



UK Health  
Security  
Agency

# Summary profile of local authority sexual health Birmingham

Field Service, Regions Directorate, Health Protection  
Operations  
01 February 2023



# Key findings

- This report summarises the latest available sexual and reproductive health data for Birmingham. As a response to the COVID-19 pandemic, the Government implemented national and regional lockdowns and social and physical distancing measures since March 2020. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.
- Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of Birmingham in 2021 was 6,316. The rate was 554 per 100,000 residents, similar to the rate of 551 per 100,000 in England, and lower than the average of 626 per 100,000 among its [nearest neighbours](#).
- Birmingham ranked 47th highest out of 150 upper tier local authorities (UTLAs) and unitary authorities (UAs) for new STI diagnoses excluding chlamydia in those aged under 25 in 2021, with a rate of 387 per 100,000 residents, similar to the rate of 394 per 100,000 for England.
- The chlamydia detection rate per 100,000 young people aged 15 to 24 years in Birmingham was 1,032 in 2021, worse than the rate of 1,334 for England.
- The rank for gonorrhoea diagnoses (which can be used as an indicator of local burden of STIs in general) in Birmingham was 31st highest (out of 150 UTLAs/UAs) in 2021. The rate per 100,000 was 120, worse than the rate of 90.3 in England.
- Among specialist sexual health service (SHS) patients from Birmingham who were eligible to be tested for HIV, the percentage tested in 2021 was 76.1%, better than the 45.8% in England.
- The number of new HIV diagnoses in Birmingham was 75 in 2021. The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2021 was 2.8, worse than the rate of 2.3 in England. The rank for HIV prevalence in Birmingham was 37th highest (out of 150 UTLAs/UAs).
- In Birmingham, in the three year period between 2019 - 21, the percentage of HIV diagnoses made at a late stage of infection amongst those first diagnosed in the UK (all individuals with CD4 count  $\leq 350$  cells/mm<sup>3</sup> within 3 months of diagnosis) was 43.0%, similar to 43.4% in England.
- The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in primary care, specialist and non-specialist SHS per 1,000 women aged 15 to 44 years living in Birmingham was 26.5 in 2020, lower than the rate of 34.6 per 1,000 women in England. The rate prescribed in primary care was 19.1 in Birmingham, lower than the rate of 21.1 in England. The rate prescribed in the other settings was 7.5 in Birmingham, lower than the rate of 13.4 in England.
- The total abortion rate per 1,000 women aged 15 to 44 years in 2021 was 22.1 in Birmingham, higher than the England rate of 19.2 per 1,000. Of those women under 25 years who had an abortion in 2021, the proportion who had had a previous abortion was 31.8%, higher than 29.7% in England.

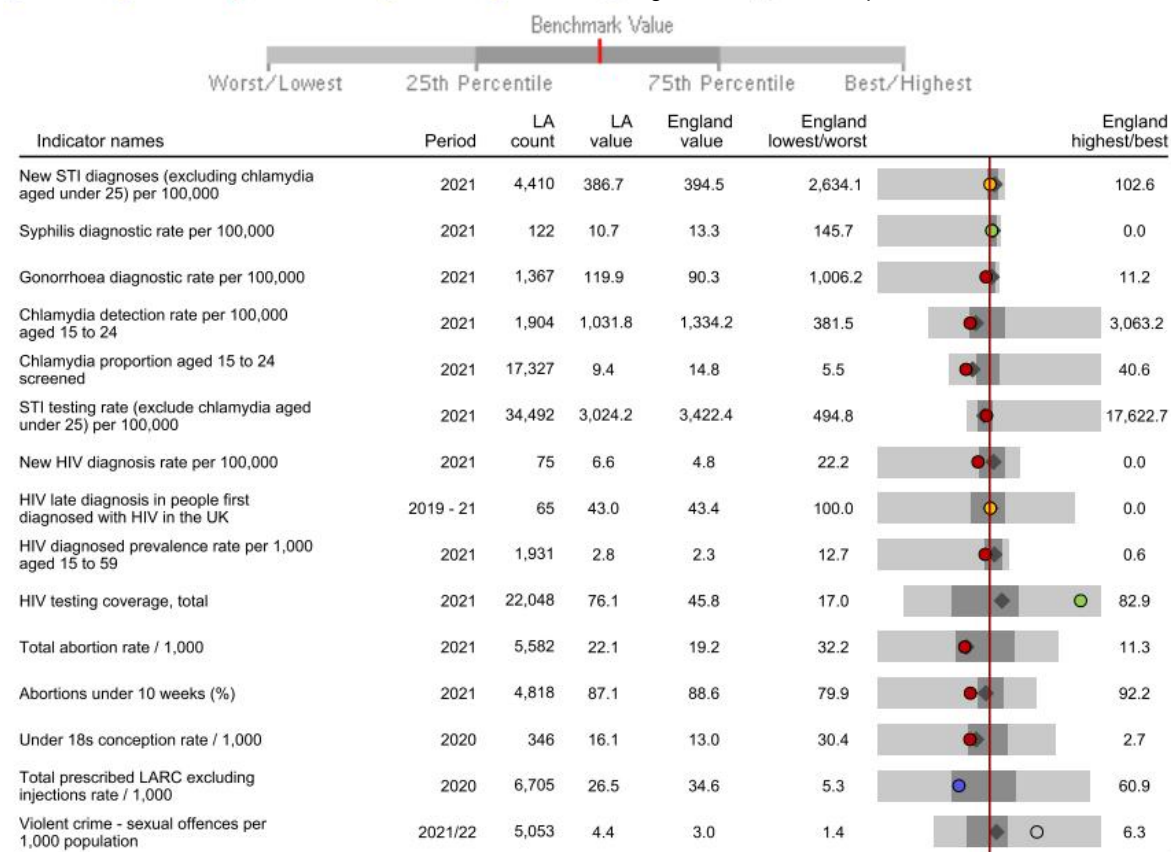
- In 2020, the conception rate for under-18s in Birmingham was 16.1 per 1,000 girls aged 15 to 17 years, worse than the rate of 13.0 in England.
- In 2020/21, the percentage of births to mothers under 18 years was 0.7%, worse than 0.6% in England overall.

**Figure 1.** Chart showing key sexual and reproductive health indicators in Birmingham compared to the rest of England

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the West Midlands UKHSA Region.

Compared to England:

● Better ● Similar ● Worse or ● Lower ● Similar ● Higher or ○ Not compared



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

# Introduction

## Aim

This report describes sexual and reproductive health in a local area in an integrated way, including sexually transmitted infections (STIs), HIV, under-18 conceptions, abortion and Long Acting Reversible Contraception rates for women aged 15 to 44.

This is produced alongside other local HIV, sexual and reproductive health intelligence tools provided by the UK Health Security Agency (UKHSA) to help inform local Joint Strategic Needs Assessments (JSNAs) so that commissioners can effectively target service provision.

This report has been produced by the UKHSA, with support from the Office for Health Improvement and Disparities (OHID).

## Information used in this report

Unless otherwise indicated this report is compiled from publicly available data on the online [Sexual and Reproductive Health Profiles](#). Please access this tool for further data analysis and more information about the data included in this report which is described in the 'definitions' tab for each indicator.

Please note that City of London and Isles of Scilly are not included in the rankings in this document. Where comparisons are made to Hackney or Cornwall, please note that the data for these areas may have been combined with City of London and Isles of Scilly respectively. Please check the online Profiles.

Please note any mention of UKHSA Centre is equivalent to PHE Centres mentioned in previous versions of this report.

For an introductory guide on sexual health data sources, please access <https://www.gov.uk/government/publications/sexual-and-reproductive-health-in-england-local-and-national-data>.

## Viewing this report and converting to PDF

This report has been developed for the best viewing experience in Google Chrome. It has also been tested with Internet Explorer 11 and Microsoft Edge, but some content may look different (for example, the table of contents is not available in Internet Explorer).

When viewed in Google Chrome, this report can be converted to a PDF through the Print menu. Select “Save as PDF” as the destination. For the best result, it is recommended to select the “background graphics” option, and deselect the “headers and footers” option.

Some other browsers also offer PDF conversion, but the formatting may not display as intended.

# STIs

As STIs are often asymptomatic, frequent STI screening of groups with greater sexual health needs is important and should be conducted in line with national guidelines. Early detection and treatment can reduce important long-term consequences, such as infertility and ectopic pregnancy. Vaccination is an intervention that can be used to control genital warts, hepatitis A and hepatitis B, however, control of other STIs relies on consistent and correct condom use, behaviour change to decrease overlapping and multiple partners, ensuring prompt access to testing and treatment, and ensuring partners of cases are notified and tested.

There was an increasing trend in diagnoses of chlamydia, gonorrhoea and syphilis in England from 2010 until 2019, while diagnoses of genital warts have decreased since 2013 due to the protective effect of HPV vaccination.<sup>1</sup> Increasing diagnosis rates for chlamydia among people aged 15 to 24 years are largely driven by changes in testing activity through the National Chlamydia Screening Programme (NCSP), although ongoing high levels of condomless sex will have played a role. The NCSP data tables provide additional data on chlamydia testing coverage, positivity and diagnostic rates (for those aged 15 to 24 years).<sup>2</sup>

In March 2020, in response to the Coronavirus Disease 2019 (COVID-19) pandemic, the UK Government implemented strict non-pharmaceutical interventions (NPIs) in the form of national and regional lockdowns, as well as social and physical distancing measures including an emphasis on staying at home. Sexual health services (SHS) in England had substantially reduced capacity to deliver face-to-face consultations but underwent rapid reconfiguration to increase access to STI testing via telephone or internet consultations. STI testing and diagnoses decreased across all infections during 2020. Testing levels largely recovered during 2021, while diagnoses overall remained lower. Larger decreases in diagnoses were observed for STIs that are usually diagnosed clinically at a face-to-face consultation, such as genital warts or genital herpes, when compared to those that could be diagnosed using remote self-sampling kits such as chlamydia and gonorrhoea.<sup>3</sup> STIs continue to disproportionately impact gay, bisexual and other men who have sex with men (MSM), young people aged 15 to 24 years, and people of Black Caribbean ethnicity.

This report has been compiled using data from SHS and 'community-based' settings routine returns to the GUMCAD STI and CTAD Chlamydia surveillance systems.

'Sexual health services' refer to services offering specialist (level 3) STI-related care such as genitourinary medicine (GUM) and integrated GUM and sexual and reproductive health (SRH) services. They also include other services offering non-specialist (level 1 or level 2) STI-related care and community-based settings such as young people's services, internet services, termination of pregnancy services, pharmacies, outreach, and general practice. Further details on the levels of sexual healthcare provision are provided in the BASHH Standards for the Management of STIs (Appendix B).

## Burden and trend of new STIs

A total of 6,316 new STIs were diagnosed in residents of Birmingham in 2021. It should be noted that if high rates of gonorrhoea and syphilis are observed in a population, this reflects high levels of risky sexual behaviour.

When interpreting trends, please note:

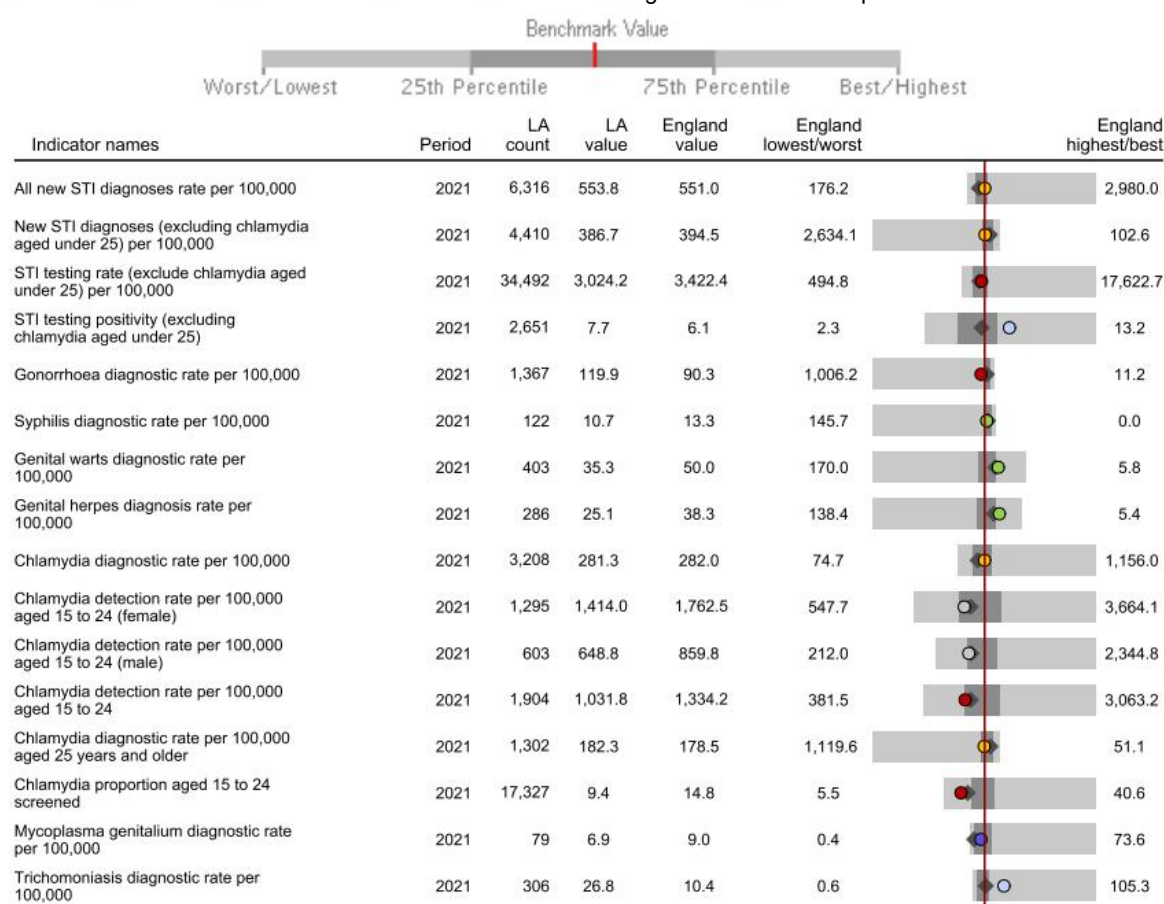
- The decrease in STI testing and diagnoses in 2020 due to the reconfiguration of sexual health services during the COVID-19 pandemic response, with testing rates largely recovering during 2021, but diagnoses overall remaining lower.
- Recent decreases in genital warts diagnoses are due to the protective effect of HPV vaccination, and are particularly evident in the younger age groups (25 and younger) who have been offered the vaccine since the national programme began

**Figure 2.** Chart showing key STI indicators in Birmingham compared to the rest of England

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the West Midlands UKHSA Region.

Compared to England:

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As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years



**Table 1.** Rates per 100,000 population of new STIs in Birmingham and England: 2020-2021

Diagnoses	2020	2021	% change 2020 to 2021*	Rank among 16 similar UTLAs/Us†	Rank within England: 2021‡	Value for England: 2021
New STIs	481.3	553.8	15.1%	10	45	551.0
New STIs (exc chlamydia aged <25)	318.1	386.7	21.6%	8	47	394.5
Chlamydia	270.6	281.3	4.0%	12	54	282.0
Gonorrhoea	104.1	119.9	15.2%	6	31	90.3
Syphilis	6.0	10.7	79.4%	4	54	13.3
Genital warts	24.6	35.3	43.4%	14	125	50.0
Genital herpes	17.7	25.1	41.6%	13	126	38.3
Mycoplasma genitalium <sup>1</sup>	8.8	6.9	-21.0%	3	62	9.0
Trichomoniasis <sup>1</sup>	18.3	26.8	46.4%	2	11	10.4

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\* Percent change not provided where the value in 2020 was 0.

† These are Birmingham and its 15 statistical nearest neighbours, excluding those where values were suppressed due to small numbers. First rank has the highest value. Nearest neighbours are derived from [CIPFA's Nearest Neighbours Model](#).

‡ Out of 149 UTLAs/Us in England, excluding those where values were suppressed due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

<sup>1</sup> Data for Mycoplasma genitalium and trichomoniasis were included for the first time in 2022. Testing for these infections is not included as part of a standard sexual health screen, but is advised for those with symptoms and the partners of those diagnosed (see BASHH guidelines for [Mycoplasma genitalium](#) and [trichomoniasis](#)).

**Table 2.** Number of new STIs by year, Birmingham

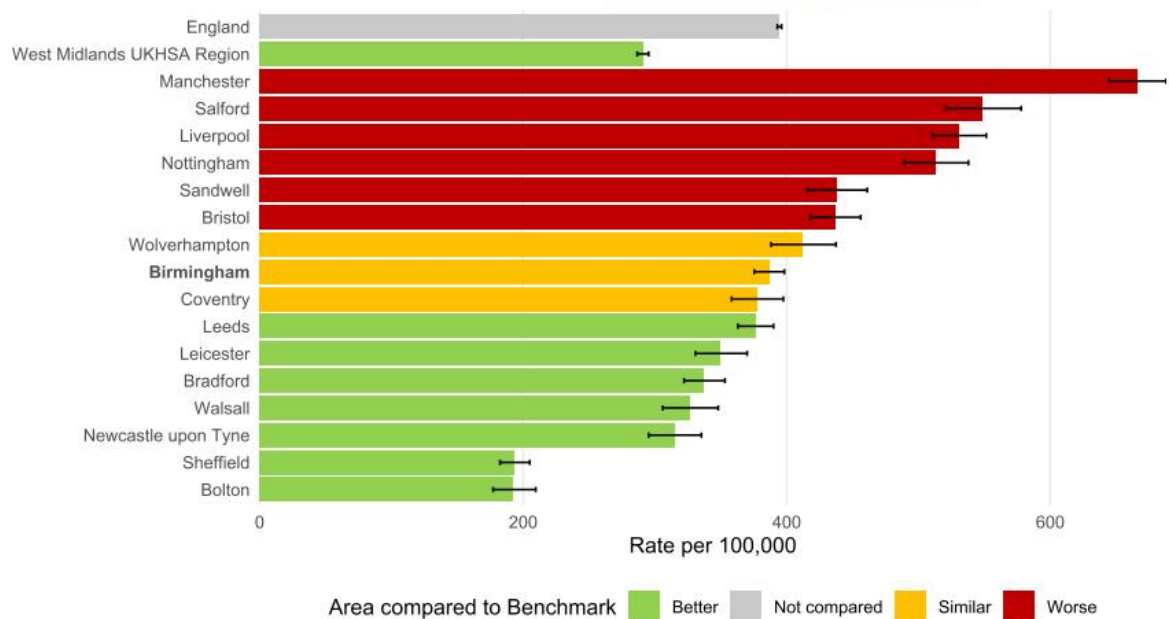
Diagnoses	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
New STIs	11,663	11,128	10,877	10,027	10,096	10,430	10,877	11,351	5,489	6,316
New STIs (exc chlamydia aged <25)	7,539	7,225	7,194	6,979	7,023	7,188	7,500	7,961	3,628	4,410
Chlamydia	6,051	5,842	5,387	4,821	5,031	5,324	5,570	5,611	3,086	3,208
Gonorrhoea	1,027	972	1,114	1,148	1,227	1,516	1,699	2,158	1,187	1,367
Syphilis	24	48	69	101	112	112	100	108	68	122
Genital warts	1,494	1,468	1,491	1,239	1,220	1,068	1,065	943	281	403
Genital herpes	685	659	639	635	594	672	640	638	202	286
Mycoplasma genitalium <sup>1</sup>	-	-	-	-	-	-	-	337	100	79
Trichomoniasis <sup>1</sup>	586	578	496	545	600	629	611	629	209	306

<sup>1</sup> Data for Mycoplasma genitalium and trichomoniasis were included for the first time in 2022. Testing for these infections is not included as part of a standard sexual health screen, but is advised for those with symptoms and the partners of those diagnosed (see BASHH guidelines for [Mycoplasma genitalium](#) and [trichomoniasis](#)).



**Figure 4.** Rates per 100,000 population of new STIs (excluding chlamydia in under 25-year olds) in 16 similar local authorities and the West Midlands UKHSA Region, compared to England: 2021

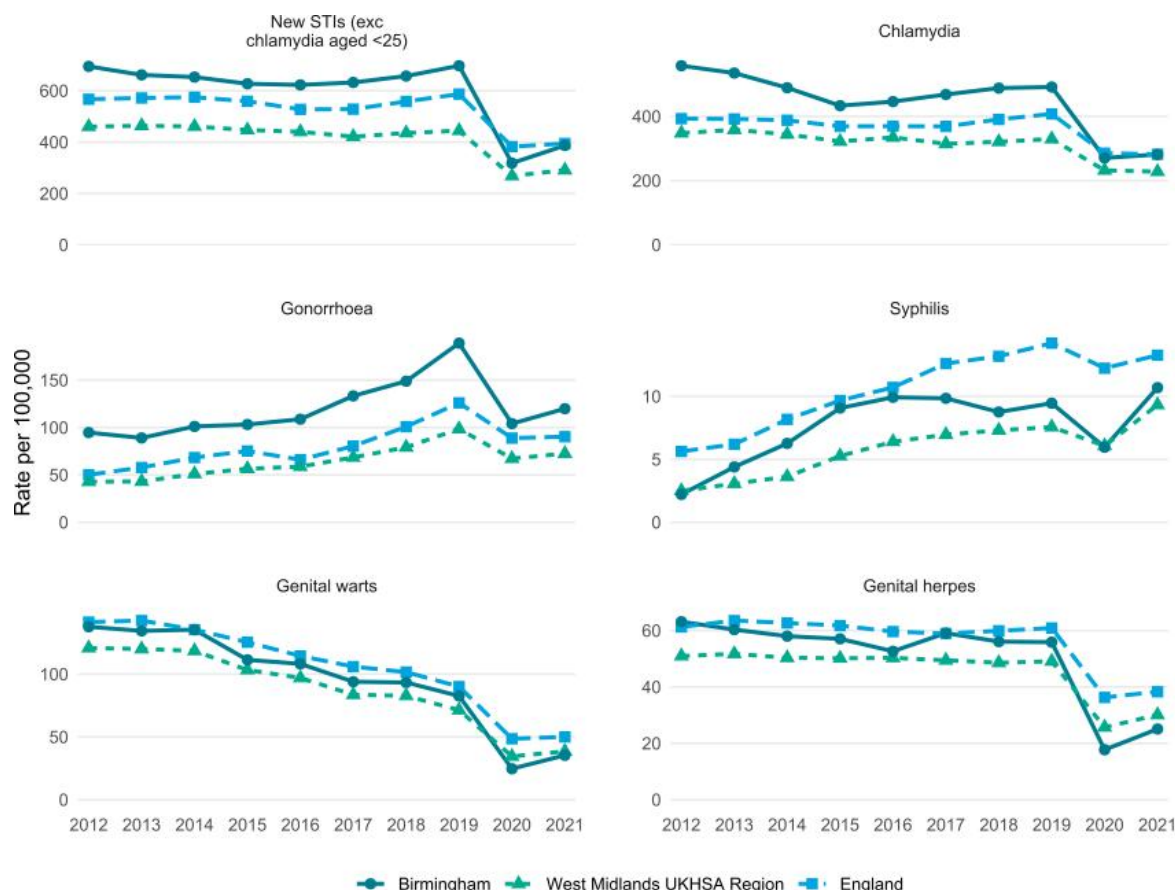
Similar refers to statistical nearest neighbours, derived from [CIPFA's Nearest Neighbours Model](#)



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

**Figure 5.** Rates per 100,000 population by diagnosis by year in Birmingham compared to rates in the West Midlands UKHSA Region and England: 2012 to 2021

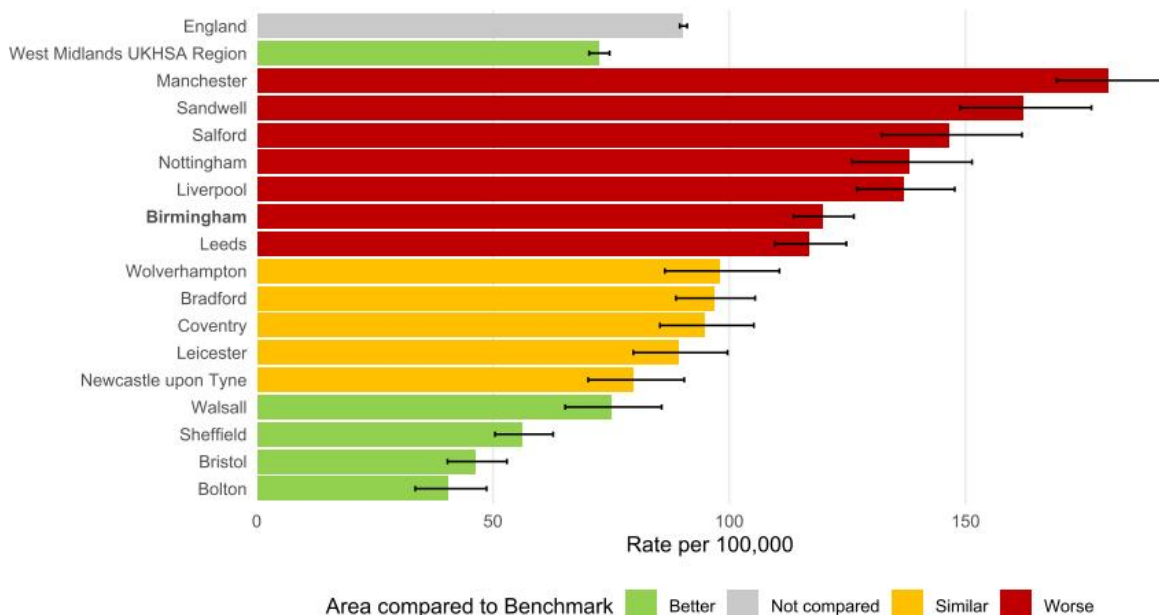
Please note the charts have different y axis scales.



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**Figure 6.** Rates per 100,000 population of gonorrhoea in 16 similar local authorities and the West Midlands UKHSA Region, compared to England: 2021

Similar refers to statistical nearest neighbours, derived from [CIPFA's Nearest Neighbours Model](#)

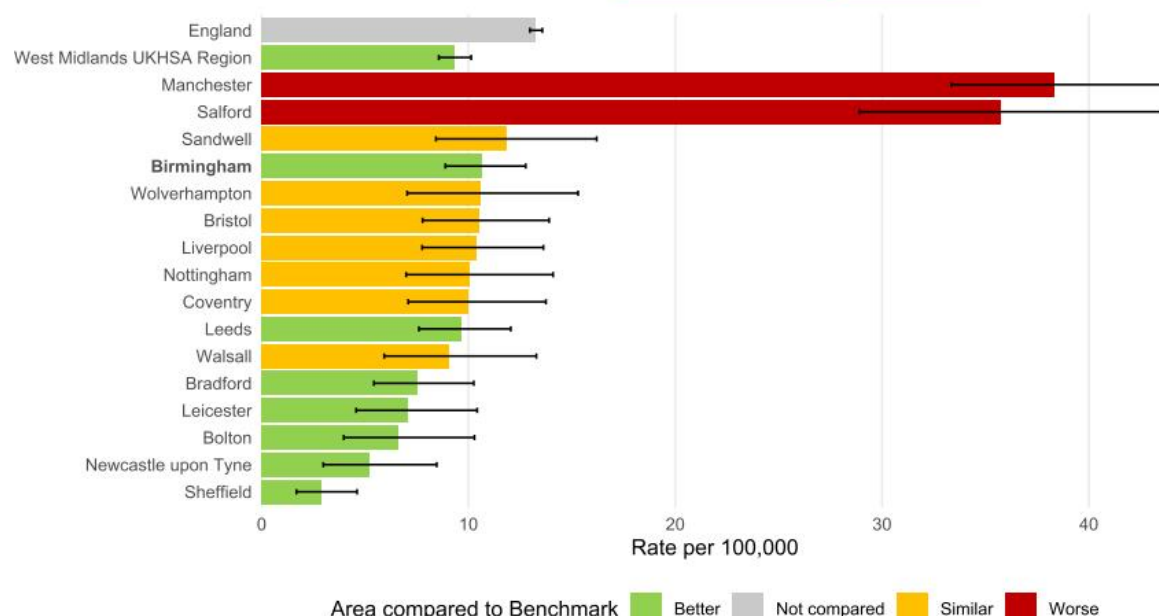


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Figure 7 shows rates of syphilis per 100,000 population for Birmingham, compared to national, regional, and neighbouring rates. The UKHSA has conducted an in-depth examination of the national epidemiology of syphilis from 2010-2019,<sup>4</sup> in alignment with the Syphilis Action Plan (2019).<sup>5</sup>

**Figure 7.** Rates per 100,000 population of syphilis in 16 similar local authorities and the West Midlands UKHSA Region, compared to England: 2021.

Similar refers to statistical nearest neighbours, derived from [CIPFA's Nearest Neighbours Model](#)



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## Chlamydia detection

In June 2021, the National Chlamydia Screening Programme (NCSP) changed to focus on reducing the harms from untreated chlamydia infection.<sup>6</sup> These harms occur predominantly in young women and other people with a womb or ovaries - this includes transgender men, non-binary people assigned female at birth, and intersex people with a womb or ovaries. Therefore, opportunistic screening should focus on these groups, combined with reducing time to test results and treatment, strengthening partner notification and re-testing after treatment.

In practice this means that chlamydia screening in community settings (e.g. GP and Community Pharmacy) will only be proactively offered to young women and other people with a womb or ovaries. Services provided by sexual health services remain unchanged and everyone can still get tested if needed.

Given the change in programme aim, the Public Health Outcome Framework (PHOF) Detection Rate Indicator (DRI) benchmarking thresholds have been revised and will be measured against females only. A new female-only PHOF benchmark DRI will be included in the PHOF from January 2022 (to be reported in 2023).

This report covers 2021 data and benchmarks against the rate for England. Since chlamydia is most often asymptomatic, a high detection rate reflects success at

identifying infections that, if left untreated, may lead to serious reproductive health consequences.

The chlamydia detection rate in 15 to 24 year olds in 2021 in Birmingham was 1,032 per 100,000 population (1,904 positives out of 17,327 screened), lower than the 2,300 target. 9.4% of 15 to 24 year olds were tested for chlamydia, compared to 14.8% nationally. The detection rate per 100,000 and its rank among CIPFA nearest neighbours and England are shown in Table 3.

**Table 3.** Chlamydia detection rate per 100,000 population and percentage screened in 15 to 24 year olds in Birmingham and England: 2021

	2020	2021	% change 2020 to 2021*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2021‡	Value for England: 2021
<b>Detection rate</b>						
Total	1,002.0	1,031.8	3.0%	13	111	1,334.2
Women	1,386.7	1,414.0	2.0%	12	101	1,762.5
Men	617.6	648.8	5.1%	13	106	859.8
<b>Percentage screened</b>						
People aged 15- 24	8.8	9.4	6.2%	13	134	14.8

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\* Percent change proportional to the value in 2020, not a change in percentage points. Percent change not provided where the value in 2020 was 0.

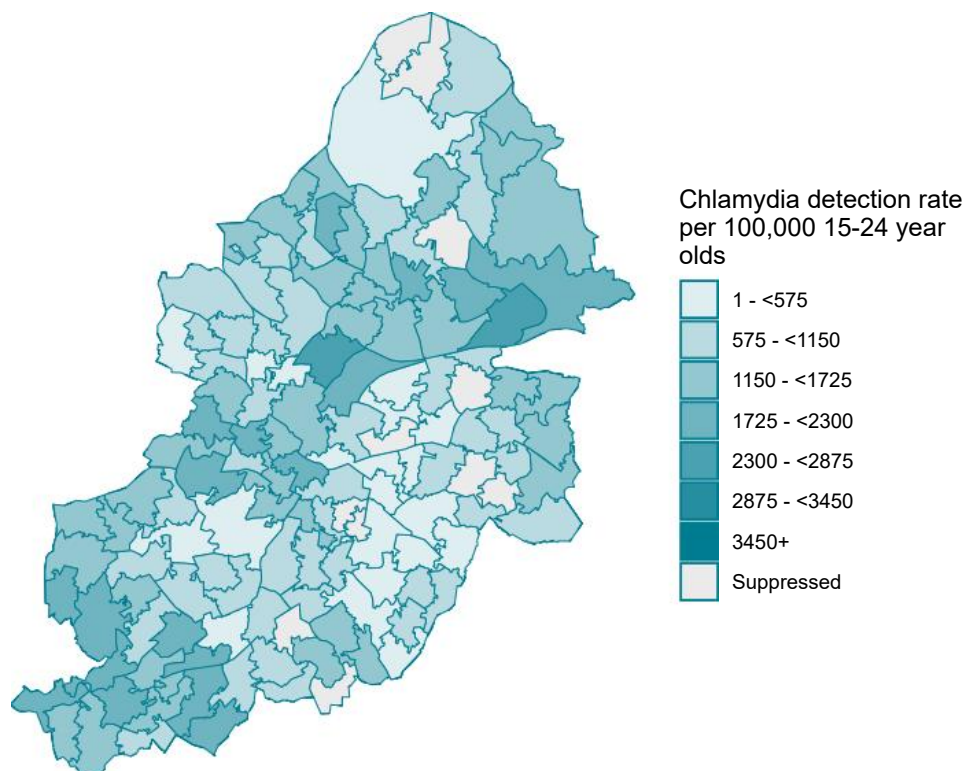
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Variation in rates of chlamydia detection (Figure 8) may represent differences in prevalence, but are influenced by screening coverage and whether most at risk populations are being reached (i.e. the proportion testing positive).

### Figure 8. Map of chlamydia detection rate per 100,000 population in 15 to 24 years in Birmingham by Middle Super Output Area: 2021

Please note that this data is not available on the online Sexual and Reproductive Health Profiles. Data is sourced from the CTAD Chlamydia Surveillance System (CTAD). As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider this reconfiguration, especially when comparing with data from pre-pandemic years.

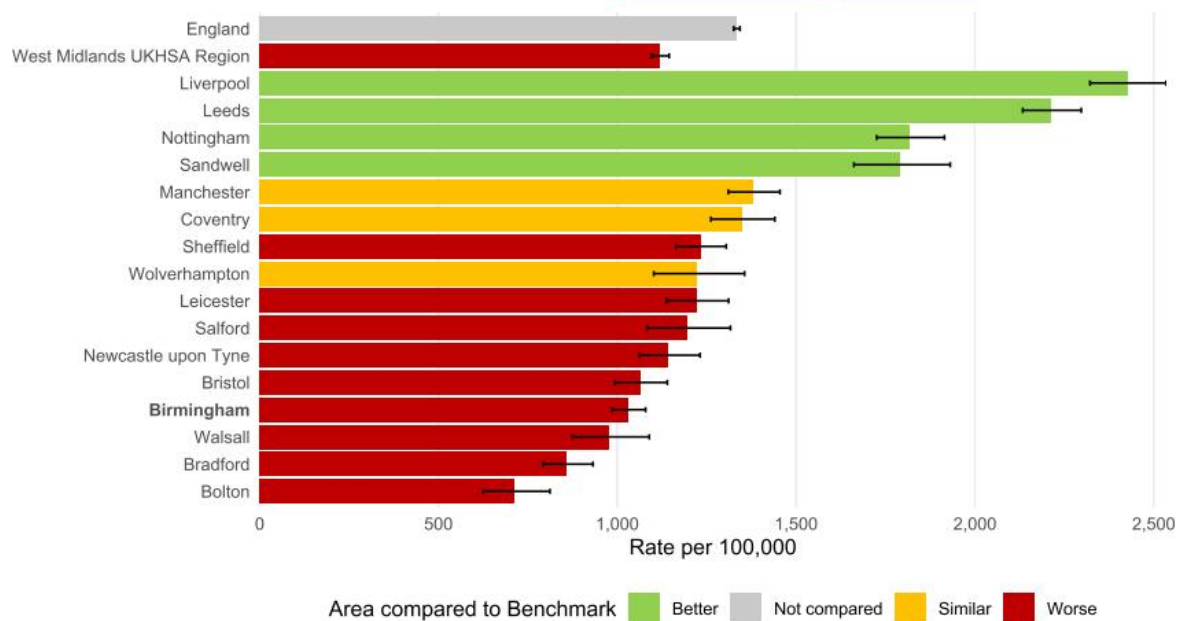


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**Figure 9.** Chlamydia detection rate per 100,000 population in 15 to 24 year olds in 16 similar local authorities and the West Midlands UKHSA Region, compared to England: 2021

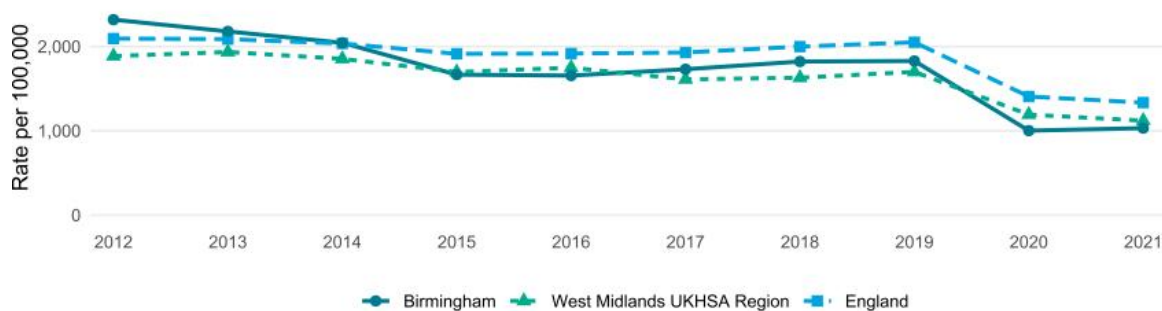
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In the five years from 2016 to 2021, there was a 38% decrease in the chlamydia detection rate among 15 to 24 year olds in Birmingham. From 2020, the increase was 3%.

**Figure 10.** Chlamydia detection rate per 100,000 population in 15 to 24 year olds by year in Birmingham, the West Midlands UKHSA Region and England



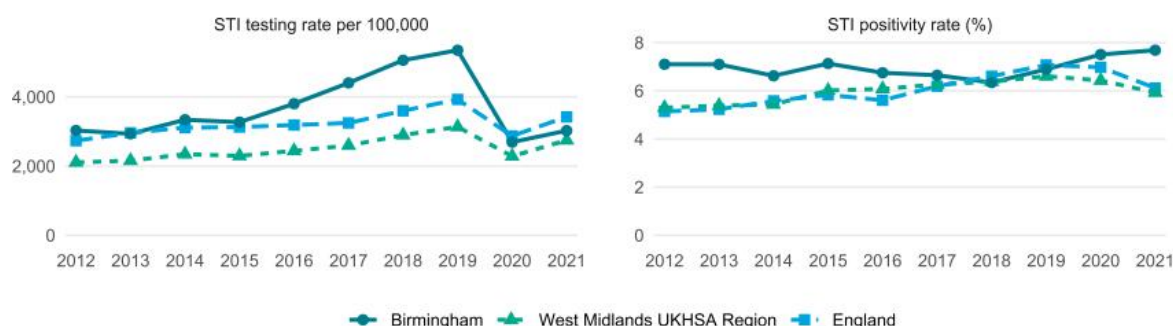
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## STI testing in sexual health services (SHS)

In 2021 the rate of STI testing (excluding chlamydia in under 25 year individuals) in SHS in Birmingham was 3,024 per 100,000, a 12% increase compared to 2020. This is lower than the rate of 3,422 per 100,000 in England in 2021. The positivity rate in Birmingham was 7.7% in 2021, higher than 6.1% in England. Positivity rates depend both on the number of diagnoses and the offer of testing: higher positivity rates compared with previous years can represent increased burden of infection, decreases in the number of tests, or both.

The methodology to calculate the STI positivity changed in September 2021 to better reflect testing within the population accessing SHS by area. More details are available on the Sexual and Reproductive Health Profiles.<sup>7</sup>

**Figure 11.** STI testing rate and positivity rate (excluding chlamydia in under 25 year olds) per 100,000 population by year in Birmingham, the West Midlands UKHSA Region and England: 2012 to 2021



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## Other infections transmitted sexually

Some bloodborne viruses can be spread through sex as well as by other routes, e.g. hepatitis B, hepatitis C. Some gastro-intestinal infections, typically linked to contaminated food or water can also be spread faecal-orally during sexual activity: these are called sexually transmissible enteric infections (STElS) e.g. hepatitis A and *Shigella*.

Over the last decade, the number of cases of sexually-transmitted *Shigella* among MSM in England has increased,<sup>8</sup> with concerning increases in antimicrobial resistance. Cases of shigellosis can be severe, leading to dehydration and sepsis. Due to its presentation as an enteric illness, most symptomatic cases present to primary care (GPs, A&E) rather than SHS. Only a minority of MSM are thought to be aware of *Shigella* and how to avoid it, however, surveillance shows transmission of these infections is commonly associated with high-risk behaviours such as sexualised drug-use (including 'chemsex') and multiple casual sex partners.

Lymphogranuloma venereum (LGV), an invasive form of chlamydia, is a sexually transmitted infection which disproportionately affects MSM. In the past decade, the number of LGV diagnoses has increased substantially in England. Historically, LGV was mainly concentrated among MSM living with HIV. However, in recent years, a greater proportion of cases have been among MSM who are HIV negative.<sup>9</sup>

Hepatitis A vaccination is available for MSM in SHS. In 2016 an outbreak of hepatitis A was identified among MSM in England and across Europe. Between July 2016 and April 2017 266 cases associated with the outbreak had been identified in England, 74% of these among MSM.<sup>10</sup> This resulted in work to raise awareness of how to prevent infection through hygiene measures (e.g. washing hands after sex)<sup>11</sup> and recommendations around hepatitis A vaccination of MSM attending SHS. This outbreak highlights how quickly and widely an infection can become established in key populations if prevention measures such as vaccination are not undertaken.

In England, hepatitis B is most often acquired sexually. Where information on risk exposures was recorded on acute and probable acute cases of hepatitis B, the most commonly reported risk was heterosexual exposure (50%), followed by sex between men (17%).<sup>12</sup> Vaccination can prevent infection and is recommended for MSM, for individuals with multiple sexual partners and for individuals who place themselves at risk through sexual activity when travelling to high prevalence countries.

Most people in England acquire hepatitis C through injecting drug use.<sup>13</sup> However, MSM are also a risk group for hepatitis C transmission. MSM living with diagnosed HIV, especially those reporting high risk sexual practices, are disproportionately affected by hepatitis C compared to HIV-negative MSM; therefore guidance for hepatitis C testing in SHS has been targeted towards this group.

In May 2022, an international outbreak of mpox (monkeypox) was detected with cases reported concurrently from many countries where the disease is not endemic. To date, most reported cases in the outbreak have involved mainly, but not exclusively, men who have sex with men. Over 3,500 individuals have been diagnosed in England.

Vaccines developed to protect against smallpox have been approved and used for prevention of mpox and were used as part of the response. Numbers of new cases fell to very low levels by the end of 2022.

# HIV

Free and effective antiretroviral therapy (ART) in the UK has transformed HIV from a fatal infection into a chronic but manageable condition. People living with HIV in the UK can now expect to have a near normal life expectancy if diagnosed promptly and they adhere to treatment. In addition, those on treatment are unable to pass on HIV, even if having unprotected sex (undetectable=untransmissible [U=U]).

In 2021, 2,692 people were newly diagnosed with HIV in England. This is a 0.7% rise from 2,673 (in 2020) and a 33% fall from 4,017 (in 2019). The impact of the COVID-19 pandemic on services and patient access means that it remains difficult to interpret the changes observed between 2019 and 2021.<sup>[14](#)</sup>

Among the 2,023 new diagnoses that were first made in England, men exposed through sex between men accounted for 36% (721), women exposed by heterosexual contact for 21% (429), men exposed by heterosexual contact for 18% (369), injecting drug use for 2% (45).

More than half those first diagnosed in England in 2021 were diagnosed at a late stage (with a CD4 count below 350 cells per mm<sup>3</sup>). Median CD4 at diagnosis was especially low in men exposed by heterosexual contact, people of Black African ethnicity, and those over the age of 65, all having fallen since 2019.

Of the estimated 95,900 (credible interval (CrI) 94,700 to 97,700) people living with HIV in 2021, an estimated 4,400 (95% CrI 3,500 to 6,100) were undiagnosed. In 2021, England again achieved the UNAIDS 95-95-95 target nationally, with 95% of people living with HIV being diagnosed, 99% of those diagnosed being on treatment and 98% of those on treatment having an undetectable viral load.

For 2022, HIV surveillance data includes two new indicators on HIV Pre-exposure prophylaxis (PrEP):

- Determining PrEP need Proportion of all HIV negative individuals with estimated PrEP need who had this need identified (%)
- Initiation or continuation of PrEP among those with PrEP need: Proportion of all HIV negative individuals with estimated PrEP need who started or continued PrEP (%)

In 2021, 7% (87,828 of 1,180,923) of HIV-negative people accessing specialist SHSs in England were defined as having PrEP need. Among these, 69.6% (61,092 out of 87,828) initiated or continued PrEP.

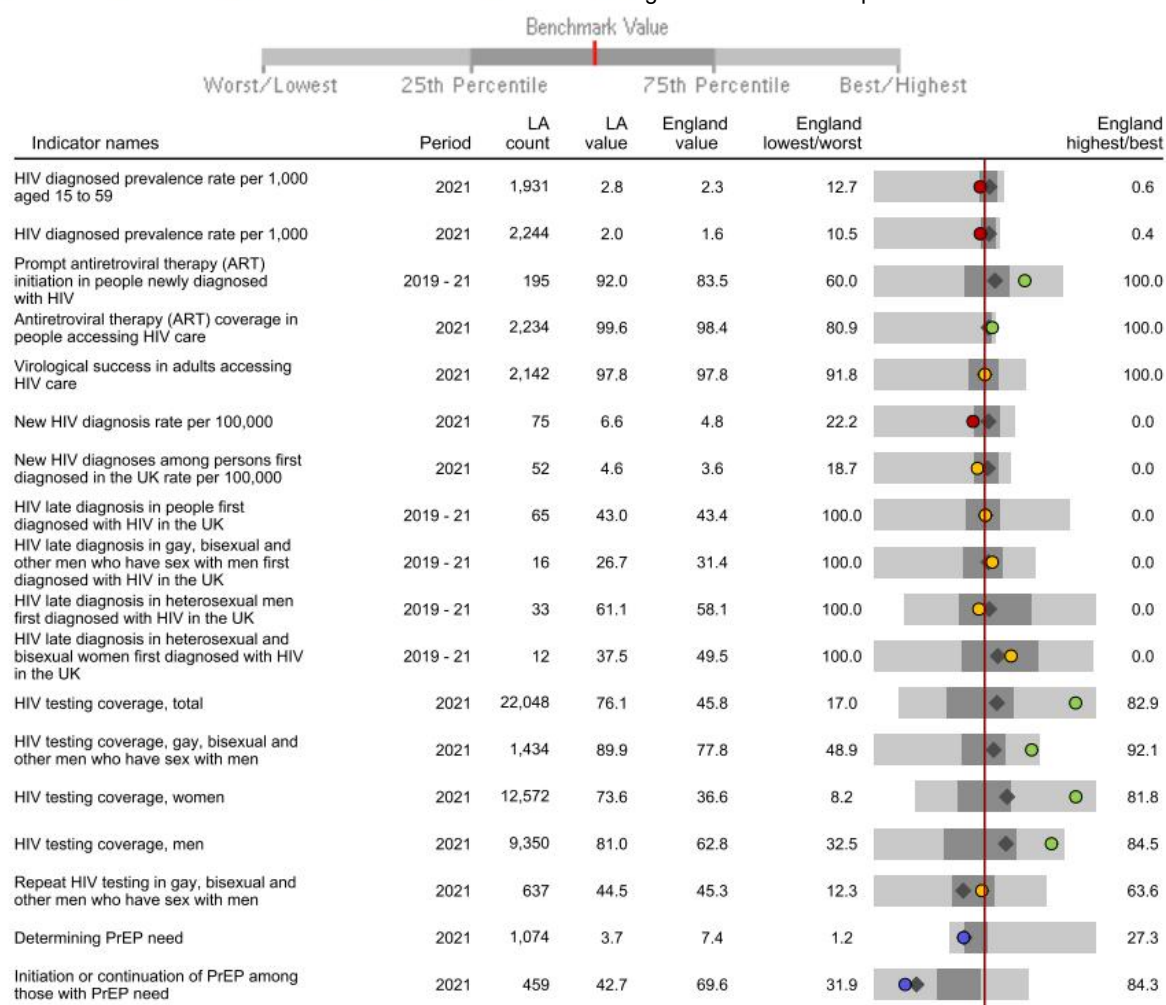
England has set an ambition to end HIV transmission, AIDS and HIV-related deaths by 2030. The England HIV Action Plan 2022-2025 set out intermediate commitments for the next 4 years to achieve the 2030 ambition, including how HIV transmission will be reduced by 80% by 2025.<sup>[15](#)</sup> The monitoring and evaluation framework published in December 2022 sets out the indicators that will be used to monitor the progress towards this goal<sup>[16](#)</sup>

## Figure 12. Chart showing key HIV indicators in Birmingham compared to the rest of England

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the West Midlands UKHSA Region.

Compared to England:

● Better ● Similar ● Worse or ● Lower ● Similar ● Higher or ○ Not compared



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

## HIV treatment and care

In 2021, there were 1,931 Birmingham residents aged 15 to 59 years and 2,244 residents aged 15 years and over who were seen at HIV services (the prevalence of diagnosed HIV). The diagnosed prevalence per 1,000 residents aged 15 to 59 years was 2.8, worse than 2.3 per 1,000 in England. The rank of Birmingham was 37th highest (out of 150 UTLAs/UAs). Since 2020, the increase in Birmingham was 3%; in the 5 years since 2016, the decrease was 1%.

In 2021, 3.7% (1,074 out of 29,000) of HIV-negative people accessing specialist SHSs in Birmingham were defined as having PrEP need. Among these, 42.7% (459 out of 1,074) initiated or continued PrEP.

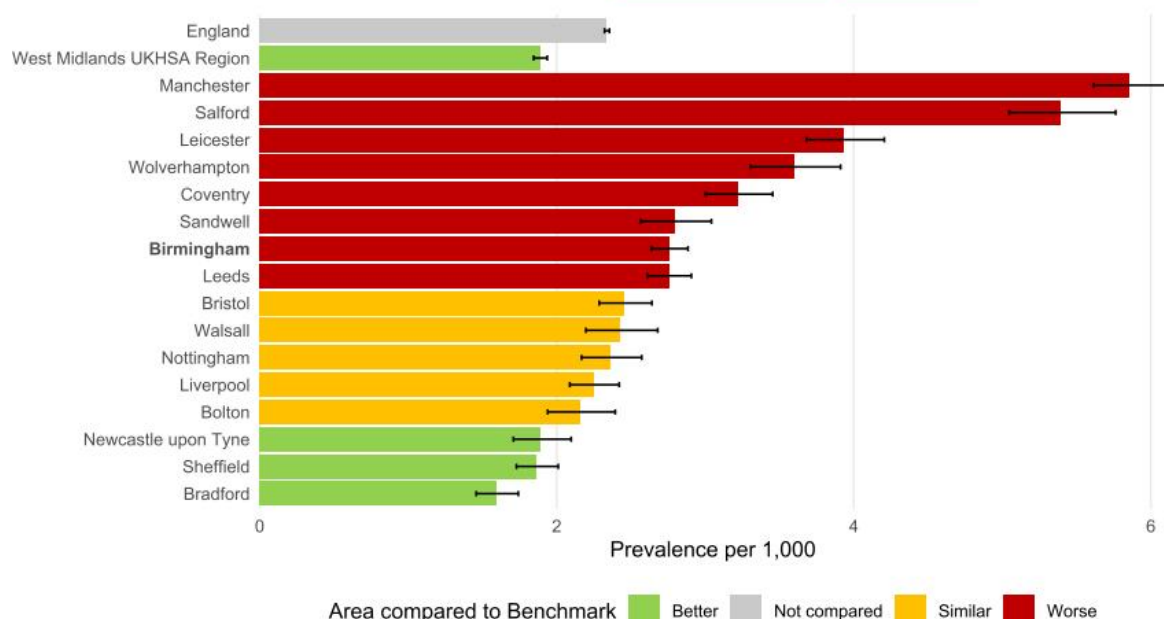
**Figure 13.** Diagnosed HIV prevalence per 1,000 population aged 15 to 59 years by year in Birmingham compared to rates in the West Midlands UKHSA Region and England: 2011 to 2021.



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

**Figure 14.** Diagnosed HIV prevalence per 1,000 population aged 15 to 59 years in 16 similar local authorities and the West Midlands UKHSA Region, compared to England: 2021

Similar refers to statistical nearest neighbours, derived from [CIPFA's Nearest Neighbours Model](#)



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

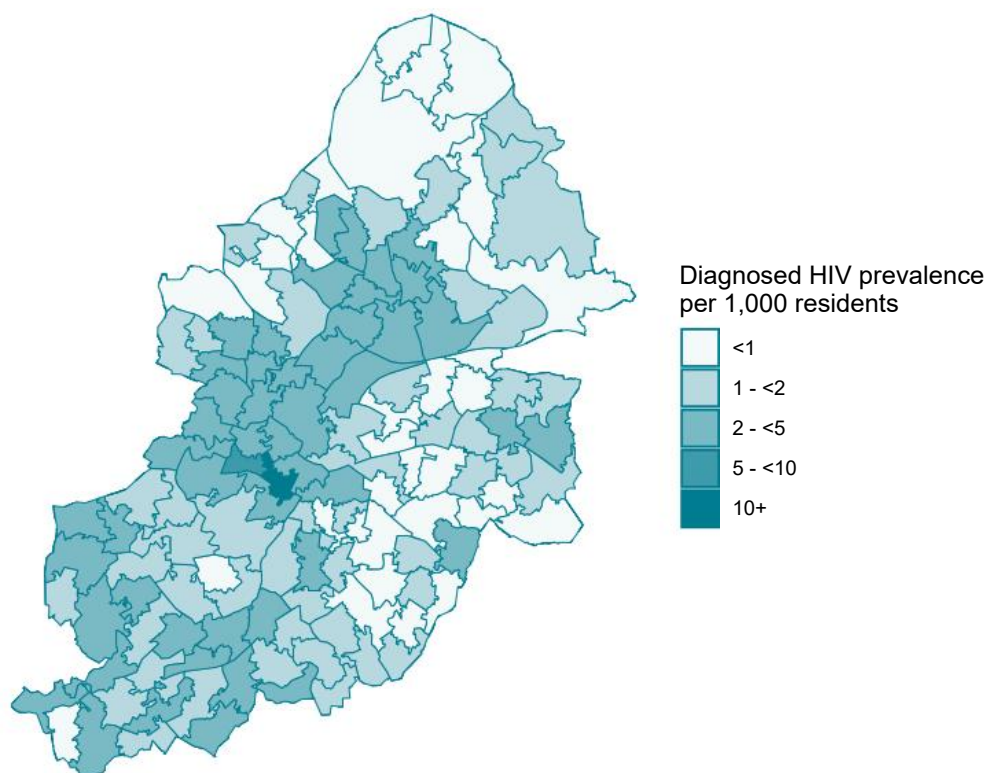
The percentage of people (aged 15 years and over) in Birmingham accessing HIV care who were prescribed ART in 2021 was 99.6%, better than 98.4% in England. The percentage of people in Birmingham newly diagnosed with HIV in the three-year period between 2019 - 21 who started antiretroviral therapy (ART) promptly (within 91 days of their diagnosis) was 92.0%, better than 83.5% in England.

The percentage of adults in Birmingham accessing HIV care in 2021 who were virally suppressed (undetectable viral load) was 97.8%, similar to 97.8% in England.

The [Sexual and Reproductive Health Profiles](#) also provides these data at lower tier local authority geographies.

**Figure 15.** Map of diagnosed HIV prevalence among people of all ages in Birmingham by Middle Super Output Area: 2021

Please note that this data is not available on the online Sexual and Reproductive Health Profiles. Data is sourced from the UKHSA HIV and AIDS Reporting System (HARS). As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.



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## New HIV diagnoses among persons first diagnosed in the UK

To measure HIV transmission in the UK more accurately, diagnoses where the first HIV positive test occurred in the UK are considered in this section. All reports of new HIV diagnoses, regardless of country of first HIV positive test, are presented in Figure 12.

In 2021, the number of Birmingham residents aged 15 years and older who were newly diagnosed with HIV in the UK was 52. The rate of new diagnoses per 100,000 residents was 4.6, similar to the rate of 3.6 per 100,000 in England. This represented a 41% increase since 2020 and a 53% decrease in the 5 years since 2016. The rank of Birmingham for the rate of new HIV diagnoses was 48th highest (out of 150 UTLAs/UAs).

**Figure 16.** Rate of new HIV diagnoses per 100,000 population among people aged 15 years or above first diagnosed in the UK by year in Birmingham compared to rates in the West Midlands UKHSA Region and England: 2011 to 2021.

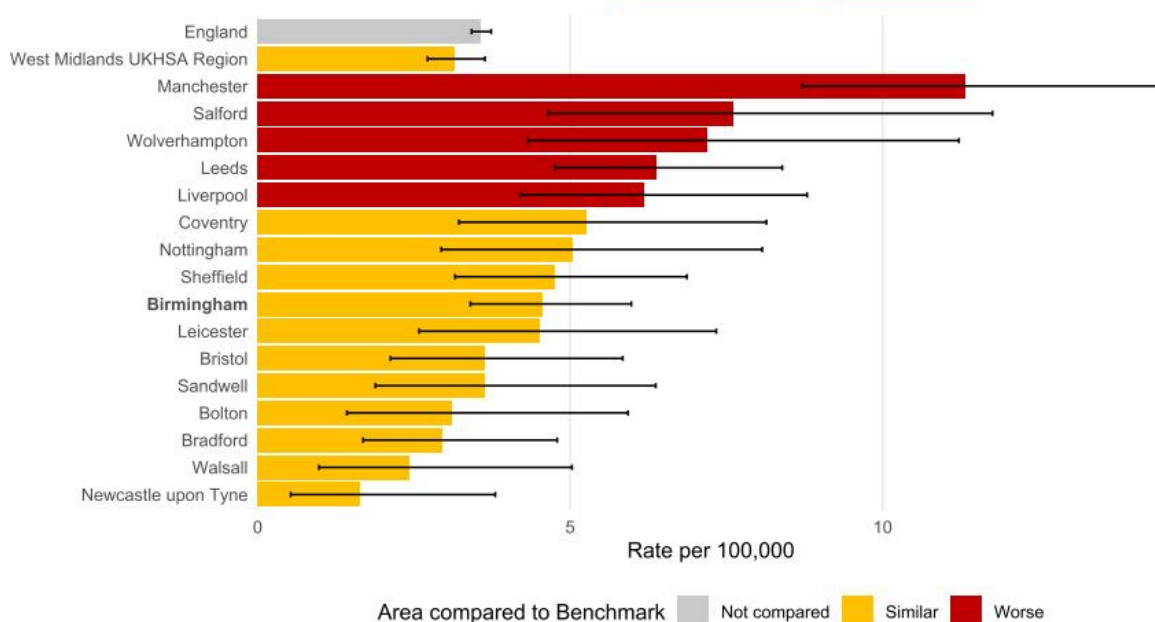


As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years



**Figure 17.** New HIV diagnoses among persons first diagnosed in the UK rate per 100,000 population aged 15 years and above in 16 similar local authorities and the West Midlands UKHSA Region, compared to England: 2021

Similar refers to statistical nearest neighbours, derived from [CIPFA's Nearest Neighbours Model](#)



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

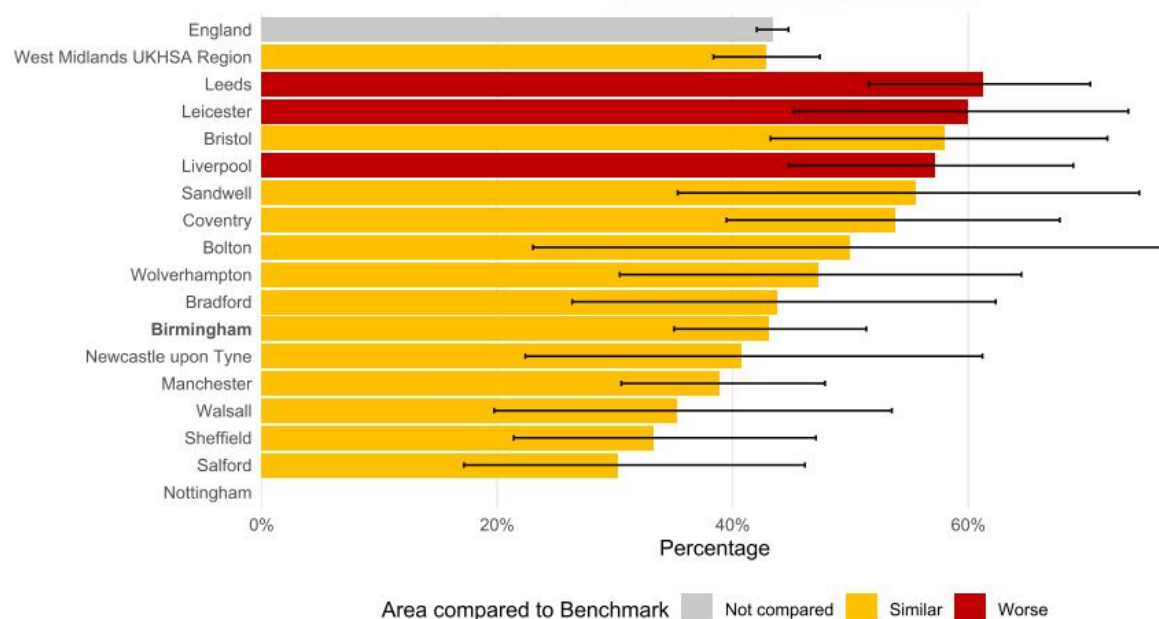
## Late HIV diagnosis

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. It is a PHOF indicator, and monitoring is essential to evaluate the success of local HIV testing efforts. Late diagnosis is defined here as having a CD4 count <350 cells/mm<sup>3</sup> within 91 days of first HIV diagnosis in the UK. An updated definition of late HIV diagnosis which incorporates evidence of recent seroconversion has also been published in other outputs.

In Birmingham, the percentage of HIV diagnoses made at a late stage of infection in the three-year period between 2019 - 21 was 43.0%, similar to 43.4% in England.

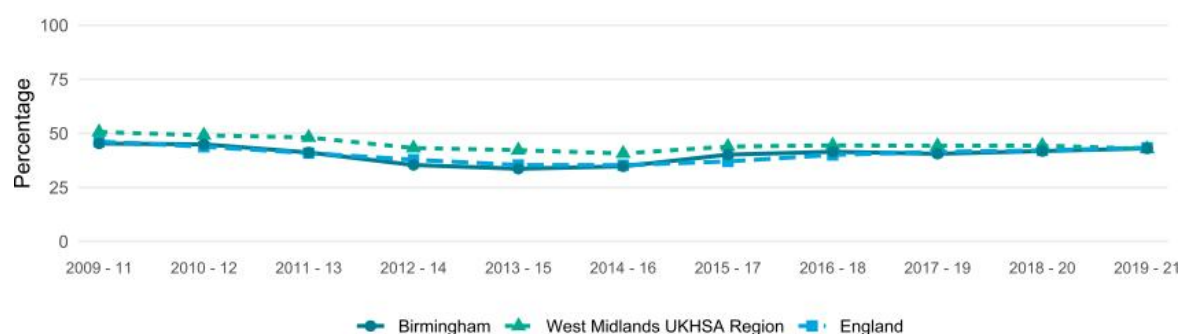
**Figure 18.** Percentage of late HIV diagnoses (all CD4<350) in 16 similar local authorities and West Midlands UKHSA Region, compared to England: 2019 - 21

Similar refers to statistical nearest neighbours, derived from [CIPFA's Nearest Neighbours Model](#)



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

**Figure 19.** Percentage of late HIV diagnoses (all CD4<350) in Birmingham compared to the West Midlands UKHSA Region and England: 2009-11 to 2019-21



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

For Birmingham residents, the percentage of HIV diagnoses made at a late stage of infection for different risk groups in the three-year period between 2019 - 21 was as follows: MSM - 26.7%, similar to 31.4% in England; heterosexual men - 61.1%, similar to 58.1% in England; heterosexual women - 37.5%, similar to 49.5% in England.

## HIV testing

In 2021, among Birmingham residents, the percentage of eligible SHS attendees who received an HIV test was 76.1%, better than 45.8% for England. This represented a 17% increase since 2020, and a 9% increase since 2016. For 2021, the percentage of MSM in Birmingham who had tested more than once in the previous year was 44.5%, similar to 45.3% in England.

**Table 4.** Coverage of HIV testing among eligible patients at specialist SHSs for Birmingham and England: 2021

	2020	2021	% change 2020 to 2021*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2021‡	Value for England: 2021
Total	65.3	76.1	16.6%	1	4	45.8
Women	62.2	73.6	18.2%	1	5	36.6
Men	71.0	81.0	14.0%	1	3	62.8
MSM	77.0	89.9	16.7%	2	6	77.8

When calculating these rates, eligibility for HIV testing is determined by reviewing previous HIV diagnosis and testing history for each patient. Those who are known to be HIV positive, based on their GUMCAD history, are not considered eligible for testing. Those who have been tested already are not considered eligible to be tested again until six weeks have passed (i.e. eligibility for testing occurs only once every six weeks).

As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

\* Percent change proportional to the value in 2020, not a change in percentage points. Percent change not provided where the value in 2020 was 0.

† These are Birmingham and its 15 statistical nearest neighbours, excluding those where values were suppressed due to small numbers. First rank has the highest value. Nearest neighbours are derived from [CIPFA's Nearest Neighbours Model](#).

‡ Out of 149 UTLAs/UAs in England, excluding those where values were suppressed due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

# Reproductive health

## The COVID-19 pandemic and reproductive health

In 2020 the government responded to the COVID-19 pandemic with national lockdowns which directly impacted SRH provision in England. Many contraception services, such as Long Acting Reversible Contraception (LARC), were impacted by the restrictions due to the requirement for face-to-face interactions. Other areas of Reproductive Health, such as abortion, have seen a change in service delivery with the option of home abortion. The long term impact of lockdown measures on sexual behaviour and health service provision continues to be reviewed and is reflected in sexual and reproductive health indicator data. The ongoing impact and the changes to service delivery should be acknowledged when interpreting the data, especially when comparing with data from pre-pandemic years.

## Unplanned pregnancy

Unplanned pregnancies can end in maternity, miscarriage or abortion. Many unplanned pregnancies that continue will become wanted. However, unplanned pregnancy can cause financial, housing and relationship pressures, negative health impacts and have impacts on existing children. Restricting access to contraceptive provision can therefore be counterproductive and ultimately increase costs.

The Third National Survey of Sexual Attitudes and Lifestyles (NATSAL-3), which was carried out in Britain in 2010-12, found that 16.2% of all pregnancies in the year before the study interview were unplanned. This survey found that:

- Pregnancies among 16 to 19 year old individuals accounted for 7.5% of the total number of pregnancies, but 21.2% of the total number that were unplanned.
- The highest numbers of unplanned pregnancies occur in the 20 to 34 year age group.

The survey included a pregnancy analysis of 5,686 women aged 16 to 44 years. The survey used a psychometrically-validated London Measure of Unplanned Pregnancy (LMUP), which assigned a score to each multiple choice answer, to questions on contraceptive use and intention of getting pregnant. The total score of 0-3 is categorised as unplanned, 4-9 as ambivalent and 10-12 as planned. The survey estimated that 54.8% (95% CI 50.3-59.2) of pregnancies were planned. The remaining 45.2% of pregnancies were described as 29.0% (95% CI 25.2-33.2) ambivalent and 16.2% (95% CI 13.1-19.9) unplanned.

Unplanned pregnancy is also strongly associated with lower educational attainment, current smoking, recent drug use, lack of sexual competence at first sex and with receiving sex education mainly from sources other than school, supporting the importance of the recent statutory RSHE requirement for all schools in England.

## Abortion

The total abortion rate, under 25 years repeat abortion rate, under 25 years abortions after a birth, and over 25 years abortion rates may be indicators of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method.

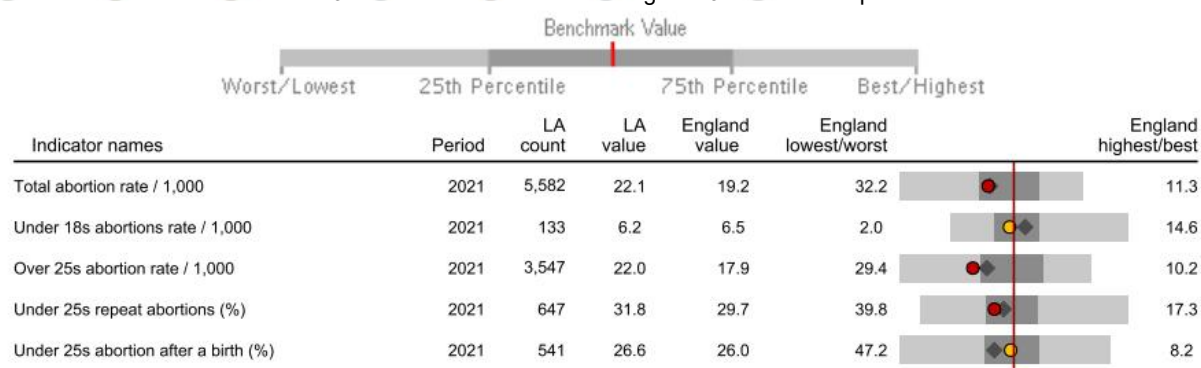
In Birmingham the total number of abortions in 2021 was 5,582. The total abortion rate per 1,000 female population aged 15 to 44 years was 22.1, higher than the rate in England of 19.2 per 1,000. The rank (out of 150 UTLAs/UAs) within England for the total abortion rate was 45th highest.

**Figure 20.** Chart showing key abortion indicators in Birmingham UTLAs/UAs compared to the rest of England

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the West Midlands UKHSA Region.

Compared to England:

● Better ● Similar ● Worse or ● Lower ● Similar ● Higher or ○ Not compared



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

**Table 5.** Abortion figures in Birmingham and England: 2021

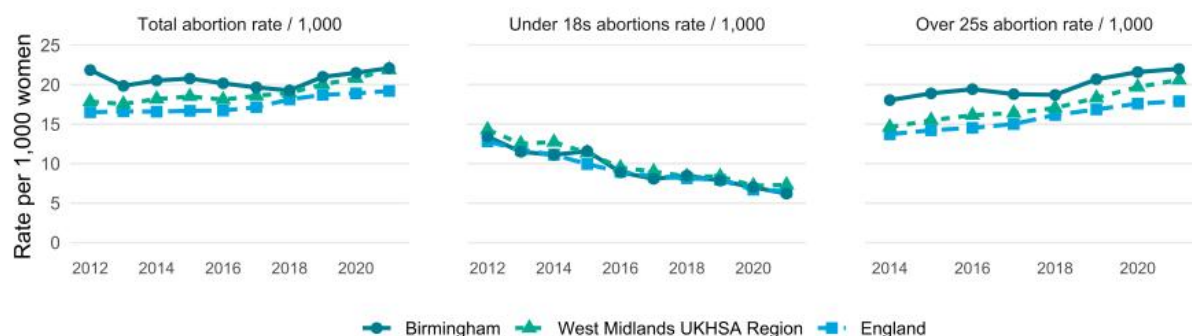
	2020	2021	% change 2020 to 2021*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2021‡	Value for England: 2021
<b>Rates</b>						
Total abortion rate / 1,000	21.5	22.1	2.8%	8	45	19.2
Under 18s abortion rate / 1,000	7.0	6.2	-11.4%	14	82	6.5
Over 25s abortion rate / 1,000	21.6	22.0	1.9%	8	32	17.9
<b>Percentages</b>						
Under 25s repeat abortion (%)	31.8	31.8	0.0%	7	48	29.7
Under 25s abortion after a birth (%)	27.6	26.6	-3.6%	6	68	26.0

As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

\* Percent change proportional to the value in 2020, not a change in percentage points. Percent change not provided where the value in 2020 was 0.

† These are Birmingham and its 15 statistical nearest neighbours, excluding those where values were suppressed due to small numbers. First rank has the highest value. Nearest neighbours are derived from [CIPFA's Nearest Neighbours Model](#).

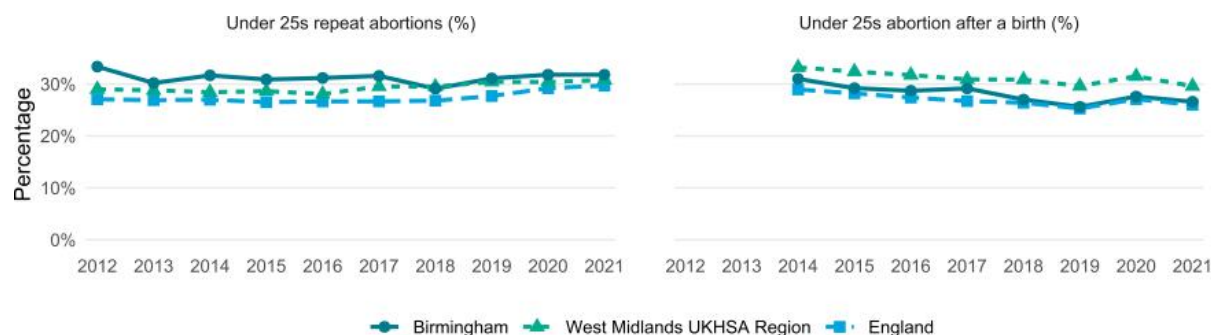
‡ Out of 149 UTLAs/UAs in England, excluding those where values were suppressed due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

**Figure 21.** Abortion rates per 1,000 women by age in Birmingham compared to the West Midlands UKHSA Region and England: 2012 to 2021

As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.



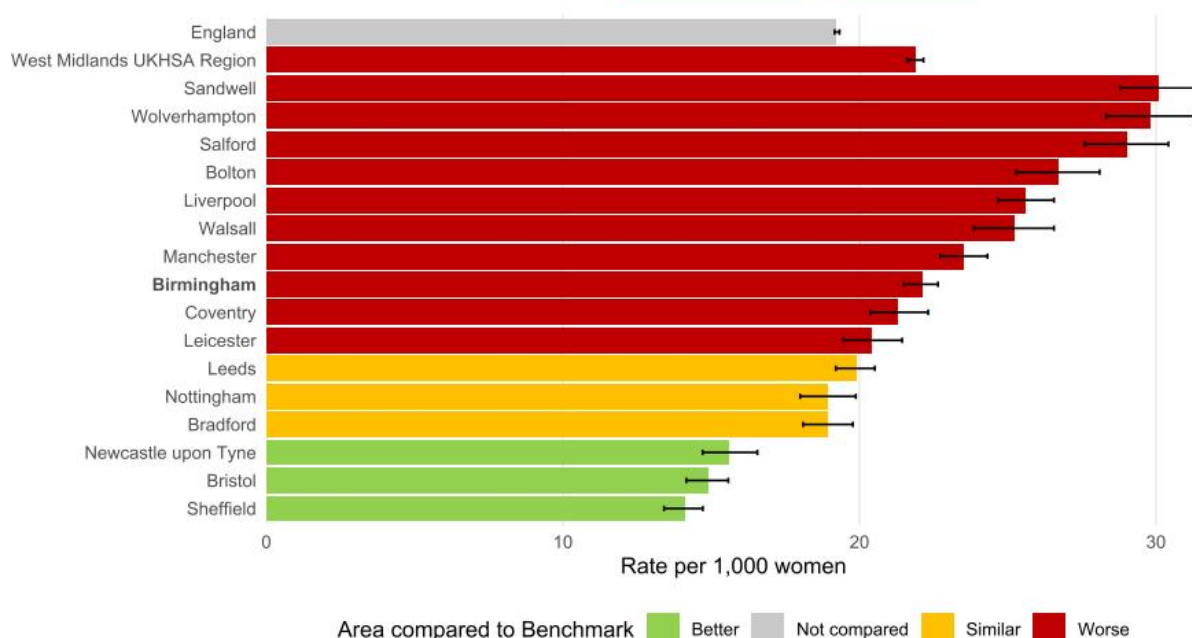
**Figure 22.** Characteristics of abortions over time in Birmingham compared to the West Midlands UKHSA Region and England: 2012 to 2021



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

**Figure 23.** Abortion rate per 1,000 women in 16 similar local authorities and West Midlands UKHSA Region, compared to England: 2021

Similar refers to statistical nearest neighbours, derived from [CIPFA's Nearest Neighbours Model](#)



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

The earlier abortions are performed, the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality.

In Birmingham, the percentage of NHS-funded abortions that were under 10 weeks was 87.1% in 2021, worse than the percentage in England of 88.6. The rank within England for this indicator was 126th highest (out of 150 UTLAs/UAs).

Over the last ten years, there has been an increase in the overall percentage of abortions performed at under 10 weeks gestation in England. Early medical abortion is less invasive than a surgical procedure as it does not involve instrumentation or the use of anaesthetics.



However, women may prefer a surgical abortion under local or general anaesthesia/conscious sedation for a variety of reasons, including wishing to avoid the experience of going through an induced pregnancy loss and wanting to have the procedure carried out during a single visit.

Ensuring women have access to a method of contraception of their choice after an abortion is recommended practice. Provision of LARC methods post-abortion has been shown to lower subsequent unintended pregnancy rates.<sup>17</sup>

The following indicator relating to the use of medical procedures helps to improve transparency at a local level on the extent of medical and surgical services available to women and could thus be an indicator of patient choice. A very low or a very high percentage of medical abortions compared to other areas could be an issue for concern.

Among NHS-funded abortions in Birmingham, the percentage of those under 10 weeks gestation that were performed using a medical procedure in 2021 was 96.9%, higher than the percentage in England of 95.5%. The rank within England for this indicator was 54th highest (out of 150 UTLAs/UAs).

**Table 6.** Abortion figures for Birmingham and England: 2021

	2020	2021	% change 2020 to 2021*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2021‡	Value for England: 2021
Abortions under 10 weeks (%)	86.3	87.1	0.9%	11	126	88.6
Abortions under 10 weeks that are medical (%)	94.7	96.9	2.3%	9	51	95.5

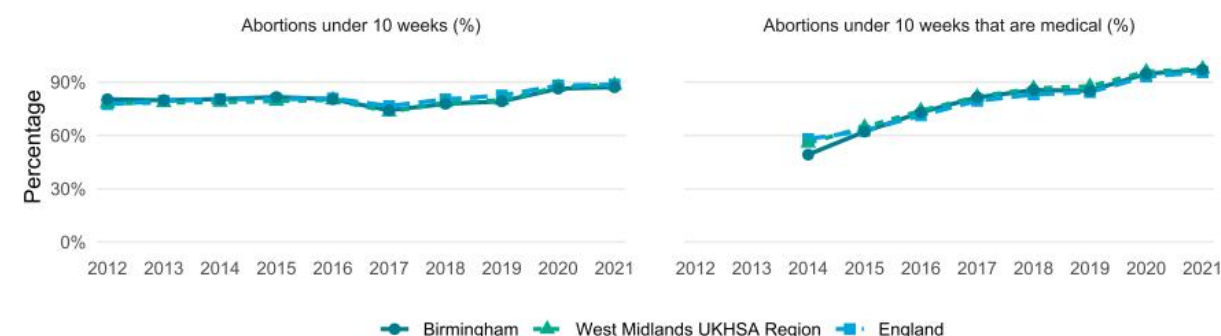
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‡ Out of 149 UTLAs/UAs in England, excluding those where values were suppressed due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

**Figure 24.** Early abortion over time in Birmingham compared to the West Midlands UKHSA Region and England: 2012 to 2021



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

In April 2022, Parliament made the decision to legislate to allow the remote delivery of early medical abortion (EMA) services in England and Wales. This was in line with the temporary arrangements introduced at the start of the COVID-19 pandemic to reduce the risk of transmission and ensure continued access to abortion services. The Abortion Act has been amended to allow eligible girls and women in the first 10 weeks of pregnancy (9 weeks and 6 days) to take both pills required to induce an abortion at home, without the need to first attend a hospital or clinic.

## Under-18s Conception

Teenage pregnancy is a cause and consequence of education and health inequality for young parents and their children. Babies born to mothers under 20 years consistently have higher rates of stillbirth, infant mortality and low birthweight than average, though the difference fluctuates from year to year due to relatively low numbers. The inequality in low birthweight increased from 2012-2016 and has remained similar from 2016-2019.<sup>18</sup> The rates of low birthweight in younger mothers is 30% higher than average, and this inequality is increasing. Children born to teenage mothers have a 63% higher risk of living in poverty.<sup>19</sup> Teenage mothers are more likely than other young people to not be in education, employment or training; and by the age of 30 years,<sup>20</sup> are 22% more likely to be living in poverty than mothers giving birth aged 24 years or over.<sup>21</sup> Young fathers are twice as likely to be unemployed aged 30 years, even after taking account of deprivation.<sup>22</sup>

Since the introduction of the Teenage Pregnancy Strategy in 1999, England has achieved a 72.1% reduction in the under-18 conception rate between 1998 and 2020. The success of the Strategy's approach has been recognised by the World Health Organization with the lessons being shared internationally with countries seeking to address high rates.<sup>23</sup> However, despite the significant progress, England's teenage birth rate remains higher than comparable Western countries,<sup>24</sup> and inequalities in the under-18 conception rate persist between and within local areas. Over a quarter of local authorities have an under-18s conception rate significantly higher than the England average and 80% have at least one high rate ward. Further progress in both reducing the under-18s conception rate and improving the outcomes for young parents is central to improving young people's sexual health and narrowing the health and educational inequalities experienced by young parents and their children.

Maintaining the downward trend is a priority in the Department of Health Framework for Sexual Health Improvement in England<sup>25</sup> and addresses a number of key public health priorities including reducing health inequalities, ensuring every child gets the best start in life, and improving sexual and reproductive health. The Public Health Outcomes Framework (PHOF) includes the under-18 conception rate and a number of other indicators disproportionately affecting young parents and their children.

International evidence identifies the provision of high quality, comprehensive relationships and sex education (RSE) linked to improved use of contraception as the areas where the strongest empirical evidence exists on impact on teenage pregnancy rates.<sup>26 27 28</sup> In September 2020, Statutory Guidance was introduced that requires all primary schools to provide relationships education, all secondary schools to provide

relationships and sex education and both primary and secondary schools to provide health education, including puberty.<sup>29</sup> This includes specific reference to ensuring all secondary school pupils know about local services providing confidential SRH advice and care.

Contraceptive services need to be accessible and youth friendly to encourage early uptake of advice, with consultations that recognise and address any knowledge gaps about fertility and concerns about side effects and support young people to choose and use their preferred method. Some young people will be at greater risk of early pregnancy and require more intensive RSE and contraceptive support, combined with programmes to build resilience and aspiration, providing the means and the motivation to prevent early pregnancy.

Reaching young people most in need involves looking at area and individual level associated risk factors. Child poverty and unemployment are the two area deprivation indicators with the strongest influence on under-18 conception rates.<sup>30</sup> At an individual level, the strongest associated factors for pregnancy before 18 years are free school meal eligibility, persistent school absence by age 14 years, poorer than expected academic progress between ages 11-14 years, and being looked after or a care leaver.<sup>31</sup>  
<sup>32</sup> <sup>33</sup>

Teenagers are more likely to present late for abortion and to book late for antenatal care.<sup>34</sup> The higher risk of unplanned pregnancy, late confirmation of pregnancy and fear of disclosure, all contribute to delays in accessing abortion and maternity services.<sup>35</sup> Early pregnancy diagnosis, unbiased advice on pregnancy options and swift referral to maternity or abortion services are required to minimise delays.<sup>36</sup> Young people who have experienced pregnancy are also at higher risk of subsequent unplanned conceptions.<sup>37</sup>

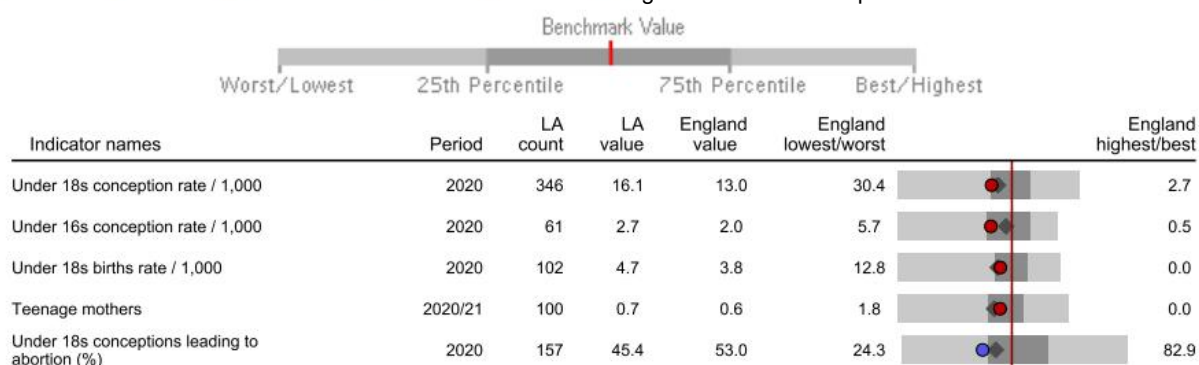
Between 2020-21 there was a greater decrease in teenage conceptions rates in England and Wales compared to pre-pandemic rates. This is believed to be linked to the nationwide lockdown restrictions and the changes to sexual behaviours during the COVID-19 pandemic and remains under review.

**Figure 25.** Chart showing under-18s conception indicators in Birmingham compared to the rest of England

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the West Midlands UKHSA Region.

Compared to England:

● Better ● Similar ● Worse or ● Lower ● Similar ● Higher or ● Not compared

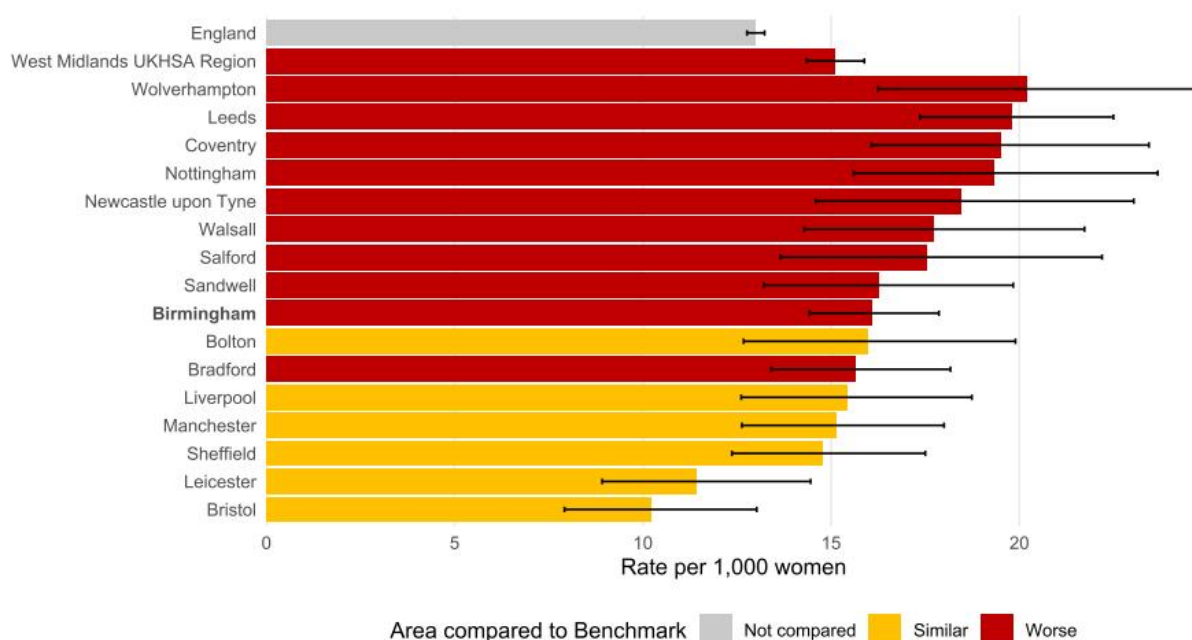


As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

In 2020, the under-18s conception rate per 1,000 females aged 15 to 17 years in Birmingham was 16.1, worse than the rate of 13.0 per 1,000 in England. The decrease from 2019 was 10%. The rank within England for the under-18s conception rate was 41st highest (out of 150 UTLAs/UAs). Between 1998 and 2020, the decrease in the under-18s conception rate in Birmingham was 72%, compared to a 66% decrease in England.

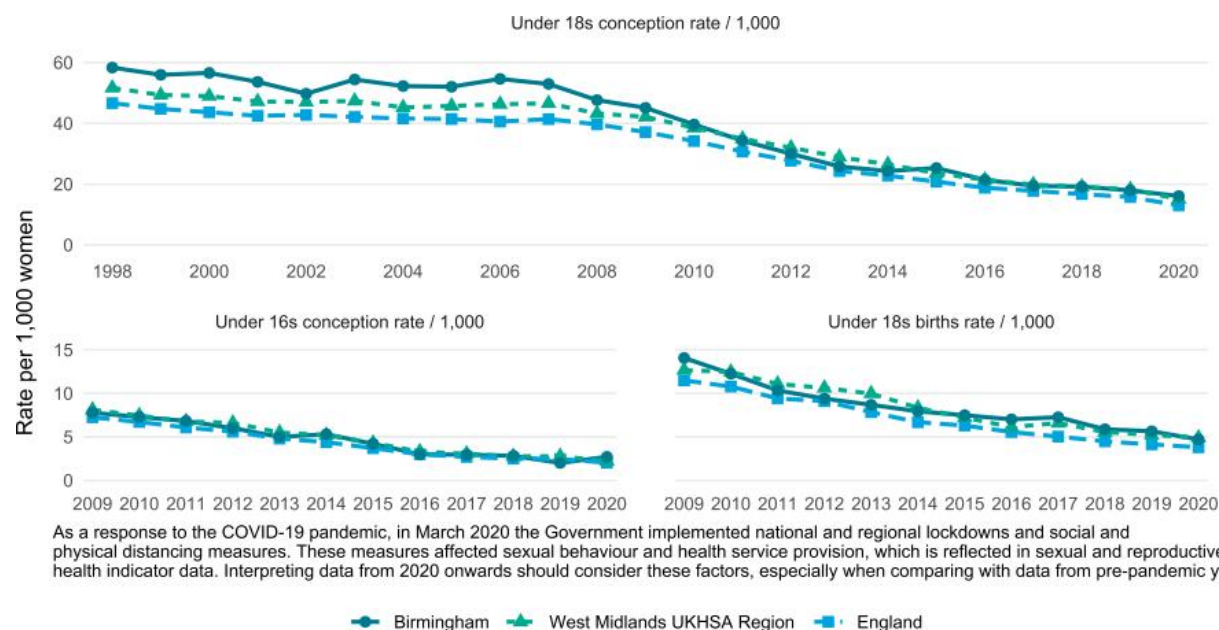
**Figure 26.** Under-18s conception rate per 1,000 women in 16 similar local authorities and the West Midlands UKHSA Region, compared to England: 2020

Similar refers to statistical nearest neighbours, derived from [CIPFA's Nearest Neighbours Model](#)



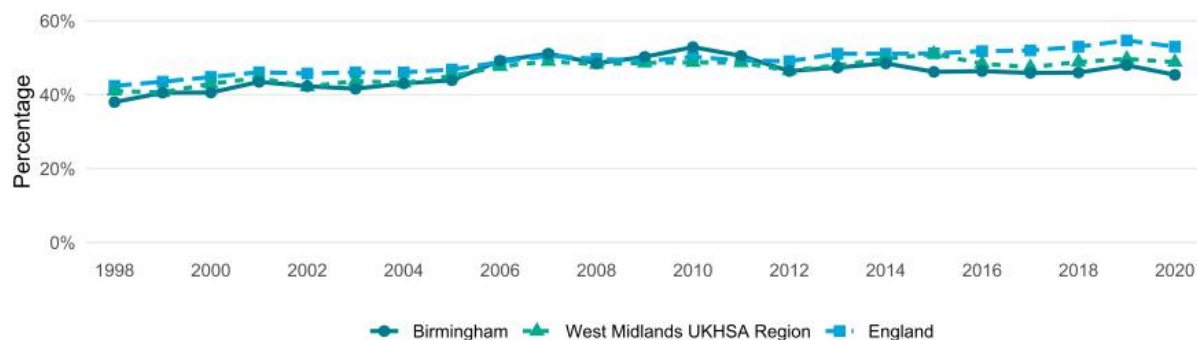
As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

**Figure 27.** Rates of under-18s conception and births over time in Birmingham compared to the West Midlands UKHSA Region and England



Among the under-18 conceptions in Birmingham, the percentage of those leading to abortion in 2020 was 45.4%, lower than the percentage in England of 53.0%. The rank for the percentage of conceptions leading to abortion in Birmingham was 120th highest (out of 150 UTLAs/UAs). A lower than average percentage may indicate a higher proportion of young women choosing to continue the pregnancy, but can also reflect barriers to accessing abortion care.

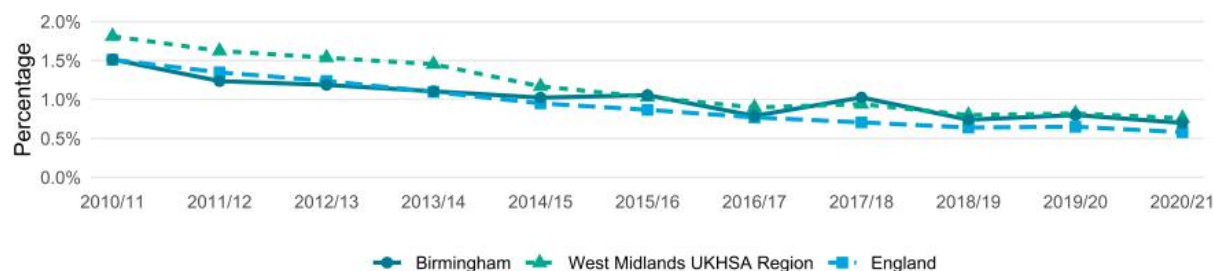
**Figure 28.** Percentage of under-18 conceptions leading to abortion, over time in Birmingham compared to the West Midlands UKHSA Region and England: 1998 to 2020



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.



**Figure 29.** Percentage of births where the mother is aged under 18 years, over time in Birmingham compared to the West Midlands UKHSA Region and England: 2010/11 to 2020/21



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

**Table 7.** Under-18s conception and birth figures in Birmingham and England: 2020

	2019	2020	% change 2019 to 2020*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2020‡	Value for England: 2020
Under 18s conception rate / 1,000	17.9	16.1	-10.3%	9	41	13
Under 16s conception rate / 1,000	2.0	2.7	35.0%	9	42	2
Under 18s conceptions leading to abortion (%)	48.0	45.4	-5.4%	10	120	53

Please note that under-18 conceptions data has not yet been published for 2020, so data in this section does not show the impact of the COVID-19 pandemic.

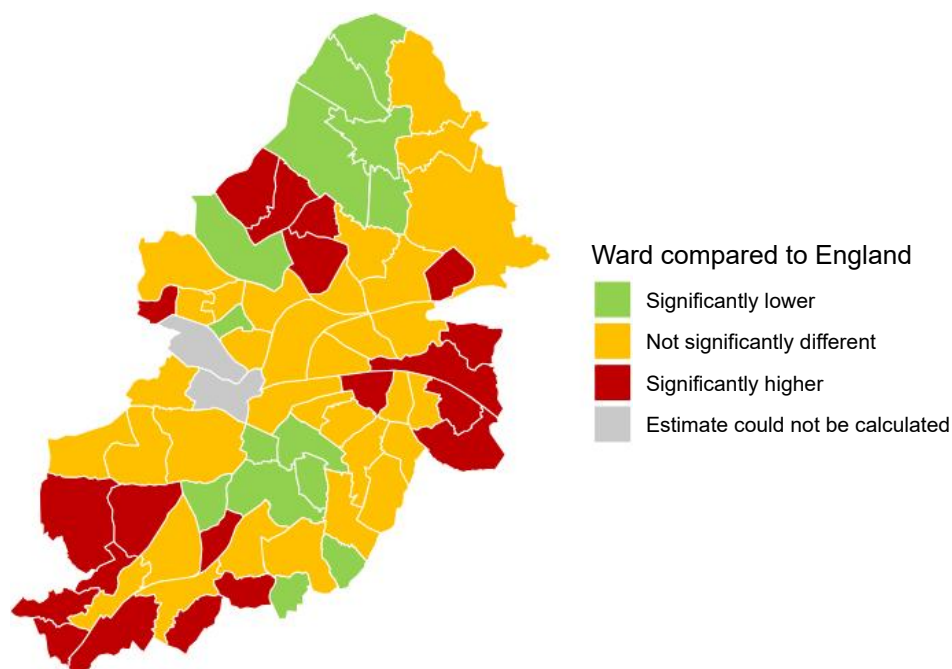
\* Percent change not provided where the value in 2019 was 0.

† These are Birmingham and its 15 statistical nearest neighbours, excluding those where values were suppressed due to small numbers. First rank has the highest value. Nearest neighbours are derived from [CIPFA's Nearest Neighbours Model](#).

‡ Out of 149 UTLAs/UAs in England, excluding those where values were suppressed due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

**Figure 30.** Under-18s conception in Birmingham by ward, compared to England: three-year period between 2018 - 20

Please note that this data is not available on the online Sexual and Reproductive Health Profiles. Data is sourced from Conception Statistics, England and Wales, ONS

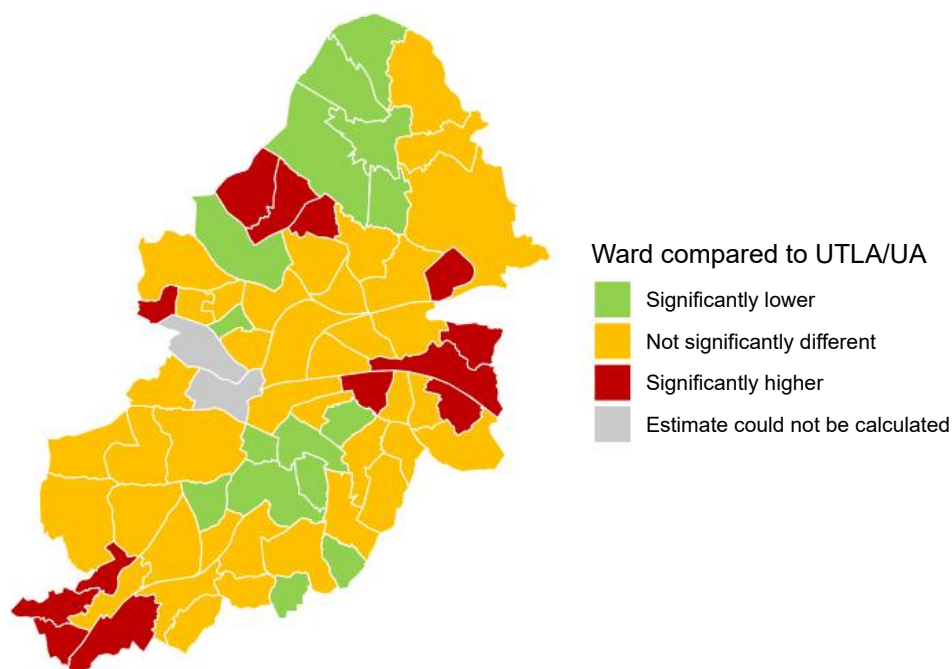


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**Figure 31.** Under-18s conception in Birmingham by ward, compared to the rate for Birmingham: three-year period between 2018 - 20

Please note that this data is not available on the online Sexual and Reproductive Health Profiles. Data is sourced from Conception Statistics, England and Wales, ONS



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## Contraception

This section has not been updated in the January 2023 refresh because most of the indicators are rates which use population estimates as the denominator. Updating of these indicators has been affected by the update of population estimates following the 2021 census. A 2021 population estimate has been released by the Office for National Statistics (ONS) which is not comparable to previous population estimates. Revised population estimates for previous years will be published later in 2023. 2021 data can be seen on [Fingertips](#). This section will be updated when the full time series for these indicators is available.

The government and the Faculty of Sexual and Reproductive Healthcare (FSRH) both highlight the importance of knowledge, access and choice for all women and men to all methods of contraception to help reduce unwanted pregnancies. Good contraception services have been shown to lower rates of teenage conceptions.

Contraception is widely available in the UK from a number of sources and is provided free by the NHS for people of all ages. Contraception is available free of charge from: general practices, level 2 sexual and reproductive health (SRH) services, young person's clinics, NHS walk-in centres (emergency contraception only), integrated SHS, some specialist SHS (emergency contraception and male condoms) and some pharmacists under a Patient Group Direction. Provision of contraception at the time of abortion is recommended practice and is almost always commissioned as part of this service; a significant proportion of this is thought to be the most effective long-acting reversible contraception (LARC) methods (implants, intra-uterine systems [IUS] and intrauterine devices [IUD] but not injections).

Condoms are free at SHS as well as for young people through local condom distribution schemes. Around 85% of local authorities provide a c-card or other condom distribution scheme. Condoms can also be purchased from pharmacies, supermarkets, and other retailers. Emergency hormonal contraception (levonorgestrel and ulipristal acetate) may be provided for free via; GP surgeries, sexual health service (SHS), and from pharmacies (depending on local commissioning arrangements). It is also available for over-the-counter purchase at some pharmacies and online.

Currently, data on contraception provision are only centrally collected from specialist SHS, level 2 SRH services and some young person's clinics through the Sexual and Reproductive Health Activity Dataset (SRHAD) and from NHS prescription forms within primary care. Data sources used in this report are SRHAD and Prescribing Analysis Cost Tabulation (ePACT2). ePACT2 data is available by number of prescriptions and is therefore a more useful indicator of use for LARC than short acting methods that require repeated prescription. However, there is no way of measuring method continuation, so the LARC data reflects method initiation only. The way in which this report presents total amount of contraception used in England should therefore be interpreted with care.

Attendance indicators provide a measure of young people's access to specialist contraceptive services. The indicators are split by sex and unique attendances because there are different patterns of service access and recording relating to each sex. Females access services more than males and make more repeated visits in a year.

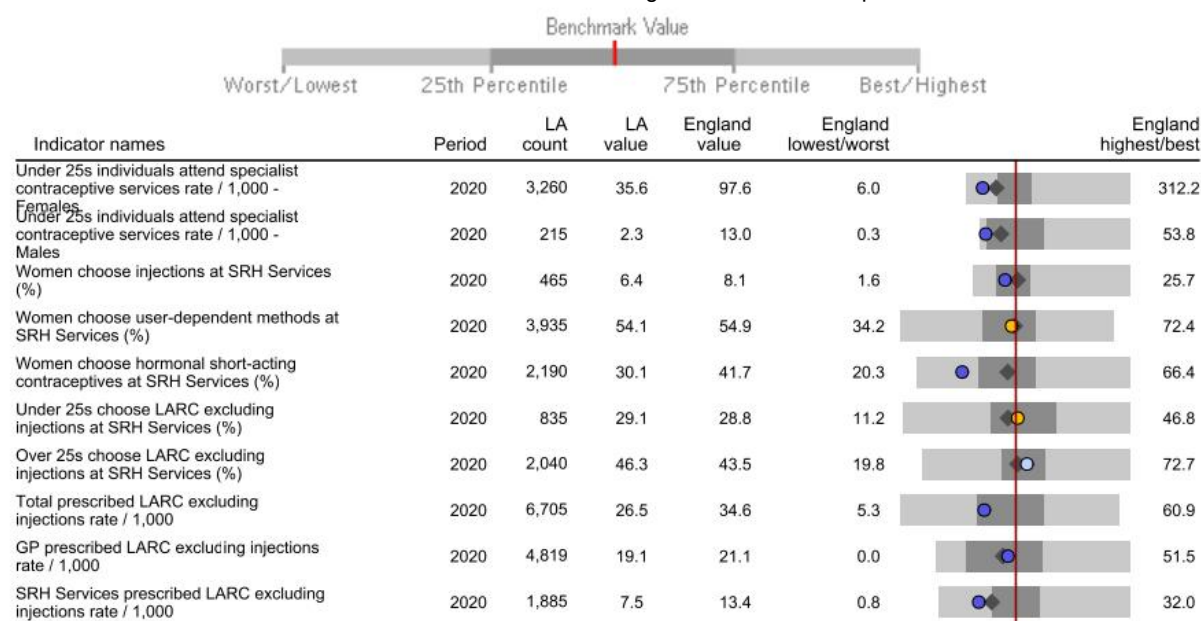
Attendance and service provision at SRH services is likely to be reflective of local service models and local geography e.g. more urban areas may have greater attendance at specialist SRH services as they may be easier to access, whereas in more rural areas it may be easier to attend general practice than travel to a specialist clinic.

**Figure 32.** Chart showing key contraception indicators in Birmingham compared to the rest of England

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the West Midlands UKHSA Region.

Compared to England:

● Better ● Similar ● Worse or ● Lower ● Similar ● Higher or ○ Not compared



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

## Attendance and service provision at sexual and reproductive health (SRH) clinics

**Table 8.** Attendance at specialist contraceptive services per 1,000 residents under 25 by gender, in Birmingham and England: 2020

	2019	2020	% change 2019 to 2020*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2020‡	Value for England: 2020
Under 25s individuals attend specialist contraceptive services rate / 1,000 - Females	76.6	35.6	-53.5%	14	146	97.6
Under 25s individuals attend specialist contraceptive services rate / 1,000 - Males	9.0	2.3	-74.4%	11	110	13.0

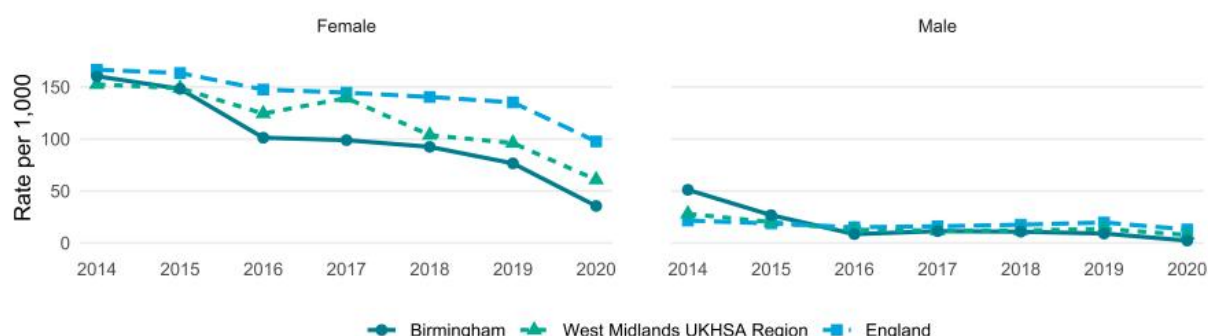
As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

\* Percent change not provided where the value in 2019 was 0.

† These are Birmingham and its 15 statistical nearest neighbours, excluding those where values were suppressed due to small numbers. First rank has the highest value. Nearest neighbours are derived from [CIPFA's Nearest Neighbours Model](#).

‡ Out of 149 UTLAs/UAs in England, excluding those where values were suppressed due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

**Figure 33.** Attendance at specialist contraceptive services among under 25s by gender, in Birmingham compared to the West Midlands UKHSA Region and England: 2014 to 2020



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years

## Contraceptive care

**Table 9.** Women's choice of contraception at SRH services in Birmingham and England: 2020

	2019	2020	% change 2019 to 2020*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2020‡	Value for England: 2020
Women choose injections at SRH Services (%)	6.6	6.4	-3.5%	11	83	8.1
Women choose user-dependent methods at SRH Services (%)	60.9	54.1	-11.2%	5	66	54.9
Women choose hormonal short-acting contraceptives at SRH Services (%)	31.5	30.1	-4.5%	12	137	41.7
Under 25s choose LARC excluding injections at SRH Services (%)	23.8	29.1	22.3%	11	82	28.8
Over 25s choose LARC excluding injections at SRH Services (%)	38.6	46.3	20.0%	9	70	43.5

As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

\* Percent change proportional to the value in 2019, not a change in percentage points. Percent change not provided where the value in 2019 was 0.

† These are Birmingham and its 15 statistical nearest neighbours, excluding those where values were suppressed due to small numbers. First rank has the highest value. Nearest neighbours are derived from [CIPFA's Nearest Neighbours Model](#).

‡ Out of 149 UTLAs/UAs in England, excluding those where values were suppressed due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

## Focus on long-acting reversible contraceptives (LARCs)

In 2020, National GP and SRH Long Acting Reversible Contraception prescribing data<sup>38</sup> shows that there was a significant drop in prescribing of IUD, IUS and implants from April 2020 with significant national recovery in prescribing by December 2020. However, prescribing did not exceed 2019 baseline rates in any month in 2020, so significant backlogs in provision likely remain. It is also important to note that national recovery can mask significant regional and local variation.

The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in Birmingham primary care, specialist and non-specialist SHS was 26.5 per 1,000 women aged 15 to 44 years in 2020, lower than the rate of 34.6 per 1,000 women in England.

LARC provision is likely to reflect local geography and service models e.g. there may be more provision in primary care in more rural and semi-rural areas. In Birmingham, the rate prescribed in primary care was 19.1 in 2020, lower than the rate of 21.1 in England. The rate prescribed in the other settings was 7.5 in 2020, lower than the rate of 13.4 in England.

**Table 10.** Rate of LARCs (excluding injections) prescribed per 1,000 women aged 15-44 years by setting, Birmingham and England: 2020

	2019	2020	% change 2019 to 2020*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2020‡	Value for England: 2020
Total prescribed LARC excluding injections rate / 1,000	42.1	26.5	-37.1%	9	106	34.6
GP prescribed LARC excluding injections rate / 1,000	28.2	19.1	-32.4%	7	75	21.1
SRH Services prescribed LARC excluding injections rate / 1,000	13.9	7.5	-46.5%	14	131	13.4

As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

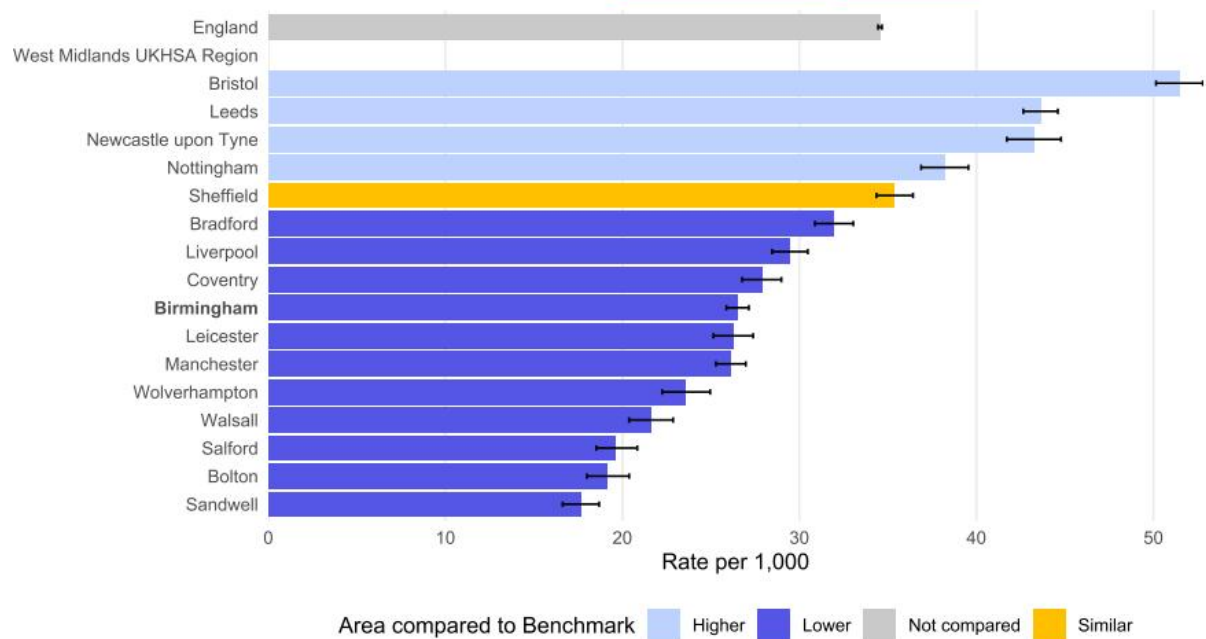
\* Percent change not provided where the value in 2019 was 0.

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‡ Out of 149 UTLAs/UAs in England, excluding those where values were suppressed due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

**Figure 34.** Total rate of LARC (excluding injections) prescribed in primary care and in SRH services per 1,000 women aged 15 to 44 years in 16 similar local authorities and the West Midlands UKHSA Region, compared to England: 2020

Similar refers to statistical nearest neighbours, derived from [CIPFA's Nearest Neighbours Model](#)



As a response to the COVID-19 pandemic, in March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years



# Data sources

- [Abortions under 10 weeks \(%\)](#). Data source: Department of Health based on data from abortion clinics
- [Abortions under 10 weeks that are medical \(%\)](#). Data source: Department of Health based on data from abortion clinics
- [All new STI diagnoses rate per 100,000](#). Data source: UK Health Security Agency (UKHSA)
- [Antiretroviral therapy \(ART\) coverage in people accessing HIV care](#). Data source: UK Health Security Agency (UKHSA)
- [Chlamydia detection rate per 100,000 aged 15 to 24](#). Data source: UK Health Security Agency (UKHSA)
- [Chlamydia detection rate per 100,000 aged 15 to 24](#). Data source: UK Health Security Agency (UKHSA)
- [Chlamydia diagnostic rate per 100,000](#). Data source: UK Health Security Agency (UKHSA)
- [Chlamydia diagnostic rate per 100,000 aged 25 years and older](#). Data source: UK Health Security Agency (UKHSA)
- [Chlamydia proportion aged 15 to 24 screened](#). Data source: UK Health Security Agency (UKHSA)
- [Determining PrEP need](#). Data source: UK Health Security Agency (UKHSA)
- [Genital herpes diagnosis rate per 100,000](#). Data source: UK Health Security Agency (UKHSA)
- [Genital warts diagnostic rate per 100,000](#). Data source: UK Health Security Agency (UKHSA)
- [Gonorrhoea diagnostic rate per 100,000](#). Data source: UK Health Security Agency (UKHSA)
- [GP prescribed LARC excluding injections rate / 1,000](#). Data source: OHID based on NHS Business Services Authority ePACT2 prescribing data and Office for National Statistics mid-year population estimates
- [HIV diagnosed prevalence rate per 1,000](#). Data source: UK Health Security Agency (UKHSA)
- [HIV diagnosed prevalence rate per 1,000 aged 15 to 59](#). Data source: UK Health Security Agency (UKHSA)
- [HIV late diagnosis in gay, bisexual and other men who have sex with men first diagnosed with HIV in the UK](#). Data source: UK Health Security Agency (UKHSA)
- [HIV late diagnosis in heterosexual and bisexual women first diagnosed with HIV in the UK](#). Data source: UK Health Security Agency (UKHSA)
- [HIV late diagnosis in heterosexual men first diagnosed with HIV in the UK](#). Data source: UK Health Security Agency (UKHSA)
- [HIV late diagnosis in people first diagnosed with HIV in the UK](#). Data source: UK Health Security Agency (UKHSA)
- [HIV testing coverage, gay, bisexual and other men who have sex with men](#). Data source: UK Health Security Agency (UKHSA)
- [HIV testing coverage, men](#). Data source: UK Health Security Agency (UKHSA)
- [HIV testing coverage, total](#). Data source: UK Health Security Agency (UKHSA)
- [HIV testing coverage, women](#). Data source: UK Health Security Agency (UKHSA)
- [Initiation or continuation of PrEP among those with PrEP need](#). Data source: UK Health Security Agency (UKHSA)
- [Mycoplasma genitalium diagnostic rate per 100,000](#). Data source: UK Health Security Agency (UKHSA)
- [New HIV diagnoses among persons first diagnosed in the UK rate per 100,000](#). Data source: UK Health Security Agency (UKHSA)
- [New HIV diagnosis rate per 100,000](#). Data source: UK Health Security Agency (UKHSA)
- [New STI diagnoses \(excluding chlamydia aged under 25\) per 100,000](#). Data source: UK Health Security Agency (UKHSA)
- [Over 25s choose LARC excluding injections at SRH Services \(%\)](#). Data source: OHID based on NHS Digital SRHAD data
- [Over 25s abortion rate / 1000](#). Data source: Department of Health based on data from abortion clinics
- [Prompt antiretroviral therapy \(ART\) initiation in people newly diagnosed with HIV](#). Data source: UK Health Security Agency (UKHSA)
- [Repeat HIV testing in gay, bisexual and other men who have sex with men](#). Data source: UK Health Security Agency (UKHSA)

- [SRH Services prescribed LARC excluding injections rate / 1,000](#). Data source: OHID based on NHS Digital SRHAD data and Office for National Statistics mid-year population estimates
- [STI testing positivity \(excluding chlamydia aged under 25\)](#). Data source: UK Health Security Agency (UKHSA)
- [STI testing rate \(exclude chlamydia aged under 25\) per 100,000](#). Data source: UK Health Security Agency (UKHSA)
- [Syphilis diagnostic rate per 100,000](#). Data source: UK Health Security Agency (UKHSA)
- [Teenage mothers](#). Data source: Hospital Episode Statistics (HES)
- [Total abortion rate / 1000](#). Data source: Department of Health based on data from abortion clinics
- [Total prescribed LARC excluding injections rate / 1,000](#). Data source: OHID based on NHS Digital SRHAD data, NHS Business Services Authority ePACT2 prescribing data and Office for National Statistics mid-year population estimates
- [Trichomoniasis diagnostic rate per 100,000](#). Data source: UK Health Security Agency (UKHSA)
- [Under 16s conception rate / 1,000](#). Data source: Office for National Statistics (ONS)
- [Under 18s abortions rate / 1,000](#). Data source: Department of Health
- [Under 18s births rate / 1,000](#). Data source: Office for National Statistics (ONS)
- [Under 18s conception rate / 1,000](#). Data source: Office for National Statistics (ONS)
- [Under 18s conceptions leading to abortion \(%\)](#). Data source: Office for National Statistics (ONS)
- [Under 25s abortion after a birth \(%\)](#). Data source: Department of Health
- [Under 25s choose LARC excluding injections at SRH Services \(%\)](#). Data source: OHID based on NHS Digital SRHAD data
- [Under 25s individuals attend specialist contraceptive services rate / 1000 - Females](#). Data source: OHID based on NHS Digital SRHAD data and Office for National Statistics mid-year population estimates
- [Under 25s individuals attend specialist contraceptive services rate / 1000 - Males](#). Data source: OHID based on NHS Digital SRHAD data and Office for National Statistics mid-year population estimates
- [Under 25s repeat abortions \(%\)](#). Data source: Department of Health
- [Violent crime - sexual offences per 1,000 population](#). Data source: OHID's Population Health Analysis Team using Home Office crime data and ONS population data
- [Virological success in adults accessing HIV care](#). Data source: UK Health Security Agency (UKHSA)
- [Women choose hormonal short-acting contraceptives at SRH Services \(%\)](#). Data source: OHID based on NHS Digital SRHAD data
- [Women choose injections at SRH Services \(%\)](#). Data source: OHID based on NHS Digital SRHAD data and Office for National Statistics mid-year population estimates
- [Women choose user-dependent methods at SRH Services \(%\)](#). Data source: OHID based on NHS Digital SRHAD data

# References

1. <https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables> ↗
2. <https://www.gov.uk/government/statistics/national-chlamydia-screening-programme-ncsp-data-tables> ↗
3. Ratna N, Sonubi T, Glancy M, Sun S, Harb A, Checchi M, Milbourn H, Dunn J, Sinka K, Folkard K, Mohammed H and contributors. Sexually transmitted infections and screening for chlamydia in England, 2020. September 2021, Public Health England, London ↗
4. Prochazka M, Evans J, Thorn L, Sinka K, and contributors. Tracking the syphilis epidemic in England: 2010 to 2019. January 2021, Public Health England, London  
([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/956716/Syphilis\\_Action\\_Plan\\_Metrics\\_2010\\_to\\_2019\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/956716/Syphilis_Action_Plan_Metrics_2010_to_2019_report.pdf)) ↗
5. Addressing the increase of syphilis in England: PHE Syphilis Action Plan. June 2019, Public Health England, London (<https://www.gov.uk/government/publications/syphilis-public-health-england-action-plan>) ↗
6. <https://www.gov.uk/government/publications/changes-to-the-national-chlamydia-screening-programme-ncsp> ↗
7. <https://fingertips.phe.org.uk/profile/sexualhealth> ↗
8. Charles H, Prochazka M, Godbole G, Jenkins C, Sinka K, and contributors. Sexually transmitted Shigella spp. in England: 2016 to 2020. March 2021, Public Health England, London  
([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/982595/SP\\_hpr0721\\_shgll20.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/982595/SP_hpr0721_shgll20.pdf)) ↗
9. Charles H, Prochazka M, Sinka K, and contributors. Trends of Lymphogranuloma venereum in England: 2019. December 2020, Public Health England, London  
([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1011030/hpr\\_r2320\\_LGV-11.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1011030/hpr_r2320_LGV-11.pdf)) ↗
10. [http://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/613909/hpr1717\\_hepA.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/613909/hpr1717_hepA.pdf) ↗
11. <http://www.gov.uk/government/publications/hepatitis-a-preventing-infection-in-men-who-have-sex-with-men> ↗
12. Acute hepatitis B (England): annual report for 2017  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877344/hpr3019\\_ct-hbv18\\_V3.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877344/hpr3019_ct-hbv18_V3.pdf) ↗
13. Hepatitis C in the UK: 2020 report.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/943154/HCV\\_in\\_the\\_UK\\_2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943154/HCV_in_the_UK_2020.pdf) ↗
14. Lester J, Martin V, Shah A, Chau C, Mackay N, Newbigging-Lister A, Connor N, Brown A, Sullivan A and contributors. HIV testing, PrEP, new HIV diagnoses, and care outcomes for people accessing HIV services: 2022 report. The annual official statistics data release (data to end of December 2021). October 2022, UK Health Security Agency, London <https://www.gov.uk/government/statistics/hiv-annual-data-tables/hiv-testing-prep-new-hiv-diagnoses-and-care-outcomes-for-people-accessing-hiv-services-2022-report> ↗
15. Department of Health and Social Care (2021). Towards Zero - An action plan towards ending HIV transmission, AIDS and HIV-related deaths in England - 2022 to 2025 <https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025> ↗
16. Martin V, Lester J, Adamson L, Shah A, Mackay N, Chau C, Sullivan A, Brown AE, and contributors. HIV Action Plan Monitoring and Evaluation Framework: Report summarising progress from 2019 to 2021. December 2022, UK Health Security Agency, London <https://www.gov.uk/government/publications/hiv-monitoring-and-evaluation-framework/hiv-action-plan-monitoring-and-evaluation-framework> ↗
17. Aiken A, Lohr PA, Aiken CE, Forsyth T, Trussell J. Contraceptive method preferences and provision after termination of pregnancy: a population-based analysis of women obtaining care with the British Pregnancy Advisory Service. BJOG. 2017 Apr;124(5):815-824. doi: 10.1111/1471-0528.14413. Epub 2016 Nov 14. PMID: 27862882; PMCID: PMC5506553 ↗
18. Office for National Statistics. Child Mortality (death cohort) tables in England and Wales, 2016 - 2019, Table 10. Office for National Statistics, 2021 ↗
19. Child Poverty Strategy: 2014-17. HM Government. 2014. Available from:  
<http://www.gov.uk/government/publications/child-poverty-strategy-2014-to-2017> ↗
20. National Client Caseload Information System (NCCIS). Department for Education. 2015 ↗
21. Mothers, babies and the risks of poverty. Mayhew E and Bradshaw J (2005) Poverty No 121 ↗

22. Fatherhood Institute Research Summary: Young Fathers. Fatherhood Institute 2013. Available from: <http://www.fatherhoodinstitute.org/2013/fatherhood-institute-research-summary-young-fathers/> ↩
23. Implementing the United Kingdom Government's 10-Year Teenage Pregnancy Strategy for England (1999-2010): Applicable Lessons for Other Countries. Hadley, A., Chandra-Mouli, V., Ingham, R. (2016). Journal of Adolescent Health. May 2016. ↩
24. Live births to women aged under-18 in EU-28 countries: 2005, 2014, 2015 & 2016. ONS, 2018. ↩
25. A Framework for Sexual Health Improvement in England. Department of Health. 2013. Available from: <http://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england> ↩
26. Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases. Kirby, D. National Campaign to Prevent Teen and Unplanned Pregnancy, 2007. Available from: <https://powertodecide.org/what-we-do/information/resource-library/emerging-answers-2007-new-research-findings-programs-reduce> ↩
27. Explaining recent declines in adolescent pregnancy in the United States: the contribution of abstinence and improved contraceptive use. Santelli, J. American Journal of Public Health. 2007. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1716232/> ↩
28. Understanding the Decline in Adolescent Fertility in the United States, 2007-2012. Lindbert, L., Santelli, J and Desai S (2016). Journal of Adolescent Health, 59. ↩
29. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1019542/Relationships\\_Education\\_Relationships\\_and\\_Sex\\_Education\\_RSE\\_and\\_Health\\_Education.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019542/Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education.pdf) ↩
30. Teenage conception rates highest in the most deprived areas. Short story published in Conceptions-Deprivation Analysis Toolkit. ONS. 2014. Available from: <https://webarchive.nationalarchives.gov.uk/20160107065209/http://www.ons.gov.uk/ons/rel/regional-trends/area-based-analysis/conceptions-deprivation-analysis-toolkit/index.html> ↩
31. Teenage Pregnancy in England. Crawford, C. Institute for Fiscal Studies. 2013. Available from: <https://www.ifs.org.uk/publications/6702> ↩
32. Births to looked after children. 2015. Public Health England. Unpublished data. ↩
33. Preventing unplanned pregnancy and improving preparation for parenthood for care-experienced young people. Fallon, D. & Broadhurst, K. 2015. Universities of Manchester and Lancaster, on behalf of Coram. ↩
34. Predictors and timing of initiation of antenatal care in an ethnically diverse urban cohort in the UK. Pregnancy and Childbirth 2013; 12:103. ↩
35. Pregnancy and Complex Social Factors: A model for service provision for pregnant women with complex social factors. Royal College of Obstetricians and Gynaecologists and Royal College of Midwives. 2010. National Collaborating Centre for Women's and Children's Health. Commissioned by NICE. ↩
36. Decision Making Support within the Integrated Care Pathway for Women Considering or Seeking Abortion. Guidance for commissioners for improving access and outcomes for women. 2014. Family Planning Association and Brook. ↩
37. Previous Pregnancies Among Young Women Having an Abortion in England and Wales. McDaid, L. A., Collier, J. & Platt, M.J. 2015. The Journal of Adolescent Health. 57 (4) 387-392. ↩
38. <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/> ↩