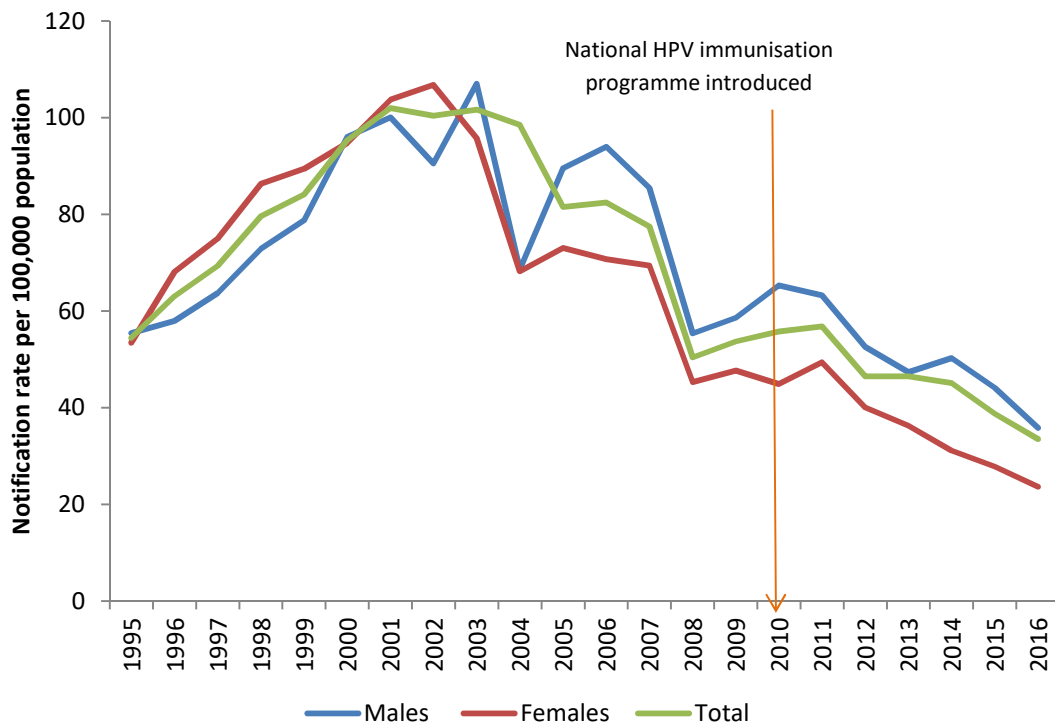


Ano-genital warts in Ireland, 2016

Summary

- 1,593 cases of ano-genital warts were notified in Ireland in 2016
- The notification rate of ano-genital warts continued to decrease in 2016 to 33.5 per 100,000 population. Rates have been declining since 2003 when the notification rate was 101.6/100,000. See figure 1.
- Commencing in 2013, additional information on data completeness has helped interpretation of the notification rates. A clear downward trend in notification rates has been seen from 2013 to 2016 while data completeness has remained steady.
- Just over half of cases were among men, with the highest rate among men aged 25-29 years (129.5/100,000 population)
- Rates among those aged 19 years or younger have fallen by 93% since 2010 (from 19.9/100,000 to 1.4/100,000 in 2016) and rates among those aged 20-29 years have fallen by 58% (from 241.7/100,000 to 100.3/100,000) in the same period

Figure 1: Trend in notification rate per 100,000 population by sex of ano-genital warts in Ireland*, 1995-2016



*Data completeness varies each year and there is no information on the completeness of data prior to 2013. See appendix 1 for details on completeness in 2015 and 2016.

Introduction

Ano-genital warts are caused by infection with certain types of the human papillomavirus (HPV). HPV is the name of a group of viruses that includes more than 100 different strains or types. Over 30 types of HPV have been shown to be sexually transmitted and infect the ano-genital area. Some types may lead to the development of invasive cervical cancer and other cancers of the ano-genital tract and others can cause ano-genital warts.

Notifications of ano-genital warts from STI clinics and primary care are collated by Departments of Public Health and then notified to HPSC on a quarterly basis in aggregate form. In 2013, the template changed so since then the number of cases by sex is reported for each age group. At the time of preparing this report data were outstanding from some STI clinics for 2016 (see appendix 1). It is unlikely that these data will be reported since the pattern of missing data has remained the same since 2013.

Following a recommendation from the National Immunisation Advisory Committee that HPV vaccine should be given to 12 year old girls, a routine Health Service Executive (HSE) school HPV quadrivalent vaccination programme began in May 2010 for girls in the first year of second level schools or equivalent in special schools (i.e. those turning 12 years of age in the academic year). A catch-up campaign for girls in sixth year of second level schools and their age equivalents in special schools was also run from the 2011/2012 academic year to the 2013/2014 academic year. The aim of the programme is to protect girls from their future risk of developing cervical cancer.

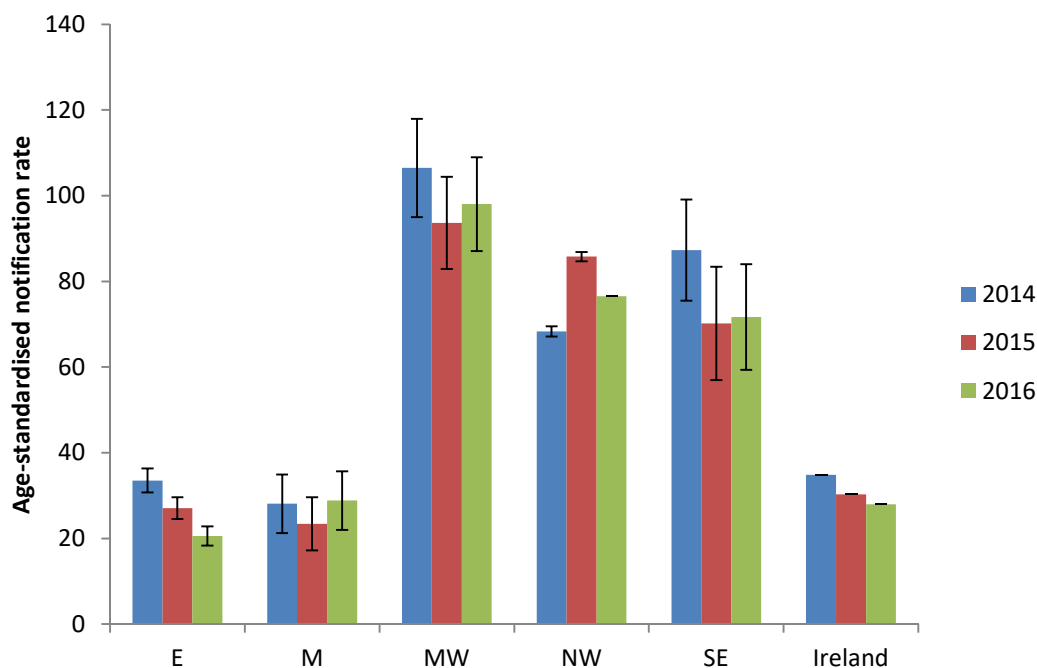
As of 10th October, 2017, there were 1,593 cases of ano-genital warts reported in Ireland in 2016 corresponding to a notification rate (NR) of 33.5 per 100,000 population, a decrease from 2015 (38.7/100,000) (figure 1). The NR among men was 35.8/100,000 and 23.6/100,000 among women. Rates among women have fallen from 44.9/100,000 since the introduction of the HPV vaccine in 2010.

HSE Area

The highest age-standardised notification rate (ASNR) was in HSE Midwest (98.0/100,000) followed by HSE Northwest (76.5/100,000) (see figure 2). Rates and number by HSE area should be interpreted with caution. Age group was not reported for 36% of cases in 2016 and so these cases were excluded from ASNR calculations. Additionally, HSE area is based on the clinic and not the

patient’s address for the vast majority of cases. Consequently, rates and numbers of cases by HSE area reflect the location of STI services as well as differences in reporting practices by clinics and clinicians from one area to another. A list of STI clinics is available at www.yoursexualhealth.ie.

Figure 2: Age-standardised notification rate[^] of ano-genital warts by HSE area, 2013-2016



[^]Data for HSE areas Northeast and South are not included here as the data reported were not available by the age-groups required; there were no cases notified in HSE West in 2016; 176 cases from other HSE areas not included as the age was reported as unknown.

Age and sex

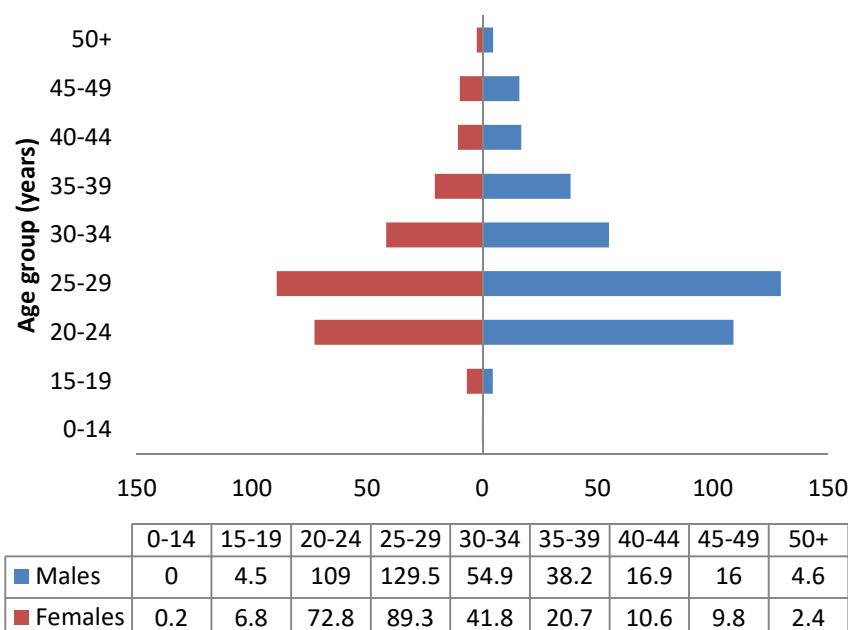
There were more notifications among men (53%) than women (36%); gender was not provided for 11% of cases (table 1). While a quarter of all cases where age was known were reported among those aged 20-24 years, just 18 cases were reported among those aged 20 years or younger. Age group was not provided for 36% of cases.

The age- and sex-specific notification rates were higher in men than women in all age groups. The highest age-specific notification rate was among men aged 25-29 years (129.5/100,000) (figure 3).

Table 1: Number of ano-genital wart notifications by age group & sex, 2016

Age Group (years)	Male		Female		Unknown		Total	
	N	%	N	%	N	%	N	%
0-14	0	0	1	0.2	0	0	1	0.1
15-19	7	0.8	10	1.8	0	0	17	1.1
20-24	150	17.8	99	17.4	0	0	249	15.6
25-29	188	22.3	136	23.9	0	0	324	20.3
30-34	95	11.3	79	13.9	1	0.6	175	11.0
35-39	73	8.7	41	7.2	0	0	114	7.2
40-44	30	3.6	19	3.3	0	0	49	3.1
45-49	26	3.1	16	2.8	0	0	42	2.6
50+	32	3.8	18	3.2	0	0	50	3.1
Unknown	242	28.7	149	26.2	181	99.4	572	35.9
Total	843	100	568	100	182	100	1,593	100

Figure 3: Age- and sex-specific notification rates of ano-genital warts in Ireland, 2016 (n=1,021)^



^Excludes 242 males and 149 females where age is unknown and 182 where both age and sex are unknown

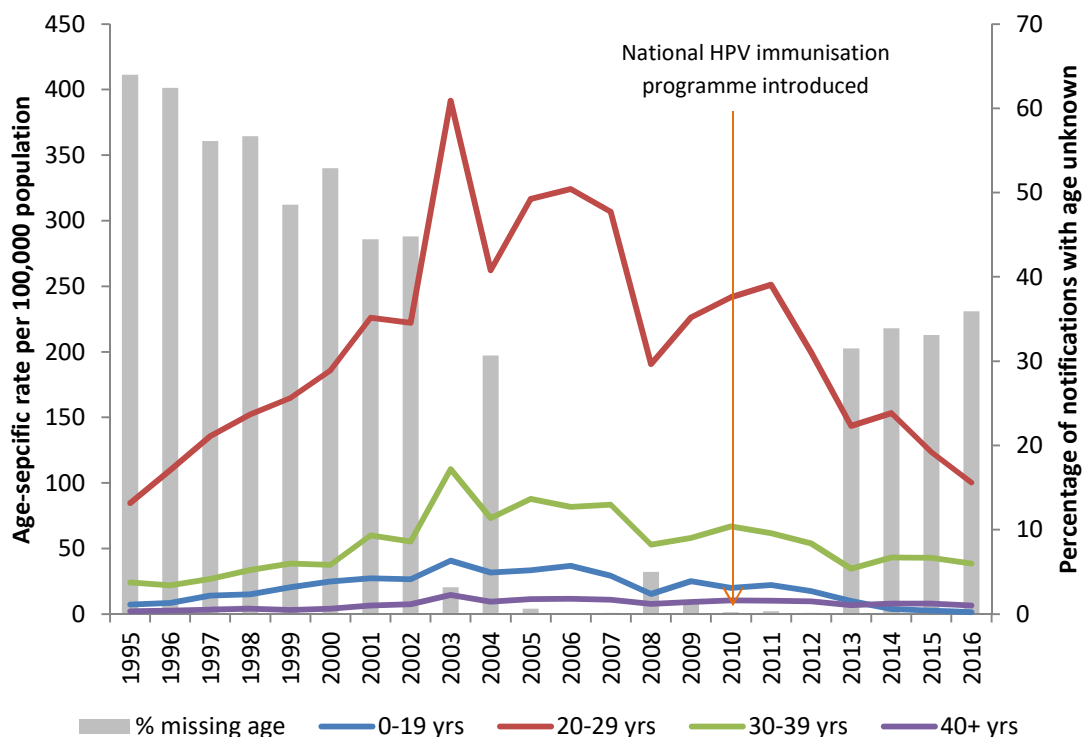
The notification rate for AGW has been in decline since 2003, having been stable between 2001 and 2003 (100.3/100,000 – 101.9/100,000). Between 2003 and 2010, the overall notification rate

declined by 46% to 55.7/100,000; between 2010 and 2016, it declined by a further 40% to 33.5/100,000.

Since the introduction of the HPV vaccine into the national programme in 2010, the rate of decrease has increased among all age groups but most notably among those aged less than 30 years. Since 2010, the rate among those aged under 20 years has declined by 93% (to 1.4/100,000) compared to a decreases of 51% in the period 2003-2010. Similarly, the rate among those aged 20-29 years decreased by 58% (to 100.3/100,000) compared to 38% in the period 2003-2010.

Interpretation of these trends is difficult given the absence of information on data completeness prior to 2013 and the greater proportion of cases notified as unknown age since 2013 (range 32%-36%). Since the introduction of the new template for reporting some clinics have been unable to provide data in the required format with some still using the old template while others report just total numbers.

Figure 4: Age-specific rates per 100,000 population by year and percentage of notifications with age unknown, 1995-2016 (n=1,021)^



^Excludes 242 males and 149 females where age is unknown and 182 where both age and sex are unknown

Appendix 1: Returns of ano-genital wart notifications by HSE region and quarter, 2016

HSE Area	Site*	2015	2016	2016	2016	2016
		Q1-4	Q1	Q2	Q3	Q4
East	Public Health	Yes	Yes	Yes	Yes	Yes
	GUIDE clinic	Yes	Yes	Yes	Yes	Yes
	Mater clinic	-	-	-	-	-
	GMH clinic	-	-	-	-	-
Midlands	Public Health	Yes	Yes	Yes	Yes	Yes
	Portlaoise STI clinic	Yes	Yes	Yes	Yes	Yes
	Mullingar STI clinic	Yes	Yes	Yes	Yes	Yes
Midwest	Public Health	Yes	Yes	Yes	Yes	Yes
	Limerick STI clinic	Yes	Yes	Yes	Yes	Yes
	Nenagh STI clinic	Yes	Yes	Yes	Yes	Yes
	Ennis STI clinic	Yes	Yes	Yes	Yes	Yes
Northeast	Public Health	Yes	Yes	Yes	Yes	Yes
	STI clinic**	Yes	Yes	Yes	Yes	Yes
Northwest	Public Health [#]	Yes	Yes	Yes	Yes	Yes
	Sligo STI Clinic	Yes	Yes	Yes	Yes	Yes
	Letterkenny STI clinic [#]	Yes	Yes	Yes	Yes	Yes
Southeast	Public Health	Yes	Yes	Yes	Yes	Yes
	Carlow STI Clinic	Yes	Yes	Yes	Yes	Yes
	Clonmel STI Clinic	Yes	Yes	Yes	Yes	Yes
	Waterford STI Clinic	Yes	Yes	Yes	Yes	Yes
South	Public Health	Yes	Yes	Yes	Yes	Yes
	STI clinic [^]	Yes	Yes	Yes	Yes	Yes
West	Public Health	Yes	Yes	Yes	Yes	Yes
	STI Clinic	-	-	-	-	-

*Public Health includes GPs, other primary care, student health and others.

**Only total number reported; breakdown by age and gender not available.

[#]Data does not include Donegal patients who may have attended Altnagelvin, Derry.

[^]Data provided only by age group, not gender; age groups not compatible with standard template.

Further information

Keep up to date with the weekly HIV and STI report are also available on the HPSC website at <http://www.hpsc.ie/a-z/hivstis/sexuallytransmittedinfections/publications/stireports/stiweeklyreports/>.

Further information of the HPV vaccine and HPV vaccine update is available on the HPSC website at <http://www.hpsc.ie/a-z/hepatitis/hpv/>

Technical Notes

1. Data are analysed by date of notification in CIDR.
2. Data for this report were extracted from CIDR on 10th October, 2017, and were correct at the time of publication.
3. Percentages are rounded up in the text and provided to one decimal place in the tables.
4. The counties covered by each HSE area are as follows: HSE East (E): Dublin, Kildare & Wicklow; HSE Midlands (M): Laois, Longford, Offaly & Westmeath; HSE Midwest (MW): Clare, Limerick & N. Tipperary; HSE Northeast (NE): Cavan, Louth, Meath & Monaghan; HSE Northwest (NW): Donegal, Leitrim & Sligo; HSE South (S): Kerry & Cork; HSE Southeast (SE): Carlow, Kilkenny, S. Tipperary, Waterford & Wexford; HSE West (W): Galway, Mayo & Roscommon.
5. Age-standardised incidence rates were calculated using the direct method in which the national population was taken as the standard population. Population data were taken from Census 2016 (for calculations for 2015-2016) and Census 2011 (for calculations for 2014) from the Central Statistics Office. Data were aggregated into the following age groups for the analysis: 0-4 years, 5-9 years, 10-14 years, 15-19 years, 20-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years and ≥65 years.

Acknowledgements

We would like to sincerely thank all who provided data for this report; Microbiology Laboratories, infectious disease surveillance staff within the Departments of Public Health, Consultants in Infectious Disease/Genitourinary Medicine, STI clinics and GPs.

Report prepared by Gillian Cullen and Derval Igoe, HPSC, October 2017