

SEXUAL HEALTH - CHLAMYDIA Fact Sheet

Background

Chlamydia trachomatis (chlamydia) is the most commonly diagnosed sexually transmitted infection (STI) in England.¹ Over 200,000 new cases were diagnosed in England in 2013.¹ The highest rates of infection are seen in young women aged 15-20 years and young men aged 20-25 years. Chlamydia infection can have serious long term consequences. In women, it can progress to pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility. In men, the complications include urethritis, and epididymitis.² Chlamydia can also be transmitted from mother to infant during delivery leading to neonatal pneumonia or conjunctivitis.

The majority of chlamydia infections are asymptomatic which means that infection can go unnoticed and undiagnosed unless asymptomatic people present for testing. England has a National Chlamydia Screening Programme (NCSP) which is co-ordinated by Public Health England (PHE). The NCSP is aimed at young adults aged 15-24 years because they have the highest rates of infection. It offers free opportunistic screening and treatment to all asymptomatic sexually active people in this age group. There were almost 129,000 cases of chlamydia diagnosed through the programme in 2015.¹

The aim of the NCSP is to identify and treat infections so that fewer people become infected with chlamydia and fewer people progress to complications after infection. In Sutton, dual testing for chlamydia and gonorrhoea is offered to all clients as part of the NCSP programme. In 2011-12 a novel diagnosed incidence rate indicator of >2,300 diagnoses per 100,000 young people aged 15-24 years was introduced. This is included in the Public Health Outcomes Framework (PHOF) and it was met by 20% of Upper Tier Local Authorities in 2013.¹

The PHOF diagnosed incidence rate is a composite measure that combines both the coverage of testing in the population (which reflects the availability and acceptability of testing) and the prevalence of infection in those tested (which reflects the targeting of testing to the at-risk population and the underlying prevalence of infection). At present it is unclear what impact reaching this indicator will have on local chlamydia incidence.

The NCSP recommends that chlamydia screening is provided through a range of service types and that screening should be commissioned as part of integrated sexual health services within settings such as primary care, contraception and sexual health clinics (CaSH), and genito-urinary medicine clinics (GUM). Any outreach activities should effectively target hard-to-reach young people³.

¹ PHE (2015). Health Protection Report. Vol 10; Number 22. 05 July 2016.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/534599/hpr2216_stis.pdf

² Malhotra et al. Genital Chlamydia trachomatis: An update. Indian J Med Res. 2013 Sep; 138(3): 303-316.

³ PHE Towards achieving the chlamydia detection rate Considerations for commissioning

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/373105/NCSP_achieving_DR.pdf

The Local Picture

Chlamydia screening in Sutton is undertaken in General Practice, the Integrated Sexual Health Service (joint CaSH & GUM service), termination of pregnancy services and Community Pharmacies. Free home testing kits can be ordered online via <http://freetest.me.uk> for residents aged 15-24 years.

In 2015, there were 535 new chlamydia diagnoses, the majority (74%) of new chlamydia diagnoses occurred in 15-24 year-olds.⁴ 4,613 chlamydia tests were performed in 15-24 year old residents within the NCSP which equates to a population coverage of 21.3%.⁵ The chlamydia diagnosis rate amongst 15-24 year olds was 1,546 per 100,000 of the population and the borough ranks 25th out of the 33 boroughs in London.⁶

In order to improve chlamydia screening amongst 15-24 years old, a new chlamydia screening programme provider was commissioned in April 2016. This programme will focus solely on the London Borough of Sutton whereas previous programmes had a wider remit. The newly established programme is also part of the local integrated sexual health service, allowing for greater collaboration with health services to improve screening coverage and detection.

It is challenging to propose a clear action plan for reaching the indicator level set by Public Health England because the underlying prevalence of chlamydia in young adults in Sutton is unknown. By commissioning a new integrated sexual health service, this will improve access to appropriate screening to those who may be deemed most at-risk, this may increase the positivity rate of tests performed and work towards reaching the target.

What works

The National Audit Office reported on the cost-effectiveness of the NCSP in 2009 and suggested that embedding chlamydia screening within mainstream sexual health service provision could generate efficiencies, and make screening a routine part of a sexual health consultation.⁷

Public Health England recommends that screening is completely integrated into existing primary and community sexual health and GUM services, so there are no longer stand-alone chlamydia-specific activities.⁸

Links to further information

- Public Health England. Sexual and Reproductive Health Profiles. <http://fingertips.phe.org.uk/profile/sexualhealth>

⁴ Public Health England (2015). Sexual and Reproductive Health Profiles: Sutton

⁵ Public Health England (2015). Sexual and Reproductive Health Profiles: Sutton

⁶ Public Health England (2015). Sexual and Reproductive Health Profiles: Sutton

⁷ Department of Health (2009). Young people's sexual health: the National Chlamydia Screening Programme

⁸ PHE (2014). Developing integrated Chlamydia screening services locally

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/373133/Developing_NCSP_services_locally.pdf