

transmitted infections (STIs) among adolescents in Ireland. They point out limitations in national surveillance information, and the fact that surveillance data are available only in aggregate format.

In fact, STI surveillance in Ireland has improved considerably in the past 18 months. Since January 2013, all diagnostic laboratories in Ireland are reporting all new cases of notifiable STIs, with the exception of anogenital warts and non-specific urethritis (NSU) (clinical diagnoses), in disaggregate format electronically to the national computerised infectious disease reporting system (CIDR). This has improved the situation considerably, as data are no longer dependent on notification from STI clinics, which had proven untimely and incomplete from some areas.

As a result, comprehensive information on STIs is now available on a weekly basis by age, sex and area of residence, and since March 2013 a weekly STI and HIV report is published on the Health Protection Surveillance Centre website (<http://www.hpsc.ie>) in the week following notification.² In addition, we are introducing a new requirement for STI clinics to report information on county of residence for all STIs and mode of transmission, country of birth and ethnicity for new gonorrhoea diagnoses that have been notified by the laboratory to the medical officer of health. There is also enhanced surveillance for HIV, syphilis and lymphogranuloma venereum.

The Irish national notification rate for notifiable STIs (excluding anogenital warts and NSU) for 2013 for adolescents is 251.5 per 100 000; 135.9 and 372.1 in males and females, respectively. National notifiable STI rates are much higher than those reported by Davoren *et al.* Their reported rate (225 per 100 000) included anogenital warts and NSU, which accounted for 60% of their total cases. Using clinic data alone led to considerable underestimation of the true national incidence rate.

These initiatives are changing the landscape in terms of national STI data availability and quality, but were not reflected in Davoren *et al.*'s article. Also, the availability of timely accurate data on STIs will help the implementation of Ireland's Sexual Health Strategy, which is due to be published shortly.

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Sexually transmitted infections in adolescents in Ireland: data quality and completeness are improving

We read with interest the online version of Davoren *et al.*'s¹ article on sexually