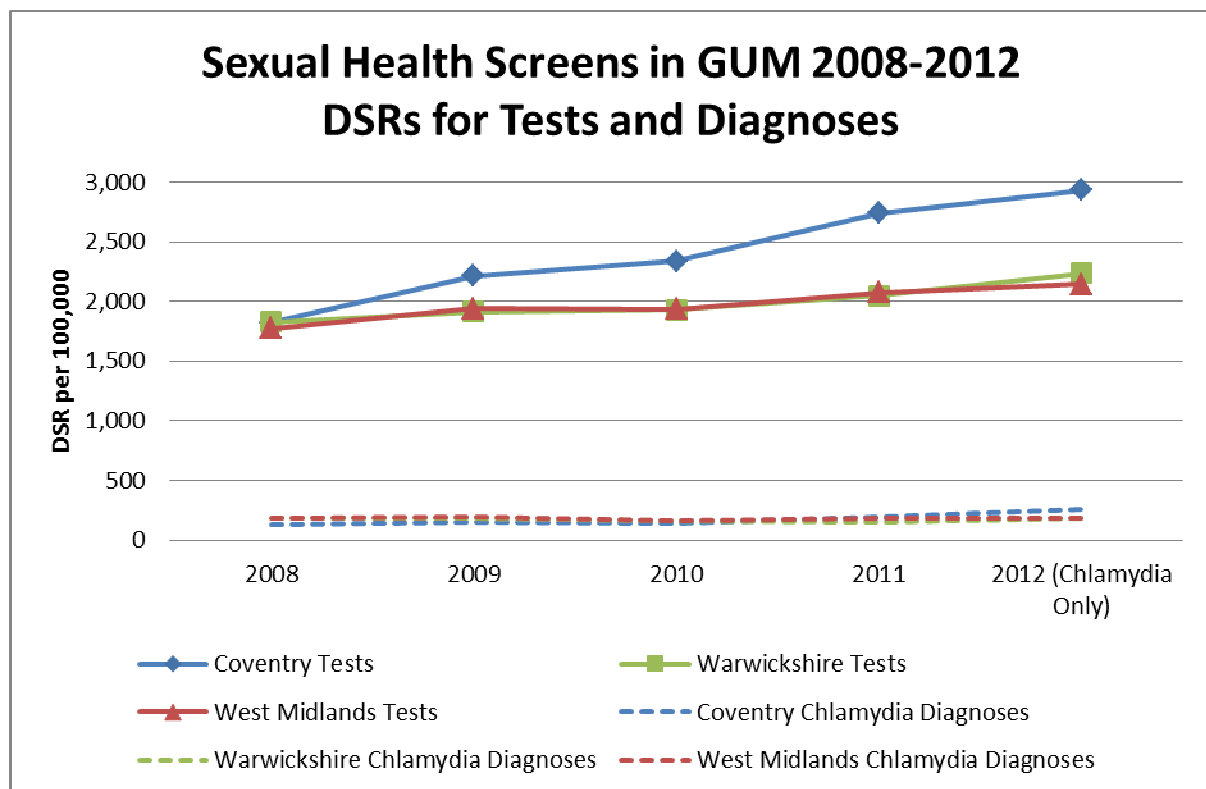


Summary of Sexual Health Needs in Coventry 2014

Sexually Transmitted Infection Testing and Diagnoses in Coventry

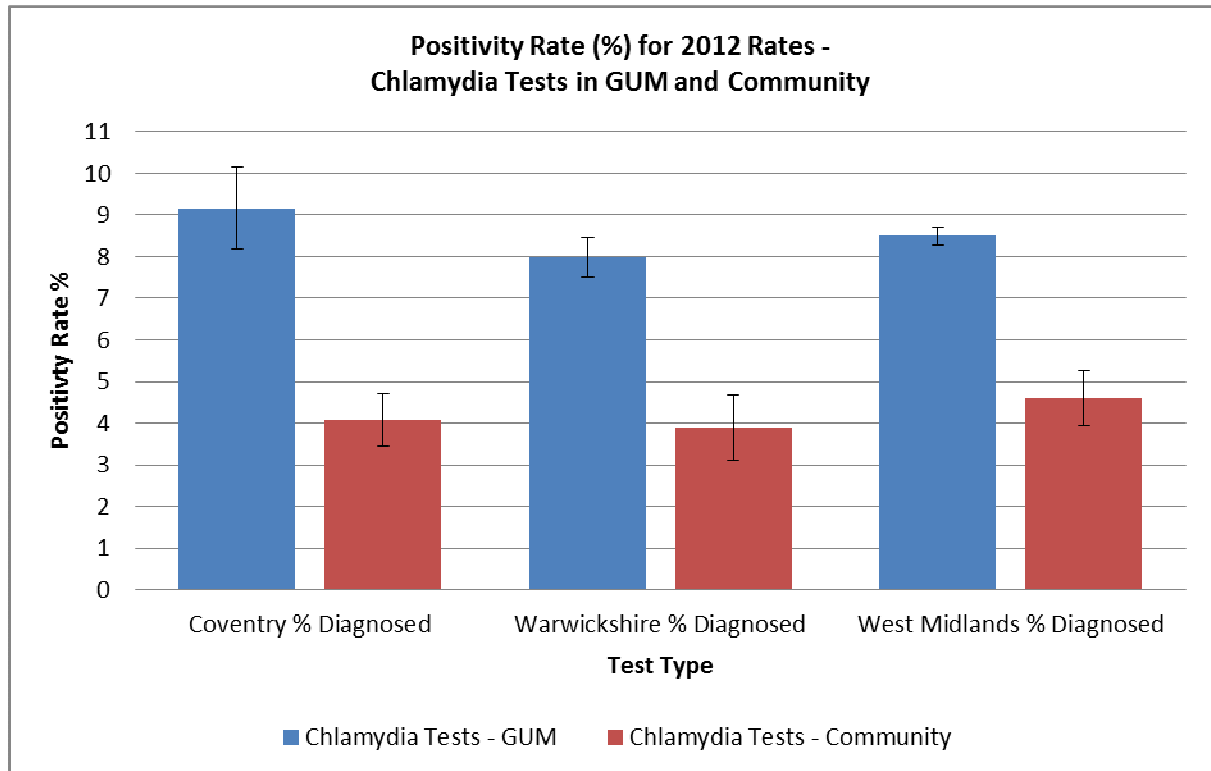
Chlamydia is the most commonly diagnosed sexually transmitted infection, and there has been a sharp rise in the number of people testing positive for Chlamydia in the past few years in Coventry. A total of 2,864 new sexually transmitted infections (STIs) were diagnosed at GUM clinics for Coventry residents in 2012; the diagnosis rate was the highest in the West Midlands, and significantly higher than the regional average (904 per 100,000 population compared with 551). However, the number of tests carried out in Genito-Urinary Medicine clinics has also increased significantly, as the number of tests done in the community declined. The reduction in testing in the community which happened in Coventry around 2011-12 is in line with the National Screening Committee guidance which focussed on reducing the number of tests done in the community in relatively low risk groups; instead commissioners were asked to focus their resources on making sure high risk groups are tested. Importantly though, the chances of a person having a positive test are approximately similar in Coventry to Warwickshire and the West Midlands as a whole (the positivity rate is similar). The implication of this is that, although rates of diagnosis are high (which is a problem we need to continue to tackle), we are probably testing (and treating) the right population, and this is something that we need to be doing. Please see Figure 1. The National Chlamydia Screening Programme (16-24 year olds only) recommends a positivity rate of 8-9%.

Figure 1



Note DSR = directly standardised rate, which means it is a rate which has taken the age profile of populations into account.

Figure 2



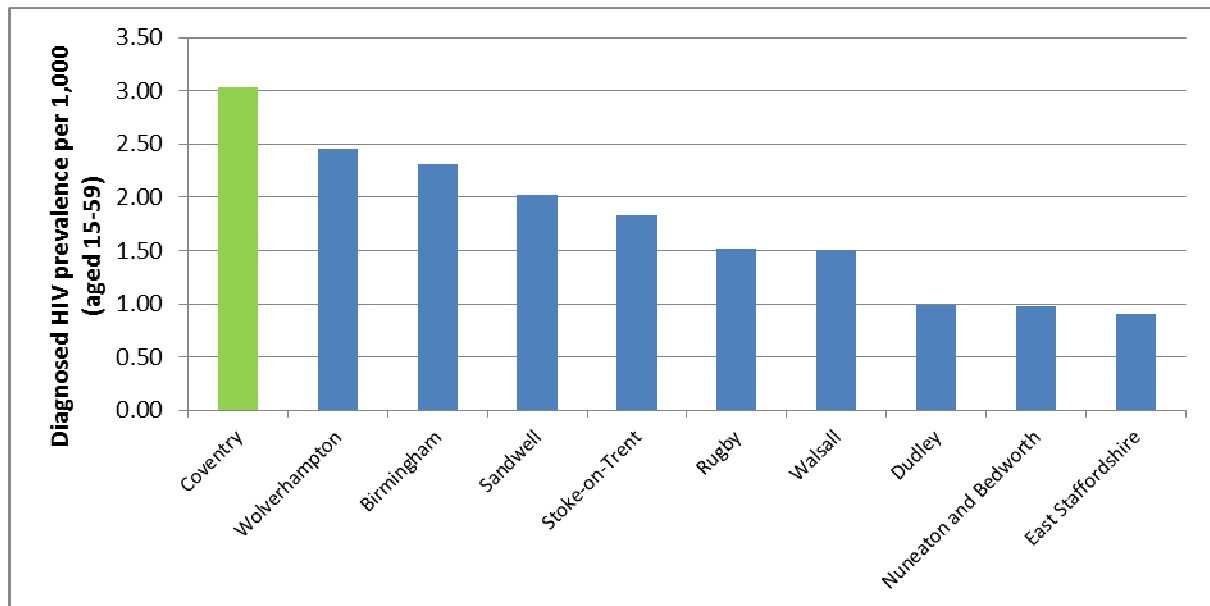
Analysis by gender shows that in the age group 15-19, there is almost double the number of females than males being a) tested for and b) diagnosed with Chlamydia. Similarly in the age group 20-24, there are more females than males being screened for chlamydia. This has implications for our services.

Importantly, we know that differences exist between ethnic groups; although absolute numbers of STI diagnoses in England are highest among white residents, reflecting higher population numbers; rates per 100,000 population, are disproportionately high among black ethnic groups, particularly those living in urban areas of deprivation. The degree of increased risk varies by disease, with the discrepancy between black and white groups being largest for chlamydia, and smallest for genital warts. Asian ethnic groups consistently have the lowest diagnosis rates.

HIV in Coventry

Coventry has the highest prevalence of HIV in the West Midlands, and this number will be expected to rise as people live longer with the disease. Figure 3 illustrates the areas with the highest prevalence of HIV in the West Midlands.

Figure 3: Diagnosed HIV prevalence per 1,000 (people aged 15-59)



Despite the high prevalence in Coventry, the incidence (new diagnosis rate) in Coventry in 2010 (13.9 per 100,000 population head) was lower than Heart of Birmingham, Sandwell and South Birmingham PCTs, although it remained the fourth highest in the West Midlands. There has been a focus on increased testing in Coventry in primary care and in the community. The rationale behind this is that the majority of infections in the City have not been contracted in the UK; with the majority of cases acquired in other regions in the world. This is illustrated by Figure 4. 55 new cases of HIV were diagnosed in Coventry in 2012.

Importantly, late diagnoses of HIV (CD4 count is <350 (cells/ μ L)) is a problem in Coventry. People presenting late are at greater risk of mortality and morbidity, as such more likely to need the expertise of an ID physician. Figure 10 demonstrates the percentage of people presenting with HIV at a late stage of infection (Figure 5).

Figure 4: Count of new HIV diagnoses in residents of Coventry tPCT by year of diagnosis and world region of infection

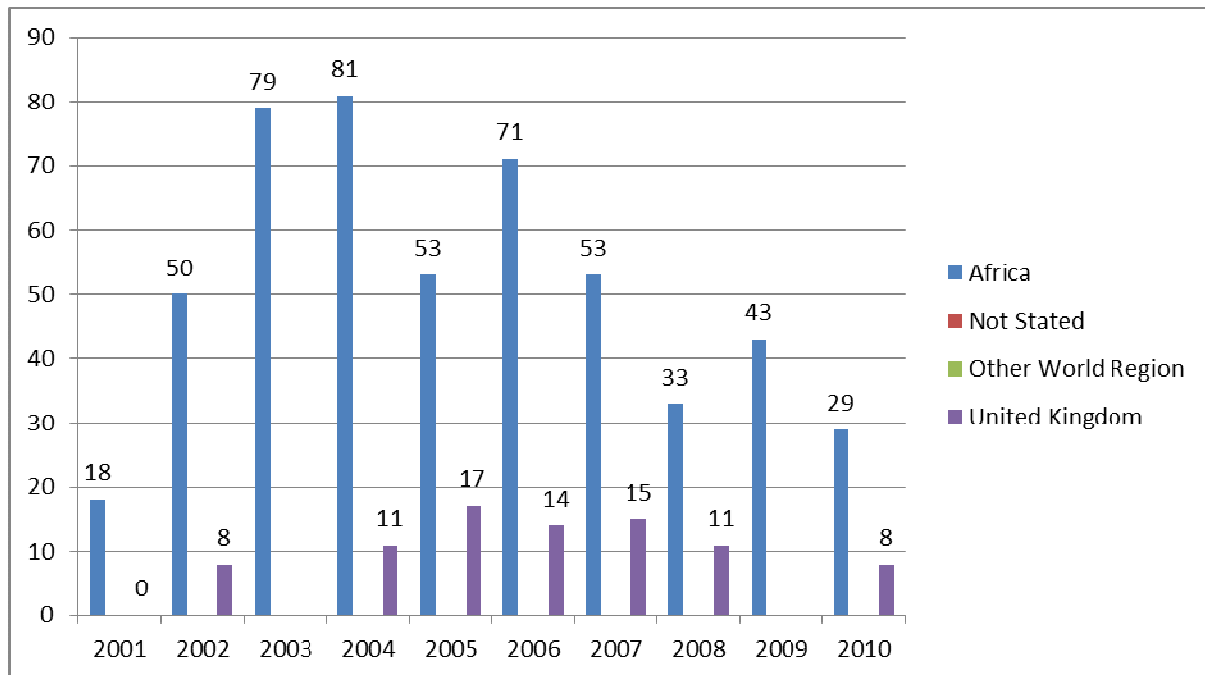


Figure 5: People presenting with a late stage of infection 2009-2011 (proportion %)

Area	Value	95% Lower CI	95% Upper CI
England	50.0	49.2	50.8
Birmingham	50.1	45.0	55.2
Coventry	61.5	52.2	70.1
Dudley	36.7	19.9	56.1
Herefordshire, County of	59.1	36.4	79.3
Sandwell	63.7	53.0	73.6
Shropshire	47.1	23.0	72.2
Solihull	36.4	17.2	59.3
Staffordshire	64.6	53.3	74.9
Stoke-on-Trent	65.9	49.4	79.9
Telford and Wrekin	37.5	15.2	64.6
Walsall	59.6	45.8	72.4
Warwickshire	50.0	35.5	64.5
Wolverhampton	54.8	42.7	66.5
Worcestershire	37.0	23.2	52.5

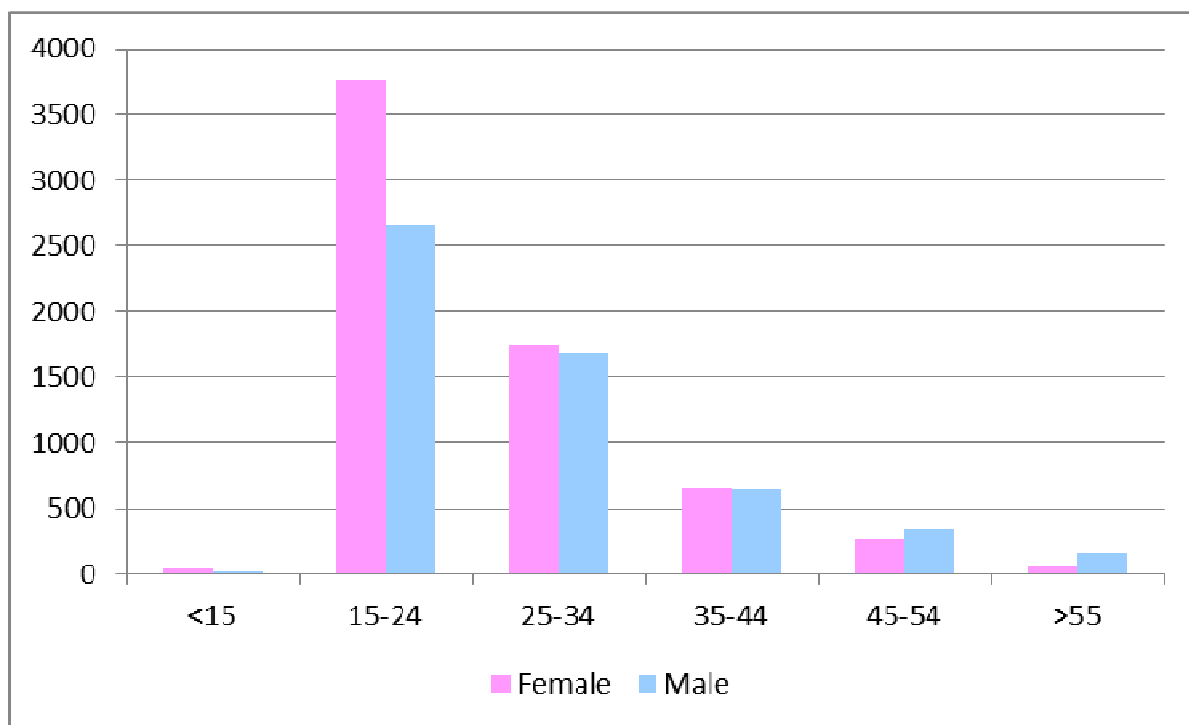
Compared with England: Lower Similar Higher Not compared

Attendances to the Coventry Integrated Sexual Health Service

To understand better the demographics of people accessing Genito Urinary Medicine clinics in Coventry, one year's data was requested from the current provider (Integrated Sexual Health Services, Coventry and Warwickshire Partnership Trust, based at City of Coventry Health Centre). Data was supplied from the 1st of December 2012 to the end of November 2013. During the period there were 12,013 unique users who attended GUM clinics. Of these 82.65% were Coventry residents, 15.74% not Coventry residents and 1.6% unavailable. Please note contraceptive clinic attendances not counted here.

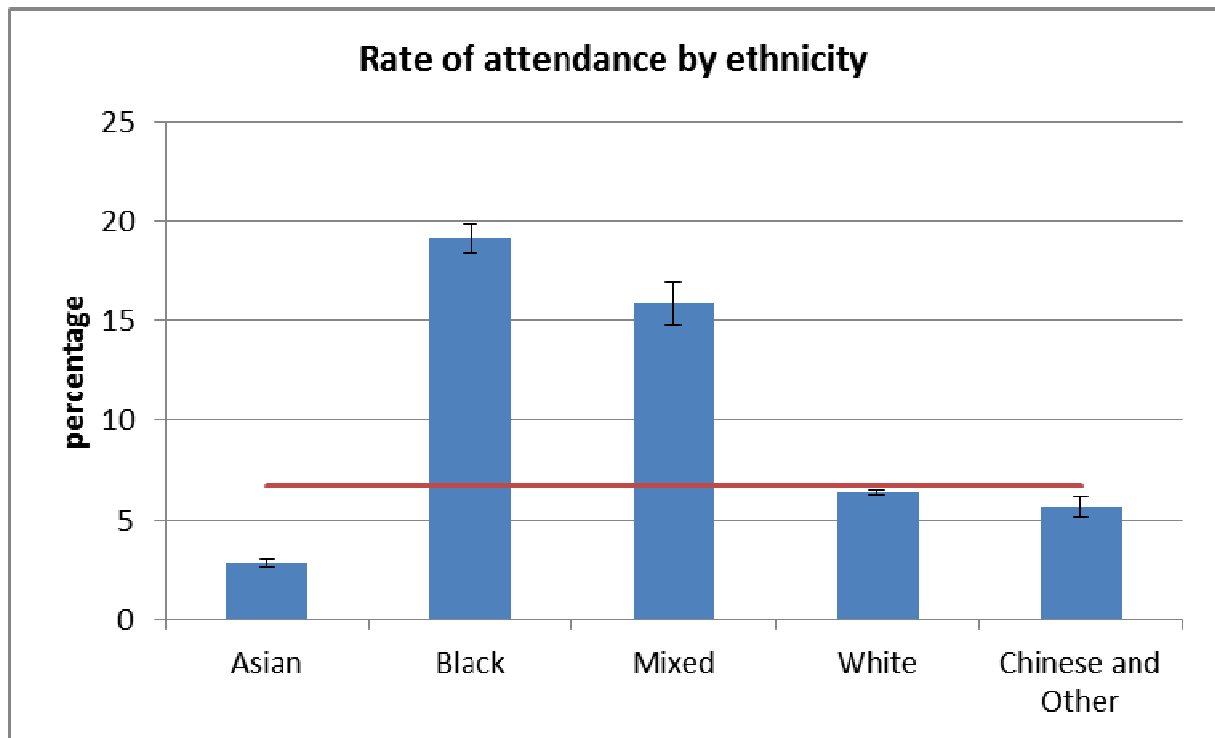
54.4% of patients were female, and 45.6% male. The majority of patients attending services were in the 15-24 age group, with the majority females. Interestingly, in the older age groups above 44 years of age the trend reverses with more males attending than females, albeit it at much lower numbers (Figure 6).

Figure 6: Visual representation of age groups of unique users attending GUM clinics by gender



Although the overwhelming majority of clients attending the GUM clinic are of white ethnic origin, the rate of attendance is higher in certain sub groups. However, groups that have the highest attendance rate (as a percentage of their ethnic group population) are black and mixed groups, which have significantly higher rates than Coventry as a whole (6.8%) which is shown as a red line (Figure 7). There is also a link between attendance and deprivation in Coventry. All of these have an implication for how we design services to be accessible.

Figure 7



Dr Dan Todkill – Locum Consultant in Public Health

Dr Nadia Inglis – Locum Consultant in Public Health