Report to be presented to North Tyneside Health and Well Being Sub Committee 5th Sept 2006.

Chlamydia in context in North Tyneside. The past, the present and the future

Author Helen Mcilveen RGN, DN, B.Sc (hons), M.A.
Clinical Lead for sexual health and HIV
CHLAMYDIA IN NORTH TYNESIDE

Chlamydia cases diagnosed at the 1 To 1 centre have increased by 217% over the last 5 years.

SUMMARY
The incidence of Chlamydia is increasing, particularly in the 16 to 19yr olds. The prevalence in North Tyneside is around 6.5% in the general population, but when young people have been specifically screened this prevalence rises to 11.8%. Chlamydia cases managed through the 1 to 1 centre in 2005 were 85.9% more than seen in 2003.

Chlamydia is a sexually transmitted infection. It is symptomless in 80% of women and 50% of males. Hence, most people have not been tested for it. It is easily treated but if left untreated can cause longer term problems of infertility, ectopic pregnancy and pelvic inflammatory disease. Its asymptomatic nature means it goes undetected in the community and is unknowing passed on to sexual partners.

Simple antibiotic treatment will eradicate the infection but the complications of untreated infections could lead to a lifetime of misery and childlessness. The DOH estimate these complications cost the NHS over £100 million. (DH, 2004)

North Tyneside sexual health services have been very proactive for many years around this work and has a care pathway developed that guarantees quality processes are in place. This allows a cycle of identification, treatment implemented and patient and partner management. All contributing to reducing the impact of further transmission in the community. This work includes education of many staff groups to raise their awareness of this problem and to encourage more proactive screening.

The introduction of a new DNA test into the laboratory in 2004 has also contributed to the huge increase in numbers diagnosed. As “the more you look the more you find”.

2006 sees North Tyneside as part of phase 3 for the national programme for roll-out of chamydia screening to 15 to 24yr olds. We will be expected to screen an extra 8,000 young people a year on top of the present 9,112 tests carried out in 2005. If we have a 10% prevalence rate we will be managing another 800 positive cases, plus partners of at least 800. There will be additional resources allocated to manage this work.
Screening for this programme will be offered in non health settings and in contraception services and will be a simple urine test or self swab.

The sexual health service in North Tyneside.
Meeting the needs of service users through the one stop shop encompasses all aspects of sexual health to include, contraception, screening for infections, providing care to HIV positive individuals, pregnancy testing, pregnancy decision-making, cervical smears, implants and intra-uterine device insertion and counselling.

The clinical service is run on 9.62 posts, including the teenage pregnancy co-ordinator, managing 20769 patient consultations in year.2005.

Administration of the service for reception and medical secretary support is a highly efficient aspect of this 38 clinic provision.

This sexual health team have worked exceptionally hard this last year meeting targets, improving access and maintaining a user friendly service, often under pressure of time, space and staff shortages, but they remain highly motivated to give their best to improve sexual health in North Tyneside.

- 514 episodes of genital Chlamydia infections were diagnosed and managed just in the 1 To 1 centre in 2005. This represents an increase of 12.7% from the previous year when 456 were seen. 298 (58.0%) of Chlamydia in 2005 were in women and 216 (42.0%) were in men. 7 of the women with Chlamydia had complicated infection such as pelvic inflammatory disease and 2 of the men infections were also complicated.
- The increase in Chlamydia rates continued since the introduction of nucleic acid amplification testing (PCR) to the 1 to 1 centre. Chlamydia PCR testing became available to the community and the North Tyneside General Hospital and hence the increased referrals to sexual health services for further management. The number of Chlamydia cases managed at the 1 to 1 centre in 2005 is the highest ever we have dealt with. In addition to the widespread availability of a robust test, this increase is due to more testing in the community but also raises the possibility of actual increase of infection incidence. Chlamydia cases managed in 2005 were 85.9% more than those seen in 2003.

If we considered the last 5 years, the number of patients attending for screening for infections have increased by 143%. Chlamydia infection increase over this same 5 years was 217%.
Contacts of genital Chlamydia: 203 (142 men) were treated epidemiologically for this infection; this is an increase of 8.0% from 2004.

Non-specific genital infection: 48 (44 men, 91.7%) episodes attended the 1 to 1 centre with this diagnosis. Although the number is small but a large drop of 30.4% from the previous year. This can be explained by the increase in Chlamydia diagnoses, which may have been diagnosed as NSU had it not been the availability of the robust nucleic acid amplification test.

FIGURE 3
TRENDS FOR CERTAIN COMMON INFECTIONS AND CONDITIONS
SEEN AT THE ONE TO ONE CENTRE

PARTNER NOTIFICATION and CONTACT TRACING
This is a vital aspect of sexual health services to contain infections and prevent further transmission. The health advising service has developed care pathways to work into the community and across hospital departments. This manages the work more effectively, supporting everyone involved, patients, contacts and other professionals. This service also takes contact tracing work from across the nation and from other G.U.M. departments in the region. In 2005 over 300 cases were managed with around 60% attending for screening and treatment. Some information gained is often incomplete and untraceable. But this success rate is very high compared to other departments across the country.

Telephone advice is also advertised and a health adviser helpline was taken up by around 700 members of the public in 2005.

The pro-active offering of Chlamydia screening within contraceptive sessions across North Tyneside is pre-empting the phase 3 national roll-out programme, but the many
years of experience using the management pathway in North Tyneside and previously in Northumberland as a pilot scheme, as well as the integrated skills of the staff has allowed an easy transition with high quality management of the positive results. All contributing to improving the sexual health of North Tyneside residents.

**Proactive Chlamydia screening in North Tyneside**

By the end of December or early January 2007 we will be part of phase 3 of the National roll out programme for Chlamydia screening in 15 to 24 yr olds. We have a target to achieve 50 % uptake of the 80% presumed to be sexually active out of this cohort. This will amount to 8,000 extra screening tests each year. We will be funded for this work and it will be on top of the 9,112 tests carried out in 2005. 4,169 were in the 15 to 24 yr old age group.

The prevalence of Chlamydia in the general population, who were presumed to be at risk was 6.5% , but for the young people it was 11.8%. Hence identifying the need for a more targeted approach where screening will be normalised by offering it in non medical settings in a more pro-active way.

**A National Chlamydia Screening Programme for Northumberland, Tyne and Wear**

**Why do we need a screening programme?**

- Chlamydia trachomatis is the most common curable sexually transmitted infection in Britain.
- Prevalence of Chlamydia more than trebled between 1995 and 2004 in England (NB this is based on KC60 data reported by GUM services to the HPA, and therefore does not include diagnoses made outside GUM services, nor undiagnosed, prevalent infection)
- Prevalence is highest in sexually active young women aged 16-24 and in sexually active young men aged 20-25. Approximately 5-10% of these groups may be currently infected.
- Chlamydia is frequently asymptomatic, sustaining ongoing transmission.
- If untreated, genital chlamydial infection may lead to pelvic inflammatory disease (PID), ectopic pregnancy and infertility.
- Once diagnosed, uncomplicated chlamydial infection is easy to treat and cure.
- The estimated annual cost to the NHS of Chlamydia and its consequences is more than £100 million.
- Growing evidence from other countries shows that targeted screening of at-risk populations can significantly reduce the incidence and consequences of this infection.

**Background to the National Chlamydia Screening Programme (NCSP)**

In response to the evidence of high and increasing rates of infection, a plan to begin implementing a national screening programme for chlamydia was included in the
Department of Health's National Strategy for Sexual Health and HIV. Phased implementation of the National Chlamydia Screening Programme (NCSP) began in September 2002 with the implementation of ten opportunistic screening programmes. A further 16 programmes were announced in January 2004, taking coverage to over 25% of PCTs in England. Northumberland, Tyne & Wear are part of Phase 3 of the programme, which will see another 50 sites established which will bring the total to approximately 80 sites covering the whole of England. A target of full screening implementation across England has been set for March 2007.

The overall programme aim is to implement and monitor opportunistic screening for genital Chlamydia trachomatis infection for sexually active young women and men attending a range of health (and other) services.

The Northumberland, Tyne & Wear will need to screen 50% of its target population of sexually active young men and young women aged 15-24. Based on current population figures, this is 75,594 people. (ONS will update population estimates each year)

Overall programme goal and vision

The goal of the National Chlamydia Screening Programme (NCSP) in England is to ‘control chlamydia through the early detection and treatment of asymptomatic infection; to prevent the development of sequelae; and reduce onward disease transmission.’

‘The programme’s vision is to implement, by 2008, a multi-faceted, evidence-based and cost-effective national prevention and control programme for genital chlamydial infection in England in which all sexually active adults are aware of Chlamydia, its effects and are able to access a range of prevention and screening services to reduce their risk of infection or onward transmission.’ 1

The Chlamydia Screening Programme for Northumberland, Tyne and Wear will take the following approach:

Approach and ethos

Joint planning:

- the programme is overseen by the Screening Programme Steering Group, a multi-disciplinary strategic group with representation from all six PCOs in the patch; (Helen McIlveen, clinical lead for sexual health, for North Tyneside PCT)
- a Kick Start Event was held in April, with wide representation from all professional disciplines and all 6 PCOs, to identify key issues and produce an outline project plan for implementation of the screening programme.

Evidence-based practice:

- Ensuring the programme is based on the best available evidence, from literature and from projects involved in earlier phases of the programme and on guidance issued by the NCSP Team.
An approach that is appropriate and acceptable to young people

- the programme will not be successful if it is not delivered in ways that are acceptable to young people
- uptake of testing is one of the most critical aspects to ensure the success of a widespread screening programme\(^2\), so efforts need to be concentrated on testing sites that young people find acceptable
- high screening volumes also have a significant impact on reductions in prevalence\(^2\), so efforts need to be concentrated not only on expanding the range of testing sites available, but on achieving high volumes of tests through each site.

**Project Plan**

Key areas for the project plan identified at the kick start event were:

- Buildings and structures
- Finance
- Marketing, promotion and publicity
- Involving stakeholders
- Feedback mechanism for measuring progress
- Workforce
- IM&T
- Systems and Processes
- Laboratories

Evidence suggests that key issues to focus on are:

- Ensuring adequate and appropriate laboratory networks and capacities (NCSP Phase 3 guidance suggests this is the responsibility of the SHA)\(^5\)

- Training and education for those involved in Chlamydia prevention and treatment as well as the general population in order to raise awareness of the importance of Chlamydia and its prevention.

Discussions with other regions suggest the following areas as a priority:

- essential to establish laboratory facilities and systems as a priority - ensure equipped to do NAATs (nucleic acid amplification tests), decide on which model is most efficient and cost-effective - whether to have one central laboratory, one per PCO area etc and ensure adequate transport links to cover all of patch so can access all testing sites.
- Decisions about treatment and partner notification need to be made at an early stage and a consistent approach adopted across the patch.

> who is best placed to do it?
not adequate health adviser capacity to take this on, need to train others to do it, need it be health professionals? nurses?
would telephone partner notification be acceptable, i.e. from the screening office as is done in several programme areas (where all the partner notification done from the screening office)
nurses / health advisers in some areas work under PGD to treat chlamydia positive patients, either from the office or from a location agreed with the young person

- It is essential to get agreement at senior level within services to participating in the scheme in order to get them on board (SLAs can be a way of helping this), to ease resistance and ensure consistent engagement
- uptake of screening within general practice has been encouragingly high, with no payment necessary to GPs

Fundamental principles

Centralised approach and standardised practice

The central screening office will need to provide the management and monitoring function for the programme and also ensure a consistent approach to testing, giving results, treatment and partner notification.

Whole population approach
As the screening programme is targeting young people aged 15-24, many of whom may not be accessing any health care setting, it is crucial that the programme ensures that it goes out to where young people are, rather than rely on young people accessing traditional health care settings.

GUM clinics currently see just under half of all positive chlamydia diagnoses nationally. The NCSP aims to extend the diagnosing of chlamydia in asymptomatic, sexually active young men and young women in healthcare settings other than GUM. Funding from NCSP does not cover those people attending GUM clinics (or other sexual health services where these are available) requesting ‘full STI screens’, as this testing would not be defined as opportunistic. However, where the purpose of the visit was not a full STI screen, eg HIV test only or emergency contraception, the payment is covered under the NCSP.

Chlamydia is increasingly diagnosed in community health care settings (GP and Contraception and Sexual Health services) but these tend to concentrate on testing and diagnosis in women. The Chlamydia Screening Programme will need to build on the strengths of these services, in reaching young women who are already accessing them, as well as providing more targeted initiatives to ensure men feel comfortable accessing testing in venues appropriate to them.
Using existing projects and services that are acceptable to young people to offer screening, for example C-Card schemes, which are now running in around 17 venues across North Tyneside. This will capitalise on the existing excellent work in awareness raising and prevention through condom use that the C-Card scheme offers. School health drop-ins are also an ideal way of reaching young people in settings that are familiar to them. Many of the school health advisers in North Tyneside have specialist training in sexual health and provide services for this speciality within school settings.

Pharmacies are already increasing their role in sexual health provision for young people through emergency contraception schemes. Such a scheme is about to be launched in North Tyneside, following a successful bid from NRF. It may be that pharmacies will also engage in offering chlamydia screening to young people. The model would need to be decided, i.e. whether they provide advice and information and testing kits for people to do at home, or offer treatment, as they do in some programme areas. The treatment would need to be free to the user, with the pharmacist reimbursed for this. The sexual health clinical staff will be involved in training the pharmacists for both emergency contraception and chlamydia screening service to meet the requirements of the service level agreement with the PCT.

**Targeted interventions**

Additional targeted interventions are essential in reaching high-risk groups. As discussed above, initiatives targeting young men are essential in ensuring that young men can access services appropriate to their needs. Examples could include screening sites in sporting venues, out of school youth programmes and other events. Testing male partners of diagnosed positive women should not be relied on as a means of reaching young men. Nationally, only 12.5% of the screened population was male (an increase from only 7% in the first year), though Durham’s programme has achieved a rate of 40% male.

Sexual orientation or sex of previous sexual partners is not included in the required dataset for the national programme monitoring, but HPA data shows that men who have sex with men account for the largest increase in prevalence of chlamydia between 1995-2004, seeing just over an eight-fold increase (811%) in detected infection rates, compared with an increase of 239% for total male acquisition and 210% for females. This would suggest the need for targeted interventions aimed at men who have sex with men, in addition to the existing targeted work in GUM settings (the HPA data only relates to cases diagnosed in GUM services).

Examples of potential methods of targeting high-risk groups could include:

- use teenage pregnancy ‘hotspots’ as means of targeting geographically
- capitalise on existing targeted initiatives, e.g. C-Card in Youth Offending Teams, with homeless and looked after young people.
- use outreach interventions to target specific groups, e.g. young men in areas of high levels of socio-economic deprivation through music events, youth or sport projects.
Screening Office based in Newcastle PCT

A crucial initial step is to decide on the model to be used for the central screening office, i.e. will it be:

1. administrative hub only with locality teams
2. management centre
3. management and administrative centre with access for screening and treatment

The NCSP Phase 3 Guide suggests that the key functions of a chlamydia screening office should be the hub of the local programme, overseeing the coordination of screening activities, communication with patients, liaison with NHS staff and the public, as well as holding and managing all records and documentation. The guidance suggests that the office functions should include ensuring that all screened individuals receive their test result and arranging or ensuring treatment for all chlamydia positive patients and partner notification. Whether the office carries out these functions itself or ensures that these functions are carried out elsewhere is up to local programmes and needs to be decided as a matter of urgent priority. Ensuring the targets are achieved in every PCT area is the aim of this central office. North Tyneside will have an allocated health adviser working from it and working with the sexual health team in the 1 To1 centre, but they can have additional support when campaign days or training requires more resources.

The future for sexual health services in North Tyneside

It is obvious that the sexual health work has expanded tremendously over the last decade. The capacity of the building and the team has reached its limit for this increase in both demand and need. Fortunately we have had success in gaining capital money from the DOH to move the sexual health centre into new premises this will allow an increase in clinical activity and the ability to bring in workers for health promotion, teenage pregnancy and the national screening programme to work alongside us. The new site at Shiremoor will be an exciting venture to realise a vision of improved access to services for the community and ultimately improved sexual health for the people of North Tyneside.

The sexual health services in North Tyneside are very user friendly and accessible with evening and Saturday clinics. You can also telephone for advice directly to a health adviser. 1 to 1 Centre in North Shields 0191 2196610 or for advice 0191 2592519. Clinical Lead is Helen McIlveen tel: 0191 2196642 Email helen.mcilveen@northumbria-healthcare.nhs.uk
References
2 D S LaMontagne, K A Fenton, S Randall, S Anderson, P Carter on behalf of the National Chlamydia Screening Steering Group. Establishing the National Chlamydia Screening Programme in England: results from the first full year of screening. Sexually Transmitted Infections, 2004: 80: 335-341
4 Yorkshire & Humber Public Health Observatory. Chlamydia epidemiology at the onset of the National Chlamydia Screening Programme. Briefing Number 3, April 2006
6 Elawad, B., O’Sullivan, V., Mcilveen, H., Annual report for sexual health in North Tyneside 2005, North Tyneside PCT
Chlamydia in context in North Tyneside.  
The past, the present and the future

Author Helen Mcilveen RGN, DN, B.Sc (hons), M.A.  
Clinical Lead for sexual health and HIV