

Capital LHO Down



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Also available at www.lho.org.uk and www.hpa.org.uk

Choosing Health: A briefing on sexual health in London

Key Messages

Sexual behaviour and young people at risk

- Young people in the capital suffer disproportionately from the serious health impacts of risky sexual behaviour.
- Some risky sexual behaviours such as multiple sexual partners, are more common among Londoners than elsewhere and are increasing.
- Young people aged 16-19 have experienced the highest rises in sexually transmitted infections (STIs), especially chlamydia.

London is worse off than elsewhere

- In 2003, about one in every two syphilis diagnoses, one in four chlamydia and more than one third of all gonorrhoea infections in England, were in London.
- Londoners bear the highest burden of HIV in England - with 20,000 Londoners receiving treatment in 2003. We estimate that there are a further 8,600 Londoners with undiagnosed HIV infection.
- London's teenage pregnancy rate shows no sign of decline unlike the national rate.

The health divide

- There has been a welcome recent fall in teenage conceptions in 19 London boroughs including some inner city areas, but this must be set against an increase, or no change, in other boroughs.
- Men, especially men who have sex with men, are disproportionately affected by sexually transmitted infections and HIV.

- The biggest rise in HIV in recent years however, has been through heterosexual intercourse. Nearly all these infections have been among Black Africans, three quarters of which were acquired in Africa.

Action areas for the capital

- The school, further education and sixth form colleges are pivotal settings for sex and relationship education. London's "Healthy Schools" are making progress in reaching the sexual health standard; Personal, Social and Health Education (PSHE) training for teachers in those schools still to achieve the standard, will be important.
- It is essential that London's sexual health services become better known, and more accessible to young people. Modernisation of these services by better integration with mainstream primary care, pharmacy, and education services offers a solution.
- More needs to be done building on existing local work to tackle the inexorable rise in HIV in London's Black African communities, and the continued rise in men who have sex with men. These should be priorities for new sexual health resources identified in the 'Choosing Health' delivery plan.
- Barriers to faster, more equitable access to contraception, abortion and Genito-Urinary Medicine (GUM) services right across the capital need to be removed.
- London's services have led the way in implementing the antenatal HIV testing programme where uptake has increased greatly. More needs to be done to reduce undiagnosed HIV in other settings too.

The London Health Observatory: monitoring health and health care in the capital, supporting practitioners and informing decision-makers. www.lho.org.uk

Introduction

Sexual health has been identified as one of the key national priorities for action in the White Paper *'Choosing Health'* (see box below) and its importance in the capital is reflected in the pan London sexual health framework agreed by London's five strategic health authorities. (see box page 12)

In response, the London Health Observatory and the Health Protection Agency (London) have jointly produced this briefing on sexual health - the third in the LHO White Paper series. It aims to highlight current sexual health issues in the capital, based on available information, and outlines action areas for London's health-related partnerships. The briefing focuses on the following aspects of sexual health:

- Young people and the importance of education for prevention
- Men who have sex with men
- Better access to services

"Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be maintained, the sexual rights of all persons must be respected, protected and fulfilled"

Source: World Health Organisation.

Sexual Health: What the White Paper *'Choosing Health'* says in its delivery plan

- New national campaign targeted at young men and women to ensure they understand the real risk of unprotected sex and persuade them of the benefits of using condoms to avoid risk of sexually transmitted infections (STIs) or unplanned pregnancies.
- Developing new sources of information/ advice about sexual health for young men and women including a confidential email service offered by trained sexual health advisers; advice in settings where young people go.
- Supporting implementation of the *Teenage Pregnancy Strategy*, in particular through action in neighbourhoods with high teenage conception rates.
- Committing new capital and revenue funding to modernise the whole range of NHS sexual health services, communicate better with people about risk, offer more accessible services and provide faster access to treatment.
- Ensuring faster access to GUM services such that appointments are offered within 48 hours of contacting a genito-urinary medicine (GUM) service (target 100% by 2008).
- Accelerate implementation of a national screening programme for chlamydia, to cover the whole of England by March 2007.

Sexual behaviour and lifestyles

A trend towards multiple sexual partners and unprotected sex has been associated with an increased risk of STIs and HIV. The *'National Survey of Sexual Attitudes and Lifestyles'* indicated that these behaviours were more common in London than the rest of Britain. In 2000:

- A higher average number of heterosexual sex partners in the past 5 years was reported by men (4.5 partners) and women (2.7 partners) in London than elsewhere in Britain (3.7 and 2.3 partners respectively).
- Individuals with concurrent partnerships in the past year (2 or more relationships at the same time) were also more common in London. National data indicate that these are most common amongst those aged 16-24.
- The proportion of men who had a homosexual partner in the last 5 years was higher in London (5.5%) compared with the rest of Britain (2.1%).
- Although there are no London data, national survey information shows that Black Caribbean and Black African men report the highest number of lifetime sexual partners of all ethnic groups. Just over a quarter and a third respectively, had concurrent partners.
- Nationally, condom use on all occasions in the 4 weeks prior to being interviewed in those with two or more partners in the past year was low at 33% and 24% in men and women respectively.

Contraception – knowledge and use

Data on contraceptive use in London are not available. However results of a national survey on contraception and sexual health carried out in 2003/04 on approximately 2,000 women aged 16-49 indicated that:

- 75% of women used at least one method of contraception. The most popular being the contraceptive pill (25%) followed by the male condom (23%). Both of these methods were more common among younger women. Other methods included withdrawal, intrauterine

device (IUD) and injection/implant. Of the 25% not using a method of contraception the majority (14%) were not in a sexual relationship with someone of the opposite sex.

- Condom failure is an important problem – especially among young people. Six per cent of women had used the “morning after pill” at least once during the last year; this proportion was highest in the 16-17 year olds at 20%. Condom failure was given as the reason for obtaining the “morning after pill” in nearly half of women, whilst approximately one in ten used it because a condom had not been available.
- Primary care is the most important source for the “morning after pill” - a woman’s own GP or practice nurse being the most popular (41%), followed by a chemist or pharmacy (27%) and family planning clinic (21%).

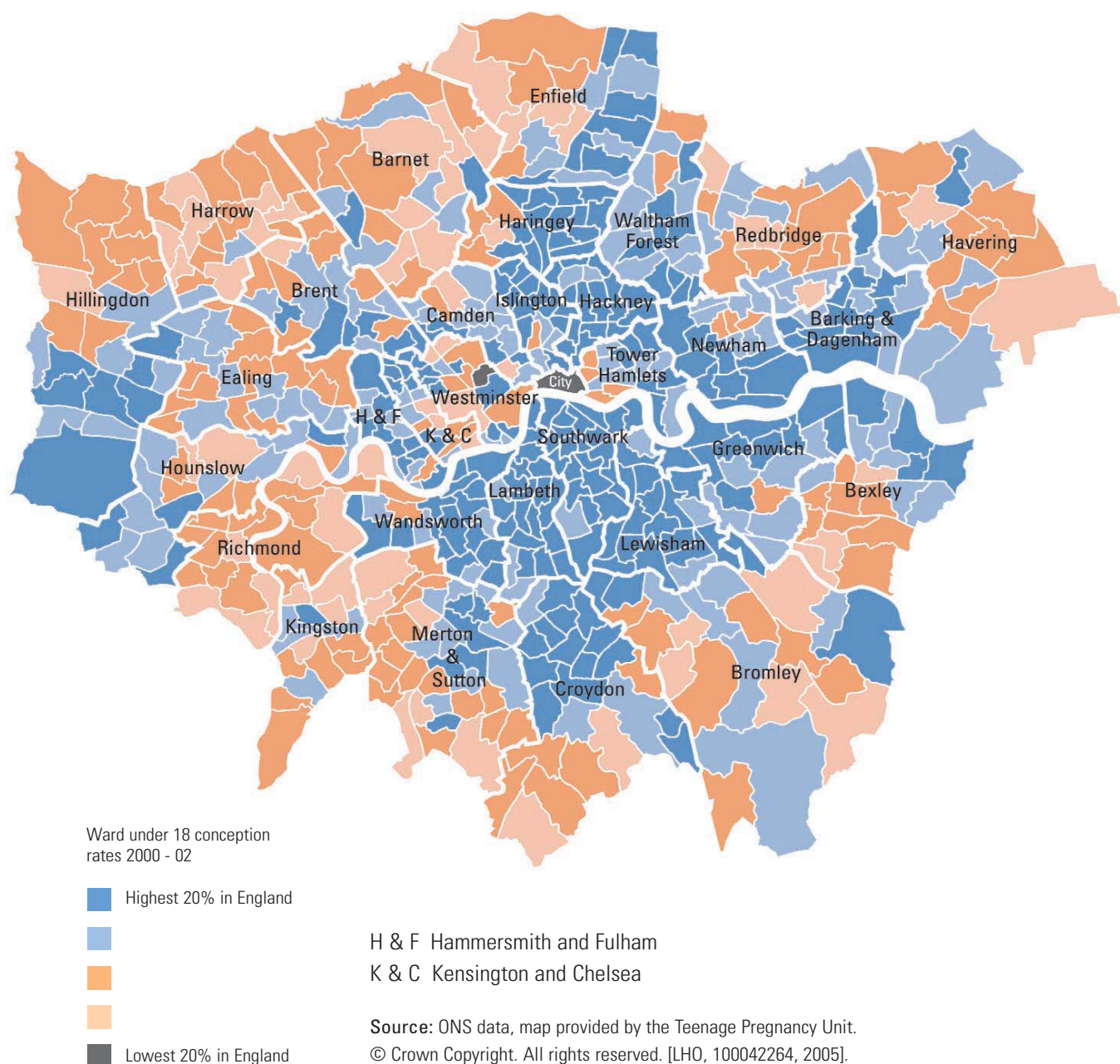
Teenagers at risk: conceptions among under 18's

In England there are approximately 39,600 conceptions a year to teenagers. The national *'Teenage Pregnancy Strategy'* aims to reduce the under 18 conception rate by 50% in 2010 from its 1998 level. Teenage pregnancy rates are higher in more deprived areas and teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to end up bringing up their children alone and in poverty. Teenage parents have poorer ante-natal health, lower birth-weight babies and higher mortality rates among their infants.

- In 2003, in London there were 6,500 conceptions in young women aged under 18, giving a rate of 51 per 1000 females aged 15-17. This compares with an England rate of 42.
- Although the national rate is falling the overall London rate has remained relatively stable between 1998 and 2003.
- Rates did fall in 19 London boroughs: the largest decreases were seen in Kensington & Chelsea, Hammersmith & Fulham and Tower Hamlets.

- Large increases were seen in Barnet, Barking & Dagenham, Redbridge, Enfield and Lambeth.
- Of the ten local authorities with the highest under 18 conception rates in England in 2003, seven were London boroughs: Lambeth, Southwark, Lewisham, Greenwich, Barking and Dagenham, Haringey and Hackney. Two London boroughs had rates that were more than double the England rate namely Lambeth (105) and Southwark (87).
- 242 London wards (37% of all London wards) are among the fifth with the highest rates in England. Under 18 conceptions in these wards account for 57% of all conceptions in London for 2000-02. Areas with high teenage conception rates are predominantly located in the deprived areas of south east and north east London, although there are distinct 'hotspots' throughout both inner and outer London (see figure 1).
- Teenage pregnancy in London is also characterised by having a high proportion of teenage conceptions leading to termination. In 2002, nearly 59% of conceptions under 18 resulted in an abortion, compared with 46% nationally.

Figure 1 Teenage (under 18) conception rates, London wards 2000-2002.



Sexually transmitted infections

Sexually transmitted infections (STIs): key facts

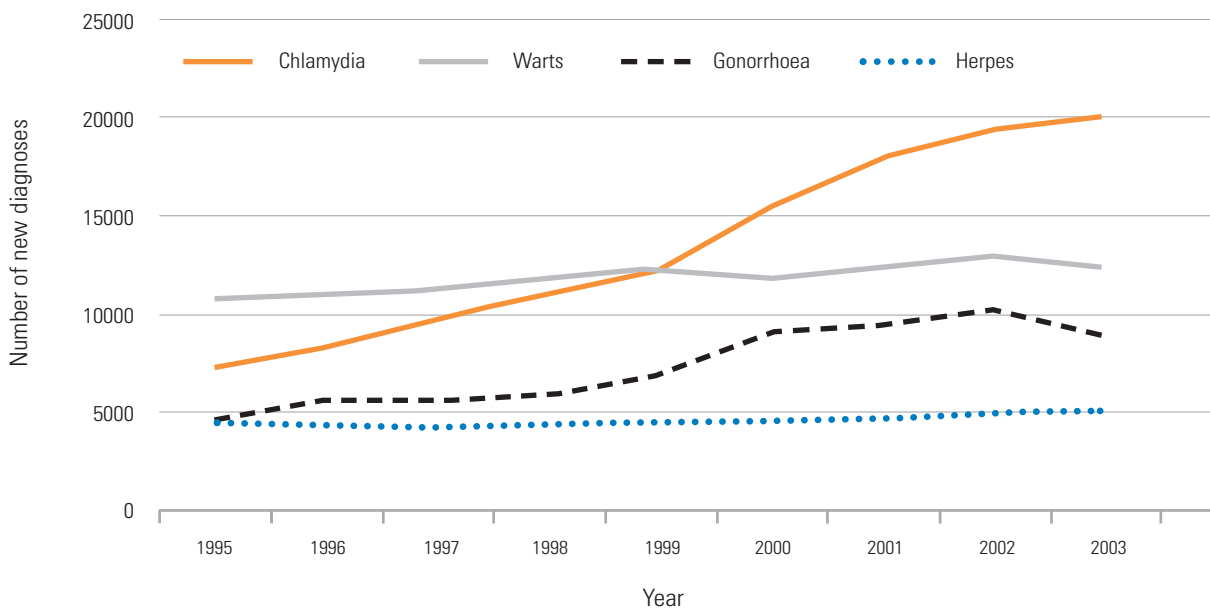
- People with an STI can have no symptoms but still pass the infection on through unprotected sexual contact.
- Gonorrhoea, chlamydia and syphilis are the main serious bacterial STIs.
- Genital warts and genital herpes are caused by viruses.
- The presence of other STIs can facilitate HIV transmission.
- HIV is a serious viral infection associated with a prolonged 'silent' period during which it often remains undiagnosed. Over time people infected with HIV show reduced immunity which, without antiretroviral treatment, can eventually develop into AIDS which is a life-threatening illness. Early detection and treatment with Highly Active Antiretroviral Therapy (HAART) – a drug combination – has been shown to significantly prolong good health and delay the development of AIDS.

Trends in sexually transmitted infections

Figure 2 shows the trends in the number of new diagnoses of selected STIs in London between 1995 and 2003. While reports of herpes and warts have

remained relatively stable, there has been an increase of approximately 180% in the number of new chlamydia diagnoses.

Figure 2 Number of newly diagnosed sexually transmitted infections reported from genitourinary clinics in London, 1995 - 2003.



Source: HIV and STI Department, Health Protection Agency Centre for Infections. Körner (KC60) activity reports from genitourinary clinics in England.

The rise in chlamydia may in part reflect increased testing at GUM clinics as well as improved diagnostic techniques in laboratories. Nevertheless, this rise is real.

- In 2003, just over 20,000 new diagnoses of chlamydia infection were reported from GUM clinics in London. About half were in men. Due to the pool of undiagnosed asymptomatic infections, the true level of infection is likely to be still higher.
- Diagnoses of chlamydia have trebled in men and more than doubled in women in London, since 1995.
- There were substantial year on year rises in new diagnoses of gonorrhoea until 2002 (and an overall rise of 84% from 1995) after which there was a slight fall to just over 8,800 in 2003.
- Although numbers of syphilis diagnoses are far fewer (not shown in the graphic) there have been outbreaks in south and north east London of syphilis in heterosexuals – some of whom reported buying or selling sex.

Young people and STI risk

- The group amongst whom the greatest numbers of chlamydia diagnoses were recorded in 2003 are those under 25 years. The largest rise was seen amongst those aged between 16 and 19 years.
- The phased implementation of the new national chlamydia screening programme is expected to further promote the upward trend in chlamydia.

Men who have sex with men

- In 2003, 720 new diagnoses of syphilis were reported from GUM clinics in London. Approximately 86% (619) of these were in men: of whom approximately 60% were men who have sex with men.
- The marked rise in syphilis since 2001 which mainly affected men was characterised by outbreaks in men who have sex with men in London.

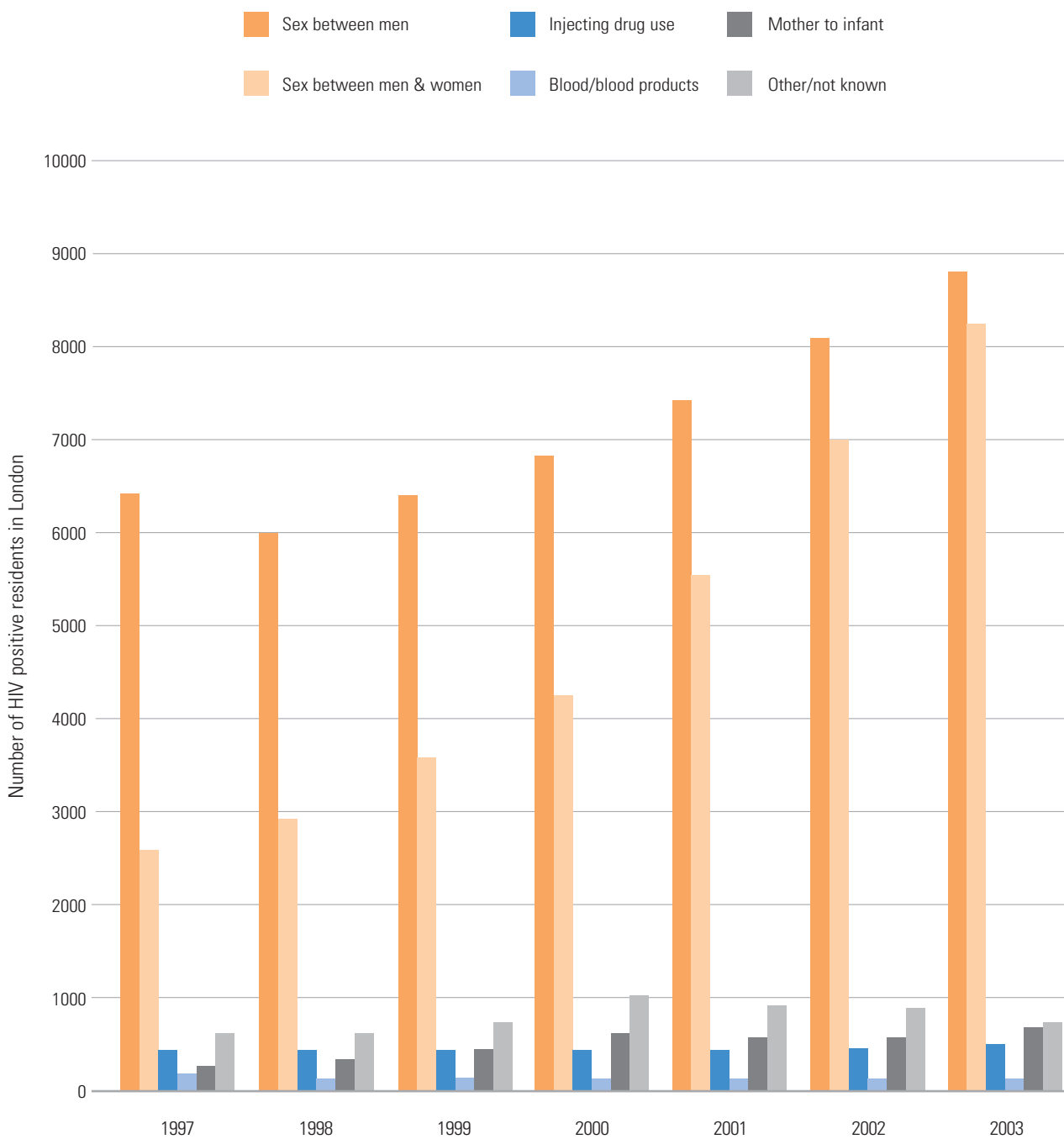
- About half of the men who have sex with men diagnosed with syphilis were known to be HIV infected.
- Seventy percent of gonorrhoea reports are in men - 30% of whom have had sex with men and infections in this group are still rising.
- In the past few years in London there have been outbreaks in men who have sex with men, of shigella infection (transmitted sexually), of hepatitis A as well as the recent emergence of Lymphogranuloma Venereum (LGV) also an STI.

HIV - a growing burden in the capital

- Up to the end of December 2004, there have been 39,014 HIV infections diagnosed in London since the beginning of the epidemic; 57% of all infections in the UK.
- In 2003, there were 3,190 new diagnoses of HIV infection in London.
- Nearly all new heterosexual HIV infections have been among Black Africans, three quarters of which were acquired in Africa.
- Men who have sex with men, however, remain the behavioural group who are most likely to have acquired their infection in the UK, and incidence in this group is high in London at an estimated 4.5% in 2003.
- The proportion of HIV diagnoses acquired through injecting drug use has remained low at just 3% in 2003, probably as a result of successful harm reduction programmes, however recently there is a concern that HIV incidence may have risen among injectors.
- In 2003, nearly 20,000 Londoners previously diagnosed with HIV, received HIV-related treatment at centres across England. It has been estimated that about 27% of all HIV infections may be undiagnosed – and so it is possible there are a further 8,600 Londoners who are HIV positive but are unaware of their status.

- Between 1997 and 2003, the largest group of people receiving treatment for HIV infection in London were men who have sex with men. Their numbers rose steadily each year. However, the biggest rise was seen in heterosexuals (Figure 3).
- Although about one in twenty Londoners are Black Africans, they constituted more than one in three of all HIV positive Londoners living with HIV in 2003.

Figure 3 Number of Londoners diagnosed HIV positive and seeking treatment in each year 1997 and 2003.



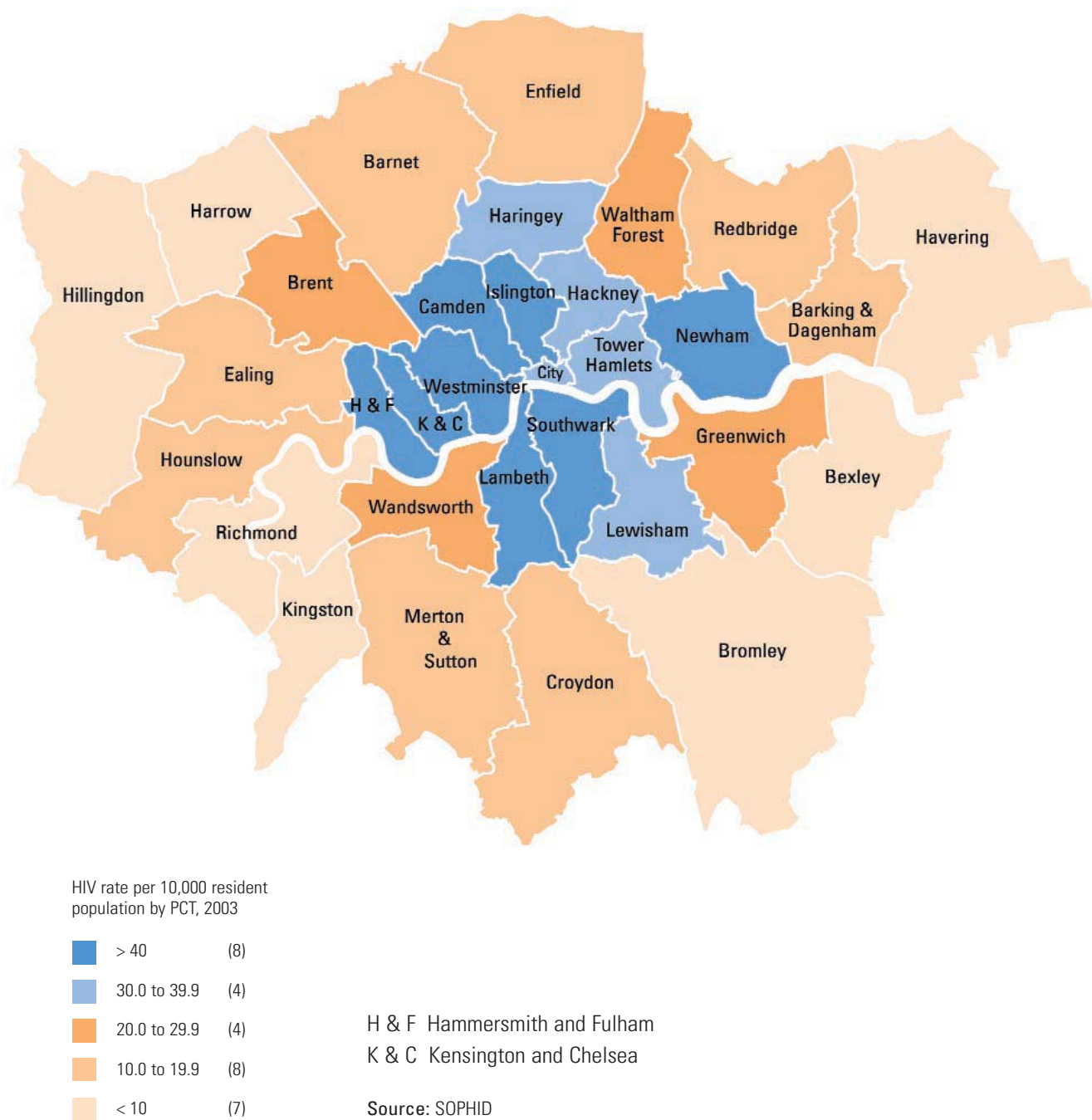
Source: HIV and STI Department, Health Protection Agency Centre for Infections. Annual Survey of Prevalent Diagnosed HIV Infections 1997 – 2003

- Though much smaller in number, there has also been more than a three fold rise in Black - Caribbeans receiving HIV treatment, from 226 in 1997 to 773 in 2003.

The unequal geography of HIV in London

- The prevalence of those living with HIV in London and receiving care was 26 per 10,000 population in 2003, but ranges from just under 4 in Havering to nearly 68 in Lambeth (Figure 4).

Figure 4 Prevalence of those living with HIV in London and receiving care (PCT of residence in 2003).



Access to services

A substantial change is needed in sexual health behaviour to ensure unplanned pregnancy is prevented in the first place, along with the provision of effective contraceptive services. In addition, access to appropriate, timely abortion services is important as the earlier in pregnancy abortion is performed, the lower the risk of complications. Contraception services are one of the NHS's most cost-effective services, yet there is little useful routine information that tells us if needs are being met. Information on abortions indicate that:

- In 2003 approximately 174,000 abortions were undertaken on residents of England. 30% of these (just under 52,000) were undertaken on London residents.
- 7% of abortions in London were to girls under 18 years of age compared with 10% nationally.
- 63% of abortions undertaken on London residents took place within 10 weeks gestation, compared with 58% in England.
- Only 69% of abortions undertaken on London residents were NHS funded, compared with 79% nationally.
- However, there are inequalities across London in access to early abortions (undertaken under 10 weeks gestation). North Central London had the highest proportion undertaken under 10 weeks (67%) and North East London the lowest (57%).
- 2002 England data shows that 12.4% of abortions to under 18s follow a previous birth (5%) or previous abortion (7.4%). High quality contraceptive advice and provision should be included as part of the abortion care pathway and tailored postnatal care of teenage parents.

Features of effective young people's sexual health and contraception services:

- Confidential and non judgemental.
- Open access, for example, after school and weekend openings.
- Youth friendly staff and environment.
- Availability of single sex clinics.
- Awareness of cultural issues.
- Understanding of the legal framework covering services to adolescents.
- Contraceptive methods and counselling services appropriate to the age of the young person.
- Clear routes of referral to and liaison with specialist services.
- Free on-site treatment for STIs.

Source: Tripp J, Viner R. Sexual health, contraception, and teenage pregnancy. *BMJ* 2005;330:590-593

Access to GUM services

Rapid diagnosis of STIs is important to allow fast treatment and to avoid more people becoming infected. An audit of waiting times for sexual health services for London residents undertaken by the Health Protection Agency indicated that in November

2004 only 52% of respondents were seen within 48 hours. This proportion varied greatly by primary care trust with the lowest proportion in the outer London boroughs of Havering and Bromley (17% and 24% respectively) and the highest in inner city Newham and Westminster (70% and 71%) (Figure 5).

Voluntary confidential HIV testing in GUM clinics

- From 1998 to 2003, the uptake of voluntary confidential HIV testing in London GUM clinics has increased significantly from 32% to 58% in men who have sex with men, and from 30% to 58% in heterosexuals.

Antenatal screening for HIV

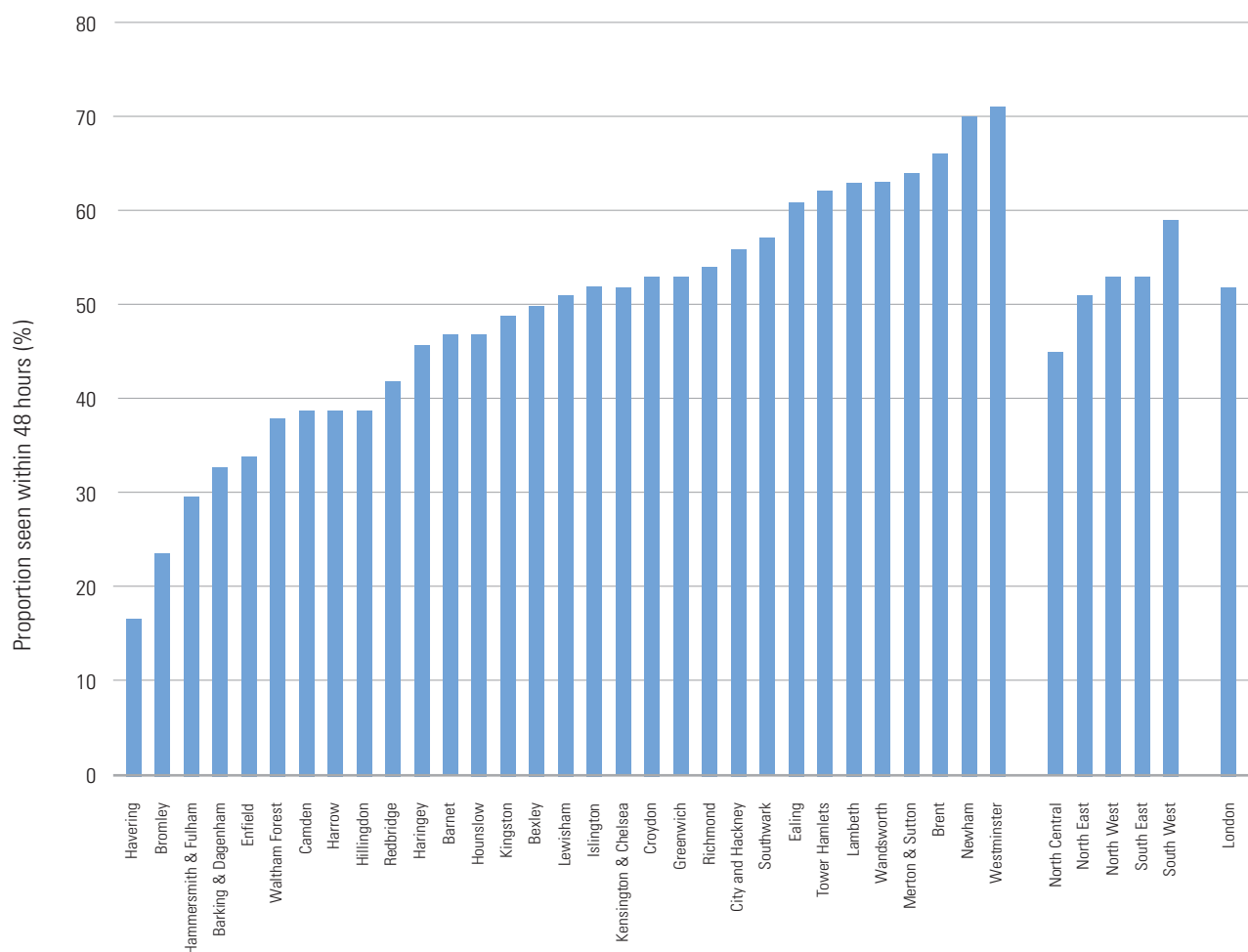
- Good progress has been made. Overall there has been a rise in voluntary confidential HIV testing from 71% of all women seeking antenatal services in 2000 to 92% at the end of 2003.
- In 2002, average voluntary confidential HIV testing uptake across London Strategic Health

Authorities ranged from 81% in parts of south east London to 99% in parts of north west sector.

Access to effective treatment for HIV: What has been achieved in the capital?

- Following the introduction of highly-active anti-retroviral therapy (HAART) in the late 1990s, the number of reports of AIDS (the most advanced stage of HIV infection) has fallen steadily, with an overall reduction of 72%, from 1,149 in 1994 to 318 in 2003.
- Improved detection of HIV is critical and while antenatal diagnoses are increasing with greater testing, there is more to do to reduce the pool of undiagnosed infections.

Figure 5 Proportion of patients referred to GUM services and seen within 48 hours, November 2004.



Source: HPA

Promoting young people's sexual health - what works?

The importance of a multi-faceted approach

Evidence from a number of international studies has shown that the higher the educational attainment of women the lower the rate of teenage pregnancy, and

that lower teenage pregnancy rates are linked to effective primary care services which are accessible to young people (including access to contraception), provision of quality sex and relationships education and building incentives to avoid early parenthood.

Consistent and correct use of condoms significantly reduces the risk of most STIs including HIV and protects against unwanted pregnancy

Schools-based education

The Health Development Agency (2003) points to the following areas of evidence:

- School-based sex and relationship education (SRE), particularly when linked to accessible contraceptive services, can have a positive impact on young people's knowledge and attitudes, can delay sexual activity and/or reduce pregnancy rates.
- There is no evidence to support the view that increased provision of SRE increases the onset or frequency of sex, or the number of sexual partners.
- Results from the first UK-based systematic evaluation of school-based SRE found that a high-quality SRE programme was rated highly by the young people who received it and had a positive impact on knowledge. It had no effect on contraceptive use and sexual behaviour.

What does an effective sex and HIV education programme contain?

- Clear information about risks of sexual activity, and ways to avoid intercourse or protect against pregnancy and STIs.
- Help to resist peer and social pressures to have early sex.
- Communication, negotiation and refusal skills practice.
- Participatory teaching methods and appropriate materials.
- Actively involved parents who feel able to discuss relationships and sexual health at home.
- Leadership by staff and others who have received proper training themselves.

Source: HDA 2003

Role of healthy schools in improving sexual health

The National Healthy Schools Programme is jointly sponsored by the Department of Health and the Department for Education and Skills. It includes the

National Healthy School Standards (NHSS), a national framework guiding the work of local partnerships between primary care trusts and local education authorities in promoting a whole-school approach to addressing specific health themes within schools.

The role of healthy schools in improving sexual health falls into three streams of work: two Continuing Professional Development (CPD) programmes, one for community nurses and one for teachers, and the NHSS criteria for SRE, outlined below:

- Staff should have a sound basic knowledge of sex and relationships issues and be confident in their skills to teach sex education and discuss sex and relationships.
- Staff should have an understanding of the role of schools in contributing to the reduction of unwanted teenage conceptions and the promotion of sexual health.
- The school should have a planned sex and relationships education programme.
- The school should have a policy which is owned and implemented by all including pupils and parents and which is delivered in partnership with local health and support services.

Reaching the healthy school standard criteria for SRE - How is London doing?
 Of the 2486 schools in London, 677 have achieved national healthy school status – of which 49% have met the NHSS criteria for SRE.

London sexual health framework

The London sexual health framework was drawn up before the White Paper *'Choosing Health'* was

published. It set standards for development and delivery of sexual health related services in London.

The London-wide sexual health framework set seven standards to be achieved between 2005-2008:

Standard:	By when:
• A reduction in the rate of growth of teenage conceptions.	2008
• A reduction in the rate of growth of STIs.	2008
• A reduction in the level of undiagnosed HIV.	2008
• An increase the in level of HIV, Hepatitis B and syphilis screening amongst pregnant women.	2005
• A maximum 48-hour waiting time and agreed minimum standards for NHS funded GUM services.	April 2006
• A minimum of 70% of pregnancy terminations taking place within a 10 week gestation period.	April 2007
• An improvement in the patient experience amongst people using sexual health services.	April 2007

Next steps in health intelligence

- We will contribute to the implementation and monitoring of the London sexual health standards as well as supporting the development of a minimum dataset.
- We will work with key partners to review ways of developing better, more timely surveillance of teenage pregnancy and STIs at primary care trust level.
- Joint opportunities for London partners exist to commission a London boost of the national survey on sexual lifestyles to provide better local information for action.
- An effective system of monitoring and evaluation for the new chlamydia screening programme in young people will be established by the HPA.

Resources and further information

More detailed technical information, data and resources on which this briefing is based can be found on the LHO website http://www.lho.org.uk/HIL/Lifestyle_and_Behaviour/SexualHealth.htm and on the HPA website (<http://www.hpa.org.uk>)

Sexual behaviour, contraception and abortion in Great Britain

Johnson AM et al. Sexual behaviour in Britain: partnerships, practices, and HIV risk behaviours. *Lancet* 2001;358:1835-42

Fenton KA et al. Ethnic variations in sexual behaviour in Great Britain and risk of sexually transmitted infections: a probability survey. *Lancet* 2005; 365:1246-55

Erens B et al. National survey of sexual attitudes and lifestyles II: Reference tables and summary report. National Centre for Social Research 2003.

Dawe F, Rainford L. Contraception and sexual health, 2003. London Office for National statistics http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsStatistics/PublicationsStatisticsArticle/fs/en?CONTENT_ID=4090020&chk=0h9XRb

Sexually transmitted infections and HIV

Focus on Prevention – HIV and other Sexually Transmitted Infections in the United Kingdom in 2003 An update: November 2004

http://www.hpa.org.uk/infections/topics_az/hiv_and_sti/publications/annual2004/annual2004.htm

Evidence, guidance, and national strategies

The Department of Health's Sexual Health and HIV Prevention Strategy and action plan:

http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SexualHealth/SexualHealthGeneralInformation/SexualHealthGeneralArticle/fs/en?CONTENT_ID=4002168&chk=pmmyeN

The national '*Teenage Pregnancy Strategy*' is set out in the Social Exclusion Units report on teenage pregnancy and can be found on the Teenage Pregnancy Unit website

http://www.dfes.gov.uk/teenagepregnancy/dsp_Content.cfm?PageID=85

The HDA have produced a summary of interventions on teenage pregnancy and sexual health, an overview of the research evidence on teenage pregnancy, a review of reviews of teenage pregnancy and parenthood and, a teenage pregnancy and health scrutiny these can be found at

[http://www.publichealth.nice.org/.](http://www.publichealth.nice.org/)

We would like to acknowledge the contribution of the Health Development Agency (HDA), the Teenage Pregnancy Unit and the National Healthy Schools Programme.

What does the LHO do?

We provide information, data, and intelligence on Londoners' health and health care for practitioners, policy makers and the public. We are one of nine regional Public Health Observatories in England set up in 2001 by the Department of Health. The LHO takes the national lead role in monitoring health inequalities.

Want to know more about us?

- Have a look at our website: "About the LHO" (www.lho.org.uk/AboutUs.htm) which tells you more about who's who at the LHO and our work programme.

Got a question about health in London?

- Have a look at our website www.lho.org.uk
- Contact our enquiry service: enquiries@lho.org.uk or tel. 020 7307 2824

What have we published recently?

'Choosing Health': A Briefing on Nutrition, Physical Activity, and Obesity in London (February 2005)

'Choosing Health': A Briefing on Tobacco in London (December 2004)

Trends in London Arrest Referral April 2000 - Feb 2004 (December 2004)

LHO Briefing – Mental Health in London (November 2004)

Prevalence of Diabetes In London (October 2004)

Health Equity Audit: A baseline survey of Primary Care Trusts in England (September 2004)

Ethnic Disparities In Health & Health Care (July 2004)

The London Health Forecast. Can London's health divide be reduced? (July 2004)

LHO Bulletin Summer 2004 (Choosing Health consultation responses, Health inequalities, Diabetes mellitus, Cancer intelligence)

Inequalities in London. Life Expectancy and Mortality 1998-2002 (April 2004)

What does the HPA do?

The Health Protection Agency (HPA) London provides support in communicable disease and Infection Control, chemical hazards, emergency planning, and some laboratory services for a population of over seven million people. It works with the National Health Service (NHS), government organisations, and services such as utility companies.

Four Health Protection Units (HPUs) serve the London region. Each team of a Unit has a clinical leader, consultants who are specialists in communicable disease, nurses, and other staff with health protection skills. Teams have access to expert advice on chemical and radiological issues, health emergency planning, and communications.

The London region is also served by a regional laboratory in south London, 5 collaborating laboratories based at London hospitals, and the London Regional Food, Water and Environmental Microbiology Laboratory.

For more information about the Health Protection Agency please visit www.hpa.org.uk

What have we published recently?

Outbreak of Isoniazid Resistant Mycobacterium Tuberculosis in North London 1999 - 2004. Executive Summary Report - Key Points and Recommendations (Nov 2004)

http://www.hpa.org.uk/london/pubs_pdf/iso_res%20sum_rep_final.pdf

Health Protection Agency - annual report and accounts 2004

http://www.hpa.org.uk/hpa/publications/ann_rep_2004.htm

Sexually Transmitted Infections in Young Londoners 2004 (April 2005)

http://www.hpa.org.uk/london/pubs_pdf/London_sex_health_brief_GLA.pdf

HIV in South East London (December 2004)

http://www.hpa.org.uk/london/pubs_pdf/SE_London_HIV.pdf