

Freedom of Information Request

Ref: UHB 20-221

19 June 2020

By Email

Dear Sir/Madam

Thank you for your request for information under the Freedom of Information Act 2000. The Trust's response is as follows:

We can confirm that we do hold the information you are requesting.

The below data is supplied on the basis of a unique patient ID, thus ensuring that a patient is not double counted. The true number of STI tests and diagnoses will be greater than those provided below as patients can, and do have multiple tests and / or diagnoses.

Request:

We would request the following information from 1st January 2019- 31st December 2019, dates inclusive. We request the following information from all Unity Sexual Health clinics in Bristol.

Unity Central, Unity Community and Unity Brook Clinics:

1. Total numbers of patients receiving an STI screening: 14804.
2. Total numbers of patients testing positive for at least one STI: 4244.
3. Number of patients receiving STI screening between the ages of 18-24 inclusive: 5469.
4. The number of patients aged 18-24 inclusive that tested positive for at least one STI: 1484.
5. Percentages of gender of patients aged 18-24 inclusive, including but not limited to males, females, transgender males and transgender females: 65.50% F, 34.50% M. There were less than 5 attendances by transgender patients aged 18-24.
6. A breakdown of the percentage of genders that tested positive for at least one STI in the age group 18-24 inclusive: 57.68% F, 42.32% M.
7. The proportion of patients who identify as Lesbian, Gay or Bisexual, or as men who have sex with men, in the age range 18-24: 12.26%.
Please note, 3.44% of patients in this age category declined to provide this information.

Unity Weston:

1. Total numbers of patients receiving an STI screening: 6305.
2. Total numbers of patients testing positive for at least one STI: 2605.
3. Number of patients receiving STI screening between the ages of 18-24 inclusive: 2279.
4. The number of patients aged 18-24 inclusive that tested positive for at least one STI: 980.
5. Percentages of gender of patients aged 18-24 inclusive, including but not limited to males, females, transgender males and transgender females: 76.05% F, 23.95% M. There were less than 5 attendances by transgender patients aged 18-24.
6. A breakdown of the percentage of genders that tested positive for at least one STI in the age group 18-24 inclusive: 69.49% F, 30.51% M.
7. The proportion of patients who identify as Lesbian, Gay or Bisexual, or as men who have sex with men, in the age range 18-24: 3.78%.
Please note, 0.90% of patients in this age category declined to provide this information.

Please note that the Trust has taken proportion to mean the proportion of all attendees in the age range 18-24.

For the purposes of STI screening, we have taken patients who received at least one of the following:

HIV antibody test offered and declined

Full sexual health screen including HIV antibody test

Hepatitis A/B/C Test

Chlamydia and gonorrhoea test

STI testing not required

Syphilis and HIV testing

Rapid testing (STI and/or HIV)

HIV test inappropriate

HSV Test (herpes simplex virus)

3 site testing (for chlamydia and gonorrhoea)

Chlamydia, Gonorrhoea and Syphilis test

HIV antibody test

Syphilis Test Only

Chlamydia test only

Microscopy

Referred from home testing/sampling service

Full Sexual Health screen including HIV antibody test

Full sexual health screen (chlamydia, gonorrhoea, syphilis and HIV tests)

Chlamydia and gonorrhoea tests

Syphilis & HIV antibody test

Microscopy (gonorrhoea or syphilis)

Hepatitis Test (ABC)

Herpes simplex virus (HSV) test

Chlamydia, gonorrhoea and syphilis tests
HIV antibody test (no sexual health screen)
Triple Tests (Throat/Rectal/Genital)
Mycoplasma Genitalium Test
Self-sampling (chlamydia gonorrhoea or HIV) without HCW consultation

For the purposes of STI diagnosis, we have taken patients who were diagnosed with at least one of the following:

Anaerobic/Bacterial vaginosis & anaerobic balanitis
Anogenital warts: first episode
NSGI - Non-specific genital infection
Lichen Sclerosus
Anogenital Candidiosis
Gonorrhoea - Genital diagnosed elsewhere
Chlamydia infection - Genital diagnosed elsewhere
Anogenital warts infection - recurrence
Pelvic inflammatory disease and epididymitis
Molluscum contagiosum
Chlamydia infection - Genital
Anogenital herpes simplex -: first episode
Gonorrhoea - Genital
Positive gonorrhoea on microscopy
Chlamydia infection -Pharyngeal
Gonorrhoea - Pharyngeal infection
Chlamydial infection - medication given community clinic only
Chlamydial infection - Rectal
Other vaginosis/vaginitis/balanitis
Anogenital herpes simplex: first episode - Medication Given
Anogenital herpes simplex: recurrence
Gonorrhoea - Rectal
Trichomoniasis
Secondary Infectious syphilis
Syphilis - of the nervous system
Chlamydia infection - Rectal diagnosed elsewhere
Syphilis - all other late/latent stages
Other late/latent syphilis - diagnosed elsewhere
Mycoplasma genitalium
Syphilis - early latent (first 2 years)
Gonorrhoea - Rectal infection diagnosed elsewhere
HIV - new diagnosis
Anogenital warts: first episode - Medication Given
Anogenital warts infection - recurrence - Medication Given
Non specific genital infection - proctitis
Gonorrhoea - Pharyngeal diagnosed elsewhere

Primary syphilis - Genital
Scabies
Pediculosis pubis
Anogenital herpes simplex: recurrence - Medication Given
New HIV diagnosis - acute - diagnosed previously elsewhere
Infectious syphilis (Needs mapping?)
Anogenital Candidosis
Chlamydia infection - Pharyngeal diagnosed elsewhere
Other acquired syphilis (deactivate?)
Epidemiological Treatment of Chlamydia
Vulvodynia
Gonorrhoea - Pharyngeal infection medication given
HIV New diagnosis - AIDS defined
LGV - rectal infection
Gonorrhoea - rectal infection medication given
Chlamydia
Anogenital warts infection: 1st episode
Anogenital warts infection: recurrence
Anaerobic/bacterial vaginosis (BV) and anaerobic balanitis
Gonorrhoea
Anogenital Herpes simplex: 1st episode
Non-specific genital infection (NSGI)
All other late and latent syphilis
Primary syphilis
Pelvic inflammatory disease (PID) and epididymitis
Early Latent syphilis
Viral hepatitis C: first diagnosis
Endometriosis (Clinical Diagnosis)
Secondary syphilis
Viral hepatitis B (HbsAg positive): first diagnosis
HIV positive
Vestibulitis
Ophthalmia neonatorum
Lymphogranuloma venereum (LGV)
New HIV diagnosis

This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to:

Director of Corporate Governance
University Hospitals Bristol and Weston NHS Foundation Trust

Trust Headquarters
Marlborough Street
Bristol
BS1 3NU

Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Publication

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Yours sincerely

FOI Team
UH Bristol and Weston NHS Foundation Trust