

Lambeth, Southwark and Lewisham Sexual Health Strategy 2019-24 Statistical appendix

Produced by Southwark Public Health on behalf of Lambeth and Lewisham councils
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GATEWAY INFORMATION

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Prepared by:	Nora Cooke O'Dowd
Contributors:	Sigrid Blackman, Public Health Lambeth, Public Health Lewisham, Chris Williamson
Approved by:	Kirsten Watters
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Contact details:	publichealth@southwark.gov.uk
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CONTENTS

Introduction	3
Healthy and fulfilling sexual relationships	7
Good reproductive health across the life course	10
High quality STI testing and treatment	22
Living well with HIV	48

Sexual health is an important public health issue that impacts on broader wellbeing and local health budgets.

BACKGROUND

Poor sexual and reproductive health and ongoing transmission rates of HIV have major impacts on population mortality, morbidity and wider wellbeing, and result in significant costs for health service and local authority budgets.

- Sexual relationships, although an intensely private matter, are a major component of the wellbeing of the whole adult population and of wider society.
- If not successfully treated, STIs can lead to a number of conditions such as pelvic inflammatory disease, ectopic pregnancy, infertility and cervical cancer. Some STIs, most notably gonorrhoea, have demonstrated increasing levels of resistance to antibiotic treatment.

Certain population groups are at particular risk of sexually transmitted infections (STIs).

- Younger people, people from Black ethnic groups and men who have sex with men (MSM) are at increased risk of sexual ill health.
- Sexual health needs vary according to factors such as age, gender, sexuality and ethnicity. However, there are certain needs common to everyone, including high quality information and education enabling people to make informed responsible decisions, and access to high quality services, treatment and interventions.
- Sexual and reproductive ill health is concentrated in many vulnerable and marginalised communities, and improving sexual and reproductive health and HIV outcomes will address these major health inequalities.

References

1. Health promotion for sexual and reproductive health and HIV Strategic action plan, 2016 to 2019

This report underpins the Lambeth, Southwark and Lewisham Sexual Health Strategy 2019-24.

DATA SOURCES

Sexual health need in Lambeth, Southwark and Lewisham is among the highest in the country. The Sexual Health strategy 2019-24 for the area is currently in development.

- Lambeth, Southwark and Lewisham (LSL) have among the highest rates of sexually transmitted infections, HIV and teenage conception rates in England.
- LSL Public Health teams are coming together with key partners and stakeholders to develop a Sexual Health Strategy which looks to ensure our sexual health services are effective, responsive and high quality services, which effectively meet the needs of our local communities.

This intelligence briefing aims to identify the local population needs to inform the strategy through descriptive epidemiology of reproductive and sexual health in LSL, including:

- Describe trends in reproductive health including HPV, contraception and abortion;
- Describe the burden of STIs and HIV, identifying inequalities in diagnoses;
- Begin to develop an understanding of healthy relationships across LSL.

Data presented in this intelligence briefing are drawn primarily from following Public Health England data sources, namely:

- GUMCADv2 - STI Surveillance System (2012 - 2017),
- Local Authority Sexual Health Epidemiology Reports (2016),
- Local Authority HIV surveillance data tables (2012 - 2016),
- Sexual and Reproductive Health Profiles (June 2018 update);
- Other data were pulled from ONS and NHS Digital.

Lambeth, Southwark and Lewisham are young and diverse boroughs in inner south east London.

BACKGROUND: DEMOGRAPHY

LSL residents are predominantly young.

- Lambeth (320k) is the largest borough, followed by Southwark (310k) and Lewisham (300k).
- Southwark and Lambeth have a slightly younger profile than Lewisham and London, with a median age of 33 compared to 35 in Lewisham.
- This stems from a much larger proportion of the population aged 25-34.

LSL is more ethnically diverse than England.

- The three boroughs are ethnically diverse, with 39% from an ethnic minority backgrounds, compared to 16% nationally.
- Approximately one-quarter of LSL residents are from a Black ethnic background.

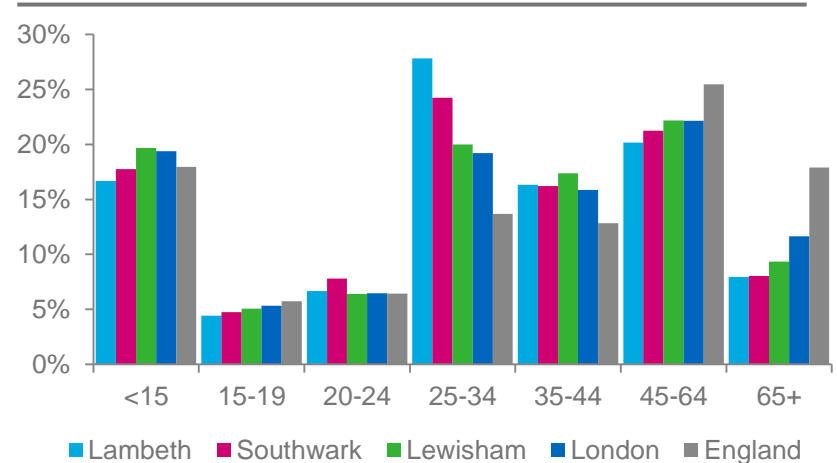
A higher proportion of LSL residents identify as gay, lesbian or bisexual.

- Lambeth and Southwark have the 2nd and 3rd largest lesbian, gay and bisexual communities in England, with 6% of adults identifying as gay, lesbian or bisexual, compared to 3% in London.
- Figures on sexual orientation are not available for Lewisham due to a very small sample size and thus we can assume figures there are smaller than Lambeth and Southwark.

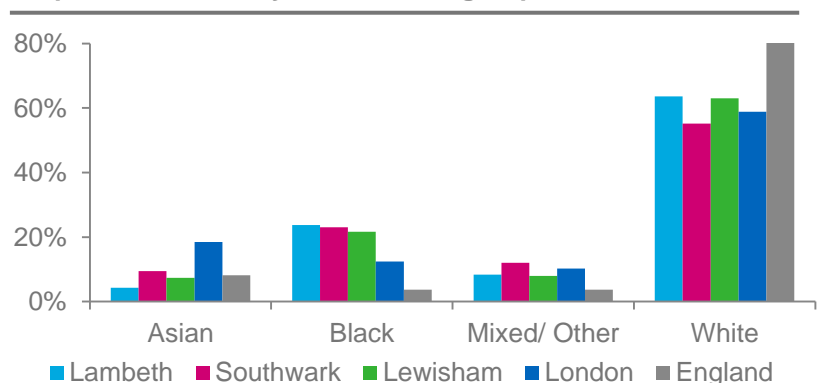
References

1. ONS mid-2016 revised population estimates
2. London datastore. Ethnic Groups by Borough
3. ONS 2017, Sub-national sexual identity

Age profile in Lambeth, Southwark and Lewisham, 2016



Population of LSL by broad ethnic group, 2016



CONTENTS

Introduction	3
Healthy and fulfilling sexual relationships	7
Good reproductive health across the life course	10
High quality STI testing and treatment	22
Living well with HIV	48

Whilst sexual health is more than the absence of disease, few data are available on the broader aspects.

HEALTHY RELATIONSHIPS IN ADULTHOOD

The World Health Organisation have a working definition of sexual health.

- Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.
- Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.
- For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

However, little data is available on safe and healthy relationships.

- In 2016/17 across London, the rate of domestic abuse-related incidents and crimes recorded by the police was 23 per 1,000.
- The rate of sexual offences in LSL in 2016/17, was just over 2 per 1,000 population.
- Lambeth (59 per 100,000), Southwark (55 per 100,000) and Lewisham (51 per 100,000) have among the highest rates of hospital admissions from violent crime (including sexual violence) in London. There has been a downward trend in recent years.

References

1. WHO, Sexual health, human rights and the law

Teenagers get their information on sex and relationships from school lessons, their parents and friends.

HEALTHY RELATIONSHIPS AT SCHOOL AGE

The schools and students health education unit (SHEU) survey collect data from school going children in LSL and ask questions around sex and relationships.

- When asked what was their main source of information about sex and relationships:
 - In Southwark, 58% of Year 8 boys and 51% of Year 8 girls said school lessons; 55% of boys and 67% of girls said parents. 41% of boys and 44% of girls in Year 10 said their friends.
 - In Lambeth in Year 8, 58% of boys and 60% of 8 girls said school lessons. 57% of pupils said their parents and 37% said their friends.
 - In Lewisham in Year 8, 43% said parents, 37% school and 17% friends. In year 10, friends were the main source of information for 32% of students.
- In Southwark, 63% of pupils responded that they had Sex and Relationship Education (SRE) lessons in the last 6 months, compared to 43% in Lambeth.
 - In Southwark, 32% of pupils responded that their SRE lessons helped them to understand consent, 32% to understand resisting pressure and 22% said the same about contraception.
 - In Lambeth, 57% of pupils said SRE lessons had helped them to understand about healthy relationships. 43% said this about 'sex and the law' and 63% said this about growing up.SRE is being mandated from September 2020. This is an opportunity to better support schools in the delivery of high quality SRE that is tailored to local needs.
- In Southwark, 8% of pupils said that a past or current boyfriend/girlfriend had used hurtful or threatening language to them, 15% said that they get angry or jealous when I wanted to spend time with friends, and 11% said that they kept checking their phone (10% in Lewisham).

References

1. Supporting the Health of Young People in Lambeth
2. Supporting the Health & Wellbeing of Children and Young People in Southwark

CONTENTS

Introduction	3
Healthy and fulfilling sexual relationships	7
Good reproductive health across the life course	10
High quality STI testing and treatment	22
Living well with HIV	48

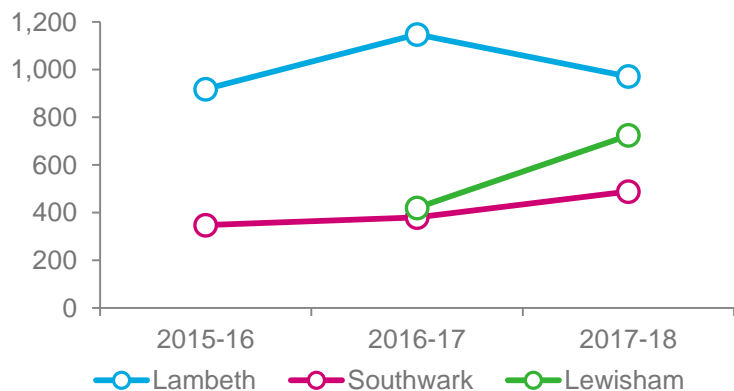
There were almost 2,200 new Come Correct scheme registrations in LSL and 1,400 repeat visits in 2017-18.

CONTRACEPTION: USER DEPENDENT METHODS

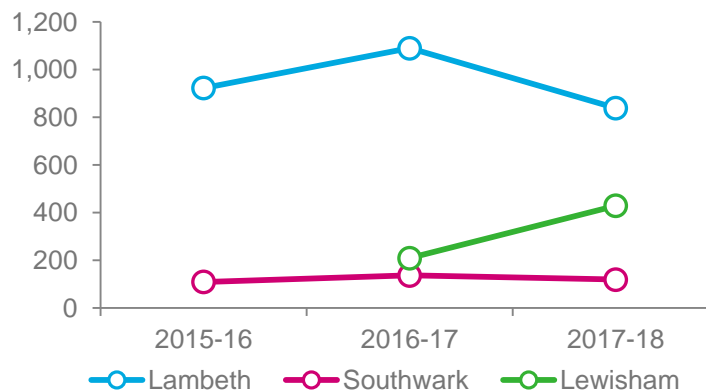
User dependent methods of contraception (e.g. pill, patch or condom) remain popular; almost two-thirds of women in LSL said this was their last main method of contraception.

- Young people aged under 25 can register for the Come Correct (or CCard) scheme to collect condoms or get advice from any outlet displaying the Come Correct logo across LSL.
- In 2017-18, there were just under 2,200 new CCard registrations and 1,400 repeat visits.
- Lambeth had the highest use of the CCard scheme. New CCard registrations increased in Lambeth in 2016-17 but decreased again in 2017-18, as have repeat visits.
- There was an increase in registration in Southwark in 2017-18, but it remains the lowest across LSL.
- The scheme was introduced in Lewisham in 2016-17, and since then there has been an increase in both new registrations and repeat use.

New C-Card registrations in LSL, 2015-16 to 2017-18



Repeat C-Card visits in LSL, 2015-16 to 2017-18



References

1. NHS Digital, Sexual and Reproductive Health Services, England – 2016-17
2. Come Correct data, London Borough of Lambeth

LARC prescribing rates are lower in GP than SRH services in Southwark and Lewisham, but similar in Lambeth.

CONTRACEPTION: LARC

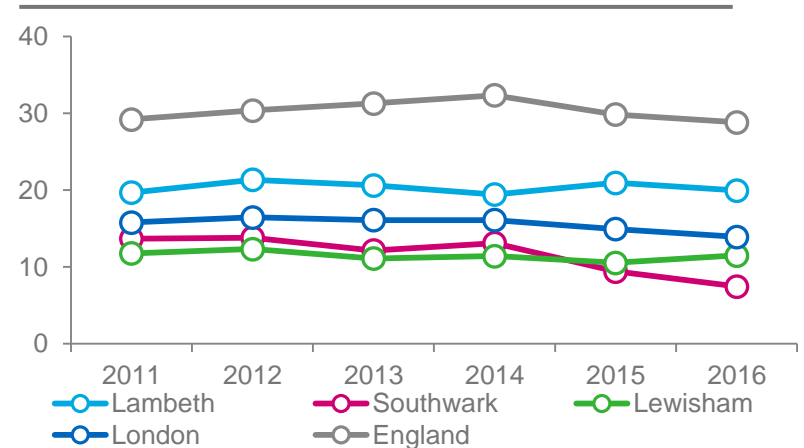
NICE encourages the use of Long Acting Reversible Contraception (LARC), which is highly effective as it does not rely on daily compliance.

- LARC is available from GP or Sexual and Reproductive Health (SRH) services. Nationally, LARC prescribing is higher in GPs than SRH services.
- In Southwark and Lewisham LARC prescribing rates are higher in SRH compared to GP services. Lambeth has similar prescribing rates for LARC in GP and SRH.
- This reflects the accessibility of SRH services and the reduced role that GPs play in sexual health in London.

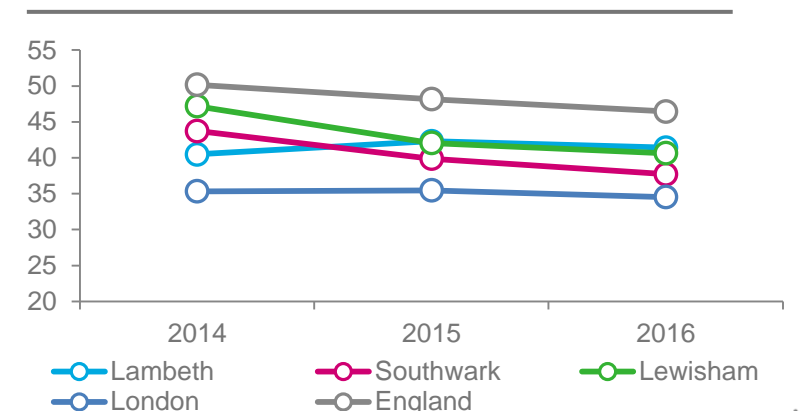
Total LARC prescribing in LSL is above average London prescribing, but below England.

- Southwark had the lowest rates of GP-prescribed LARC in 2016 (7 per 1,000). Rates in SRH services are higher (34 per 1,000) and have remained stable, but total LARC prescribing is lowest in Southwark.
- Rates of LARC prescribing in Lewisham have been broadly stable but low in GPs (12 per 1,000) and have declined in SRH services since 2014.
- Lambeth has had broadly stable LARC prescribing in both GPs and SRH services at around 20 per 1,000.

GP prescribed LARC per 1,000 in LSL, 2011-16



Total prescribed LARC per 1,000 in LSL, 2014-16



References

1. PHE, Sexual and Reproductive Health Profiles
2. NHS Digital, Sexual and Reproductive Health Services, England – 2016-17

Use of emergency hormonal contraception is a proxy for poor contraceptive access and is high in LSL.

CONTRACEPTION: EMERGENCY HORMONAL CONTRACEPTION

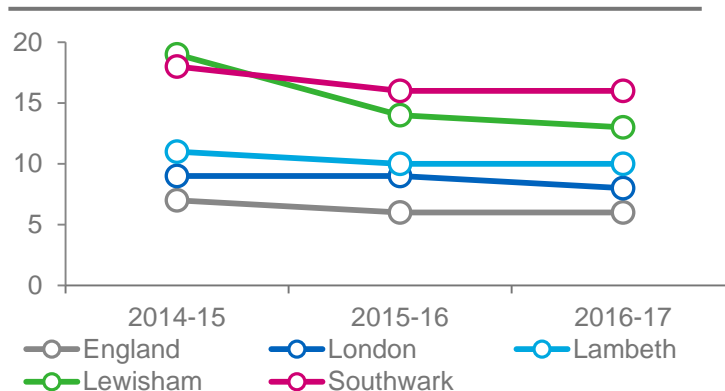
Emergency hormonal contraception (EHC) is an important way (and often the last option) to prevent unwanted pregnancy. It is available in SRH services and pharmacies.

- Rates of women provided with EHC in SRH in LSL are above the London and national averages. With 16 women per 1,000 provided with emergency contraceptives by SRH in Southwark in 2016-17, this is among the highest in the country.
- With only three time points, it's difficult to define a trend, but rates of women provided with EHC have declined slightly in Lewisham while remaining stable in Southwark and Lambeth.
- EHC is also available from community pharmacies across LSL, and is highly accessed (e.g. >10,000 supplies made in Lambeth pharmacies in 2016/17).

EHC use (and especially repeat use) is an indicator of unmet reproductive health needs and a major missed opportunity for intervention.

- Repeat EHC use is high in SRH - 90% of women using EHC in Lambeth and Southwark pharmacies in 2017/18 self-declared previous use, with 60% using EHC within the last 6 months (Southwark).
- This compares to approximately 15% repeat use in Brook young people's clinics.
- EHC use (and especially repeat use) is an indicator of unmet reproductive health needs and a major missed opportunity for intervention.

Women provided emergency contraceptives by SRH services per 1,000 population aged 16-54, 2014-15 to 2016-17



References

1. NHS Digital, Sexual and Reproductive Health Services, England – 2016-17
2. Service level data on EHC

The national trends of falling birth rates and the increasing mean age of mothers are amplified across LSL.

BIRTH RATE

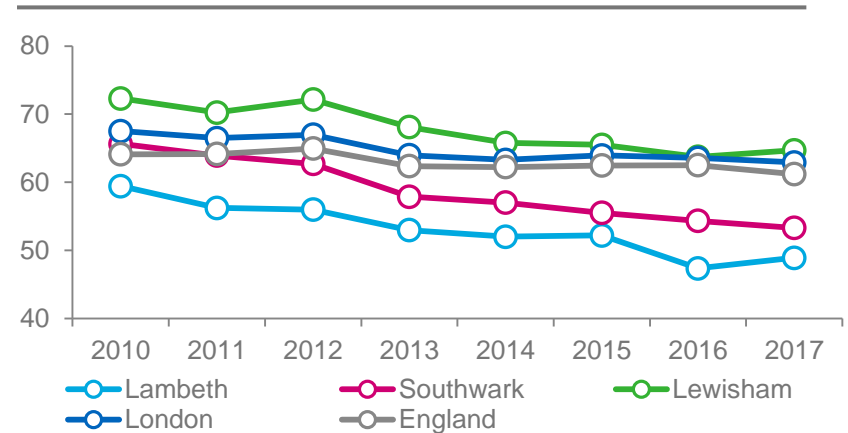
The general fertility rate (GFR) in Southwark and Lambeth has decreased considerably faster than the rest of London and England.

- The general fertility rate is the total number of live births per 1,000 women of reproductive age (ages 15 to 49 years) in a population per year.
- There has been a general downward trend in the general fertility rate across the country since 2010. Lambeth and Southwark have a lower fertility rate than Lewisham or London and the decline in rates have been faster.
- In 2017 there were just under 13,400 live births across LSL.

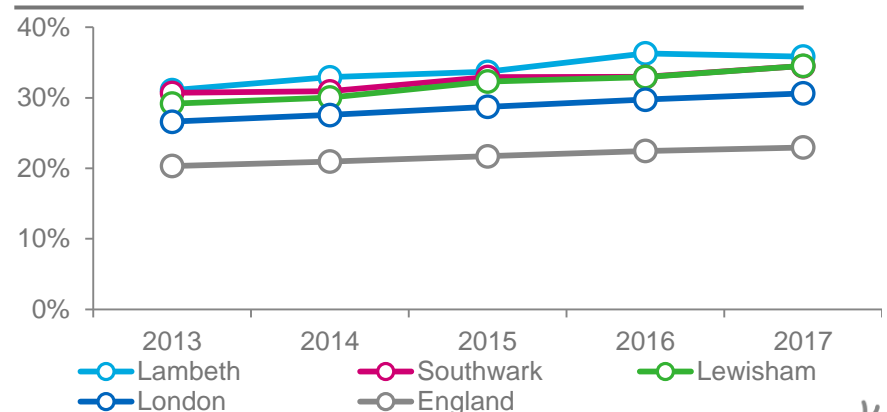
The mean age of mothers having their first live child has increased over time nationally.

- In 2017, 54% of all live births nationally were to mothers aged over 30; 68% to fathers over 30.
- Nationally the average age of mothers in 2017 increase to 30.5 years, up from 26.4 years in 1975.
- A similar pattern is seen in LSL, but the proportion of mothers aged over 35 is higher than London or England.

General fertility rate, LSL, London and England, 2010-17



Proportion of live births to mothers aged over 35 in LSL, London and England, 2013-17



References

1. ONS, Births by parents' characteristics in England and Wales: 2017
2. NOMIS Live births in England and Wales : birth rates down to local authority areas, 2017
3. PHE Sexual and Reproductive Health Profiles

Teenage conception rates have declined significantly across LSL, but remain higher than London and England.

TEENAGE CONCEPTIONS

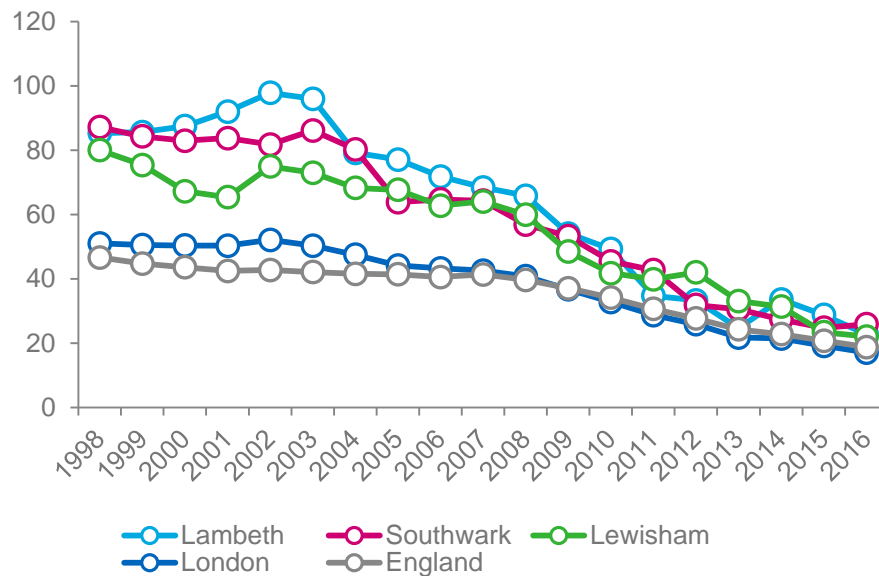
One in five unplanned pregnancies occur in women aged 16-19 and teenage pregnancies are more likely than others to end in abortion.

- There has been a 70% decrease in the number of teenage conceptions in LSL since 1998.
- While rates of teenage conception have been falling steadily, they remain higher than London and England.
- In 2016, there were over 300 teenage conceptions across LSL. Of those, just over 40 conceptions were in people under the age of 16 (with 17,14,12 pregnancies in LSL respectively) – these rates are also in decline.

Access to contraception is essential, especially for young people, in reducing unplanned pregnancies.

- According to the School Health Education Unit (SHEU) survey, only 20% of pupils in Year 8 and Year 10 Lambeth and Southwark knew where to get condoms for free.

Under 18 conception rate per 1,000 in LSL, 1998-2016



References

1. Wellings K et al (2013) The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). Lancet; 382 (9907): 1807-1816.
2. PHE Sexual and Reproductive Health Profiles

Over 5,500 abortions took place across LSL in 2017, 58% of which were medical abortions.

ABORTION

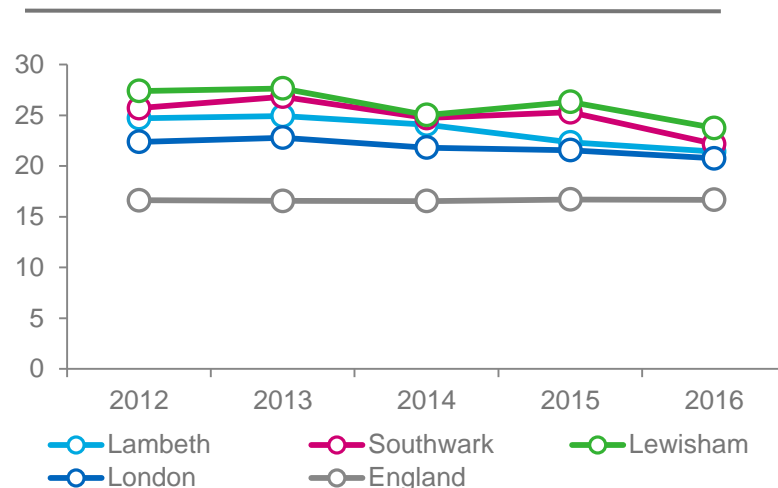
The abortion rate is an indicator of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method.

- Across LSL in 2017, almost 5,500 abortions took place.
- Looking at rates between 2012 and 2016, abortion rates in LSL and London are notably higher than England.
- Local analysis suggest that abortion rates in women aged 15-44 were highest among women from Black African and Caribbean ethnic backgrounds and typically lower in Asian, Chinese and other ethnicities across LSL.*

The number of early medical abortions taking place each year is increasing.

- Nationally, medical abortions are increasingly performed – 65% of all abortions in 2017 compared to 34% in 2007, as surgical abortions decline. In LSL in 2017, 58% of all abortions were medical abortions.
- Early medical abortions (up to 10 weeks) accounted for 63% of all abortions in LSL in 2017/18.

Total abortion rate per 1,000 population in LSL, London and England, 2012-16



References

1. London Borough of Lewisham, Public Health Team analysis. *Kings College Hospital excluded.
2. PHE Sexual and Reproductive Health Profiles
3. Department of Health, abortion statistics, 2017

Two-thirds of teenage pregnancies end in abortion. Subsequent abortions occur in 42% of all abortions.

ABORTION

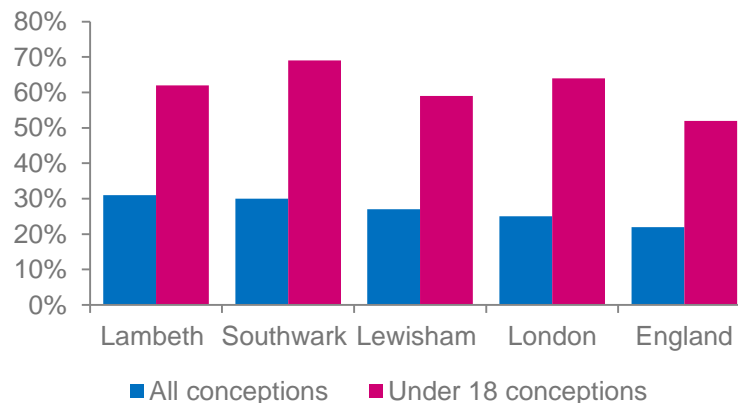
Most teenage conceptions are unplanned and are more likely to end in abortion than other age groups.

- Two-thirds of teenage pregnancies ended in abortion across LSL in 2016: Lambeth (69%), Southwark (72%) and Lewisham (63%).
- By contrast, the percentage of all conceptions leading to abortion were one-third: Lambeth (31%), Southwark (30%), Lewisham (27%).

The chance that a woman has had a previous abortion increases with age as it allows longer time for exposure to pregnancy risks.

- In women from LSL having an abortion in 2017, 42% had previously had an abortion – this increases to almost half in women over 25.
- Repeat unintended pregnancy and subsequent abortion is a complex issue.
- A total 11% of women aged under 19 who had an abortion in 2017 had previously had an abortion, which compares to 13% in London.

Proportions of conceptions leading to abortion, 2016



Proportion of abortions in women who have had a previous abortion, by age, 2017

	All ages	Under 19	Under 25	Over 25
Lambeth	40%	11%	32%	45%
Southwark	41%	13%	31%	47%
Lewisham	44%	8%	30%	51%
London	42%	13%	31%	47%
England	39%	10%	27%	47%

References

- ONS, Conception Statistics, England and Wales, 2016
- Abortion statistics for England and Wales: 2017

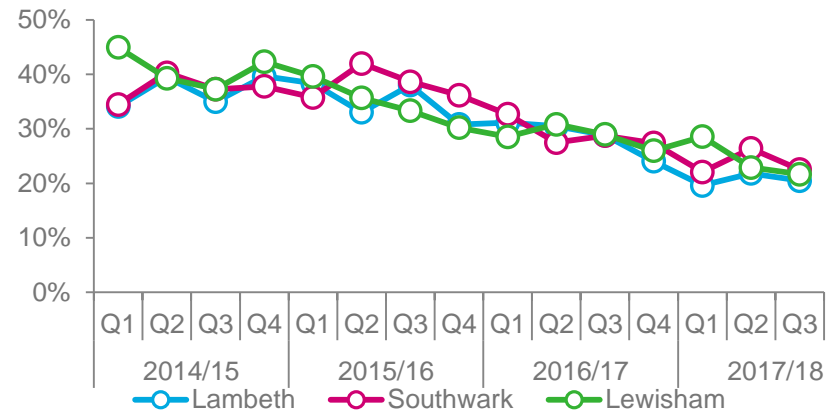
LARC is an effective way of preventing subsequent abortions, however uptake after abortion is decreasing.

LARC AFTER ABORTION

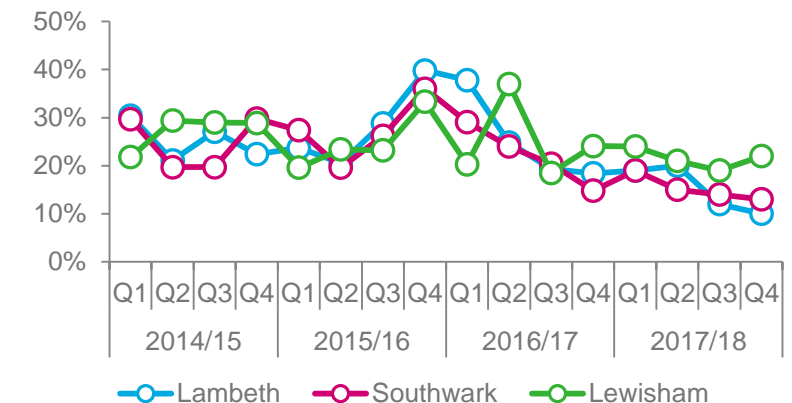
LARC is an effective way of preventing subsequent abortion. The proportion of women choosing LARC after an abortion is decreasing.

- Women who choose to commence LARC immediately after abortion have a significantly reduced likelihood of undergoing another abortion within 2 years.
- In 2017/18, less than one in four women chose LARC after abortion.
- The proportion of women in LSL taking LARC following an abortion has been decreasing in Marie Stopes International (MSI), whereas the pattern is less clear in British Pregnancy Advisory Service (BPAS).
- MSI South London are currently running one post-EMA LARC clinic a week, which is usually fully subscribed and they are looking at ways to increase capacity. BPAS are considering a similar arrangement.
- Kings College Hospital (KCH), which provides late and complex abortions provide 5-8% of all abortions, but data were not available.

LARC uptake after abortion MSI, 2014/15 – 2017/18



LARC uptake after abortion at BPAS, 2014/15 – 2017/18



References

1. NHS Digital, Sexual and Reproductive Health Services, England – 2016-17
2. FSRH 2017, FSRH Guideline Contraception After Pregnancy

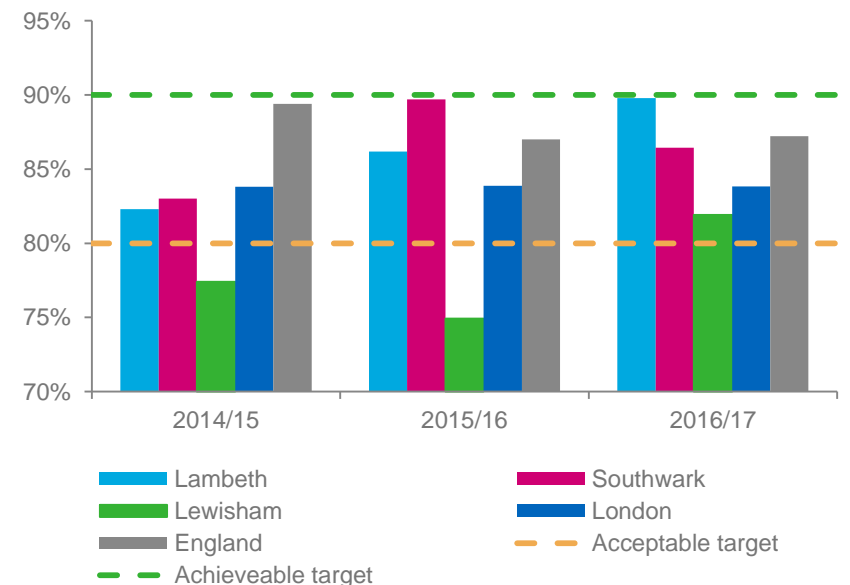
In 2016/17, over 80% of girls across LSL in Year 8 had one dose of the HPV vaccination.

HPV VACCINATION

The national human papillomavirus (HPV) immunisation programme was introduced to protect girls against the main causes of cervical cancer.

- PHE set an acceptable target of 80% for population vaccination coverage for one dose (females 12-13 years old) and a 90% achievable target.
- The proportion of Year 8 (12-13 year old) girls vaccinated with at least one dose of HPV by the end of summer 2017, was 90% in Lambeth, 86% in Southwark and 82% in Lewisham.
- All boroughs fall within the acceptable range, though Lewisham has had consistently lower coverage than other boroughs in LSL.
- Following a successful pilot, HPV vaccination in men who have sex with men up to the age of 45 is currently being rolled out across LSL through sexual health clinics.

Vaccination coverage with one dose HPV, female 12-13 years old, 2014/15 – 2016/17



References

1. WHO 2011, Comprehensive Cervical Cancer Control: A guide to essential practice (C4 GEP)
2. PHE Sexual and Reproductive Health Profiles

Rates of pelvic inflammatory disease admissions are highest in Lewisham, but are decreasing.

REPRODUCTIVE HEALTH

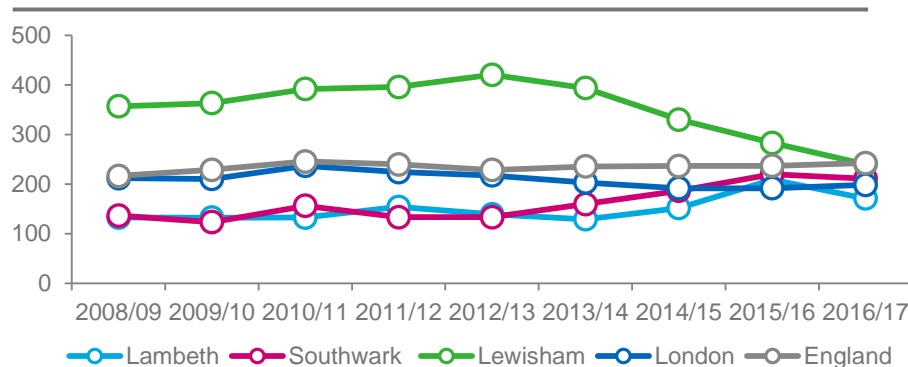
Pelvic inflammatory disease (PID) refers to an infection of the upper female genital tract which may lead to serious complications e.g. ectopic pregnancy and infertility.

- Across LSL in 2016/17, there were just over 500 cases of pelvic inflammatory disease.
- Admissions for PID were higher in Lewisham than any of the other boroughs, but have declined since 2012/13 – by contrast, rates in Southwark and Lambeth have increased.
- It is estimated that approximately one-quarter of cases are caused by untreated STIs.

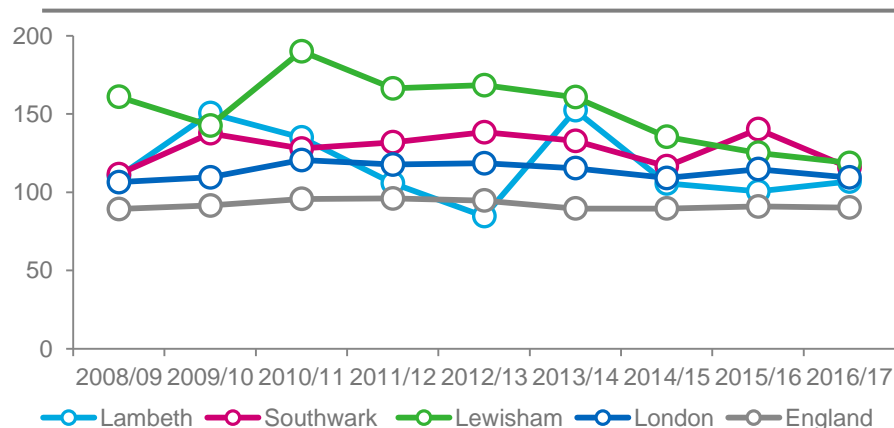
Ectopic pregnancy – a complication of pregnancy in which the embryo attaches outside the uterus – usually results in hospital admission.

- There were just under 300 admissions for ectopic pregnancies across LSL in 2016/17.
- Rates of admission for ectopic pregnancy have fluctuated over time, particularly in Lambeth.
- Previous abdominal surgery, STI and smoking all increase the risk of ectopic pregnancy.

Pelvic inflammatory disease admissions rate per 100,000 in LSL, 2008/09 – 2016/17



Ectopic pregnancy admissions rate per 100,000 in LSL, 2008/09 – 2016/17



References

1. PHE Sexual and Reproductive Health Profiles
2. Ectopic Pregnancy Trust, Factors increasing risk of ectopic pregnancy

Reliance on user dependent methods of contraception may contribute to high rates of EHC and abortion in LSL.

REPRODUCTIVE HEALTH SUMMARY

User dependent contraceptive methods (e.g. condoms, or the pill) are the most common form of contraception used in LSL with high use of EHC, particularly in Southwark.

- Two-thirds of women in LSL reported user dependent methods as their main method of contraception.
- LARC does not rely on daily compliance. Prescribing rates of LARC across LSL are lower than England, but higher than London. Southwark has the lowest total LARC prescribing in LSL.
- Use of EHC is high, particularly in Southwark. Repeat use of EHC is also high with 60% of women self-declared previous users within the last 6 months.

Birth rates are falling, as are teenage conceptions. Abortion rates have remained stable and continue to be higher amongst under-18 than other age groups.

- Birth rates are falling and the average age of mothers increasing. Teenage pregnancy in LSL has drastically declined, but remains higher than London – 300 teenagers become pregnant each year.
- Abortion rates have remained broadly stable. In 2016, almost 5,500 abortions took place across LSL – two-thirds of conceptions in under 18s ended in abortion compared to one-third of all conceptions.
- Across LSL, 42% of women having an abortion in 2017 had previously had an abortion. LARC following an abortion LARC is an effective way of preventing subsequent abortions, but has been falling partly due to an increase in medical abortions.

If not successfully treated, STIs can lead to a number of conditions such as pelvic inflammatory disease, ectopic pregnancy, infertility and cervical cancer.

- HPV vaccination coverage to protect girls against the main causes of cervical cancer is consistently lower in Lewisham than other boroughs, but did increase to within the acceptable range in 2016/17.
- Lewisham has had the highest rates of pelvic inflammatory disease and ectopic pregnancies, however this has converged with the rest of LSL over time.

CONTENTS

Introduction	3
Healthy and fulfilling sexual relationships	7
Good reproductive health across the life course	10
High quality STI testing and treatment	22
Living well with HIV	48

Approximately 16% of the LSL population aged 15-64 used sexual health clinics in 2017.

SEXUAL HEALTH SERVICES

During 2017, almost 112,000 LSL residents visited a sexual health clinic.

- Almost 112,000 residents of LSL attended sexual health services across England; with almost 170,000 attendances in 2017. This suggests that approximately 16% of the LSL population aged 15-64 attended sexual health services in 2017.
- Four of the five services most commonly visited by LSL residents are within the LSL region with the exception of the Dean Street Clinic. An online service, SH:24 was the most commonly used, although relatively few people in Lewisham used this service.
- Almost two-thirds of all sexual health attendances by LSL residents take places in these five sexual health clinics.
- Over half (58%) of the 140,000 people who attend services in the LSL region were resident in the area suggesting there is considerable fluidity in where people access services. Residents from Bromley, Wandsworth, Chelmsford, Greenwich, Croydon are the most common external boroughs of people attending local services. Residents from Chelmsford predominantly used SH:24.

Number of all LSL residents and attendances at sexual health clinics, including breakdown for top five clinics, 2017

Sexual health clinics	Total number of patients					Attendances
	Lambeth	Southwark	Lewisham	LSL patients	%	LSL attendances
SH24 online	8,994	10,267	899	20,160	18%	20,520
Dean Street Clinic	6,303	3,889	2,099	12,291	11%	26,466
Burrell Street Sexual Health Clinic	4,475	6,343	1,267	12,085	11%	19,098
King's College Hospital NHS Foundation Trust	4,156	6,676	1,204	12,036	11%	17,947
Waldron Health Centre	148	1,561	10,896	12,605	11%	24,013
Other Clinics	18,543	12,989	10,962	42,494	38%	61,716
Total	42,619	41,725	27,327	111,671	100%	169,760

References

1. GUMCADv2 Report: Patient Flow Summary

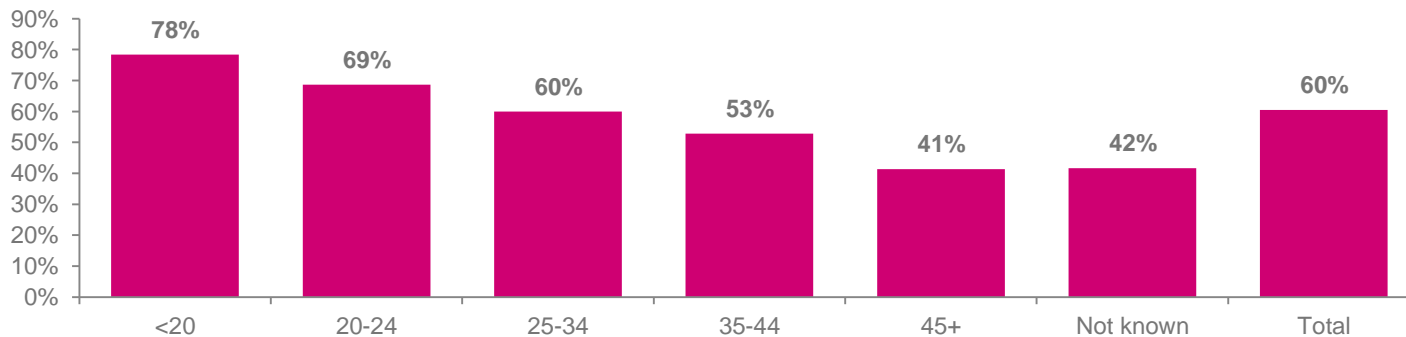
The service user population is young, with a high proportion of women, particularly in younger age groups.

SERVICE USER POPULATION

Data on first attendances at sexual health clinics were pulled from GUMCADv2 for the 2017 calendar year for the nine clinics in LSL.

- Service user data drawn from nine clinics across three providers: Kings College Hospital, Guys and St Thomas' NHS Foundation Trust and Lewisham and Greenwich NHS Foundation Trust.
- Younger people attend services more than older people – 41% of service users were aged 25-34, 23% aged 20-24 and 9% aged under 20.
- Overall, 60% of the service user population are women. Gender and age also interact, with 78% of users under 20 being women and this gradually decreasing to a low of 41% in those aged over 45.
- Across all clinics, 80% of service users identify as heterosexual, 13% gay or lesbian and 2% bisexual.
- Ethnicity is the most poorly recorded demographic characteristic – 13% have no ethnicity recorded. The two largest ethnic groups were White (42%) and Black (27%).

Proportion of service users in 2017 who are female by age group.



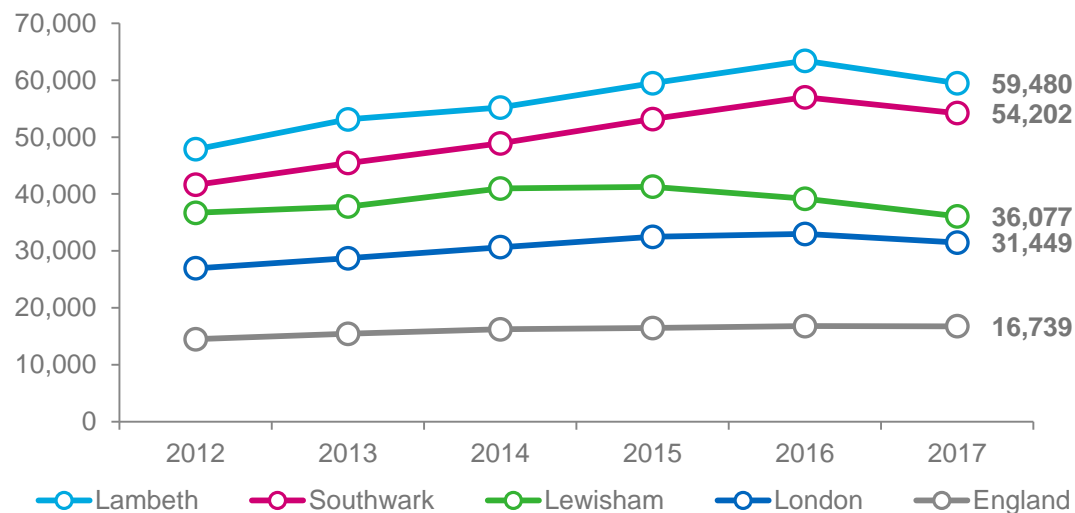
Rates of STI testing across LSL are consistently above levels in London and England.

STI TESTING

Early detection and treatment of STIs can reduce long-term consequences, such as onward transmission, infertility and ectopic pregnancy. As STIs are often asymptomatic, frequent testing, particularly in risk groups is crucial in early detection and treatment.

- In 2017, almost 350,000 tests were carried out for syphilis, HIV, gonorrhoea and chlamydia (aged over 25) among people accessing sexual health services in LSL.
- While STI testing rates in Lambeth and Southwark plateaued in 2017, they are substantially higher than in 2012. Over the five year period testing rates in Lewisham have remained broadly stable.
- Testing rates across LSL are consistently above levels in London and England, substantially so in the case of Lambeth and Southwark.

STI testing rate (excluding chlamydia <25) per 100,000, 2012-17



References

1. PHE, Sexual and Reproductive Health Profiles

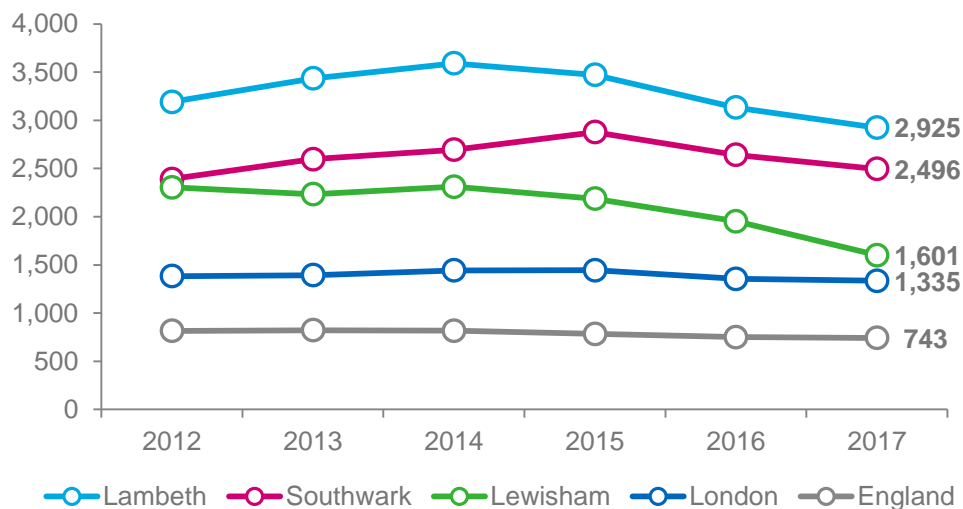
Rates of new STI diagnosis in Lambeth, Southwark and Lewisham are amongst the highest in England.

NEW STI DIAGNOSES

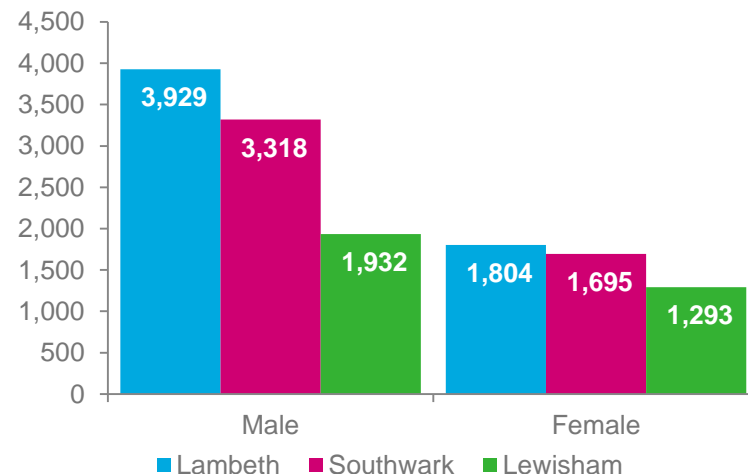
All new STI diagnoses among people accessing specialist and non-specialist sexual health services each calendar year are collected in the GUMCADv2 system.

- In 2017, just over 22,000 new STIs* were diagnosed across Lambeth, Southwark and Lewisham
- Lambeth had the highest rate of new STI diagnoses in England in 2017, followed by Southwark in third, and Lewisham 11th. In recent years there has been a downward trend in new STIs overall.
- Rates of new STIs are considerably higher in men than women.

Rates of new STIs per 100,000 population, 2012-17



Rates of new STIs* per 100,000 by sex, 2017



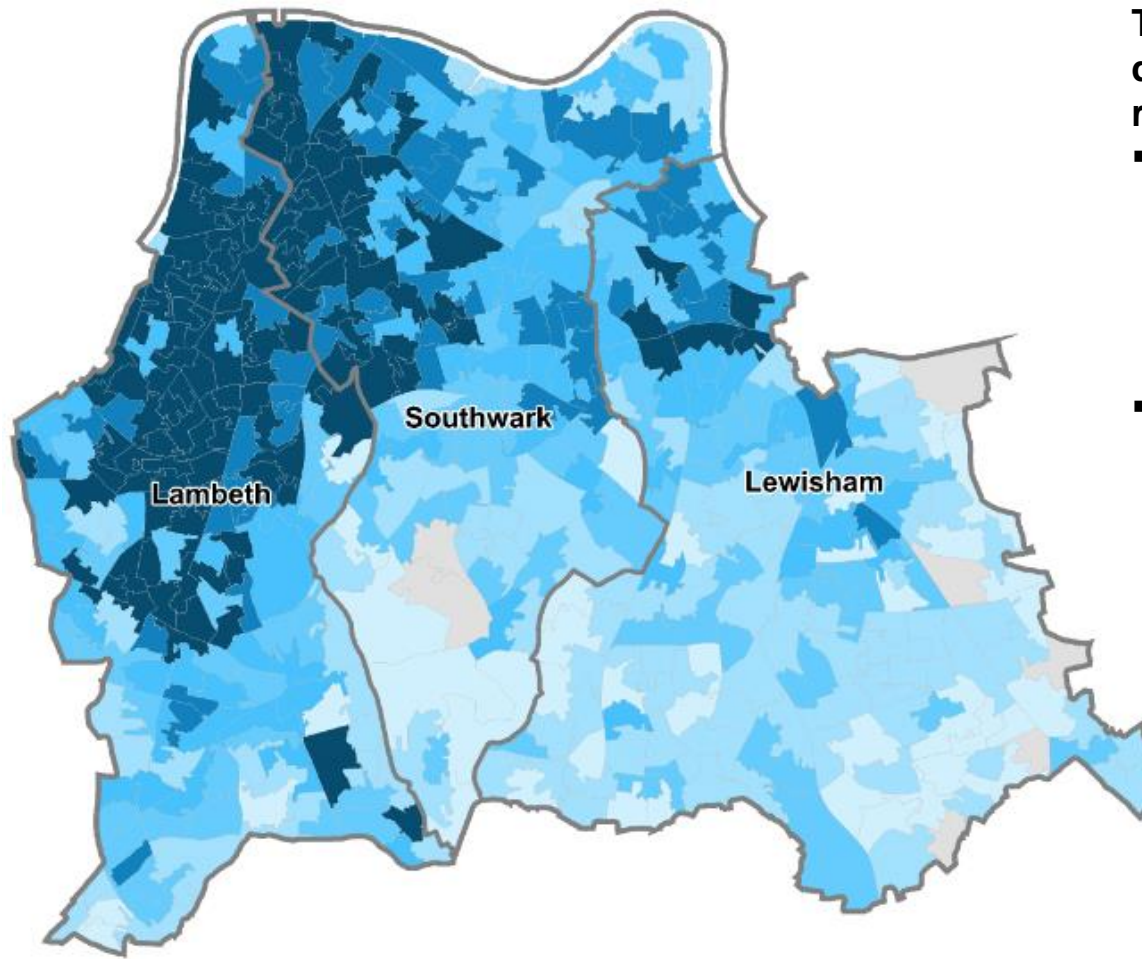
References

1. PHE Sexual and Reproductive Health Profiles
2. GUMCADv2 – Including CTAD, GUM & Non-GUM Services only

* New STIs covers a broad range of STIs beyond five most common STIs e.g. chancroid, scabies & shigella.

There is substantial variation in the diagnosis rate of new STIs across the region.

NEW STI DIAGNOSES



There is substantial variation in the diagnosis rate of new STIs across the region.

- New diagnoses of STIs are not evenly distributed across LSL, with rates particularly high in northern and central Lambeth, north-west Southwark and north Lewisham.
- However the picture is complex. Lower diagnosis rates in some communities may reflect lower levels of access / attendance rather than lower levels of need.

Diagnosis rate of new sexually transmitted infections across LSL, 2017

References

1. GUMCADv2
2. © Crown copyright and database right 2018, Ordnance Survey (0) 100019252

Men are more likely than women to become re-infected with an STI within 12 months of diagnosis.

RE-INFECTION

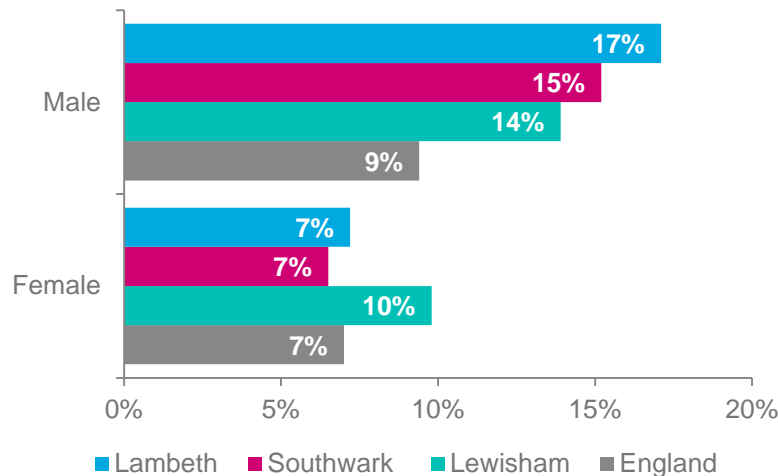
Re-infection with an STI is a marker of persistent risky behaviour.

- Across LSL, men are more likely to have a reinfection within 12 months of diagnosis. Lambeth has the highest rate of re-infections among men (17%) and Lewisham the highest among women (10%).
- The proportion of people with a re-infection in LSL is much higher than the rest of England.

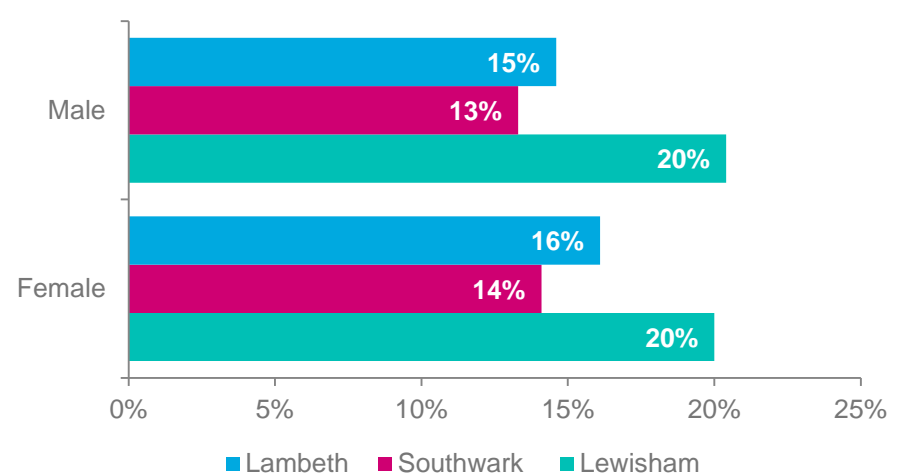
Teenagers are considered to be at increased risk of re-infection because they are more likely to lack the skills and confidence to negotiate safer sex.

- In 2016, double the proportion of 15-19 year old women were re-infected as women of all ages.
- By contrast, a smaller proportion of men aged 15-19 were re-infected in Lambeth and Southwark than men of all ages, but a higher proportion of 15-19 years olds in Lewisham.

Re-infection within 12 months. All STIs, all age groups, 2012-16



Re-infection within 12 months. All STIs, among 15-19 year olds, 2012-16



References

1. PHE, Local authority HIV, sexual and reproductive health epidemiology report (LASER): 2016

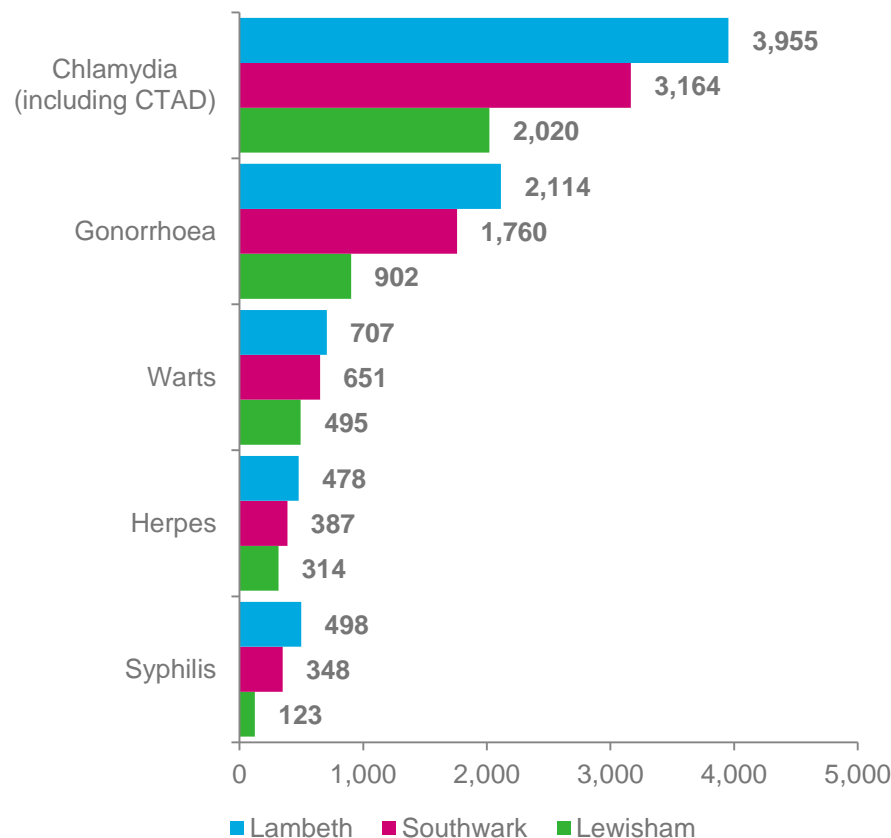
Chlamydia, gonorrhoea, syphilis, genital herpes and warts are the most common STIs – 16,000 cases in LSL in 2017.

COMMON STIS

Chlamydia, gonorrhoea, genital herpes, syphilis and genital warts are the most common STIs

- Mirroring the national picture, chlamydia is the most commonly diagnosed STI across the three boroughs, with over 9,000 new cases in LSL during 2017.
- Gonorrhoea is the second most common STI across the three boroughs.
- It is important to recognise that the majority of cases are diagnosed in sexual health clinics, and consequently the number of cases may be a measure of access to sexually transmitted infection (STI) treatment, as well as a measure of sexual health need.
- The following slides present more detailed analysis of each of the top five sexually transmitted infections in turn.

Count of the five most commonly diagnosed STIs, LSL 2017



References

1. PHE, Sexual and Reproductive Health Profiles

Chlamydia is the most commonly diagnosed STI in LSL, with diagnosis rates highest amongst those aged 15-24.

CHLAMYDIA - OVERVIEW

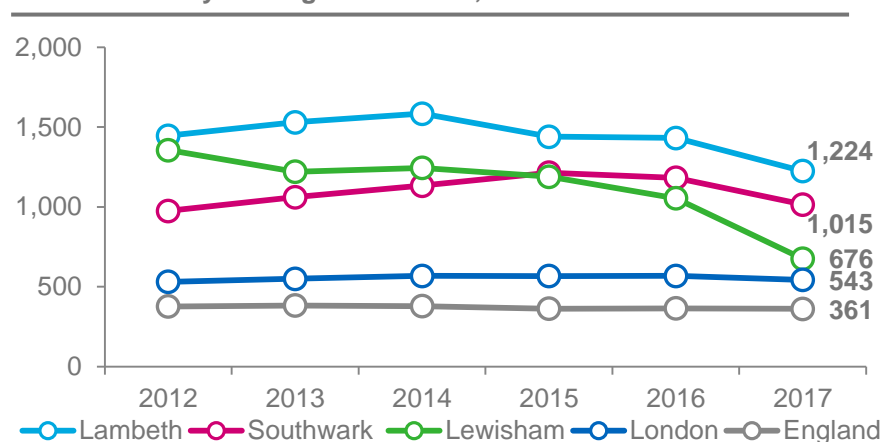
Chlamydia is by far the most common sexually transmitted infection (STI) in the UK.

- Chlamydia is a bacterial infection, usually spread through unprotected sex.
- It is particularly common in sexually active teenagers and young adults.

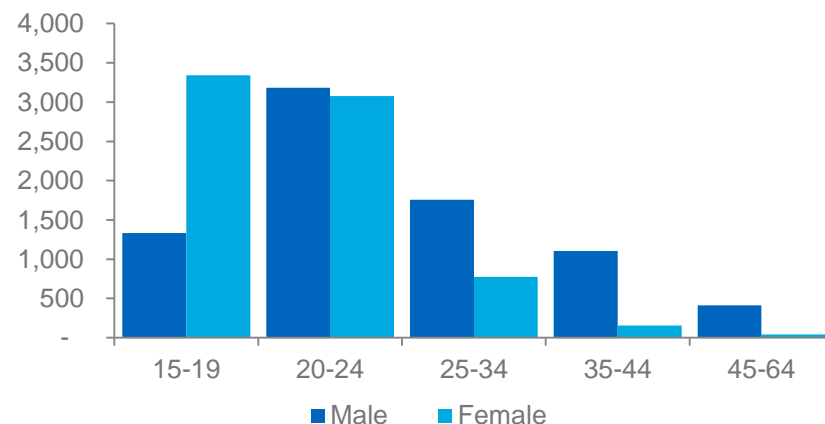
Chlamydia is the most common STI in LSL with over 9,000 cases diagnosed in GUMCAD and non-GUMCAD services in 2017 and rates are at least double that of London.

- Rates of chlamydia are decreasing in LSL, particularly in Lewisham where the rate has almost halved since 2015.
- Looking at rates of chlamydia by age group (excluding CTAD), it's clear that rates are considerably higher among young people, particularly those aged 20-24.
- The diagnosis rate of chlamydia is higher among men (979 per 100,000) than women (605 per 100,000), with the exception of the 15-19 year age group where the rate among women is approximately double that for men.

Rates of chlamydia diagnosis in LSL, 2012-17



Rates of chlamydia diagnosis in LSL by sex and age group, 2017



References

1. PHE Sexual and Reproductive Health Profiles (including GUM, CTAD and Non-GUM services)
2. GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only
3. NHS Choices

Chlamydia diagnosis rates are higher among men than women across almost all ethnic groups.

CHLAMYDIA - ETHNICITY

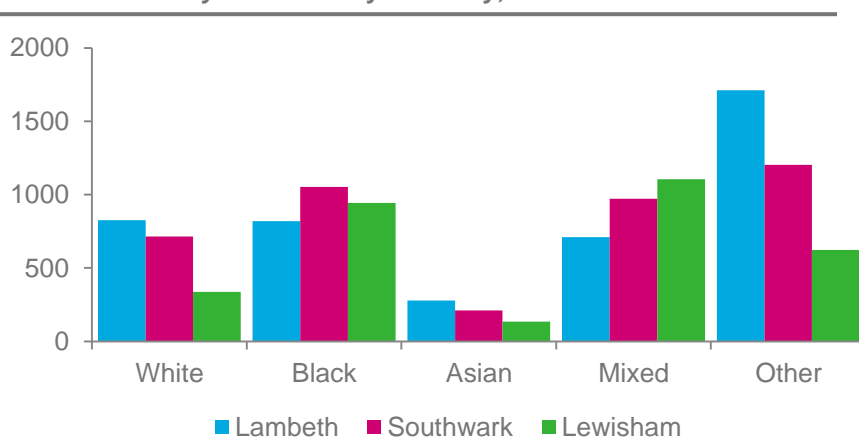
Rates of chlamydia diagnosis vary by ethnicity and borough

- In Lambeth and Southwark, the highest rates of chlamydia are seen in mixed and Other ethnic groups. In Lewisham chlamydia rates are highest in mixed and Black ethnicities.
- Rates are lowest in Asian ethnic groups across all boroughs.

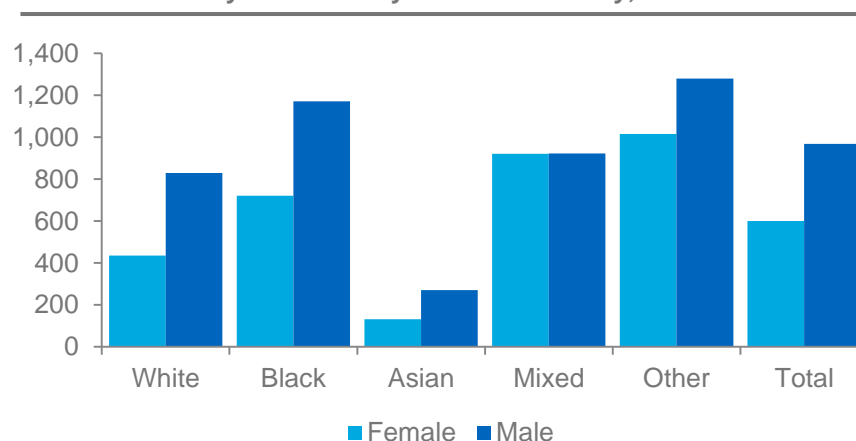
Broadly, men have higher rates of chlamydia than women across all ethnic groups

- Chlamydia rates are higher amongst men than women across all ethnic groups in LSL with the exception of those stating mixed ethnicity, where diagnosis rates are similar.
- The only exceptions to this at borough level, is that women have higher rates of chlamydia than men in Other ethnic groups in Southwark and in mixed ethnic groups in Lewisham.

Rates of chlamydia in LSL by ethnicity, 2017



Rates of chlamydia in LSL by sex and ethnicity, 2017



References

1. PHE Sexual and Reproductive Health Profiles (including GUM, CTAD and Non-GUM services)
2. GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only

Most of the chlamydia cases diagnosed in LSL are among men and in people who identify as heterosexual.

CHLAMYDIA - SEXUALITY

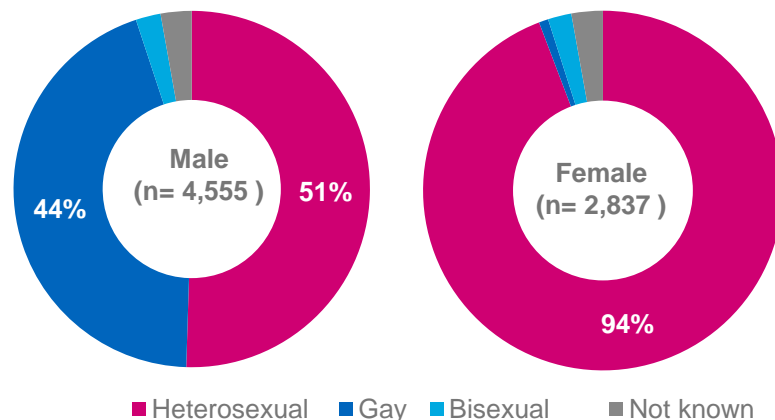
The majority of chlamydia cases are diagnosed among people who identify as heterosexual.

- Just over 7,400 cases of chlamydia were diagnosed in GUMCAD clinics across LSL in 2017: 61% of these cases were in men.
- In women, 94% of chlamydia diagnoses were among those who identified as heterosexual, compared to 51% of all male diagnoses.
- Of all chlamydia cases diagnosed in men across LSL, 44% were in men who identify as gay, but this varied by borough: Lambeth (54%), Southwark (43%) and Lewisham (29%) where population identifying as gay is smaller.

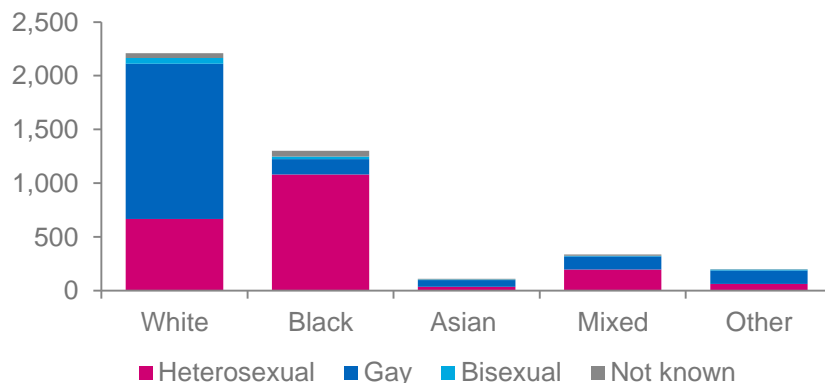
The proportion of all diagnosed cases by sexual orientation varies by ethnicity

- The largest total number of cases are seen in White and Black men, due to population structure.
- The majority of cases diagnosed in White men are amongst men who identify as gay, whilst the majority of cases diagnosed in Black men were in those who identified as heterosexual.
- Due to small numbers of women identifying as categories other than heterosexual, only the male ethnic breakdown is provided.

Proportion of all diagnosed chlamydia cases by sex and sexual orientation in LSL, 2017



Proportion of all chlamydia diagnoses in men in LSL by ethnicity and sexuality, 2017



References

1. PHE Sexual and Reproductive Health Profiles (including GUM and Non-GUM services, and excluding CTAD)
2. GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only

After a decrease in 2016, gonorrhoea increased again in 2017 across LSL and London.

GONORRHOEA - OVERVIEW

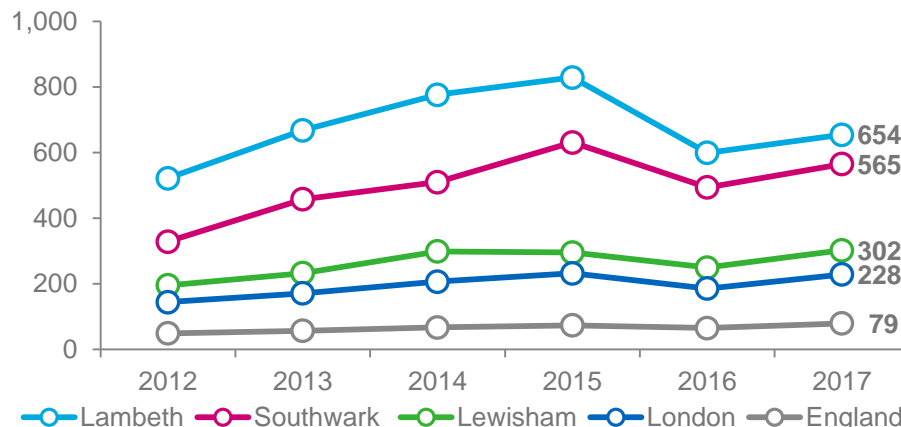
Gonorrhoea is often used as a marker for rates of unsafe sexual activity.

- Gonorrhoea is caused by bacteria called *Neisseria gonorrhoeae* or gonococcus.
- People who change partners frequently are at increased risk of gonorrhoea.

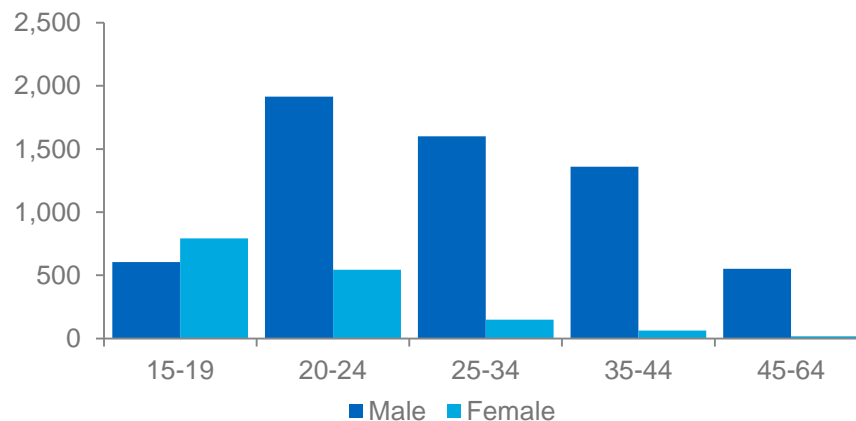
Gonorrhoea is the second most common STI in LSL with almost 5,000 cases in 2017.

- Gonorrhoea rates in Lambeth and Southwark are considerably higher than Lewisham, which is similar to London rate.
- Gonorrhoea rates increased across LSL in 2012-2015, and decreased in 2016 only to increase again in 2017.
- Rates are highest among people aged 20-24 across LSL (1,182 per 100,000).
- Men have higher rates of gonorrhoea than women across all age groups, with the exception of 15-19 year olds.
- Reinfection within 12 months is higher for gonorrhoea than all STIs among men in Lambeth and Southwark, but not in Lewisham and not for women.

Rates of gonorrhoea diagnosis in LSL, 2012-17



Rates of gonorrhoea diagnosis in LSL by sex and age group, 2017



References

1. PHE Sexual and Reproductive Health Profiles (including GUM, CTAD and Non-GUM services)
2. NHS Choices

Rates of gonorrhoea are considerably higher in men than women across all ethnic groups.

GONORRHOEA - ETHNICITY

Rates of gonorrhoea vary substantially by ethnicity and borough.

- People from Asian ethnic groups have lower rates of gonorrhoea than other groups.
- People from Other ethnic groups have the highest diagnosis rates in Lambeth and Southwark, with those from a mixed ethnic background having the highest rates in Lewisham.
- Men have considerably higher rates of gonorrhoea, across all ethnicities.

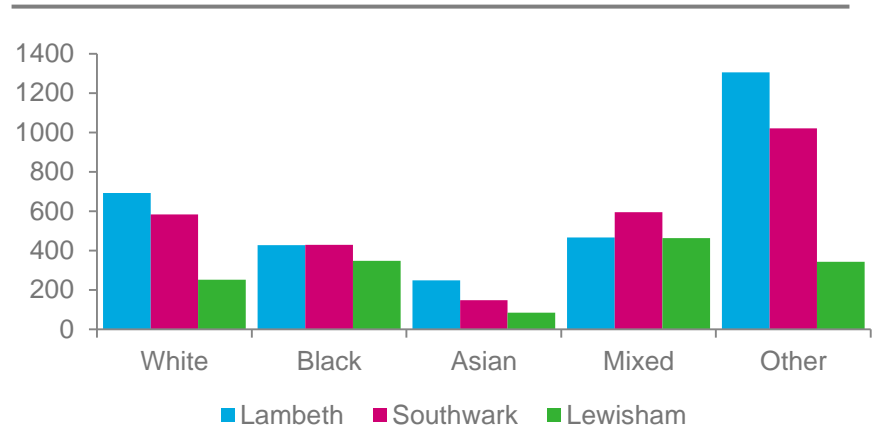
The first case of *N. gonorrhoeae* with antibiotic resistance was declared in England in early 2018.

- Prompt diagnosis, prescribing guideline adherence, identifying and managing potential treatment failures effectively, and reducing transmission are key to reducing the spread of treatment resistant strains.

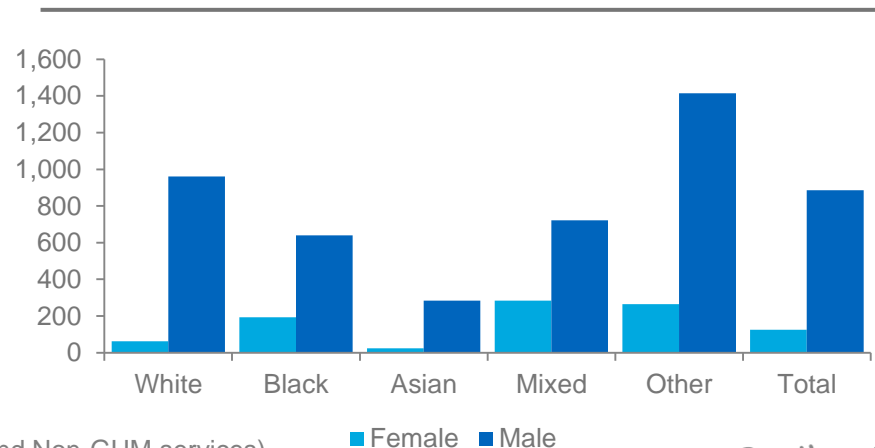
References

1. PHE Sexual and Reproductive Health Profiles (including GUM, CTAD and Non-GUM services)
2. GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only
3. Multi-drug resistant gonorrhoea in England: 2018
4. PHE Local authority HIV, sexual and reproductive health epidemiology report 2016: Southwark.

Rates of gonorrhoea in LSL by ethnicity, 2017



Rates of gonorrhoea in LSL by sex and ethnicity, 2017



Nine in ten cases of gonorrhoea in LSL are diagnosed in men with over three-quarters of those identifying as gay.

GONORRHOEA – SEXUALITY

Gonorrhoea is most commonly diagnosed among men who identify as gay.

- Of all 4,800 cases of gonorrhoea diagnosed in LSL in 2017, 87% were diagnosed in men.
- Of all those diagnosed with gonorrhoea, 91% of women identified as heterosexual and 77% of men identified as gay.
- The proportion of men diagnosed with gonorrhoea who identify as gay varied by borough: Lambeth (82%), Southwark (77%) and Lewisham (65%).

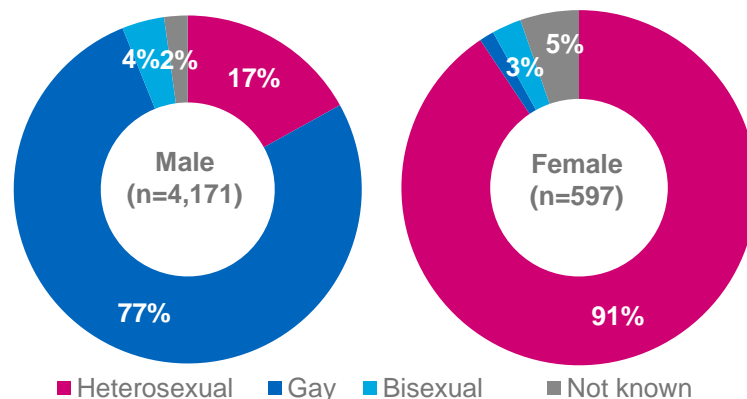
The proportion of all diagnosed cases of gonorrhoea by sexuality varies by ethnic group

- In people from White ethnic backgrounds who were diagnosed with gonorrhoea, 90% identify as gay, compared to 35% of those from Black ethnic backgrounds.
- Due to small numbers of women identifying as categories other than heterosexual, only the male ethnic breakdown is provided.

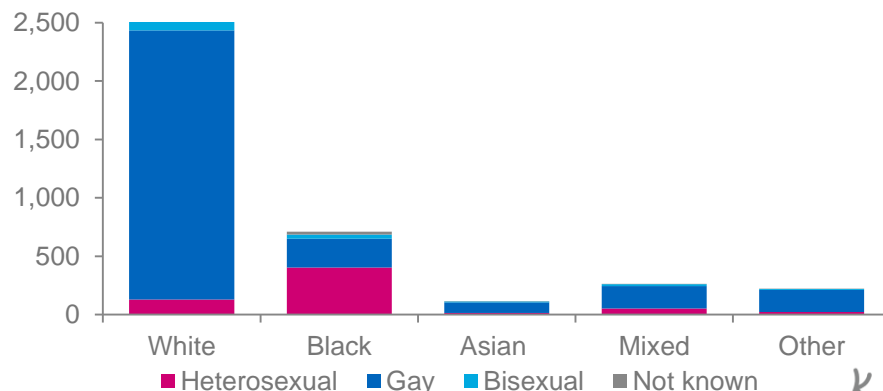
References

- PHE Sexual and Reproductive Health Profiles (including GUM, CTAD and Non-GUM services)
- GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only
- Multi-drug resistant gonorrhoea in England: 2018

Proportion of all diagnosed gonorrhoea cases by sex and sexual orientation in LSL, 2017



Proportion of all gonorrhoea diagnoses in men in LSL by ethnicity and sexuality, 2017



Syphilis rates in Lambeth and Southwark are very high compared to London and are increasing.

SYPHILIS - OVERVIEW

Syphilis is an important public health issue, particularly among men who have sex with men (MSM).

- If left untreated for a long period, syphilis can spread to the brain or other parts of the body and cause serious, long-term problems.
- Genital sores caused by syphilis also make it easier to transmit and acquire HIV infection sexually.

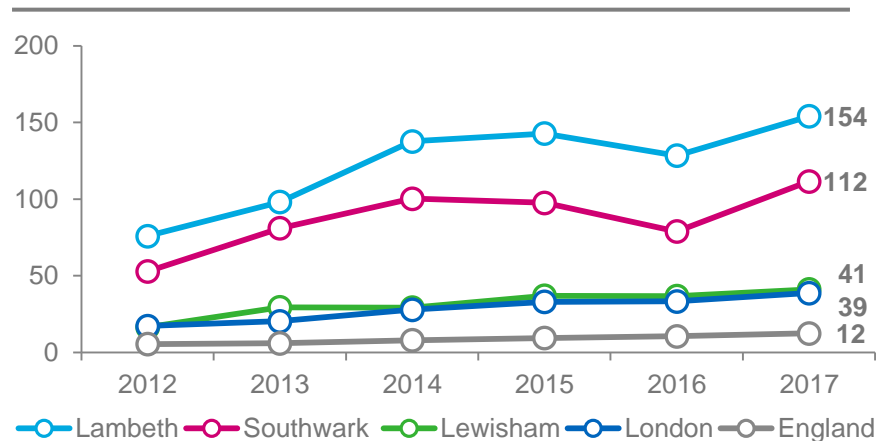
The rate of syphilis diagnosis has increased over the past decade.

- There were just under 1,000 cases of syphilis diagnosed in LSL in 2017; up from 406 in 2012.
- Men accounted for almost all cases.
- Rates of syphilis in Lambeth and Southwark are considerably higher than London, while Lewisham had a comparable diagnosis rate.

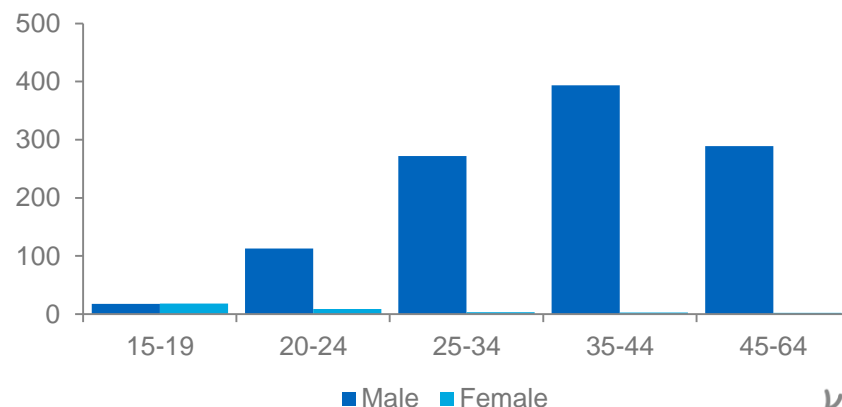
The age profile of people with syphilis is older than the other five most common STIs.

- By contrast to other STIs which are commonly seen in young adults, syphilis is most common among those aged 35-44 and has been growing in this age group over time.

Rates of syphilis in LSL, 2012-17



Rates of syphilis diagnosis in LSL by sex and age group, 2017



References

1. NHS choices
2. PHE, Sexual and Reproductive Health Profiles
3. CDC, Syphilis - CDC Fact Sheet (Detailed)
4. GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only

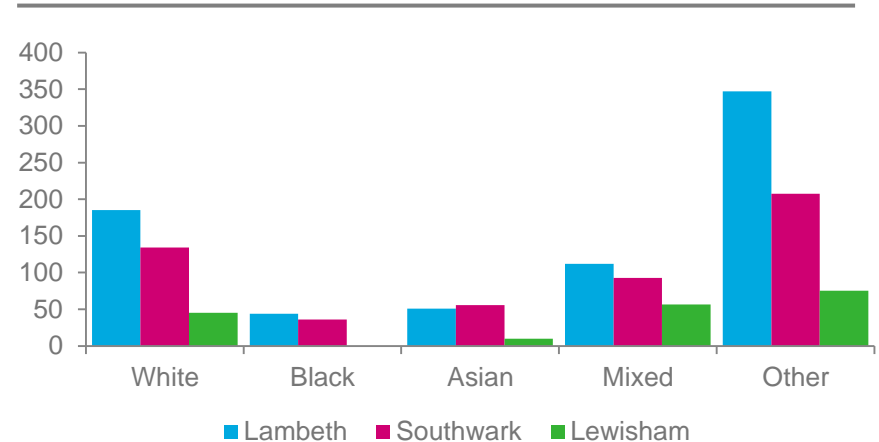
Rates of syphilis vary by ethnic group and are highest amongst those from Other ethnic groups.

SYPHILIS – ETHNICITY

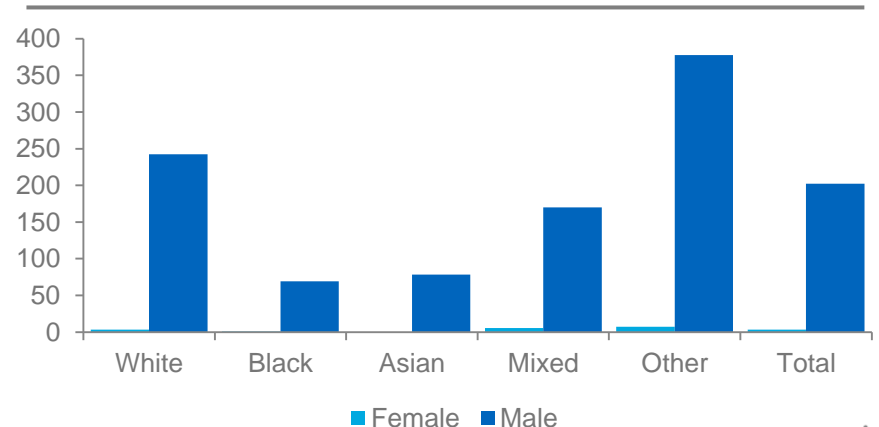
Rates of syphilis are considerably higher among those from Other ethnic groups across LSL

- Rates of syphilis are very low among Black and Asian ethnic groups across all boroughs.
- In Lambeth, rates of syphilis are considerably higher among Other ethnic groups.
- White ethnic groups also have relatively high rates of syphilis.

Rates of syphilis in LSL by ethnicity, 2017



Rates of syphilis in LSL by sex and ethnicity, 2017



References

1. PHE Sexual and Reproductive Health Profiles
2. GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only

Syphilis cases are predominantly found amongst men who have sex with men.

SYPHILIS - SEXUALITY

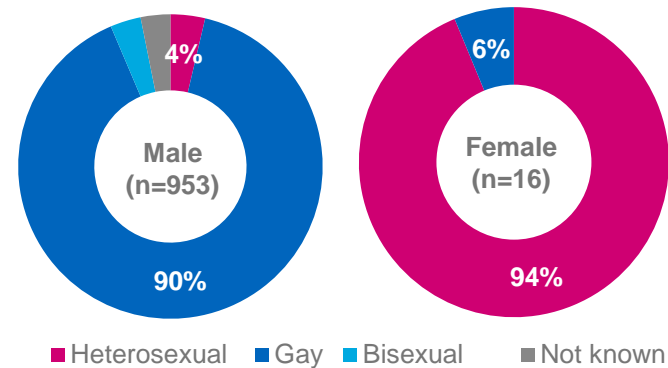
In LSL syphilis is predominantly found in men who have sex with men.

- Of the 1,000 cases of syphilis diagnosed in 2017, 98% of these were diagnosed in men.
- Within the 953 men diagnosed with syphilis, 90% were in men who identified as gay.
- The majority of cases were seen in men from White ethnic backgrounds.
- Due to small numbers of women with syphilis, only the male ethnic breakdown is provided.

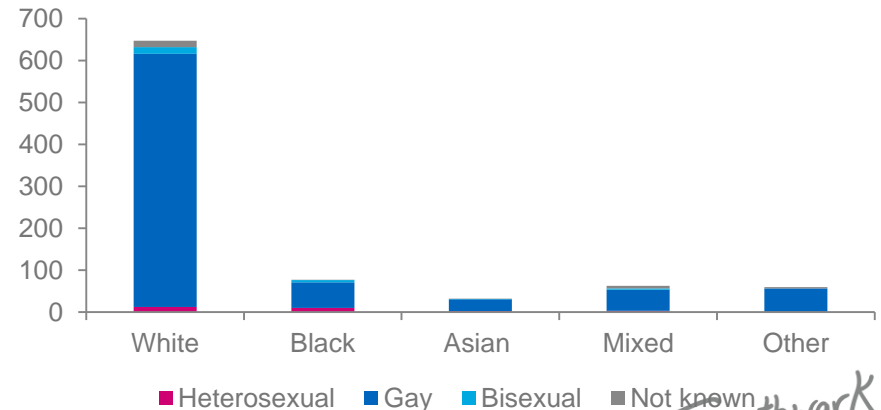
New syphilis diagnoses are evenly split in three: primary, secondary and early latent.

- Across LSL the three stages of diagnosis are roughly equal – Southwark (29%) has the lowest proportion of secondary stage cases and Lewisham (35%) the highest.
- Across South East London (LSL plus Greenwich) syphilis diagnoses in heterosexual men (51%) and women (44%) are more likely to be primary stage than in MSM (33%).

Proportion of all diagnosed syphilis cases in men by sex and sexual orientation in LSL, 2017



Proportion of all syphilis diagnoses in men in LSL, by ethnicity and sexuality, 2017



References

- PHE Sexual and Reproductive Health Profiles
- GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only
- Syphilis epidemiology in South East London 2017 data sector supplement to the London update

The highest rates of genital warts occur among those aged 20-24 and among people who identify as heterosexual.

GENITAL WARTS - OVERVIEW

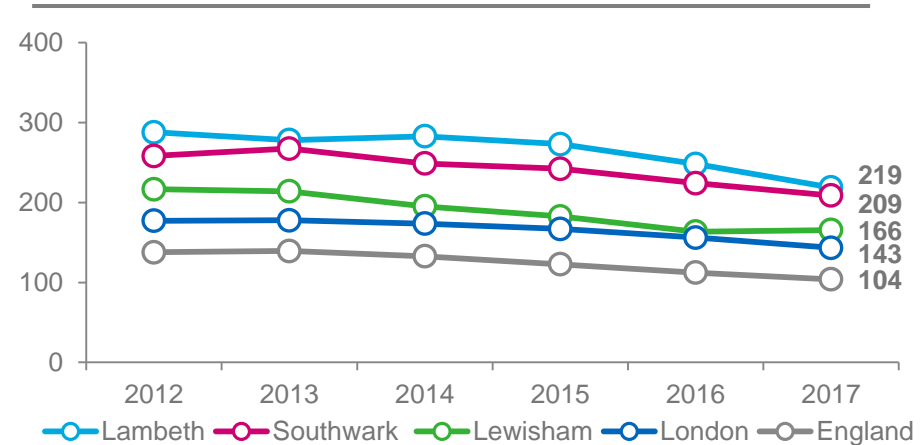
Genital warts are caused by infection with specific subtypes of human papillomavirus (HPV).

- Genital warts is a common sexually transmitted infection (STI) passed on through condom-less sex.
- A new opportunistic HPV vaccination programme for MSM is being rolled out across SRH clinics.

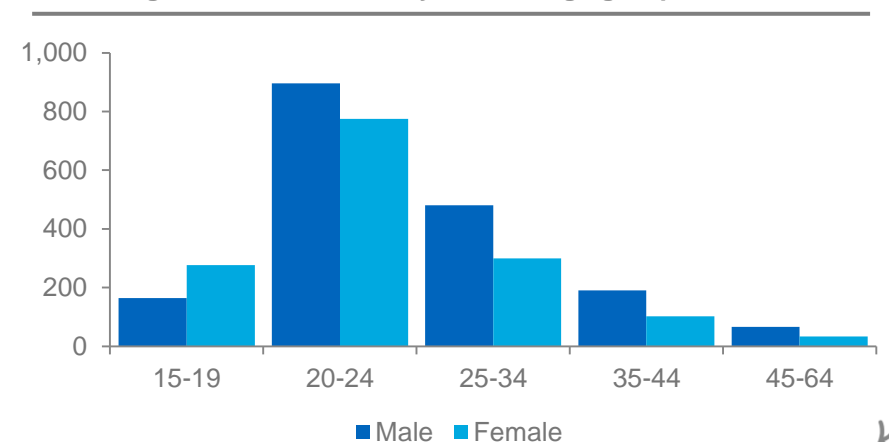
Genital warts are the third most commonly diagnosed STI in LSL with just under 2,000 cases diagnosed in 2017.

- Rates of genital warts decreased across LSL between 2012 and 2017.
- Lambeth and Southwark still have rates of genital warts higher than London, but Lewisham is now in line with the London rate.
- Diagnosis rates of genital warts are substantially higher among those aged 20-24 across all boroughs.
- Rates among men are higher than their female counterparts across all age groups except 15-19 years old.

Rates of genital warts in LSL, 2012-17



Rates of genital warts in LSL by sex and age group, 2017



References

1. PHE Sexual and Reproductive Health Profiles
2. GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only

Genital warts vary by ethnicity, with particularly high rates amongst Other ethnic groups in Lewisham.

GENITAL WARTS - ETHNICITY

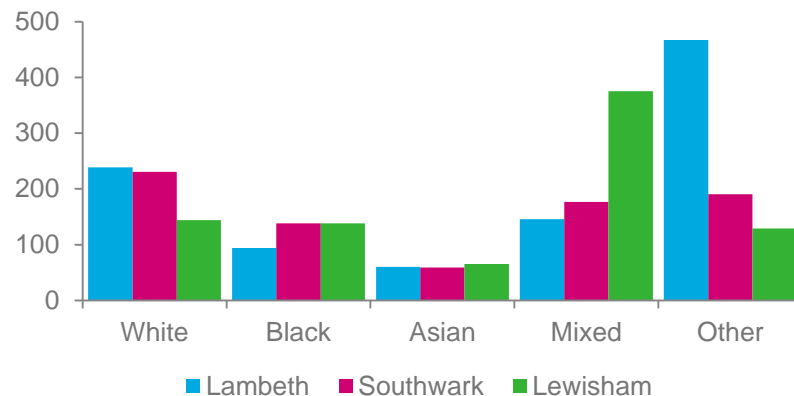
Genital warts rates vary between different ethnic groups and across the three boroughs.

- Rates of genital warts are notably highest amongst people from Other ethnic groups in Lambeth and mixed ethnic groups in Lewisham.
- Across all boroughs, rates of genital warts are lowest in Asian ethnic groups.

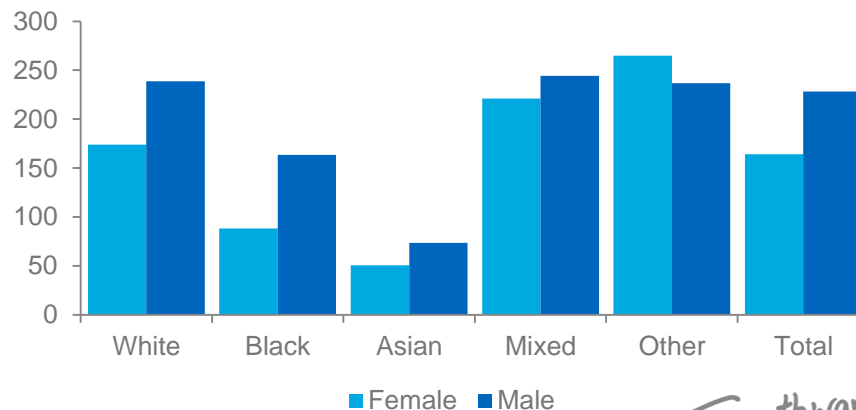
Rates of genital warts vary by sex across ethnicity but are mainly higher among men

- In LSL as a whole, rates of genital warts are higher among men than women across all ethnic groups with the exception of Other ethnic groups

Rates of genital warts in LSL by ethnicity, 2017



Rates of genital warts in LSL by sex and ethnicity, 2017



References

1. PHE Sexual and Reproductive Health Profiles
2. GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only

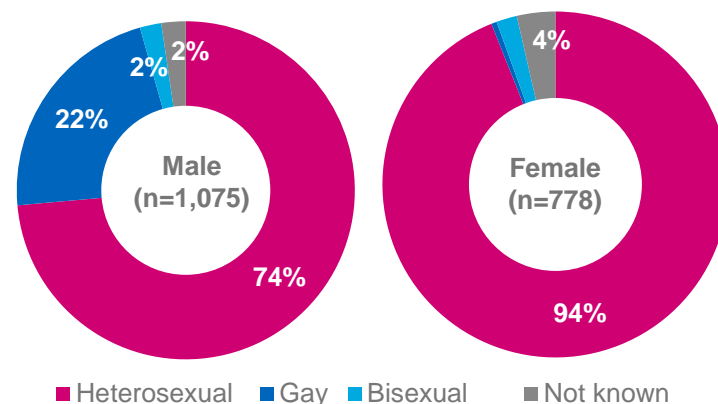
Genital warts are mostly diagnosed in people who identify as heterosexual and slightly more in men.

GENITAL WARTS - SEXUALITY

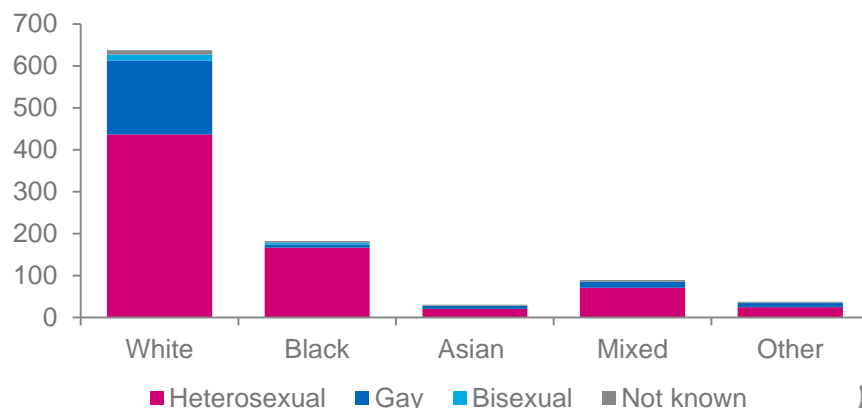
The majority of cases of genital warts are diagnosed in people who identified as heterosexual.

- Of just under 2,000 cases diagnosed in LSL in 2017, 58% were in men.
- For both men (74%) and women (94%), the majority of genital warts cases are diagnosed in people who identify as heterosexual and this split was similar across all boroughs.
- Just under one in five men diagnosed with genital warts identified as gay.
- The majority of the cases diagnosed in men who identified as being gay were in men from White ethnic groups.
- Due to small numbers of women identifying as categories other than heterosexual, only the male ethnic breakdown is provided.

Proportion of all diagnosed genital warts cases by sex and sexual orientation in LSL, 2017



Proportion of all genital warts diagnoses in men in LSL by ethnicity and sexuality, 2017



References

- PHE Sexual and Reproductive Health Profiles
- GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only

Rates of genital herpes are highest among women and people aged 20 to 24 years.

GENITAL HERPES - OVERVIEW

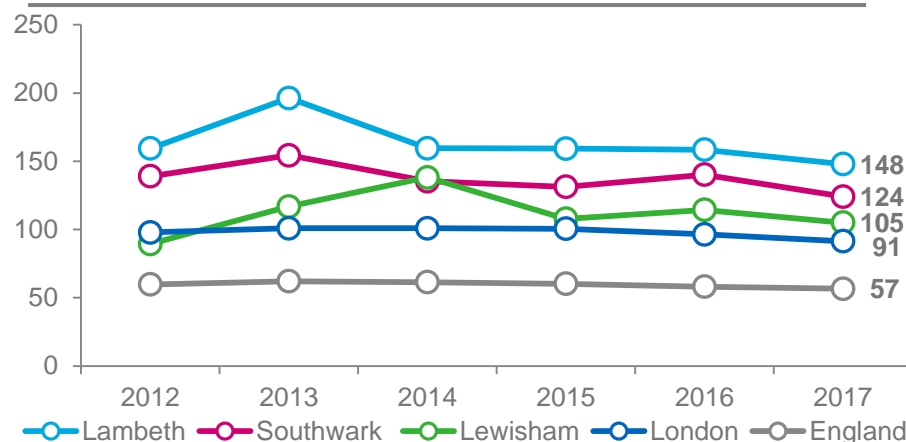
Genital herpes is the most common ulcerative sexually transmitted infection.

- Passed on through vaginal, anal and oral sex, blisters can take months or years to appear.

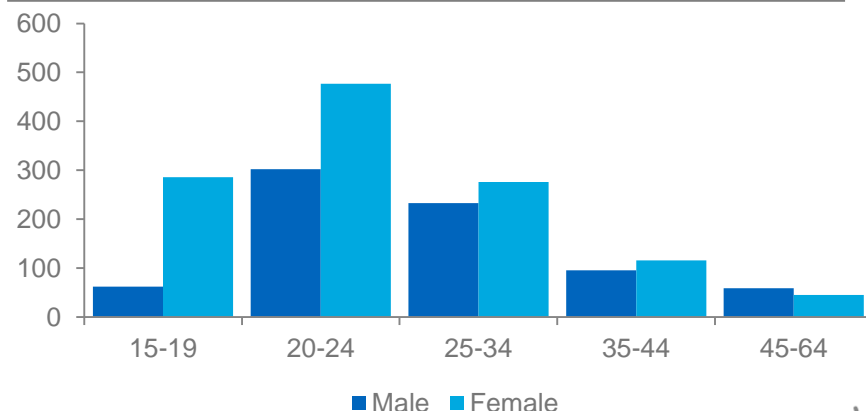
With just under 1,200 new cases diagnosed in LSL in 2017, genital herpes is the fourth most common STI.

- Rates of genital herpes have been broadly stable since 2012, both locally and nationally.
- Genital herpes is the only one of the five most common STIs where more women are diagnosed than men.
- Rates of genital herpes are considerably higher among those aged 20-24 across LSL, with this pattern seen across all three boroughs.
- Differences in the diagnosis rate of genital herpes are particularly pronounced in the 15-24 year old age groups and narrow after that.

Rates of genital herpes in LSL, 2012-17



Rates of genital herpes in LSL by sex and age group, 2017



References

- PHE Sexual and Reproductive Health Profiles
- GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only

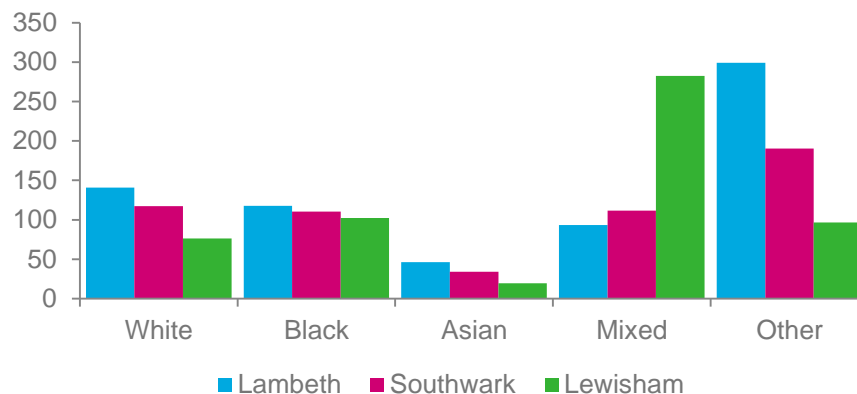
Rates of genital herpes vary by ethnic group and are higher amongst women than men in almost all groups.

GENITAL HERPES – ETHNICITY

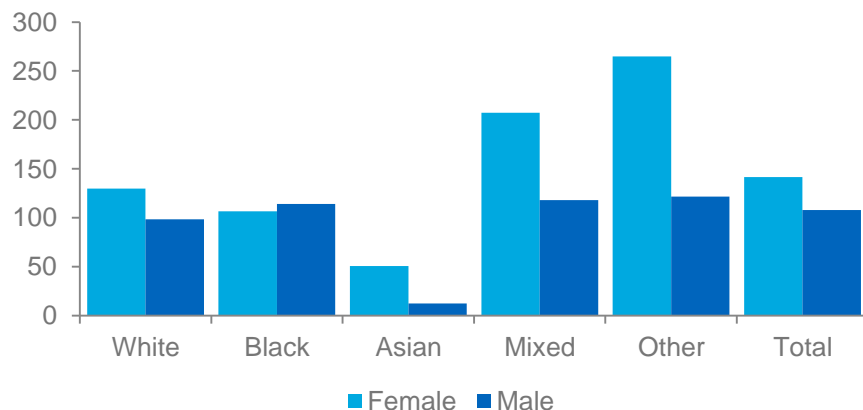
Rates of herpes are considerably vary by ethnic groups across LSL.

- In Lewisham, the highest rates of genital warts were seen mixed ethnic groups. However, in Lambeth & Southwark, Other ethnic groups have the highest diagnosis rate of genital warts.
- Diagnosis rates are lowest among those from an Asian background across all three boroughs.
- Rates of genital herpes are higher in women than men across all ethnic groups, with the exception of people from Black ethnic groups, where rates are broadly comparable between the sexes.

Rates of genital herpes in LSL by ethnicity, 2017



Rates of genital herpes in LSL by sex and ethnicity, 2017



References

1. PHE Sexual and Reproductive Health Profiles
2. GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only

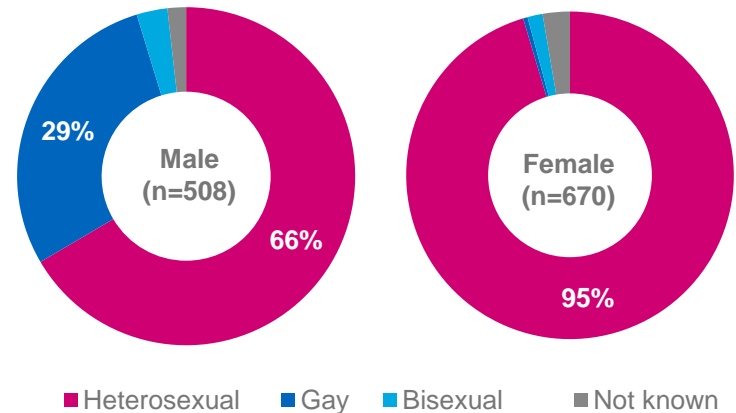
Just over half of genital herpes cases in LSL are diagnosed in women who identified as heterosexual.

GENITAL HERPES – SEXUALITY

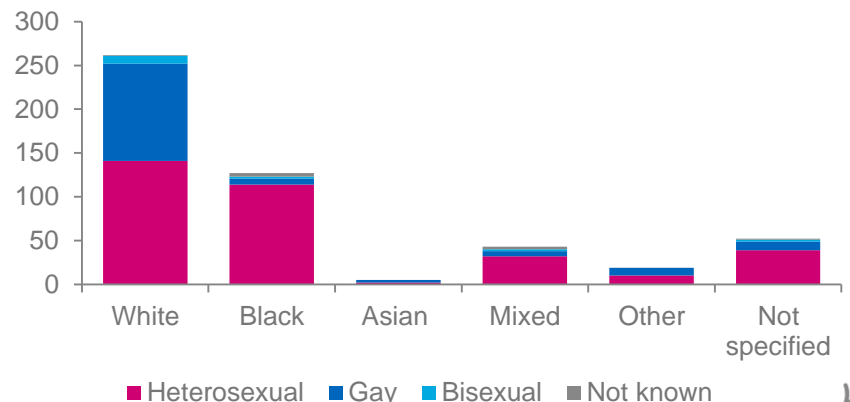
Genital herpes is most commonly diagnosed in women and people who identified as heterosexual.

- Of the 1,200 cases of genital herpes diagnosed in LSL during 2017, 57% were among women.
- The majority of genital herpes cases are diagnosed in people who identify as heterosexual in both men (66%) and women (95%) – accounting for 83% of all diagnoses.
- In addition, one-third of men diagnosed with genital herpes identified as being gay and this varied by borough: Lambeth (36%), Southwark (31%) and Lewisham (13%).
- The majority of men who identified as gay with a diagnosis of genital herpes were from White ethnic backgrounds.
- Due to small numbers of women identifying as categories other than heterosexual, only the male ethnic breakdown is provided.

Proportion of all diagnosed genital herpes cases by sex and sexual orientation in LSL, 2017



Proportion of all genital herpes diagnoses in men in LSL, by ethnicity and sexuality, 2017



References

1. PHE Sexual and Reproductive Health Profiles
2. GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only

In LSL 22,000 new STIs were diagnosed in 2017, with rates highest among men and those aged 20-24.

SUMMARY

There is a high burden of sexual ill-health across Lambeth, Southwark and Lewisham.

- In 2017, just over 22,000 new STIs* were diagnosed across the three boroughs.
- Lambeth had the highest rate of new STI diagnoses in the country in 2017, followed by Southwark in third, and Lewisham had 11th highest rate. However, there is a downward trend in new STIs.
- The most common STIs are chlamydia, gonorrhoea, genital warts, genital herpes and syphilis.
- While most STIs are decreasing, rates of gonorrhoea and syphilis are increasing. This is of particular concern to due anti-microbial resistance and the severity of syphilis.

Rates of STIs are highest among men, except in those aged 15-19 years.

- Rates of new STIs are considerably higher in men than women – amongst the five most common STIs, genital herpes is the only STI that has higher rates among women.
- The exception to the male/female divide is age – women have higher rates of STIs than men at age 15-19. It is unclear what is driving this pattern, but it may be that teenagers lack the skills and confidence to negotiate safer sex.

Rates of STI are highest among those aged 20-24 years with the exception of syphilis.

- Rates of STI diagnosis are particularly high in the 20-24 year age group in chlamydia, genital warts and herpes. Gonorrhoea is also high among 20-24 year olds, but rates remain high in those aged 25-44, particularly in Lambeth and Southwark.
- Syphilis is distinctly different – the highest rates are seen in those aged 35-44. This may be as a result of people living with latent syphilis for years before diagnosis.

References

1. GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only

* New STIs covers a broad range of STIs beyond five most common STIs e.g. chancroid, scabies & shigella.

Chlamydia and herpes are most common in women, gonorrhoea, warts and syphilis in men.

STI SUMMARY – SEXUALITY

Certain STIs are more common among men and women, depending on their sexuality.

- There is a high population of people who identified as gay or lesbian in Lambeth (6.1%) and Southwark (5.8%). Lewisham figures are smaller. A much smaller number of women identify as lesbian than men who identified as gay, which provides less stable estimates for this group.
- The disease burden differs for each STI. The cells shown in red below represent the groups with the largest proportion of all cases e.g. almost 9 in 10 cases of syphilis are diagnosed in gay men.
- Chlamydia and herpes are most common in women who identified as heterosexual, gonorrhoea and syphilis most common in men who identified as gay and genital warts most common in men who identified as heterosexual.

Proportion of the five most common STIs diagnosed by sex and sexuality in LSL 2017

		Chlamydia	Gonorrhoea	Warts	Herpes	Syphilis	5 most common STIs – Total
Male	Heterosexual	31%	15%	43%	29%	4%	26%
	Gay	27%	67%	13%	12%	88%	40%
	Bisexual	1%	3%	1%	1%	3%	2%
	Not known	2%	2%	1%	1%	3%	2%
Female	Heterosexual	36%	11%	39%	54%	2%	28%
	Lesbian	0%	0%	0%	0%	0%	0%
	Bisexual	1%	0%	1%	1%	0%	1%
	Not known	1%	1%	2%	2%	0%	1%
Total number of STIs		7,437	4,776	1,853	1,179	969	16,214

References

- GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only

The LSL region have among the highest rates of STIs in England. Gonorrhoea and Syphilis are increasing.

STI SUMMARY – MOST COMMON STIS

Chlamydia is the most commonly diagnosed STI with 9,000 new cases in LSL in 2017.

- Chlamydia rates have been decreasing since 2015 across LSL.
- Men account for 61% of all cases – 50% of these identified as gay, 44% heterosexual. The majority (65%) of men from White ethnic backgrounds diagnosed with chlamydia identified as gay whilst the majority (83%) of men from Black ethnic backgrounds diagnosed with chlamydia identify as heterosexual.
- Almost all (94%) women diagnosed with chlamydia identified as heterosexual .

Gonorrhoea is the second most common STI in LSL with almost 5,000 cases in 2017.

- Gonorrhoea rates increased in 2017 after a decrease in 2016.
- Men account for 87% of all cases – three quarters of these men identify as gay. The large majority (90%) of men diagnosed from ethnic White backgrounds identified as gay, whereas the majority (57%) of men diagnosed from Black ethnic backgrounds identified as heterosexual.
- Almost all (91%) women diagnosed with gonorrhoea identified as heterosexual.

There were just under 1,000 cases of syphilis diagnosed in LSL in 2017.

- Rates of syphilis in Lambeth and Southwark are considerably higher and are increasing.
- Syphilis is almost exclusively diagnosed in men who identified as gay.

Just over 2,000 cases of genital warts were diagnosed in LSL in 2017.

- Rates of genital warts have been steadily decreasing.
- Men account for 58% of all cases – three quarters of these men identified as heterosexual. The majority of men diagnosed from White (68%) and Black (91%) ethnic backgrounds identified as heterosexual.
- The majority (94%) of women diagnosed with genital warts identified as heterosexual.

There were just under 1,200 cases of genital herpes diagnosed in LSL in 2017.

- Rates of genital herpes have remained stable.
- Women account for 57% of all cases – the only one of the five most common STIs which affects more women than men. The majority of both women (95%) and men (66%) diagnosed identified as heterosexual.
- The majority (54%) of men diagnosed with warts from White ethnic backgrounds identified as heterosexual and a larger (90%) majority of men from Black ethnic backgrounds.

References

1. GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only

CONTENTS

Introduction	3
Healthy and fulfilling sexual relationships	7
Good reproductive health across the life course	10
High quality STI testing and treatment	22
Living well with HIV	48

LSL has amongst the highest diagnosed prevalence and new diagnosis of HIV in England.

HIV PREVALENCE

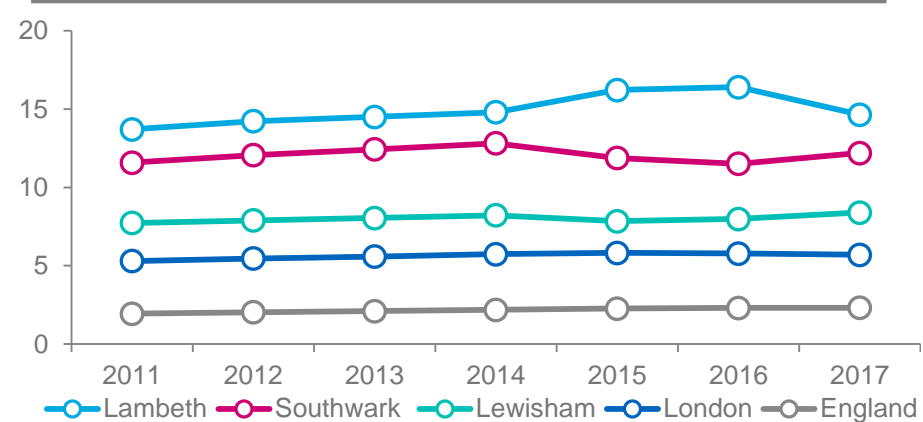
LSL has amongst the highest rates of diagnosed prevalence of HIV in England.

- Across the three boroughs in 2017, almost 8,500 people are seen in care for HIV.
- Lambeth and Southwark have the 2nd and 3rd highest diagnosed prevalence of HIV in England, Lewisham the 6th highest.
- HIV prevalence of more than 5 per 1,000 is considered extremely high – all boroughs in LSL are above this.

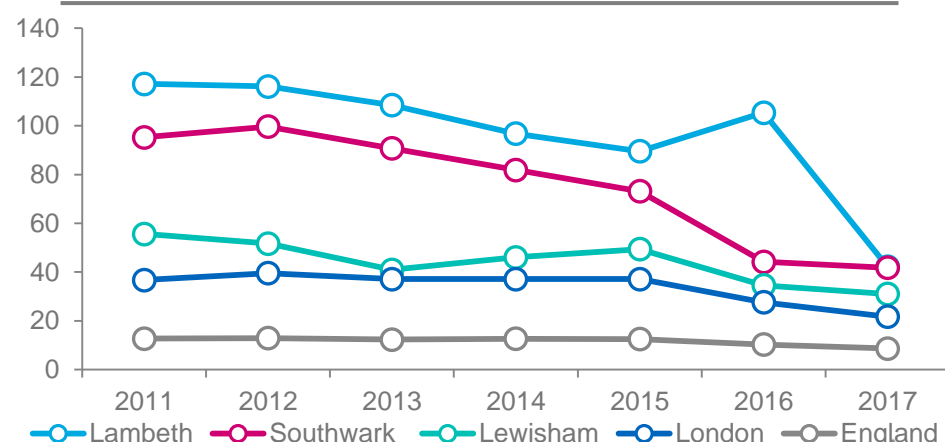
New HIV diagnosis provides a timely insight into onward HIV transmission.

- Lambeth has the 2nd highest new diagnosis rate in the country, Southwark the 3rd and Lewisham the 8th.
- It is important to note an inconsistency in recording of new HIV diagnoses in Lambeth in 2016. A large number of cases diagnosed in 2016 were erroneously mapped to St Thomas' hospital (i.e. Lambeth) rather than the patient's LSOA.

HIV diagnosed prevalence rate per 1,000 aged 15-59 LSL, 2012-17



New HIV diagnosis rate per 100,000 aged 15+ LSL, 2012-2017

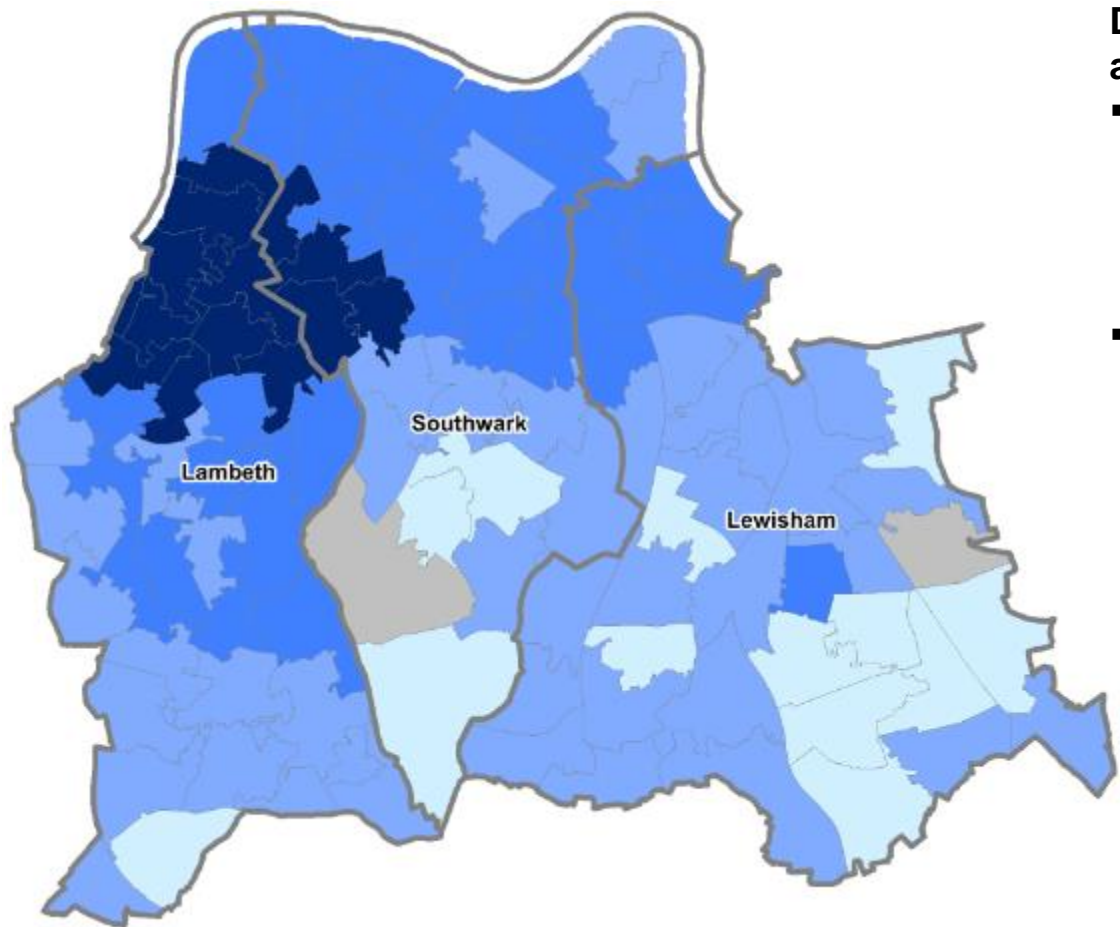


References

1. PHE Sexual and Reproductive Health Profiles
2. GUMCADv2 – Excluding CTAD. GUM & Non-GUM Services only

Diagnosed prevalence of HIV is above 20 per 1,000 across an area of North Lambeth and North West Southwark.

HIV DIAGNOSED PREVALENCE



Diagnosed prevalence of HIV is high across much of the borough

- In particular, in the North of Lambeth and the North-West of Southwark, the diagnosed prevalence is higher than 20 per 1,000 population
- The South of Southwark and South East of Lewisham of less than 6 per 1,000 population. HIV prevalence of more than 5 per 1,000 is considered extremely high.

Prevalence of diagnosed HIV per 1,000 by MSOA, in LSL 2017

References

1. Local authority HIV surveillance data tables

Highest HIV diagnosis seen in those aged 35-64, men of White ethnicity and women of Black African ethnicity.

HIV DEMOGRAPHICS

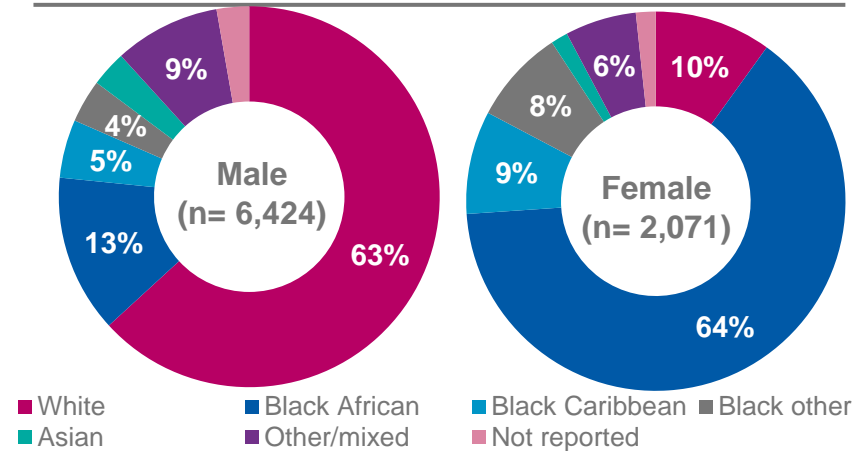
The ethnic breakdown of people with HIV across LSL is very different among men and women.

- Across the three boroughs in 2017, almost 8,500 people are seen in care for HIV.
- The majority (76%) of HIV diagnoses are in men.
- Of all men diagnosed with HIV, 63% were White, and of all women diagnosed with HIV, 64% were Black African.
- Just under 300 new cases of HIV were diagnosed in LSL in 2017 – a 50% decrease in the number of cases compared to 2012.

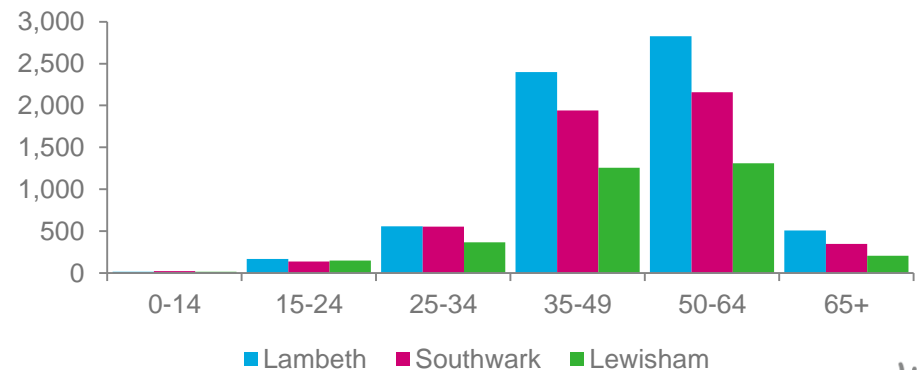
HIV prevalence in LSL is highest between the ages of 35 and 64.

- Rates of HIV diagnosis are highest among those aged 35-49 and 50-64 years.
- A disproportionate number of HIV cases (39%) are diagnosed in people living in the 20% most deprived areas across LSL.
- The proportion of people with HIV in treatment increased between 2011 and 2015: Lambeth (95%), Southwark (94%), Lewisham (93%).

Proportion of all diagnosed HIV cases seen for care by sex and ethnicity in LSL, 2017



Rates of HIV diagnosed per 100,000 persons by age in LSL, 2017



References

1. PHE Sexual and Reproductive Health Profiles
2. Local authority HIV surveillance data tables

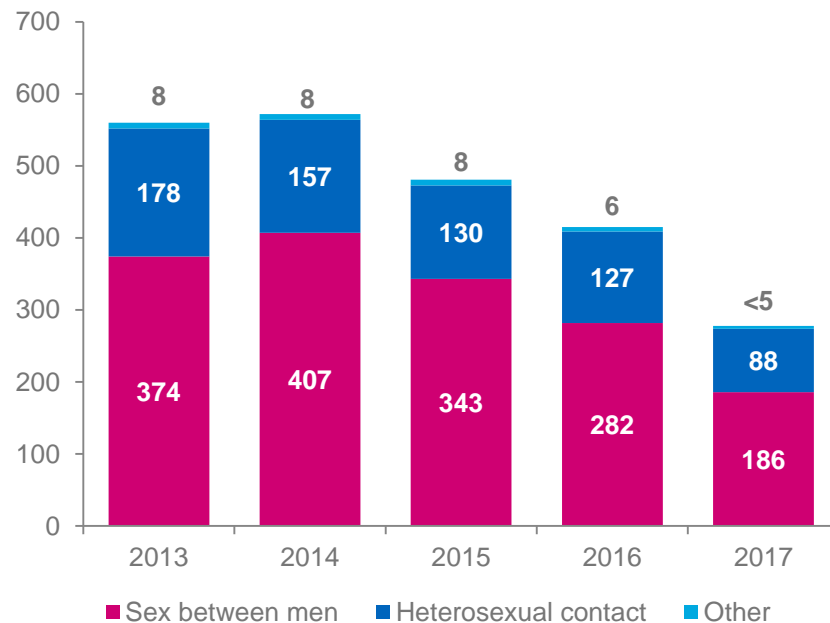
Sex between men accounts for more than half of the new HIV cases in LSL each year.

HIV EXPOSURE – NEW DIAGNOSIS

Sex between men is the leading exposure type in people newly diagnosed with HIV.

- In 2017, just under 300 people received a new HIV diagnosis across LSL. The total number of new HIV diagnoses has been decreasing over time.
- Sex between men accounted for two-thirds (67%) of new HIV cases, and heterosexual contact another third (32%) in LSL in 2017.
- Just over 1% were through other exposure routes i.e. mother to child transmission, injecting drug use and blood products.
- The proportion of all cases where the exposure type was unknown increased from 4% in 2014 to 15% in 2015 and 21% in 2016 (data not shown). This information may not be captured at time of diagnosis but during further attendances for care, thus completeness increases with reports from subsequent years.

Proportion of new HIV diagnoses by exposure type in LSL, 2013-17



References

1. Local authority HIV surveillance data tables
2. Lambeth Public Health analysis, using HARS data.

Early diagnosis is crucial to reduce the impact of HIV, however, more than one in four receive late diagnosis.

HIV LATE DIAGNOSIS

People diagnosed late with HIV have a ten-fold risk of death compared to those diagnosed promptly.

- People living with HIV have the same life expectancy as anyone else if treatment starts early.
- Over time, fewer people in LSL are receiving a late HIV diagnosis. However, in all boroughs in 2015-17 more than 25% (target) of people diagnosed with HIV received a late diagnosis.
- Late diagnosis was highest in Lewisham where almost 40% of people received a late HIV diagnosis in 2015-17.
- The promptness of diagnosis could be improved across the whole area as more than one in four people in LSL receive a late diagnosis.

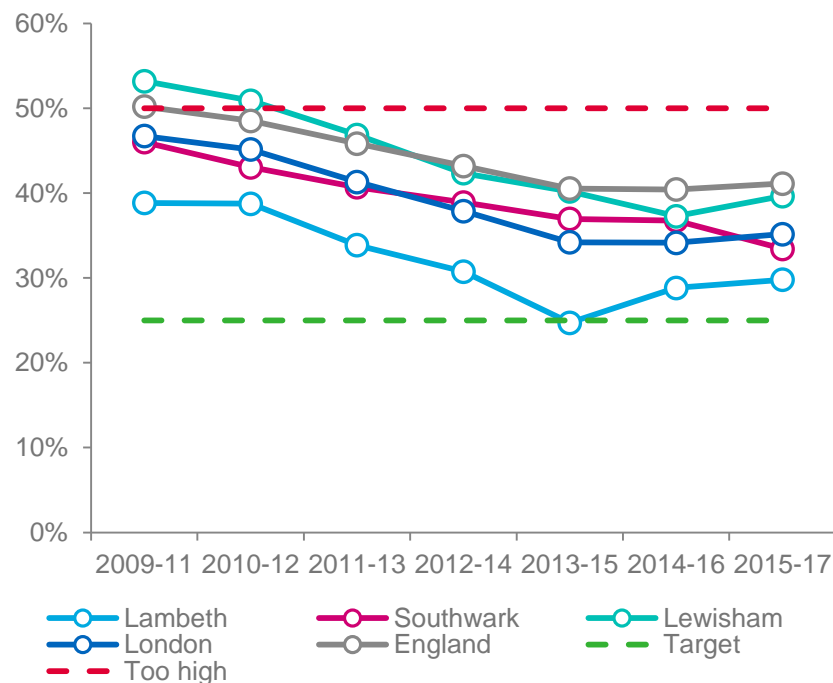
In 2016, certain groups had a higher proportion of people with late diagnosis:

- Those aged 50-64 (53%);
- Black African ethnicity (49%) and Other ethnicity (46%)
- Exposure through heterosexual contact (59%)
- Women (55%)

References

1. PHE Sexual and Reproductive Health Profiles
2. King's Fund, 2017. The future of HIV services in England. Shaping the response to changing needs

Percentage of adults (15+) with late HIV diagnosis among all newly diagnosed adults in LSL, 2009-11 to 2015-17



An increasing number of people with HIV receive ART which has improved life expectancy, but stigma remains.

LIVING WELL WITH HIV

People diagnosed with HIV are living longer and HIV is now considered a long-term condition.

- HIV is evolving from a life-threatening infection to a long-term, manageable condition.
- Between 1996 and 2010, life expectancy in 20-year-olds starting ART increased by approximately 9 years in women and 10 years in men.
- As people with HIV live into older age, they are likely to develop additional co-morbidities. HIV services that originally tackled acute infections now also need to provide long-term condition management in partnership with GPs, care homes and others.

The majority of people diagnosed with HIV are engaged in care, most of these receive ART.

- It's estimated that 94% of people diagnosed with HIV access care. In 2016, 8,741 people were accessing care for a HIV diagnosis across LSL.
- The proportion of people diagnosed with HIV and accessing care who are receiving anti-retroviral therapy (ART) has been steadily increasing over time, from 85% in 2011 to 98% in 2016.

Despite improved treatment and increased life expectancy for people living with HIV, stigma remains an issue.

- Stigma has a significant impact on the physical and mental wellbeing of people living with HIV.
- Experiences of discrimination are common, and stigma is linked to lower adherence to treatment and worse treatment outcomes. HIV prevention is also dramatically hindered by stigma: studies have linked it to increased risk, non-disclosure and avoidance of health services, including those which may prevent transmission of HIV.

References

1. The Antiretroviral Therapy Cohort Collaboration, 2017, Survival of HIV-positive patients starting antiretroviral therapy between 1996 and 2013: a collaborative analysis of cohort studies.
2. HIV is Now a Manageable Long-Term Condition, But What Makes it Unique? A Qualitative Study Exploring Views About Distinguishing Features from Multi-Professional HIV Specialists in North West England.
3. King's Fund, 2017. The future of HIV services in England. Shaping the response to changing needs

New HIV diagnosis rates are slowing, however too many people still receive a late diagnosis.

HIV SUMMARY

There is an extremely high rate of diagnosed HIV across LSL:

- The diagnosed HIV prevalence across the three boroughs is among the highest in England with just over 8,500 people living with a diagnosis.
- New HIV diagnosis provides a timely insight into onward HIV transmission. Whilst rates of new diagnosis are high in the area, they remain stable and have even fallen in Southwark.
- Just under 300 new cases of HIV were diagnosed in LSL in 2017 – a 50% decrease in the number of cases compared to 2012.

At risk groups:

- The majority (76%) of people living with a HIV diagnosis are men. Of all men living with a HIV diagnosis, 64% were White, and of all women diagnosed with HIV, 64% were Black African.
- Rates of HIV diagnosis are highest among those aged 35-49 and 50-64 years.
- Sex between men accounted for two-thirds (67%) of new HIV cases, and heterosexual contact another third (32%) in LSL in 2017.
- A disproportionate number of HIV cases (39%) are diagnosed in people living in the 20% most deprived areas across LSL.

Late diagnosis:

- An increasingly smaller proportion of people receive a late HIV diagnosis, but LSL boroughs still failed to meet the 25% target in 2015-17.
- In 2016, certain groups had a higher proportion of people with late diagnosis: those aged 50-64 (53%), Black African ethnicity (49%) and Other ethnicity (46%), those exposed through heterosexual contact (59%) and women (55%).

Find out more at
southwark.gov.uk/JSNA

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