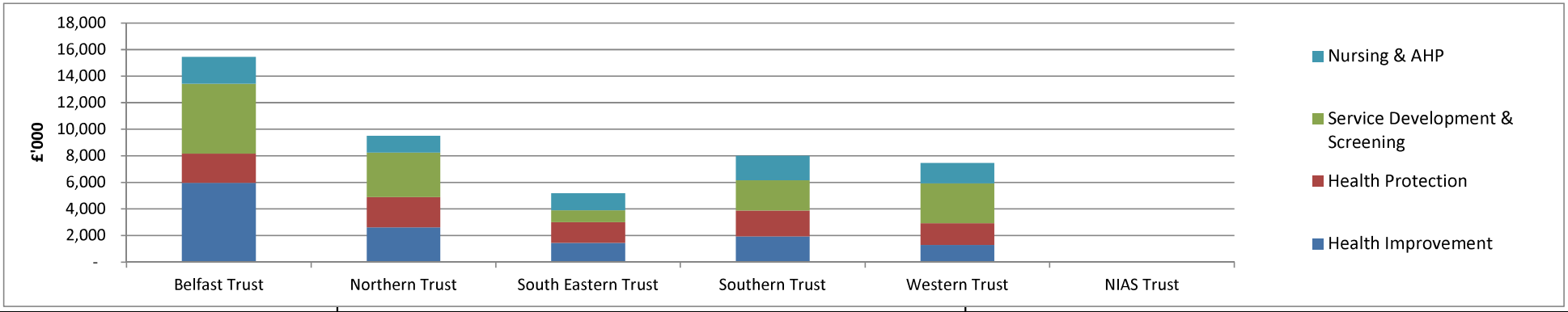
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust £'000	PHA Direct £'000	Trust & Direct £'000	Admin £'000	£'000	Trust £'000	PHA Direct £'000	Trust & Direct £'000	Admin £'000	£'000
Available Resources										
Departmental Revenue Allocation	45,677	53,792	3,876	28,903	**132,248**	30,451	34,554	2,048	19,162	**86,215**
Assumed Retraction	-	-	-	-	**-**	-	-	-	-	**-**
Revenue Income from Other Sources	-	34	-	713	**747**	-	34	-	473	**508**
Total Available Resources	45,677	53,826	3,876	29,615	**132,995**	30,451	34,588	2,048	19,635	**86,723**
Expenditure										
Trusts	45,677	-	359	-	**46,036**	30,451	-	244	-	**30,695**
PHA Direct Programme *	-	56,011	3,517	-	**59,529**	-	35,531	1,869	-	**37,400**
PHA Administration	-	-	-	27,430	**27,430**	-	-		18,195	**18,195**
Total Proposed Budgets	45,677	56,011	3,876	27,430	**132,993**	30,451	35,531	2,113	18,195	**86,290**
Surplus/(Deficit) - Revenue	-	(2,185)	-	2,185	**-**	-	(943)	(65)	1,440	433
Cumulative variance (%)						***0.00%***	***-2.73%***	***-3.18%***	***7.33%***	***0.50%***

Please note that a number of minor rounding's may appear throughout this report.
** PHA Direct Programme may include amounts which transfer to Trusts later in the year*

The year to date financial position for the PHA shows an underspend £0.4m, which is a result of PHA Direct Programme expenditure being in an overspend position and being offset by an underspend within the area of Management & Admin.

The PHA is forecasting a breakeven position at year end, which includes the full absorption of the projected Management & Admin underspend.

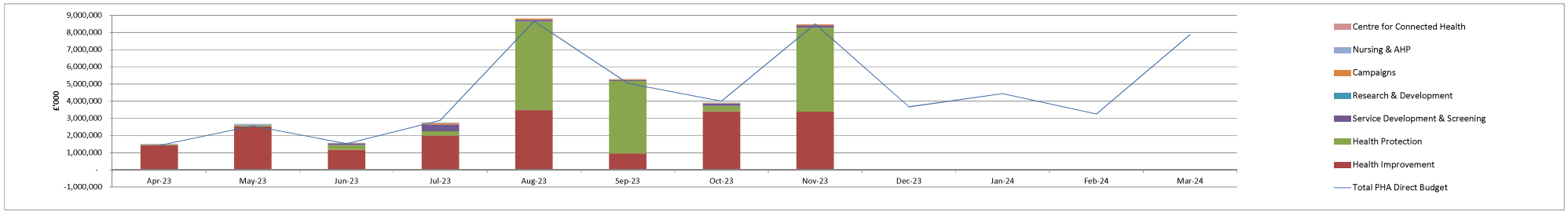
Programme Expenditure with Trusts



Current Trust RRLs	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIAS Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
Health Improvement	5,972	2,615	1,450	1,933	1,286	24	**13,280**	8,854	8,854	-
Health Protection	2,203	2,282	1,560	1,941	1,641	-	**9,627**	6,418	6,418	-
Service Development & Screening	5,254	3,356	889	2,278	2,985	-	**14,762**	9,842	9,842	-
Nursing & AHP	2,016	1,251	1,277	1,855	1,555	29	**7,983**	5,322	5,322	-
Quality Improvement	24	-	-	-	-	-	**24**	16	16	-
Other								-		
Total current RRLs	**15,470**	**9,504**	**5,177**	**8,007**	**7,467**	**52**	**45,677**	**30,451**	**30,451**	**-**
Cumulative variance (%)										***0.00%***

The above table shows the current Trust allocations split by budget area. A breakeven position is shown for the year to date as funds have been issued to Trusts in July 2023.

PHA Direct Programme Expenditure



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total	YTD Budget	YTD Spend	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Profiled Budget																	
Health Improvement	1,318	2,228	1,356	1,920	3,482	975	2,912	4,172	2,346	3,460	2,148	3,637	**29,954**	18,363	18,368	(5)	*0.0%*
Health Protection	42	204	184	122	5,143	4,030	1,192	4,131	821	632	234	426	**17,160**	15,048	15,246	- 198	*-1.3%*
Service Development & Screen	29	73	219	493	93	105	412	371	412	294	461	796	**3,759**	1,796	1,686	110	*6.1%*
Research & Development	-	-	-	-	-	-	-	-	-	-	-	3,282	**3,282**	-	-	-	*0.0%*
Campaigns	1	1	9	90	18	28	10	122	60	26	27	5	**394**	278	298	(21)	*-7.4%*
Nursing & AHP	32	53	- 33	21	26	26	55	37	30	24	388	143	**801**	216	113	102	*47.4%*
Quality Improvement	-	-	-	-	18	-	-	16	-	-	-	159	**193**	34	34	0	*0.0%*
Other	-	-	(212)	245	- 122	- 123	- 581	- 351	0	0	0	(573)	**(1,718)**	(1,145)	-216	(929)	*100.0%*
Total PHA Direct Budget	**1,421**	**2,558**	**1,522**	**2,890**	**8,658**	**5,041**	**4,000**	**8,498**	**3,669**	**4,436**	**3,257**	**7,875**	**53,826**	**34,589**	**35,529**	**(940)**	
Cumulative variance (%)																***-2.72%***	
Actual Expenditure	**1,608**	**2,765**	**1,643**	**2,898**	**8,801**	**5,414**	**3,867**	**8,533**	**-**	**-**	**-**	**-**	**35,529**				
Variance	**(187)**	**(207)**	**(121)**	**(7)**	**(143)**	**(373)**	**133**	**(35)**					**(940)**				

The year-to-date position shows an overspend of approximately 0.9m against profile. A year end overspend of c£2.2m is anticipated with the overspend being met in 2023/24 by a forecast underspend in Administration budgets. Whilst work has completed to identify £4.1m of budget reductions in-year, work is ongoing to fully identify the remaining savings measures to meet the full financial target applied to PHA in 2023/24 and recurrently.

Public Health Agency
2023/24 Ringfenced Position

	Annual Budget				Year to Date			
	Covid	NDNA	Other ringfenced	Total	Covid	NDNA	Other ringfenced	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources								
DoH Allocation	2,867	272	736	**3,876**	1,474	146	429	**2,048**
Assumed Allocation/(Retraction)	-	-	-	-	-	-	-	**-**
Total	2,867	272	736	**3,876**	1,474	146	429	**2,048**
Expenditure								
Trusts	-	212	147	**359**	-	146	98	**244**
PHA Direct	2,867	60	589	**3,517**	1,518	0	351	**1,869**
Total	2,867	272	736	**3,876**	1,518	146	449	**2,113**
Surplus/(Deficit)	**-**	**-**	**-**	**-**	**-**	**-**	**(21)**	**(65)**

PHA has now received COVID allocation of £2.9m (£2.7m for Vaccine Management System & £0.2m for Vaccinators and Covid Vaccine Storage) for financial year 2023/24.

Transformation funding has been received for a Suicide Prevention project totalling £0.3m. This project is being monitored and reported on separately to DoH, and a breakeven position is anticipated for the year.

Other ringfenced areas include Farm Families (£0.2m), Safe Staffing (£0.3m), NI Protocol (£0.1m) and funding for SBNI relating to EITP (£0.1m). A breakeven position for each of these areas is expected for the year.

PHA Administration
2023/24 Directorate Budgets

	Nursing & AHP £'000	Quality Improvement £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget								
Salaries	4,963	705	4,242	16,383	343	414	589	**27,640**
Goods & Services	186	12	1,125	242	113	48	251	**1,976**
Total Budget	**5,150**	**717**	**5,367**	**16,624**	**456**	**462**	**840**	**29,616**
Budget profiled to date								
Salaries	3,313	434	2,827	10,896	229	286	393	**18,377**
Goods & Services	129	8	750	155	26	28	163	**1,259**
Total	**3,442**	**442**	**3,577**	**11,051**	**255**	**314**	**556**	**19,635**
Actual expenditure to date								
Salaries	2,992	436	2,139	9,676	200	244	389	**16,076**
Goods & Services	125	3	1,260	639	- 27	16	104	**2,119**
Total	**3,117**	**439**	**3,399**	**10,315**	**173**	**259**	**493**	**18,195**
Surplus/(Deficit) to date								
Salaries	321	(2)	688	1,220	29	42	4	**2,301**
Goods & Services	4	5	(509)	(484)	53	12	59	**(860)**
Surplus/(Deficit)	**325**	**2**	**178**	**736**	**82**	**54**	**63**	**1,440**
Cumulative variance (%)	*9.43%*	*0.54%*	*4.99%*	*6.66%*	*32.04%*	*17.31%*	*11.31%*	***7.33%***

PHA's administration budget is showing a year-to-date surplus of £1.4m, which is being generated by a number of vacancies, particularly within Public Health Directorate. Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year. The full year surplus is currently forecast to be c£2.2m, which is contributing towards PHAs forecast deficit in Programme expenditure in the financial year'

PHA Prompt Payment

Prompt Payment Statistics

	Nov 23 Value	Nov 23 Volume	Cumulative position as at Nov 23 Value	Cumulative position as at Nov 23 Volume
Total bills paid (relating to Prompt Payment target)	£8,473,607	465	£55,578,474	3,523
Total bills paid on time (within 30 days or under other agreed terms)	£6,056,454	438	£46,519,107	3,376
Percentage of bills paid on time	**71.5%**	**94.2%**	**83.7%**	**95.8%**

Prompt Payment performance for November shows that PHA missed its prompt payment target on value and volume. Failure to meet the prompt payment target on value revolved around payment oo vaccine invoices. The year to date position shows that on volume, PHA is achieving its 30 day target of 95.0% but failing to achieve the 95% target on value. Prompt payment targets will continue to be monitored closely over the 2023/24 financial year.

The 10 day prompt payment performance remains very strong at 82.5% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2023/24 of 70%.

Item 10

Title of Meeting	PHA Board Meeting
Date	18 January 2024
Title of paper	Annual Report on the Specialist Training Programme in Public Health
Reference	PHA/02/01/24
Prepared by	Dr Tracy Owen/Dr Denise O'Hagan
Lead Director	Dr Joanne McClean
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to bring the Annual Report on Specialist Training in Public Health to the PHA Board for noting.

2 Summary

The PHA is the lead employer and main training provider for specialty registrars in both Public Health and Dental Public Health. Specialty training is overseen by the Northern Ireland Medical and Dental Training Agency (NIMDTA) and under a Learning and Development Agreement, it is expected that the PHA Board will receive an annual update relating to training.

This annual report outlines the role of the PHA in training, the structure of the training programmes and current staff in post. It also notes the issues raised about the training experience through the 2023 GMC training survey and the actions being taken to address these concerns.

Specialist Training Programme in Public Health

Annual report

1. Purpose

This paper aims to an update the Public Health Agency (PHA) Board members regarding the Specialist Training Programme in Public Health and the programme in Dental Public Health.

2. Background

The specialist training programmes in Public Health are overseen by the Northern Ireland Medical and Dental Training Agency (NIMDTA). The PHA is the lead employer and main training provider for specialty registrars in both Public Health and Dental Public Health.

Both training programmes aim to equip trainees with the appropriate training to complete the curriculum set out by the UK Faculty of Public Health (FPH) and subsequently register as a specialist /consultant with the General Medical Council or UK Public Health Register; or in the case of Dental Public Health with the General Dental Council. They are then eligible to apply for Consultant or Specialist posts in Public Health in organisations such as the PHA, academic institutions etc.

A region such as Northern Ireland (NI) needs to have an adequate number of consultants/ specialists in place to deliver on the Public Health agenda, particularly in relation to being able to respond to health protection threats, input to service planning and address health inequalities. Ongoing vacant posts within the PHA consultant body and a review of the public health workforce led by the Department of Health has highlighted the need to enhance the number of trainees.

3. Role of the PHA in the delivery of training

A Learning and Development Agreement (LDA) is issued to the PHA each year by NIMDTA for signature by the Chief Executive. The LDA highlights the roles and responsbilities of the both parties. In addition an annual review meeting takes place with NIMDTA each year and this is due to take place in November 2023.

The LDA highlights that PHA Board must be kept appraised of training matters. PHA has a responsibility to engage at Director level or equivalent with NIMDTA on training issues. A Deputy Director of Public Health has nominated responsibliity in this area and has line management responsibility for the group of registrars.

The PHA has a responsibility to ensure that there are sufficient numbers of supervisors available to deliver training and that supervisors have time in their job plans to meet their commitments in relation to their training role. Since July 2016, all Educational Supervisors and Attachment Supervisors must be approved by NIMDTA and the GMC. It is important that the PHA ensures that all consultants / specialists undertake the appropriate training to meet NIMDTA and GMC requirements for supervisors and maintain their skills for this role. Due to recent retirements and resignations the pool of consultants available to undertake the training role has reduced significantly putting pressure on those who are eligible to perform this role.

4. Structure of the training programmes

General Public Health Training Programme

This five year training programme follows the curriculum set out by the UK Faculty of Public Health (FPH). During the first year trainees undertake a funded Masters in Public Health to provide the underpinning knowledge base to sit the professional examinations. During the remaining four years trainees undertake service work in approved training locations. The PHA is the main training location but placements are also offered in the Department of Health, the Centre for Public Health at Queen's University and other approved locations. Each trainee has an annual review of their progress that is overseen by NIMDTA.

Dental Public Health Training Programme

This four year training programme follows the curriculum set out by a committee of the Royal College of Surgeons. As above the trainee undertakes a Masters in Public Health during their first year in training. During the remaining three years trainees undertake service work in approved training locations. In the case of the Dental Public Health trainee, placements include PHA, Department of Health and an external placement in Stirling, Scotland.

5. Recruitment to training programmes

Recruitment to both training programmes is carried out at UK level by the relevant Faculty within the Royal Colleges of Physicians/Surgeons. In the most recent round of recruitment two new registrars were appointed to the general public health training programme. One registrar has also been accepted as a transfer from another UK region which will bring the total to 13.6 wte from December 2023.

It is unlikely there will be any further recruitment to the dental programme for the foreseeable future.

Eligibility to apply to the general public health training programme changed in 2021. Prior to this, only people from a medical background could apply but the programme is now open to both medical and non-medical applicants. This brings NI into line with other parts of the UK which have been recruiting individuals from a range of backgrounds to the training programme for many years.

A temporary agreement was reached between the PHA, Department of Health and NIMDTA in July 2020 to enable the introduction of multidisciplinary public health training. There is a need to extend this temporary agreement until such times as the legislative changes can be brought forward by an Executive in NI. The associated papers have recently been shared with the Chief Executive.

Specialty Registrars in post (at November 2023)

Training programme	**Staff in post**	
General Public Health	13 (12.6 wte)	9 medical trainees 5 non-medical trainees (2 dentists + 3 AfC)
Dental Public Health	1 (1.0 wte)	

6. Employing organisation

From August 2022 NIMDTA has taken on the role of 'single lead employer' for newly appointed medical trainees. This is in line with wider changes across all medical specialties. Non-medical trainees and medical trainees who commenced training prior to the new arrangement continue to be employed by the PHA.

7. Funding for specialist training posts

The PHA receives funding from NIMDTA for ten speciality registrar posts covering the basic salary costs. Registrars in Public Health deliver the first tier of the out of hours rota in Health Protection. Costs associated with the out of hours rota are not covered by NIMDTA and are borne by the PHA.

In 2020 it was agreed that the PHA would fund an eleventh post on a recurring basis.

More recently PHA also agreed to use funds from vacant consultant posts to enable two additional trainees to be recruited from August 2023. PHA agreed to fund one of these posts for the five year duration of the training programme and provide bridge funding for the other post until a senior trainee exited the programme (approximately one year). Bridge funding will also be required to fund the inter-deanery transfer from December 2023.

8. Quality assurance of the training programme

NIDMTA's Public Health Specialty Training Committee oversees recruitment, annual assessment and placement of trainees and quality within the training programme. This involves reviewing feedback received from trainees and trainers as part of the national annual GMC surveys.

The findings of the 2023 GMC survey of trainees have been published recently and continue to highlight some concerns which are discussed below. The survey compares responses of trainees in NI to trainees nationally across the UK. Senior PHA staff and the Training Programme Director have met with trainees to discuss the findings and identify measures to address these concerns.

Issues raised in previous GMC surveys largely reflect the pressures experienced during COVID-19 by our small pool of registrars and consultants in NI who were at the front line of the COVID response. These pressures were compounded by the registrars feeling isolated when working remotely and while this has been eased by the hybrid return to the office, a level of isolation continues to exist. A conducive office environment is key to encouraging office based working.

Registrars are negatively impacted by shortages in the consultant workforce, predominantly within Health Protection. New arrangements in relation to the role of registrars in the Health Protection Duty room will be trialled and there has been a welcome return of educational and CPD activities.

It is important that registrars gain experience and competency in all areas of the curriculum, both internal and external to the PHA. New arrangements have been implemented in the past year for attachments to teams and a move away from project work. This will have to be monitored carefully going forward and

appropriate placements arranged as required. Registrars need to be fully engaged across the full breadth of public health practice.

It is also important to ensure attention to wellbeing and adequate capacity in the organisation to prevent burnout among this group of staff. Uncertainty about the proposed changes to organisational structure and what future consultant jobs will look like are a cause of concern for registrars, including workload and work/life balance. Development of a more formal mentoring programme with NIMDTA is being explored.

The findings of the 2023 GMC survey will be closely monitored and additional actions taken to address any outstanding concerns.

9. Future direction

The Board will continue to be provided with an annual update going forward in relation to the specialist training programmes.

While this paper focuses on training towards FPH 'specialist/ consultant' status, there is demand and a need from within the existing non-medical workforce in PHA for more defined career paths and the opportunity to work towards both practitioner and eventually specialist registration with the UK Public Health Register (UKPHR) and FPH.

The recent delivery of a short programme of six workshops by the FPH was very well received by staff, many of whom are now intending to work towards gaining accreditation for undertaking the programme. A formal evaluation of that programme will be undertaken and findings shared.

HSC Public Health Agency

Item 11

Title of Meeting	PHA Board Meeting
Date	18 January 2024
Title of paper	Sexually Transmitted Infections in Northern Ireland Annual Report 2022
Reference	PHA/03/01/24
Prepared by	Emma Dickson on behalf of Dr Declan Bradley
Lead Director	Dr Joanne McClean
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

This annual report provides an analysis of data on sexually transmitted infection (STI) testing and diagnoses data for the calendar year 2022 in Northern Ireland.

The report is being presented to the PHA Board for noting prior to publication in the public domain.

2 Summary

In Northern Ireland STI testing occurs in face-to-face Sexual Health and HIV clinics (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 via the online service.

Some of the key findings of the report are as follows:

- There were 5,280 new STI diagnoses in SH clinics in Northern Ireland in 2022, an increase of 42% from 2021. There were 3,079 diagnosis in the online service in 2022, representing a 47% increase from 2021.

  It should be noted some people test in both the online service and clinic therefore some duplication may exist.

- Gonorrhoea, chlamydia and genital warts (first episode) were the most diagnosed STIs 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%).

- 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.

  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).

- The report includes Mpox for the first time. Mpox was made notifiable in Northern Ireland in June 2022 after testing was introduced in response to an international outbreak of Mpox in May 2022. There were 34 diagnoses of Mpox made in Northern Ireland in 2022.

3 Key Recommendations

Ongoing messaging on safer sex, encouraging uptake of STI testing, and for further investigation of the increase in syphilis.

Sexually Transmitted Infections in Northern Ireland, 2022

HSC Public Health Agency

Contents

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. The services are still in recovery mode.

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.

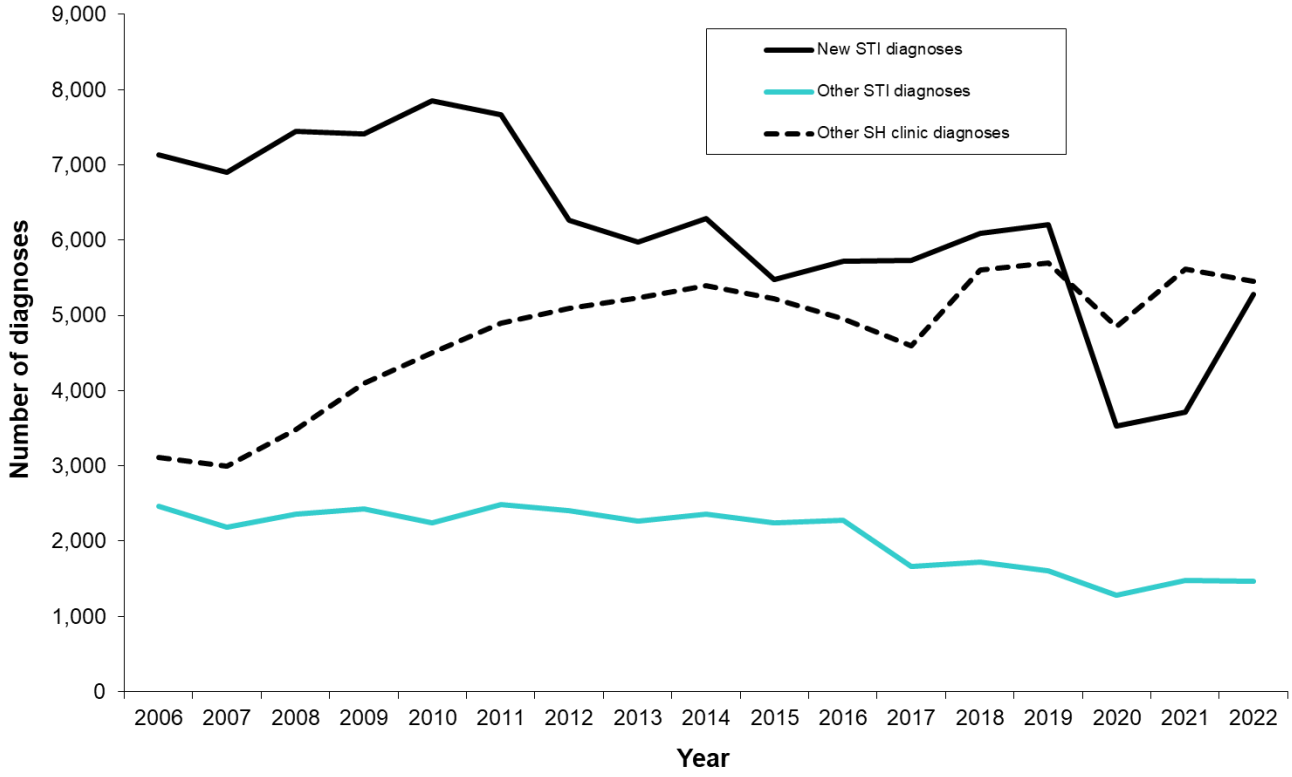


Figure 1: Diagnoses made in SH clinics, 2006-2022

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

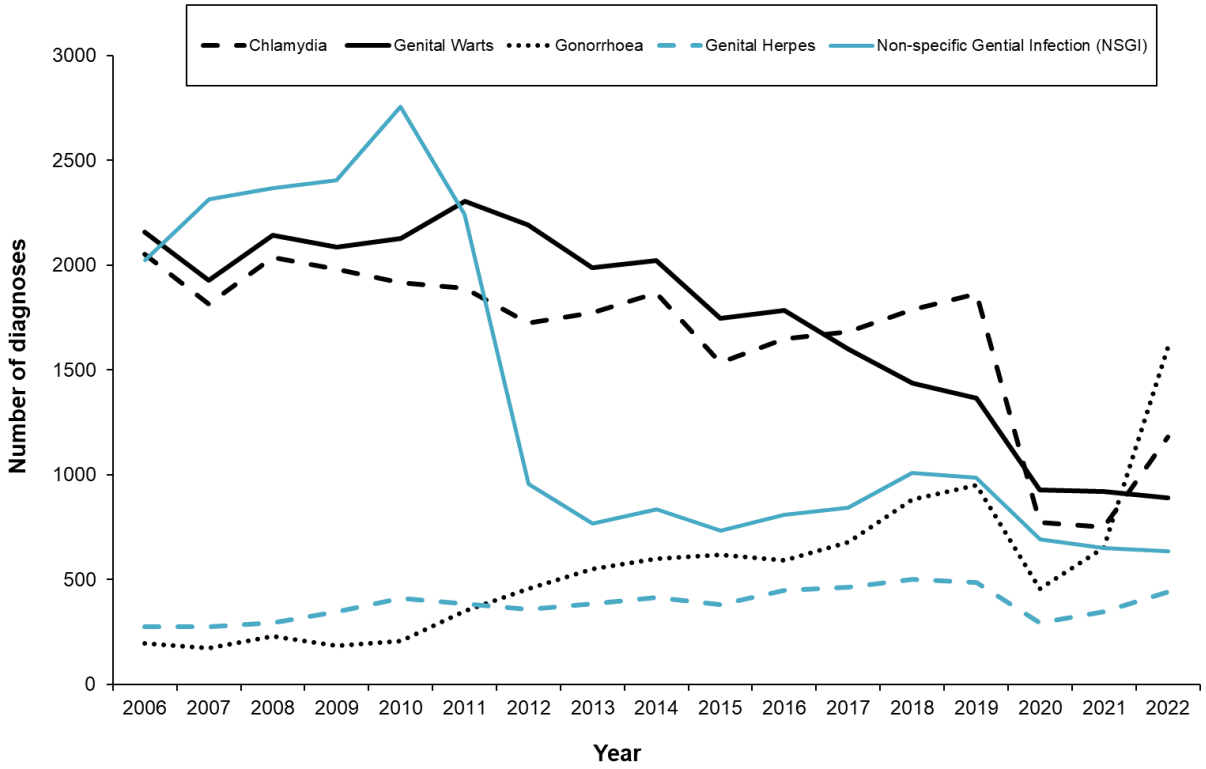


Figure 2: New diagnoses of selected STIs made in SH clinics, 2006-2022

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).

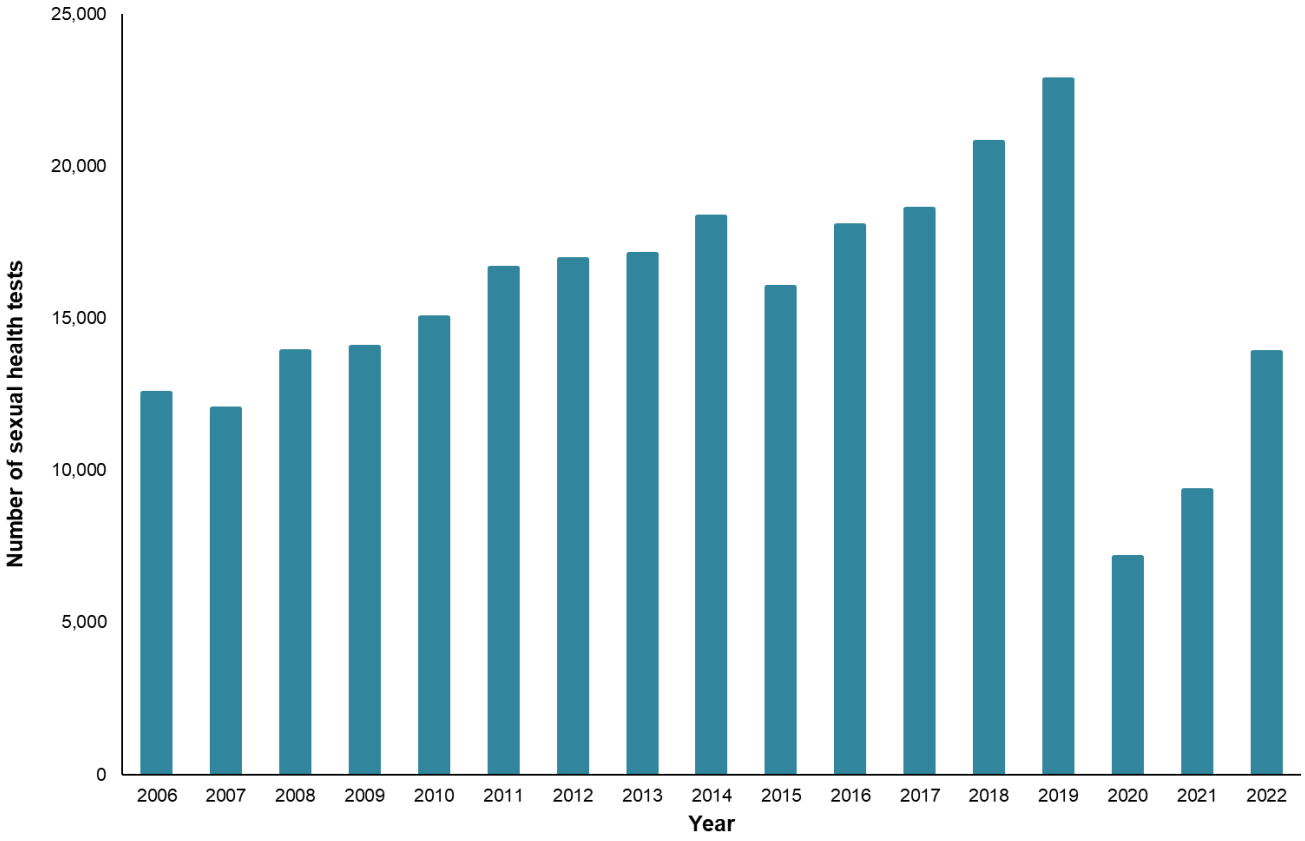


Figure 3: Number of STI tests in SH clinics, 2006-2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

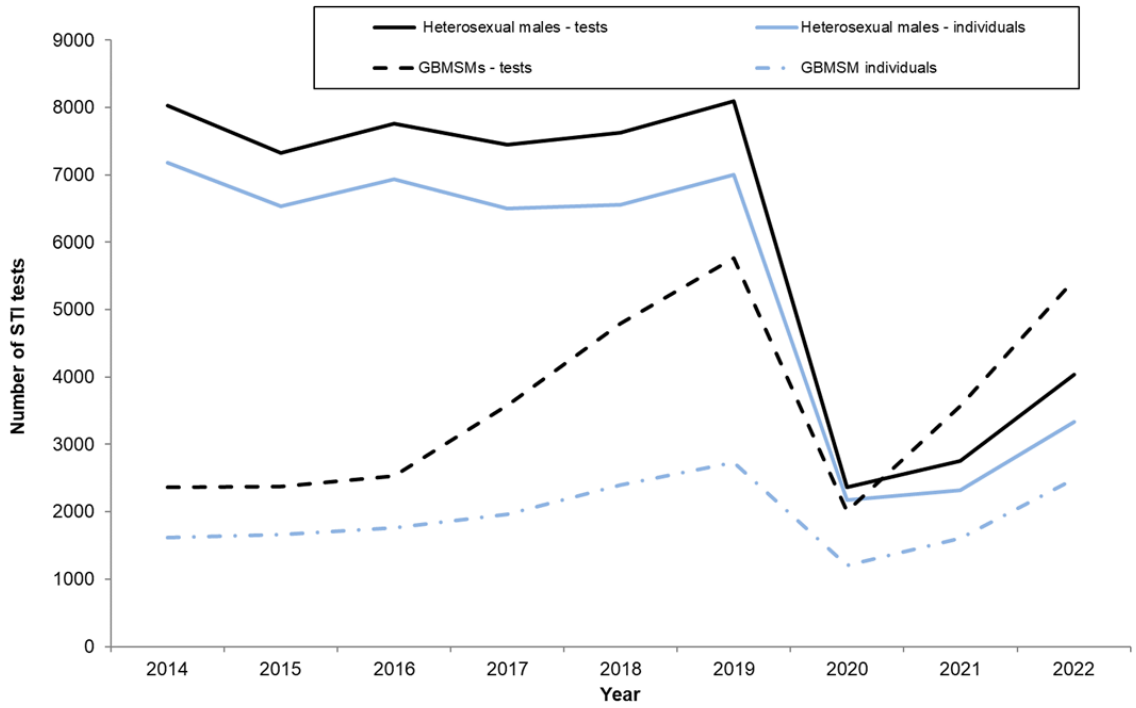


Figure 4: Number of sexual health tests in SH clinics by male sexual orientation, 2014-2022

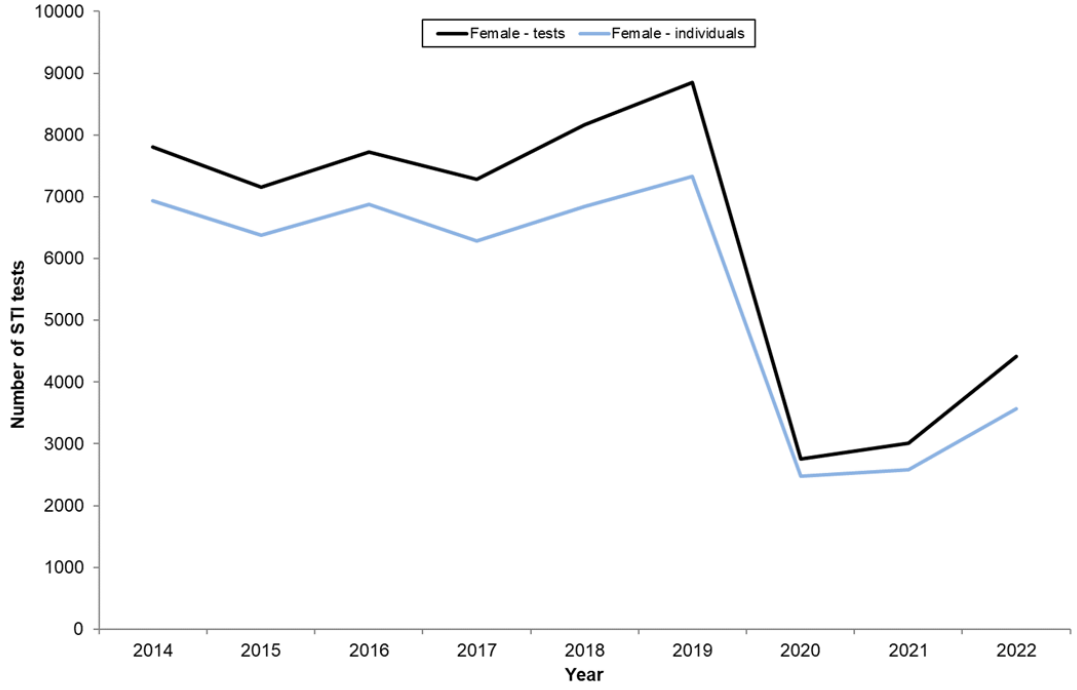


Figure 5: Number of sexual health tests in SH clinics, by females 2014-2022

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.

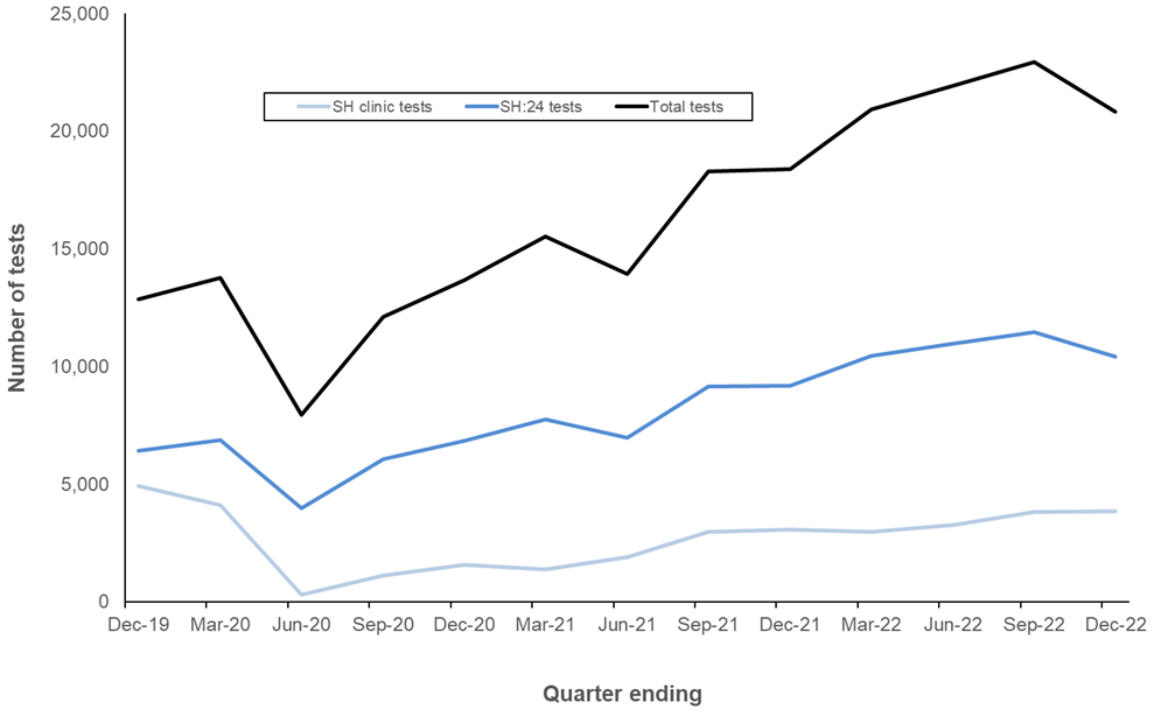


Figure 6: Number of tests* in Sexual Health & HIV services, Northern Ireland, December 2019 - December 2022

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.

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).

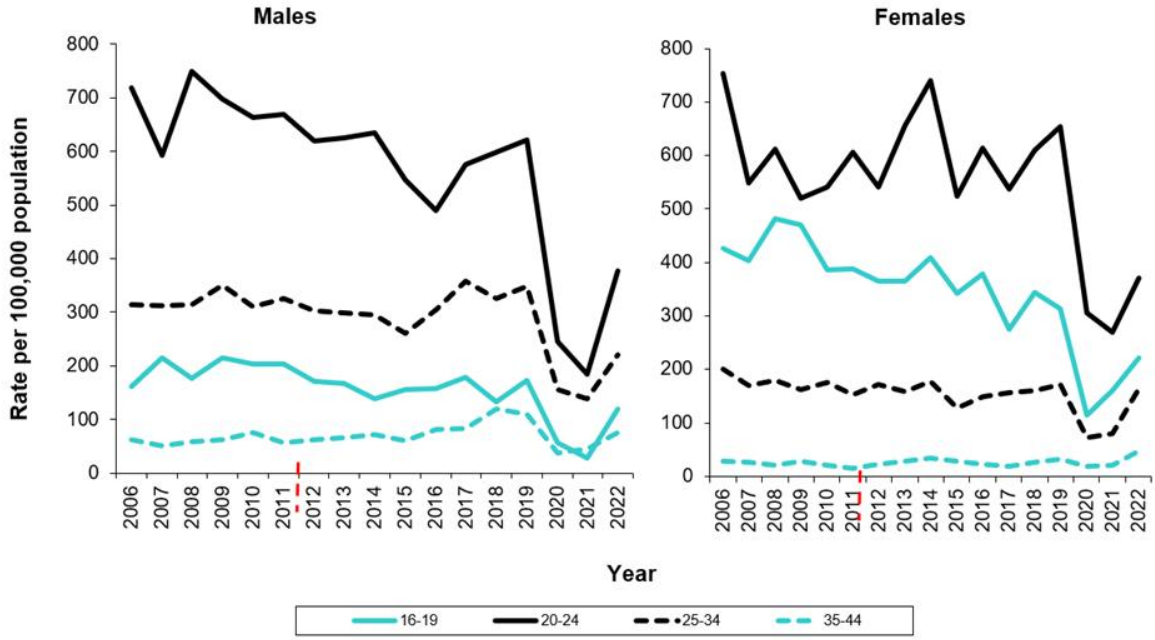


Figure 7: Rates of diagnosis of chlamydial infection in SH clinics by gender and age group, 2006-2022

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

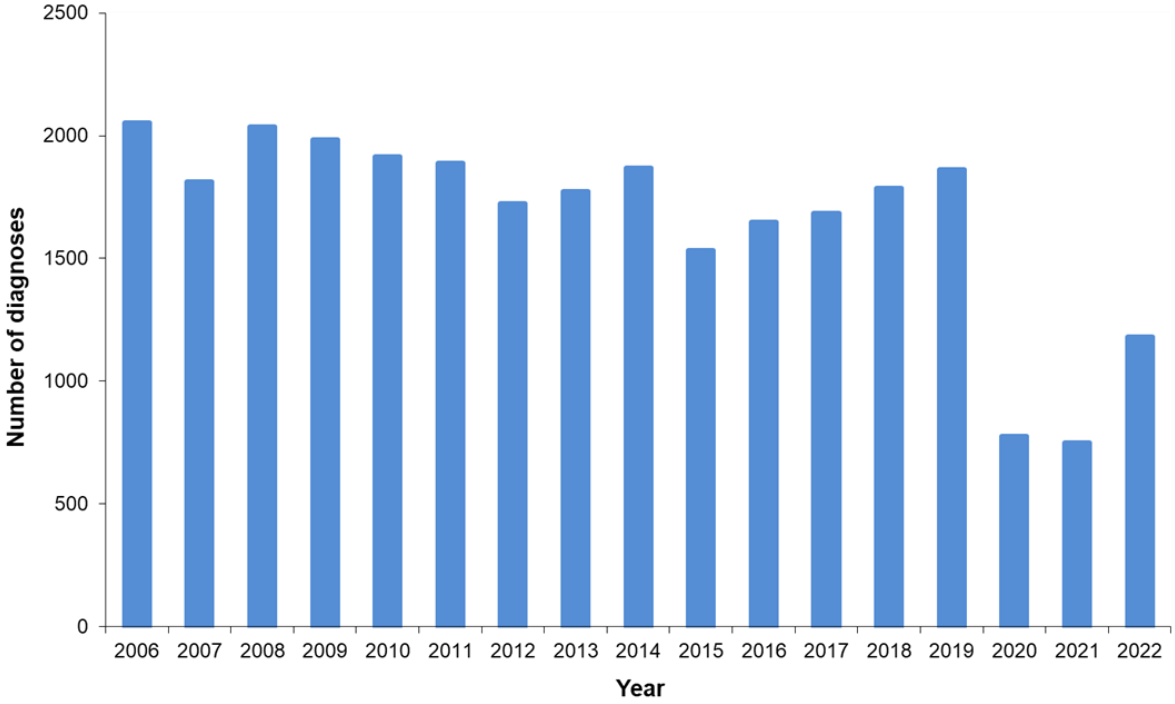


Figure 8: Diagnoses of chlamydial infection in SH clinics, 2006-2022

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.

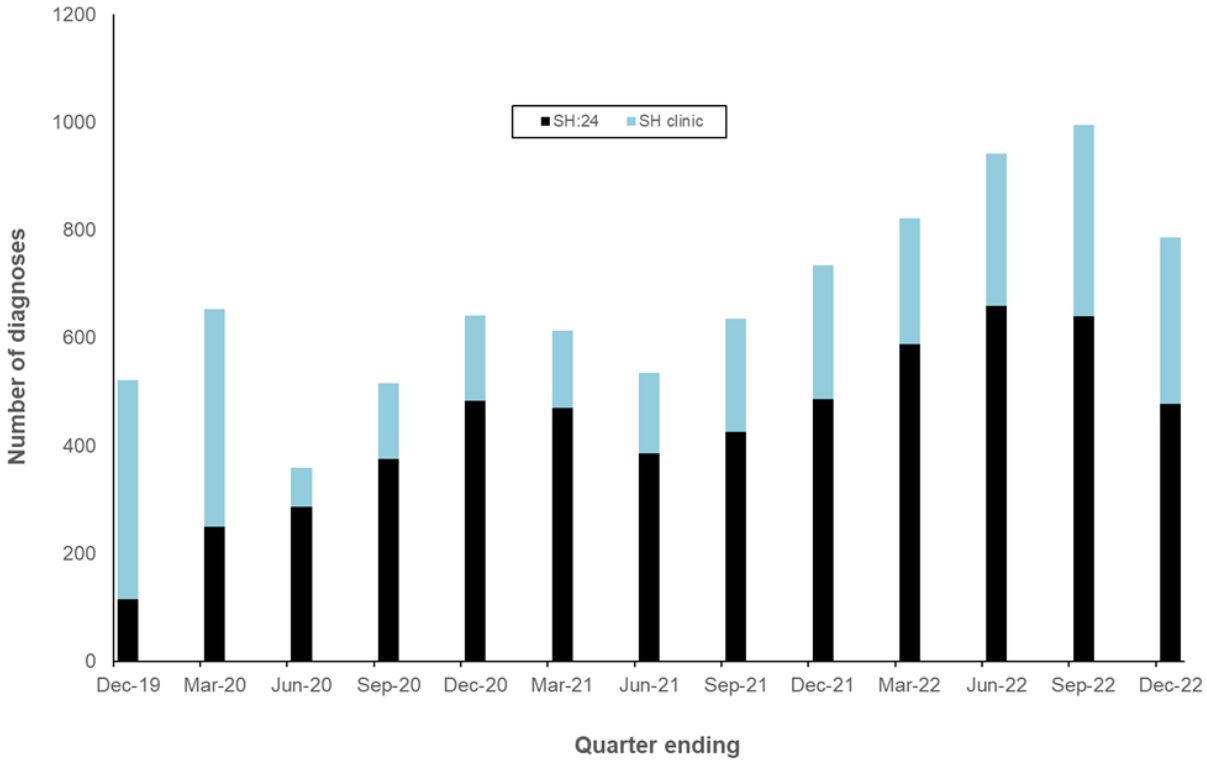


Figure 9: Diagnoses of chlamydial infection in Sexual Health & HIV services, December 2019 – December 2022

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.

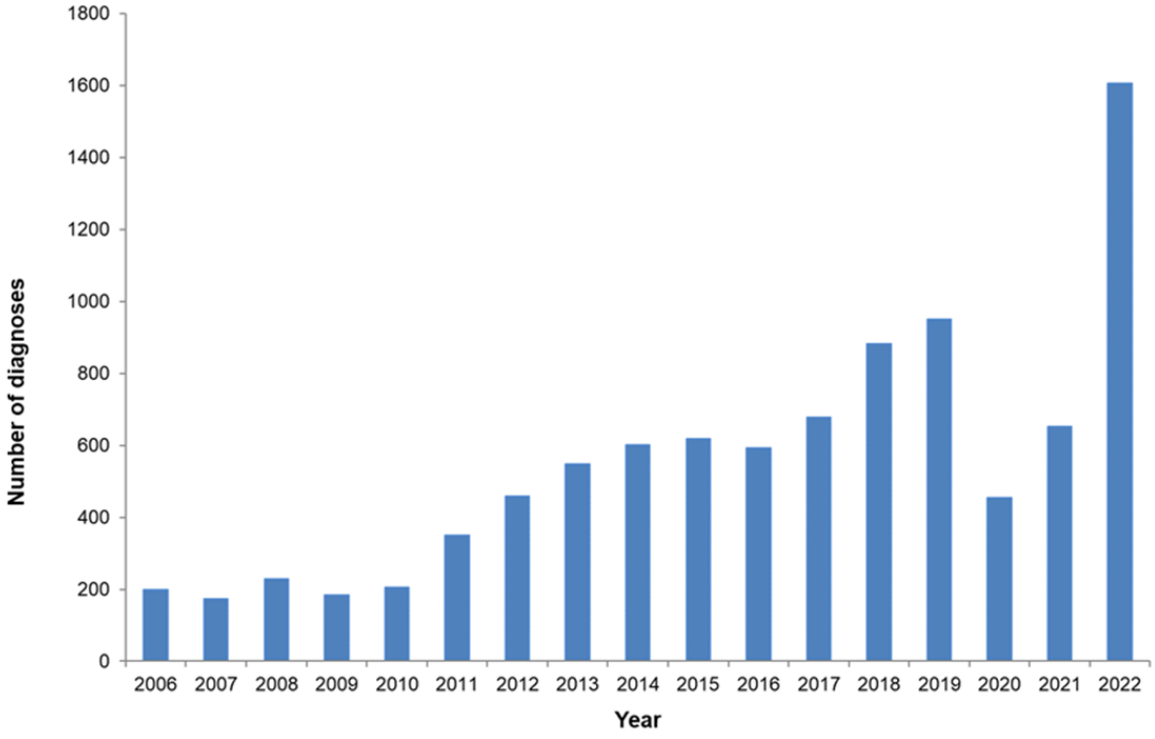


Figure 10: Diagnoses of gonorrhoea in SH clinics, 2006–2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

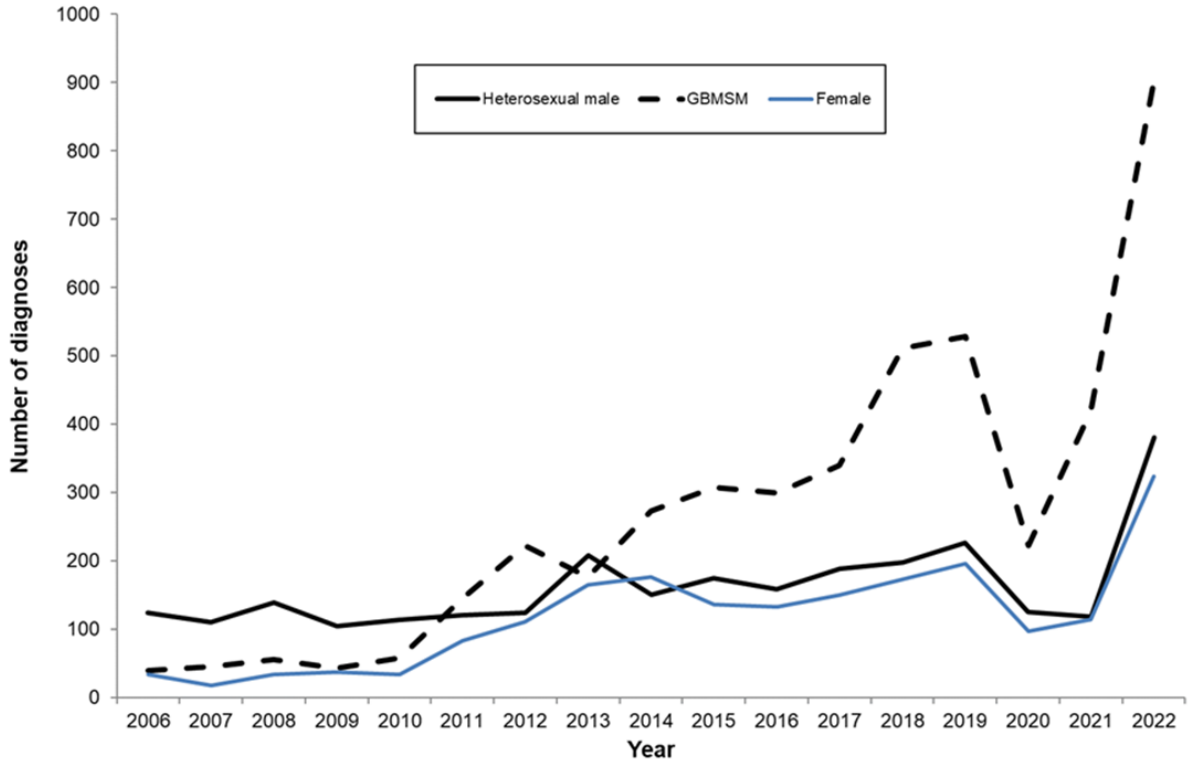


Figure 11: Diagnoses of gonorrhoea by gender and sexual orientation in SH clinics, 2006-2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

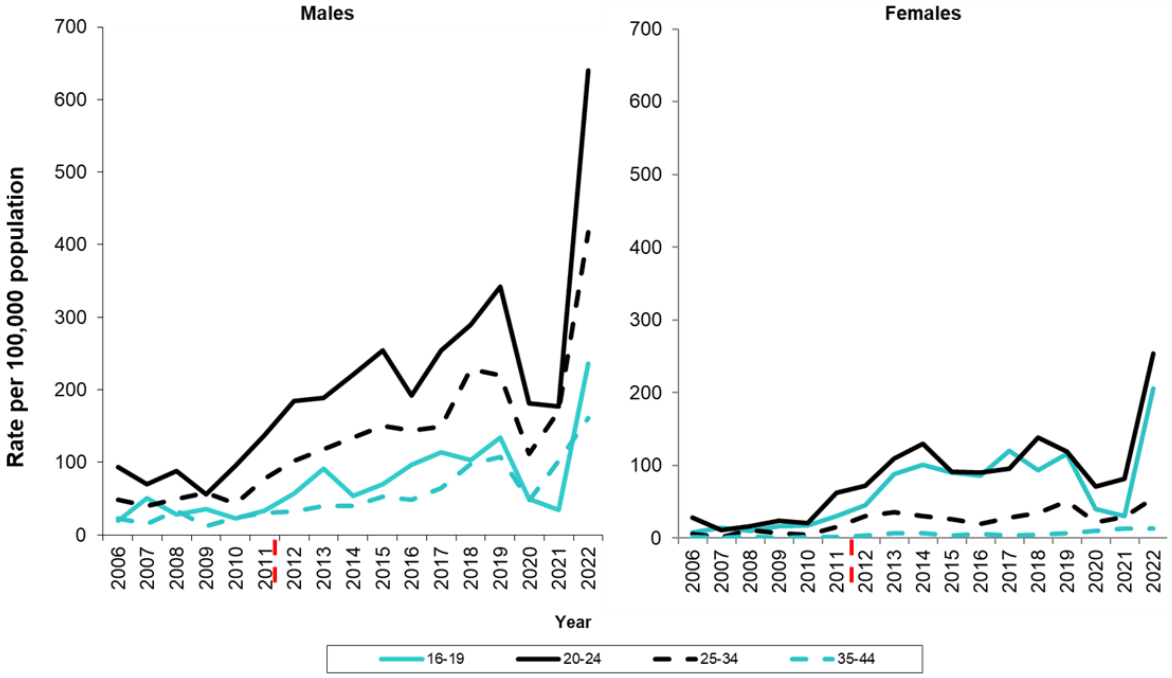


Figure 12: Rates of diagnosis of gonorrhoea in SH clinics by gender and age group, 2006–2022

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).

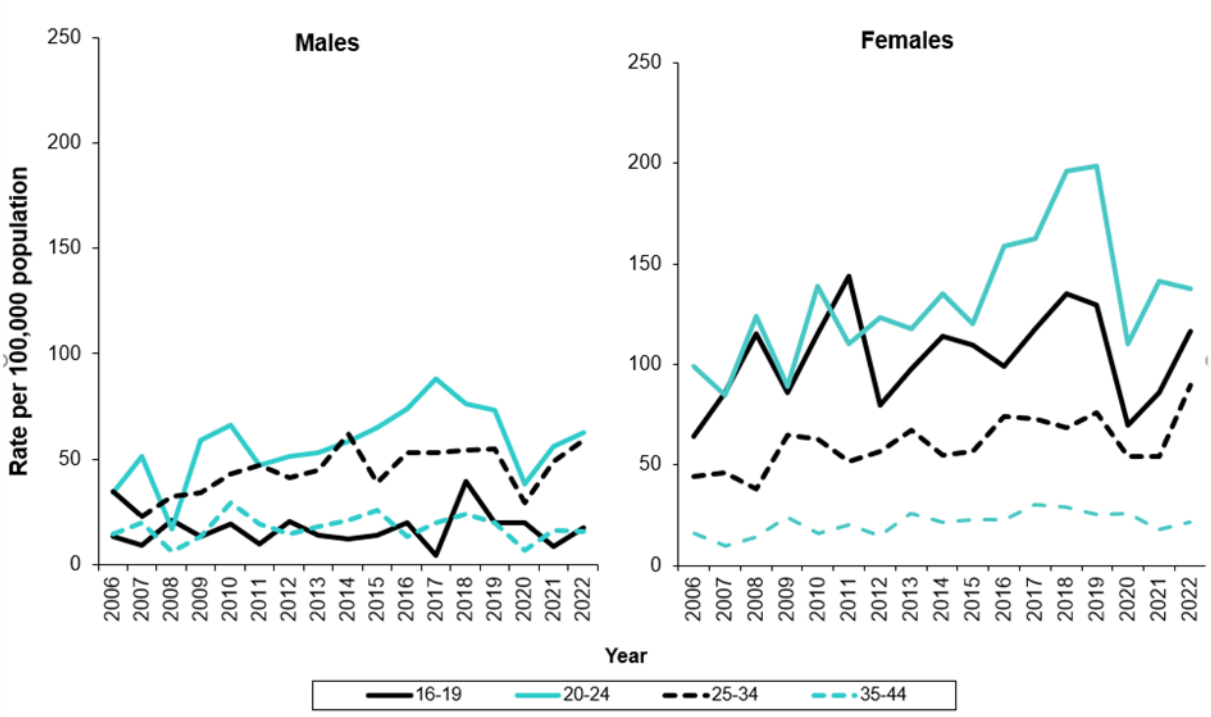


Figure 13: Rates of diagnosis of genital herpes (first episode) in SH clinics, by age and gender, 2006–2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

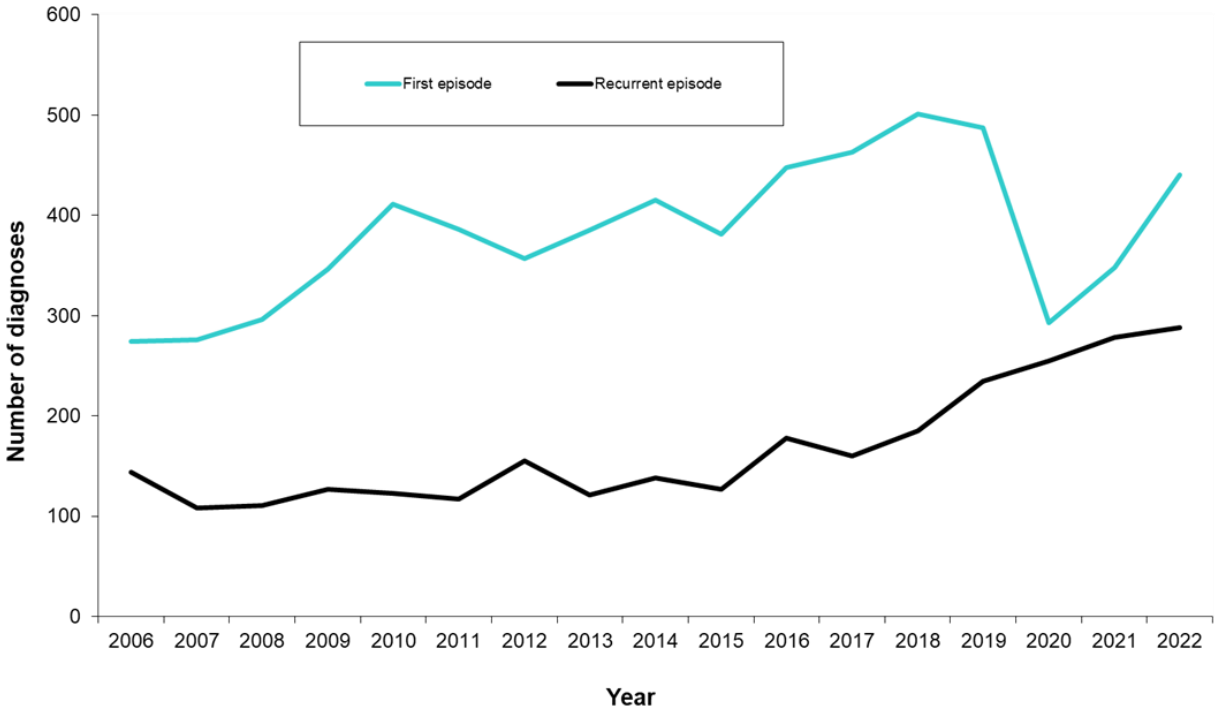


Figure 14: Diagnoses of genital herpes in SH clinics, 2006–2022

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]

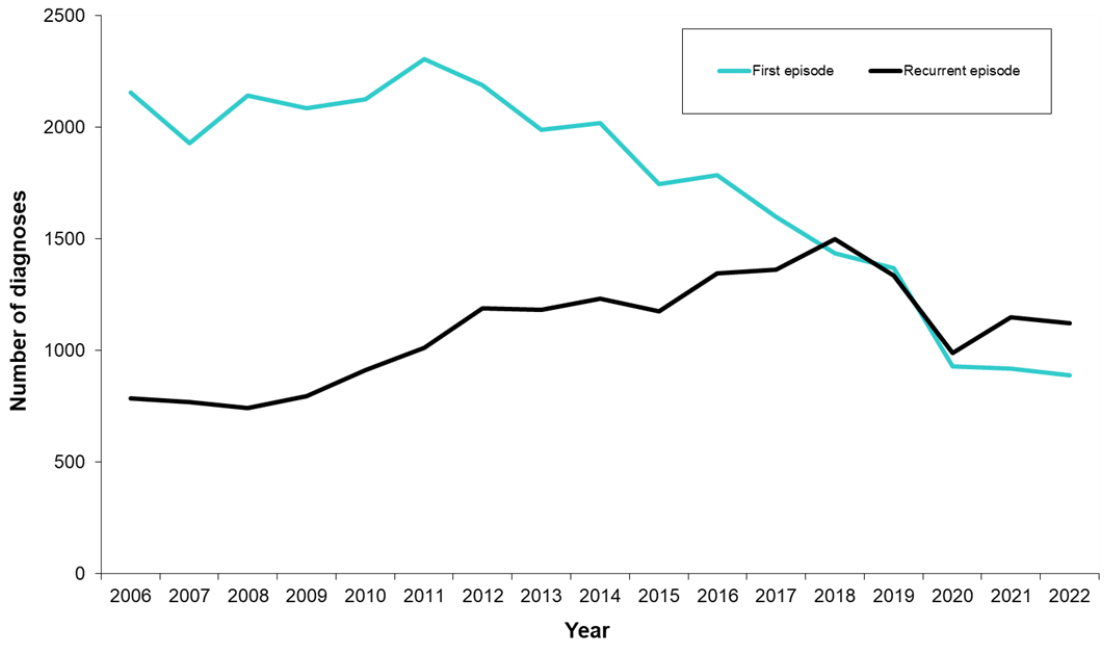


Figure 15: Diagnoses of genital warts in SH clinics, 2006–2022

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).

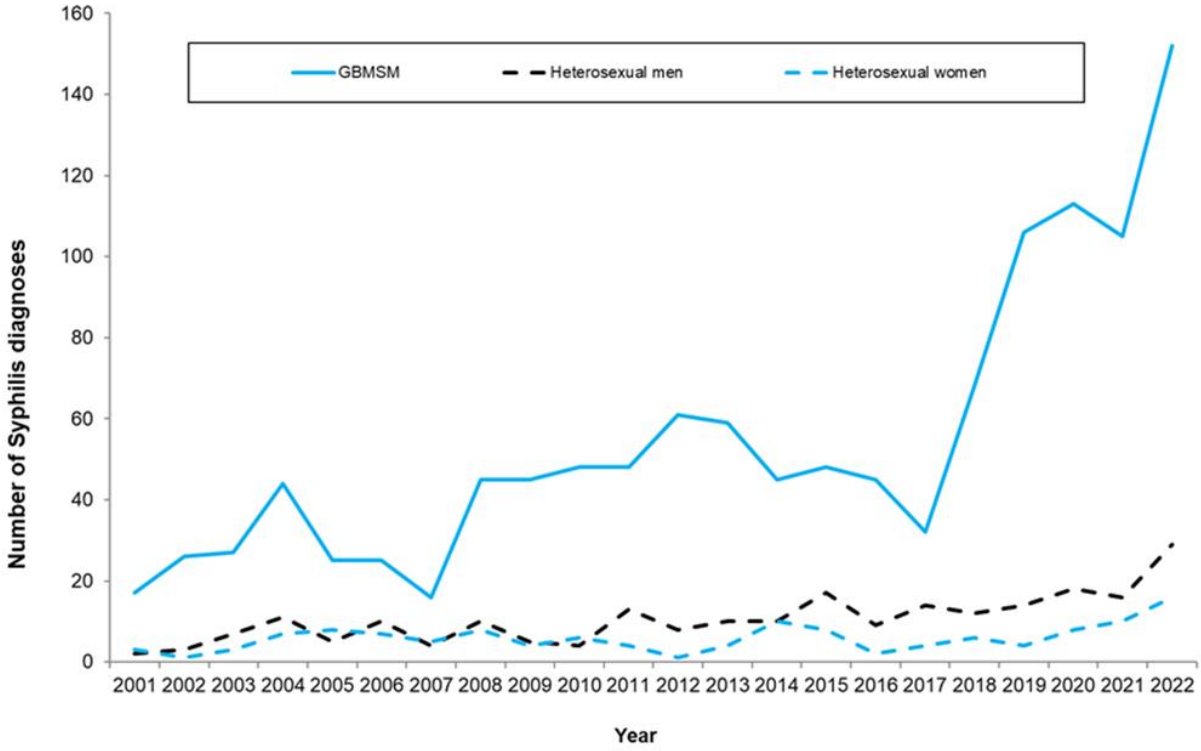


Figure 17: Number of syphilis* diagnoses in SH clinics, by gender and sexual orientation, 2001-2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

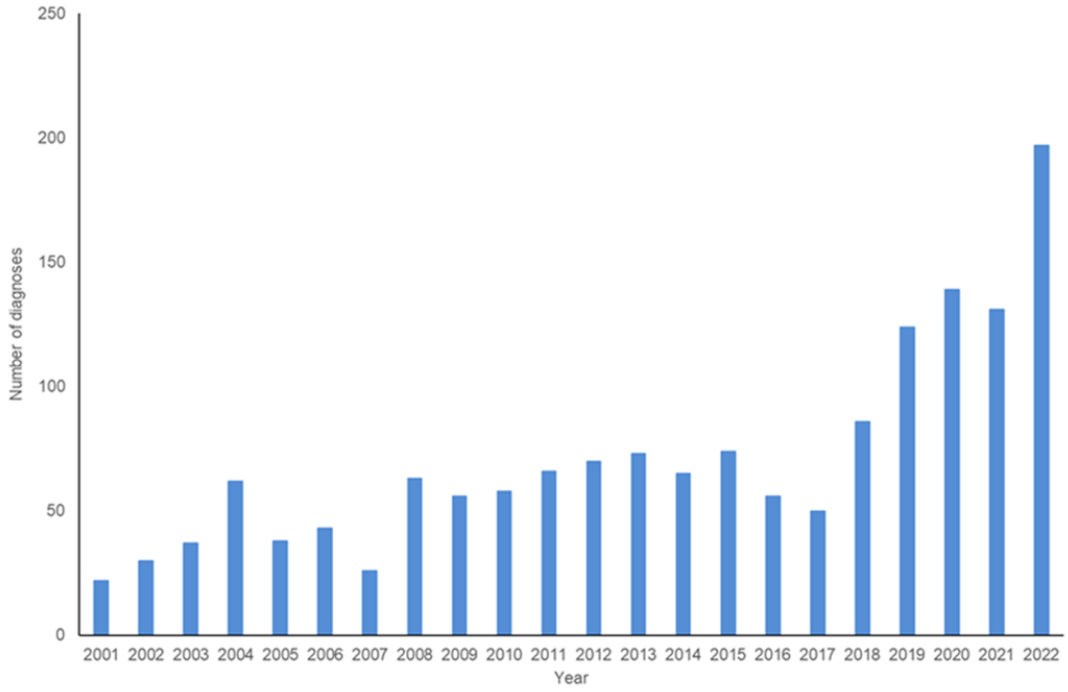


Figure 18: Number of infectious syphilis* diagnoses in SH clinics, 2001-2022

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).

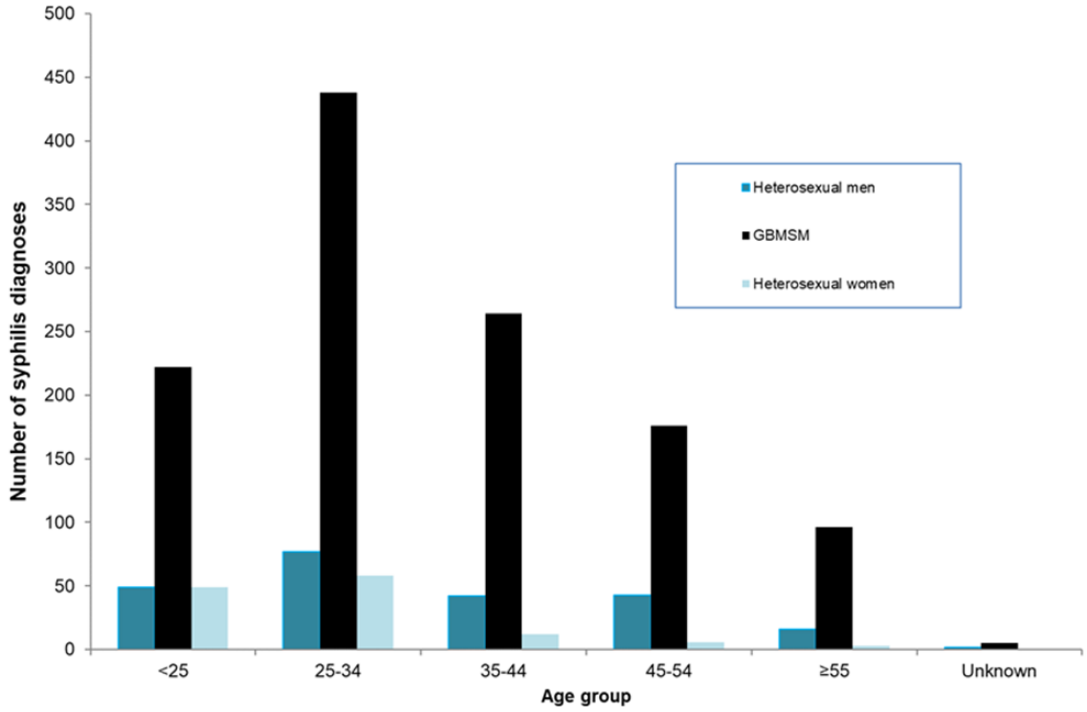


Figure 19: Age distribution of syphilis* diagnoses in SH clinics, by gender and sexual orientation, 2001–2022

Source: GUMCAD, Northern Ireland Sexual Health & HIV clinics

*Primary, secondary and early latent syphilis

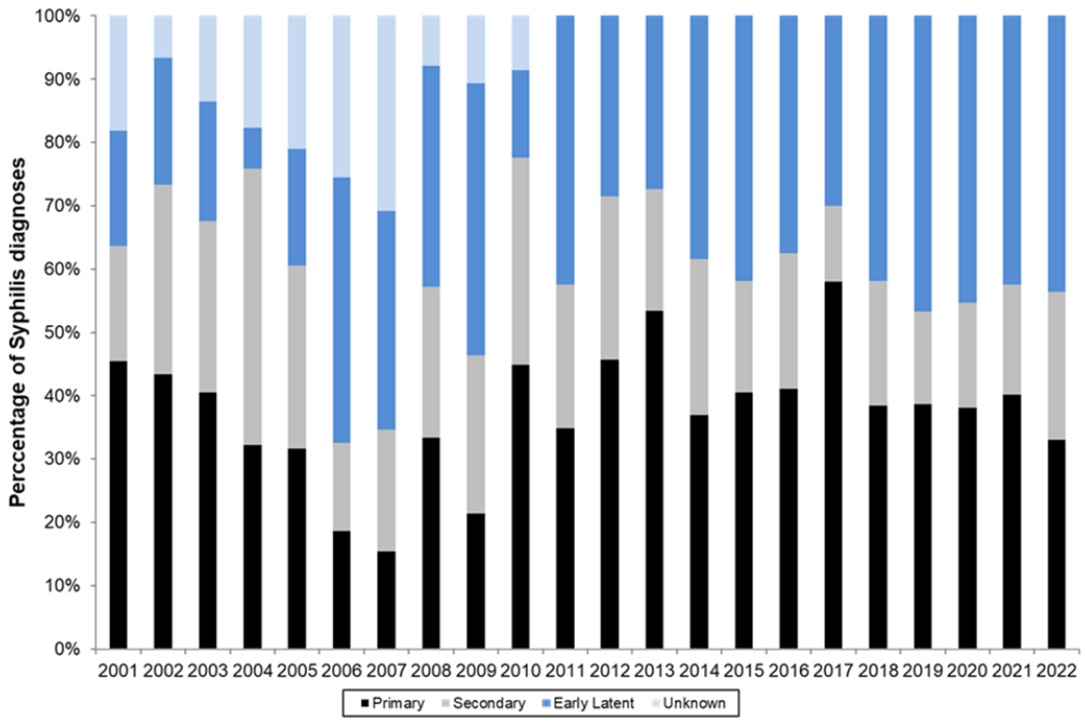


Figure 20: Stage of disease, by year of diagnosis, 2001-2022

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.

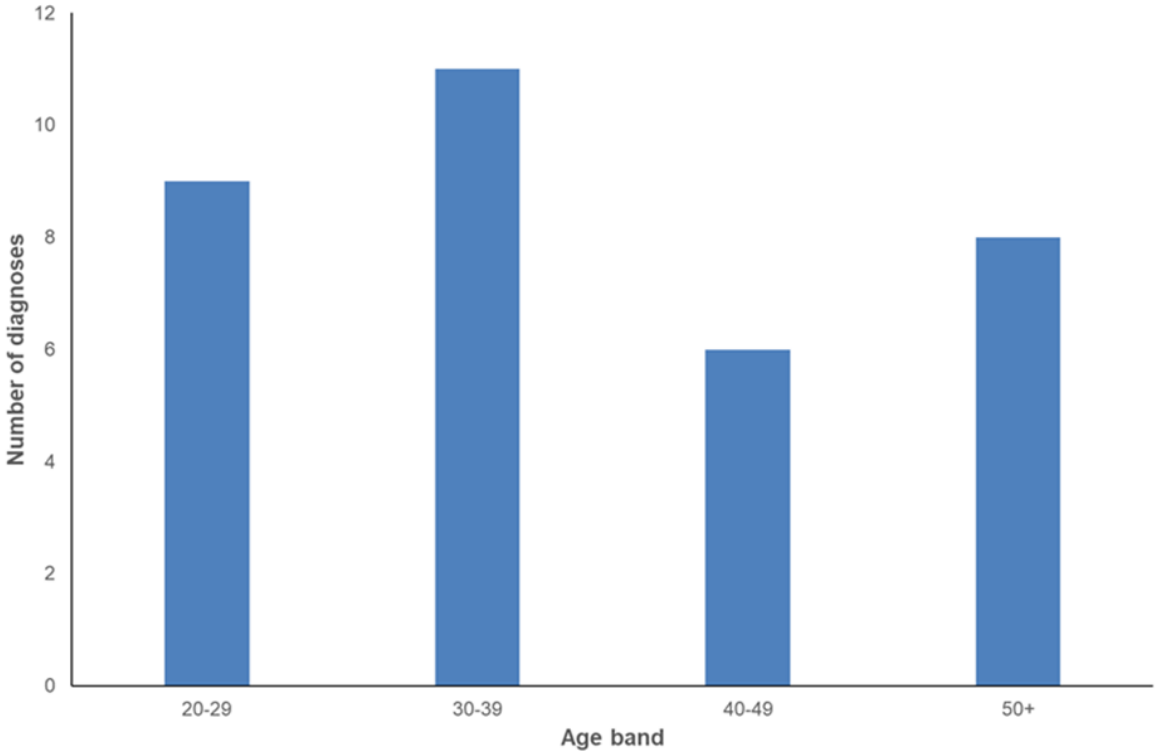


Figure 21: Number of Mpox diagnoses by age band made in SH clinics, 2022

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.

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)