

VSB13: Chlamydia Prevalence (Screening)**NB No refresh of this line in 2010/11 refresh****Detailed Descriptor:****Prevalence indicator in development.****For 09/10 Refresh - Chlamydia Screening will continue to be used as a measure of performance***'The percentage of the population aged 15 - 24 accepting a test/screen for chlamydia'*

The number of individuals screened needs to continue to increase to ensure the programme is effective and prevalence in the population can be adequately measured. As screening levels are not yet sufficient to measure prevalence, screening will continue to be the measure of performance and year 2 will be used as the baseline to measure chlamydia prevalence.

Units:

Percentage of the population aged 15 - 24 accepting a test/screen for chlamydia **expressed as:**

- Line1: *The number of 15 - 24 year old persons screened or tested for chlamydia* (numerator)
- Line 2: *The population aged 15 - 24 years* (denominator)
- Line 3: Percentage: This is a calculated field using [Line 1] / [Line 2] * 100

Basis:

Commissioner

Timeframe/Baseline

Current PCT/SHA screening numbers are available on the National Chlamydia Screening Programme website;
www.chlamydiascreening.nhs.uk.

Chlamydia data is updated and monitored on a quarterly basis.

There is an expectation that screening volumes will increase to 17% of the target population in 2008/9.

Until:

Future plans are needed from April 2009 to end of the planning period

Planning Frequency:

Quarterly

Direction:

The percentage of the population aged 15-24 accepting screening or testing for chlamydia must increase with time for the programme to be cost

effective and impact on prevalence. The expectation is that 17% of the population should be screened in 2008/9 and that this should rise to 25% in 2009/10 and 35% in 2010/11.

Rationale:

The public health White Paper, *Choosing Health: Making healthy choices easier*, identified sexual health as a new priority area. Unacceptably high levels of sexually transmitted infections, particularly chlamydia, require a step change in the way sexual health services are organised and delivered, building on the recommendations in the Government's *National strategy for sexual health and HIV* launched in 2001, which has been reviewed in 2008.

There is considerable evidence indicating a high prevalence of chlamydia and subsequent disease burden in young people aged under 25, with up to one in ten testing positive. Approximately 50% men and 70% women with chlamydia do not have any symptoms. If left untreated, genital chlamydial infection can lead to pelvic inflammatory disease, ectopic pregnancy and infertility.

Due to the high proportion of asymptomatic infection, the National Chlamydia Screening Programme (NCSP) offers opportunistic screening for chlamydia, with the aim of detecting asymptomatic infection in sexually active men and women under the age of 25 who would not otherwise access, or be offered a chlamydia test. The NCSP is delivered in a range of community health based settings. Establishing screening as routine in these settings should be the priority for local programmes before embarking on wider outreach programmes. A pro-active strategy is essential to reach those at highest risk particularly those who would be unlikely to seek out screening due to lack of knowledge of chlamydia and its risks.

Highest positivity levels are in women aged 16-19 and men aged 20-24. Positivity is also highest in those reporting behavioural risk factors and certain ethnic groups. There is evidence that the opportunistic approach taken by the programme is effective and can reach our most vulnerable young people. To ensure screening is cost-effective and equitable PCTs must take the following action:

- Ensure that screening numbers reflect the age, gender and ethnicity of the local population
- Ensure that screening numbers are distributed geographically across the PCT reflecting all wards (including the most deprived areas).
- Ensure that there is equitable access to screening by ensuring there is an appropriate number of screening venues across as part of the local screening programme including general practice, community contraception and other settings where high-risk groups can be reached.
- Ensure arrangements are in place for effective partner notification as this is an essential component of the programme. It is recommended that PCTs should aim to test and/or treat a minimum of 0.4 partners for every positive diagnosis

Integrated Sexual Health Services (including GUM)

Clarification has been sought about integrated sexual health services (including GUM) and recording of data for the Vital Signs indicator on chlamydia prevalence (currently measured through chlamydia screening volumes). Data from integrated services (including GUM) can be included in PCT returns subject to the following principles:

- Data must be collected on the National Chlamydia Screening Programme form.
- Data must not be “double counted” and so must not be recorded under the GUMCAD (KC60 replacement) data set.
- The screen should not attract the Genito-Urinary Medicine (GUM) payment by results tariff.

Whilst it is acknowledged that GUM tests contribute to overall coverage, in 2009/10, level 3 GUM chlamydia tests collected through GUMCAD will continue to be **excluded** from the Vital Signs indicator.

It is essential that duplication of data or funding does not occur. The principles outlined above are for the inclusion of the additional screens which may be generated within an integrated service. They have been introduced so that such services are not disadvantaged, and should not be used to redirect the reporting of GUM activity.

Data will be fed back to PCTs on these issues through NCSP Quality Assurance arrangements. We would advise all local programmes to commence the use of a unique patient identifier thus enabling PCTs to monitor an individual's access to repeat screening and treatment provision within each year.

There is also a clear need to increase screening volumes to 25% and 35% of the target population over the next 2 years. PCTs have already planned to screen 17% this year and we now need to see a step change to increase volumes. The cost effectiveness of targeted screening of high-risk groups is well documented both nationally and worldwide. In particular, there is evidence from the United States and Sweden that those areas that achieved high volumes in their screening programmes had the highest reductions in chlamydia prevalence.

Additional information on planning and delivery of the NCSP is provided through the *Further Information* links provided below. National guidance has been provided on the framework for targeting at risk individuals, data collection, access to results, treatment and partner notification.

Data Definition:

Also see above

Line 1: The number of 15-24 year old persons screened or tested for chlamydia.

'number' refers to the number of persons resident within a PCT.
 'persons' refers to individuals screened or tested. See also note below.
 'tests' and 'screens' refer to all chlamydia tests performed. This includes those performed as part of the NCSP and non-NCSP community screens.

Note: Under current reporting systems it is not possible to remove the small number of people who have been tested more than once within a year. There are legitimate reasons why a person may be tested more than once in a year, for example due to partner change. Exact test duplicates and people who have been tested in the same clinic within a week are removed. It will not be possible to remove in-year repeat testers until unique patient identifiers are used nationally. Therefore data presented are number of tests and not number of people tested. The number of tests returned to the HPA/NCSP will be used as a proxy for the number of people tested.

Line 2: The population aged 15-24 years

The population will be calculated using the latest available mid-year population estimates from the Office of National Statistics (ONS) (single year age and sex by PCT). NB: Population Lines: Please note that standard population data will be used to populate these lines within Unify. DH will use 2006 based ONS projections for the relevant planning years.

SHA envelopes:

No

Criteria for Plan Sign-off:

See above

Further Information:

Annual reports of the National Chlamydia Screening Programme in England, , HPA website:

http://www.hpa.org.uk/infections/topics_az/hiv_and_sti/sti-chlamydia/chlamydia.htm

Chlamydia Screening Programme Roll Out Data Manual:

<http://www.dh.gov.uk/assetRoot/04/07/44/60/04074460.pdf>

Monitoring the uptake of chlamydia screening - Vital Signs indicator 2008/09

http://www.chlamydia-screening.nhs.uk/ps/data/LDP_data.html

Monitoring:

Frequency:

Quarterly

Data Source:

Chlamydia Core Data Set for national programme monitoring.

Data available on: www.chlamydia-screening.nhs.uk.