Sexual Health and Reproductive Health Profiles - Dec 2018

Indicator		Cheshire East					North West	England	RAG England	Dir of Travel	Trend	Comments
		Baseline	Polarity	Prior	Previous	Latest						
Syphilis diagnostic rate (Crude rate per 100,000)	Persons All ages	3.5 2012	Low is good	2.1 2015	2.4 2016	3.4 2017	10.9 2017	12.5 2017				Syphilis is an important public health issue in men who have sex with men (MSM) among whom incidence has increased over the past decade. Syphilis diagnosis rates in Cheshire East are significantly lower than the England average. Cheshire East rates have not significantly changed since 2012.
Gonorrhoea diagnostic rate (Crude rate per 100,000)	Persons All ages	24.2 2012	Low is good	24.0 2015	11.7 2016	24.4 2017	64.0 2017	78.8 2017				Gonorrhoea causes avoidable sexual and reproductive ill-health, it is used as a marker for rates of unsafe sexual activity. Trend data shows Cheshire East diagnosis rates have remained significantly better than England since 2012. This may indicate good access to sexually transmitted infection (STI) treatment locally as Gonorrhoea is usually symptomatic and the majority of cases are diagnosed in Sexual Health clinics.
PHOF indicator 3.02 Chlamydia detection rate (Crude rate per 100,000)	Persons 15-24 yrs	1802 2012	High is good	2762 2015	2144 2016	2170 2017	2120 2017	1882 2017				Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. In 2015 Cheshire East achieved a detection rate above the national target of 2,300 diagnoses per 100,000. Despite a drop in the last two years, rates have remained better than England. This indicates high levels of control locally. It is important to note that detection is not a measure of morbidity.
Chlamydia proportion aged 15-24 screened	Persons 15-24 yrs	25.8 2012	High is good	32.5 2015	24.5 2016	21.8 2017	20.1 2017	19.3 2017				Chlamydia test coverage data represent the number of tests reported, and not the number of people tested. Despite the decrease in the proportion screened, Cheshire East rates are higher than England and the detection rates remain good. This indicates that services are testing the right individuals.
New Sexually Transmitted Infection (STI) diagnoses (excluding chlamydia aged <25) (Crude rate per 100,000)	Persons 15-64 yrs	586 2012	Low is good	701 2015	449 2016	510 2017	718 2017	794 2017				Diagnosis rates of STIs should be interpreted alongside the corresponding testing rate and positivity. Despite the rate in Cheshire East increasing between 2015 and 2016, generally it is on a downward trend and has remained significantly lower than the England rate since 2012.
HIV testing coverage (%)	Persons	69.4 2009	High is good	50.2 2015	35.9 2016	58.7 2017	50.7 2017	65.7 2017				HIV testing is integral to the treatment and management of HIV. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of HIV transmission. The percentage of eligible new patients attendind sexual health service clinics at least once a year who accepted an HIV test has been significantly worse than England since 2010. The proportion had been in steady decline but there was a significant improvement in coverage in 2017 to 58.7%, however it remains below England.
PHOF indicator 3.04 HIV late diagnosis (%) *Compared aginst national target (less than 25%=Green, less than 50%=Amber, over 50%=Red)*	Persons 15+ yrs	40.6 2009 - 11	Low is good	30.6 2013 - 15	35.3 2014 - 16	32.1 2015 - 17	44.2 2015 - 17	41.1 2015 - 17				Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a ten-fold risk of death compared to those diagnosed promptly and is essential to evaluate the success of expanded HIV testing. The percentage of adults aged 15 years or above, newly diagnosed with HIV at a late stage (CD4 cell count less than 350 cells per mm3) in Cheshire East is similar to England average. The local rate has not changed significantly over time. Due to the relatively small numbers data is pooled to 3 years.
New HIV diagnosis rate (Crude rate per 100,000)	Persons 15+ yrs	4.5 2011	Low is good	3.5 2015	3.5 2016	2.5 2017	7.7 2017	8.7 2017				New HIV diagnosis is not synonymous with incidence; however, it provides a timely insight into the onward HIV transmission in a country and consequently allows targeting efforts to reduce transmission. Locally the rate has not changed significantly since 2011 and has remained significantly lower than England.
HIV diagnosed prevalence rate aged 15 to 59 (Crude rate per 1,000) *Compared aginst national target (less than 2 per 1,000=Green, less than 5=Amber, 5 or over=Red)*	Persons 15-59 yrs	0.67 2011	Low is good	0.90 2015	0.93 2016	0.95 2017	1.85 2017	2.32 2017				The geographical distribution of people seen for HIV care and treatment is not uniform across or within regions in England. Knowledge of local diagnosed HIV prevalence and identification of local risk groups can be used to help direct resources for HIV prevention and treatment. In Cheshire East the prevalence rate amongst persons aged 15 to 59 years has been increasing in recent years, although it remains significantly below the England average. It is green against target.
PHOF indicator 3.03xii Human Papilloma Virus (HPV) vaccination coverage for one dose *Compared aginst national target (90% or over=Green, 80% or over=Amber, less than 80%=Red)*	Female 12-13 yrs	92.7 2014/15	High is good	92.7 2014/15	87.8 2015/16	89.5 2016/17	88.5 2016/17	87.2 2016/17				The national human papillomavirus (HPV) immunisation programme was introduced in 2008 for secondary school year 8 females (12 to 13 years of age) to protect them against the main causes of cervical cancer. From September 2014 it was run as a two-dose schedule with indicator data available for the first dose only. The latest HPV coverage report holds more detailed information. It states that: in Year 9, 89.3% had received at least one dose and 90.1 % had received both doses; in Year 10, 92.7% had received at least one dose and 82.0% had received both doses. In all cases, apart from Year 10 two doses complete, Cheshire East coverage was higher than the England average. It is amber aginst target.
Under 25s repeat abortions (%)	Female 15-24 yrs	19.6 2012	Low is good	19.1 2015	20.2 2016	27.4 2017	27.5 2017	26.7 2017				Over a quarter of England abortions in this age group are repeat abortions. This is an indicator of lack of access to good quality contraception services and advice as well as problems with individual use of contraceptive method. In 2017 the percentage of repeat abortions in women under 25 was 27.4%, which is higher than, but statistically similar to the England average.
Abortions under 10 weeks (%)	Female All ages	71.8 2012	High is good	79.7 2015	81.9 2016	79.3 2017	80.5 2017	76.6 2017				The earlier abortions are performed the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality. The percentage of abortions under 10 weeks has not changed significantly over recent years and has remained similar to the England average since 2014.
Total prescribed Long Acting Reversible Contraceptive (LARC) excluding injections (Crude rate per 1,000)	Female All ages	54.1 2014	High is good	54.1 2014	46.2 2015	47.3 2016	44.2 2016	46.4 2016				LARC methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill. Implants, IUS and IUD can remain in place for up to 3, 5 or 10 years depending on the type of product. Only four years of data is currently available, which shows that there has no significant change in Cheshire East over the last 3 years. In 2017 the local rate was 47.3 per 1,000, which is similar to the England average.
PHOF indicator 2.04 Under 18s conception rate (Crude rate per 1,000)		37.9 1998	Low is good	17.8 2014	17.4 2015	15.5 2016	22.3 2016	18.8 2016				Most teenage pregnancies are unplanned and more than a half end in an abortion. Since 1998 teenage conception rates in Cheshire East have been in decline. However, the rate of decline recently has not been as pronounced as the national decline resulting in a narrowing of the gap between local and national rates to the extent that local rates are now only similar to England, not significantly better as in previous years.
Under 18s conceptions leading to abortion (%)	Female <18 yrs	43.5 1998	N/A	50.0 2014	55.0 2015	61.2 2016	51.7 2016	51.8 2016				Nationally around half of all teenage conceptions end in an abortion. Locally, the figure is higher but not statistically significant. Cheshire East rates show an upward trend, although there is no signicant increase since 1999. Reducing the rate of under 18 conceptions will involve reducing both the number of abortions and the number of births.
PHOF indicator 1.12iii Sexual offences (Crude rate per 1,000)	Persons All ages	0.5 2010/11	N/A	1.0 2014/15	1.0 2015/16	1.3 2016/17	2.0 2016/17	1.9 2016/17	N/A			This indicator is not compared with the national average. It is not appropriate to RAG rate this indicator as it is difficult to determine whether high or low levels of sexual offences are due high or low prevalence, or high or low levels of recording. Both locally and nationally rates have increased in recent years.

Key:

- Improvement in Trend
- Trend Worsened
- No change in Trend
- Not appropriate to compare
- Cannot be calculated

- Worse than England or Target
- Similar to England or Target
- Better than England or Target
- N/A Not compared

Produced by Cheshire East Public Health Intelligence Team
Data Source: PHE Sexual and Reproductive Health Profiles, downloaded 16-Nov-2018
https://fingertips.phe.org.uk/profile/sexualhealth