1. **Aim/Purpose of this Guideline**

1.1 The guideline outlines the procedures and standards of the CCSO to meet the aims and objectives of the NCSP which are:

- Prevent and control chlamydia through early detection and treatment of asymptomatic infection;
- Reduce onward transmission to sexual partners;
- Prevent the consequences of untreated infection.

1.2 The NCSP aims to ensure that all sexually active men and women under 25 years of age are aware of chlamydia, its effects, and have access to services providing screening, prevention and treatment to reduce their risk of infection or onward transmission.

1.3 The National Chlamydia Screening Programme (NCSP) is a control and prevention programme targeted at the highest risk group for chlamydia infection in England, young people under 25 who are sexually active.

1.4 Chlamydia is often asymptomatic so a large proportion of cases remain undiagnosed, but infection can be diagnosed easily and treated effectively.

1.5 Chlamydia is the most common bacterial sexually transmitted infection (STI) in the UK; affecting both men and women. Most people with chlamydia have no symptoms, but left untreated, chlamydia, can lead, in women, to infertility, ectopic pregnancy and chronic pelvic pain. In men it may cause urethritis and epididymitis. In both sexes it can cause arthritis.

1.6 The Cornwall Chlamydia screening office overseas the implementation of the NCSP in the resident 15 – 24 year old population of Cornwall.

1.7 Chlamydia is often asymptomatic so a large proportion of cases remain undiagnosed, but infection can be diagnosed easily (young people can do the test themselves), and treated effectively.

2. **The Guidance**

2.1 **Scope**

Applies to all those engaged with the Cornwall Chlamydia screening programme.
2.2 Definitions / Glossary

- CSO - Chlamydia Screening Office
- NCSP – National Chlamydia Screening Programme
- CCSO – Cornwall Chlamydia Screening Office

2.3 Ownership and Responsibilities

2.3.1 The Chlamydia Screening service is commissioned by Cornwall Council as part of an integrated sexual health service.

2.3.2 Monitoring of the Chlamydia Screening Service
Local performance is managed in partnership by RCHT and Cornwall Council based on nationally set Quality Indicators.

2.3.3 Role of Individual Staff
All staff members engaged with the Chlamydia screening programme are responsible for:

- adhering to this guideline
- for reporting breaches of this guideline to the CSO co ordinator

2.4 Standards and Practice

2.4.1 The National Chlamydia Screening Programme (NCSP) is a control and prevention programme targeted at the highest risk group for chlamydia infection in England, young people under 25 who are sexually active.

2.4.2 The Cornwall Chlamydia screening office manages every Chlamydia test result completed in Cornwall.

2.4.3 Anybody sexually active between 15 and 24 years old can be offered a chlamydia test or can request a test as part of the local programme.

2.4.4 The programme includes:

- Men and women under 25 who have ever been sexually active and who are offered, or request, a chlamydia test
- Offered to under 16s who are deemed Fraser competent to consent
- Contacts of test positives, regardless of age

2.4.5 The NCSP does not include those that cannot give consent, anyone unwilling to give any means of contact for the result, and under 16s not deemed Fraser competent.
2.4.6 Young people should be encouraged to be tested annually or whenever there is a change in sexual partner. Additional repeat testing may be required according to risk assessment by clinical staff.

2.5 Requesting screening

2.5.1 The test is voluntary and young people must be given information to assist them in making an informed choice. This should include the fact that anonymised data collected as part of the programme will be used for national programme monitoring.

2.5.2 Each Chlamydia test which is not requested electronically should be requested using the Chlamydia RCHT microbiology form.

2.6 Screening venues

Screening can be carried out in a number of venues. These include

- **Core services** (GP surgeries, community pharmacies, sexual and reproductive health services, abortion clinics)

- **Additional venues** such as schools, youth services, military bases etc. Where testing is provided here it should be carefully targeted to reach specific groups who are hard to reach through core services

- **Remote testing** – testing kits can be requested by young people through websites, which can be posted to them

2.7 Reporting Procedures; how the patient is informed.

2.7.1 At the time of testing, young people should be asked how they wish to receive their result, choosing from a telephone call (mobile or landline), letter (posted to any address of the young person’s choice) or via the clinician providing the test. It is preferred that two methods of contact are provided.

2.7.2 A test should not be taken if there is no way of contacting the young person.

2.7.3 All participants must be notified of their result. The NCSP does not endorse a guideline of ‘no news is good news’.

2.7.4 All patients under 25 years of age are provided with their result from the Chlamydia screening office. It is possible for
the patient to request their result from the testing venue, in which case the CSO will inform the testing venue of the result and allow this venue to contact the patient.

2.7.5 The NCSP provides standard time scales for the notification of results;

- >90% of patient results to be notified within 10 days of the sample being provided.

2.8 Management of test negatives

One documented attempt can be made to report a negative result to the patient. No further action is required.

2.9 Management of test positives

Three documented attempts to report positive results to the patient should be made.

2.10 Treatment Standards

2.10.1 Treatment and partner notification (PN) may take place at a variety of venues (e.g. contraceptive clinics, GP surgeries, community pharmacies, etc). All young people treated for chlamydia must receive sexual health advice and be advised to undertake PN. The treatment interview is a key opportunity for exploring the sexual history and communicating the importance of PN in relation to preventing repeat infection for the individual. At this stage it may be appropriate to offer a provider led notification process if more acceptable to index patient.

2.10.2 Treating Chlamydia infection should be completed in line with current BASHH clinical effectiveness group national guidelines (2014).

2.10.3 Staff responsible for treatment and PN must be suitably trained in line with the BASHH standards and professional guidance.

2.10.4 Young people receiving treatment must also receive:

- Information on treatment, potential for reinfection and PN should be instigated
- Safe sex advice including details of local services
- The offer of a full STI screen including information on clinic locations and opening times
2.10.5 Young people testing positive and their partners should be encouraged to abstain from sex until all have been treated; this includes the period of treatment and the next seven days for all people.

2.10.6 Young women on the combined oral contraceptive pill need to be counselled about their choice of contraceptive method and its interaction with treatment. Providers may consider recommending and/or prescribing emergency contraception to women who may not have abstained from sex or used extra precautions while on antibiotics for a further seven days.

2.10.7 Individuals suspected of clinical treatment failure should be managed according to the BASHH guidelines.

2.10.8 Treatment should be free of charge.

Treatment must be administered by either medical practitioners or other clinical staff legally covered to work under patient group directions (PGDs).

2.11 Partner notification

Partner notification (PN) is a key element in the identification, management and control of STIs and should be offered to all young people diagnosed with chlamydia. Close working relationships between all services offering PN and treatment are important in order to maximise the effectiveness of the programme. All staff involved in PN must be suitably trained and work to the standards and guidelines from BASHH and the Manual for Sexual Health Advisors by the Society of Sexual Health Advisors.

2.12 The PN discussion

2.12.1 Partner notification should be discussed and recorded without delay, either by telephone when the result is given, or face to face when treatment is dispensed.

2.12.2 Patients should be offered the choice of informing partners themselves (patient referral) or passing contact details to staff who will notify the partner without disclosing the patients identity (provider referral). The majority of patients prefer to notify their partners themselves, but provider referral may be more effective in certain circumstances.

2.12.3 All partners should be offered a test and epidemiological treatment, in accordance with BASHH guidance.
2.12.4 If partners are tested they should be reported as a contact when submitting the data. If symptoms are present this should also be indicated.

2.13 Follow-up

2.13.1 Follow up is an important part in the management of chlamydia. The objectives include

- Following up partner notification
- Reinforcing health education
- Ensuring compliance with treatment and abstinence from sexual intercourse until partner(s) has completed antibiotics (if treated with azithromycin waiting seven days).
- Re-treating non-compliant and/or re-exposed individuals.

2.13.2 The CSO will contact all positive patients two weeks after informing them of a result in order to monitor the above objectives.

2.14 Test of cure

2.14.1 Test of cure is not routinely recommended. However, if the young person has been treated with erythromycin, test of cure should be considered five weeks after treatment is completed. A test of cure prior to five weeks may miss patients with delayed therapeutic reaction to treatment or may detect non-viable organisms. All pregnant women are advised to have a test of cure.

2.14.2 Providers who suspect patient or partner non-compliance to therapy may consider performing a test of cure for confirmation, and direct therapy according to the results of the test.

2.14.3 A 3 month re-test is advised for all 15-24 year olds diagnosed with Chlamydia as recommended by the NCSP. The CCSO will be responsible for sending a reminder to all qualifying patients 3 months after their original positive result.

2.15 Confidentiality

All staff involved with testing, providing results, treatment or PN must adhere to national and professional Guidelines concerning patient confidentiality:

- British Association for Sexual Health and HIV (2010) Standards for the management of sexually transmitted infections (STIs)


### 2.16 Child protection

In line with the BASHH standards

- Anyone under 16 who has a test should be assessed for Fraser competency.

- Any cases of a child under 13 should be discussed with a nominated professional.

- It is recommended that all sexually active young people under 16 should have a risk assessment for sexual abuse or exploitation

### 3. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>&gt;90% of patients to be informed of result within 10 days from date sample is provided.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Chlamydia screening coordinator</td>
</tr>
<tr>
<td>Tool</td>
<td>The chlamydia screening little patient management database holds the patient information required and a formatted report template will be used to extract the monitoring information.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Monitoring will be completed by financial quarter 30 days after the last day of the quarter.</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>The report will be monitored by the Sexual Health Directorate Board.</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>The CSO coordinator will undertake recommendations and complete them in an agreed timeframe.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned within an agreed and specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</td>
</tr>
</tbody>
</table>

### 4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the Equality and Diversity website.

#### 4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.
### Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Chlamydia Screening Guideline V3.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Apr 2018</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Apr 2018</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Apr 2021</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Lindsay Knight, Chlamydia screening coordinator</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 258481</td>
</tr>
</tbody>
</table>

**Brief summary of contents**

This guideline provides guidance for the delivery of the National Chlamydia screening program in Cornwall to achieve the aims and objectives of the NCSP.

**Suggested Keywords:** NCSP, Chlamydia, Screening

**Target Audience**

- RCHT
- CFT
- KCCG

**Executive Director responsible for Guideline:** Medical Director

**Date revised:** 1 Apr 18

**This document replaces (exact title of previous version):** Chlamydia Screening Guideline V2.0

**Approval route (names of committees)/consultation:** Head of Audiology (NHSLA Screening Lead)

**Divisional Manager confirming approval processes**

- Tunde Adewopo

**Name and Post Title of additional signatories**

- ‘Not Required’

**Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings**

- {Original Copy Signed}
  - Name: Caroline Amukusana

**Signature of Executive Director giving approval**

- {Original Copy Signed}

**Publication Location (refer to Policy on Policies – Approvals and Ratification):**

- Internet & Intranet
  - ✓ Intranet Only

**Document Library Folder/Sub Folder**

- Clinical / Sexual Health
Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Apr 12</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>Matt Sharp, Chlamydia screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>co-ordinator.</td>
</tr>
<tr>
<td>01 Apr 15</td>
<td>V2.0</td>
<td>3 year update and changing to current format</td>
<td>Lee Azancot</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Data Administrator</td>
</tr>
<tr>
<td>01 Apr 18</td>
<td>V3.0</td>
<td>3 year update including addition of 2.12.3: 3month re-testing advice and update most recent treatment guidelines</td>
<td>Lindsay Knight</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Chlamydia Screening Coordinator</td>
</tr>
</tbody>
</table>

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This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document
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Appendix 2. Initial Equality Impact Assessment Form

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed</th>
<th>Chlamydia Screening Guideline V3.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area:</td>
<td>Is this a new or existing Policy?</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>Existing</td>
</tr>
<tr>
<td>Name of individual completing assessment:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Lindsay Knight</td>
<td>01872 358 481</td>
</tr>
</tbody>
</table>

1. Policy Aim*
   Who is the strategy / policy / proposal / service function aimed at?
   Outlines the procedures and standards of the CCSO to meet the aims and objectives of the NCSP

2. Policy Objectives*
   To ensure that all sexually active men and women under 25 years of age are aware of chlamydia, its effects, and have access to services providing screening, prevention and treatment to reduce their risk of infection or onward transmission.

3. Policy – intended Outcomes*
   Provision of screening, prevention and treatment to reduce the risk of infection or onward transmission.

4. *How will you measure the outcome?
   As described in section 3 above.

5. Who is intended to benefit from the policy?
   All sexually active men and women under 25 years of age

6a Who did you consult with
   Workforce | Patients | Local groups | External organisations | Other
   X

   b). Please identify the groups who have been consulted about this procedure.
   Sexual Health Business Meeting

What was the outcome of the consultation?
Guideline agreed
### 7. The Impact

Please complete the following table. **If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.**

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and Civil partnership</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. **or**
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

9. If you are **not** recommending a Full Impact assessment please explain why.

No areas indicated

Signature of policy developer / lead manager / director  
Lindsay Knight  
Date of completion and submission  
26/03/18
Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust’s web site.

Signed Lorraine Sole

Date 1st April 2018