

Sexually transmitted infections (STIs) and sexual health

Headlines

If left untreated, STIs can have serious long term health consequences for the individual and increase the chances of onward infection.

Those aged 15-24 years had the highest rates of STIs. All STIs are rising, due to increased testing for STIs, more sensitive diagnostic methods and changes in sexual behaviour.

Why is this issue important?

Many STIs do not show symptoms, which means that cases of infection may remain undiagnosed. If left untreated, STIs can have serious long term health consequences for the individual. Remaining undiagnosed also increases the risk of onward infection and the spread of the infections within the population. Some STIs are potentially life threatening, some can be passed from mother to child during pregnancy and birth, and infertility can be the result of STI infection in both men and women. For example, if left untreated, syphilis can lead to damage to the heart, respiratory system and nervous system, and cause disabilities in newborn children.

The most common STIs are chlamydia, genital warts, genital herpes, gonorrhoea and syphilis. Locally, new cases of STIs increased between 2003 and 2007 by 3%¹. Gonorrhoea increased by 9% between 2008 and 2009 which is a reversal of the previous trend of falling numbers of cases. This is attributed partly to new more sensitive testing but also to evidence that gonorrhoea is developing resistance to drug treatments. The rate of chlamydia in 15-24 year olds was 26 per 1,000 population and 1.13 per 1,000 amongst over 25 year olds, accounting for over half of all new STI infections locally in 2009². The biggest increase was in the number of confirmed diagnoses of genital herpes, which rose by 10% regionally (2003-2007) but by 54% locally (2005-2008)². This may be the influence of a small number of cases.

What significant factors are affecting this issue?

Rising numbers of STIs are likely to be for several reasons including increased testing levels and the availability of more sensitive diagnostic methods, as well as increasing levels of high risk sexual behaviour across several age groups.

Kirklees had low rates of uptake of STI testing³. In 2009, testing rates were 57% at Dewsbury District Hospital and 72% at Princess Royal Infirmary. This compared to testing rates of over 80% regionally.

Which groups or communities are most affected?

Young people

The age group with the highest rate of STIs continues to be 15-24 year olds. Over half of all STIs diagnosed in the UK are in people in this age group, even though they account for just 12% of the population. This includes 65% of new cases of chlamydia and 55% of new cases of genital warts². Some of the increase in chlamydia cases is as a result of the national screening programme, introduced locally in 2008. Between April and December 2009, 6.8% of 15-24 year olds in Kirklees tested for chlamydia, tested positive, identical to regionally. Regionally, rates of chlamydia are highest for women aged 16-19 years and for men aged 20-24 years. In Kirklees, women aged 15 years (12%) and men aged 16-19 years (7.8%) had the highest rates of positive tests². This suggests a shift towards a higher positive test rate in the youngest age group.

Locally in 2009, 13% of 14 year olds said they had had sexual intercourse, of which nearly 1 in 5 (18%) did not use contraception⁴. This had increased by 2% since the previous survey in 2007⁷. 1 in 5 said they had "sometimes" used a condom during sexual intercourse and 18% said they never used a condom.

Where is this causing greatest concern?

The increase in STIs in Kirklees reflects the national and regional picture. Within Kirklees, just over 1 in 4 (27%) of 14 year olds in Batley, Dewsbury and Mirfield reported never using a condom⁴.

What could commissioners and service planners consider?

A comprehensive approach to workforce development and training is required to ensure greater awareness of opportunities to communicate safe sexual health messages, the services available and of the need to test and diagnose early.

An increased understanding of the communities and localities within Kirklees where risks of STI infection are highest needs to inform the local commissioning process and health improvement programmes. This enables targeting of the groups most at risk of infection.

Sexual health services, including contraception, screening and advice, need to be designed and provided so that they are accessible and appropriate to young people as well as the adult population.

References

1. Inamdar L and Wilson S. SOPHID Report 2003-2007. West Yorkshire Health Protection Unit. Health Protection Agency. March 2009.
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3. Yorkshire and the Humber Regional Sexual Health Needs Assessment. Health Protection Agency. March 2010.
4. NHS Kirklees, Kirklees Council and West Yorkshire Police. Young People's Survey 2009.