



HIV, Mpox & Sexually Transmitted Infections trends in Ireland, 05/01/2026 - 31/01/2026

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 4, 2026

(Notification Period: 05/01/2026 - 31/01/2026)

Data are provisional

Data include probable and confirmed cases

Report produced by the Health Protection Surveillance Centre on 03/02/2026

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 4, 2026

Disease	2026	2025	Increase/Decrease	
	Week 1 - 4	Week 1 - 4	n	%
Chancroid	0	0	0	0
Chlamydia trachomatis infection	881	543	338	62.25
Gonorrhoea	433	320	113	35.31
Granuloma inguinale	0	0	0	0
Herpes simplex (genital)	171	134	37	27.61
HIV	34	53	-19	-35.85
Lymphogranuloma venereum	1	3	-2	-66.67
Mpox	6	3	3	100
Syphilis (early infectious)	84	70	14	20
Trichomoniasis	37	16	21	131.25
Total	1,647	1,142	505	44.22

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 4, 2026

	HSEDM	HSEDNE	HSEDSE	HSEMW	HSESW	HSEWNW	Annual total, 2026
Gonorrhoea	195	108	56	17	34	23	433
Herpes simplex (genital)	55	36	31	6	20	23	171
HIV	12	13	4	0	3	2	34
Lymphogranuloma venereum	1	0	0	0	0	0	1
Mpox	3	2	1	0	0	0	6
Syphilis (early infectious)	29	20	14	8	6	7	84
Trichomoniasis	14	14	4	4	0	1	37
Cumulative total this year	309	193	110	35	63	56	766

* 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 4, 2026

	Chlamydia		Gonorrhoea		HIV		Syphilis	
	Female	Male	Female	Male	Female	Male	Female	Male
15-19 yrs	44	15	6	17	0	0	0	0
20-24 yrs	188	125	16	56	1	1	0	6
25-29 yrs	95	104	7	77	2	2	4	10
30-34 yrs	34	79	6	79	1	3	2	16
35-39 yrs	21	61	2	67	0	7	0	11
40-44 yrs	9	44	1	43	2	2	0	10
45-49 yrs	7	29	2	21	2	5	2	5
50-59 yrs	3	13	0	22	1	2	0	7
60+ yrs	0	7	0	11	0	3	0	10
Cumulative total this year	401	477	40	393	9	25	8	75

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 4, 2026

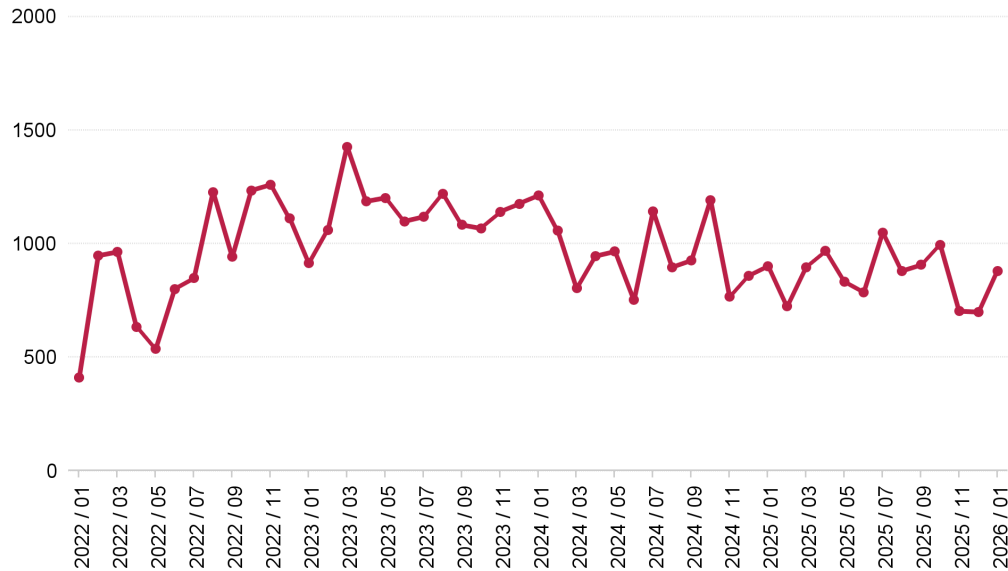
	0-14 yrs	15-19 yrs	20-24 yrs	25-29 yrs	30-34 yrs	35-39 yrs	40-44 yrs	45-49 yrs	50-59 yrs	60+ yrs	Unknown	Annual total, 2026
Chlamydia trachomatis infection	0	59	313	200	113	83	53	37	16	7	0	881
Gonorrhoea	0	23	72	84	85	69	44	23	22	11	0	433
Herpes simplex (genital)	1	21	47	32	16	20	7	5	10	12	0	171
HIV	0	0	2	4	4	7	4	7	3	3	0	34
Lymphogranuloma venereum	0	0	0	0	0	0	0	1	0	0	0	1
Mpox	0	1	0	1	1	2	0	1	0	0	0	6
Syphilis (early infectious)	0	0	6	14	18	11	11	7	7	10	0	84
Trichomoniasis	0	1	4	8	6	7	5	4	2	0	0	37
Cumulative total this year	1	105	444	343	243	199	124	85	60	43	0	1647

Table 5: HIV, Mpox & Sexually Transmitted Infections by gender: annual cumulative figures week 1 - week 4, 2026

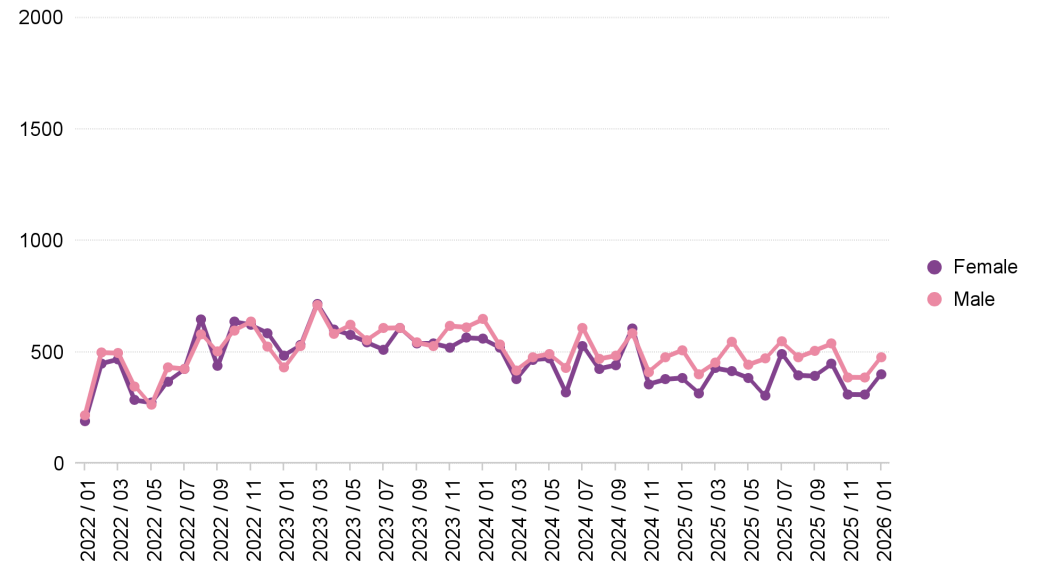
	Female	Male	Not Specified	Unknown	Annual total, 2026
Chlamydia trachomatis infection	401	477	0	3	881
Gonorrhoea	40	393	0	0	433
Herpes simplex (genital)	128	43	0	0	171
HIV	9	25	0	0	34
Lymphogranuloma venereum	0	1	0	0	1
Mpox	0	6	0	0	6
Syphilis (early infectious)	8	75	1	0	84
Trichomoniasis	35	1	0	1	37
Cumulative total this year	621	1021	1	4	1647



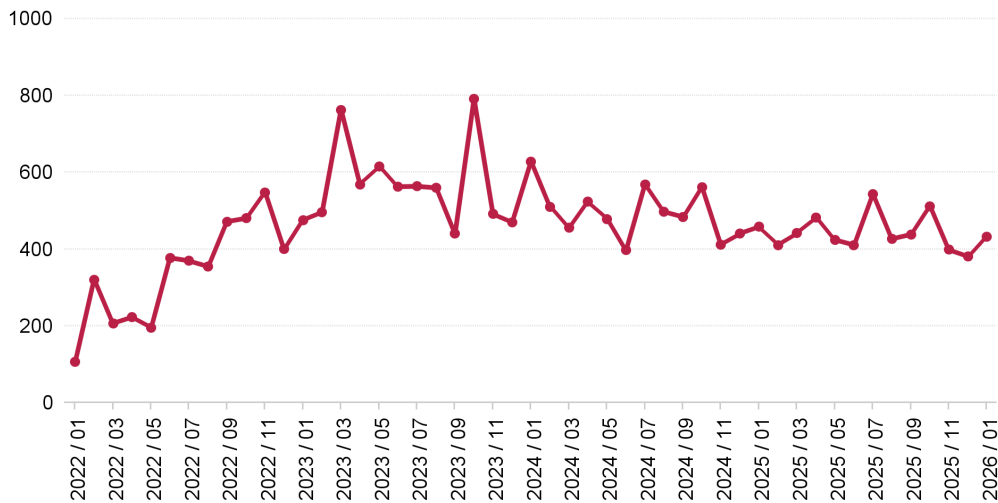
Graph 1: Chlamydia notifications by month, week 1, 2022 - week 4, 2026



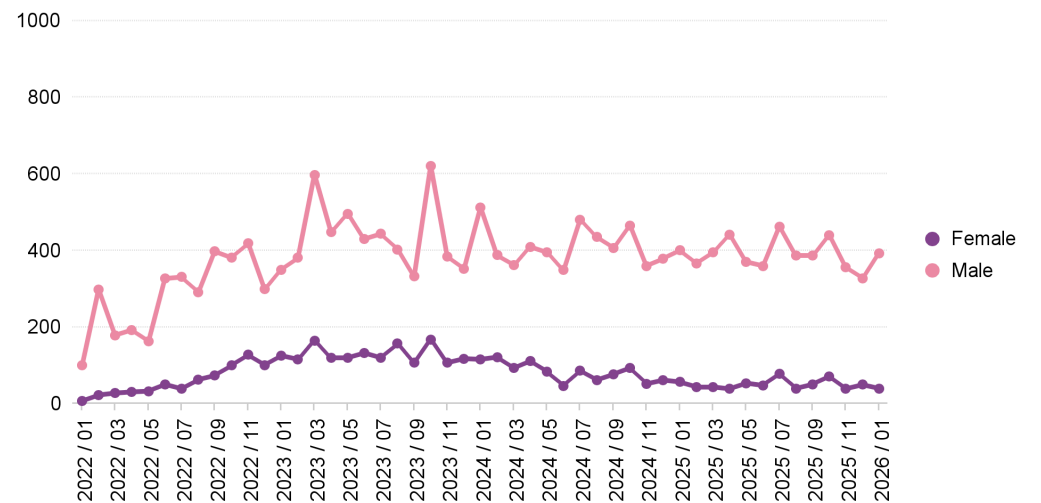
Graph 2: Chlamydia notifications by gender, week 1, 2022 - week 4, 2026



Graph 3: Gonorrhoea notifications by month, week 1, 2022 - week 4, 2026

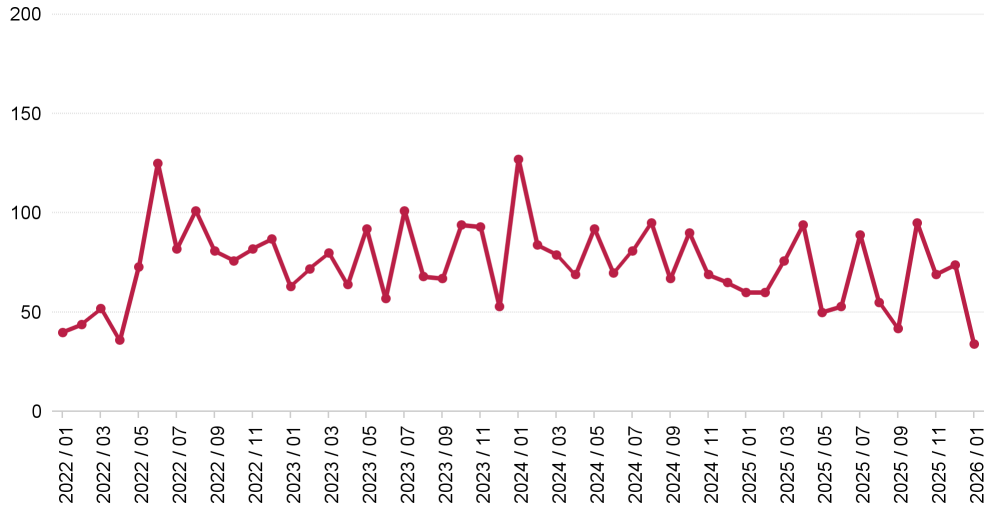


Graph 4: Gonorrhoea notifications by gender, week 1, 2022 - week 4, 2026

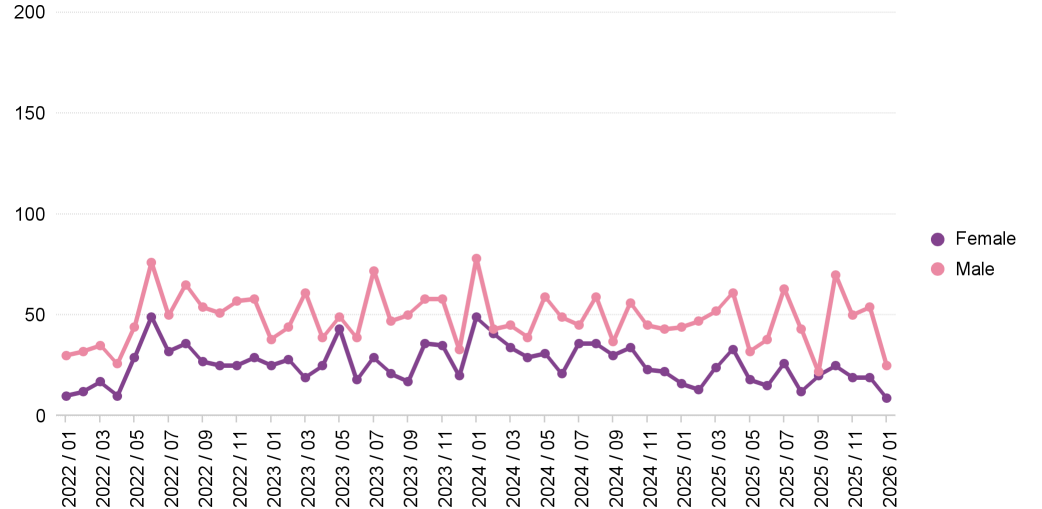




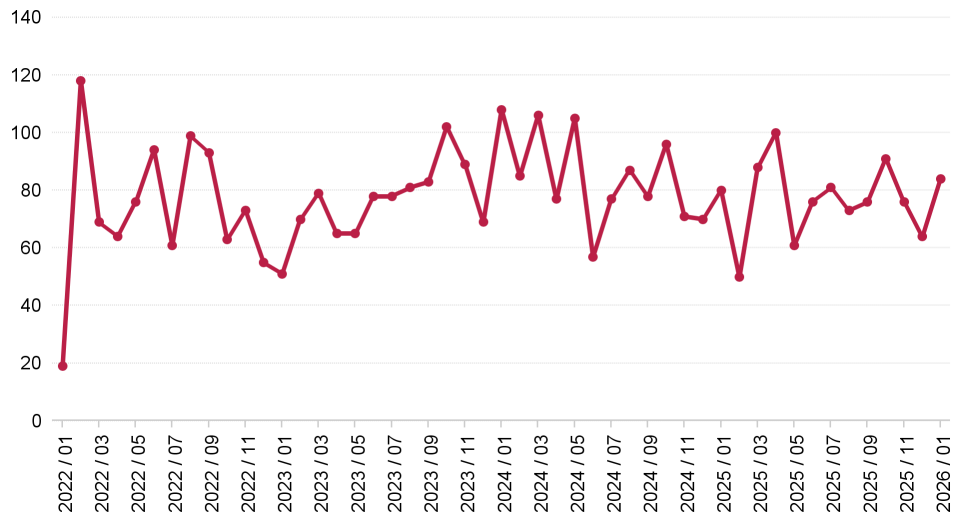
Graph 5: HIV notifications by month, week 1, 2022 - week 4, 2026



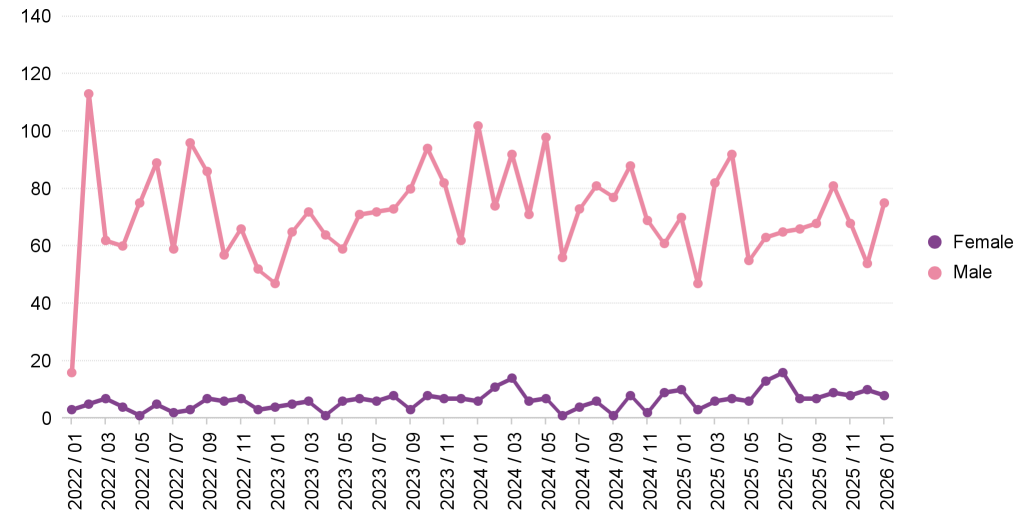
Graph 6: HIV notifications by gender, week 1, 2022 - week 4, 2026



Graph 7: Syphilis notifications by month, week 1, 2022 - week 4, 2026

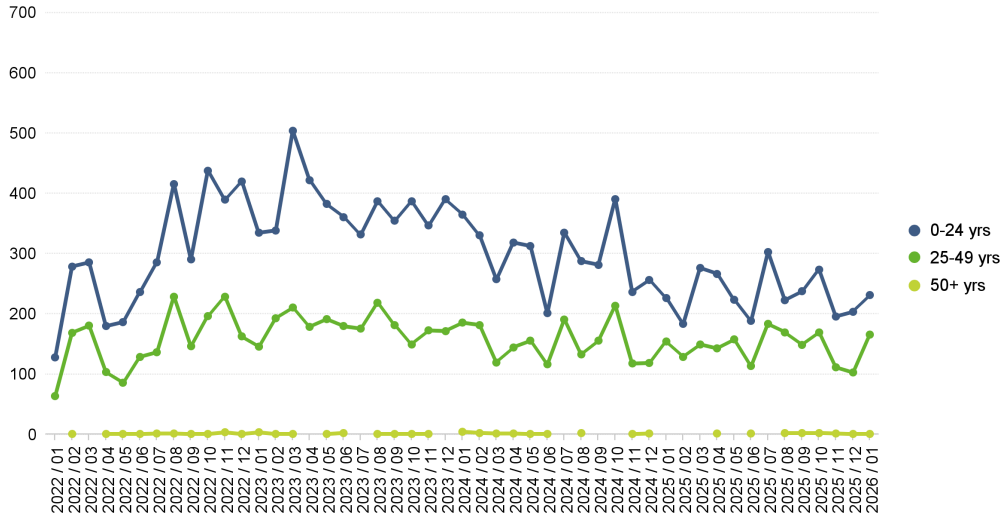


Graph 8: Syphilis notifications by gender, week 1, 2022 - week 4, 2026

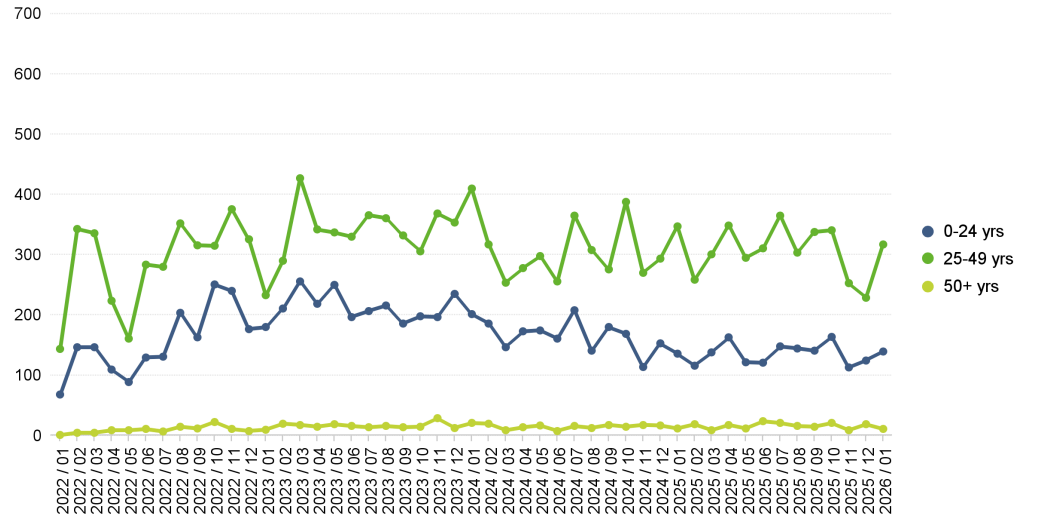




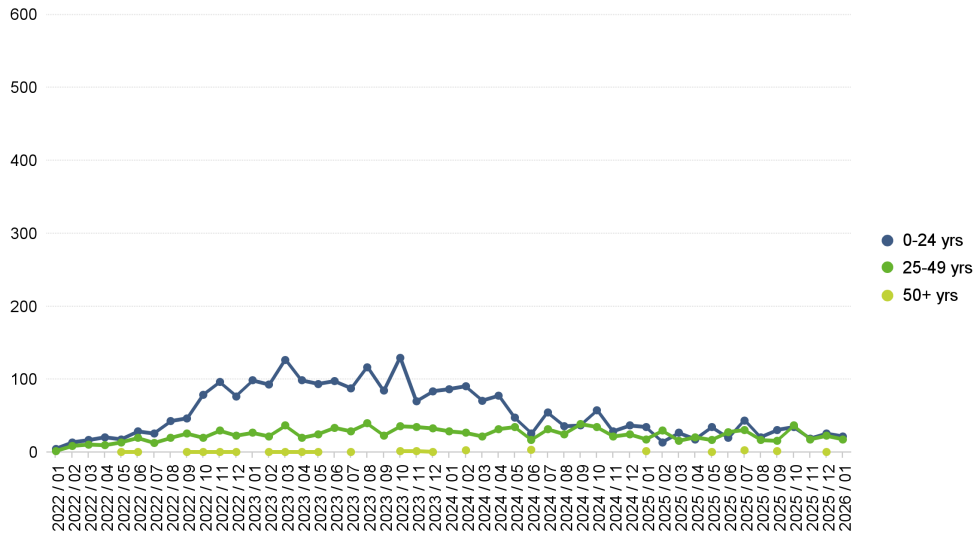
Graph 9: Female chlamydia notifications by age group week 1, 2022 - week 4, 2026



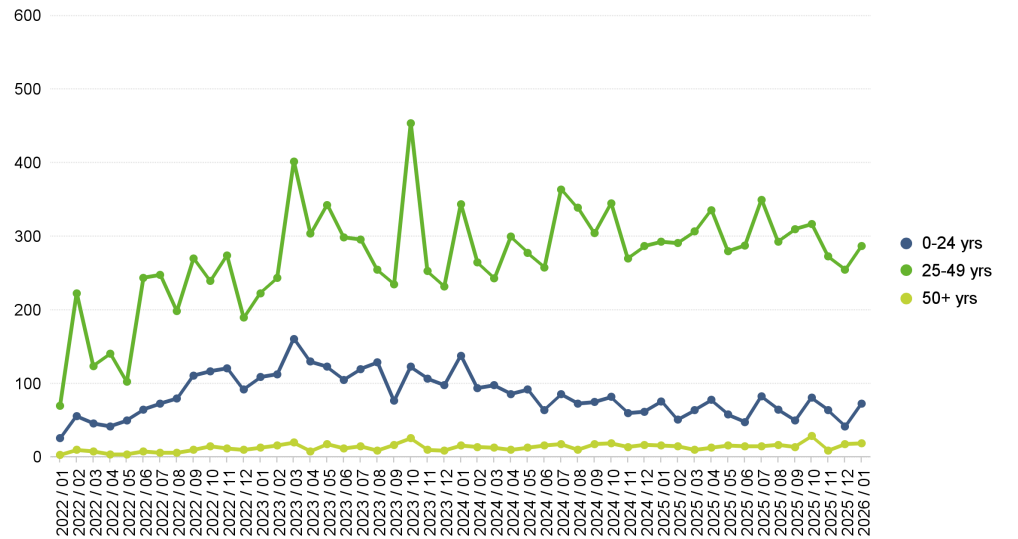
Graph 10: Male chlamydia notifications by age group, week 1, 2022 - week 4, 2026



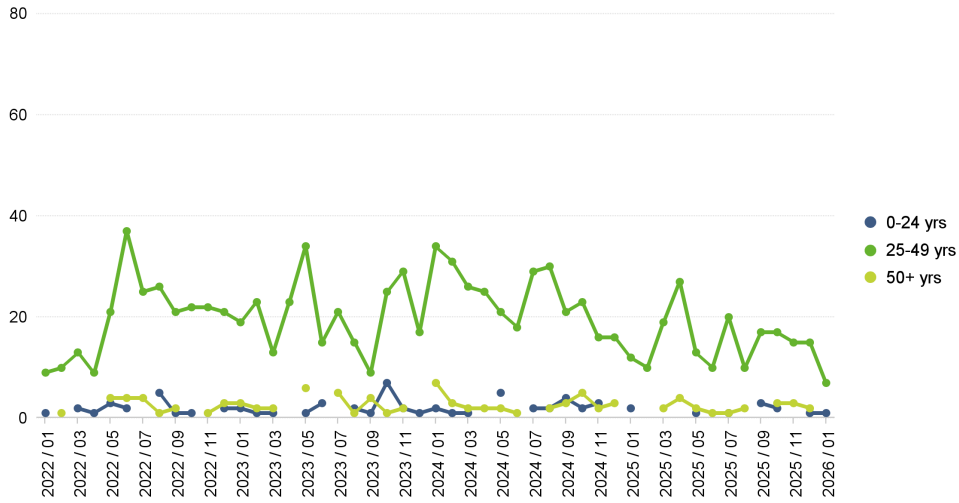
Graph 11: Female gonorrhoea notifications by age group, week 1, 2022 - week 4, 2026



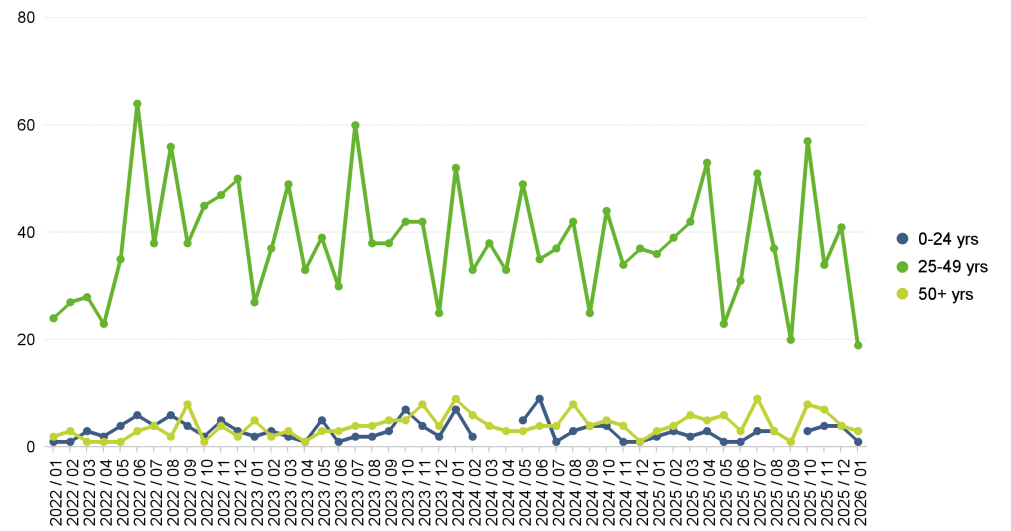
Graph 12: Male gonorrhoea notifications by age group, week 1, 2022 - week 4, 2026



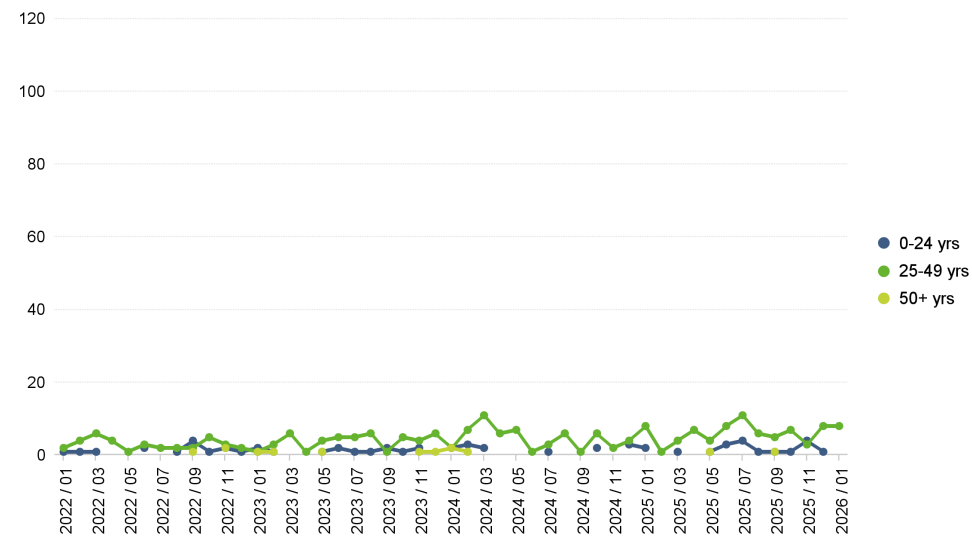
Graph 13: Female HIV notifications by age group, week 1, 2022 - week 4, 2026



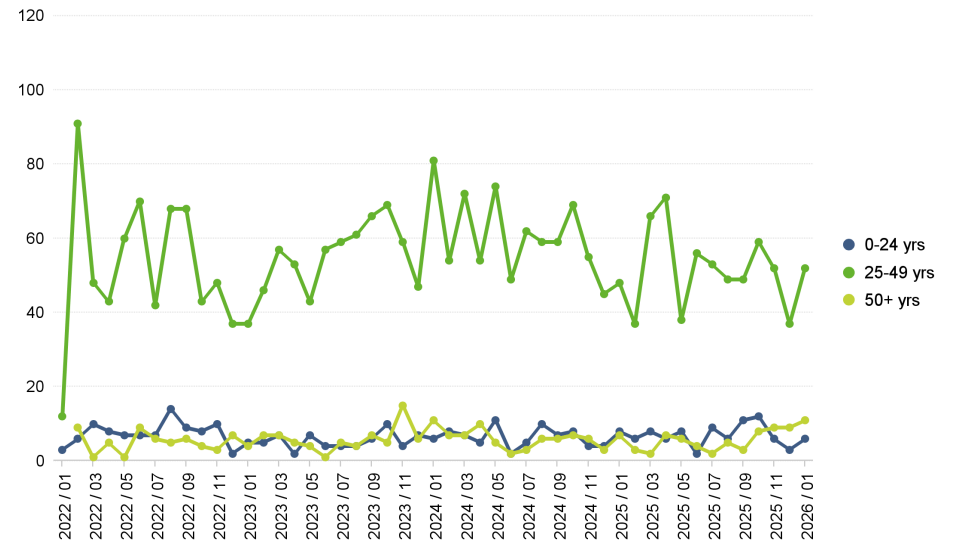
Graph 14: Male HIV notifications by age group, week 1, 2022 - week 4, 2026



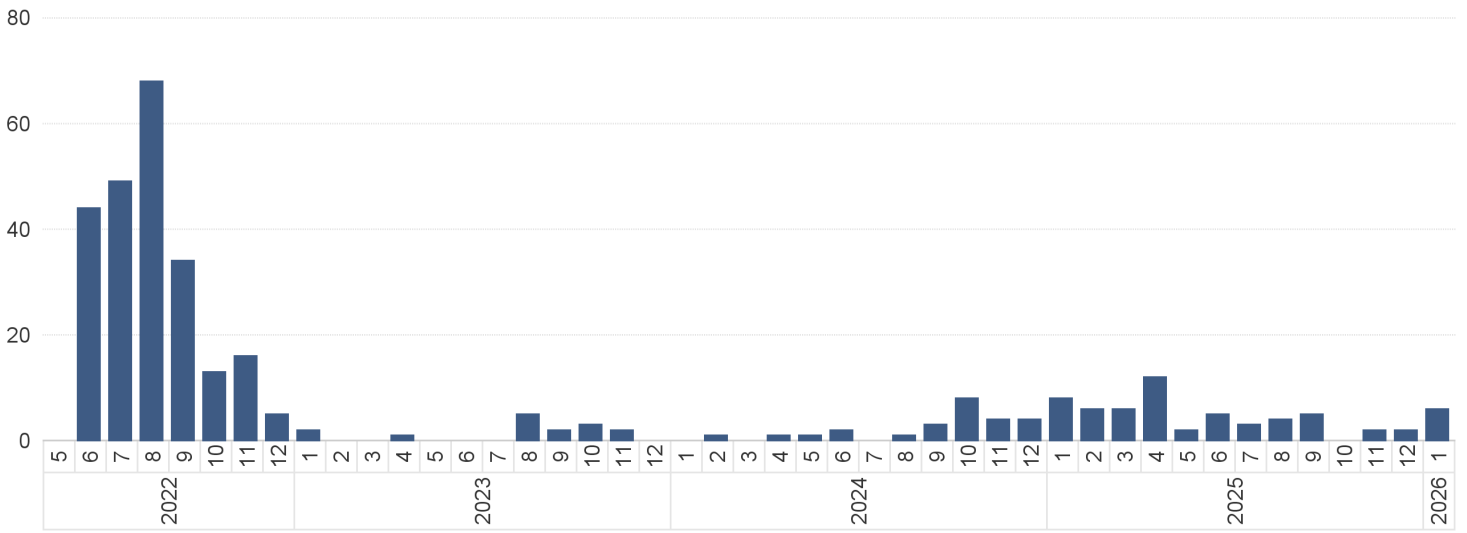
Graph 15: Female syphilis notifications by age group, week 1, 2022 - week 4, 2026



Graph 16: Male syphilis notifications by age group, week 1, 2022 - week 4, 2026



Graph 17: Mpox notifications by month, week 22, 2022 - week 4, 2026



Mpox was made a notifiable disease in Ireland on the 27-05-2022. The first case of mpox in Ireland was notified on the 31-05-2022.



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 03 February 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.