



TRENDS IN SEXUALLY TRANSMITTED INFECTIONS IN IRELAND, 1995 to 2012

HPSC

Table of Contents

Acknowledgements	3
Key Points	
Introduction	
Methods	
General Trends	5
Chlamydia trachomatis infection	
Gonorrhoea	
Ano-genital warts	10
Herpes simplex (genital)	
Lymphogranuloma venereum (LGV)	12
Non-specific urethritis	
Trichomoniasis	12
References	12
Appendix A: Data collection methods, 2012	13
STIs other than syphilis	
Syphilis	
Appendix C: Data Tables	14

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Key Points

- From 1995 to 2012, there has been overall an increasing trend in STI notifications. In 2012 there was a small reduction in numbers. The increasing trend over time may be due to a number of factors: improvements in testing methods, improved access to testing and screening, more comprehensive surveillance, as well as ongoing unsafe sexual behaviours.
- Young people, particularly those in the 20 to 29 year age group are most affected by STIs
 - o In 2012, over 70% of all STIs notified were in those aged less than 30 years of age: 59% in the 20-29 year age group, and 11.3% in those aged 19 and under.
- ➤ Of particular concern is the increase in gonorrhoea cases since 2010. The notification rate for gonorrhoea in 2012 was 24 per 100,000 population.
 - Those aged 20-29 years were affected most with an age specific notification rate of 94 per 100,000 population.
 - More males were affected than females, with a ratio of 4 to 1.
 - Most cases occurred in the HSE East region (Dublin, Kildare and Wicklow), with the notification rate more than twice the national rate (50 per 100,000 population).
- Chlamydia trachomatis is the most frequently notified STI, accounting for 48.4% of notifications in 2012. The numbers of cases and notification rate rose sharply in 2007 and have remained high since then (134 per 100,000 population in 2012).
 - As is the case with gonorrhoea, HSE East (Dublin, Kildare and Wicklow) was affected the most, with a higher notification rate than the national rate (212 v 134 per 100,000 population).
 - o In 2012, Chlamydia was more frequently reported among women (53.6%) than men (44.0%), continuing the trend seen in previous years.
- The notification rate for herpes simplex (genital) continues to rise (+5% in 2012); The increase in notifications observed in recent years may be due to improved detection as a result of the introduction of molecular testing which is more sensitive than viral culture.
- This is the last annual report of STIs based on aggregate reporting. In January 2013, case based information was introduced for all notifiable STIs apart from anogenital warts and non specific urethritis. More timely information is now available in weekly reports and six monthly trends published on the HPSC website. The move to case based surveillance will improve the capacity to analyse STI data on a national basis.

Introduction

Sexually transmitted infections (STIs) are an important public health issue. They can occur silently without symptoms, in many cases. Early detection and treatment of STIs is important in order to prevent complications such as pelvic inflammatory disease, and infertility.

The Health Protection Surveillance Centre (HPSC) is responsible for the ongoing, systematic collection, collation and analysis of national data relating to trends in the notification of STIs in Ireland. This report is a summary of the key findings from the 2012 STI data returns, and a review of trends in aggregate STI data from 1995 to 2012.

Methods

The surveillance of STIs in Ireland from 1995 to 2012 was based on the aggregation of notifications received from three sources: STI clinics; laboratories (since 2004); and primary care and other clinicians. Notifications were collated by Departments of Public Health and then reported to HPSC on a quarterly basis in aggregate form i.e. numbers of cases by disease, sex and age group, and not as case-based reports. In 2012, data on syphilis was sourced from the Computerised Infectious Disease Reporting system, CIDR.

Data for this report were extracted from the STI database on 5th July 2013. At the time of preparing this report, some data were outstanding for 2012, see Appendix A, table 1. From 1995 to 2011, annual figures were updated as late returns were received. Over time the timeliness and completeness of the data reported nationally has varied. However a systematic assessment of completeness of reporting by location over time is not available.

Data on HIV and Hepatitis B are not reported here but further information on these diseases is available on the HPSC website (www.hpsc.ie).

Throughout this report notification rates have been calculated using data from Census 1996 (notification years 1995-1999), Census 2002 (notification years 2000-2003), Census 2006 (notification years 2004-2008) and Census 2011 (notification years 2009-2012).

General Trends

There were 12,719 notifications of STIs in 2012, a decrease of 5.4% compared with 2011 (table 1). There was a 32.9% increase in the number of cases of gonorrhoea between 2011 and 2012. There were reductions in the number of ano-genital warts cases and syphilis cases notified (24% and 20.7% respectively)

Table 1: Number of notifications and p	percentage change, 2011-2012
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Sexually transmitted infection	2011	2012	% change
Ano-genital warts	2605	1981	-24.0
Chancroid	0	0	0.0
Chlamydia trachomatis	6407	6162	-3.8
Gonorrhoea	834	1108	+32.9
Granuloma inguinale	0	0	0.0
Herpes simplex (genital)	1263	1326	+5.0
Lymphogranuloma venereum	2	4	+100.0
Non-specific urethritis	1603	1539	-4.0
Syphilis	653	518	-20.7
Trichomoniasis	75	81	+8.0
Total	13442	12719	-5.4

During 2012, the notification rate for all STIs was 277.2 per 100,000 population (Figure 1). This dropped from a peak rate of 293.0 per 100,000 in 2011 (Table C2 Appendix).

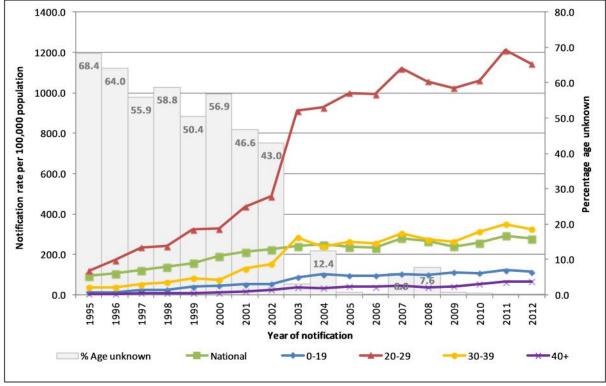


Figure 1: Notification rates, age specific notification rates, and percentage of cases where age group data was missing, for all STIs by year, 1995-2012

Since 2003, when data on the age group of cases became more readily available, those aged 20-29 have been affected the most, followed by those in the 30 to 39 year age group.

Notification rates in each HSE public health area are provided in Table 2; rates in the HSE East (458.2/100,000) and HSE Mid West (318.5/100,000) were higher than the national rate. However, this may be partly a reflection of the areas in which STIs services are located as well as differences in reporting practices by clinics, clinicians and laboratories from one area to another.

Table 2: STI notification rates (per 100,000 population) by HSE public health area, 2012

Sexually transmitted infection	HSE- E	HSE- M	HSE- MW	HSE- NE	HSE- NW	HSE- S	HSE- SE	HSE- W	Ireland
Ano-genital warts	38.8	11.3	112.6	0.5	54.2	53.7	79.0	0.2	43.2
Chancroid	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chlamydia trachomatis	212.0	72.6	142.4	63.1	96.8	28.4	142.3	125.1	134.3
Herpes simplex (genital)	64.4	3.5	13.2	3.6	7.7	8.4	14.9	12.8	28.9
Gonorrhoea	50.4	4.2	16.6	8.4	8.9	4.4	14.1	12.8	24.1
Granuloma inguinale	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Lymphogranuloma venereum	0.1	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.1
Non-specific urethritis	65.7	0.4	21.1	0.0	2.7	53.4	6.4	0.0	33.5
Syphilis	24.2	6.0	10.0	4.5	3.5	3.8	0.6	3.1	11.3
Trichomoniasis	2.5	2.8	2.1	0.9	0.8	1.2	1.8	0.2	1.8
Total	458.2	100.9	318.5	81.0	174.6	153.3	259.1	154.3	277.2

Chlamydia trachomatis infection

In line with previous years, *Chlamydia trachomatis* was the most frequently notified STI, accounting for 48.4% of notifications in 2012. There were 6,162 *Chlamydia* notifications in 2012, corresponding to a notification rate of 134.3 per 100,000 population which was a slight decrease compared to the rate of 139.6 reported in 2011. Both rates are below the peak rate of 148.4 per 100,000 population recorded in 2008 (figure 2). Where sex was reported, *Chlamydia* was more frequently reported among women (53.6%) than men (44.0%), continuing the trend seen in previous years. *Chlamydia* was most frequently reported in those aged 20-29 years (59.1%); there has been a slight increase in notifications in those aged 30 years and older since 2008.

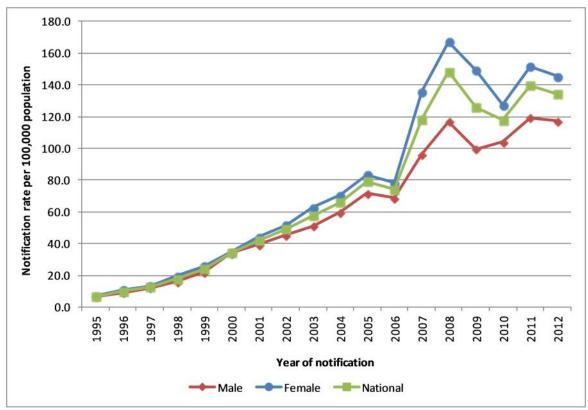


Figure 2: Chlamydia trachomatis notification rate by sex, 1995-2012

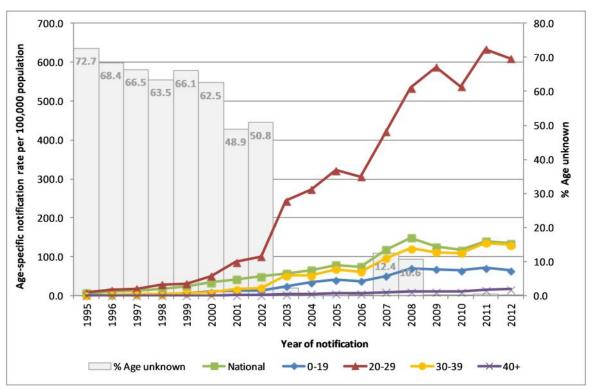


Figure 3: *Chlamydia trachomatis* age specific notification rate and percentage age unknown by year, 1995-2012

Gonorrhoea

The number of gonorrhoea notifications continued to increase (+32.9%) in 2012. The notification rate is now 24.1 per 100,000 population which is the highest rate ever recorded for gonorrhoea in Ireland (figure 4). This rate is also much higher than the latest data available from Europe; 12.6 per 100,000 population for 28 EU/EEA Member States in 2011¹. However, there was large variation in the rates across the 28 countries; the rate reported for the United Kingdom was 37.1/100,000, while four countries (Portugal, Poland, Luxembourg and Slovenia) reported rates less than 1.5/100,000. In Ireland, the majority of gonorrhoea notifications continue to be reported in men (n=864; 78.0%). Since 2010, the rate has been increasing more rapidly in men than women. The male-to-female ratio remained stable during 2012 at 3.7:1 compared to 4.1:1 during 2011. In line with previous years, the majority of gonorrhoea notifications in 2012 were reported in those aged 20-29 years (55.6%). During 2012 the age-specific notification rate in the 20-29 year age group increased to 93.6 per 100,000 population, compared to 70.5 during 2011. Rates also increased in the 0-19 and 30-39 year age groups. A recent article on the increasing number of cases of Gonorrhoea in the HSE East and HSE Southeast can be found at https://www.hpsc.ie/hpsc/EPI-Insight/Volume142013/.

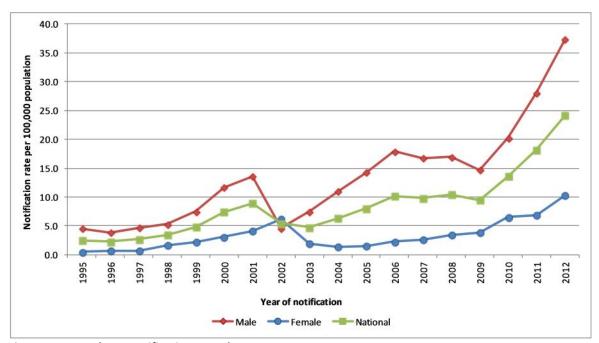


Figure 4: Gonorrhoea notification rates by sex, 1995-2012

The notification rates in each HSE area from 2009 to 2012 are shown in figure 6. The notification rate is highest in the HSE East area and has risen significantly year on year.

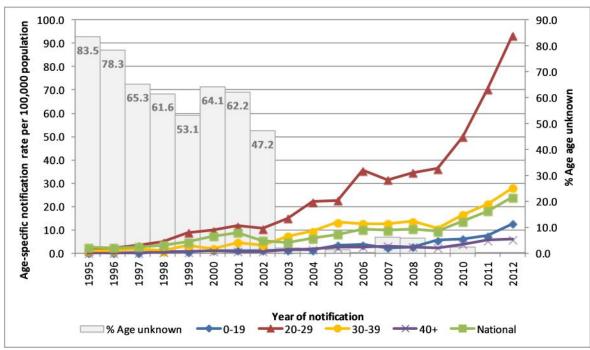


Figure 5: Gonorrhoea age specific notification rate and percentage age group unknown by year, 1995-2012

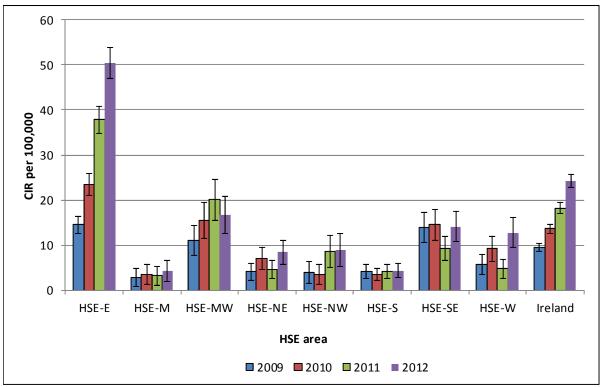


Figure 6: Gonorrhoea crude notification rates by HSE public health area and year with 95% confidence intervals, 2009-2012

Ano-genital warts

After Chlamydia, ano-genital warts was the second most frequently reported STI in 2012, accounting for 15.6% of all STI notifications. The number of notifications (n=1,981) represents a 24% decrease compared to 2,605 notifications reported in 2011 (table 1). There were more notifications among men (56.6%) and 61.3% of cases were aged 20-29 years.

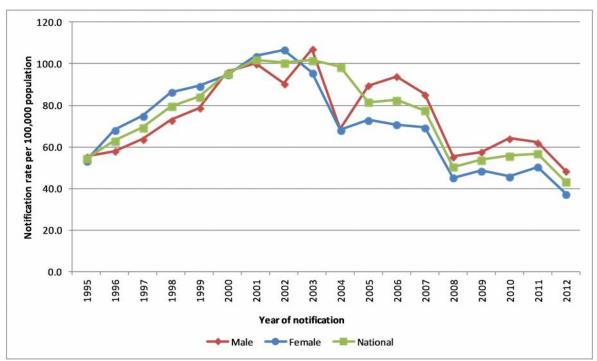


Figure 7: Ano-genital warts notification rates by sex, 1995-2012

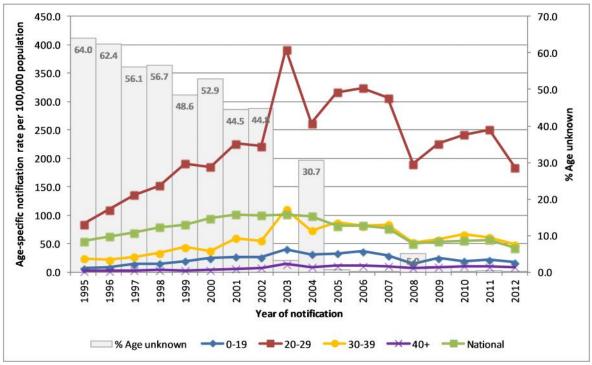


Figure 8: Ano-genital warts age specific notification rates and percentage age unknown by year, 1995-2012

Herpes simplex (genital)

Notifications of herpes simplex (genital) increased by 5.0% between 2011 and 2012 (table 1). The notification rate was 28.9 per 100,000, the highest rate recorded for herpes simplex (genital) since it was added to the list of notifiable diseases in 1985 (Table C2). The increase in notifications seen in recent years may be due to improved detection as a result of the introduction of molecular testing which is more sensitive than viral culture. Herpes simplex (genital) was reported among more women (65.3%) than men (32.7%) and was most frequently reported among 20-29 year olds (51.1%).

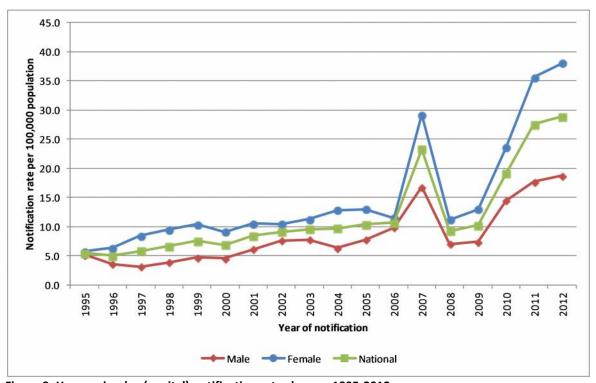


Figure 9: Herpes simplex (genital) notification rates by sex, 1995-2012

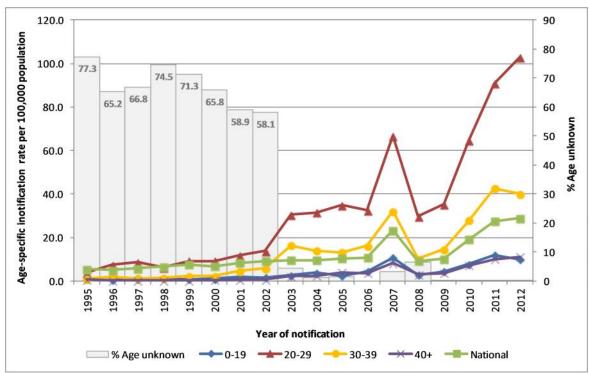


Figure 10: Herpes simplex (genital) age specific notification rates and percentage age unknown by year, 1995-2012

Lymphogranuloma venereum (LGV)

Four cases of LGV were reported in 2012 all in men aged 20-39 years old. Although LGV rarely occurs in Western Europe, outbreaks among MSM have occurred in the United Kingdom and the Netherlands in the past few years.

Non-specific urethritis

Non-specific urethritis (NSU) notifications decreased by 4% during 2012 (n=1,539) compared to 2011 (n=1,603) (table 1).

Trichomoniasis

There were 81 cases of trichomoniasis notified in 2012. Where sex was reported, notifications were all female. Trichomoniasis continues to be reported more commonly among older age groups, with just 28.4% of case reported in those aged 20-29 years, while 70.4% of cases were aged 30 years or older.

References

1. European Centre for Disease Prevention and Control. Sexually transmitted infections in Europe 2011. Stockholm: ECDC; 2013.

Appendix A: Data collection methods, 2012

STIs other than syphilis

During 2012, the surveillance of STIs in Ireland was based on the aggregation of notifications received from three sources: STI clinics; laboratories (since 2004); and primary care and other clinicians. Notifications were collated by Departments of Public Health and were then reported to HPSC on a quarterly basis in aggregate form i.e. not as case-based reports. A summary of the sources of notification data in 2012 is given in table A1.

<u>Please note</u>: Data included in this report were extracted from the STI database on the 5th July 2013 and were correct at the time of publication. Some data are outstanding (see Table A1).

Table A1. Summary of aggregate STI data notification sources, 2012 (data received as of 30th June 2013)

HSE Area		Q1, 2012		Q	2, 2012		(Ղ3, 2012		Q4, 2012			
	Lab	Clinic	PH	Lab	Clinic	PH	Lab	Clinic	PH	Lab	Clinic	PH	
East	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Midlands	✓	\checkmark	✓	\checkmark	✓								
Mid West	✓	\checkmark	✓	\checkmark	✓								
North East North	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
West~	✓	\checkmark	✓	\checkmark	✓								
South East	✓	\checkmark	✓	\checkmark	✓								
South*	✓	\checkmark	\checkmark	✓	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	-	-	-	
West	✓	-	\checkmark	✓	-	✓	\checkmark	-	\checkmark	✓	-	✓	

 $[\]checkmark$ = notifications received; Lab = laboratory notifications; Clinic = notifications from one or more of the STI clinics; PH= notifications received by public health from primary care and other clinicians.

Syphilis

In 2012, all syphilis cases were reported through the Computerised Infectious Disease Reporting system, CIDR. A separate report on the epidemiology of syphilis can be found at http://www.hpsc.ie/hpsc/A-

Z/HIVSTIs/SexuallyTransmittedInfections/Syphilis/EpidemiologicalData/AnnualReports/

 $^{^{\}sim}$ Does \underline{not} include notifications from Altnagelvin Hospital, Derry, for patients with an address in Donegal

^{*}Data for Quarter 4 2012 from HSE South was received in August 2013 and will be included in future reports.

Appendix B: Data Tables

Table B1: Notifications of STIs by year, 1995-2012

STI	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Ano-genital warts	1972	2286	2514	2886	3049	3735	3993	3932	3981	4174	3456	3494	3283	2134	2464	2556	2605	1981
Chancroid	3	1	1		1	16	1	1	0	1	0	1	1	0	0	0	0	0
Chlamydia trachomatis	245	364	462	646	869	1343	1649	1922	2258	2803	3353	3144	5023	6290	5781	5399	6407	6162
Gonorrhoea	91	83	98	125	175	290	349	214	186	270	342	431	417	444	434	625	834	1108
Granuloma inguinale	0	1	1		1	0	0	0	0	1	0	0	0	0	0	0	0	0
Herpes simplex (genital)	198	181	211	243	275	269	331	358	375	411	441	455	988	394	469	877	1263	1326
Lymphogranuloma venereum	0	0	5	1	2	0	0	1	0	0	1	0	2	0	0	3	2	4
Non-specific urethritis	781	823	1034	1083	1265	1726	1634	2025	2332	2746	2106	2161	1870	1636	1209	1657	1603	1539
Syphilis	11	17	16	15	6	46	279	303	235	144	282	134	212	312	570	614	653	518
Trichomoniasis	60	71	94	38	47	78	64	73	59	60	83	52	94	70	79	84	75	81
Total	3361	3827	4436	5037	5690	7503	8300	8829	9426	10610	10064	9872	11890	11280	11006	11815	13442	12719

Table B2: Notification rates of STIs (per 100,000 population) by year, 1995-2012

STI	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Ano-genital warts	54.4	63.0	69.3	79.6	84.1	95.3	101.9	100.4	101.6	98.4	81.5	82.4	77.4	50.3	53.7	55.7	56.8	43.2
Chancroid	0.1	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chlamydia trachomatis	6.8	10.0	12.7	17.8	24.0	34.3	42.1	49.1	57.6	66.1	79.1	74.2	118.5	148.4	126.0	117.7	139.6	134.3
Gonorrhoea	2.5	2.3	2.7	3.4	4.8	7.4	8.9	5.5	4.7	6.4	8.1	10.2	9.8	10.5	9.5	13.6	18.2	24.1
Granuloma inguinale	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Herpes simplex (genital)	5.5	5.0	5.8	6.7	7.6	6.9	8.4	9.1	9.6	9.7	10.4	10.7	23.3	9.3	10.2	19.1	27.5	28.9
Lymphogranuloma venereum	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1
Non-specific urethritis	21.5	22.7	28.5	29.9	34.9	44.1	41.7	51.7	59.5	64.8	49.7	51.0	44.1	38.6	26.3	36.1	34.9	33.5
Syphilis	0.3	0.5	0.4	0.4	0.2	1.2	7.1	7.7	6.0	3.4	6.7	3.2	5.0	7.4	12.4	13.4	14.2	11.3
Trichomoniasis	1.7	2.0	2.6	1.0	1.3	2.0	1.6	1.9	1.5	1.4	2.0	1.2	2.2	1.7	1.7	1.8	1.6	1.8
Total	92.7	105.5	122.3	138.9	156.9	191.5	211.9	225.4	240.6	250.2	237.4	232.8	280.4	266.0	239.9	257.5	293.0	277.2

Version 1.1 Page 14 of 18 October 2013

Table B3: Notifications of STIs by HSE public health area, 2012

STI	HSE-E	HSE-M	HSE-MW	HSE-NE	HSE-NW	HSE-S	HSE-SE	HSE-W	Ireland
Ano-genital warts	629	32	427	2	140	357	393	1	1981
Chancroid	0	0	0	0	0	0	0	0	0
Chlamydia trachomatis	3435	205	540	278	250	189	708	557	6162
Herpes simplex (genital)	1043	10	50	16	20	56	74	57	1326
Gonorrhoea	817	12	63	37	23	29	70	57	1108
Granuloma inguinale	0	0	0	0	0	0	0	0	0
Lymphogranuloma venereum	2	0	2	0	0	0	0	0	4
Non-specific urethritis	1064	1	80	0	7	355	32	0	1539
Syphilis	392	17	38	20	9	25	3	14	518
Trichomoniasis	41	8	8	4	2	8	9	1	81
Total	7423	285	1208	357	451	1019	1289	687	12719

Table B4: Notification rates (per 100,000 population) of STIs by HSE public health area, 2012

STI	HSE-E	HSE-M	HSE-MW	HSE-NE	HSE-NW	HSE-S	HSE-SE	HSE-W	Ireland
Ano-genital warts	38.8	11.3	112.6	0.5	54.2	53.7	79.0	0.2	43.2
Chancroid	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chlamydia trachomatis	212.0	72.6	142.4	63.1	96.8	28.4	142.3	125.1	134.3
Herpes simplex (genital)	64.4	3.5	13.2	3.6	7.7	8.4	14.9	12.8	28.9
Gonorrhoea	50.4	4.2	16.6	8.4	8.9	4.4	14.1	12.8	24.1
Granuloma inguinale	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Lymphogranuloma venereum	0.1	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.1
Non-specific urethritis	65.7	0.4	21.1	0.0	2.7	53.4	6.4	0.0	33.5
Syphilis	24.2	6.0	10.0	4.5	3.5	3.8	0.6	3.1	11.3
Trichomoniasis	2.5	2.8	2.1	0.9	0.8	1.2	1.8	0.2	1.8
Total	458.2	100.9	318.5	81.0	174.6	153.3	259.1	154.3	277.2

Version 1.1 Page 15 of 18 October 2013

Table B5: Notifications of STIs by sex and age group, 2012

STI		S	ex			Age g	group		Total
	Male	Female	Unknown	0-19	20-29	30-39	40+	Unknown	
Ano-genital warts	1122	850	9	217	1215	372	174	3	1981
Chancroid	0	0	0	0	0	0	0	0	0
Chlamydia trachomatis	2712	3300	150	812	4012	987	330	21	6162
Gonorrhoea	864	234	10	162	616	213	115	2	1108
Granuloma inguinale	0	0	0	0	0	0	0	0	0
Herpes simplex (genital)	434	866	26	127	678	303	215	3	1326
Lymphogranuloma venereum	4	0	0	0	1	3	0	0	4
Non-specific urethritis	1535	4	0	116	863	372	181	7	1539
Syphilis	399	106	13	6	115	185	209	3	518
Trichomoniasis	0	80	1	1	23	27	30	0	81
Total	7070	5440	209	1441	7523	2462	1254	39	12719
% of all STIs	55.6	42.8	1.6	11.3	59.1	19.4	9.9	0.3	

Table B6: C. trachomatis infection notifications by age group, sex and HSE public health area, 2012

HSE area		S	ex			Total			
	Male	Female	Unknown	0-19	20-29	30-39	40+	Unknown	
HSE-E	1574	1752	109	407	2192	613	214	9	3435
HSE-M	77	127	1	24	142	28	10	1	205
HSE-MW	256	283	1	76	348	84	32	0	540
HSE-NE	105	141	32	52	168	44	10	4	278
HSE-NW	92	158	0	44	166	31	6	3	250
HSE-S	92	97	0	13	146	23	7	0	189
HSE-SE	272	430	6	124	461	91	28	4	708
HSE-W	244	312	1	72	389	73	23	0	557
Total	2712	3300	150	812	4012	987	330	21	6162

Table B7: Gonorrhoea infection notifications by age group, sex and HSE public health area, 2012

HSE area		Sex				Age group			Total
	Male	Female	Unknown	0-19	20-29	30-39	40+	Unknown	
HSE - E	654	155	8	94	445	178	98	2	817
HSE - M	9	3	0	4	6	1	1	0	12
HSE - MW	40	23	0	18	35	6	4	0	63
HSE - NE	22	13	2	6	20	7	4	0	37
HSE - NW	14	9	0	7	9	5	2	0	23
HSE - S	27	2	0	0	25	2	2	0	29
HSE - SE	54	16	0	22	39	9	0	0	70
HSE - W	44	13	0	11	37	5	4	0	57
Total	864	234	10	162	616	213	115	2	1108

Table B8: Ano-genital warts notifications by age group, sex and HSE public health area, 2012

HSE area		Sex	0 0 17		,	Age group			Total
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	Male	Female	Unknown	0-19	20-29	30-39	40+	Unknown	
HSE – E	355	271	3	75	369	132	53	0	629
HSE - M	15	17	0	4	23	5	0	0	32
HSE - MW	261	166	0	47	269	73	38	0	427
HSE - NE	0	2	0	1	1	0	0	0	2
HSE - NW	76	58	6	29	68	26	16	1	140
HSE - S	196	161	0	24	249	56	26	2	357
HSE - SE	219	174	0	37	236	80	40	0	393
HSE - W	0	1	0	0	0	0	1	0	1
Total	1122	850	9	217	1215	372	174	3	1981

Table B9: Herpes simplex (genital) notifications by age group, sex and HSE public health area, 2012

		Sex		Age group					
HSE area	Male	Female	Unknown	0-19	20-29	30-39	40+	Unknown	
HSE- E	359	665	19	89	532	240	180	2	1043
HSE- M	4	6	0	5	3	2	0	0	10
HSE- MW	13	37	0	6	30	9	5	0	50
HSE- NE	3	8	5	3	5	5	3	0	16
HSE- NW	4	16	0	2	14	2	2	0	20
HSE- S	15	41	0	4	30	17	4	1	56
HSE- SE	22	52	0	15	29	15	15	0	74
HSE- W	14	41	2	3	35	13	6	0	57
Total	434	866	26	127	678	303	215	3	1326

Table B10: Non-specific urethritis notifications by age group, sex and HSE public health area, 2012

	Sex				Age group				
HSE area	Male	Female	Unknown	0-19	20-29	30-39	40+	Unknown	
HSE - E	1063	1	0	85	600	242	136	1	1064
HSE - M	1	0	0	0	0	1	0	0	1
HSE - MW	77	3	0	8	47	22	3	0	80
HSE - NE	0	0	0	0	0	0	0	0	0
HSE - NW	7	0	0	0	5	1	1	0	7
HSE - S	355	0	0	22	192	99	37	5	355
HSE - SE	32	0	0	1	19	7	4	1	32
HSE - W	0	0	0	0	0	0	0	0	0
Total	1535	4	0	116	863	372	181	7	1539