



# Our journey to reducing STIs in Ireland ...and improving sexual health



[sexualwellbeing.ie](http://sexualwellbeing.ie)

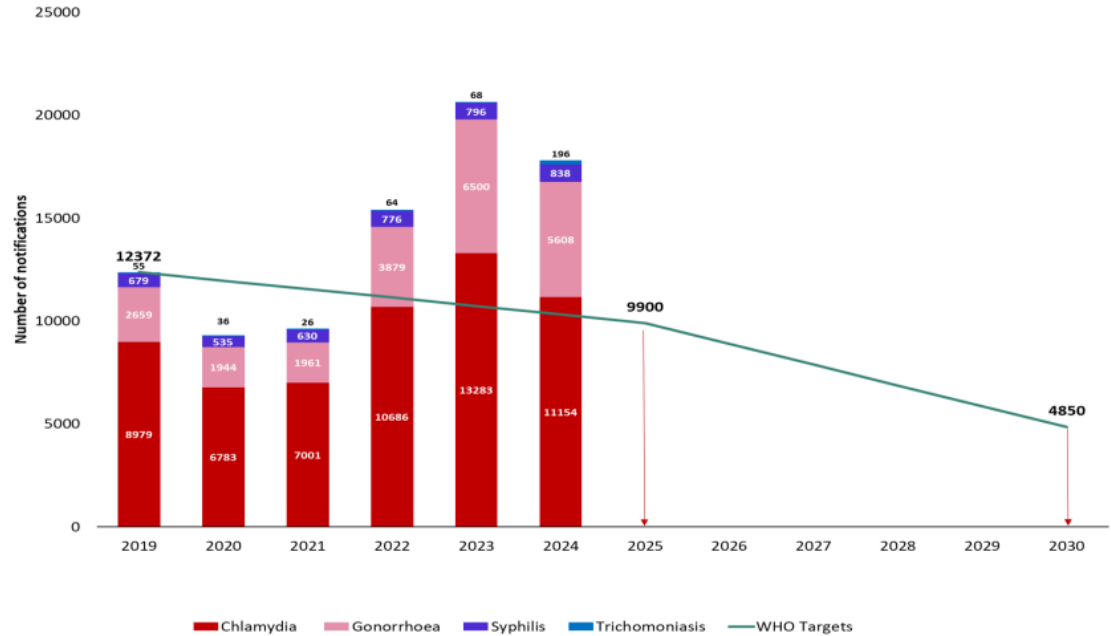
Annual Health Promotion Meeting, University of Galway

26<sup>th</sup> June 2025,

Fiona Lyons, Clinical Lead HSE Sexual Health Programme.

# WHO indicators for reduction in STIs (Chlamydia, Gonorrhoea, Syphilis and Trichomoniasis) in Ireland

- WHO 2025 targets: 20% reduction in incidence for all four diseases in those aged 15-49 years (2019 baseline)
- WHO 2030 targets: 90% reduction in new cases of syphilis and gonorrhoea and a 50% reduction in new cases of chlamydia and trichomoniasis
- In 2024, Ireland saw a **14% decrease** in STIs in those aged 15-49 years when **compared to 2023**
- **44% increase** in STIs in those aged 15-49 years in 2024 **compared to 2019**
- Ireland is not on target to meet the WHO reduction in STIs in those aged 15-49 years by 2025



Number of notifications per year 2019-2024 for chlamydia, gonorrhoea, syphilis and trichomoniasis in those aged 15-49 years and the [WHO targets for 2025 and 2030](#)



# National Sexual Health Strategy

*“...everyone in Ireland experiences positive sexual health and wellbeing and has access to high quality sexual health information, education and services across the life course”*

The strategy sets out major areas of work to be delivered to address its aims:

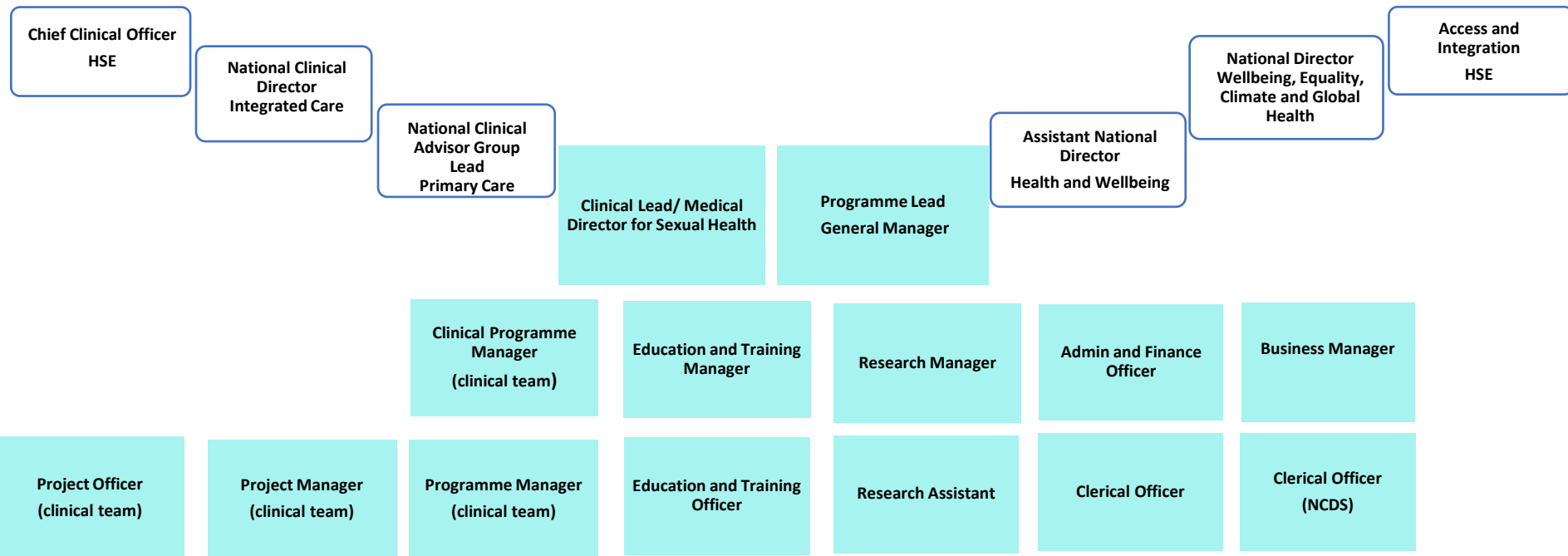
- Promotion, education and prevention
- Sexual health services
  - *Equitable, accessible and high quality sexual health services that are targeted and tailored to need will be available to everyone*
- Contraception and unplanned pregnancy
- Health intelligence

**Second strategy published 24<sup>th</sup> June 2025**





# Overview of SHP structure





# Ireland: population 5.3 million (CSO 2023)

“Sláintecare”<sup>1</sup>, Ireland’s strategy to achieve a universal single-tier health care system -  
Right care, Right place, Right time

## Health Services Executive (HSE)

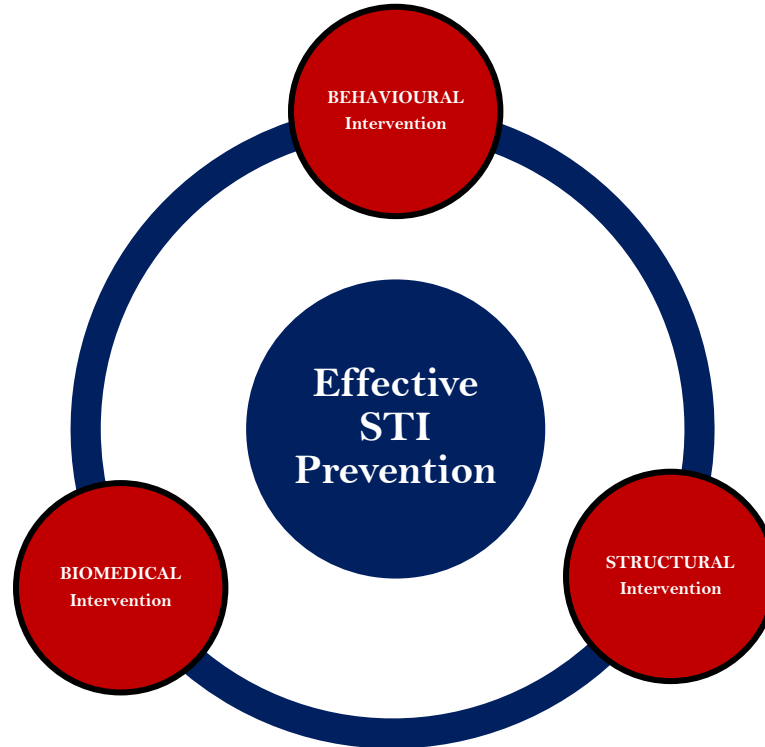
6 new Regional Health Authorities

HSE Health Region	Population (rounded) <sup>2</sup>
HSE Dublin and North East	1,190,000
HSE Dublin and Midlands	1,080,000
HSE Dublin and South East	970,000
HSE South West	740,000
HSE Midwest	410,000
HSE West and North West	760,000
<b>National</b>	<b>5,150,000</b>



# Combination approach is key

Recognise Risk, Avert Risk, Seek Help



Condoms  
Testing  
Treatment  
Partner management  
Vaccination  
doxyPEP

Inter-sector  
Multi-sector

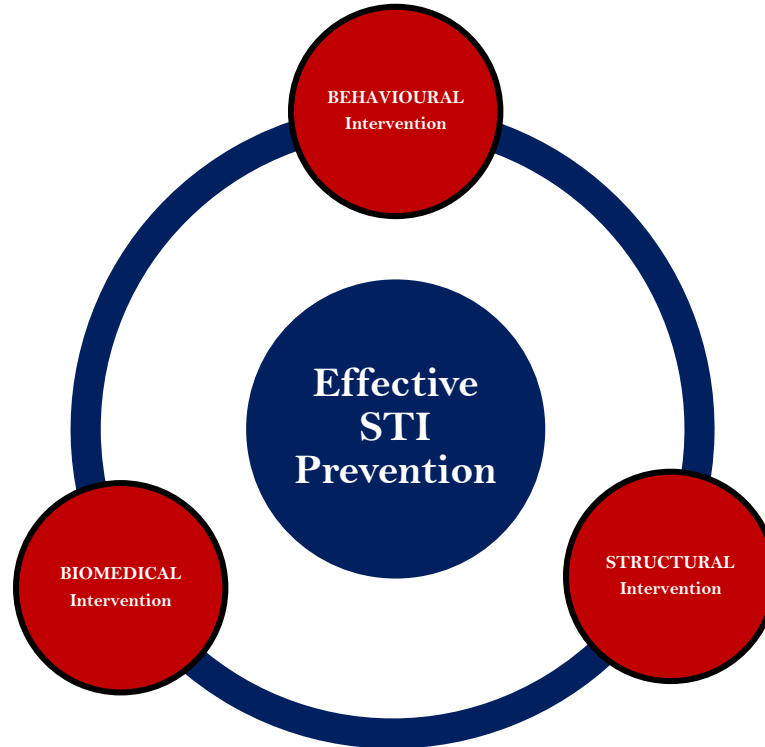


- ✓ **Right care/education/information**  
*in the*
- ✓ **Right place**  
*at the*
- ✓ **Right time**  
*in the*
- ✓ **Right policy, strategic framework**



# Combination approach is key

Recognise Risk, Avert Risk, Seek Help



Condoms

Testing

Treatment

Partner management

Vaccination

doxyPEP

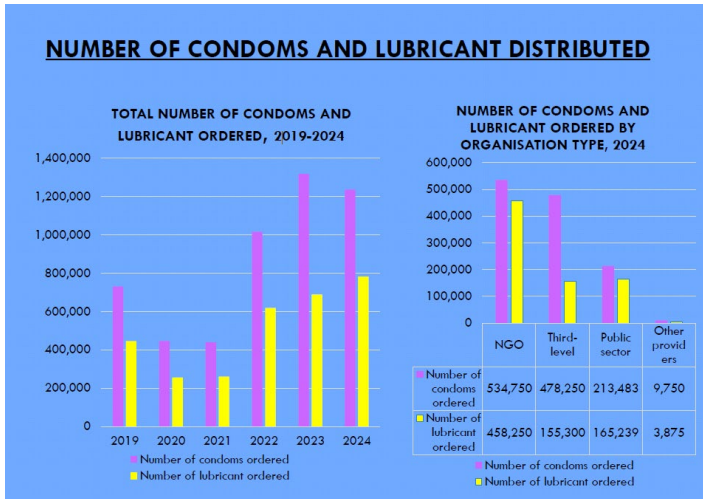
Inter-sector  
Multi-sector





# HSE National Condom Distribution Service

- Established in 2015, provides free condoms and lubricant sachets to organisations working with individuals who may be at risk of HIV or STIs
- Since introduction over 6 million condoms and 3.5 million lube sachets have been distributed
- Annual increase in the number of locations participating, 2024 the home STI testing service was added

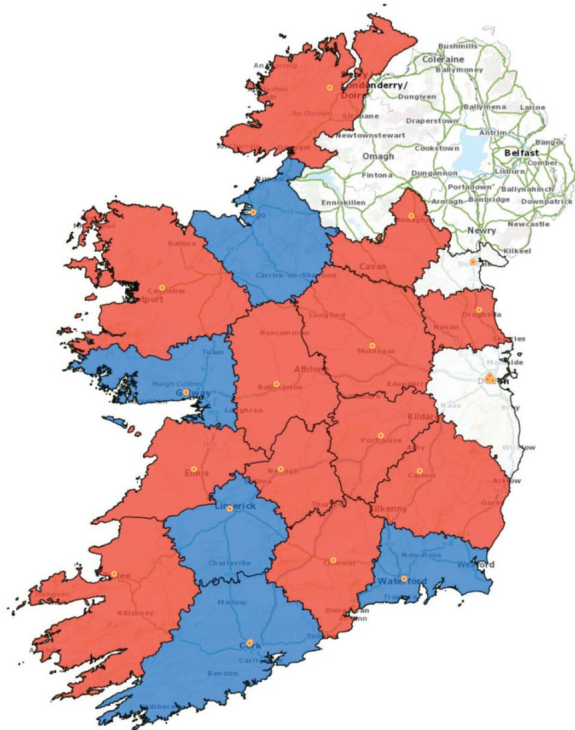


Please visit SHP Poster for more information



Collect your free condoms today. #respectprotect

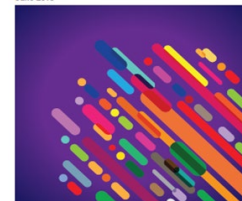




## Testing

Mapping exercise 2017

Significant inequity of access to publicly funded sexual health service – red is not good!





# January to May 2021 – piloted a free home STI testing service

Mid COVID – STI testing services still restricted access

The evaluation<sup>1</sup> found the pilot to be

- ✓ **feasible**
- ✓ **impactful**
- ✓ **acceptable to service users and providers**



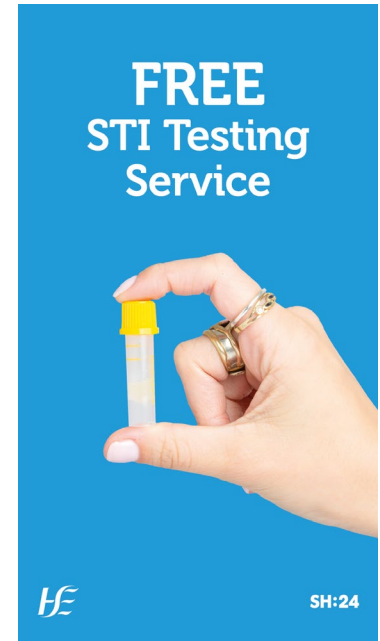
Home STI testing may form part of the solution to;

- Access and capacity issues in public STI clinics – estimated 33% increase
- Overcoming concerns of embarrassment, stigma and confidentiality
- Engaging new service users – still up to 40% are first time users



# HE Current approach to asymptomatic testing – where?

- Asymptomatic testing largely through free national home STI testing service launched in October 2022
  - All offered HIV, SS, CT and GC.
    - HBV and HCV for some.
    - Multisite CT and GC testing for gbMSM/trans service users
- Some performed in SH clinics, general practice, student health
  - Outside free national service and public SH clinics there may be a cost to the service user





# Current national approach to testing – who?

- Asymptomatic testing
  - Change in sex partner, HIV PrEP users (3 to 6 monthly), contacts of an STI, those attending HIV services
  - No screening programme in place at a national level
- Symptomatic testing
  - Guided by the symptoms test – HSV, M gen, TV
  - All offered HIV, SS, CT and GC.
    - HBV and HCV for some.





# National Free Home STI testing service, 4<sup>th</sup> Oct 2022

	2022	2023	2024	2025 (Q1)
<b>Ordered</b>	91,123	108,562	125,090	32,636
<b>Returned</b>	56,714 (62.2%)	75,387 (69.4%)	91,421 (72.5%)	24,453 (74.9%)
<b>Reactive</b>	5,934 (10.8%)	7,929 (10.5%)	8,906 (9.7%)	2,129 (8.7%)
<b>Chlamydia Mx (from Q3 2024)</b>			5,564 (79% CT managed online Q3 and Q4)	990 (77% CT managed online Q1)
<b>Condom/lube (from Q4 2024)</b>			4,224 (72% of gbMSM opting for condoms and lube)	4,298 (71% of gbMSM opting for condoms and lube)
<b>Estimated proportion of CT and GC diagnosis</b>		43% CT  25% GC	48% CT  29% GC	





# Current Initiatives

- **User activated kits** for collection at a range of community based settings where users do not wish to have kit sent to their address
- **SH:24 user accounts** enables users to see their order history and results from orders placed through their account
- **Offer of condoms and lubricant** to gay, bisexual and other men who have sex with men (gbMSM) within their test kit orders
- **Online management of low complexity chlamydia** on a permanent basis, following a successful pilot in 2023
- **Provider supported use** of the service for individuals who are unable to navigate the ordering process, pilot with a community based homeless service

**NB Oral presentation later on today**

SH:24 HE

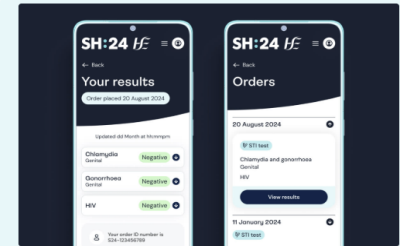
[Cancel order](#) ✕



← [Back](#)

Receive your results in a way that works for you

We have 2 options available



Secure online access

With an SH:24 account

- Check your order status
- Log in to see your test results
- Manage your results history

[Create an account](#)

[Log in](#)

or

Results by text

We'll send you your test results in a text message when they're ready.

[Continue with text](#)



# Immunisation Schedule

When	Vaccination	Where	
2 months	6 in 1 MenB PCV Rotavirus	GP	Visit 1
4 months	6 in 1 MenB Rotavirus	GP	Visit 2
6 months	6 in 1 PCV	GP	Visit 3
No Rotavirus vaccine on or after 8 months 0 days			
12 months	MMR MenB Chickenpox	GP	Visit 4
13 months	6 in 1 MenC PCV	GP	Visit 5
Junior Infants	4 in 1 MMR	Primary School	4 in 1 & MMR vaccines
1st year	HPV Tdap MenACWY	Secondary School	



### Vaccine Abbreviations

**6 in 1** - Diphtheria, haemophilus influenzae type b (Hib), hepatitis B, acellular pertussis, inactivated polio, tetanus vaccine

**MenB** - Meningococcal B recombinant vaccine

**Rotavirus** - Rotavirus oral vaccine

**PCV** - Pneumococcal conjugate vaccine

**MenC** - Meningococcal C conjugate vaccine

**MMR** - Measles, mumps, rubella vaccine

**Chickenpox** - Varicella vaccine

**4 in 1** - Diphtheria, tetanus, pertussis, polio vaccine

**HPV** - Human papillomavirus vaccine



Babies born on or after 1<sup>st</sup> October 2024  
[www.hse.ie/eng/health/immunisation/pubinfo/current-schedule.pdf](http://www.hse.ie/eng/health/immunisation/pubinfo/current-schedule.pdf)





# Other vaccination opportunities

Hepatitis A

Hepatitis B

offer 90-95% protection over 10 and up to 20 years\*

HPV

>10 years of high HPV coverage in females aged 12-13 in England has reduced the prevalence of HPV vaccine-types by over 90%, down to <1%, and the rate of cervical cancer by 84%\*\*

Mpox

estimated effectiveness of 78% from single dose based on modelling.\*\*\* Real world data has seen breakthrough infections

\*BASHH. 'Management for viral hepatitis' 2017 and NHS. 'Hepatitis B vaccine' 2024

\*\*Checchi M, Meshar D, Panwar K, Anderson A and others. 'The impact of over ten years of HPV vaccination in England: surveillance of type-specific HPV in young sexually active females' Vaccine 2023: volume 41, issue 45, pages 6,734 to 6,744 and Falcaro M, Soldan K, Ndlela B and Sasieni P. 'Effect of the HPV vaccination programme on incidence of cervical cancer and grade 3 cervical intraepithelial neoplasia by socioeconomic deprivation in England: population based observational study' British Medical Journal 2024: volume 385, article e07734

\*\*\*Bertran M, Andrews N, Davison C, Dugbazah B and others. 'Effectiveness of one dose of MVA-BN smallpox vaccine against mpox in England using the case-coverage method: an observational study' Lancet Infectious Diseases 2023: volume 23, issue 7, pages 828 to 835

# HE Other potential vaccines

Gonorrhoea



Based on real world studies, the 4CMenB vaccine has an estimated effectiveness of 33% to 47% against gonorrhoea\*

Vaccinated individuals could expect to have some reduction in their own risk of contracting gonorrhoea, however the main benefit of a vaccination programme is expected to be at a community level with a significant reduction in the number of cases overall\*\*

\*Ladhani SN, White PJ, Campbell H, Mandal S and others. 'Use of a meningococcal group B vaccine (4CMenB) in populations at high risk of gonorrhoea in the UK' Lancet Infectious Diseases 2024: volume 24, issue 9, pages e576 to e583

\*\*JCVI. 'JCVI advice on the use of meningococcal B vaccination for the prevention of gonorrhoea' 2023



# DoxyPEP

- DoxyPEP is “doxycycline post exposure prophylaxis”
- 200mg doxycycline within 72 hours of a condomless sexual exposure
- In gbMSM and TGW reduces incident syphilis, chlamydia and in some settings gonorrhoea
- Has not been shown to reduce incident STIs in cisgender women
- International statements and guidance
- Key target pathogen is syphilis
- Concerns re antimicrobial resistance (for STI pathogens and commensal organisms), impact on human microbiome, antibiotic consumption
- Significant existing use within gbMSM and TGW community
- Urgent need for surveillance, research into the intended and unintended consequences



# Existing guidelines/statements

Organisation	Date	Type	Reference
Australia	2023	Consensus statement	Med J Aust. 2024 Mar 13. doi: 10.5694/mja2.52258.
BASHH	2021	Position statement	<a href="https://www.bashh.org/resources/guidelines">https://www.bashh.org/resources/guidelines</a>
BASHH	2025	Guidelines	<a href="https://www.bashh.org/resources/guidelines">https://www.bashh.org/resources/guidelines</a>
CDC	2024	Guidelines	<a href="https://www.cdc.gov/mmwr/volumes/73/rr/rr7302a1.htm#:~:text=Administration%20and%20Dosage,200%20mg%20every%2024%20hours">https://www.cdc.gov/mmwr/volumes/73/rr/rr7302a1.htm#:~:text=Administration%20and%20Dosage,200%20mg%20every%2024%20hours</a>
HSE	2024	Interim guidelines	<a href="https://www.sexualwellbeing.ie/for-professionals/research/research-reports/hse-interim-guidance-on-doxycycline-as-prophylaxis-for-sexually-transmitted-infections-july-2024.pdf">https://www.sexualwellbeing.ie/for-professionals/research/research-reports/hse-interim-guidance-on-doxycycline-as-prophylaxis-for-sexually-transmitted-infections-july-2024.pdf</a>
IUSTI	2024	Position statement	<a href="https://iusti.org/wp-content/uploads/2024/06/DOXYPEP-Position-Statement-26_6_24-FINAL.pdf">https://iusti.org/wp-content/uploads/2024/06/DOXYPEP-Position-Statement-26_6_24-FINAL.pdf</a>



**So how are we doing?**

# HF Key points: STIs in Ireland, 2024

- STI notification rate\* in 2024 **decreased** by **11%** compared to 2023 (from 451 to 400 per 100,000 population)
- The decrease in total notifications in 2024 is driven by notable **decreases** in **chlamydia (16%)** and **gonorrhoea (12%)** notifications. This follows significant increases in notifications of both STIs in 2022 and 2023.
- The most common STIs in 2024 were chlamydia (notification rate 224 per 100,000 population), gonorrhoea (notification rate 116 per 100,000 population) and genital herpes (notification rate 36 per 100,000 population)
- Younger people are more affected by STIs, notably females aged 20-24 years. Cases in males are spread over a wider age range.
- Among gay, bisexual and other men who have sex with men (gbMSM), the rate of gonorrhoea notifications in 2024 remains high but stable at 2,112 per 100,000 population. The rate of early infectious syphilis (EIS) notifications in males increased by 8%. Lymphogranuloma venereum (LGV) and mpox notification rates remained low.
- Home testing accounted for almost half (48%) of chlamydia notifications and 29% of gonorrhoea notifications

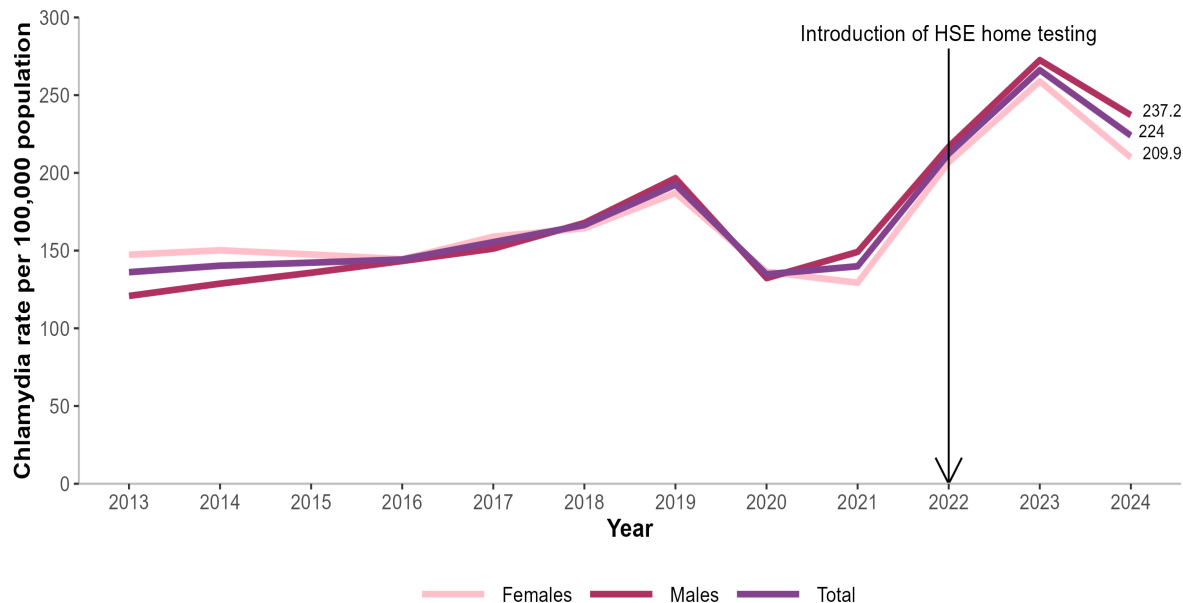
\* The STI notification rate includes notifications for chlamydia, gonorrhoea, herpes simplex (genital), early infectious syphilis, lymphogranuloma venereum, mpox and trichomoniasis



Source: <https://www.hpsc.ie/a-z/sexuallytransmittedinfections/publications/stireports/>



# Chlamydia notifications 2013 to 2024



Chlamydia notification rates by gender, 2013 to 2024

Campaigns – gbMSM and young people

Publication of interim doxycycline PEP guidelines August 2024

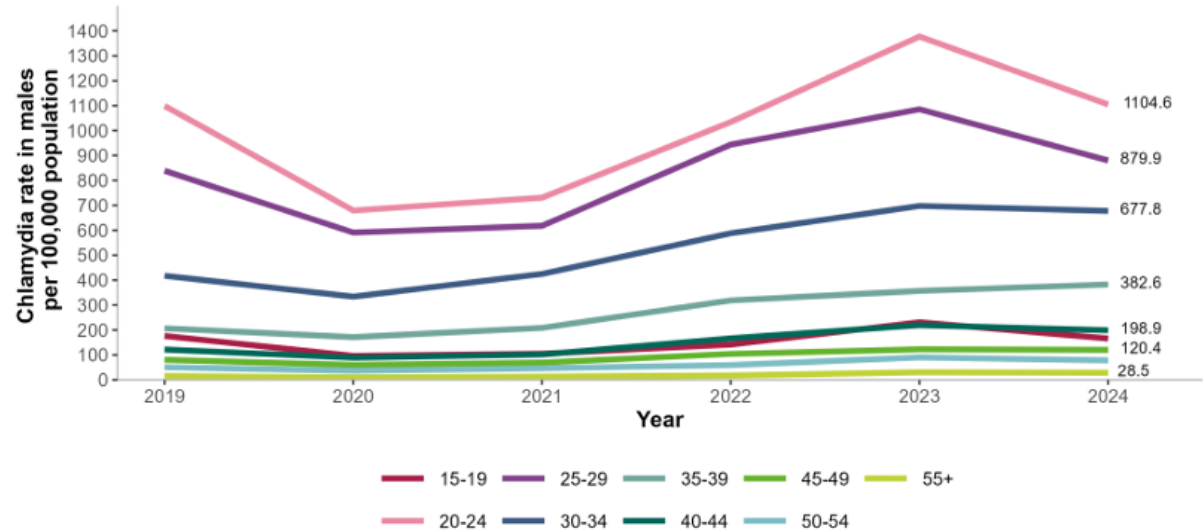
Source: <https://www.hpsc.ie/a-z/sexuallytransmittedinfections/publications/stireports/>



# Chlamydia: Trend in notification rates in males, 2019 - 2024

When compared to 2023 notification rates in 2024 **decreased** in males aged

- 15-19 years - down 28%
- 20-24 years - down 20%
- 25-29 years - down 19%



Chlamydia notification rates in males by age group, 2019 to 2024

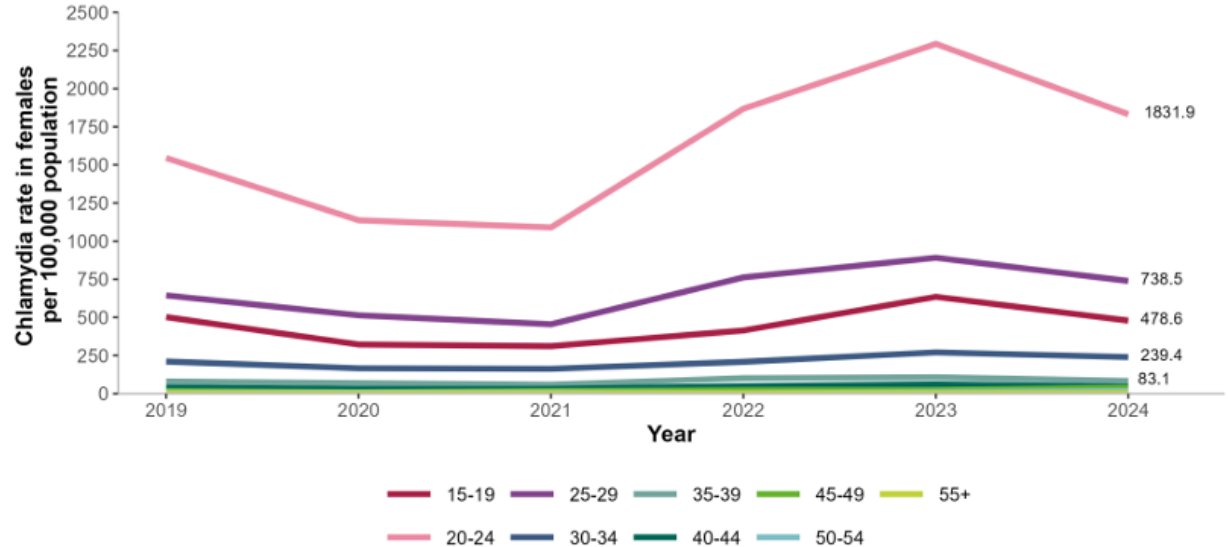
Source: <https://www.hpsc.ie/a-z/sexuallytransmittedinfections/publications/stireports/>



# Chlamydia: Trend in notification rates in females, 2019 - 2024

When compared to 2023 notification rates in 2024 **decreased** in females aged

- 15-19 years - down 25%
- 20-24 years - down 20%
- 25-29 years - down 17%



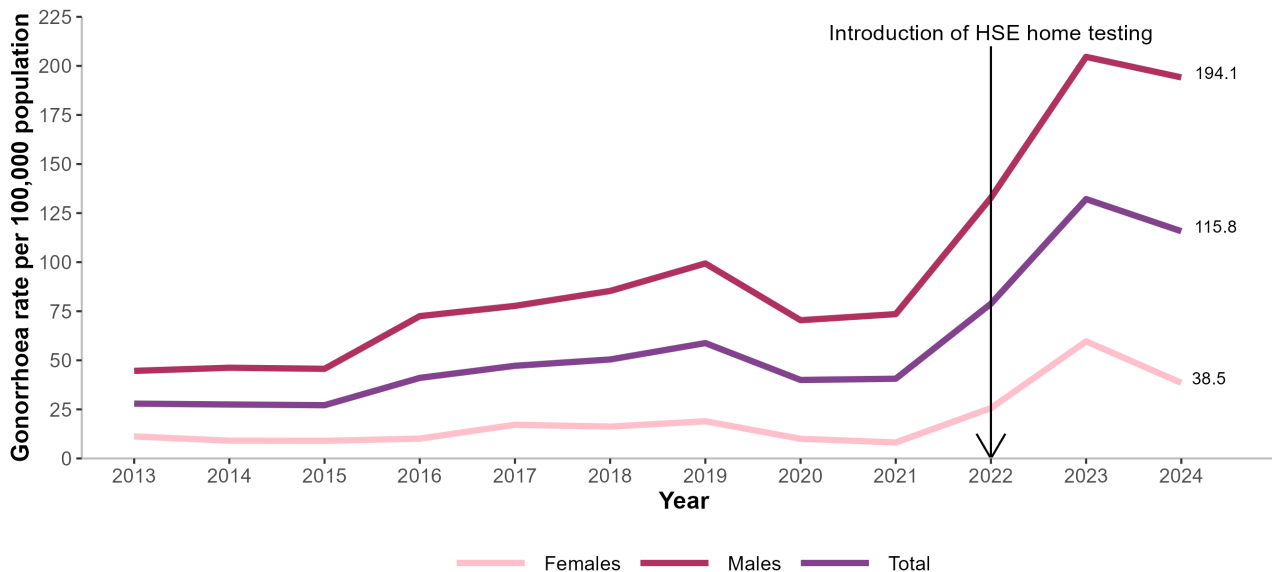
Chlamydia notification rates in females by age group, 2019 to 2024

Source: <https://www.hpsc.ie/a-z/sexuallytransmittedinfections/publications/stireports/>





# Gonorrhoea notifications 2013 to 2024



Gonorrhoea notification rates by gender, 2013 to 2024

Campaigns – gbMSM and young people

Publication of interim doxycycline PEP guidelines August 2024

Source: <https://www.hpsc.ie/a-z/sexuallytransmittedinfections/publications/stireports/>



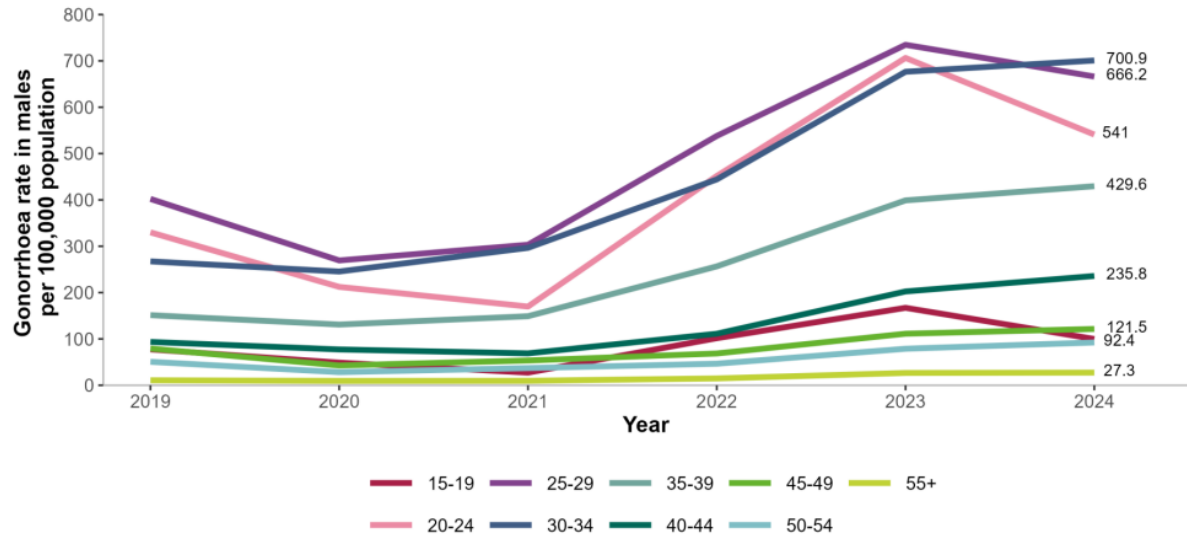
# HSE Gonorrhoea: Trend in notification rates in males, 2019 - 2024

When compared to 2023 notification rates in 2024 **decreased** in males aged

- 15-19 years - down 40%
- 20-24 years - down 23%
- 25-29 years - down 9%

In males over 30 years notification rates have **increased** since 2023

- 35-39 years - up 8%
- 40-44 years - up 17%
- 50-54 years - up 17%

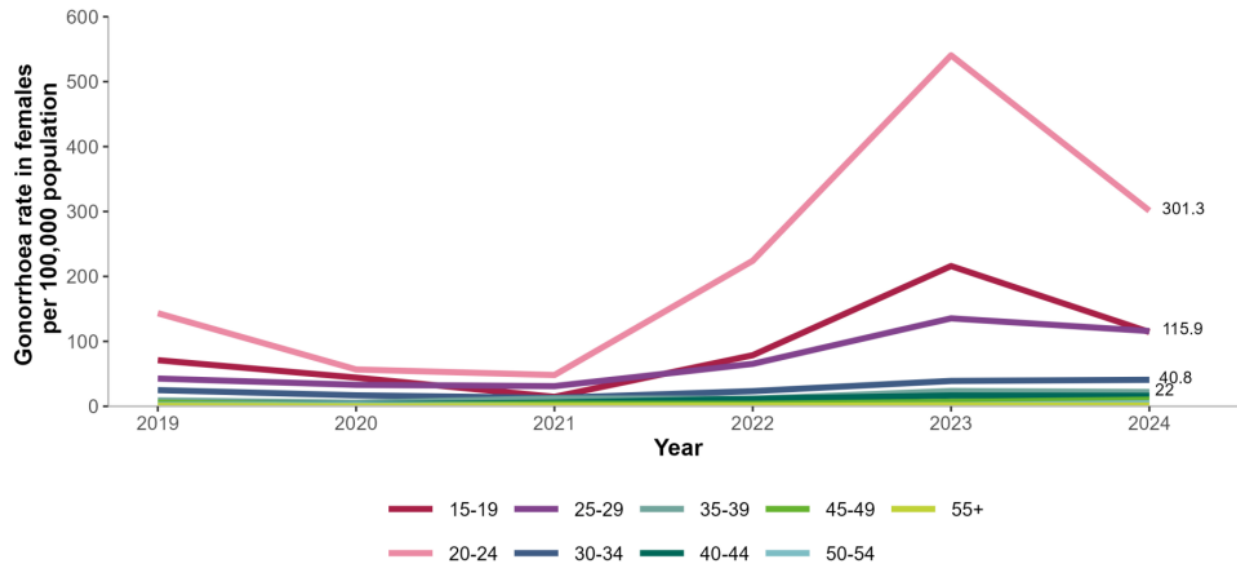


Gonorrhoea notification rates in males by age group, 2019 to 2024

# HF Gonorrhoea: Trend in notification rates in females, 2019 - 2024

When compared to 2023 notification rates in 2024 **decreased** in females aged

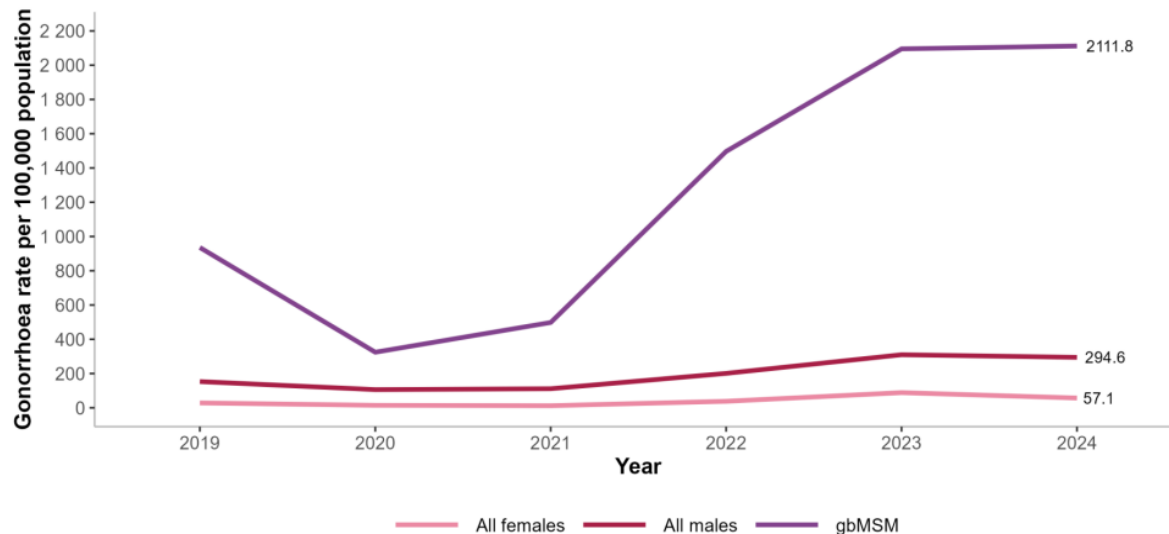
- 15-19 years - down 47%
- 20-24 years - down 44%
- 25-29 years - down 14%



Gonorrhoea notification rates in females by age group, 2019 to 2024

# HSE Gonorrhoea: Trend in notification rates by risk group, 2019 - 2024

- Notification rate in those who identified as gbMSM unchanged since 2023
- Notification rate in all males decreased 5% since 2023
- Notification rate in all females decreased 35% since 2023

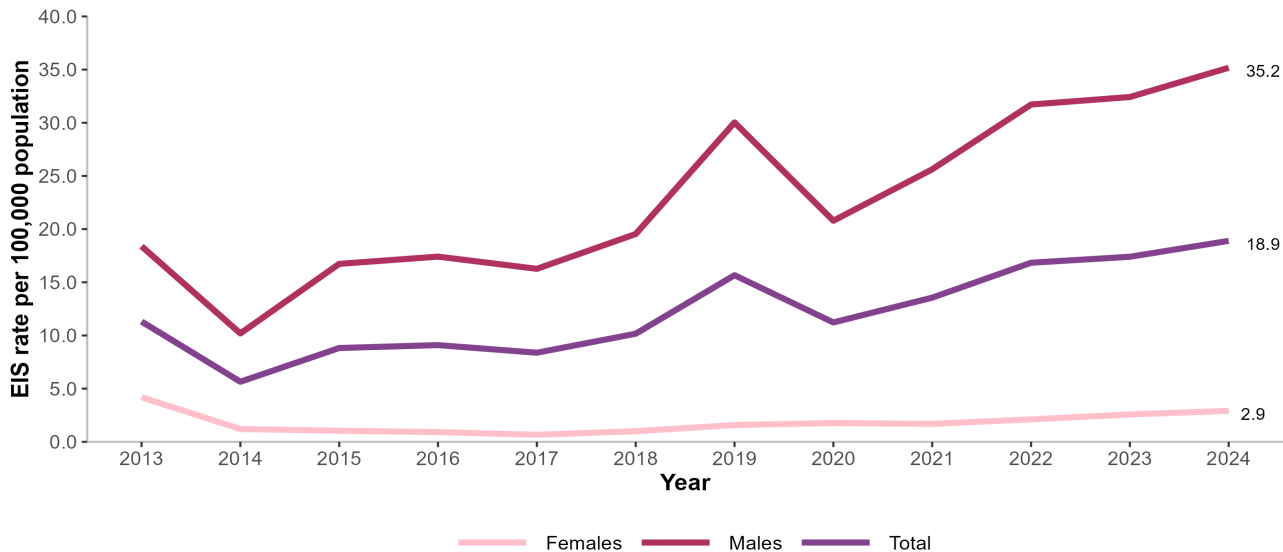


Trend in gonorrhoea rates in gbMSM, all males and all females aged 18 years and over, 2019 to 2024





# Syphilis notifications 2013 to 2025 ytd



EIS notification rates by gender, 2013 to 2024

Campaigns – gbMSM and young people

Publication of interim doxycycline PEP guidelines August 2024

Source: <https://www.hpsc.ie/a-z/sexuallytransmittedinfections/publications/stireports/>





# STI notifications 2025



Health Protection Surveillance Centre

05 June 2025

Table 1: Summary of HIV, Mpox and Sexually Transmitted Infections: annual cumulative figures week 1 - week 22, 2025

Disease	2025	2024	Increase/Decrease	
	Week 1 - 22	Week 1 - 22	n	%
Chancroid	0	0	0	0
Chlamydia trachomatis infection	4328	4993	-665	-13.32
Gonorrhoea	2234	2600	-366	-14.08
Granuloma inguinale	0	0	0	0
Herpes simplex (genital)	847	747	100	13.39
HIV	349	457	-108	-23.63
Lymphogranuloma venereum	20	10	10	100
Mpox	34	3	31	1,033.33
Syphilis (early infectious)	379	481	-102	-21.21
Trichomoniasis	135	80	55	68.75
<b>Total</b>	<b>8,326</b>	<b>9,371</b>	<b>-1,045</b>	<b>-11.15</b>

Source: <https://www.hpsc.ie/a->

[z/sexuallytransmittedinfections/publications/stireports/Sexually%20Transmitted%20Infection%20notifications,%20Ireland,%202024%20Data%20Tables.pdf](https://www.hpsc.ie/a-z/sexuallytransmittedinfections/publications/stireports/Sexually%20Transmitted%20Infection%20notifications,%20Ireland,%202024%20Data%20Tables.pdf)

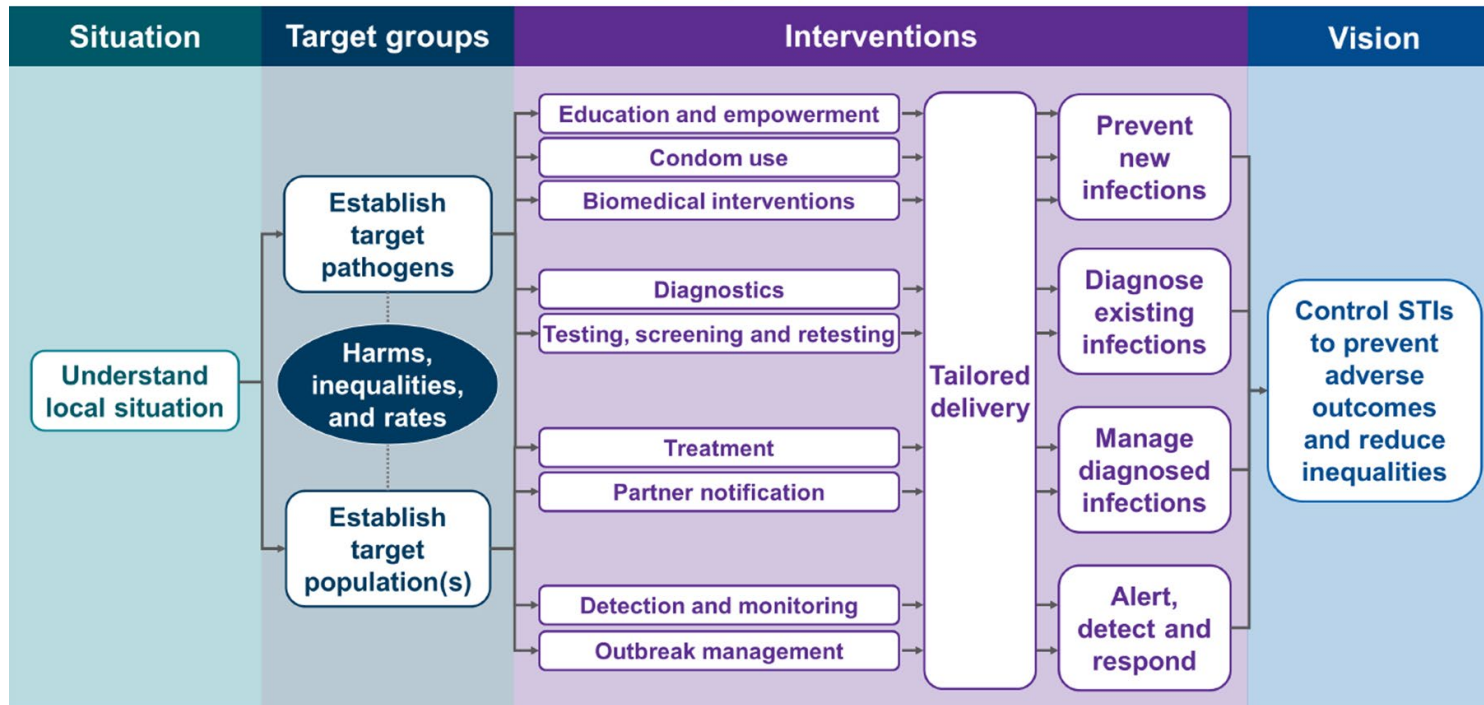




UKHSA November 2024

# S.T.I Prioritisation Framework

Situation . Target groups . Interventions







# Guiding Principles

1. The sexual health needs of the population can only be met through **working in partnership**. This includes identifying or establishing local structures to enable effective collaborative working.
2. It is essential that specialist sexual health services (SHSs) have **established links and arrangements** with other specialties for the management of complex cases.
3. It is essential that services and interventions are **co-produced** with local communities, ensuring that lived experience is at the heart of local planning and decision making.
4. Services must be **planned on the basis of an assessment of local need and be able to adapt to changing need and circumstances**.
5. Local areas should draw on existing **evidence**, where available, to inform their practice.
6. **Evaluation** is essential to understand whether new interventions, changes in practice or service improvements have achieved their intended impact and to develop the evidence base.
7. **Addressing health inequalities** is central to our approach to STI control and therefore resources should be prioritised on the basis of need, with a focus on under-served populations.
8. Commissioners and providers must ensure SHSs have the **capacity and skills to address safeguarding concerns** in a skilled and timely manner.
9. Commissioners and providers must ensure specialist SHSs have the **capacity and skills to manage complex cases** and provide clinical STI expertise to non-specialist providers.
10. **Primary prevention activities such as health promotion and access to condoms should not be sacrificed when resources are limited**.
11. **Testing and treating those with diagnosed infection is a mainstay** of STI control.
12. There is **no 'magic bullet'**: no one intervention will achieve STI control.



## Not just about reducing STI rates

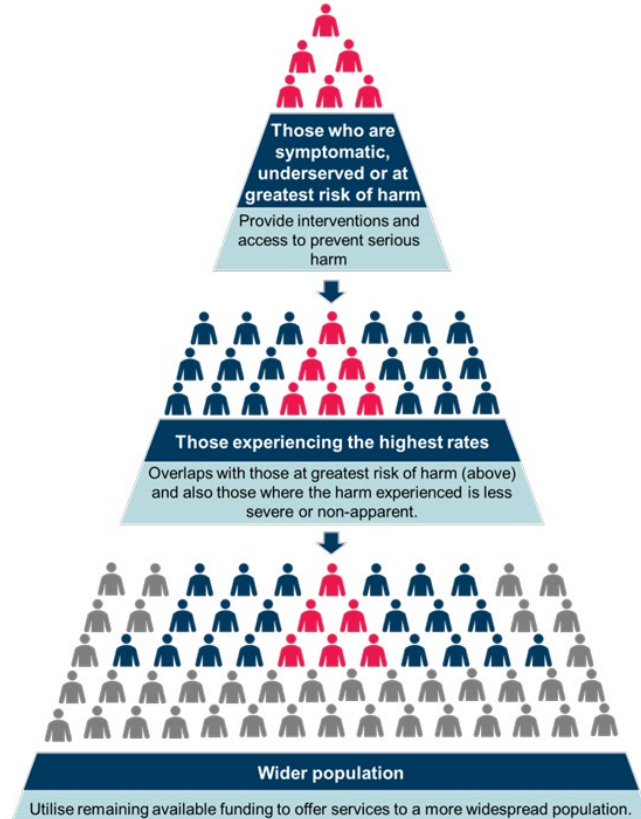
The UKHSA framework calls for a shift in the focus of STI control efforts towards **preventing adverse health outcomes** and **reducing health inequalities**.

Three-pronged approach:

- **Situation:** assess the needs of the local population and the demand and supply of services
- **Target groups:** consider local population groups and infections for prioritization
- **Intervention:** identify, tailor, implement and evaluate the most appropriate intervention for each target group



# STI prioritisation pyramid, outlining a suggested order for prioritisation of resources to follow in the in the context of providing open access services and taking into consideration finite available resources





We've come a long way, still a long road ahead

Team work and Data





Thanks to my colleagues and to you for listening!

