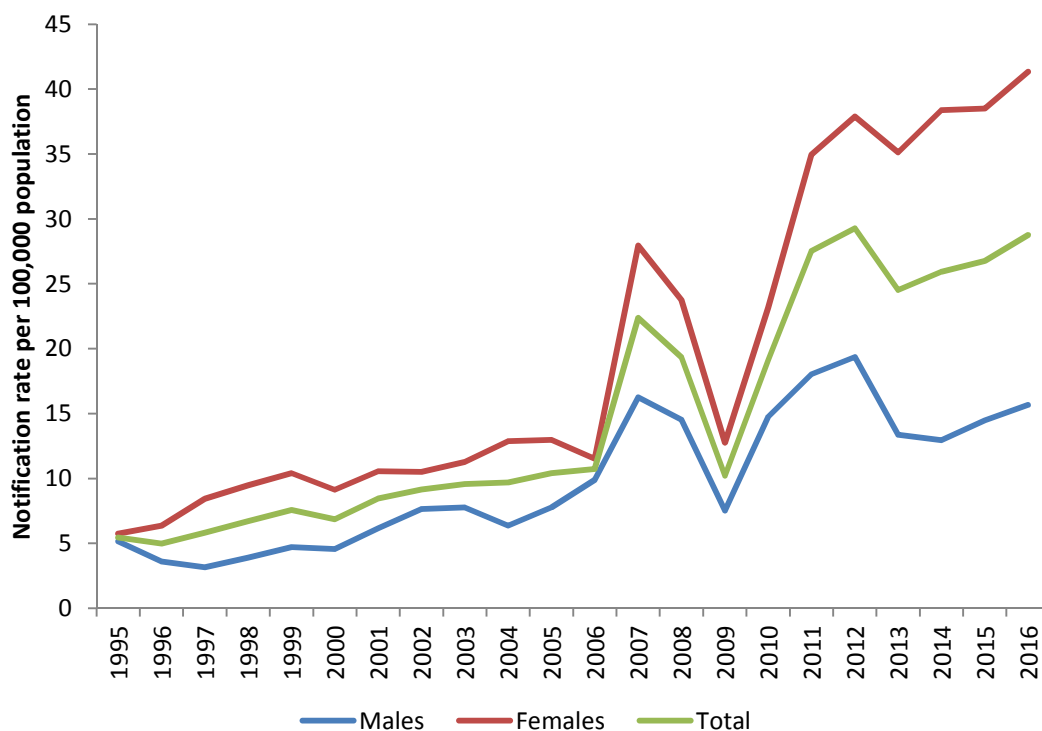


## Herpes simplex (genital) in Ireland, 2016

### Summary

- 1,369 cases of herpes simplex (genital) were notified in 2016
- Notification rate of herpes simplex (genital) increased to 28.7 per 100,000 population which represents a 17% increase since 2013 (24.5/100,000 population). See figure 1.
- Almost three-quarters of cases were among women with the highest rate among women aged 20-24 years (234.5/100,000 population)
- Median age: 26 years (range: 15-77 years)
- Sixty-one percent of cases were laboratory confirmed as herpes simplex virus type 1 and 36% as herpes simplex virus type 2; type was unknown for 3%
- Cases were diagnosed in a variety of settings including general practice (60%), STI clinics (36%), and emergency departments or other hospital settings (4%)

Figure 1: Trend in notification rate per 100,000 populations of herpes simplex (genital) in Ireland, 1995-2016



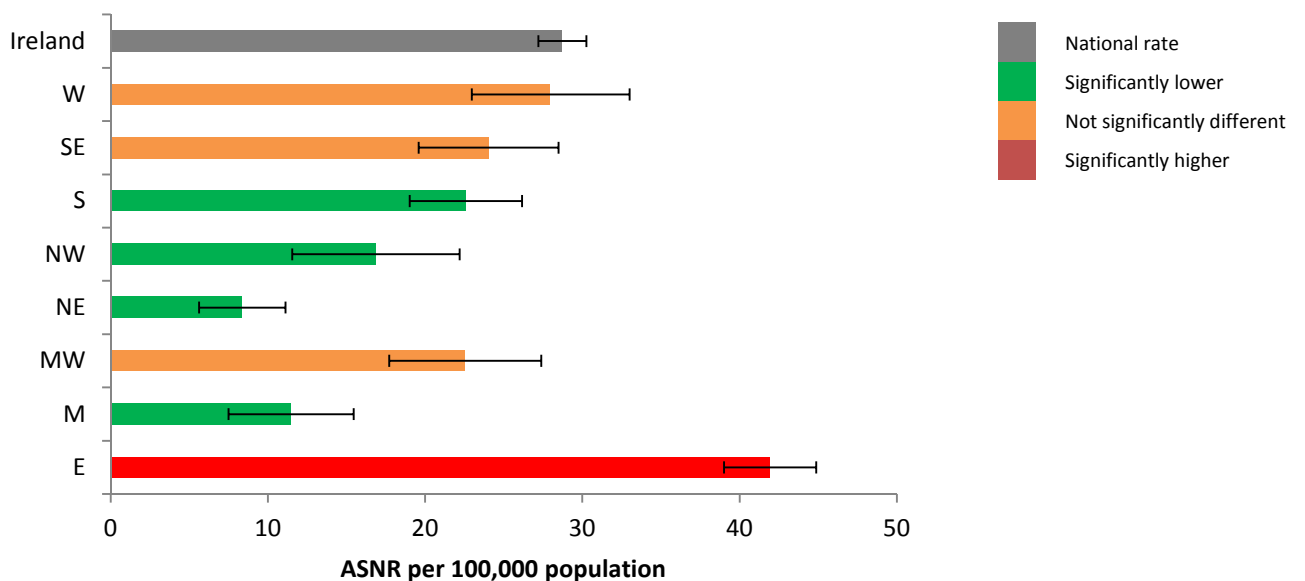
Herpes simplex (genital) is an incurable sexually transmitted infection (STI) caused by the herpes simplex virus (HSV). There are two subtypes of HSV. Type 2 is commonly associated with genital infection. Type 1 can also cause genital infection but is more commonly linked with oral herpes (cold sores). After infection, HSV remains dormant in certain nerve cells of the affected area of the body for life. The dormant virus may reactivate and cause recurrences.

All laboratories and clinicians reported herpes simplex (genital) data via the Computerised Infectious Disease Reporting (CIDR) system in 2016. Data were extracted from CIDR for this report on 25<sup>th</sup> August, 2017,

There were 1,369 cases of herpes simplex (genital) notified in Ireland during 2016, corresponding to a notification rate of 28.7 per 100,000 population. This is the third consecutive year in which the notification rate of herpes simplex has increased (from 25.9/100,000 in 2014) (figure 1). The notification rate among men in 2016 was 15.7/100,000 and 41.3/100,000 among women. Cases were reported from all HSE areas with the majority (58%) reported in HSE East.

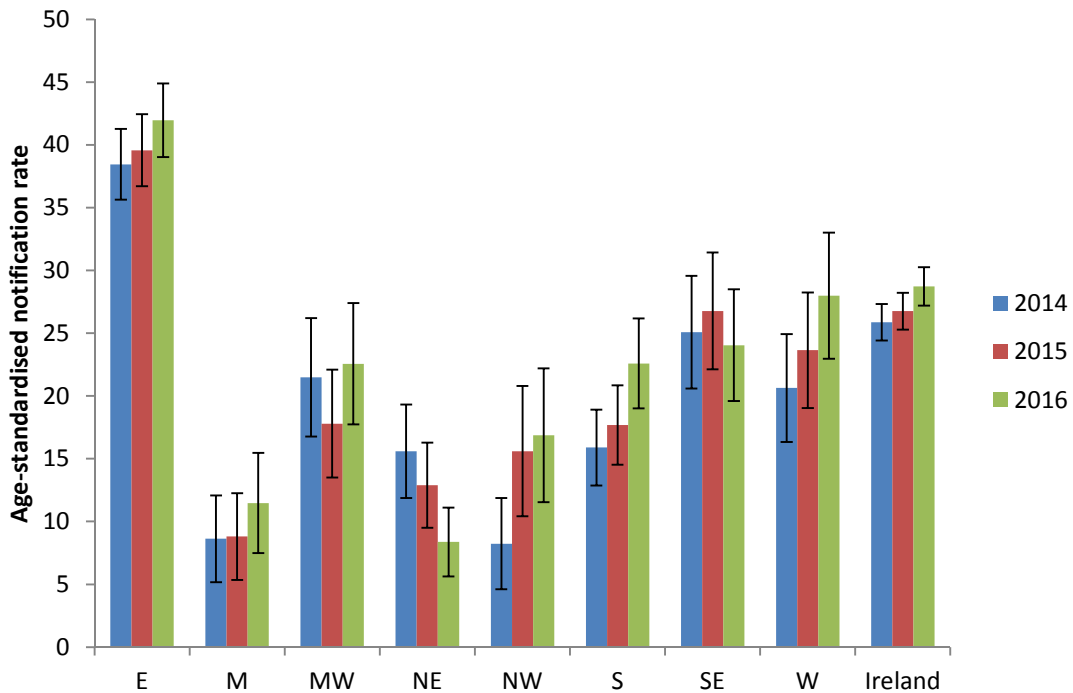
The highest age-standardised notification rate (ANIR) was in HSE East (42.0/100,000), which was significantly higher than the national rate. The ASNR in HSE South, HSE Northwest, HSE Northeast, and HSE Midlands were significantly lower than the national rate.

**Figure 2: Age-standardised notification rate (ASNR) of herpes simplex (genital) by HSE area compared with national rate, 2016**



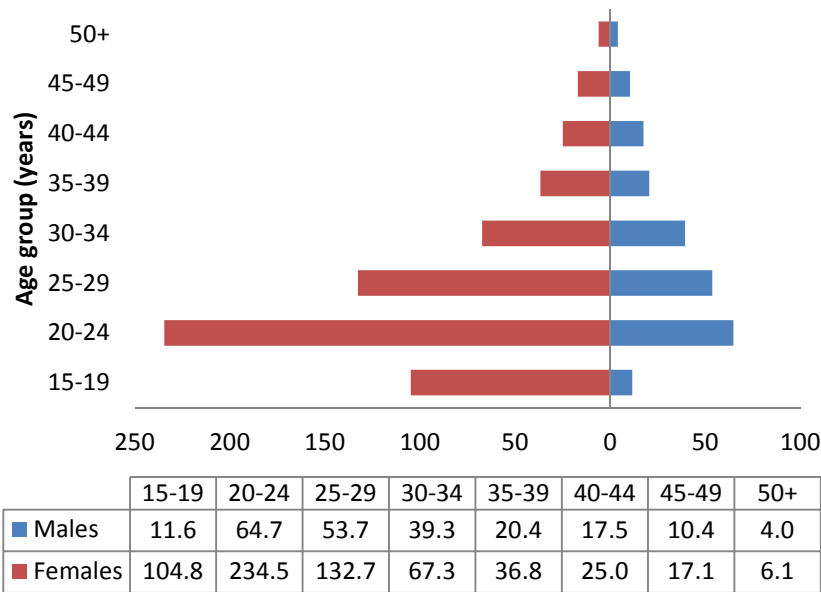
The ASNR increased in every HSE area except HSE Northeast (NE) where the rate decreased for the third consecutive year (from 15.6/100,000 in 2014 to 8.4/100,000 in 2016) (figure 3).

**Figure 3: Age-standardised notification rate of herpes simplex (genital) by HSE area, 2014-2016**



Seventy-three percent of all cases were in females. The median age was 26 years (range: 15-77 years); 25 years among females (range 15-77 years) and 29 years among males (range 16-73 years). The highest age-specific rate was among 20-24 year olds (149.1/100,000). The rate among women in this age group (234.5/100,000) was three and a half times greater than among men (64.7/100,000) (figure 3).

**Figure 3: Age and sex-specific rates of herpes simplex (genital), 2016\***



\*Excludes cases where sex and age are unknown (n=6).

**HSV type**

In total, 98% of cases notified in 2016 were laboratory confirmed while 2% were probable (clinically compatible) cases. Among laboratory confirmed cases, most were reported as herpes simplex virus (HSV) type 1 (62%) and 36% as HSV type 2; subtype was not reported for 2% of cases.

**Patient type & other STIs**

Patient type (reflecting the service at which the patient was diagnosed) was recorded for 80% (n=1,091) of herpes simplex (genital) cases in 2016. Where patient type was reported, 60% were diagnosed in general practice (n=651) and 36% were diagnosed in STI clinics (hospital out-patients). Only 4% of cases were diagnosed in emergency departments or other hospital settings.

Some patients diagnosed with herpes simplex (genital) were diagnosed with other STIs during 2016: chlamydia (n=48), gonorrhoea (n=18), HIV (n=6), LGV (n=1), and syphilis (n=7).

## Further information

Data tables for herpes simplex are available on the HPSC website at <http://www.hpsc.ie/a-z/hivstis/sexuallytransmittedinfections/publications/stireports/>. 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/>.

## Technical Notes

1. Data are analysed by date of notification in CIDR.
2. Data for this report were extracted from CIDR on 25<sup>th</sup> August, 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 notification 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**