



HIV, Mpox & Sexually Transmitted Infections trends in Ireland, 05/01/2026 - 30/05/2026

Statutory Notifications of HIV, mpox and STIs reported in Ireland via the Computerised Infectious Disease Reporting (CIDR) system:

From week 1, 2025 up to week 21, 2026

(Notification Period: 05/01/2026 - 30/05/2026)

Data are provisional

Data include probable and confirmed cases

Report produced by the Health Protection Surveillance Centre on 02/06/2026

Detailed annual reports on HIV, mpox and STIs in Ireland are available on the HPSC website at <https://www.hpsc.ie>



Table 1: Summary of HIV, Mpox and Sexually Transmitted Infections: annual cumulative figures week 1 - week 21, 2026

Disease	2026	2025	Increase/Decrease	
	Week 1 - 21	Week 1 - 21	n	%
Chancroid	0	0	0	0
Chlamydia trachomatis infection	4357	4106	251	6.11
Gonorrhoea	2263	2075	188	9.06
Granuloma inguinale	0	0	0	0
Herpes simplex (genital)	765	830	-65	-7.83
HIV	269	321	-52	-16.2
Lymphogranuloma venereum	5	20	-15	-75
Mpox	25	34	-9	-26.47
Syphilis (early infectious)	338	365	-27	-7.4
Trichomoniasis	170	129	41	31.78
Total	8,192	7,880	312	3.96

For guidance on Trichomoniasis, HIV, and Syphilis see notes on page 9



Table 2: HIV, Mpox & Sexually Transmitted Infections by HSE Health Region*: annual cumulative figures week 1 - week 21, 2026

	HSEDM	HSEDNE	HSEDSE	HSEMW	HSESW	HSEWNW	Annual total, 2026
Gonorrhoea	838	720	289	87	152	177	2263
Herpes simplex (genital)	223	177	149	18	95	103	765
HIV	67	93	32	10	40	27	269
Lymphogranuloma venereum	3	2	0	0	0	0	5
Mpox	11	8	2	4	0	0	25
Syphilis (early infectious)	128	105	31	23	33	18	338
Trichomoniasis	62	64	14	23	1	6	170
Cumulative total this year	1332	1169	517	165	321	331	3835

* See note 6 on page 9

Please Note: Data on Chlamydia notifications by HSE Health Region will be temporarily unavailable. These data will be reinstated as soon as possible.

Table 3 : HIV & Sexually Transmitted Infections by age group and gender: annual cumulative figures week 1 - week 21, 2026

	Chlamydia		Gonorrhoea		HIV		Syphilis	
	Female	Male	Female	Male	Female	Male	Female	Male
0-14 yrs	2	2	0	1	1	2	0	0
15-19 yrs	254	86	39	53	1	0	0	4
20-24 yrs	919	631	85	303	3	9	5	19
25-29 yrs	424	553	44	398	9	15	9	50
30-34 yrs	156	425	37	440	9	36	5	67
35-39 yrs	85	293	14	347	15	32	1	61
40-44 yrs	38	171	17	207	20	28	5	42
45-49 yrs	27	92	9	112	13	21	4	13
50-59 yrs	10	104	4	113	18	15	2	30
60+ yrs	1	49	0	35	4	16	0	20
Cumulative total this year	1,916	2,406	249	2,009	93	174	31	306

Table 3 does not include individuals where gender is unknown or not specified



Table 4: HIV, Mpox & Sexually Transmitted Infections by age group: annual cumulative figures week 1 - week 21, 2026

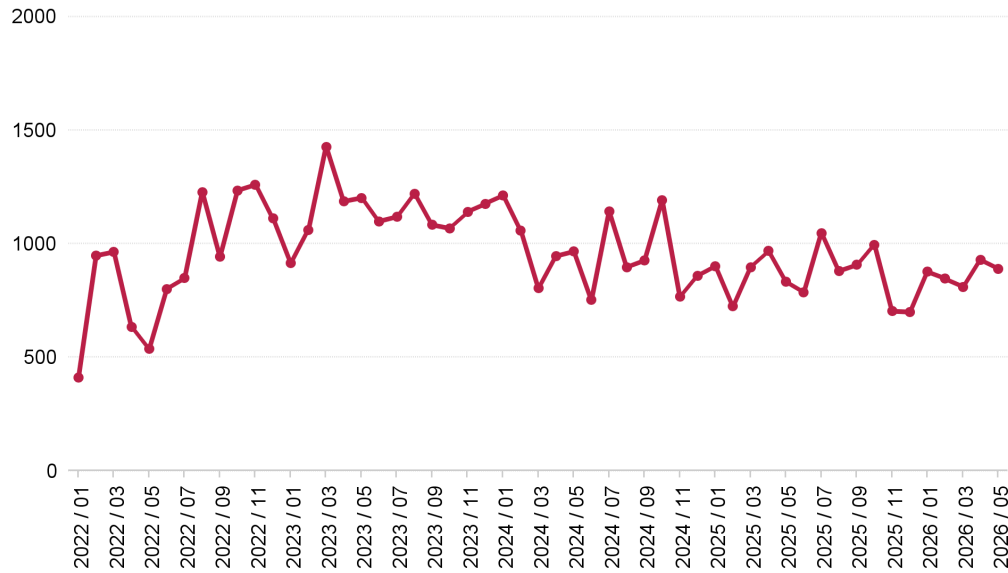
	0-14 yrs	15-19 yrs	20-24 yrs	25-29 yrs	30-34 yrs	35-39 yrs	40-44 yrs	45-49 yrs	50-59 yrs	60+ yrs	Unknown	Annual total, 2026
Chlamydia trachomatis infection	4	342	1562	984	585	383	212	121	114	50	0	4357
Gonorrhoea	1	93	389	444	478	361	224	121	117	35	0	2263
Herpes simplex (genital)	1	76	180	135	103	74	62	33	45	56	0	765
HIV	3	1	13	24	45	47	49	34	33	20	0	269
Lymphogranuloma venereum	0	0	0	1	1	2	0	1	0	0	0	5
Mpox	0	1	2	2	6	8	3	2	0	1	0	25
Syphilis (early infectious)	0	4	24	59	72	62	48	17	32	20	0	338
Trichomoniasis	0	4	25	32	36	20	29	12	10	2	0	170
Cumulative total this year	9	521	2195	1681	1326	957	627	341	351	184	0	8192

Table 5: HIV, Mpox & Sexually Transmitted Infections by gender: annual cumulative figures week 1 - week 21, 2026

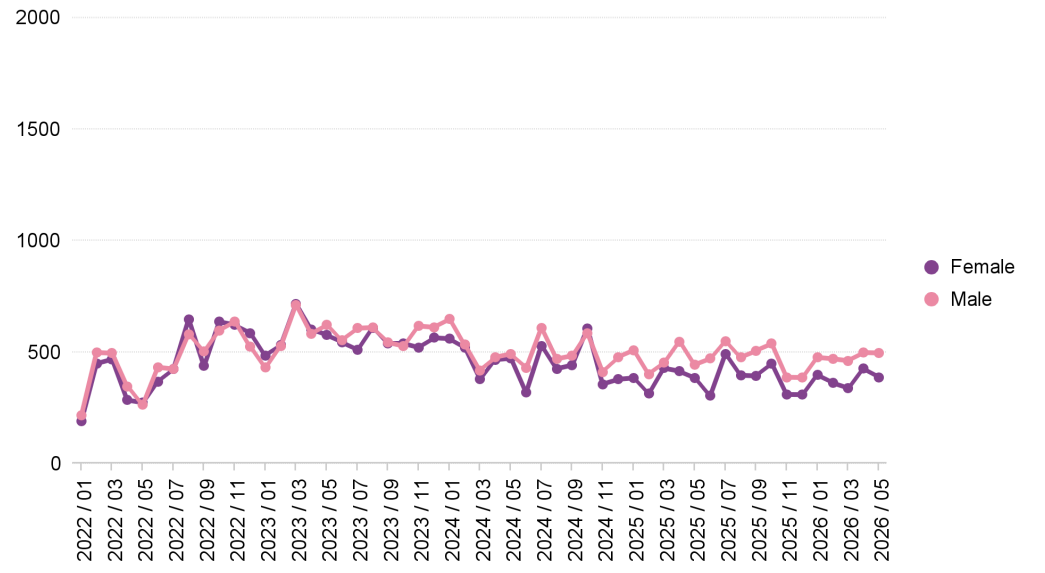
	Female	Male	Not Specified	Unknown	Annual total, 2026
Chlamydia trachomatis infection	1916	2406	1	34	4357
Gonorrhoea	249	2009	0	5	2263
Herpes simplex (genital)	521	242	0	2	765
HIV	93	174	1	1	269
Lymphogranuloma venereum	0	5	0	0	5
Mpox	0	24	0	1	25
Syphilis (early infectious)	31	306	1	0	338
Trichomoniasis	157	12	0	1	170
Cumulative total this year	2967	5178	3	44	8192



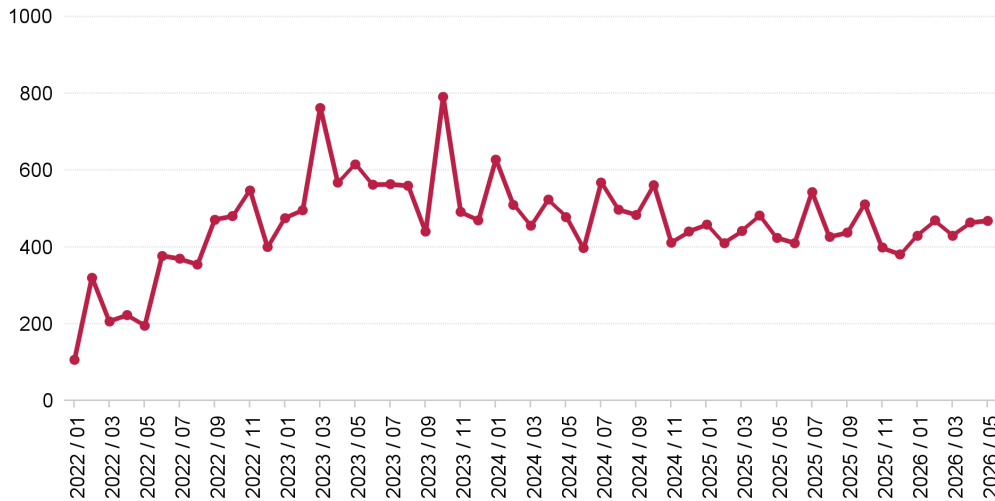
Graph 1: Chlamydia notifications by month, week 1, 2022 - week 21, 2026



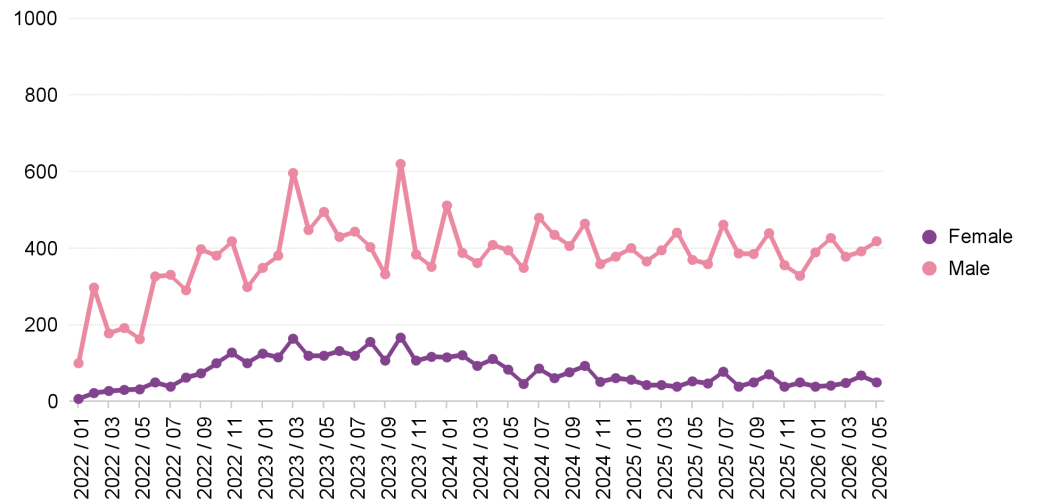
Graph 2: Chlamydia notifications by gender, week 1, 2022 - week 21, 2026



Graph 3 : Gonorrhoea notifications by month, week 1, 2022 - week 21, 2026

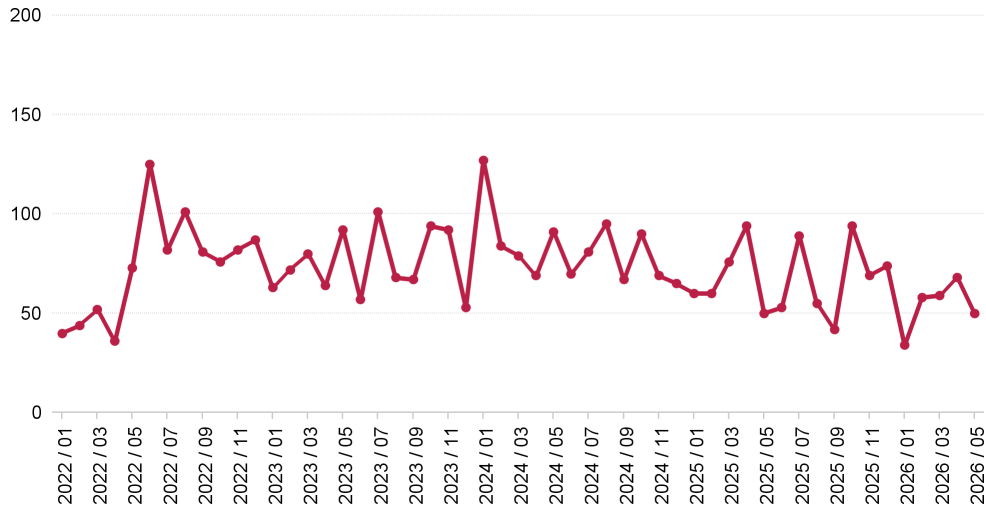


Graph 4 : Gonorrhoea notifications by gender, week 1, 2022 - week 21, 2026

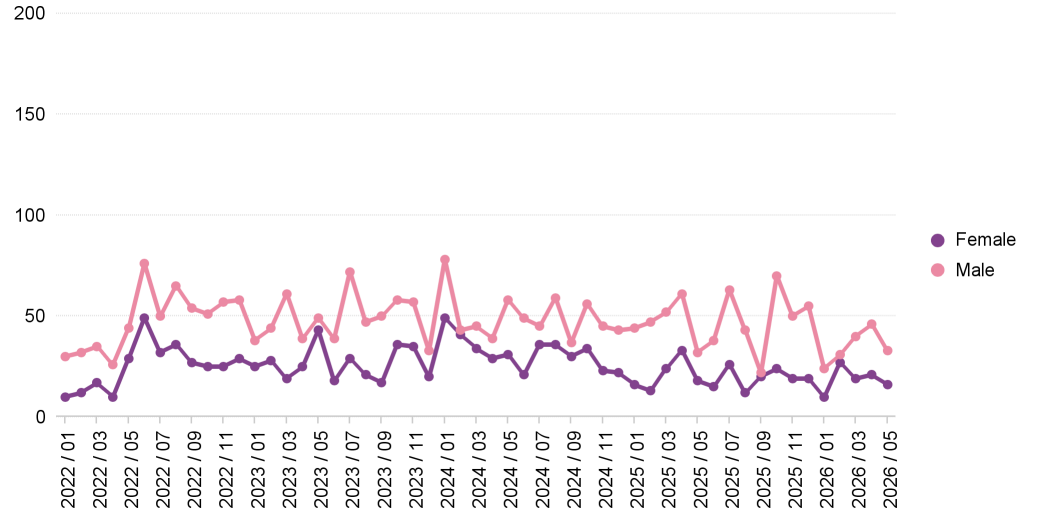




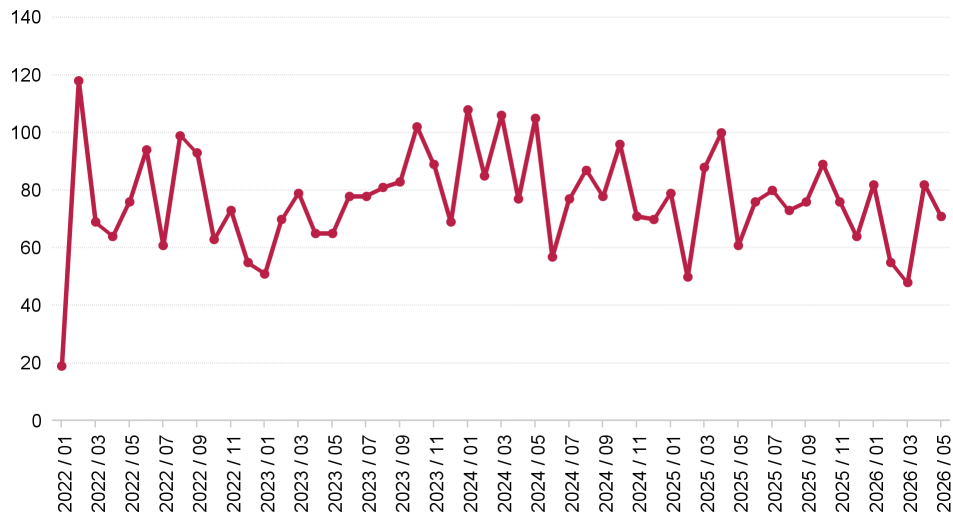
Graph 5: HIV notifications by month, week 1, 2022 - week 21, 2026



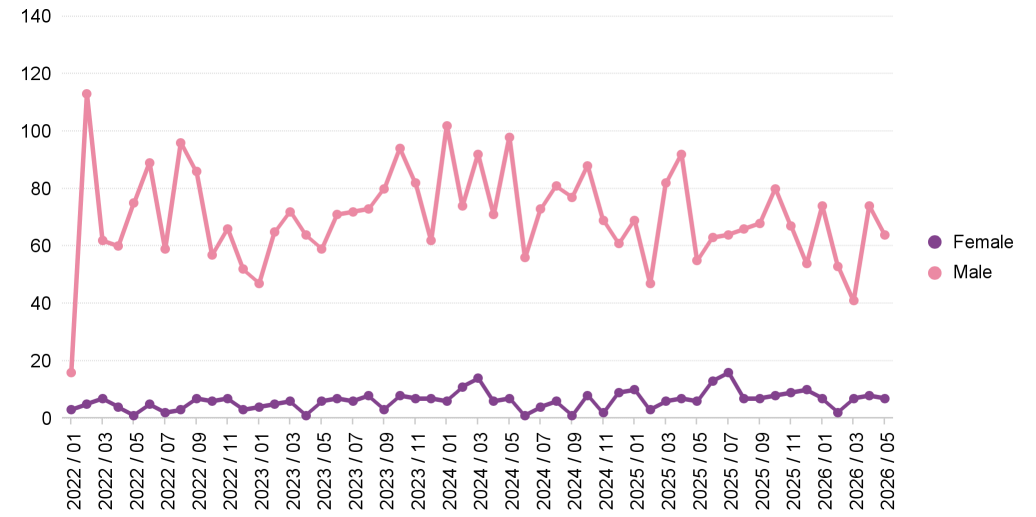
Graph 6: HIV notifications by gender, week 1, 2022 - week 21, 2026



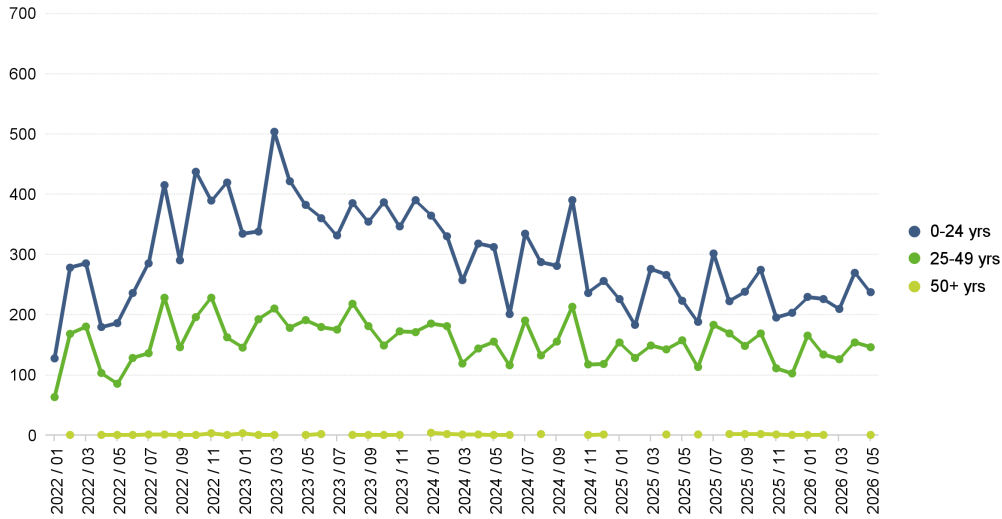
Graph 7: Syphilis notifications by month, week 1, 2022 - week 21, 2026



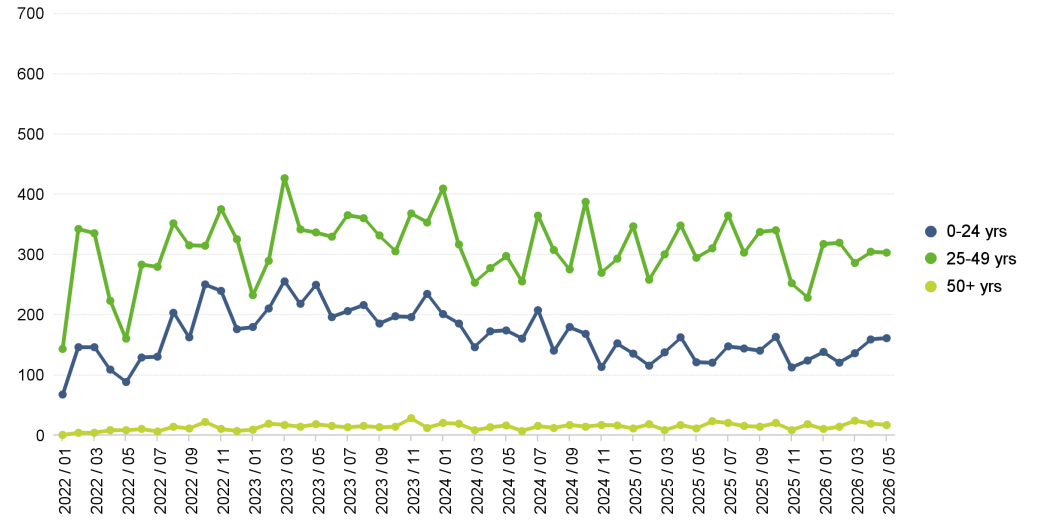
Graph 8: Syphilis notifications by gender, week 1, 2022 - week 21, 2026



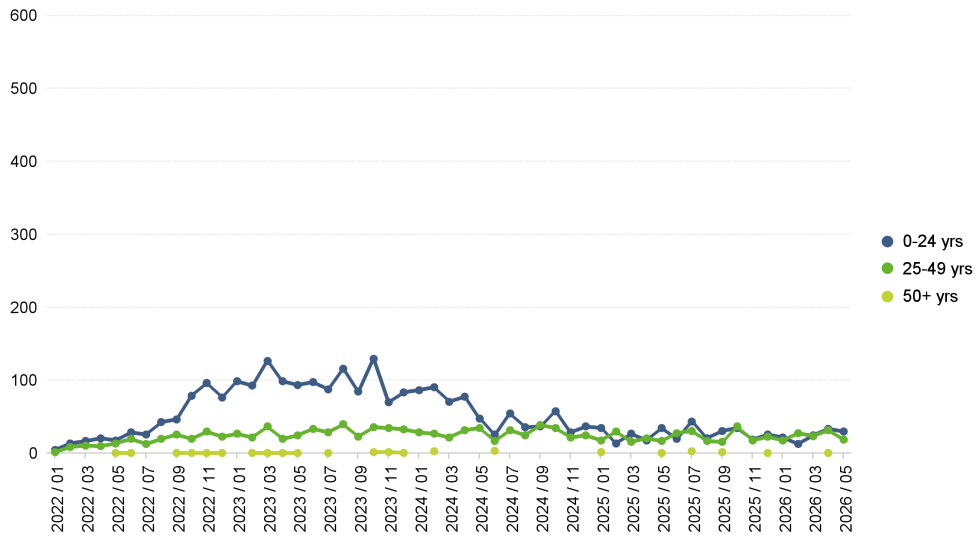
Graph 9: Female chlamydia notifications by age group week 1, 2022 - week 21, 2026



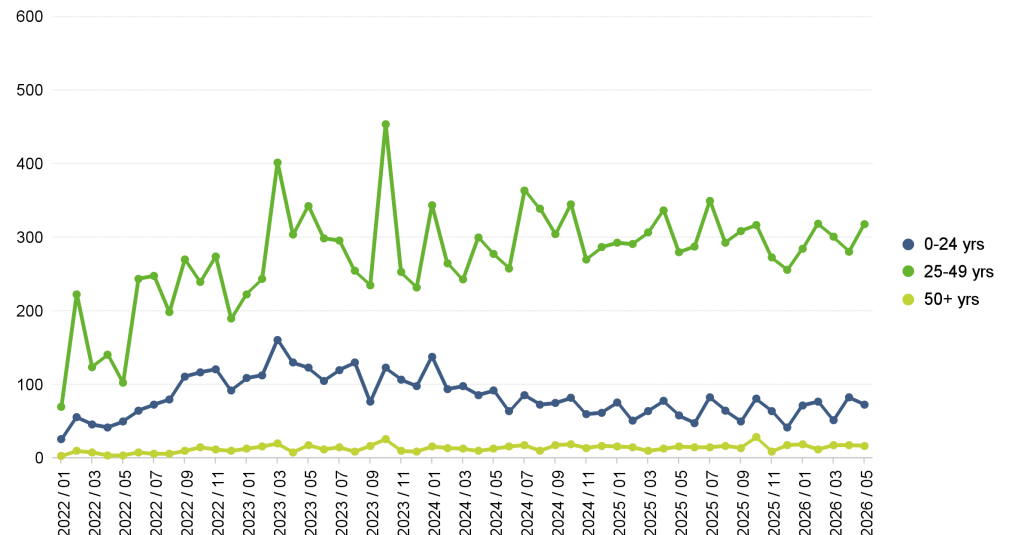
Graph 10: Male chlamydia notifications by age group, week 1, 2022 - week 21, 2026



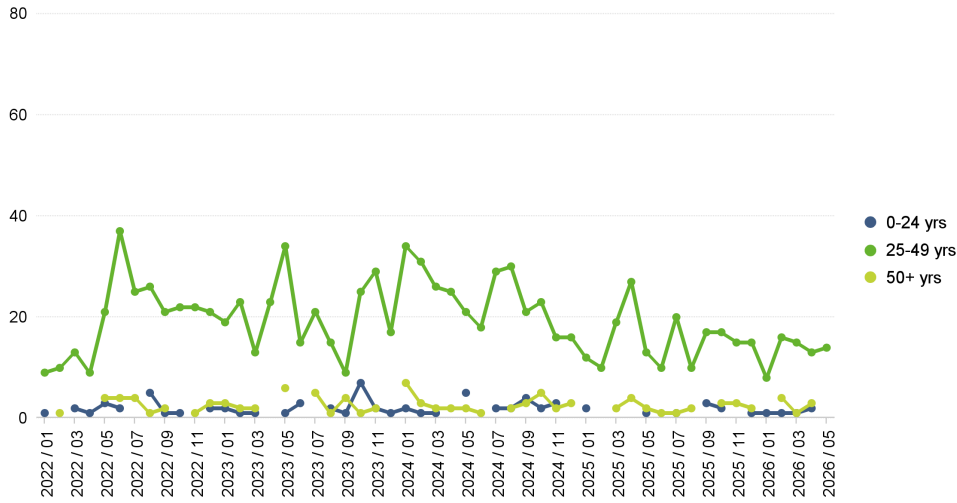
Graph 11: Female gonorrhoea notifications by age group, week 1, 2022 - week 21, 2026



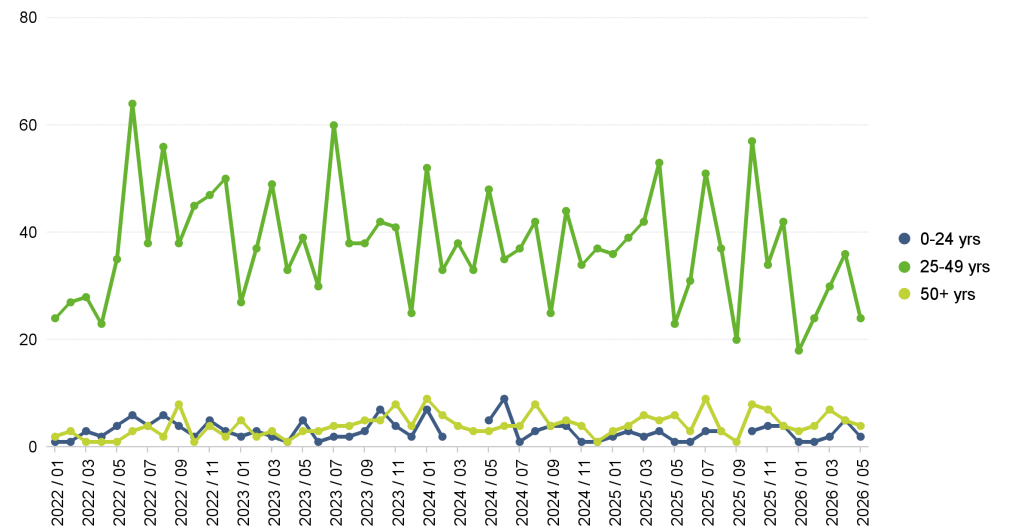
Graph 12: Male gonorrhoea notifications by age group, week 1, 2022 - week 21, 2026



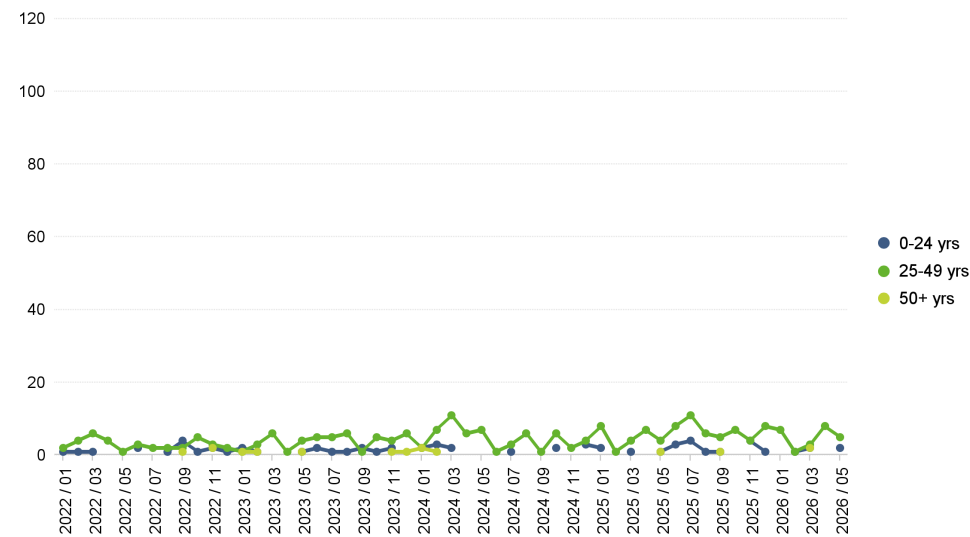
Graph 13: Female HIV notifications by age group, week 1, 2022 - week 21, 2026



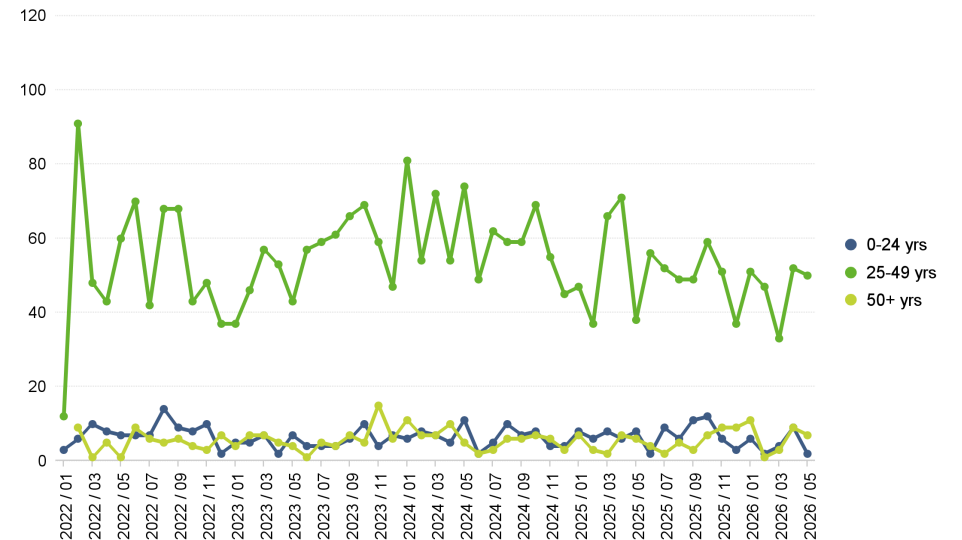
Graph 14: Male HIV notifications by age group, week 1, 2022 - week 21, 2026



Graph 15: Female syphilis notifications by age group, week 1, 2022 - week 21, 2026



Graph 16: Male syphilis notifications by age group, week 1, 2022 - week 21, 2026





Guidance notes

1. Case definitions for HIV, Mpox and STIs are available on the HPSC website at <https://www.hpsc.ie/notifiablediseases/casedefinitions/>
2. This report contains data on notifiable STIs (excluding Ano-Genital Warts (AGW) and Non-Specific Urethritis (NSU)), Mpox and HIV reported weekly to Departments of Public Health from clinical or laboratory sources. Data included in this report are based on the date the information is entered into/authorised on CIDR by Public Health.
3. Data for this report are provisional and were extracted from CIDR on 02 June 2026, and were correct at the time that data were extracted. Information from previous years is updated on an ongoing basis in CIDR, therefore data in this report may be updated in future reports.
4. While efforts are made to remove duplicate records from these data, it is not always possible to link and remove all duplicate records and some patients or disease events may be counted more than once.
5. Notifications can fluctuate from week to week and are dependent on the timing of laboratory uploads and Public Health management of notifications.
6. The counties covered by each of the six HSE Health Regions are as follows:
HSEDNE : Dublin and North East - North Dublin, Meath, Louth, Cavan, and Monaghan
HSEDML: Dublin and Midlands - Longford, Westmeath, Offaly, Laois, Kildare, West Wicklow, parts of South Dublin
HSEDSE: Dublin and South East - Tipperary South, Waterford, Kilkenny, Carlow, Wexford, East Wicklow, parts of South Dublin
HSEMW: Mid West - Limerick, Tipperary and Clare
HSESW: South West - Kerry and Cork
HSEWNW: West and North West - Donegal, Sligo, Leitrim, West Cavan, Roscommon, Mayo, and Galway
7. Between 2021 and 2022 free home Sexually Transmitted Infections (STI) testing was introduced . Further details on the HSE home STI testing programme are available on <https://www.sexualwellbeing.ie>
8. Since 1st January 2024, the case definition for trichomoniasis has been updated to include the detection of *T. vaginalis* nucleic acid target in specimens from clinically appropriate sites using a validated method. This has resulted in increased reporting and more accurate determination of the incidence of trichomoniasis in Ireland. Direct comparison with data from earlier years will not be valid.
9. HIV notifications in this report represent the first time each (an) individual has a positive HIV test in Ireland. This will include people who have their first positive HIV test ever, and those who are living with HIV, having previously had a positive HIV test outside of Ireland. It is not possible to separate these groups in weekly data. The HPSC annual HIV report provides further information where these data are separated further <https://www.hpsc.ie/a-z/hivandaids/hivdataandreports/>
10. Weekly notifications of EIS from laboratories to CIDR are based on laboratory criteria for notification and can include people with previously treated infection, which are not EIS cases. Notifications require further review between Public Health and STI clinics and generally will result in some de-notifications and a reduction in numbers.