



Public Health
England

Protecting and improving the nation's health

Spotlight on sexually transmitted infections in the West Midlands

2018 data

About Public Health England

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Executive summary

In 2018, there were 37,353 new sexually transmitted infections (STIs) diagnosed in residents of the West Midlands, an increase of 2% compared to 2017 (Table 1). The 2% increase in diagnoses among residents of the West Midlands compares to a 6% increase in residents of England. The incidence rate of new STI diagnoses amongst residents of the West Midlands was below the national rate for England in 2018 (West Midlands: 637 per 100,000. England: 784 per 100,000) (Figure 2).

Diagnoses of chlamydia increased by 3% between 2017 and 2018. This increase was due to an 11% increase in cases diagnosed at specialist sexual health services (SHS)¹. Cases diagnosed at non-specialist SHS decreased by 15%, which may reflect changing service provision (Table 1). Chlamydia infections were responsible for half of all new STIs in the West Midlands in 2018 and were particularly common in individuals aged under 25 years old. In 2018, Telford and Wrekin was the only upper tier local authority in the West Midlands to achieve the recommended chlamydia detection rate of 2,300 per 100,000 population aged 15 to 24 years (Figure 7).

The diagnosis rate for gonorrhoea continued to rise, increasing by 16% between 2017 and 2018 to reach the highest level since disaggregate data collection commenced in 1996 (Table 1, Figure 1a). This increase affected both males (17%) and females (14%) and was particularly high among men who have sex with men (MSM) (30%) (Table 2). The highest rates in 2018 were reported in Birmingham and Wolverhampton (Figure 6c). This increase is of concern given the recent emergence of extensively drug-resistant *Neisseria gonorrhoeae*².

There was a 6% increase in syphilis diagnoses in 2018 compared to 2017, the sixth successive annual increase (Table 1, Figure 1b). MSM represented 68% of all syphilis diagnoses and 79% of all male diagnoses in 2018 (Table 2). The highest rate in the West Midlands in 2018 was reported in Stoke-on-Trent (Figure 6e). Public Health England (PHE) has worked with stakeholders to develop a syphilis action plan. Key aims of this action plan include increasing testing frequency of high-risk MSM, improving partner notification, and maintaining high rates of antenatal screening³.

Diagnoses of anogenital herpes and anogenital warts decreased in 2018 by 2% and 1% respectively (Table 1). The number of diagnoses of genital warts among females aged 15 to 17 years, most of whom would have been offered the quadrivalent HPV vaccine aged 12 to 13 years old, was 97% lower in 2018 compared to 2014. A decline of 84%

¹ Sexual health services (SHS) include both specialist (level 3) and non-specialist (level 1 and 2) SHS. Specialist SHS refers to genitourinary medicine (GUM) and integrated GUM/sexual and reproductive health (SRH). Non-specialist SHS refers to SRH services, young people's services, online sexual health services, termination of pregnancy services, pharmacies, outreach and general practice, and other community-based settings.

² Public Health England. Two cases of resistant gonorrhoea diagnosed in the UK. Available from: <https://www.gov.uk/government/news/two-cases-of-resistant-gonorrhoea-diagnosed-in-the-uk>

³ Public Health England. Addressing the increase in syphilis in England: PHE action plan. Available from: <https://www.gov.uk/government/publications/syphilis-public-health-england-action-plan>

was seen in same aged heterosexual males over this time period, which suggests substantial herd protection. This is not necessarily the case for MSM – as a result, a national rollout of targeted HPV vaccination for MSM attending specialist SHS and HIV clinics started in April 2018⁴.

In 2018, over half (52%) of all new STIs were diagnosed in individuals aged under 25 years old. Females and males aged 20 to 24 years had the highest diagnosis rates for all new STIs combined (Figure 3a). High-quality relationships and sex education in educational settings equip young people with the information, skills and values to maintain their sexual health and contributes to wider health, emotional wellbeing and safeguarding. An online resource promoting condom use and positive sexual relationships among 16 to 24 year olds is available⁵.

Men and women of black and mixed ethnicity had significantly higher diagnosis rates than men and women of all other ethnic groups for all new STIs combined in 2018 (Figure 4a). The high rates among the black and mixed ethnic groups is most likely the consequence of a complex interplay of cultural, economic and behavioural factors emphasising the importance of ensuring that prevention activities appropriately target these communities.

In 2018, Birmingham, Wolverhampton, Coventry, Sandwell and Telford and Wrekin had higher diagnosis rates than the West Midlands average for all new STIs combined (Figure 6a). Strengthened local prevention activities need to focus on groups at highest risk, including young adults, black ethnic minorities and MSM. Resources are available, including an online resource and a telephone helpline⁶ to provide advice on contraception, pregnancy and STIs.

From 2017 to 2018, the proportion of eligible new attendees at specialist SHS that were offered an HIV test increased from 78% to 79%. The lowest proportion was in Sandwell (61%) in 2018 (Figure 8a). Actual HIV test coverage (the proportion of eligible new attendees at specialist SHS who received an HIV test) fell slightly from 65% in 2017 to 64% in 2018, with the lowest coverage in Sandwell (43%) in 2018 (Figure 8b).

Regular testing for HIV and STIs is essential for good sexual health and everyone should have an STI screen, including an HIV test, annually if having condomless sex with new or casual partners. In addition:

- anyone under 25 who is sexually active should be screened for chlamydia annually, and on change of sexual partner
- gay, bisexual and other MSM should be tested annually for HIV and STIs and every 3 months if having condomless sex with new or casual partners

⁴ Public Health England. HPV vaccination programme for men who have sex with men (MSM). Available from: <https://www.gov.uk/government/collections/hpv-vaccination-for-men-who-have-sex-with-men-msm-programme>

⁵ NHS. Available from: <https://www.nhs.uk/protect-against-stis-use-a-condom/home>

⁶ Sexwise. Available from: <https://www.sexwise.fpa.org.uk/>

Trends in new STI diagnoses

In 2018 there were 37,353 new STIs diagnosed in residents of the West Midlands at specialist and non-specialist SHS. This represents a 2% increase compared to 2017 (Table 1). However, there were differences between specific STIs. Increases were observed for gonorrhoea (16%), syphilis (6%) and chlamydia (3%). Decreases in the number of cases were observed for anogenital herpes (2%) and anogenital warts (1%). All other new STI[†] diagnoses decreased by 3% between 2017 and 2018.

Table 1: Number of new STI diagnoses by gender, West Midlands residents, 2017 and 2018

STI	Females			Males			All Persons [‡]		
	2017	2018	% change	2017	2018	% change	2017	2018	% change
Chlamydia (total)	10,977	11,235	2%	7,269	7,473	3%	18,304	18,769	3%
<i>of which specialist SHS</i>	6,690	7,580	13%	5,691	6,148	8%	12,385	13,733	11%
<i>of which non-specialist SHS</i>	4,287	3,655	-15%	1,578	1,325	-16%	5,919	5,036	-15%
Gonorrhoea	1,596	1,825	14%	2,396	2,803	17%	3,997	4,632	16%
Anogenital herpes (first episode)	1,868	1,902	2%	1,000	918	-8%	2,868	2,822	-2%
Syphilis (primary, secondary, early latent)	48	60	25%	353	364	3%	401	424	6%
Anogenital warts (first episode)	2,117	2,062	-3%	2,712	2,739	1%	4,830	4,804	-1%
All other new STI diagnoses [†]	2,844	2,717	-4%	3,212	3,185	-1%	6,058	5,902	-3%
Total new STI diagnoses	19,450	19,801	2%	16,942	17,482	3%	36,458	37,353	2%

[†]Includes chancroid / LGV / donovanosis, new HIV diagnoses, molluscum contagiosum, mycoplasma genitalium, non-specific genital infection, pelvic inflammatory disease and epididymitis (non-specific), scabies / pediculosis pubis, shigella (flexneri, sonnei and unspecified) and trichomoniasis

[‡]Includes diagnoses in patients of unknown gender

Data sources: GUMCAD STI Surveillance System and CTAD Chlamydia Surveillance System

Diagnosis rates for each of the 5 main STIs diagnosed in the West Midlands, regardless of PHE centre of residence, are shown in Figure 1.

Chlamydia

In 2018 the rate of chlamydia diagnosis (specialist SHS and non-specialist SHS combined) was 329 per 100,000 population. This was an increase from the 321 per 100,000 population reported in 2017. The increase was driven by diagnoses made at specialist SHS (2017: 220 per 100,000; 2018: 243 per 100,000), which reached its highest level in 2018 since disaggregate data collection began.

Gonorrhoea

The diagnosis rate for gonorrhoea has increased gradually since 1996 and in 2018 reached a peak of 79.5 per 100,000.

Anogenital herpes

The diagnosis rate for anogenital herpes has remained stable over the last decade with a rate of 51.7 per 100,000 population in 2018.

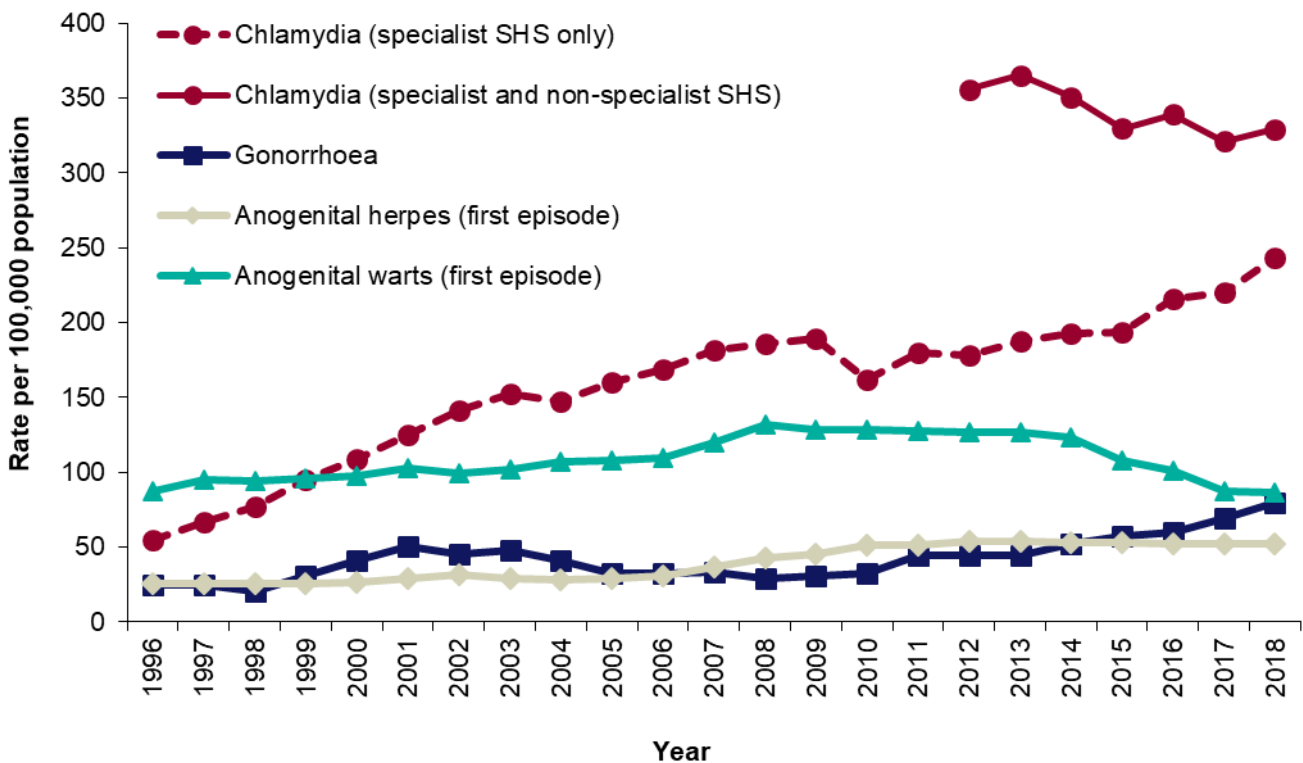
Anogenital warts

The diagnosis rate for anogenital warts has decreased since a peak of 131.6 per 100,000 population in 2008 to 86.4 per 100,000 population in 2018.

Syphilis

The diagnosis rate for syphilis increased rapidly from very low levels in 2000 (0.4 per 100,000 population) to a peak in 2005 (8.3 per 100,000 population), before falling sharply until 2012. Rates have increased annually for the last 6 years and reached 7.4 per 100,000 population in 2018.

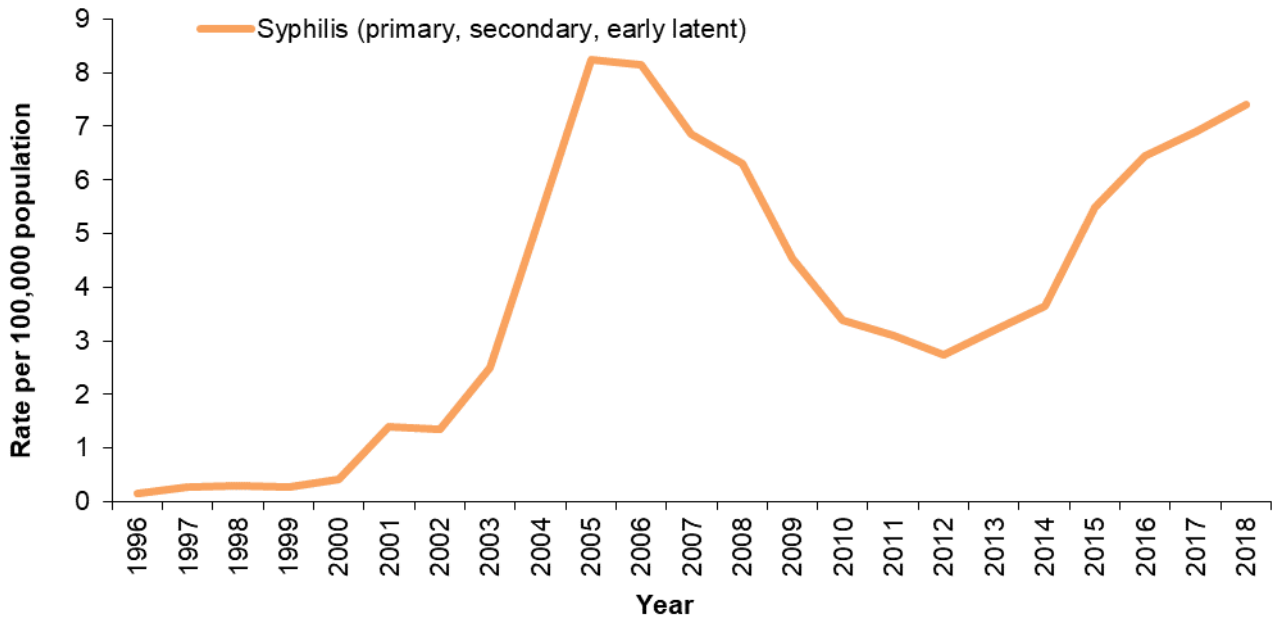
Figure 1A: STIs diagnosed at SHS in the West Midlands, rates per 100,000 population: Chlamydia, Gonorrhoea, Anogenital herpes and Anogenital warts, 1996 to 2018



Note: From 1996 to 2012 data are for specialist SHS only; from 2012 to 2018 data are for specialist SHS and non-specialist SHS.

Data sources: GUMCAD STI Surveillance System, CTAD Chlamydia Surveillance System and WMSTIP.

Figure 1B: STIs diagnosed at SHS in the West Midlands, rates per 100,000 population: Syphilis, 1996 to 2018

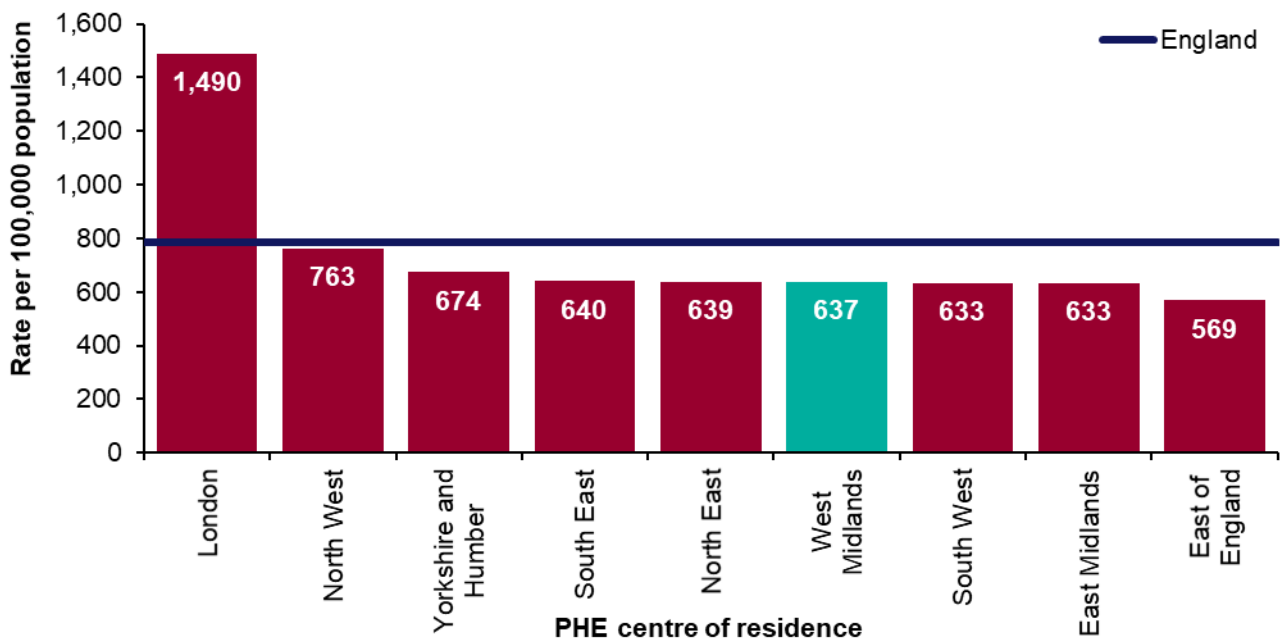


Note: From 1996 to 2012 data are for specialist SHS only; from 2012 to 2018 data are for specialist SHS and non-specialist SHS.

Data sources: GUMCAD STI Surveillance System and WMSTIP

The rate of new STI diagnoses among residents of the West Midlands was below the national rate for England in 2018 (West Midlands: 637 per 100,000; England: 784 per 100,000) (Figure 2).

Figure 2: Diagnosis rate for all new STIs per 100,000 population by PHE centre of residence, 2018



Data sources: GUMCAD STI Surveillance System and CTAD Chlamydia Surveillance System

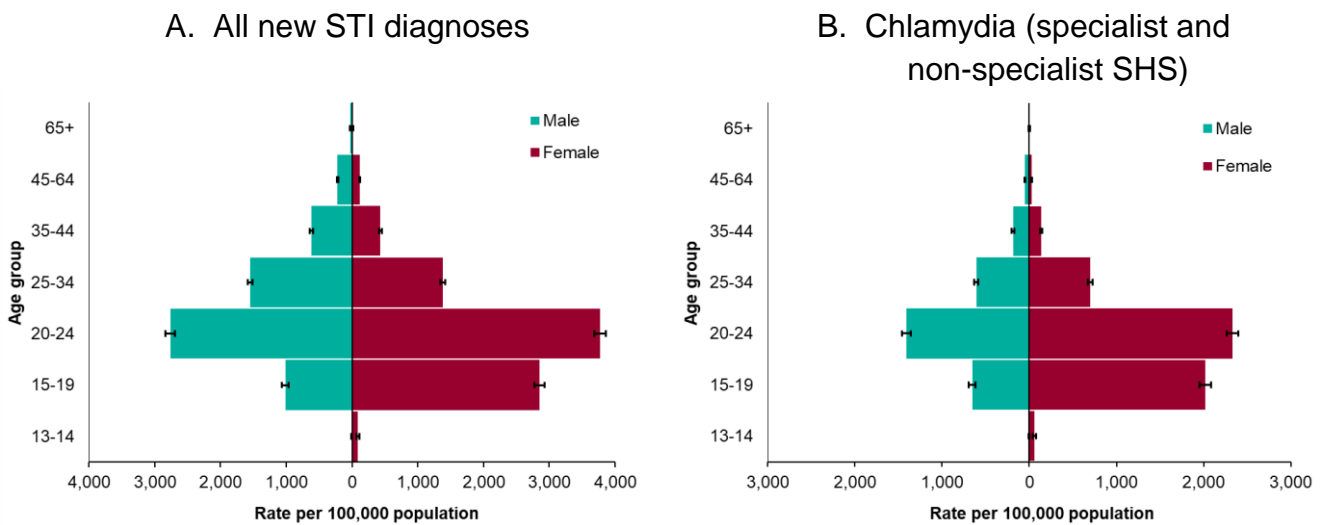
New STI diagnoses by age group

Overall, rates of new STI diagnoses in 2018 were highest in both males and female aged 20-24 years. Figure 3 shows the age group/sex distribution for all new STIs and individually for chlamydia, gonorrhoea, anogenital herpes, syphilis and anogenital warts in 2018.

Just under two-thirds (61%) of all new STI diagnoses in females in 2018 were in those aged under 25 years, this ranged from 22% of syphilis diagnoses to 70% of chlamydia diagnoses. In males, 42% of all new STIs were diagnosed in those aged under 25 years, ranging from 16% of syphilis diagnoses to 54% of chlamydia diagnoses.

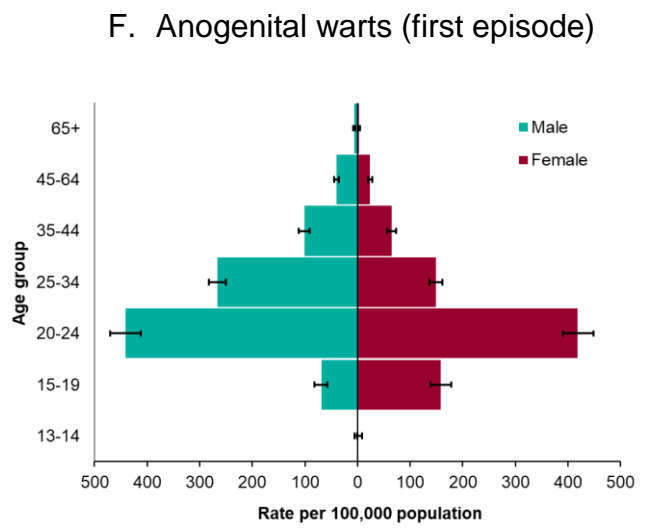
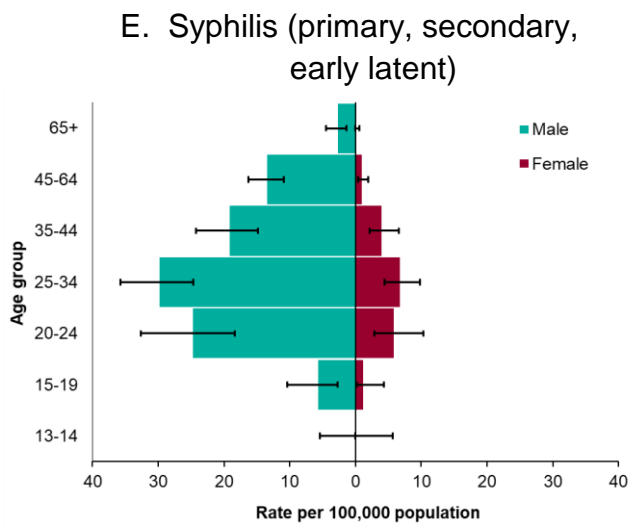
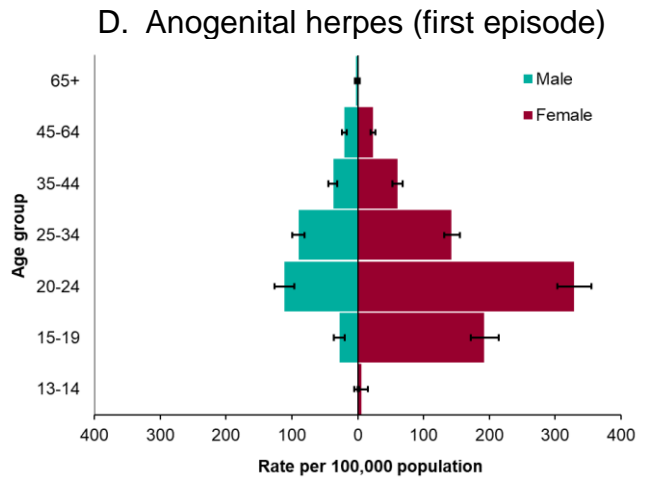
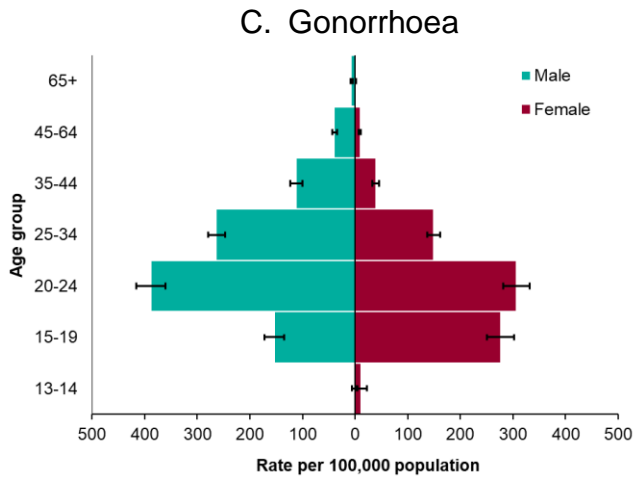
Males (all ages) accounted for most cases of syphilis (86%), gonorrhoea (61%) and anogenital warts (57%) in 2018, while females accounted for most cases of anogenital herpes (67%) and chlamydia (60%).

Figure 3: Rates of new STI diagnoses per 100,000 population by age group and gender, West Midlands residents, 2018



Data sources: GUMCAD STI Surveillance System and CTAD Chlamydia Surveillance System

Figure 3 (continued): Rates of new STI diagnoses per 100,000 population by age group and gender, West Midlands residents, 2018



Data source: GUMCAD STI Surveillance System

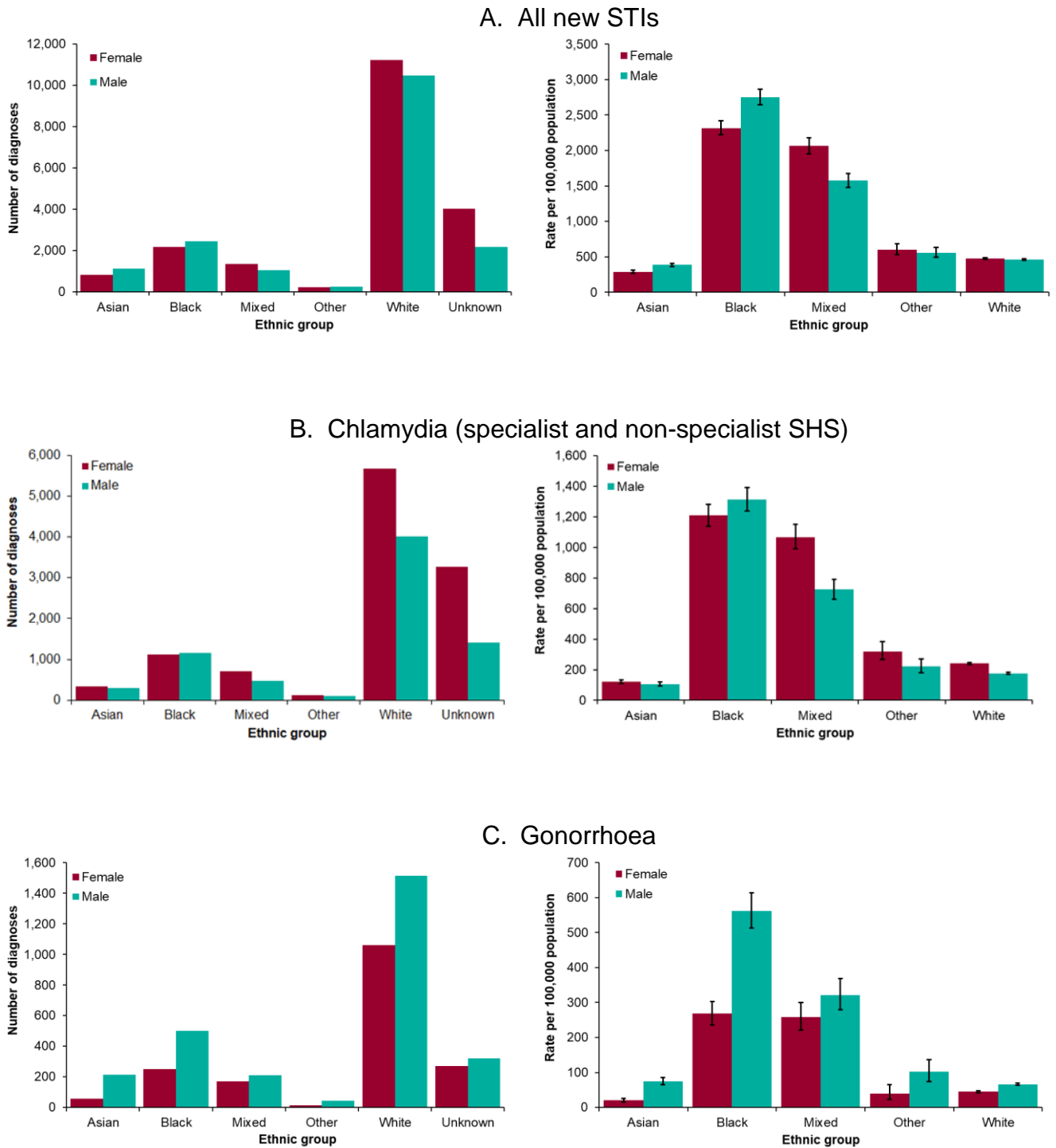
New STI diagnoses by ethnic group

For both male and female West Midlands residents, the highest number of all new STI diagnoses in 2018 was in the white ethnic group (70% of all new diagnoses where ethnicity was recorded) (Figure 4A). However, the diagnosis rate for all new STIs combined for the black ethnic group has been 4- to 5-times higher than that of the white ethnic group since 2012. In 2018, the diagnosis rate per 100,000 population for all new STIs combined was statistically significantly higher for individuals from the black ethnic group (rate: 2,528.5 – 95% confidence interval (CI): 2,456.0-2,602.6) than for individuals from the white ethnic group (rate: 468.8 – 95% CI: 462.6-475.1) and all other ethnic groups.

Where ethnicity was recorded, the white population accounted for 69% of chlamydia diagnoses, 64% of gonorrhoea diagnosis, 78% of anogenital herpes diagnoses, 80% of syphilis diagnoses and 80% of anogenital warts diagnoses (Figure 4B-F). Individuals of black ethnicity had statistically significantly higher diagnosis rates than individuals of white ethnicity for chlamydia, gonorrhoea, anogenital herpes, syphilis and anogenital warts. For chlamydia, the diagnosis rate per 100,000 population for the black ethnic group was 1,258.5 (95% CI: 1,207.5-1,311.1) compared to 209.6 (95% CI: 205.5-213.8) for the white ethnic group. For gonorrhoea, the diagnosis rate per 100,000 population for individuals of black ethnicity was 411.3 (95% CI: 382.3-441.8) compared to 55.6 (95% CI: 53.5-57.8) for individuals of white ethnicity. For syphilis, the black ethnic group had a diagnosis rate of 13.2 (95% CI: 8.4-19.6) compared to 6.7 (95% CI: 6.0-7.5) for the white ethnic group.

By gender, men of black and mixed ethnicity were significantly more likely to be diagnosed with all infections other than syphilis when compared to white men. Women of black and mixed ethnicity were significantly more likely than white women to be diagnosed with each infection.

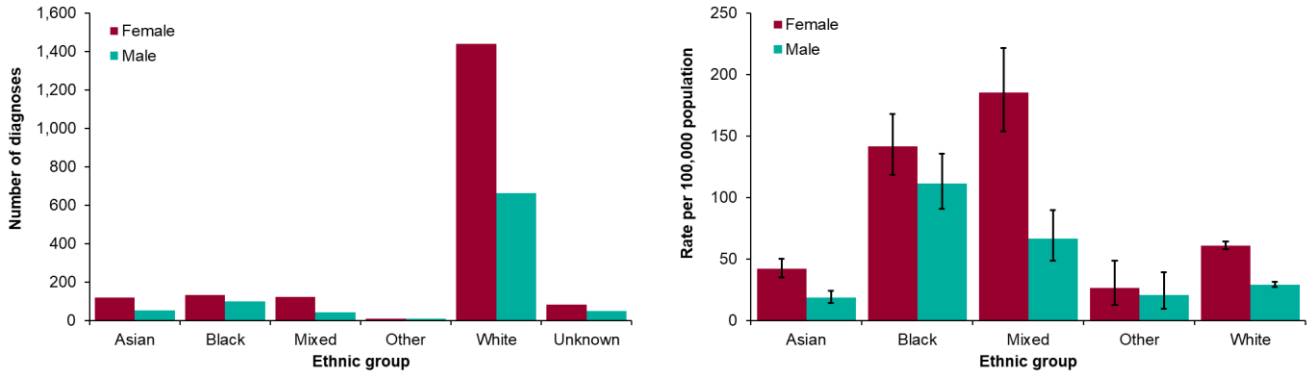
Figure 4: Numbers and rates per 100,000 population of new STIs by ethnic group and gender, West Midlands residents, 2018



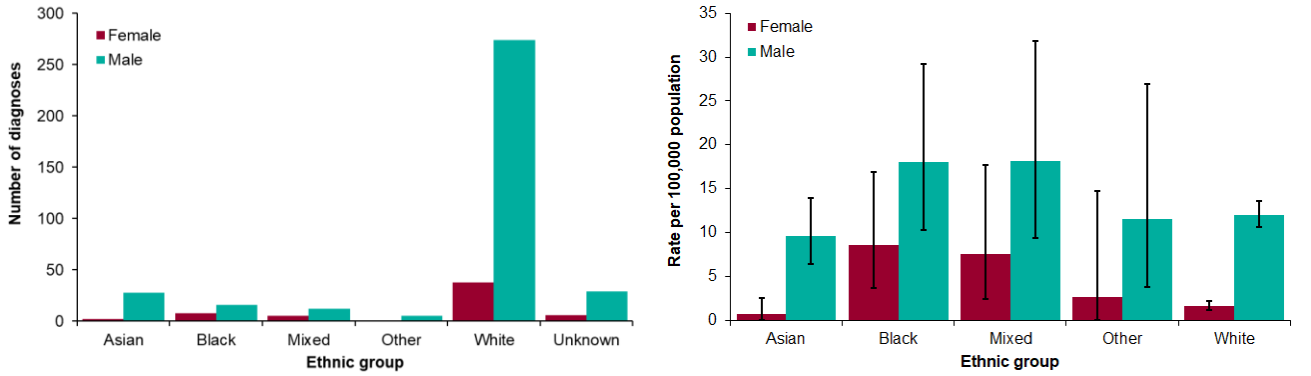
Data sources: GUMCAD STI Surveillance System and CTAD Chlamydia Surveillance System

Figure 4 (continued): Numbers and rates per 100,000 population of new STIs by ethnic group and gender, West Midlands residents, 2018

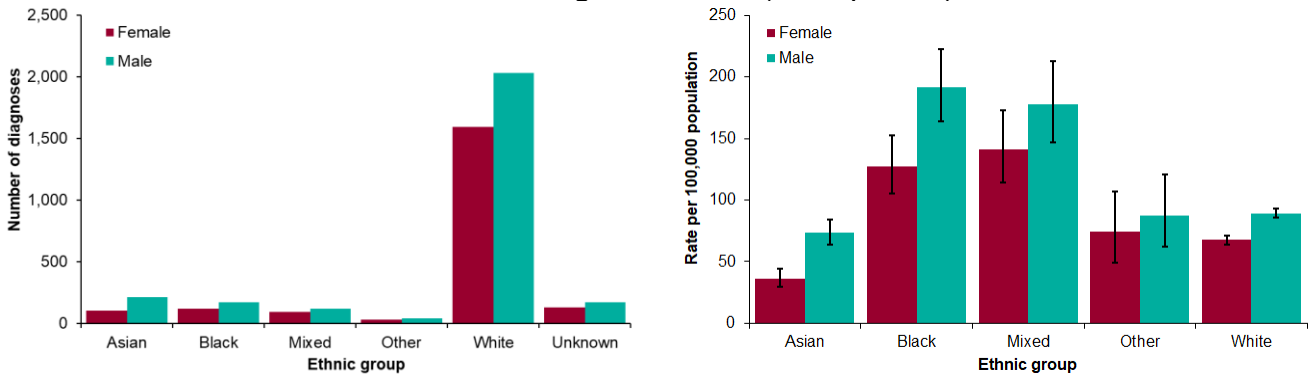
D. Anogenital herpes (first episode)



E. Syphilis (primary, secondary and early latent)



F. Anogenital warts (first episode)



Data source: GUMCAD STI Surveillance System

Men who have sex with men

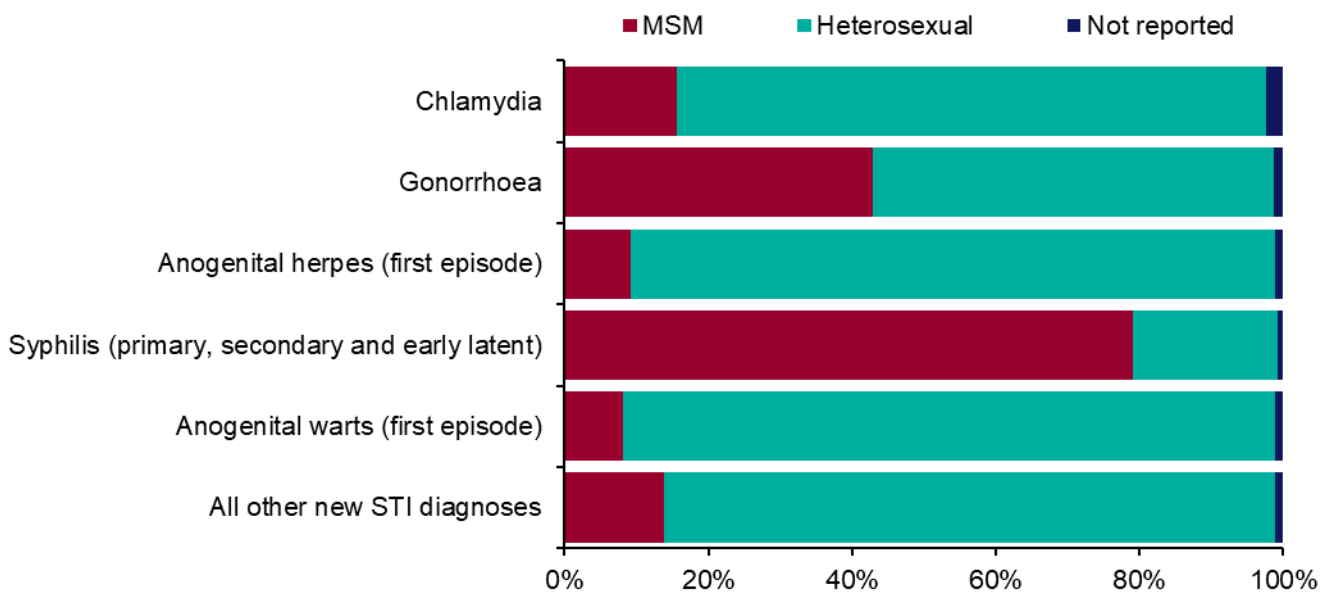
The number of new STIs diagnosed in MSM at specialist SHS increased by 19% from 2017 to 2018. The largest percentage increases were observed for gonorrhoea (30%), chlamydia (20%) and anogenital warts (18%). In 2018, 20% of all new STIs diagnosed in men were in MSM, including more than three-quarters of syphilis cases (79%) and 43% of gonorrhoea cases (Table 2, Figure 5). The median age of MSM diagnosed with a new STI in 2018 was 30 years old, compared to 26 years for heterosexual men.

Table 2: Number of STI diagnoses at specialist SHS in MSM and percentage of all male diagnoses, West Midlands residents, 2017 and 2018

STI	Number of diagnoses		% change 2017 to 2018	MSM diagnoses as % of all male diagnoses	
	2017	2018		2017	2018
Chlamydia	797	955	20%	14%	16%
Gonorrhoea	922	1,200	30%	38%	43%
Anogenital herpes (first episode)	77	85	10%	8%	9%
Syphilis (primary, secondary, early latent)	266	288	8%	75%	79%
Anogenital warts (first episode)	187	220	18%	7%	8%
All other new STI diagnoses	439	438	0%	14%	14%
Total new STI diagnoses	2,688	3,186	19%	17%	20%

Data source: GUMCAD STI Surveillance System

Figure 5: Percentage of all male diagnoses at specialist SHS by sexual orientation and STI, West Midlands residents, 2018



Data source: GUMCAD STI Surveillance System

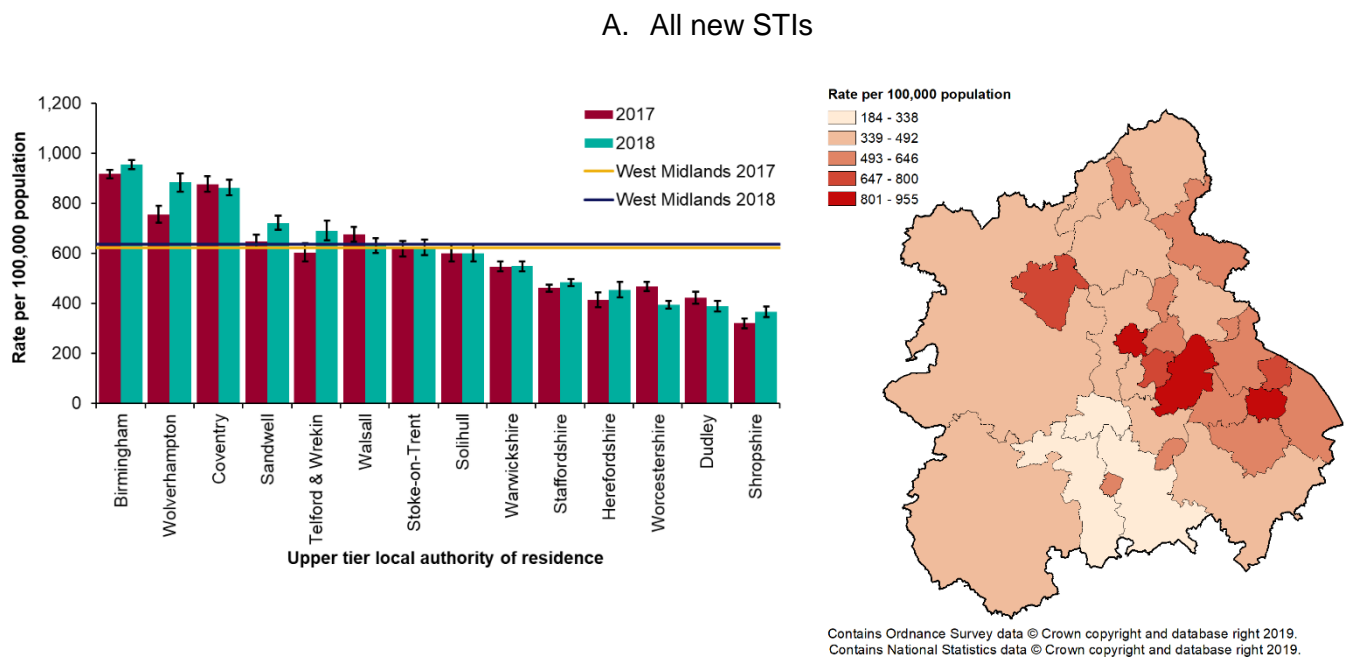
Geographical distribution of new STI diagnoses

The geographical distribution of new STI diagnoses varies by infection (Figure 5A-F). In 2018, Birmingham had the highest diagnosis rate per 100,000 population for all new STIs combined, followed by Wolverhampton and Coventry. The lowest rates were observed in Shropshire, Dudley and Worcestershire. Five upper tier local authorities in the West Midlands experienced an increase in the rate of all new STIs combined of 10% or more from 2017 to 2018: Wolverhampton (17%), Telford and Wrekin (15%), Shropshire (14%), Sandwell (12%) and Herefordshire (10%).

By individual STI in 2018, rates of:

- chlamydia and gonorrhoea were highest in Birmingham and Wolverhampton
- anogenital herpes were highest in Coventry and Wolverhampton
- syphilis were highest in Stoke-on-Trent and Telford and Wrekin
- anogenital warts were highest in Coventry and Warwickshire

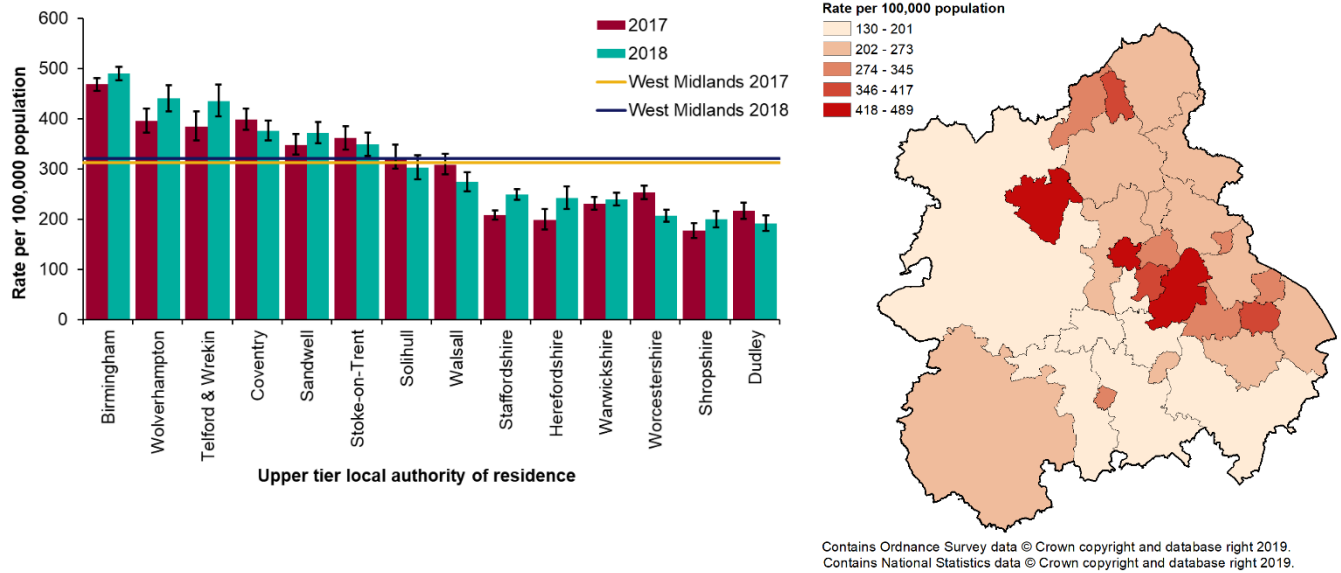
Figure 6: Rates of STI diagnoses by upper tier local authority of residence, West Midlands, 2017 and 2018 (chart) and lower tier local authority of residence, West Midlands, 2018 (map)



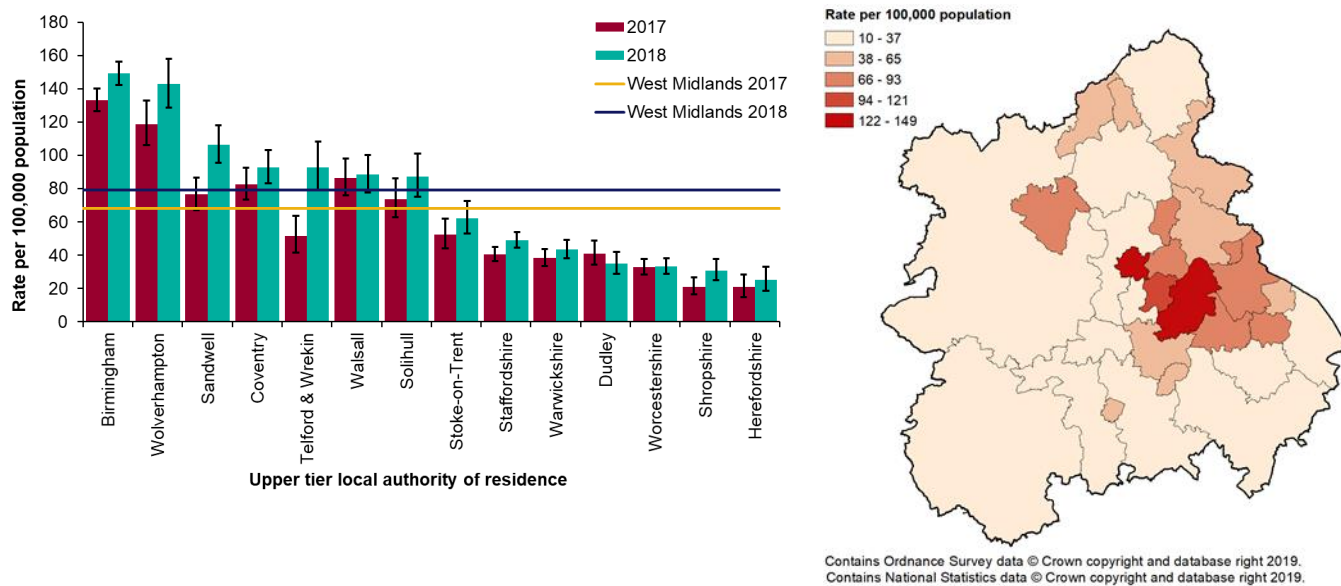
Data sources: GUMCAD STI Surveillance System and CTAD Chlamydia Surveillance System

Figure 6 (continued): Rates of STI diagnoses by upper tier local authority of residence, West Midlands, 2017 and 2018 (chart) and lower tier local authority of residence, West Midlands, 2018 (map)

B. Chlamydia (specialist and non-specialist SHS)



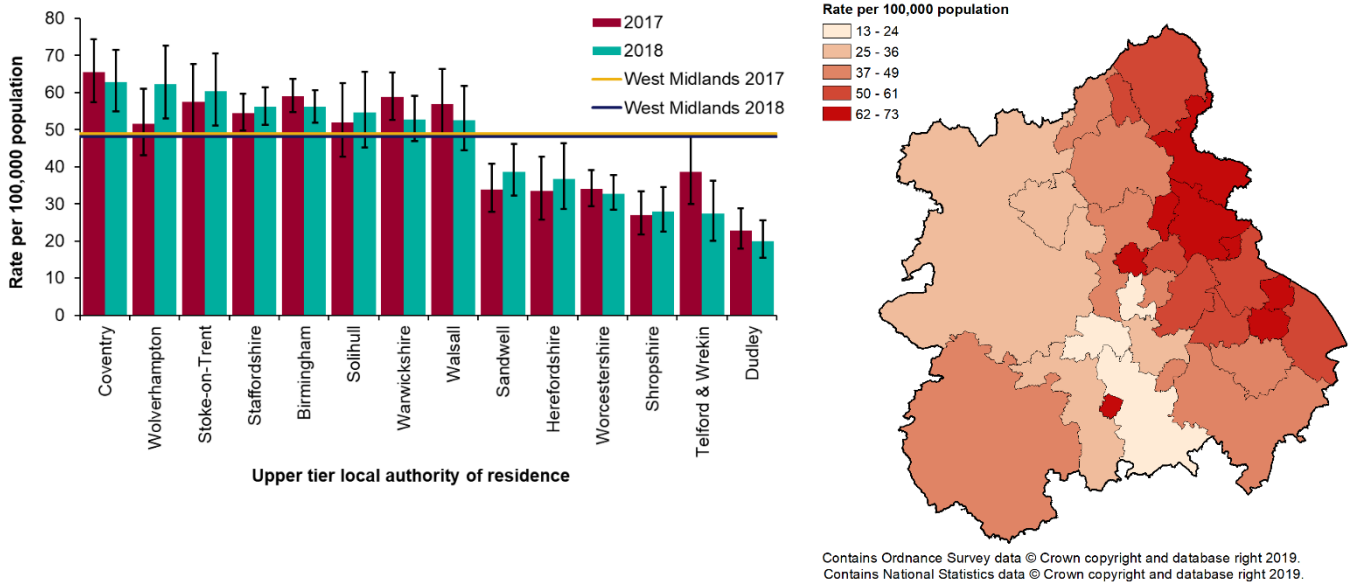
C. Gonorrhoea



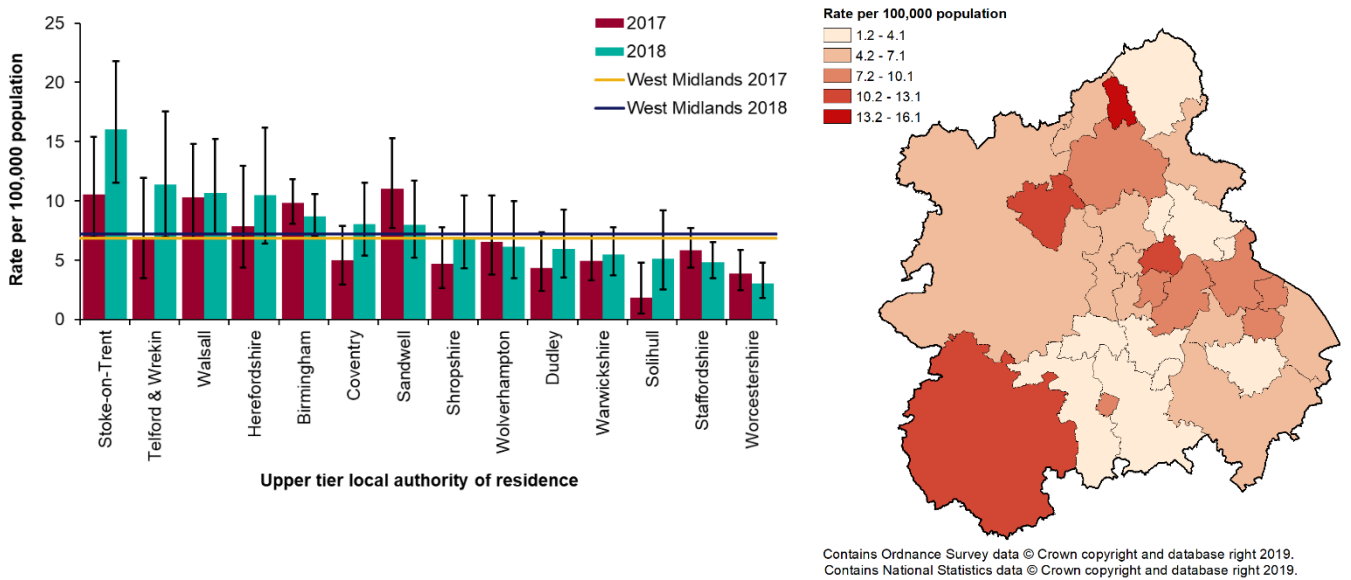
Data sources: GUMCAD STI Surveillance System and CTAD Chlamydia Surveillance System

Figure 6 (continued): Rates of STI diagnoses by upper tier local authority of residence, West Midlands, 2017 and 2018 (chart) and lower tier local authority of residence, West Midlands, 2018 (map)

D. Anogenital herpes (first episode)



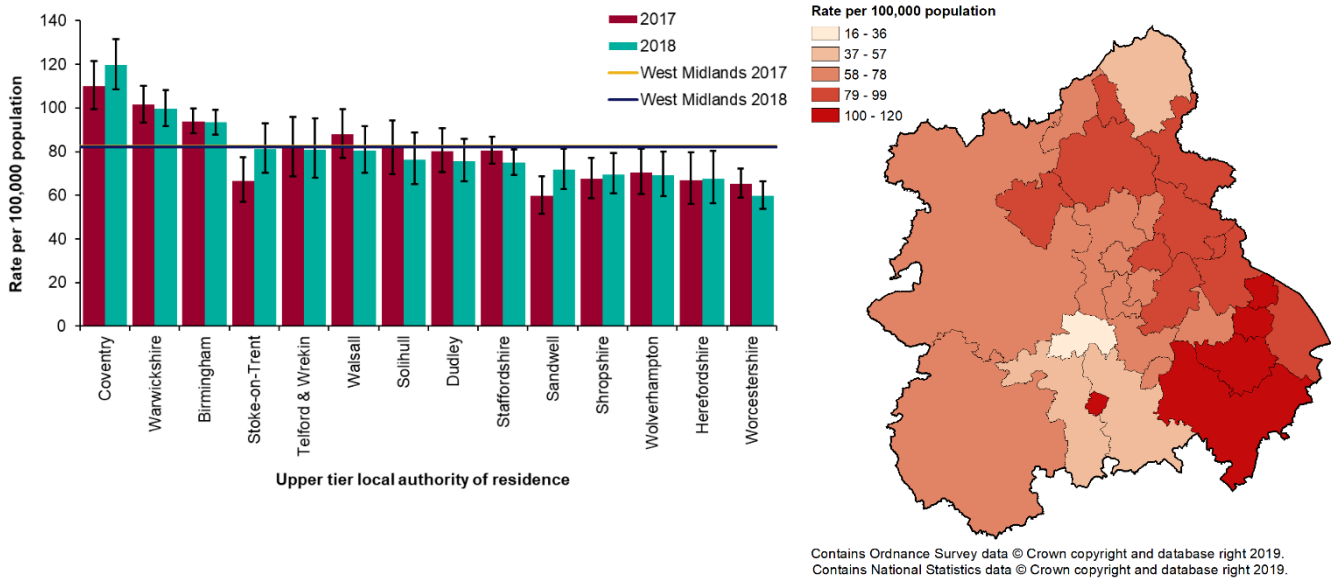
E. Syphilis (primary, secondary and early latent)



Data source: GUMCAD STI Surveillance System

Figure 6 (continued): Rates of STI diagnoses by upper tier local authority of residence, West Midlands, 2017 and 2018 (chart) and lower tier local authority of residence, West Midlands, 2018 (map)

F. Anogenital warts (first episode)

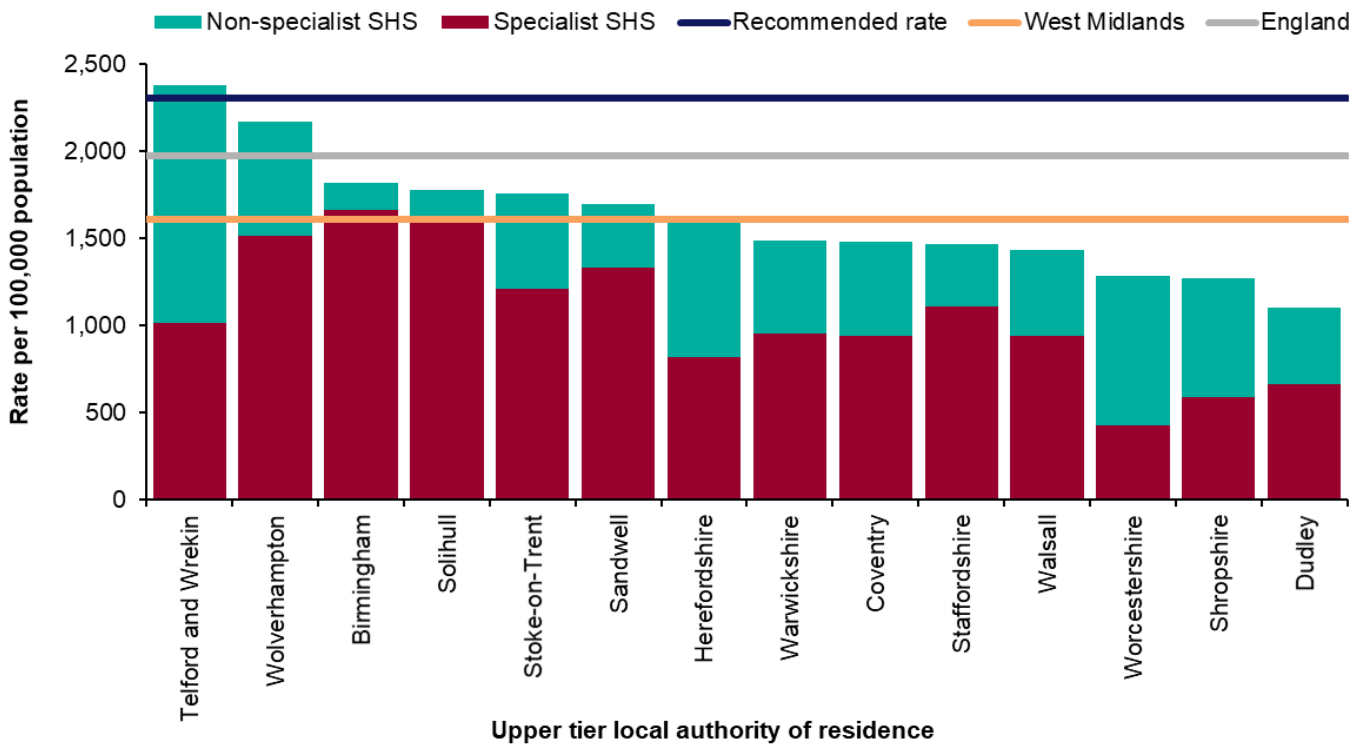


Data source: GUMCAD STI Surveillance System

Chlamydia detection rate in young adults

PHE recommends that local areas should be working towards achieving a chlamydia detection rate of at least 2,300 per 100,000 population aged 15 to 24 years. In 2018, performance in the West Midlands was below the recommended rate at 1,608 per 100,000 population aged 15 to 24 years – lower than the overall rate for England (1,975 per 100,000). Telford and Welkin was the only upper tier local authority in the West Midlands to achieve the recommended rate, with a detection rate of 2,378 per 100,000. The second-best performing upper tier local authority was Wolverhampton (2,165 per 100,000), along with Telford and Wrekin. Wolverhampton was the only other upper tier local authority in the West Midlands to achieve a detection rate above the national average. The lowest detection rate was in Dudley (1,100 per 100,000) (Figure 7).

Figure 7: Chlamydia diagnosis rate per 100,000 population in 15 to 24 year olds by upper tier local authority of residence, West Midlands, 2018

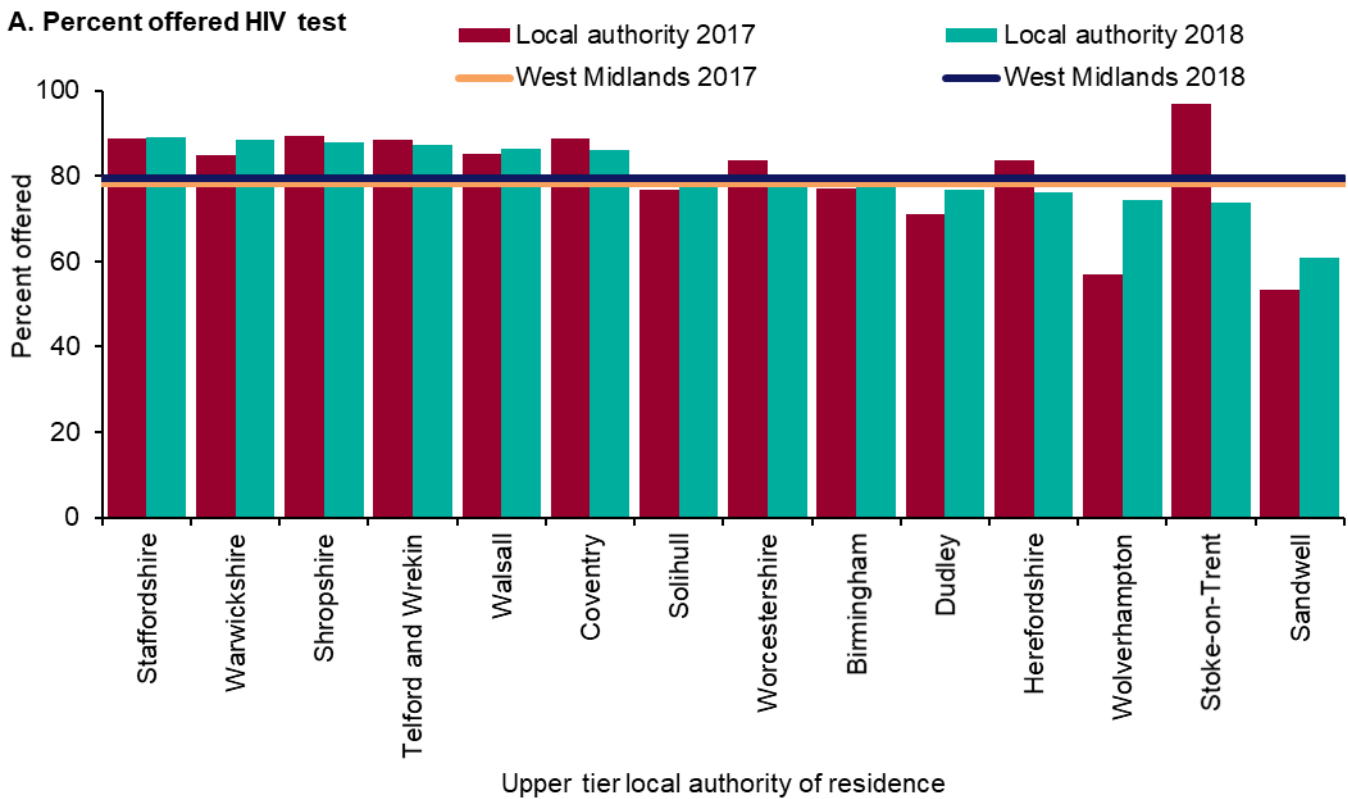


Data sources: GUMCAD STI Surveillance System and CTAD Chlamydia Surveillance System

Offer and coverage of HIV testing in specialist SHS

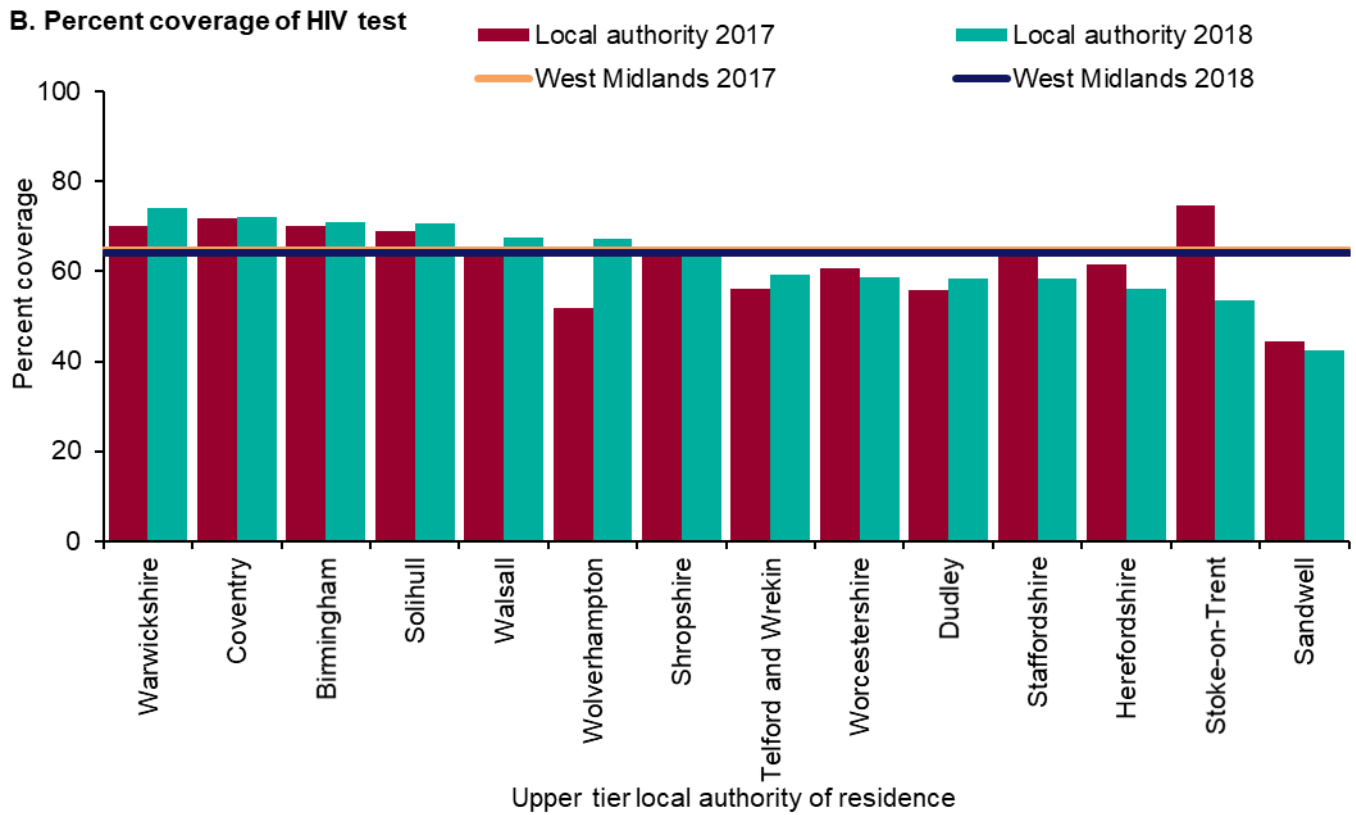
Across the West Midlands from 2017 to 2018, the proportion of eligible new attendees at specialist SHS that were offered an HIV test increased from 78% to 79% – a statistically significant increase. In 2018, the highest proportions were reported in Staffordshire (89%), Warwickshire (88%), Shropshire (88%) and Telford and Wrekin (87%). The lowest proportion was reported in Sandwell (61%) (Figure 8A). HIV test coverage (the proportion of eligible new attendees at specialist SHS who received an HIV test) fell slightly from 65% to 64% in the West Midlands from 2017 to 2018. In 2018, this was just below HIV test coverage for England overall (65%). The highest HIV test coverage was reported in Warwickshire (74%) in 2018, followed by Coventry (72%), Birmingham (71%) and Solihull (71%). The lowest HIV test coverage was reported in Sandwell (43%) (Figure 8B).

Figure 8A-8B: Offer and coverage of HIV testing in specialist SHS by upper tier local authority of residence, West Midlands, 2017 and 2018



Data source: GUMCAD STI Surveillance System

Figure 8A-8B (continued): Offer and coverage of HIV testing in specialist SHS by upper tier local authority of residence, West Midlands, 2017 and 2018



Data source: GUMCAD STI Surveillance System

Information on data sources

For more information on local sexual health data sources please access the PHE guide: <https://www.gov.uk/government/publications/sexual-and-reproductive-health-in-england-local-and-national-data>

GUMCAD STI Surveillance System

GUMCAD is the mandatory surveillance system for STIs and collects data on STI tests, diagnoses and services from all commissioned sexual health services in England. It is an electronic, pseudonymised patient-level dataset reported by approximately 400 services.

PHE co-ordinates and manages the quarterly data collection, processing, storage, analysis, and reporting of GUMCAD data on behalf of the Department of Health and Social Care. All commissioned specialist (level 3) and non-specialist (level 2) sexual health services are required to complete and return GUMCAD data to PHE. Further information is available at: <https://www.gov.uk/guidance/gumcad-sti-surveillance-system>

CTAD Chlamydia Surveillance System

CTAD collects data on all chlamydia tests undertaken in England from local authority (LA) and National Health Service (NHS) commissioned laboratories, to measure screening activity. CTAD Chlamydia Surveillance System data are used to provide detailed reports at national and local levels on screening coverage, the proportion of chlamydia tests that are positive and the chlamydia detection rate in England. Further information is available at: <https://www.gov.uk/guidance/ctad-chlamydia-surveillance-system>

West Midlands STI Surveillance Project (WMSTIP)

An anonymised disaggregate dataset collecting information on diagnoses made at 19 of the 21 GUM clinics in the West Midlands. Data for the 2 GUM clinics that did not participate in the project are taken from KC60 returns. The WMSTIP ceased data collection when GUMCAD became operational in 2008.

Calculations

Confidence Intervals were calculated using Byar's method: <https://fingertips.phe.org.uk/profile/guidance>

Population estimates

Office for National Statistics (ONS) mid-year population estimates were used to calculate rates. 2017 estimates were used as the denominator for rates in 2018. ONS ceased producing estimates of population by ethnicity in 2011 and estimates for that year were used as a denominator for rates for 2018.

Further information

All analyses for this report include data from non-specialist (Level 2) sexual health services (SHSs) and enhanced GP services as well as specialist (Level 3) SHSs unless otherwise stated.

Please access the online 'Sexual and Reproductive Health Profiles' for further information: <https://fingertips.phe.org.uk/profile/sexualhealth>

Local authorities have access to LA sexual health epidemiology reports (LASERs) and the HIV and STI portal.

About the Field Service

The Field Service (FS) supports PHE Centres and partner organisations through the application of epidemiological methods to inform public health action. FS does this in 2 main ways, firstly by providing a flexible expert resource, available, as and when needed, to undertake epidemiological investigations for key health protection work and secondly through the expert analysis, interpretation and dissemination of surveillance information to PHE Centres, local health partners, service providers and commissioners of services. Within the FS network, excellence and innovation is encouraged, we foster academic collaborations and take active part and lead in research, development and training.

If you have any comments or feedback regarding this report or the Field Service, please contact: WMSexualHealth@phe.gov.uk

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- local sexual health services for supplying the SHS data
- local laboratories for supplying the CTAD data
- PHE Centre for Infectious Disease Surveillance and Control (CIDSC) HIV and STI surveillance teams for the collection, analysis and distribution of data

Appendix 1

Number of new STIs diagnosed and percentage change by upper tier local authority of residence, West Midlands, 2017 and 2018

Upper tier local authority of residence	Chlamydia (Specialist and non-specialist SHS)			Gonorrhoea			Anogenital herpes (first episode)			Syphilis			Anogenital warts (first episode)			All new STIs [†]		
	2017	2018	% change	2017	2018	% change	2017	2018	% change	2017	2018	% change	2017	2018	% change	2017	2018	% change
Birmingham	5,322	5,565	5%	1,516	1,696	12%	672	638	-5%	112	99	-12%	1,067	1,062	0%	10,427	10,861	4%
Coventry	1,435	1,354	-6%	297	334	12%	236	226	-4%	18	29	61%	396	431	9%	3,155	3,107	-2%
Dudley	691	610	-12%	131	112	-15%	73	64	-12%	14	19	36%	256	242	-5%	1,346	1,240	-8%
Herefordshire	379	461	22%	40	48	20%	64	70	9%	15	20	33%	128	129	1%	789	865	10%
Sandwell	1,132	1,209	7%	249	346	39%	110	126	15%	36	26	-28%	194	233	20%	2,106	2,349	12%
Shropshire	561	632	13%	67	98	46%	86	89	3%	15	22	47%	214	221	3%	1,014	1,158	14%
Solihull	692	647	-7%	158	187	18%	111	117	5%	4	11	175%	174	163	-6%	1,284	1,284	0%
Staffordshire	1,807	2,161	20%	352	428	22%	475	489	3%	51	42	-18%	701	653	-7%	4,014	4,206	5%
Stoke-on-Trent	922	889	-4%	134	159	19%	147	154	5%	27	41	52%	170	207	22%	1,577	1,592	1%
Telford and Wrekin	676	765	13%	91	163	79%	68	48	-29%	12	20	67%	143	142	-1%	1,058	1,212	15%
Walsall	868	770	-11%	243	249	2%	160	148	-8%	29	30	3%	247	226	-9%	1,900	1,771	-7%
Warwickshire	1,304	1,351	4%	216	245	13%	332	298	-10%	28	31	11%	573	563	-2%	3,083	3,094	0%
Wolverhampton	1,028	1,144	11%	309	371	20%	134	162	21%	17	16	-6%	183	180	-2%	1,962	2,295	17%
Worcestershire	1,487	1,211	-19%	194	196	1%	200	193	-4%	23	18	-22%	384	352	-8%	2,743	2,319	-15%
West Midlands	18,304	18,769	3%	3,997	4,632	16%	2,868	2,822	-2%	401	424	6%	4,830	4,804	-1%	36,458	37,353	2%

[†]All new STIs comprise chlamydia, gonorrhoea, anogenital herpes (first episode), syphilis (primary, secondary and early latent), anogenital warts (first episode), chancroid / LGV / donovanosis, new HIV diagnoses, molluscum contagiosum, mycoplasma genitalium, non-specific genital infection, pelvic inflammatory disease and epididymitis (non-specific), scabies / pediculosis pubis, shigella (flexneri, sonnei and unspecified) and trichomoniasis

Data source: GUMCAD STI Surveillance System and CTAD Chlamydia Surveillance System

Appendix 2

New STI diagnosis rate per 100,000 population by upper tier local authority of residence, West Midlands, 2017 and 2018

Upper tier local authority of residence	Chlamydia (Specialist and non-specialist SHS)		Gonorrhoea		Anogenital herpes (first episode)		Syphilis		Anogenital warts (first episode)		All new STIs [†]	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
Birmingham	468.0	489.4	133.3	149.1	59.1	56.1	9.8	8.7	93.8	93.4	917.0	955.1
Coventry	398.4	376.0	82.5	92.7	65.5	62.8	5.0	8.1	110.0	119.7	876.0	862.7
Dudley	216.3	191.0	41.0	35.1	22.9	20.0	4.4	5.9	80.1	75.8	421.4	388.2
Herefordshire	198.4	241.3	20.9	25.1	33.5	36.6	7.9	10.5	67.0	67.5	413.0	452.8
Sandwell	347.8	371.5	76.5	106.3	33.8	38.7	11.1	8.0	59.6	71.6	647.1	721.7
Shropshire	176.7	199.1	21.1	30.9	27.1	28.0	4.7	6.9	67.4	69.6	319.4	364.8
Solihull	323.5	302.4	73.9	87.4	51.9	54.7	1.9	5.1	81.3	76.2	600.2	600.2
Staffordshire	207.5	248.2	40.4	49.1	54.5	56.2	5.9	4.8	80.5	75.0	460.9	483.0
Stoke-on-Trent	361.0	348.1	52.5	62.3	57.6	60.3	10.6	16.1	66.6	81.1	617.5	623.4
Telford and Wrekin	384.6	435.2	51.8	92.7	38.7	27.3	6.8	11.4	81.4	80.8	601.9	689.5
Walsall	308.6	273.7	86.4	88.5	56.9	52.6	10.3	10.7	87.8	80.3	675.5	629.6
Warwickshire	231.0	239.3	38.3	43.4	58.8	52.8	5.0	5.5	101.5	99.7	546.1	548.0
Wolverhampton	395.5	440.1	118.9	142.7	51.6	62.3	6.5	6.2	70.4	69.3	754.8	882.9
Worcestershire	252.7	205.8	33.0	33.3	34.0	32.8	3.9	3.1	65.3	59.8	466.2	394.1
West Midlands	312.3	320.3	68.2	79.0	48.9	48.2	6.8	7.2	82.4	82.0	622.1	637.3

[†]All new STIs comprise chlamydia, gonorrhoea, anogenital herpes (first episode), syphilis (primary, secondary and early latent), anogenital warts (first episode), chancroid / LGV / donovanosis, new HIV diagnoses, molluscum contagiosum, mycoplasma genitalium, non-specific genital infection, pelvic inflammatory disease and epididymitis (non-specific), scabies / pediculosis pubis, shigella (flexneri, sonnei and unspecified) and trichomoniasis

Data source: GUMCAD STI Surveillance System and CTAD Chlamydia Surveillance System