



# Sexual Health Services in Ireland:

## A Survey of STI and Contraception Services

June 2018





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## Glossary

<b>BASHH</b>	British Association of Sexual Health and HIV
<b>DNA</b>	Did not attend
<b>GMS</b>	General medical services
<b>GP</b>	General practitioner
<b>HAV</b>	Hepatitis A virus
<b>HBV</b>	Hepatitis B virus
<b>HCV</b>	Hepatitis C virus
<b>Health advisor</b>	A professional who provides information, advice and counselling to patients diagnosed with or at risk of a sexually transmitted infection, including assisting patients with partner notification
<b>HIV</b>	Human immunodeficiency virus
<b>HIV point of care testing</b>	HIV testing at or near the time and place of patient care
<b>Hormonal contraception</b>	Contraception methods that incorporate the use of sex hormones
<b>HPV</b>	Human papilloma virus
<b>HSE</b>	Health Service Executive
<b>HSV</b>	Herpes simplex virus
<b>ICGP</b>	Irish College of General Practitioners
<b>IUD</b>	Intrauterine device
<b>LARC</b>	Long-acting reversible contraception (e.g. intrauterine systems/devices, subdermal implants)
<b>MSM</b>	Men who have sex with men
<b>NAAT</b>	Nucleic acid amplification test
<b>NGO</b>	Non-governmental organisation
<b>PID</b>	Pelvic inflammatory disease
<b>SHCPP</b>	Sexual Health and Crisis Pregnancy Programme
<b>STI</b>	Sexually transmitted infection
<b>STIF course</b>	STI Foundation course – an education programme launched by BASHH in 2002

## Foreword

Understanding the nature and extent of Ireland's current sexual health service provision was identified as a priority need in the National Sexual Health Strategy 2015–2020. In response, the Health Service Executive (HSE) Sexual Health and Crisis Pregnancy Programme (SHCPP) led a process to gather the necessary information from relevant service providers, including sexually transmitted infection (STI) and contraception services, general practitioners, student health clinics and laboratories involved in STI diagnostics.

This report is one in a series setting out the current STI and contraception services across the country. It presents information about service provision by public STI clinics, private STI clinics, non-governmental organisations, private contraception services and student health clinics.

The data suggest that there are inequities in service provision. The report identifies areas where action is required to improve access, availability and provision of sexual health services.

The information presented in this report and associated reports is extremely useful in supporting my role as national Clinical Lead for Sexual Health. It will be used to inform a broader needs assessment for sexual health and the development of an implementation plan of priority actions by the SHCPP in the coming years. These actions will address one of the overarching goals of the sexual health strategy: 'equitable, accessible and high quality sexual health services, which are targeted and tailored to need, will be available to everyone'.

Thanks to everyone involved in bringing this piece of work together: the Project Working Group, Dr Fionnuala Cooney and Dr Áine McNamara, Public Health; Dr Miriam Daly, Dr Claire Collins and Marie O'Shea, Irish College of General Practitioners; Helen Barry, formerly Department of Clinical Microbiology, St James's Hospital, Dublin, and now with the Academy of Clinical Science and Laboratory Medicine; Moira Germaine, Health Promotion and Improvement; and Dr Declan Mc Keown, HSE Health Intelligence. Thanks to my colleagues in the SHCPP: Helen Deely, Programme Head, for supporting this piece of work; and Maeve O'Brien, Research and Policy Officer, and Caroline Hurley, Project Manager, for their invaluable contributions in coordinating and completing this project. Thanks to Ignite research for its support in gathering the data from the services.

Finally, thank you to all the sexual health services that responded to the survey. These contributions have been invaluable in producing a national picture of service provision and in helping to support the plan to improve service provision into the future.

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# 1 About this report

## 1.1 Introduction

This report provides information on the provision of sexual health services across Ireland that provide sexually transmitted infection (STI) testing and management and contraception services. The information has been provided by those sexual health services that provided sufficient information in responses to an electronic questionnaire on STI testing and management and contraception services, which was circulated at the end of 2015.

The term 'sexual health services' denotes service provision by public STI clinics, private STI clinics, non-governmental organisation sexual health and family planning clinics, private contraception services and student health clinics. With respect to STIs, it relates to the provision of some level of testing, assessment, treatment and management of STIs. With respect to contraception, it relates to some level of actual contraception provision. The term excludes general practitioner services, as STI and contraception provision by general practitioners are covered in a separate report. The term also excludes services that provide advice and information on STIs and contraception only.

This report is part of a broader project that aims to document current provision of STI testing and management, STI diagnostics in laboratories and contraception services nationally. The objectives of the overall project are to:

- Gather, collate and report data on provision of STI and contraception service provision nationally in relation to geographic location, public access and service availability and services provided.
- Generate maps providing a visual description of the spatial distribution of public STI services nationally in line with population data and weighting for age and deprivation-related risk.
- Identify areas for action and report gaps in service provision to inform a sexual health needs assessment. The sexual health needs assessment will inform future service planning and resourcing.

## 1.2 Rationale

The National Sexual Health Strategy 2015–2020<sup>1</sup> is the national framework for the sexual health and wellbeing of the Irish population. It sets out to improve the coordination of services so as to enhance sexual health and wellbeing and to reduce negative sexual health outcomes. A key goal of the strategy is 'that equitable, accessible and high quality sexual health services, which are targeted and tailored to need, will be available to everyone'. The strategy also aims to reduce levels of crisis pregnancy by improving access to contraception services.

Priority actions under the strategy are the delivery of a mapping exercise of existing sexual health services (recommendation 4.13) and completion of a sexual health needs assessment (recommendation 4.12). These actions are in line with the World Health Organization's action plan for sexual and reproductive health for Europe,<sup>2</sup> which encourages each country to carry out a situation analysis of existing sexual and reproductive health programmes and services, with particular attention to defining the needs and expectations of vulnerable populations such as those living in poverty and at risk of social exclusion.

To date there has been no systematic documentation of sexual health services in Ireland as regards geographic location, access and availability of STI and contraception services to the public and availability of STI testing diagnostic services.

1 Department of Health, 2015.

2 World Health Organization, 2016.

### 1.3 Knowledge of current service provision

A mix of public, private and non-governmental organisations (NGOs) provide sexual health services in Ireland. They are based in primary care, community and hospital settings.

Regular testing for people who are sexually active, particularly those with multiple or short-term partners, is an important preventative approach to HIV and STIs. STIs are assessed, tested for and managed in a variety of settings nationally, including general practice, family planning clinics, student health services and dedicated STI clinics (including clinics for young people, for men who have sex with men or for women affected by prostitution). Some service providers have access to in-house laboratory services, while others must refer samples to external laboratories for diagnosis.

The public STI services, which receive direct public funding, are provided at no cost to patients. Public STI services are not funded from a single budget; some receive funding from primary care, some from public health and some from the acute hospitals division. This heterogeneity in funding reflects the organic way in which services evolved over time, in response to local need and local leadership around the country in securing local resources and establishing public STI services. STI services offered by NGOs and student health clinics are usually provided to patients either free or at a subsidised cost, depending on the service. Private STI services are provided at a cost to the patient. The majority of laboratory services used by clinics and primary care are publicly funded.

In general practice, private patients pay for consultations and for testing and treatment for STIs. Medical card holders and GP visit card holders do not pay for consultations with GPs but there are no specific provisions for STI testing and treatment or vaccinations under the current General Medical Services (GMS) contract between the Health Service Executive (HSE) and GPs. There are arrangements for cryotherapy of skin lesions and counselling. At the end of 2015, 37.4% of the population had a medical card.<sup>3</sup>

Awareness about safer sex and contraception, and easy and equitable access to services increase consistent use of contraception and protection and thus reduce negative sexual health outcomes such as HIV, STIs and unplanned pregnancies. Contraception services, including emergency contraception, are currently available in healthcare settings such as general practice, family planning clinics and retail pharmacies. A medical doctor's prescription is required for most types of hormonal contraception and for long-acting reversible contraception (LARC). Prescriptions for all forms of LARC, apart from the copper coil, are covered under the medical card. Under the current GMS contract there is provision for insertion and monitoring of LARC, removal of LARC and counselling in relation to fitting of a diaphragm.<sup>4</sup> The following contraception services are covered for patients who hold a medical card under the GMS scheme: visit to the GP, visit to the GP for contraception and insertion/removal of an intrauterine device (IUD) or subdermal implant.

Condoms are available in commercial settings across the country. In 2015 the HSE Sexual Health and Crisis Pregnancy Programme (SHCPP) set up the National Condom Distribution Service to support statutory agencies/bodies and NGOs to supply condoms at no cost to respective patients and service users, including information on condom usage and safer sex.

Concerns about current sexual health services provision include:

- Health professionals working in the sexual health area are encountering increasing numbers of STIs, including localised outbreaks.<sup>5</sup> Some services find it difficult to cope with local demand.
- Fifteen per cent of women in a general population survey (2012) reported embarrassment, cost and difficulty in accessing local services as factors inhibiting them in accessing contraception. Over half of those who experienced a crisis pregnancy did not use contraception at the time of conception.<sup>6</sup>

3 Department of Health, 2016.

4 Health Professional Regulations, see [www.irishstatutebook.ie/eli/2016/si/233/made/en/pdf](http://www.irishstatutebook.ie/eli/2016/si/233/made/en/pdf).

5 Health Protection Surveillance Centre, 2017.

6 McBride et al., 2012

- There is no information on how well services are resourced and how well the population is served. There may be inequity in service provision.

## 1.4 Approach to gathering information

A multidisciplinary project working group was established to oversee the delivery of this project.<sup>7</sup> An early decision was taken to include all types of STI testing and contraception services (public, private, GPs and NGOs) and all laboratories providing STI diagnostic services within the scope of the mapping exercise. It was important to include laboratories, as having access to diagnostics is integral to a service's ability to function fully.

In defining STIs, the study focused on the most common infections: chlamydia, gonorrhoea, genital warts, trichomonas, syphilis, genital herpes and pelvic inflammatory disease. Services were not asked about their management of HBV, HCV or HIV, but were asked about their testing practices for these infections.

### Questionnaire and data collection

A research company was commissioned to provide support with the design and development of an online data collection tool and to manage the data collection. The company used online survey software to script the questionnaire, which was designed in stand-alone sections for the different respondent groups: one section for sexual health services, one for laboratories and one for GPs. The online tool routed respondents automatically to the appropriate section of the questionnaire based on their response to the first question about the type of service they provide.

The working group compiled a database of sexual health services and laboratories, with a named contact at each site. In the questionnaire, respondents were asked to identify as one of the following to best describe their service: public STI clinic; public contraception clinic; NGO sexual health and family planning clinic; student health clinic; private STI service and private contraception service. Laboratory services were asked to identify as public hospital laboratory; private hospital laboratory; private laboratory or 'other', in which case they were asked to specify. The research company assigned a unique link to the questionnaire for each email address in the database. It then sent out the individualised link, along with a cover letter explaining the requirements of the study, to the sexual health services and the laboratories. The questionnaire was issued to 73 sexual health services and 39 laboratories<sup>8</sup> in December 2015 and remained open until the end of January 2016.

In parallel, the research company worked with the Irish College of General Practitioners (ICGP) to generate unique links for each of its members. The ICGP then emailed the questionnaire directly to its members.<sup>9</sup>

### Responses received – sexual health services

Fifty-three of the 73 services invited responded to the questionnaire, giving a response rate of 73%. An additional seven ICGP members self-identified as one of the sexual health service types rather than general practice. Therefore, 60 responses to the sexual health services part of the questionnaire were received.

Information from 50 services has been used for this report. Information from ten questionnaire responses was not included because:

- Four services provided insufficient information about their service, which meant that the study requirements were not met.

<sup>7</sup> For membership, please see Appendix 1.

<sup>8</sup> The laboratory data is presented in a separate and linked report.

<sup>9</sup> A total of 1,567 questionnaires were emailed to individual GP practices. For more information please refer to the report 'Sexual Health Services in Ireland: A Survey of General Practice'.



- One service identified as a public STI service in the questionnaire; however, on analysis, it was discovered that the service provided at this location is not a public STI service.
- Five of the seven ICGP members who self-identified as 'sexual health services' were not included in the analysis. When their information was reviewed it was decided to remove them from the analysis because the GP practice they work with had already responded to the GP questionnaire (n=2); they did not provide the level of information required by the study for inclusion (n=2); or, on analysis, their service was not considered to fall into the category of 'public STI service' as had been indicated by them (n=1).
- These eliminations left a total of 50 responses for inclusion in this report; see Table 1 for a further breakdown of responses.

## 1.5 Presenting the spatial distribution of public STI services

In order to generate maps providing a visual description of spatial distribution of public STI services nationally in line with population data and weighting for age and deprivation-related risk, we partnered with the HSE Health Intelligence Unit and OpenApp. The findings are presented in section 3.4. The methodology behind the approach taken is described in Appendix 2.

## 1.6 About this report

Aside from section 2.3, this report relies entirely on the information provided by those services that completed the questionnaire. The 50 valid responses came from 48 services in 16 counties and two national online services, and includes two GP respondents that self-identified as sexual health services – one identified as a private contraception clinic and the other identified as a student health centre.

Table 1 presents a breakdown of the responding services by service type. Of note, for invited services that did not respond, the service type was determined by the authors of this report using available information and may not reflect their actual service type.

Type of service	No. of sexual health services invited	No. from sexual health services database that provided valid responses	No. from ICGP database that responded as sexual health services	No. of services included in the sexual health services report
Public STI clinic	24	23	0	23
Private STI clinic	15	6	0	6
NGO	10	8	0	8
Private contraception clinic	2	1	1	2
Student health clinic	20	8	1	9
Online services	2	2	0	2
<b>Total</b>	<b>73</b>	<b>48</b>	<b>2</b>	<b>50</b>

Table 1: Breakdown of responding services by service type

Information from survey responses included in this report is presented by county. This does not imply that services should be configured by county. Furthermore, it does not imply that every county should have services.

The report presents information from services in 16 counties: Carlow, Clare, Cork, Donegal, Dublin, Galway, Kerry, Laois, Limerick, Louth, Mayo, Monaghan, Sligo, Tipperary, Waterford and Westmeath.

No services were identified in counties Cavan, Kildare, Kilkenny, Leitrim, Longford, Meath, Offaly, Roscommon, Wexford and Wicklow. Laboratory gonorrhoea and chlamydia testing activity was requested from laboratories by county of sample. Section 2.3 presents data for gonorrhoea and chlamydia testing in 2014 and 2015, arising from the ten counties where no service was identified to provide a sense of the level of STI service provision in primary care settings in these counties.

The information gathered is presented in the next three chapters:

- Chapter 2 gives an overview of all services that responded to the survey and some limited information about testing in those counties where no service was identified or where no service responded.
- Chapter 3 provides a more detailed, tabulated overview of the services available in publicly funded STI clinics, including comparisons of public service provision across counties, and presents maps providing a visual description of the spatial distribution of public STI services nationally.
- Chapter 4 summarises the key points revealed by the data and identifies the areas for action.

### Limitations

Several factors may have an impact on the information presented in this report:

- The absence of a national directory of sexual health services meant that the database of sexual health services contacts had to be developed based on previous work listing services and through contacting services. While thorough work was carried out to identify services, there is a risk that some services may not have been invited to participate in the collection of data.
- The non-responses from a number of services identified and the need to exclude a number of services that responded because of incomplete information limit the ability of this report to give a full picture of sexual health service provision in Ireland.
- Although every effort was made in the questionnaire design to collect service information as accurately as possible, some questions may have been incorrectly interpreted and in some cases there were no responses provided.
- This report is based on responses provided about service provision at the time the questionnaire was circulated (December 2015) and there may have been changes within services between the time the information was collected and the report being completed. Of note, in March 2018, public STI clinics were contacted for updated information on the number of patients seen per clinic session, number of clinic sessions per week and the number of clinic sessions cancelled per year due to annual leave. This was done to ensure that the presentation of information on the spatial distribution of public STI services was up to date prior to finalising the report.

## 2 Overview of sexual health services

### 2.1 Introduction

This chapter presents an overview of the sexual health services provided in each county based on responses to the questionnaire. It aims to show the type of sexual health services that are available at county level across Ireland, excluding GP practices. Service provision within each county is discussed under three subheadings:

- Access and service availability
- Services provided
- Access to laboratory diagnostics.

A total of 50 services have been included in the sexual health services part of the report (see Table 2). They include 48 services located in 16 counties and two online services.

County	No. of services invited	Responses included
Carlow	3	1
Clare	1	1
Cork	7	5
Donegal	3	2
Dublin	31	21
Galway	5	4
Kerry	2	1
Laois	1	1
Limerick	5	2
Louth	3	2
Mayo	1	1
Monaghan	1	1
Sligo	2	1
Tipperary	2	2
Waterford	2	1
Westmeath	2	2
Online services	2	2
<b>Total</b>	<b>73</b>	<b>50</b>

Table 2: Breakdown of invited and responding sexual health services by county

In this chapter a number of terms are used to present the large amount of information available. Table 3 explains and defines the terms used.

Term	Explanation
<b>Assessment and management</b>	For the purposes of this document, assessment and management includes assessment of patients and complete management, including testing, treatment and partner notification in the case of STIs.
<b>By appointment</b>	Individuals make an appointment in order to attend the service.
<b>Common STIs</b>	For the purposes of this document, common STIs refers to chlamydia, gonorrhoea, genital warts, trichomonas, syphilis, genital herpes and pelvic inflammatory disease (PID).
<b>DNA</b>	Did not attend for a booked appointment
<b>Health advisor</b>	A professional who provides information, advice and counselling to patients diagnosed with or at risk of a sexually transmitted infection, including assisting patients with partner notification
<b>Partner notification</b>	Notifying the sexual partner(s) of a person who has been newly diagnosed with an STI (known as the 'index case') that they may have been exposed to the infection, sometimes referred to as contact tracing
<b>Provider referral</b>	A form of partner notification where a member of a clinic staff contacts an individual to inform them anonymously of their risk of exposure to an infection on the basis of details provided by the index case
<b>Self-refer, self-referral</b>	Individuals can attend the service without a referral letter from their GP or from another service
<b>STI testing</b>	STI testing refers to testing for chlamydia, gonorrhoea, HIV, hepatitis B and syphilis unless otherwise stated.
<b>Walk-in access</b>	Individuals can attend the service without making a prior appointment

Table 3: Terms used in this chapter

## 2.2 County-level sexual health services information

### 1 CARLOW

Three sexual health services in Co. Carlow were invited to participate. Two responded: one public STI clinic, which completed the questionnaire, and one student health clinic, which did not complete the survey sufficiently to be included in the analysis.

Service type	Invitations issued	Responses included
Public STI clinic	1	1
Student health clinic	2	0
<b>Total</b>	<b>3</b>	<b>1</b>

#### Public STI clinic

One publicly funded STI clinic at one location provides free services to the public in Carlow.

##### *Access and service availability*

Patients can self-refer to the service, which operates by appointment only. The waiting time for appointments is two weeks and the service reports a 29% DNA (did not attend) rate for appointments. The clinic operates one session per fortnight, seeing approximately 18 patients per clinic session. It does not operate at weekends.

##### *Services provided*

The service provides: STI testing; assessment and management of all common STIs; assessment and management of genital dermatoses; condoms; vaccination against HAV and HBV.

The service does not provide: HIV point of care testing; assessment and management of erectile dysfunction; contraception beyond condoms.

##### *Access to laboratory diagnostics*

The service has access to laboratory STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea, HSV NAAT, gonorrhoea culture and antimicrobial susceptibility testing. It has on-site gram staining.

The service does not have access to dark ground microscopy.

## 2 CLARE

One public STI service in Co. Clare was contacted to complete the survey.

Service type	Invitations issued	Responses included
Public STI clinic	1	1
<b>Total</b>	<b>1</b>	<b>1</b>

### Public STI clinic

One publicly funded STI service in Clare provides free services to the public.

#### *Access and service availability*

Patients can self-refer to the service, which provides a mix of by-appointment and walk-in access. There is no waiting time for appointments. The clinic operates one session per week, seeing approximately 14 patients per clinic session. It does not operate at weekends.

#### *Services provided*

The service provides: STI testing; assessment and management of all common STIs; vaccination against HAV and HBV.

The service does not provide: condoms or other forms of contraception; HIV point of care testing; assessment and management of erectile dysfunction; assessment and management of genital dermatoses.

#### *Access to laboratory diagnostics*

The service has access to laboratory STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea, HSV NAAT, gonorrhoea culture and antimicrobial susceptibility testing.

The service does not have access to on-site gram staining or dark ground microscopy.

### 3 CORK

Seven sexual health services in Co. Cork were invited to complete the questionnaire. Five services responded: two public STI clinics, two student health clinics and one NGO sexual health and family planning clinic. One student health service responded as a GP and its information has been collated with the GP data.

Service type	Invitations issued	Responses included
Public STI clinic	2	2
NGO sexual health and family planning clinic	1	1
Student health clinic	3	2
Private STI service	1	0
<b>TOTAL</b>	<b>7</b>	<b>5</b>

#### Public STI clinic

There are publicly funded, free STI services at two locations in Cork, one of which is a contraception and STI clinic dedicated to young people.

##### *Access and service availability*

Patients can self-refer to both services, which provide a mix of by-appointment and walk-in access. The waiting time for appointments is two to three weeks. The young person's clinic operates two sessions per week and sees approximately 14 patients per session. The other clinic operates five sessions per week and sees approximately 40 patients per clinic session. Neither service operates at weekends.

##### *Services provided*

Both services provide: STI testing; assessment and management of all common STIs; vaccination against HAV and HBV; condoms; the dedicated young person's service also provides contraception beyond condoms. One service assesses and manages genital dermatoses.

Neither service provides: HIV point of care testing; assessment and management of erectile dysfunction.

##### *Access to laboratory diagnostics*

Both services have access to laboratory STI diagnostics, including NAAT (urine and swabs) for chlamydia, gonorrhoea culture and antimicrobial susceptibility testing. One service has on-site gram staining. One service reports access to swabs but not urine for NAAT for gonorrhoea; the other service does not have access to NAAT for gonorrhoea. Both services have access to HSV NAAT.

Neither service has access to dark ground microscopy.

### NGO sexual health and family planning clinic

One NGO provides sexual health services in Cork. Services are provided either free or at a subsidised charge to attendees.

#### *Access and service availability*

People can self-refer to this service, which offers a mix of by-appointment and walk-in access. There is no waiting time for appointments. The clinic operates one day per week and sees ten or fewer patients per clinic session. It does not operate at weekends.

#### *Services provided*

The service provides: education, counselling, health advice and condoms – free of charge; STI testing for HIV, HBV, syphilis, chlamydia and gonorrhoea on site and HIV point of care testing – at a subsidised cost to attendees.

#### *Access to laboratory diagnostics*

The service indicated that it has access to STI diagnostics at a local hospital, but did not provide any further details about the diagnostics available.

The service does not have access to on-site gram staining or dark ground microscopy.

### Student health clinics

Student health clinics at two locations in Cork provide sexual health services free of charge or at a subsidised charge to attendees.

#### *Access and service availability*

Students can self-refer to both services, which provide a mix of by-appointment and walk-in access. The waiting time for appointments is up to one week. Both clinics operate five days per week, seeing ten or fewer patients per clinic session. Neither service operates at weekends.

#### *Services provided*

Both services provide STI testing. There is variation in the level of assessment and management across the two services. Both services: refer syphilis to specialist STI services for management; assess and manage erectile dysfunction and genital dermatoses; provide contraception, including IUD and implant insertions and removals. Only one service provides free condoms and vaccination against HAV and HBV.

Neither service provides HIV point of care testing.

#### *Access to laboratory diagnostics*

One service has access to STI diagnostics, including urine and swabs for chlamydia, gonorrhoea culture and antimicrobial susceptibility testing but does not have access to NAAT for gonorrhoea or HSV. The other service reported that it does not have access to STI diagnostics at a local hospital.

Neither service has access to on-site gram staining or dark ground microscopy.



## 4 DONEGAL

Three sexual health services in Co. Donegal were invited to complete the questionnaire. Two responded: one public STI clinic and one NGO.

Service type	Invitations issued	Responses included
Public STI clinic	1	1
NGO sexual health and family planning clinic	1	1
Student health clinic	1	0
<b>TOTAL</b>	<b>3</b>	<b>2</b>

### Public STI clinic

There is one publicly funded, free STI service at one location in Donegal.

#### *Access and service availability*

Patients can self-refer to this service, which operates by appointment only. The waiting time for appointments is four weeks, and the service reports a 2% DNA rate for booked appointments. The clinic operates one session per week, and sees approximately 20 patients per clinic session. It does not operate at weekends.

#### *Services provided*

The service provides: STI testing; assessment and management of all common STIs; assessment and management of genital dermatoses; assessment and management of erectile dysfunction; condoms; vaccination against HAV and HBV.

The service does not provide: HIV point of care testing; contraception beyond condoms.

#### *Access to laboratory diagnostics*

The service has access to laboratory STI diagnostics, including NAAT (urine and swabs) for chlamydia/gonorrhoea, NAAT for HSV, gonorrhoea culture and antimicrobial susceptibility testing. It has on-site gram staining and dark ground microscopy.

### NGO sexual health and family planning clinic

One NGO provides sexual health services in Donegal. It sees females only. Services are provided free of charge.

#### *Access and service availability*

Females can self-refer to this service, which operates on a walk-in basis. The clinic operates one day per week, seeing between 11 and 40 patients per clinic session. It does not operate at weekends.

*Services provided*

The service provides: condoms; Implanon insertion; testing for chlamydia and gonorrhoea. Candidates for IUD insertion are referred to another service. Clients/attendees with positive chlamydia and/or gonorrhoea results are referred to another service.

The service does not provide: testing for HIV, HBV, HCV or syphilis; HIV point of care testing; assessment and management of genital dermatoses; assessment and management of erectile dysfunction; vaccination against HAV and HBV.

*Access to laboratory diagnostics*

The service has access to NAAT (urine and swabs) for chlamydia and gonorrhoea, gonorrhoea culture and antimicrobial susceptibility testing at a local hospital.

The service does not have access to on-site gram staining or dark ground microscopy. It does not know if it has access to HSV NAAT.

## 5 DUBLIN

Of the 31 Co. Dublin services that were invited to participate, 20 responses were included: 4 public STI clinics, 5 NGO services, 5 student health clinics, 5 private STI clinics and 1 private contraception service. One NGO service did not provide sufficient information for inclusion in the study, and one public STI clinic was not included as, on analysis, it became apparent that the service provided is not a public STI service. In addition, one general practitioner from the ICGP survey mail-out identified as a 'private contraception service' and their information is included in this section. Therefore, 21 services were included in the section on sexual health services in Dublin.

Service type	Invitations issued	Responses included
Public STI clinic	5	4
NGO sexual health and family planning clinic	6	5
Student health clinic	7	5
Private STI service	12	5
Private contraception service	1	2 <sup>10</sup>
<b>TOTAL</b>	<b>31</b>	<b>21</b>

### Public STI clinic

There are publicly funded, free STI services at four locations in Dublin, one of which is dedicated to men who have sex with men (MSM) and one to women working in prostitution.

For the purposes of presenting the information on the public STI clinics in Dublin, services seeing over 40 patients per clinic session were classified as large public STI clinics (n=2) and those seeing <40 patients per clinic session were classified as medium-sized public STI clinics (n=2).

### Large public STI clinics (n=2)

#### *Access and service availability*

People can self-refer to both services and both provide a mix of by-appointment and walk-in access. One is a dedicated MSM service and has a one-week waiting time for appointments; the other large service has no waiting time. One clinic reports a 30% DNA rate for booked appointments. The MSM clinic operates four clinic sessions per week and runs a monthly outreach weekend HIV and STI testing service. The average number seen per clinic session is 62. The other service operates seven clinic sessions per week and runs an outreach service at an NGO every two weeks. The average number seen per clinic session is 45.

#### *Services provided*

Both services provide: STI testing; assessment and management of all common STIs; condoms; vaccination against HAV and HBV. The dedicated MSM service assesses and manages erectile dysfunction. The other service provides assessment and management of genital dermatoses and (sometimes) HPV vaccination and contraception beyond condoms.

Neither service provides: HIV point of care testing. The MSM clinic does not assess or manage genital dermatoses or provide contraception beyond condoms. The other service does not assess or manage erectile dysfunction.

10 One of these services was initially contacted via the ICGP mailing list but self-identified as a private contraception service.

### *Access to laboratory diagnostics*

Both services have access to laboratory STI diagnostics, including NAAT (urine and swabs) for chlamydia, gonorrhoea culture, NAAT for HSV and antimicrobial susceptibility testing. Both services have on-site gram staining. One service has access to dark ground microscopy.

### **Medium public STI clinics (n=2)**

#### *Access and service availability*

People can self-refer to both services, which provide a mix of by-appointment and walk-in access. One clinic is a dedicated sexual health service for women working in prostitution. One of the services reports no waiting time for appointments, while the other service reports a six-week waiting time. The DNA rate for booked appointments is 10% at one service and 30% at the other. The service dedicated to women working in prostitution sees approximately 12 patients per clinic session and operates three sessions per week. The other clinic sees approximately 16 patients per clinic session and has three clinic sessions per week.

#### *Services provided*

Both services provide: STI testing, condoms, vaccination against HAV and HBV and assessment and management of genital dermatoses. The service for women working in prostitution refers on some STIs for further management and provides contraception beyond condoms. The other service manages all common STIs and does not provide contraception beyond condoms.

The services do not provide: assessment and management of erectile dysfunction; HIV point of care testing.

#### *Access to laboratory diagnostics*

All services have access to laboratory STI diagnostics, including NAAT (urine and swabs) for chlamydia, gonorrhoea culture and antimicrobial susceptibility testing. Both services have access to on-site gram staining, and one service has access to dark ground microscopy. One service does not know if it has access to HSV NAAT, and one service reports that it does not have access to this test.

### **NGO sexual health and family planning clinics**

Five NGOs provide sexual health services in Dublin. Services are provided either free of charge or at a cost to attendees. Three of the services are primarily female-oriented.

#### *Access and service availability*

People can self-refer to all services. Three of the services offer a mix of by-appointment and walk-in access; one operates on a walk-in basis only; and another operates by appointment only. Services offering appointments report that there is no waiting time for appointments. One service reports a DNA rate of 7% for booked appointments. Three services operate six days per week, one service operates five days per week and one service operates one day per fortnight. Four services operate at weekends. Two clinics see ten or fewer patients per clinic session; the three others see between 11 and 40 patients per clinic session.

#### *Services provided*

There is variation in the level of STI testing, assessment and management across the NGOs. Three services routinely test for STIs. One service tests for chlamydia and gonorrhoea but does not test for HIV, HBV, HCV or syphilis. All services refer syphilis for further management. Four services manage genital dermatoses

and provide vaccination against HBV; three services provide condoms; one service provides point of care HIV testing. Three of the services provide contraception beyond condoms.

The services do not provide: assessment and management of erectile dysfunction.

### *Access to laboratory diagnostics*

Four services report having access to STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea and HSV NAAT. Three services have access to gonorrhoea culture and antimicrobial susceptibility testing; one service did not know whether it has access to gonorrhoea culture and antimicrobial susceptibility testing.

Four services do not have access to on-site gram staining or dark ground microscopy. One service reports not having access to STI diagnostics at a local hospital laboratory but does routinely test for all common STIs (presumably sending the tests to a non-local laboratory).

## **Student health clinics**

Student health clinics in five locations in Dublin responded to the questionnaire. Services are provided either free of charge or at a cost to attendees; some of the charges are subsidised.

### *Access and service availability*

Students can self-refer to all five services. Three services provide a mix of by-appointment and walk-in access, while two services operate by appointment only. Two services gave waiting times for appointments: one to five days for one and two weeks for the other. Two clinics operate three days per week, one operates four days per week and one operates five days per week. Two services provide outreach services at other student health services. No service operates at weekends. Two clinics see ten or fewer patients per clinic session and two see between 11 and 40 patients per clinic session; the fifth clinic did not provide information on the number of patients seen per clinic session.

### *Services provided*

All services provide routine STI testing. There is variation in the level of STI assessment and management across the student health clinics. Of the four services that responded to the question, all refer syphilis to specialist STI services for management and provide vaccination against HAV and HBV. Three services provide contraception beyond condoms and assessment and management of genital dermatoses and erectile dysfunction. One provides condoms and point of care testing for HIV.

### *Access to laboratory diagnostics*

Of the four services that responded to the question, all have access to STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea. Three services have access to HSV NAAT; one did not know. One service has access to gonorrhoea culture and antimicrobial susceptibility testing.

None of the services has access to on-site gram staining or dark ground microscopy.

## **Private STI services**

Five private STI services in Dublin responded to the questionnaire. Their services are provided at a cost to attendees.

### *Access and service availability*

People can self-refer to all five services. Three operate by appointment only and two offer a mix of by-appointment and walk-in access. One service reports a five-week waiting time for appointments. Two services report a 5% DNA rate; others do not calculate a DNA rate. Three services operate five days per week, one operates three days per week and one operates one day per week. One of the services operates at weekends. Three of the services see ten or fewer patients per clinic session and the other two see between 11 and 40 patients per clinic session. None of the services provides outreach at other locations.

### *Services provided*

All five services provide: STI testing; assessment and management of all common STIs; vaccination against HAV and HBV. Four services assess and manage genital dermatoses. Three services assess and manage erectile dysfunction and provide HIV point of care testing. One service provides condoms, and three provide contraception beyond condoms. One service usually refers cases of syphilis and pelvic inflammatory disease (PID) to other services.

### *Access to laboratory diagnostics*

All the services have access to STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea, gonorrhoea culture and antimicrobial susceptibility. Four services also report having access to HSV NAAT; one service did not know. Three of the services have access to on-site gram staining, one of which also has access to dark ground microscopy.

## **Private contraception services**

Two private contraception services in Dublin responded to the survey. Services are at a charge to attendees. One service is primarily female-oriented.

### *Access and service availability*

People can self-refer to both services. One service operates by appointment only and the other offers a mix of by-appointment and walk-in access. One service reports a one-week waiting time for appointments. One service reports a 4% DNA rate. One service operates five days and the other six days per week. One clinic sees ten or fewer patients per clinic session, and the other sees between 11 and 40 patients per clinic session. Neither of the services provides outreach at other locations.

### *Services provided*

Both services provide: STI testing; assessment and management of many STIs, but usually refer cases of syphilis and gonorrhoea to other services. Both services provide contraception beyond condoms and management of genital dermatoses. One service also provides condoms; vaccination against HAV and HBV; point of care HIV testing; assessment and management of erectile dysfunction.

### *Access to laboratory diagnostics*

Both services have access to STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea, gonorrhoea culture, antimicrobial susceptibility and HSV NAAT.

Neither service has on-site gram staining or dark ground microscopy.

## 6 GALWAY

Five sexual health services in Co. Galway were invited to complete the questionnaire. Four services responded: two public STI clinics; one private STI clinic and one NGO clinic.

Service type	Invitations issued	Responses included
Public STI clinic	2	2
NGO sexual health and family planning clinic	1	1
Student health clinic	1	0
Private STI clinic	1	1
<b>Total</b>	<b>5</b>	<b>4</b>

### Public STI clinic

There are publicly funded, free STI services at two locations in Galway.

#### *Access and service availability*

Patients can self-refer to both services. One service provides a mix of by-appointment and walk-in access, with a three-week waiting time for appointments. The other service operates by appointment only, with a two-week waiting list and an estimated 10% DNA rate. One clinic operates five sessions per week, seeing approximately 30 patients per clinic session. The other service operates one session per week, with approximately eight patients per clinic session. Neither service operates at weekends.

#### *Services provided*

Both services provide: STI testing; assessment and management of all common STIs; condoms; vaccination against HAV and HBV.

Neither service provides: HIV point of care testing; assessment and management of erectile dysfunction; assessment and management of genital dermatoses; contraception beyond condoms.

#### *Access to laboratory diagnostics*

Both services have access to laboratory STI diagnostics, including gonorrhoea culture and antimicrobial susceptibility testing, and on-site gram staining. One service has access to NAAT (urine and swabs) for chlamydia and gonorrhoea. Both services have access to NAAT for HSV.

Neither service has access to dark ground microscopy. At the time of the survey, the smaller service did not have access to NAAT for chlamydia and gonorrhoea.

### NGO sexual health and family planning clinic

One NGO provides sexual health services in Galway. Services are provided at a charge to attendees, some of which may be subsidised. The service mostly sees females.

#### *Access and service availability*

People can self-refer to this service, which offers a mix of by-appointment and walk-in access. There is no waiting time. The clinic operates six days per week, seeing between 11 and 40 patients per clinic session.

*Services provided*

The service provides: STI testing; assessment and management for many STIs (it usually refers gonorrhoea and syphilis on for further management); HIV point of care testing; assessment and management of genital dermatoses; contraception apart from condoms.

The service does not provide: condoms; vaccination against HAV and HBV; assessment and management of erectile dysfunction.

*Access to laboratory diagnostics*

The service has access to laboratory STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea, HSV NAAT, gonorrhoea culture and antimicrobial susceptibility testing.

The service does not have access to on-site gram staining or dark ground microscopy.

**Private STI clinic**

There is one private STI service in Galway, available at a charge to attendees.

*Access and service availability*

People can self-refer to the service, which operates by appointment only. There is no waiting time for appointments. The DNA rate for booked appointments is 10%. The service operates one day per week and sees ten or fewer patients per clinic session. The service does not operate at weekends.

*Services provided*

The service provides: STI testing; assessment and management for all common STIs; HIV point of care testing; vaccination against HAV and HBV; assessment and management of erectile dysfunction; assessment and management of genital dermatoses; contraception beyond condoms.

The service does not provide condoms.

*Access to laboratory diagnostics*

The service has access to laboratory STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea, HSV NAAT, gonorrhoea culture and antimicrobial susceptibility testing. It has on-site gram staining.

The service does not have access to dark ground microscopy.



## 7 KERRY

Two sexual health services in Co. Kerry were invited to complete the questionnaire and one responded: a public STI clinic.

Service type	Invitations issued	Responses included
Public STI clinic	1	1
Student health clinic	1	0
<b>Total</b>	<b>2</b>	<b>1</b>

### Public STI clinic

There is one publicly funded, free STI service in Kerry.

#### *Access and service availability*

People can self-refer to the service, which operates on a by-appointment basis. There is a seven-week waiting time for appointments. The DNA rate for booked appointments is 74%. The clinic operates one session per fortnight, seeing approximately 20 patients per clinic session. It does not operate at weekends.

#### *Services provided*

The service provides: STI testing; assessment and management of all common STIs; condoms; vaccination against HAV and HBV; assessment and management of genital dermatoses.

The service does not provide: HIV point of care testing; assessment and management of erectile dysfunction; contraception beyond condoms.

#### *Access to laboratory diagnostics*

The service has access to laboratory STI diagnostics, including NAAT (urine and swabs) for chlamydia, gonorrhoea culture and antimicrobial susceptibility testing. It has on-site gram staining and dark ground microscopy.

The service does not have access to NAAT for gonorrhoea or for HSV.

## 8 LAOIS

One public STI clinic in Co. Laois was contacted to complete the survey.

Service type	Invitations issued	Responses included
Public STI clinic	1	1
<b>Total</b>	<b>1</b>	<b>1</b>

### Public STI clinic

There is one publicly funded, free STI service at one location in Laois.

#### *Access and service availability*

People can self-refer to this service, which operates by appointment only. The waiting time for appointments is four weeks. The clinic operates one session per week, seeing approximately 25 patients per clinic session. It does not operate at weekends.

#### *Services provided*

The service provides: STI testing; assessment and management of most STIs (it usually refers cases of syphilis and PID on for further management); condoms; vaccination against HAV and HBV.

The service does not provide: HIV point of care testing; assessment and management of erectile dysfunction; assessment and management of genital dermatoses; contraception beyond condoms.

#### *Access to laboratory diagnostics*

The service has access to laboratory STI diagnostics, including gonorrhoea culture and antimicrobial susceptibility testing and HSV NAAT. It has on-site gram staining and dark ground microscopy.

At the time of the survey, the service did not have access to NAAT for chlamydia or gonorrhoea at the local hospital.

## 9 LIMERICK

Five sexual health STI services in Co. Limerick were invited to complete the questionnaire. Two services responded: one public STI clinic, and one student health clinic.

Service type	Invitations issued	Responses included
Public STI clinic	1	1
NGO	2	0
Student health clinic	2	1
<b>Total</b>	<b>5</b>	<b>4</b>

### Public STI clinic

There is one publicly funded, free STI service at one location in Limerick.

#### *Access and service availability*

People can self-refer to this service, which operates by appointment only. The waiting time for appointments is two weeks. The clinic operates four clinic sessions per week, seeing an average of 25 patients per clinic session. It does not operate at weekends.

#### *Services provided*

The service provides: STI testing; assessment and management of all common STIs; condoms; vaccination against HAV and HBV.

The service does not provide: HIV point of care testing; assessment and management of genital dermatoses; assessment and management of erectile dysfunction; contraception beyond condoms.

#### *Access to laboratory diagnostics*

The service has access to laboratory STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea, HSV NAAT, gonorrhoea culture and antimicrobial susceptibility testing and on-site gram staining.

The service does not have access to dark ground microscopy.

### Student health clinic

There are student health services at one location in Limerick. Services are provided free of charge or at a subsidised rate to attendees.

#### *Access and service availability*

People can self-refer to the service, which operates by appointment only, with no waiting time for appointments. The service operates four days per week; it does not operate at weekends. It sees ten or fewer patients per clinic session.

*Services provided*

The service provides: STI testing; assessment and management of some STIs (it manages chlamydia completely in-house but usually refers other STIs on for further management); assessment and management of erectile dysfunction; assessment and management of genital dermatoses; contraception beyond condoms.

The service does not provide: HIV point of care testing; condoms; vaccination against HAV and HBV.

*Access to laboratory diagnostics*

The service has access to a local hospital laboratory for STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea and NAAT for HSV.

It does not have access to on-site gram staining or dark ground microscopy. It was unsure about access to gonorrhoea culture and antimicrobial susceptibility testing.

## 10 LOUTH

Three sexual health services in Co. Louth were invited to complete the questionnaire. Two services, both public STI clinics, responded.

Service type	Invitations issued	Responses included
Public STI clinic	2	2
Student health clinic	1	0
<b>Total</b>	<b>3</b>	<b>2</b>

### Public STI clinic

There are publicly funded, free STI services at two locations in Louth.

#### *Access and service availability*

People can self-refer to both services, which operate by appointment only. The waiting time for appointments is two weeks, with a DNA rate of 25–30% for booked appointments. One service operates two sessions per week, seeing approximately 18 patients per clinic session, and the other service operates one session per fortnight, seeing approximately 14 patients per clinic session. Neither service operates at weekends.

#### *Services provided*

One service provides: STI testing; assessment and management of all common STIs; condoms; vaccination against HAV and HBV; assessment and management of genital dermatoses; assessment and management of erectile dysfunction.

This service does not provide: HIV point of care testing; contraception beyond condoms.

The other service provides: STI testing; assessment and treatment of most common STIs (it initiates treatment but refers on cases of PID); vaccination against HAV and HBV for MSM.

This service does not provide: vaccination against HBV; partner notification; condoms; HIV point of care testing; assessment and management of genital dermatoses; assessment and management of erectile dysfunction; contraception beyond condoms.

#### *Access to laboratory diagnostics*

Neither service has access to local laboratory STI diagnostics (both send samples to a laboratory that is not local). One service has access to on-site gram staining.

## 11 MAYO

One public STI clinic in Co. Mayo was contacted and responded to the survey.

Service type	Invitations issued	Responses included
Public STI clinic	1	1
<b>Total</b>	<b>1</b>	<b>1</b>

### Public STI clinic

There is one publicly funded, free STI service at one location in Mayo.

#### *Access and service availability*

People can self-refer to this service, which operates by appointment only but will see patients in need of treatment without an appointment. The waiting time for appointments is one week, and there is a DNA rate of 2% for booked appointments. The clinic operates one session per week, seeing approximately 12 patients per clinic session. It does not operate at weekends.

#### *Services provided*

The service provides: STI testing; assessment and management of most common STIs; vaccination against HAV and HBV and HIV point of care testing.

The service does not provide: assessment and management of genital dermatoses; assessment and management of erectile dysfunction; condoms or other forms of contraception.

#### *Access to laboratory diagnostics*

The service reports that it has access to STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea, gonorrhoea culture and antimicrobial susceptibility testing. It has access to on-site gram staining, dark ground microscopy and wet preparation.

The service does not have local laboratory access to herpes simplex NAAT.

## 12 MONAGHAN

One public STI clinic in Co. Monaghan was contacted and responded to the survey.

Service type	Invitations issued	Responses included
Public STI clinic	1	1
<b>Total</b>	<b>1</b>	<b>1</b>

### Public STI clinic

There is one publicly funded, free STI service at one location in Monaghan.

#### *Access and service availability*

People can self-refer to this service, which operates by appointment only. The waiting time for appointments is two weeks, and there is a DNA rate of 2% for booked appointments. The clinic operates one session per week, seeing approximately 16 patients per clinic session. It does not operate at weekends.

#### *Services provided*

The service provides: STI testing; assessment and treatment of most common STIs; vaccination against HAV and HBV.

The service does not provide: HIV point of care testing; assessment and management of genital dermatoses; assessment and management of erectile dysfunction; condoms or other forms of contraception.

#### *Access to laboratory diagnostics*

The service reports that it has access to STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea and HSV NAAT. It has on-site gram staining.

The service does not have access to dark ground microscopy. The service does not know if it has access to gonorrhoea culture and antimicrobial susceptibility testing.

### 13 SLIGO

Two sexual health services in Co. Sligo were invited to complete the questionnaire. One service, a public STI clinic, responded.

Service type	Invitations issued	Responses included
Public STI clinic	1	1
Student health clinic	1	0
<b>Total</b>	<b>2</b>	<b>1</b>

#### Public STI clinic

There is a publicly funded, free STI service at one location in Sligo.

##### *Access and service availability*

People can self-refer to this service, which operates on a by-appointment or walk-in basis. The waiting time for appointments is two weeks, and the service reports a 2% DNA rate for booked appointments. The clinic operates two days per week, seeing approximately 25 patients per clinic session. It provides an outreach service to the Institute of Technology, Sligo. It does not operate at weekends.

##### *Services provided*

The service provides: STI testing; assessment and management of most common STIs; assessment and management of genital dermatoses; condoms; vaccination against HAV and HBV.

The service does not provide: HIV point of care testing; assessment and management of erectile dysfunction; contraception beyond condoms.

##### *Access to laboratory diagnostics*

The service has access to laboratory STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea, HSV NAAT, gonorrhoea culture and antimicrobial susceptibility testing. It has on-site gram staining and dark ground microscopy.



## 14 TIPPERARY

Two public STI clinics in Co. Tipperary were invited to complete the questionnaire; both responded.

Service type	Invitations issued	Responses included
Public STI clinic	2	2
<b>Total</b>	<b>2</b>	<b>2</b>

### Public STI clinic

There is a publicly funded, free STI service at two locations in Tipperary.

#### *Access and service availability*

People can self-refer to both services. One operates by appointment only, with no waiting time for appointments and a 35% DNA rate for booked appointments. This service operates one session per fortnight, seeing approximately 17 patients per clinic session. The second service provides a mix of by-appointment and walk-in access. There is no waiting time for appointments, and the service does not calculate a DNA rate. This service operates one session per week, seeing approximately ten patients per clinic session. Neither service operates at weekends.

#### *Services provided*

Both services provide: STI testing; assessment and management of all common STIs; vaccination against HAV and HBV. One service provides condoms; assessment and management of genital dermatoses.

Neither service provides: HIV point of care testing; assessment and management of erectile dysfunction; contraception beyond condoms.

#### *Access to laboratory diagnostics*

Both services have access to laboratory STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea, HSV NAAT, gonorrhoea culture and antimicrobial susceptibility testing.

Neither service has access to on-site gram staining or dark ground microscopy.

## 15 WATERFORD

Two sexual health services in Co. Waterford were invited to complete the questionnaire. One public STI clinic responded.

Service type	Invitations issued	Responses included
Public STI clinic	1	1
Student health clinic	1	0
<b>Total</b>	<b>2</b>	<b>1</b>

### Public STI clinic

There is one publicly funded, free STI service at one location in Waterford.

#### *Access and service availability*

People can self-refer to this service, which provides a mix of by-appointment and walk-in access. The waiting time for appointments is two weeks, and the service does not calculate a DNA rate for booked appointments. The clinic operates six sessions per week, seeing an average of 19 patients per clinic session. It does not operate at weekends.

#### *Services provided*

The service provides: STI testing; assessment and management of all common STIs; assessment and management of genital dermatoses; condoms; vaccination against HAV and HBV.

The service does not provide: HIV point of care testing; assessment and management of erectile dysfunction; contraception other than condoms.

#### *Access to laboratory diagnostics*

The service has access to laboratory STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea, HSV NAAT, gonorrhoea culture and antimicrobial susceptibility testing. It has on-site gram staining.

The service does not have access to dark ground microscopy.

## 16 WESTMEATH

Two sexual health services in Co. Westmeath were invited to complete the questionnaire. Both responded: one public STI clinic and one student health clinic.

Service type	Invitations issued	Responses included
Public STI clinic	1	1
Student health clinic	1	1
<b>Total</b>	<b>2</b>	<b>2</b>

### Public STI clinic

There is a publicly funded, free STI service at one location in Westmeath.

#### *Access and service availability*

People can self-refer to this service, which provides a mix of by-appointment and walk-in access. The waiting time for appointments is three weeks. The clinic operates one day per week, seeing approximately 15 patients per clinic session. It does not operate at weekends.

#### *Services provided*

The service provides: STI testing; assessment and management of most common STIs; condoms; vaccination against HAV and HBV.

The service does not provide: HIV point of care testing; assessment and management of genital dermatoses; assessment and management of erectile dysfunction; contraception beyond condoms.

#### *Access to laboratory diagnostics*

The service has access to laboratory STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea, HSV NAAT, gonorrhoea culture and antimicrobial susceptibility testing. It has on-site gram staining.

The service does not have access to dark ground microscopy.

### Student health clinic

There is a student health clinic at one location in Westmeath. Some services are provided free and others at a cost to the attendee.

#### *Access and service availability*

People can self-refer to the service, which provides a mix of by-appointment and walk-in access, with no waiting time for appointments. The clinic operates five days per week, seeing ten or fewer patients per clinic session. It does not operate at weekends.

*Services provided*

The service provides: condoms; testing for chlamydia and gonorrhoea; assessment and management of genital dermatoses; assessment and management of erectile dysfunction.

Attendees who are diagnosed with an STI are generally referred to another service, sometimes following initiation of treatment.

The service does not provide: testing for HIV, HBV, HCV or syphilis; HIV point of care testing; vaccination against HAV and HBV; contraception other than condoms.

*Access to laboratory diagnostics*

The service has access to a local hospital laboratory for STI diagnostics, including NAAT (urine and swabs) for chlamydia and gonorrhoea.

The service does not have access to on-site gram staining or dark ground microscopy. It was unsure about access to gonorrhoea culture, antimicrobial susceptibility testing and NAAT for HSV.

## 17 ONLINE SERVICES

Two private online sexual health services were invited to complete the questionnaire, and both responded.

Service type	Invitations issued	Responses included
Private online sexual health service	2	2
<b>Total</b>	<b>2</b>	<b>2</b>

### Public STI clinic

Online services are provided at a cost to the patient.

#### *Access and service availability*

All patients self-refer to these services. Due to the online nature of these services, neither has a DNA rate or a waiting list.

#### *Services provided*

Both services offer testing for all common STIs. One service also provides treatment of some STIs (it refers other STIs on for further management); hepatitis and HPV vaccinations; contraception beyond condoms. The other service did not supply information about treatment of STIs; it does not provide vaccination or contraception beyond condoms.

Neither service provides: condoms; HIV point of care testing; assessment and management of erectile dysfunction; assessment and management of genital dermatoses.

#### *Access to laboratory diagnostics*

Neither service uses a local hospital laboratory.

## 2.3 Other counties

Ten counties are not accounted for in the data collection because no sexual health services were identified in those counties. The ten counties are Cavan, Kildare, Kilkenny, Leitrim, Longford, Meath, Offaly, Roscommon, Wexford and Wicklow.

To get a sense of the level of STI service provision in primary care settings in these ten counties, data for gonorrhoea/chlamydia NAAT testing in 2014 and 2015 were requested from laboratories across the country. Laboratories were asked to give data on the number of tests performed and the county from where the sample originated. The data suggest that some level of STI testing activity is happening in most of these counties. The data shows that high levels of STI testing took place in those years in Kildare, Wicklow and Meath, presumably in GP practices in those counties. The data shows that no STI tests were recorded whatsoever from Leitrim and Longford.

Of note, it was not possible to include the data from the microbiology department in Waterford University Hospital in Table 4. From this site data were provided by type of clinical site rather than county from where the sample originated. Over that time period, 17,109 samples were taken in general practice settings. This laboratory receives samples from GPs in Carlow, Kilkenny, South Tipperary, Waterford and Wexford. As some of these samples are likely to have been taken in Kilkenny and Wexford (counties without a public STI clinic), the figures in Table 4 for Kilkenny and Wexford are likely to be an under-representation of testing activity in these counties.

County	No. of gonorrhoea/chlamydia tests 2014 and 2015
Cavan	1,343
Kildare	6,188
Kilkenny	135
Leitrim	0
Longford	0
Meath	2,687
Offaly	998
Roscommon	543
Wexford	700
Wicklow	4,441

**Table 4: Gonorrhoea and chlamydia testing in 2014 and 2015 in ten other counties**

## 3 Public STI clinics

### 3.1 Introduction

This chapter focuses on the information provided in the 23 completed questionnaires included in the report from publicly funded STI clinics. Questionnaires were sent to 24 clinics that were identified as public STI; responses were received from all clinics, of which 23 were included. One Dublin-based clinic was excluded when it became apparent that a general STI service is not provided at that location. This means that the information provides a comprehensive overview of publicly funded STI clinics in Ireland. This information is very important in terms of understanding where resources are required to enhance and improve services and also provides a baseline for measuring and monitoring service improvement into the future.

The 23 public STI clinics are located in 16 counties (see Table 5). The majority of public STI clinics are situated in hospital settings.

County	No. of services invited	Responses included
Carlow	1	1
Clare	1	1
Cork	2	2
Donegal	1	1
Dublin	5	4
Galway	2	2
Kerry	1	1
Laois	1	1
Limerick	1	1
Louth	2	2
Mayo	1	1
Monaghan	1	1
Sligo	1	1
Tipperary	2	2
Waterford	1	1
Westmeath	1	1
<b>Total</b>	<b>24</b>	<b>23</b>

Table 5: Response from public STI clinics

Section 3.2 provides a tabulated overview of service provision within these 23 public STI clinics, with data presented by county. It includes information on the service in each county with regard to:

- Access and service availability for patients
- STI tests and samples taken in the service
- Qualifications and training of staff
- Access to local laboratory diagnostics.

Section 3.3 provides a comparison across these 23 public STI clinics with regard to:

- Access and service availability
- Services provided
- Access to laboratory diagnostics.

Section 3.4 presents the spatial distribution of public STI clinics with regard to:

- Estimated annual capacity of the clinic
- Population data weighted for age and deprivation-related STI risk.

A full description of the methodology for section 3.4 is presented in Appendix 2.

## 3.2 Overview of publicly funded service provision

This section sets out in tabular format the information collected about services in 23 public STI clinics across 16 counties.

Key	
✓	Yes
X	No
NA	Not applicable
Blank	Respondent did not answer the question or did not know the answer to the question

### Note:

*Walk-in access:*

Services were asked if the public could access their service by 'prior appointment only', 'walk-in' or 'combination of prior appointment and walk-in'.

In the following tables, 'walk-in access' reflects services' responses where they have indicated 'walk-in' or 'combination of prior appointment and walk in' to this question. Some services who indicated that they see patients by 'prior appointment only' responded that a small percentage of the patients seen are by 'walk-in'. This is likely to reflect emergency presentations.



1 CARLOW	
Access and service availability	
Weekend service	X
Walk-in access	X
Waiting time for appointments	✓
Length of waiting time for appointments	2 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	✓
Contraception beyond condoms	X
Communicates all STI results to patients	✓
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	X
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	✓
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	X
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	X
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

2 CLARE	
Access and service availability	
Weekend service	X
Walk-in access	✓
Waiting time for appointments	X
Length of waiting time for appointments	NA
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	X
Education and prevention information	✓
Counselling and health advice	X
Brief intervention for alcohol, smoking, suicide	X
Contraception beyond condoms	X
Communicates all STI results to patients	Positive results only
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	X
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	X
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	X
Staff with postgraduate qualifications in the management of contraception	✓
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	X
Wet preparation	X
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

3A CORK	
Access and service availability	
Weekend service	X
Walk-in access	✓
Waiting time for appointments	✓
Length of waiting time for appointments	2 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	✓
Contraception beyond condoms	X
Communicates all STI results to patients	✓
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	✓
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	✓
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	X
Staff with postgraduate qualifications in the management of contraception	X
Staff who have completed STI training in the past five years	X
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	X
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	✓
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Chlamydia NAAT (urine and swabs)	✓
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	X
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

3B CORK	
Access and service availability	
Weekend service	X
Walk-in access	✓
Waiting time for appointments	✓
Length of waiting time for appointments	3 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	✓
Contraception beyond condoms	✓
Communicates all STI results to patients	✓
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	✓
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	X
Assessment and management of erectile dysfunction	X
Specialist service for MSM	✓
Specialist service for young people	✓
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	✓
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	X
Wet preparation	X
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Chlamydia NAAT (urine and swabs)	✓
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	X
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

4 DONEGAL	
Access and service availability	
Weekend service	X
Walk-in access	X
Waiting time for appointments	✓
Length of waiting time for appointments	4 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	X
Contraception beyond condoms	X
Communicates all STI results to patients	Positive results only
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	X
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	✓
Assessment and management of erectile dysfunction	✓
Specialist service for MSM	✓
Specialist service for young people	✓
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	✓
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	✓
Dark ground microscopy	✓
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

5A DUBLIN	
Access and service availability	
Weekend service	X
Walk-in access	✓
Waiting time for appointments	X
Length of waiting time for appointments	NA
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	✓
Contraception beyond condoms	✓
Communicates all STI results to patients	Positive results only
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	✓
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	✓
Assessment and management of erectile dysfunction	✓
Specialist service for MSM	X
Specialist service for young people	✓
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	✓
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	X
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	✓
Dark ground microscopy	✓
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

5B DUBLIN (SERVICE FOR MSM)	
Access and service availability	
Weekend service	X
Walk-in access	✓
Waiting time for appointments	✓
Length of waiting time for appointments	1 week
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	✓
Contraception beyond condoms	NA
Communicates all STI results to patients	✓
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	✓
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	X
Assessment and management of erectile dysfunction	X
Specialist service for MSM	✓
Specialist service for young people	✓
Assessment and management of all common STIs in-house	✓ (for male STIs)
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	X
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	X
High vaginal swab	NA
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	✓
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

5C DUBLIN (SERVICE FOR SEX WORKERS)	
Access and service availability	
Weekend service	X
Walk-in access	✓
Waiting time for appointments	X
Length of waiting time for appointments	NA
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	X
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	✓
Contraception beyond condoms	✓
Communicates all STI results to patients	✓
Partner notification	X
Provider referral for partner notification	NA
Health advisor for partner notification	NA
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	NA
Assessment and management of genital dermatoses	✓
Assessment and management of erectile dysfunction	NA
Specialist service for MSM	NA
Specialist service for young people	X
Assessment and management of all common STIs in-house	X
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	✓
Staff who have completed STI training in the past five years	X
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	X
Wet preparation	X
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓



5D DUBLIN	
Access and service availability	
Weekend service	X
Walk-in access	✓
Waiting time for appointments	✓
Length of waiting time for appointments	6 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	✓
Contraception beyond condoms	X
Communicates all STI results to patients	✓
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	X
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	✓
Assessment and management of erectile dysfunction	X
Specialist service for MSM	✓
Specialist service for young people	X
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	X
Staff with postgraduate qualifications in the management of contraception	X
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	✓
Dark ground microscopy	✓
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

6A GALWAY	
Access and service availability	
Weekend service	X
Walk-in access	X
Waiting time for appointments	✓
Length of waiting time for appointments	2 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	X
Contraception beyond condoms	X
Communicates all STI results to patients	✓
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	✓
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	X
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	✓
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	✓
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Chlamydia NAAT (urine and swabs)	X
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	X
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

6B GALWAY	
Access and service availability	
Weekend service	X
Walk-in access	✓
Waiting time for appointments	✓
Length of waiting time for appointments	3 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	✓
Contraception beyond condoms	X
Communicates all STI results to patients	✓
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	✓
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	X
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	✓
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	✓
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Chlamydia NAAT (urine and swabs)	✓
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

7 KERRY	
Access and service availability	
Weekend service	X
Walk-in access	X
Waiting time for appointments	✓
Length of waiting time for appointments	7 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	X
Contraception beyond condoms	X
Communicates all STI results to patients	✓
Partner notification	✓
Provider referral for partner notification	X
Health advisor for partner notification	X
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	✓
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	✓
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	✓
Dark ground microscopy	✓
Local hospital laboratory accepts STI samples for the following	
Chlamydia NAAT (urine and swabs)	✓
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	X
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	X

8 LAOIS	
Access and service availability	
Weekend service	X
Walk-in access	X
Waiting time for appointments	✓
Length of waiting time for appointments	4 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	X
Brief intervention for alcohol, smoking, suicide	X
Contraception beyond condoms	X
Communicates all STI results to patients	✓
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	X
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	X
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	X
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	✓
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	✓
Dark ground microscopy	✓
Local hospital laboratory accepts STI samples for the following	
Chlamydia NAAT (urine and swabs)	X
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	X
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

9 LIMERICK	
Access and service availability	
Weekend service	X
Walk-in access	X
Waiting time for appointments	✓
Length of waiting time for appointments	2 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	X
Contraception beyond condoms	X
Communicates all STI results to patients	Positive results only
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	X
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	X
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	X
Staff with postgraduate qualifications in the management of contraception	X
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	X
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	✓
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

10a LOUTH	
Access and service availability	
Weekend service	X
Walk-in access	X
Waiting time for appointments	✓
Length of waiting time for appointments	2 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	X
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	X
Contraception beyond condoms	X
Communicates all STI results to patients	Positive results only
Partner notification	X
Provider referral for partner notification	X
Health advisor for partner notification	X
Vaccination against HBV	X
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	X
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	X
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	✓
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	✓
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	
Gonorrhoea culture	
Gonorrhoea antimicrobial susceptibility	
Trichomonas vaginalis microscopy	
Herpes simplex NAAT	

10B LOUTH	
Access and service availability	
Weekend service	X
Walk-in access	X
Waiting time for appointments	✓
Length of waiting time for appointments	2 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	X
Contraception beyond condoms	X
Communicates all STI results to patients	Positive results only
Partner notification	Sometimes
Provider referral for partner notification	X
Health advisor for partner notification	X
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	✓
Assessment and management of erectile dysfunction	✓
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	✓
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	X
High vaginal swab	X
On-site laboratory support available for the following	
Gram staining	X
Wet preparation	X
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	
Gonorrhoea culture	
Gonorrhoea antimicrobial susceptibility	
Trichomonas vaginalis microscopy	
Herpes simplex NAAT	



11 MAYO	
Access and service availability	
Weekend service	X
Walk-in access	✓
Waiting time for appointments	✓
Length of waiting time for appointments	1 week
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	X
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	X
Contraception beyond condoms	X
Communicates all STI results to patients	Positive results only
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	✓
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	X
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	X
Staff with postgraduate qualifications in the management of contraception	X
Staff who have completed STI training in the past five years	X
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	✓
Dark ground microscopy	✓
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	X

12 MONAGHAN	
Access and service availability	
Weekend service	X
Walk-in access	X
Waiting time for appointments	✓
Length of waiting time for appointments	2 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	X
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	X
Contraception beyond condoms	X
Communicates all STI results to patients	Positive results only
Partner notification	X
Provider referral for partner notification	NA
Health advisor for partner notification	NA
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	X
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	X
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	✓
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	X
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	✓
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	
Gonorrhoea antimicrobial susceptibility	
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

13 SLIGO	
Access and service availability	
Weekend service	X
Walk-in access	✓
Waiting time for appointments	✓
Length of waiting time for appointments	2 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	X
Contraception beyond condoms	X
Communicates all STI results to patients	✓
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	X
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	✓
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	✓
Assessment and management of all common STIs in-house	X
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	X
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	✓
Dark ground microscopy	✓
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

14A TIPPERARY	
Access and service availability	
Weekend service	X
Walk-in access	X
Waiting time for appointments	X
Length of waiting time for appointments	NA
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	✓
Contraception beyond condoms	X
Communicates all STI results to patients	✓
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	X
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	✓
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	X
Staff with postgraduate qualifications in the management of contraception	X
Staff who have completed STI training in the past five years	X
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	X
Wet preparation	X
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

14B TIPPERARY	
Access and service availability	
Weekend service	X
Walk-in access	✓
Waiting time for appointments	X
Length of waiting time for appointments	NA
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	X
Education and prevention information	✓
Counselling and health advice	X
Brief intervention for alcohol, smoking, suicide	X
Contraception beyond condoms	X
Communicates all STI results to patients	Positive results only
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	X
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	X
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	X
Staff with postgraduate qualifications in the management of contraception	X
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	X
Wet preparation	X
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

15 WATERFORD	
Access and service availability	
Weekend service	X
Walk-in access	✓
Waiting time for appointments	✓
Length of waiting time for appointments	2 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	✓
Contraception beyond condoms	X
Communicates all STI results to patients	✓
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	X
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	✓
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	✓
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	X
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	X
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

16 WESTMEATH	
Access and service availability	
Weekend service	X
Walk-in access	✓
Waiting time for appointments	✓
Length of waiting time for appointments	3 weeks
Self-referral	✓
Services provided	
Free STI testing	✓
Free STI treatment	✓
Cryotherapy for warts	✓
Free condoms	✓
Education and prevention information	✓
Counselling and health advice	✓
Brief intervention for alcohol, smoking, suicide	X
Contraception beyond condoms	X
Communicates all STI results to patients	✓
Partner notification	✓
Provider referral for partner notification	✓
Health advisor for partner notification	X
Vaccination against HBV	✓
Vaccination against HAV and HBV for MSM	✓
Assessment and management of genital dermatoses	X
Assessment and management of erectile dysfunction	X
Specialist service for MSM	X
Specialist service for young people	X
Assessment and management of all common STIs in-house	X
Qualifications and continuous professional development	
Staff with postgraduate qualifications in the management of STIs	✓
Staff with postgraduate qualifications in the management of contraception	✓
Staff who have completed STI training in the past five years	✓
Routinely send bloods for the following	
HIV	✓
HBV	✓
Syphilis	✓
Usually send samples for the following	
Chlamydia	✓
Gonorrhoea	✓
Trichomonas	✓
High vaginal swab	✓
On-site laboratory support available for the following	
Gram staining	✓
Wet preparation	X
Dark ground microscopy	X
Local hospital laboratory accepts STI samples for the following	
Combined chlamydia and gonorrhoea NAAT (urine and swabs)	✓
Gonorrhoea culture	✓
Gonorrhoea antimicrobial susceptibility	✓
Trichomonas vaginalis microscopy	✓
Herpes simplex NAAT	✓

### 3.3 Comparison across counties

This section compares the public STI clinics across the 16 counties where services are located with regard to:

- Access and service availability
- Services provided
- Access to laboratory diagnostics.

#### Access and service availability

County	# clinic sessions/wk	Estimated # of patients seen per clinic session <sup>11</sup>	Are clinics cancelled because of annual leave? (# p.a.)	Estimated annual capacity <sup>12</sup>	Can people self-refer?	Is there a waiting time for appointments?	Waiting time for appointment (wks)
Carlow	0.5	18	Yes (3)	465	Yes	Yes	2
Clare	1	14	No	728	Yes	No	
Cork A	5	50	No	13,000	Yes	Yes	2
Cork B	2	20	No	2,080	Yes	Yes	3
Donegal	1	20	Yes (1)	1,039	Yes	Yes	4
Dublin A	7	75	No	16,380	Yes	No	
Dublin B	4	62	No	12,896	Yes	Yes	1
Dublin C	3	12	NA	1,872	Yes	No	
Dublin D	3	16	No	2,496	Yes	Yes	6
Galway A	1	8	Yes (1)	415	Yes	Yes	3
Galway B	5	30	No	7,800	Yes	Yes	2
Kerry	0.5	20	No	520	Yes	Yes	7
Laois	1	25	No	1,300	Yes	Yes	4
Limerick	4	25	No	5,200	Yes	Yes	2
Louth A	2	18	No	1,872	Yes	Yes	2
Louth B	0.5	14	No	364	Yes	Yes	2
Mayo	1	12	No	624	Yes	Yes	1
Monaghan	1	16	No	832	Yes	Yes	2
Sligo	2	25	Yes (4)	2,596	Yes	Yes	2
Tipperary A	0.5	17	Yes (2)	440	Yes	No	
Tipperary B	1	10	Yes (3)	517	Yes	No	0
Waterford	6	19	Yes (12)	5,916	Yes	Yes	2
Westmeath	1	12	No	624	Yes	Yes	3

Table 6: Access and service availability of public STI services by county<sup>13</sup>

11 Where services gave different figures for different clinic sessions, an average number seen per session per week was generated.

12 STI clinic capacity was derived from the reported number of people seen per clinic session, number of sessions per week and calculated to an annual capacity estimate. Consideration was given to whether or not services needed to cancel sessions because of annual leave as has been reported by a number of services. Estimated annual capacity = number of people seen per session x number of sessions per week x 52 – number of sessions cancelled per annum because of annual leave.

13 In March 2018 all public STI clinics were asked to provide up-to-date figures for the number of sessions per week, estimated number of patients seen per session and estimated number of clinic sessions cancelled per annum because of annual leave; 22/23 services responded to these queries.



## Sexual Health Services in Ireland: A Survey of STI and Contraception Services

## Services provided

County	Condoms	Contraception beyond condoms	Routinely test for HIV, HBV, syphilis, gonorrhoea, chlamydia	Manages all common STIs in-house	Partner notification	Health advisor	Vaccination against HBV	Vaccination against HAV and HBV for MSM	Assess and manage erectile dysfunction	Assess and manage genital dermatoses
Carlow	✓	X	✓	✓	✓	X	✓	✓	X	✓
Clare	X	X	✓	✓	✓	X	✓	✓	X	X
Cork A	✓	X	✓	✓	✓	✓	✓	✓	X	✓
Cork B	✓	✓	✓	✓	✓	✓	✓	✓	X	X
Donegal	✓	X	✓	✓	✓	X	✓	✓	✓	✓
Dublin A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dublin B	✓	NA	✓	✓	✓	✓	✓	✓	X	X
Dublin C	✓	✓	✓	X	X	X	✓	NA	NA	✓
Dublin D	✓	X	✓	✓	✓	X	✓	✓	X	✓
Galway A	✓	X	✓	✓	✓	✓	✓	✓	X	X
Galway B	✓	X	✓	✓	✓	✓	✓	✓	X	X
Kerry	✓	X	✓	✓	✓	X	✓	✓	X	✓
Laois	✓	X	✓	X	✓	X	✓	✓	X	X
Limerick	✓	X	✓	✓	✓	X	✓	✓	X	X
Louth A	✓	X	✓	X	X	X	X	✓	X	X
Louth B	✓	X	✓	✓	✓	X	✓	✓	✓	✓
Mayo	X	X	✓	✓	✓	✓	✓	✓	X	X
Monaghan	X	X	✓	X	X	X	✓	✓	X	X
Sligo	✓	X	✓	X	✓	X	✓	✓	X	✓
Tipperary A	✓	X	✓	✓	✓	X	✓	✓	X	✓
Tipperary B	X	X	✓	✓	✓	X	✓	✓	X	X
Waterford	✓	X	✓	✓	✓	X	✓	✓	X	✓
Westmeath	✓	X	✓	X	✓	X	✓	✓	X	X

Table 7: Services provided by public STI clinics by county (✓= yes; X=no; NA= not applicable)

14. Services were asked to indicate if they 'always' or 'sometimes' provide contraception beyond condoms.

### Access to laboratory diagnostics

County	Gonorrhoea culture and susceptibility testing	On-site gram staining	Dark ground microscopy	Wet preparation for Trichomonas vaginalis	HSV NAAT	Combined chlamydia and gonorrhoea NAAT (urine and swabs)	Chlamydia NAAT (urine and swabs) <sup>15</sup>
Carlow	✓	✓	X	X	✓	✓	NA
Clare	✓	X	X	X	✓	✓	NA
Cork A	✓	✓	X	✓	✓	X	✓
Cork B	✓	X	X	X	✓	X	✓
Donegal	✓	✓	✓	✓	✓	✓	NA
Dublin A	✓	✓	✓	✓	✓	✓	NA
Dublin B	✓	✓	X	NA	✓	✓	NA
Dublin C	✓	X	X	X	✓	✓	NA
Dublin D	✓	✓	✓	✓	X	✓	NA
Galway A	✓	✓	X	✓	✓	X	X
Galway B	✓	✓	X	✓	✓	✓	NA
Kerry	✓	✓	✓	✓	X	X	✓
Laois	✓	✓	✓	✓	✓	X	X
Limerick	✓	✓	X	✓	✓	✓	NA
Louth A		✓	X	✓			
Louth B		X	X	X			
Mayo	✓	✓	✓	✓	X	✓	NA
Monaghan		✓	X	✓	✓	✓	NA
Sligo	✓	✓	✓	✓	✓	✓	NA
Tipperary A	✓	X	X	X	✓	✓	NA
Tipperary B	✓	X	X	X	✓	✓	NA
Waterford	✓	✓	X	X	✓	✓	NA
Westmeath	✓	✓	X	X	✓	✓	NA

**Table 8: Access to local laboratory diagnostics in public STI clinics by county (✓= yes; X=no; NA= not applicable; where no answer provided or respondent ticked 'don't know', the cell is blank)**

<sup>15</sup> Only for services that answer no to combined chlamydia and gonorrhoea NAAT (urine and swabs)

### 3.4 Distribution of public STI clinic capacity

In order to get an appreciation of the relative distribution of public STI clinic capacity (see Table 6 for how capacity was derived) around the country, the programme partnered with the HSE Health Intelligence Unit and OpenApp and used the 'Resource Analyser'. This is a tool that has been developed through a partnership of the Health Intelligence Unit (Research and Development, HSE), Trutz Haase (Social and Economic Consultant) and OpenApp as a means of providing a transparent, evidence-based way of examining the share of available resources between distinct geographic areas. It is important to note that it does not determine the required overall size of the resource.

The methodological approach involves the comparison of two proportions.

- the local resource proportion per head of local population, in this case, public STI clinic capacity which is compared against:
- the average resource proportion per head of national population.

A full description of the methodology and age-related and deprivation-related STI risk are presented in Appendix 2.

The location of the 23 public STI clinics, overlaid on an OSI (Ordnance Survey Ireland) map showing the major cities and the major road and motorway network, is shown in Figure 1.

Using the Voronoi approach (see Appendix 2) – a proximity probability method – boundaries are created around the public STI clinics, see Figure 2. Because of the close proximity of clinics in some of the more populated urban areas, the Dublin services (n=4) and the Cork services (n=2) were grouped together as a Dublin and a Cork public STI unit, respectively.

Within the population, the age range chosen was 17 to 54 years, the rationale being that most STIs are reported within this age range. Within this range the population was weighted for age using age-specific STI rates per 100,000 population on STIs reported in Ireland in 2016.

For deprivation, following a review of the literature, an odds ratio of 1.66 was chosen. People at HP1 (more deprived) will be 1.66 times more likely to have an STI than people at HP5 (more affluent). The Resource Analyser was used to draw a curve across the five HP categories between 1.66 and 1.00.

Using the Resource Analyser and weighting for age and deprivation-related STI risk, the distribution of STI capacity in each of the public STI clinic areas is presented as being above (blue), below (red) or at the national average (white) for public STI clinic capacity, see Figure 3.

Figure 4 shows the diamond plots across a range of scenarios and demonstrates that adjusting the deprivation-related risk makes little impact on the relative distribution of public STI capacity within areas.



Figure 1: Location of the 23 Public STI clinics, overlaid on an OSI (Ordnance Survey Ireland) map showing the major cities and the major road and motorway network.





**Figure 2: The clinic boundaries – as determined using the Voronoi approach – have been added to the map in Figure 1. The public STI clinics are still shown, as are the major road networks.**

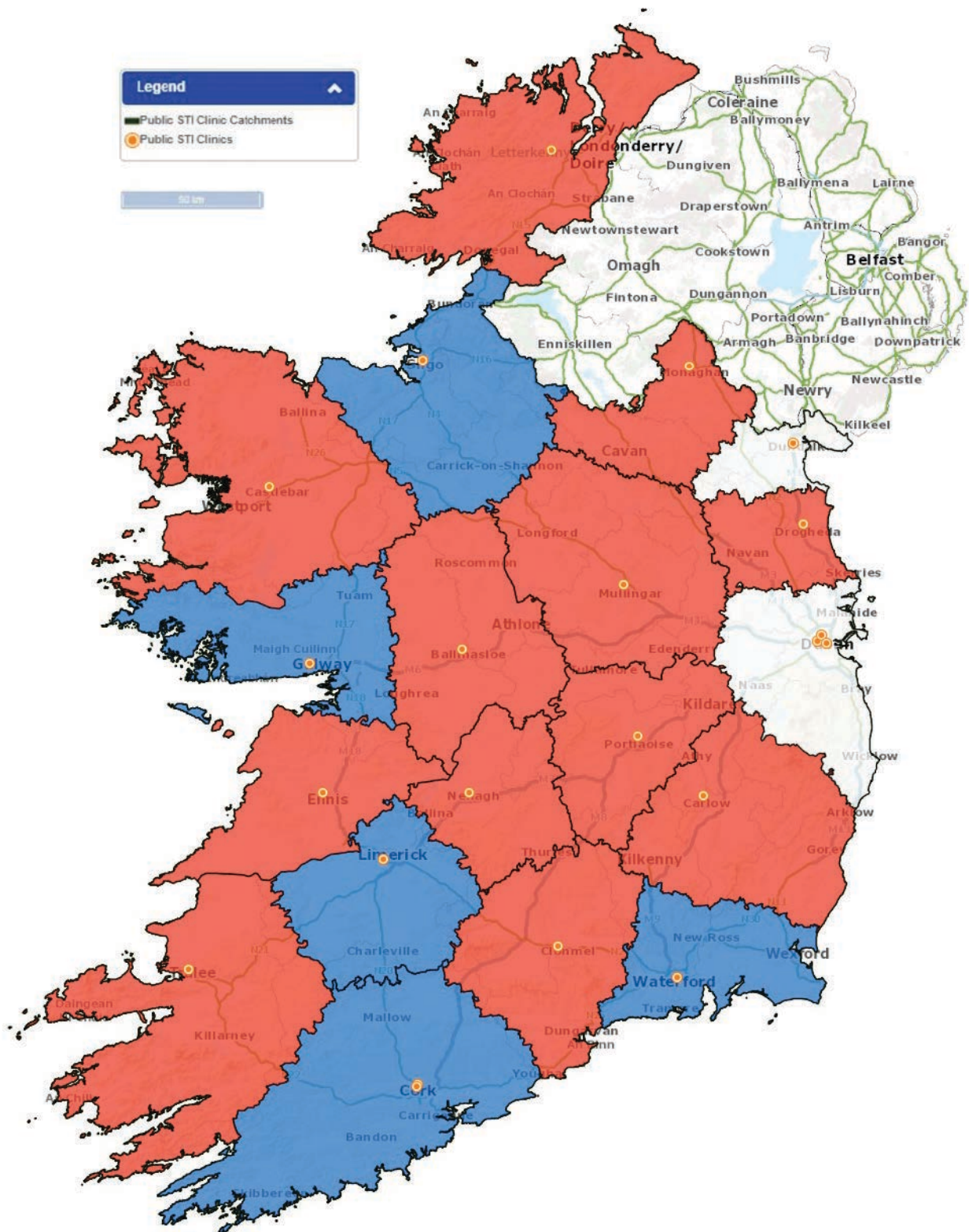


Figure 3: Relative distribution of public STI clinic capacity adjusted for age and deprivation-related (HP index  $OR=1.66$ ) STI risk (red=below national average, white=at national average, blue=above national average)


















































































































County	Uncorrected	Population weighted only	Population and deprivation (OR=1.66) weighted	Population and deprivation (OR=2.00) weighted	Population and deprivation (OR=3.00) weighted	Population and deprivation (OR=4.00) weighted
Castlebar						
Cork STI Clinics						
District Hospital Carlow						
Dublin STI Clinics						
Ennis General Hospital						
Letterkenny General Hospital						
Limerick University Hospital						
Louth County Hospital						
Midland Regional Hospital Portlaoise						
Midland Regional Hospital, Mullingar						
Monaghan General Hospital						
Nenagh General Hospital						
Our Lady of Lourdes Hospital						
Portiuncula Hospital						
Sligo University Hospital						
South Tipperary General Hospital						
University College Hospital Galway						
University Hospital Kerry						
Waterford University Hospital						

Figure 4: Diamond plots for capacity in STI clinics – unweighted, weighted for age-related risk and age and deprivation-related risk (for HP index OR=1.66, 2.00, 3.00 and 4.00)



## 4 Summary of findings and areas for action

This chapter summarises the findings from the survey across the 50 sexual health services included in this report. The second part of this chapter pays particular attention to the 23 public STI clinics, given that these services are funded entirely by the HSE. This information will be used to inform and direct future spending in this area through the sexual health needs assessment highlighting requirements within these public services. This will work towards meeting one of the key goals of the National Sexual Health Strategy, specifically ‘that equitable, accessible and high quality sexual health services, which are targeted and tailored to need, will be available to everyone’.

Fifty sexual health services from 16 counties provided information about their provision of STI and contraception services. Almost half of these services are publicly funded STI clinics based in hospital settings. Private clinics, including two online services, student clinics and NGOs made up the remaining sexual health services, also providing useful information and giving a broader picture of STI and contraception services across the county.

It is clear from the information provided that there are significant differences across the country in terms of access and availability of services, types of service provided and access to laboratory diagnostics.

There are ten counties where no services were identified, although laboratory data (see section 2.3) suggests that some level of STI testing is taking place in the majority of these. There are two counties, Leitrim and Longford, where available data from laboratories suggest that no STI testing activity is taking place.

The information available suggests that Dublin is the best-served county in terms of access, availability and service provision. Outside Dublin (and excluding online service provision), weekend access, dedicated services for MSM and young people, contraception beyond condoms and access to certain laboratory diagnostics is varied. Dublin has the greatest degree of choice for the population in terms of the types of sexual health services.

### 4.1 Sexual health services

The 50 sexual health services included in this report identified as public STI clinics, private STI clinics, private contraception services, NGO sexual health and family planning clinics or student health clinics. No service identified as a public contraception clinic.

#### Key findings

##### *Access and availability*

- All services allow patients to self-refer, as well as accepting patient referrals from other healthcare professionals.
- The vast majority of services are not available at weekends.
- The majority of clinics provide a walk-in service. Approximately one in four clinics is accessed by appointment only.
- A significant minority of services have a waiting list for appointments. Waiting times for patients vary from one to seven weeks, with the greatest proportion having a two-week waiting list.
- Waiting lists are mainly associated with public STI clinics.



### *Services provided*

- All services provide chlamydia and gonorrhoea testing, and over 90% of services routinely test for HIV, HBV and syphilis.
- Cost of STI testing to the patient is determined by the type of service.
- The majority of services communicate all STI results to patients.
- The majority of services provide assessment and management (including partner notification) of all common STIs; this is more likely in STI clinics (public and private).
- Over 80% provide vaccination against HBV, while almost three-quarters provide vaccination against HAV and HBV for MSM.
- Almost two-thirds of services provide assessment and management of genital dermatoses and condoms.
- Almost half of services provide contraception beyond condoms. Contraception beyond condoms was less likely to be provided in STI clinics (public and private) where only one in five services provide contraception beyond condoms.
- Less than one-third of services provide assessment and management of erectile dysfunction. This was more likely in student health clinics and NGO sexual health and family planning clinics than STI clinics.
- Less than one-third of services provide the HPV vaccine.
- Just over one-quarter of services have a dedicated service for young people.
- Just under one-quarter of services have a dedicated service for MSM.
- Very few services provide HIV point of care testing.

### *Access to laboratory diagnostics*

- Over 80% of services have a local laboratory that accepts STI samples.
- The majority of services have access to combined chlamydia and gonorrhoea NAAT on urine and swabs; gonorrhoea culture and antimicrobial susceptibility testing and HSV NAAT.
- Some services have on-site laboratory support for gram staining and wet preparation. This is only available in STI services, but not all STI services have access.
- A small number of services have on-site laboratory support for dark ground microscopy. This is only available in STI clinics.

### **Areas for action**

- Develop and disseminate guidelines for STI testing, assessment and management.
- Develop standards for delivery of STI testing, assessment and management appropriate to the different types of service identified.
  - Standards should address the following areas: access; clinical assessment; diagnostics; clinical management; information governance; clinical governance; appropriately trained staff; links to other services; and patient and public engagement.
- Identify priority monitoring, evaluation and audit areas in line with standards.
  - Encourage services seeing patients for STI testing, assessment and management to participate in monitoring, evaluating, auditing and facilitating this process.

## **4.2 Public STI clinics**

Twenty-three public STI clinics located in 16 counties across the country responded to this survey. Within the publicly funded services, service access, availability and provision differs.

## Key findings

### *Access and availability*

- All public STI clinics allow self-referral.
- The majority of public STI clinics have waiting lists for appointments, which vary in length from one to seven weeks.
- Almost a half of the public STI clinics see patients by prior appointment only, though some respondents did indicate that urgent cases would be seen on a walk-in basis.
- There is significant variation in the number of sessions per week and the number of patients seen per session in public STI clinics. This is possibly a reflection of staff compliment within services.<sup>16</sup>
- Approximately one-third of services (7/23) cancel clinic sessions every year because of annual leave. The number of sessions cancelled ranges from 1 to 12 sessions. Of note, for two services where clinics are cancelled because of annual leave, the service operates once every two weeks, and for three services, the service operates one session per week. Cancellations due to annual leave can, therefore, result in gaps of service of two to four weeks.

### *Services provided*

- All public STI clinics routinely provide testing for HIV, HBV, syphilis, gonorrhoea and chlamydia.
- The vast majority of public STI clinics provide: partner notification; vaccination against HBV; vaccination against HAV and HBV for MSM.
- The majority of public STI clinics provide: condoms and manage common STIs completely in-house.
- Just over a half of public STI clinics communicate all STI results to patients, while 40% communicate results only if they are positive.
- Some public STI clinics provide: assessment and management of erectile dysfunction; assessment and management of genital dermatoses.
- Very few public STI clinics provide: contraception beyond condoms or have a dedicated health advisor for partner notification (whilst the majority do provide partner notification).

### *Access to laboratory diagnostics*

- The majority of services have access to combined chlamydia and gonorrhoea NAAT on urine and swabs; gonorrhoea culture and antimicrobial susceptibility testing and HSV NAAT.
- The majority of public STI clinics carry out on-site gram staining; and have access to wet preparation for trichomonas vaginalis.
- Just under one-quarter of public STI clinics have access to dark ground microscopy.

### *Distribution of Public STI capacity*

- Based on the available information, there appears to be inequity in the distribution of capacity within public STI clinics when weighted for age and deprivation-related STI risk in the population.
- The majority of public STI clinics have capacity that is below the national average of current capacity.

<sup>16</sup> Services were asked about medical and nursing whole-time equivalents in the survey. Unfortunately, it was not possible to use the information provided as there appears to have been significant variability in how the question was interpreted.

## Areas for action

### *Access and availability*

- Work with services to identify and implement solutions to enhance efficiencies, thus improving capacity within current resources,
  - particularly in relation to reducing waiting lists, increasing walk-in availability and patient care pathways (for example, self-screening for asymptomatic patients).
- Identify resources required to ensure that there are no gaps in service provision due to annual leave.
- Develop standards in relation to public STI service access, specifically a standard in relation to the time from contact to being seen by a healthcare professional.

### *Services provided*

- Develop and implement guidelines for STI testing and treatment.
- Develop standards for STI services to ensure that there is an agreed level of service provision available across public STI clinics for the testing, assessment and management of STIs.
  - Standards should address the following areas: access; clinical assessment; diagnostics; clinical management; information governance; clinical governance; appropriately trained staff; links to other services; and patient and public engagement.
- Develop an action plan to ensure that all public STI services have access to staff training and education.
- Identify resources required to ensure that all public STI clinics provide services in line with national standards.
- Identify mechanisms and resources required to improve contraception services beyond condom provision in public STI clinics.
- Explore the apparent gaps in the provision of care for the management of genital dermatoses and erectile dysfunction.
- Identify mechanisms and resources required to address the gaps in health advisor provision in public STI clinics.

### *Access to diagnostics*

- Determine the minimum set of diagnostics that a public STI clinic should be able to access.
- Identify resources required to ensure that this access requirement is met.

### *Distribution of Public STI capacity*

- Explore the apparent inequities in public STI capacity around the country and identify resources required to bring all areas to national average capacity.<sup>17</sup>

### *Monitoring, evaluation and audit*

- Identify priority monitoring, evaluation and audit areas in line with standards.
- Encourage and facilitate all public services seeing patients for STI testing, assessment and management to participate in monitoring, evaluation and audit.

17 It is important to note that in using the Resource Analyser (see Appendix 2), the objective was to examine the distribution of the available resources between a number of geographical areas, based on population and deprivation considerations. This approach does not address whether or not the available resource is appropriate or adequate to meet population need.

*Information integration*

- Review this report in conjunction with the GP STI/contraception services and laboratory services reports to identify gaps in the provision of equitable, accessible STI and contraception services in Ireland.

*Needs assessment*

- Use the results of this mapping report to inform the work of the sexual health needs assessment in the development of an implementation plan for priority areas for action.

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## Appendix 1: Project Working Group

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## Appendix 2: Using the Resource Analyser to map public STI service provision

To meet the second objective of this report ‘to generate maps providing a visual description of the spatial distribution of public STI services nationally in line with population data and weighting for age and deprivation-related risk’, the working group partnered with the HSE Health Intelligence Unit.

The purpose of this exercise was to get an appreciation of the relative distribution of public STI services around the country. This was achieved using the ‘Resource Analyser’.

### Resource Analyser

The Resource Analyser is a tool that has been developed through a partnership of the Health Intelligence Unit (Research and Development, HSE), Trutz Haase (Social and Economic Consultant) and OpenApp as a means of providing a transparent, evidence-based and interactive way of informing – but not making – decisions about the share of available resources between distinct geographic areas. It does not determine the required overall size of the resource.

The methodological approach involves the comparison of two proportions.

- the local resource proportion per head of local population (in this case, public STI<sup>18</sup> clinic capacity to see patients) is compared against:
- the average resource proportion per head of national population.

The geographic and demographic ‘building blocks’ for the Resource Analyser are the Central Statistics Office (CSO) small areas. These units equate to between 50 and 100 households and are the smallest granular area available for analysis.

These small units are then aggregated together to form any defined health service area, provided that the resources data is categorised by the same geography.

### Public STI clinics

Information from the 23 public STI clinics in Ireland was included in this report. Because of the close proximity of clinics in some of the more populated urban areas, the Dublin services (n=4) were grouped together and the Cork services (n=2) were grouped together as a public STI unit.

It is noteworthy that a limitation of grouping services together in this way is that it does not allow for the comparison of resource allocation between the services in this area. Furthermore, it must be acknowledged that two of the Dublin-based services specifically target a named population group (men who have sex with men and sex workers), and one of the Cork-based services specifically targets young people.

### The local resource: defining public STI clinic capacity

STI clinic capacity was derived from the reported number of people seen per clinic session, number of sessions per week and calculated to an annual capacity estimate. Consideration was given to whether or

18 STI = sexually transmitted infection

not services needed to cancel sessions because of annual leave as has been reported by a number of smaller services. As the survey was initially conducted between late 2015 and early 2016, a decision was made to ask services for updated data on the parameters used to calculate STI clinic capacity in March 2018.

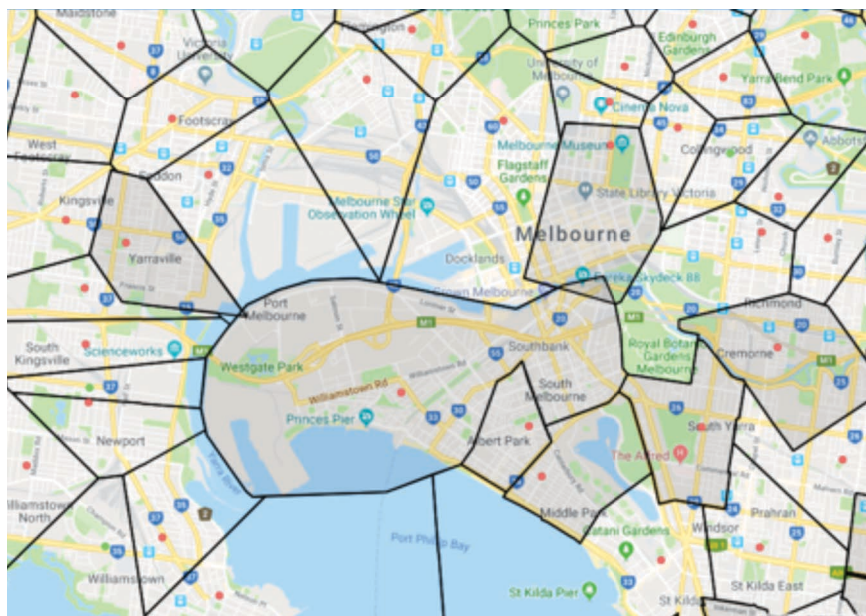
Public STI clinic capacity = number of people seen per session x number of sessions per week x 52 – number of sessions cancelled per annum because of annual leave.

### The local population: defining the population for the public STI units

The underlying assumption in determining the population for the 19 public STI units is that people will tend to go to the service that is closest to their residential address. Using the small areas described above, the distance by road from the geographic centre point (centroid) of each small area to the nearest public STI unit is recorded. Therefore, small areas that are closer to public STI unit A than public STI unit B can begin to be aggregated into a catchment area for public STI unit A. CSO demographic data is available at small area level, so by aggregating these small areas, it is possible to build up a very specific demographic profile for each of the distinct areas determined using this method.

The boundary of each distinct area is known as a Voronoi. The distinct area generated for public STI unit A in this case will be a polygon, or shape on the map, comprising all of those small areas whose centroid is closer by road to public STI unit A, than to any other clinic.

The Voronoi approach is extensively used in epidemiology and human geography. In an example shown below, Melbourne schools will take students who live within specific catchment areas, which are defined by road distance from each postal address to the nearest school.



Melbourne school Voronoi diagram (from <http://melbourneschoolzones.com/>) Accessed 13 March 2018



The approach can be illustrated in the map above. While the distinct areas generated in this example are catchment areas and absolute in determining the school that a child at a particular address will attend, the distinct areas generated for public STI units in this report are probability-based. They contain small areas from which people may be more likely to attend one service than another. There will, of course, be exceptions, and for a number of potential reasons, including anonymity, some service users may seek a clinic further away.

There is an added caveat in that the approach taken does not take into consideration the type of service or the profile of services offered by different public STI clinics/units. For example, as outlined above, two of the Dublin-based clinics target specific population groups. In the case of the service for MSM, this is the only dedicated MSM service in the country and, therefore, may attract service users from a larger geographical area than that generated in the methods used for this report. Furthermore, some of the smaller services around the country do not manage all STIs and refer some cases on to some of the larger clinics, which are located in more densely populated urban areas. These factors will contribute to a greater demand on some of the specific population services and larger services than will be seen in the standard weighting approach taken in this report.

### Weighting the population to reflect need for STI services

Health service need is driven principally by three factors:

1. The overall size of the population (total population within a given area);
2. The age profile of the population (e.g. young children and the elderly generally have greater health service needs);
3. The relative affluence or deprivation of the population (as social disadvantage is strongly correlated with poorer health).

The purpose of weighting is to reflect the differences in relative health need by age and deprivation. In the general population, healthcare need tends to be higher per capita among very young children and then drops off, to rise rapidly once again in the older age groups. Age groups with a greater need can be assigned a greater 'weight', which will result in a relatively greater share of resources being allocated to that band.

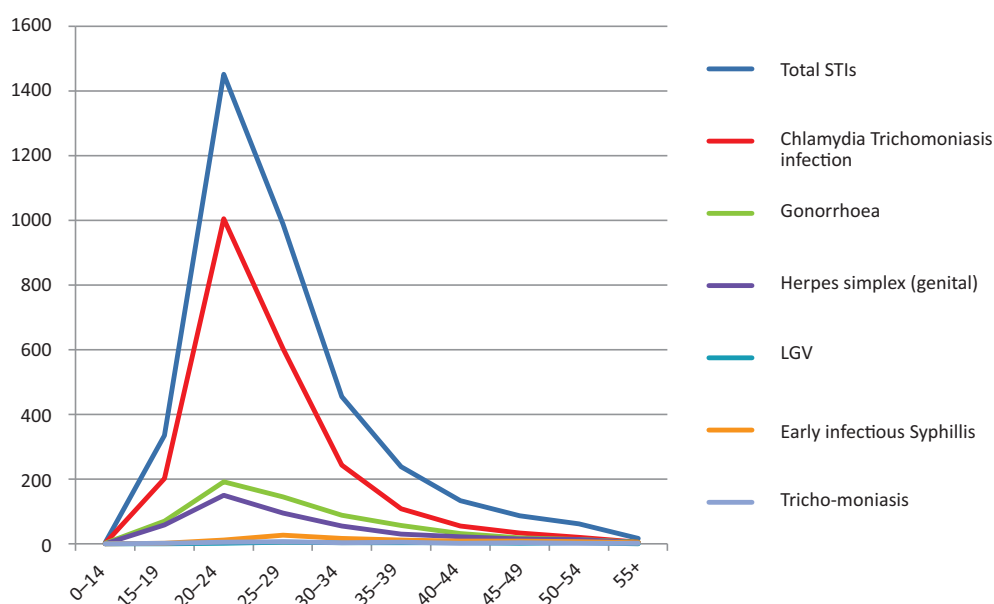
### Age weighting

To weight effectively for age, it is important to derive an age profile for the condition being studied. In this case, we need to know the prevalence by each five-year age group for STIs. The source evidence for the population weighting for STIs is shown in Table 9 below (Health Protection Surveillance Centre, 2017).

Age Group (years)	Total STIs	Ano-genital warts	Chlamydia trachomatis infection	Gonorrhoea	Herpes simplex (genital)	LGV	Early infectious Syphilis	Tricho-moniasis
0-14	2.1	0.1	1.5	0.5	0.0	0.0	0.0	0.0
15-19	334.9	5.6	200.8	68.7	57.1	0.0	1.7	1.0
20-24	1451.2	91.0	1003.9	191.5	149.1	1.1	10.6	4.0
25-29	987.4	108.9	602.5	144.6	94.1	4.0	26.6	6.7
30-34	454.2	48.1	242.0	88.1	53.9	2.5	16.6	3.0
35-39	238.3	29.3	107.3	56.2	28.8	2.1	10.5	4.1
40-44	132	13.7	54.8	31.3	21.3	2.2	7.0	1.7
45-49	86.5	12.9	32.5	17.5	13.8	0.6	7.4	1.8
50-54	60.7	8.0	18.7	12.3	13.0	2.0	5.3	1.3
55+	16.3	2.3	4.9	3.7	3.1	0.0	2.3	0.2
All ages	244.4	21.4	144.3	41.0	28.6	1.0	6.4	1.7

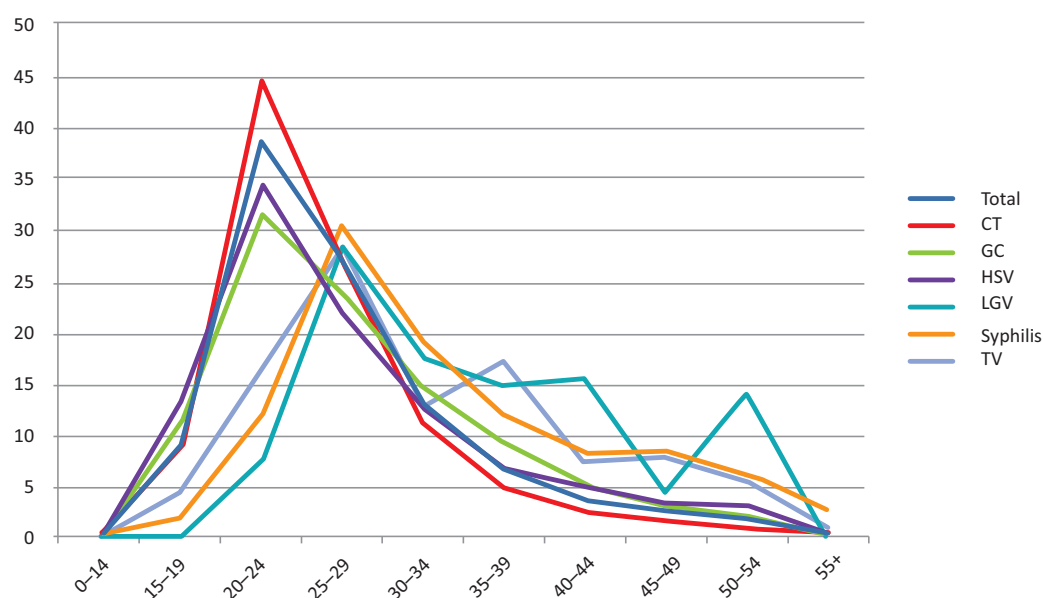
**Table 9: Age-specific STI rates per 100,000 population for 2016**

This table defines the age range wherein STIs are reported. Among this range of conditions, the two most commonly reported STIs are chlamydia and gonorrhoea. They both follow an age distribution with a peak in the age group 20–24 (see Figure 1).



**Figure 1: Age-specific STI rates per 100,000 population, 2016**

From the age profile above, it is easy to see that a group of 20–30 year olds are significantly more likely to be contracting STIs than a group of 40–50 year olds. This is the key concept in weighting for age, and it can be further defined by determining the percentage that each age group lends to the overall prevalence for each infection (see Figure 2).



**Figure 2: Percentage prevalence by age group for range of STIs, 2016**

The shape of the curves for percentage prevalence by age group mimic the shape of the age-specific STI rates curves. The curve for 'Total' aligns closely with the individual STI curves, with the possible exception of LGV (Lymphogranuloma Venereum) and TV (Trichomonas Vaginalis), where there are secondary peaks in older age groups. However, the graph of the rates shows that the number of cases for these infections is very small; therefore, it is valid to choose the 'Total STIs' curve as the benchmark for the population weighting.

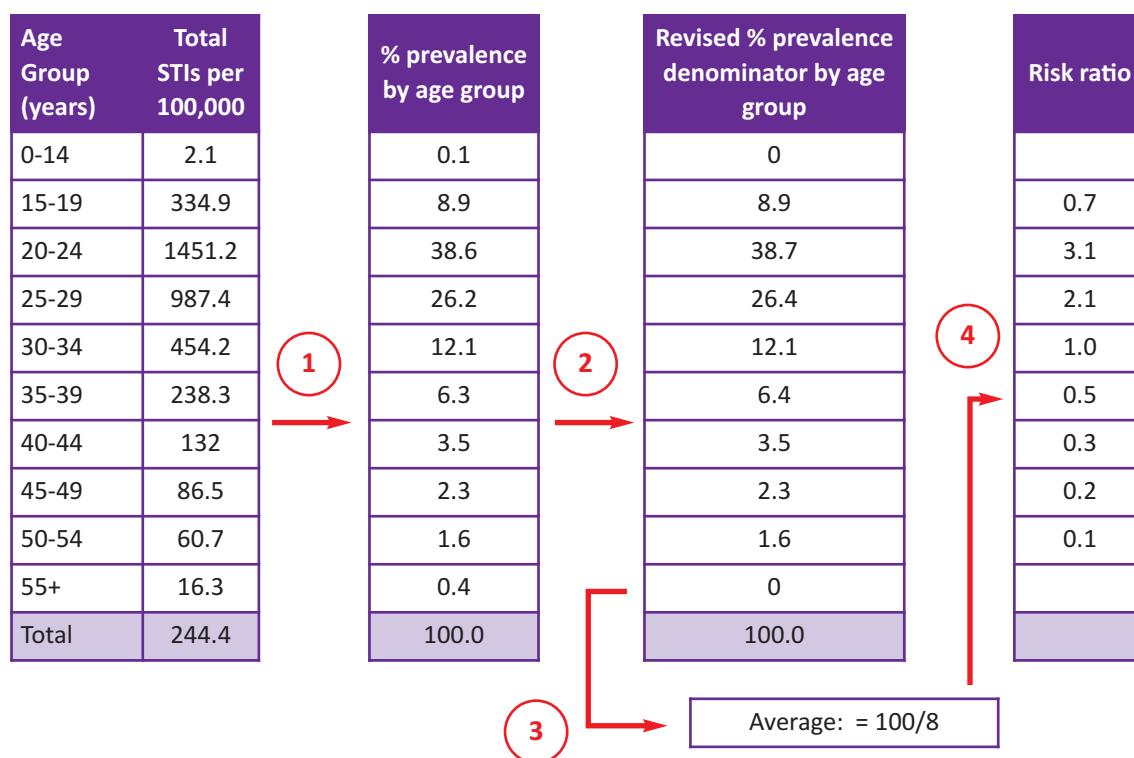


Figure 3: Determining age-specific risk of STI for population weighting

Figure 3 illustrates the four steps to be taken in determining the age weightings to be applied to each of the age groups, once the age-specific incidence rate is known.

1. For each age group, calculate:

$$\frac{\text{STIs per 100,000 per group}}{\text{Total STIs per 100,000 per population}} = \text{OBSERVED Percentage (\%) prevalence}$$

2. Remove the lower (0–14) and upper (55+) age groups.

While there are incidence figures for these age groups, they do not form part of the study denominator population of 17–54 year olds.

It is not possible to sub-divide for calculation purposes the age group 15–19 years, so, for effective purposes, the study denominator population must be taken as 15–54.

3. Calculate the average percentage prevalence as follows:

$$\frac{100.0\% \text{ (total)}}{8 \text{ (number of age groups)}} = 12.5\% = \text{AVERAGE \% prevalence}$$

This is the % prevalence that would prevail under a null hypothesis, i.e. that there was no differences between the age groups in terms of the numbers of STIs being reported.

4. For each age group:

$$\frac{\text{OBSERVED \% prevalence}}{\text{AVERAGE \% prevalence}} = \text{modified RISK RATIO}$$

The risk ratio for each age group is the weighting quotient, or multiplier, that will be applied to that age group in calculating the final weighted population.

To summarise:

- An age group with an observed percentage prevalence of 12.5% would have a standardised risk ratio of 1.0 (equivalent to average);
- An age group with an observed percentage prevalence of 6.25 would have a standardised risk ratio of 0.5 (equivalent to half average);
- An age group with an observed percentage prevalence of 25.0 would have a standardised risk ratio of 2.0 (equivalent to twice average).

By transcribing the risk ratio figures from Figure 3 above into the appropriate age group field in the Resource Analyser, an amended, age-weighted, population profile is obtained; see Figure 4.

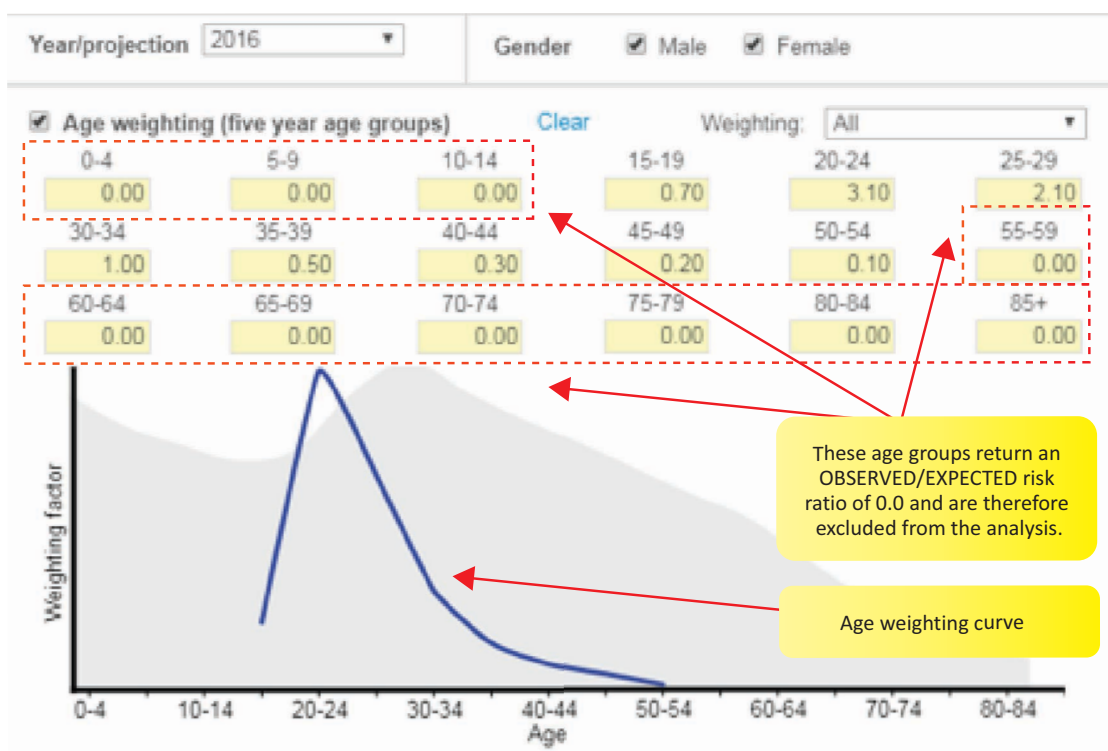


Figure 4: Age weighting curve in SHCPP Resource Analyser

When the population is 'weighted' against a theoretical average percentage prevalence in each age group of 12.5%, it can be seen in Figure 4 that the age group 20–24 has a risk ratio of 3.1, meaning that more than three times the average number of cases of total STIs will occur between these ages.

It may also be read that people in this age group have over three times the amount of 'need' when compared with people in an age group approaching the average (e.g. 30–34 age group has a risk ratio of 1.0). Similarly, the age group 40–49, with a risk ratio of 0.3, will only experience one-third of the average 'need' of the study population.

Therefore, each age group in a given distinct area will be artificially expanded or contracted, depending on whether its risk ratio is greater or less than 1.0. Age groups returning a risk ratio of 0.0 are excluded entirely from the analysis (see Figure 4).

### Deprivation weighting

The Pobal HP Index is a measurement of deprivation that aims to describe populations within Ireland in terms of their deprivation or affluence (Haase and Pratschke, 2012). Calculation of a Deprivation Index is based on three dimensions: (i) demographic profile; (ii) social class composition and (iii) labour market situation.

- (i) Demographic profile in turn is measured by six indicators:
  - *% increase in population over the previous five years;*
  - *% of the population aged under 15 or over 64 years;*
  - *% of population with a primary school education only;*
  - *% of population with a third-level education;*
  - *% of households with children aged under 15 years and headed by a single parent;*
  - *Mean number of persons per room.*
- (ii) Social class composition is measured by five indicators:
  - *% of population with a primary school education only;*
  - *% of population with a third-level education;*
  - *% of households headed by professionals or managerial and technical employees, including farmers with 100 acres or more;*
  - *% of households headed by semi-skilled or unskilled manual workers, including farmers with less than 30 acres;*
  - *Mean number of persons per room.*
- (iii) Labour market situation is measured by four indicators:
  - *% of households headed by semi-skilled or unskilled manual workers, including farmers with less than 30 acres;*
  - *% of households with children aged under 15 years, headed by a single parent;*
  - *Male unemployment rate;*
  - *Female unemployment rate.*

Each dimension is calculated and combined to form an Absolute Index Score and a Relative Index Score.

The HP Index is predicated on the distance of the observation from the mean, which is denoted by standard deviation (SD) bands (see Figure 5). The values either side of the average in the interval -1 SD (Standard Deviation) to +1 SD are the closest to the mean or the average observation and are referred to as HP3. Between -1 SD and -2 SD, the interval is chosen to represent the HP2 band, which is an indicator of deprivation. Values at -2 SD and below are combined in the HP1 band, which indicates a greater level of deprivation.

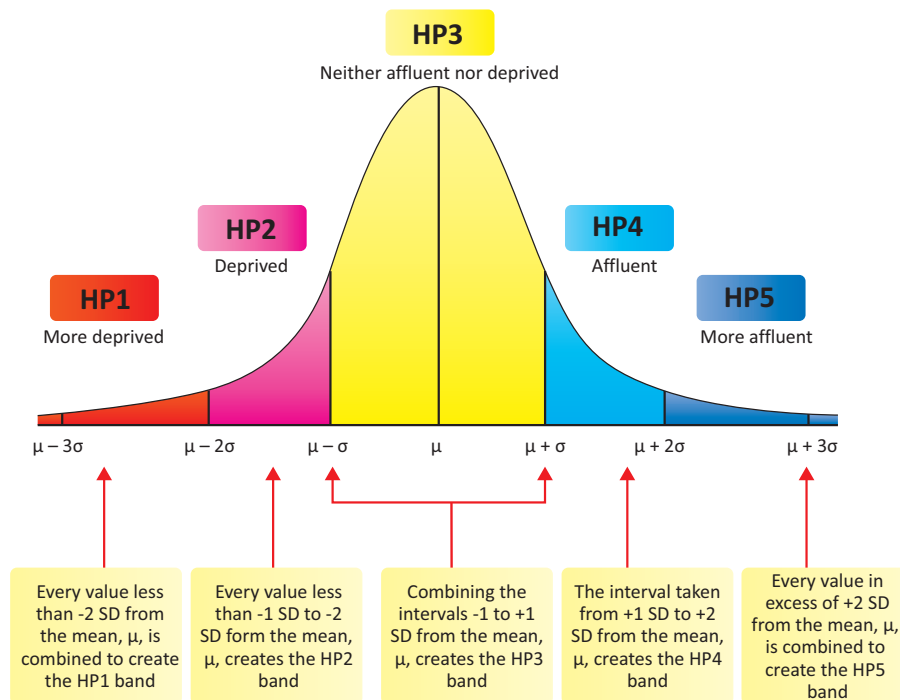


Figure 5: HP index of deprivation

For the purposes of this exercise, an Odds Ratio for deprivation of 1.66 has been selected (Crichton et al., 2015). What this means is that people at HP1 (more deprived) will be 1.66 times more likely to have an STI than people at HP5 (more affluent).

The Resource Analyser can be used to draw a curve across the five HP categories between 1.66 and 1.00 as below, Figure 6.

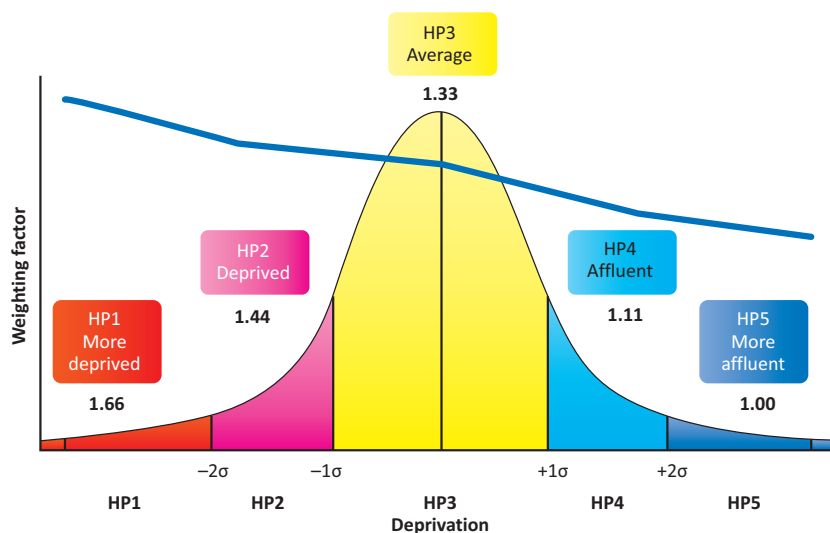


Figure 6: Deprivation curve across the HP deprivation groups

This figure shows a gentle slope from the more affluent (HP5) with a benchmark risk of 1.00, slightly increasing as the deprivation bands move left from HP4 to HP3 to HP2; and finally peaking at HP1, with an Odds Ratio of 1.66.

