

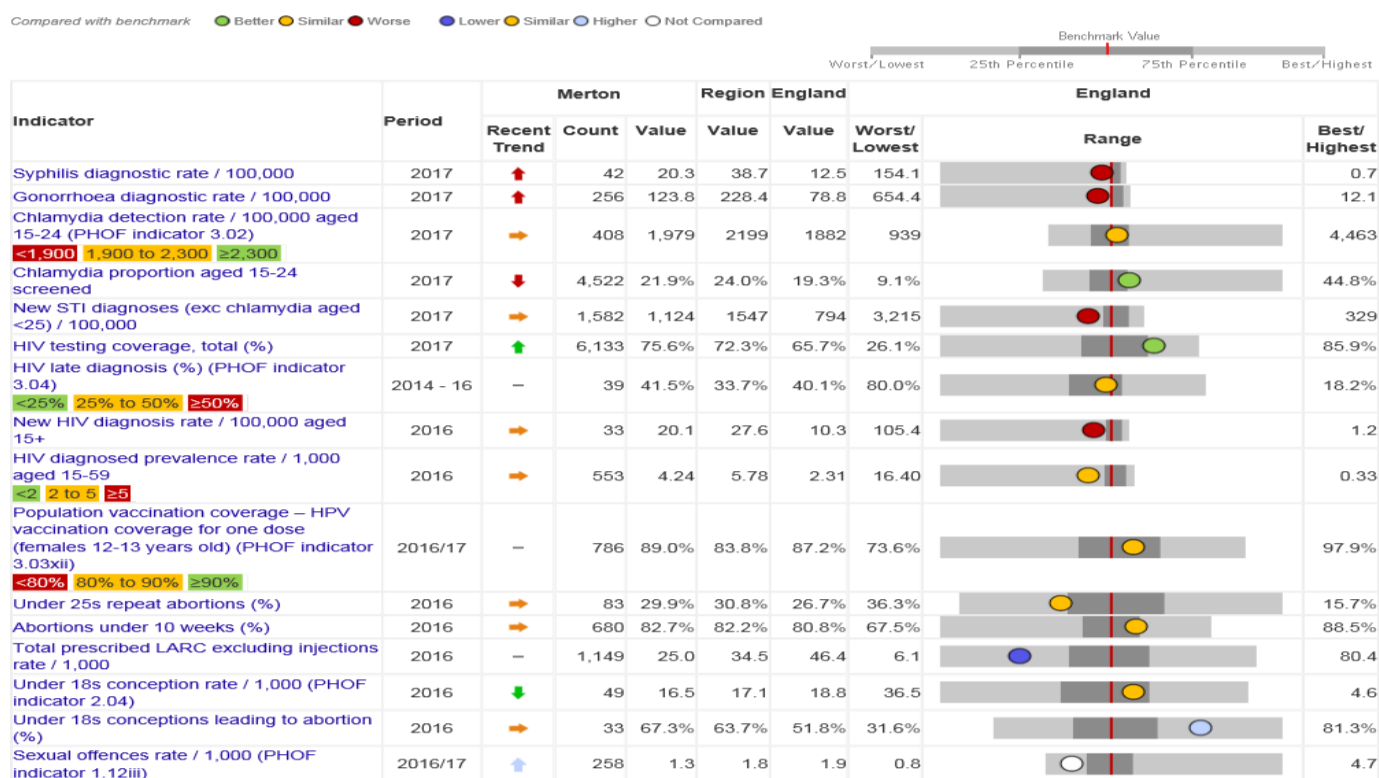
Appendix 1: Merton sexual health – key data

Sexual health indicators

The table below shows that when compared to England sexual health indicators for Merton are generally poorer. Sexual health across London, however is more varied. London as a whole has higher incidences of acute STIs such as Syphilis, Gonorrhoea and HIV.

Figure 1: Sexual Health Indicator Comparator, Merton and England.

Source: Public Health England Fingertips



Sexually transmitted infections

In 2017, the rate of new STI diagnoses per 100,000 population in Merton was 973, this was higher than the England rate of 743 per 100,000 but lower than the rate in London of 1,335 per 100,000. Compared to the 33 local boroughs in London, Merton is ranked 20th (where 1st is the highest rate) for rates of new STI diagnoses. The rate of new STI cases in Merton has remained fairly stable since 2013.

Chlamydia

Genital *Chlamydia trachomatis* is the most commonly reported bacterial STI in England. Infection is asymptomatic in at least 70% of women and 50% of men and as a result the majority of infections remain undiagnosed. The chlamydia diagnosis rate is one of the Health Protection indicators within the Public Health Outcomes Framework (PHOF).

In Merton, 408 Chlamydia diagnoses in young people aged 15-24 were reported in 2017, a rate of 1,979 per 100,000 population in that age group. The rate is lower than the London average of 2,199 per 100,000 but higher than the England average of 1,882 per 100,000.

Gonorrhoea

High rates of gonorrhoea in a population can indicate high levels of risky sexual behaviour (***Laser report, 2016***). In 2016, the rate of diagnosis of gonorrhoea in Merton was 124.2 per 100,000, which was significantly lower than the London average rate of 227 per 100,000 but higher than the England rate of 78.5 per 100,000.

From 2012 to 2015 the rate of diagnosis of Gonorrhoea in Merton increased year on year, in line with both London and England. 2015/2016 has seen the first fall in gonorrhoea diagnosis rates in Merton, London and England with the rate in Merton falling by 13% between 2015 and 2016. The increase in rates of gonorrhoea England wide is particularly concerning as the bacteria is becoming increasingly resistant to antibiotics.

HIV

In 2017, 30 new diagnoses of HIV were seen in Merton in those aged 15 and over. This equates to a rate of new HIV diagnoses in Merton of 18.2 per 100,000, which is significantly higher compared to the rate in England of 8.7 per 100,000 but lower than the London value of 21.7 per 100,000. The rate in Merton has decreased between 2014 and 2016 and has remained stable between 2016 and 2017.

The UK is one of the first countries in Europe to witness a substantive decline in HIV diagnoses in gay and bisexual men. The decline is driven by large increase in HIV testing among gay and bisexual men attending sexual health clinics (from 37,224 in 2007 to 143,560 in 2016) including repeat testing in higher risk men, as well as improvements in the uptake of anti-retroviral therapy (ART) following HIV diagnosis. Other factors, including sustained high condom use with casual partners, introduction of online HIV testing and access to pre-exposure prophylaxis (PrEP), will also have contributed to the downturn in HIV diagnoses in this group. The decline has been most marked in central London.

Early diagnosis of HIV is paramount in order to initiate effective treatment and to minimise the risk of onward transmission. Late diagnosis is one of the biggest contributing factors to morbidity and mortality of people with HIV. Those with late diagnoses can have a 10 fold increased risk of mortality in the year following diagnosis. As such, reducing late diagnosis is used as an indirect performance measure for HIV prevention and has been incorporated into the Public Health Outcomes Framework (***PHE, Spotlight on HIV 2016***). Between 2014 and 2016, 41.5% of HIV diagnoses in Merton were made at a late stage in the disease process, such that the CD4 count was less than 350 cells/mm³ within 3 months of diagnosis.

Teenage conceptions

Teenage conception technically includes all conceptions before the mother's 20th birthday, but the national focus is on conception under 18 as most potential mothers in this age group are in full time education or training. The conception rate is the number of pregnancies that

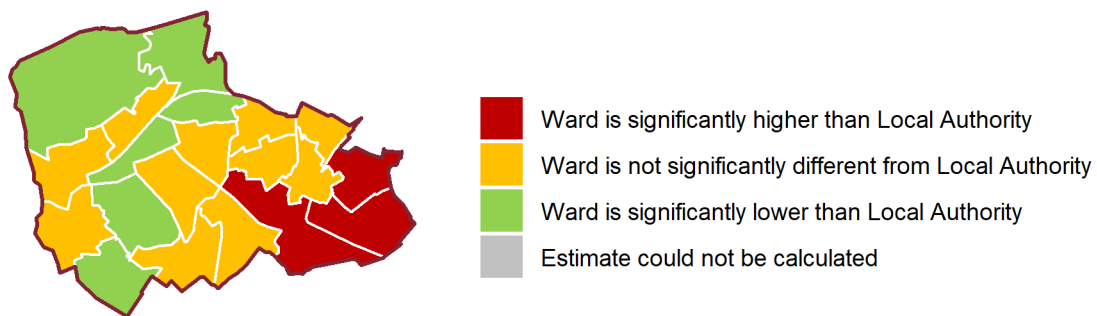
start before the mother's 18th birthday (per 1,000 young women) and includes pregnancies that end either in birth or in termination. Miscarriages are not included

Evidence indicates that high rates of teenage pregnancy are most often associated with low educational attainment and disengagement from school, economic deprivation, and poor mental health. Young people at increased risk of early parenthood and teenage pregnancy include children of teenage mothers, looked after young people, young people misusing alcohol, young people involved in crime, those with low self-esteem and some black and minority ethnic groups. Early onset of sexual activity, poor contraceptive use and repeat abortions are other significant risk factors (*Laser Report, 2014*).

In 2016, which is the most recent year for which data is available, there were 38 conceptions to Merton women under the age of 18; a rate of 12.8 per 1,000 women aged 15-17 years. In England, London and Merton, under 18 conceptions have been consistently falling since 1998. Between 1998 and 2017 there has been a reduction of 78.9% in the rate of teenage conceptions in Merton. This is a big success story for Merton with this decrease being the highest in Outer London.

Teenage conceptions disproportionately affect those in the east of the borough> the map below shows that the wards with the highest teenage conceptions are also some of the most deprived in the borough.

Estimated teenage conceptions 2014-2016 by ward, benchmarked against Merton



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