**General Practice Chlamydia Screening**

**GUIDANCE NOTES**

**Introduction**

This service involves the opportunistic screening of sexually active, asymptomatic 15-24yrs olds attending your surgery, whether to see a GP, Practice Nurse or Health Care Assistant.

<table>
<thead>
<tr>
<th>Who can be screened?</th>
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<tbody>
<tr>
<td>• Any asymptomatic male or female aged 15-24yrs who has ever been sexually active</td>
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<tr>
<td>• Partners of screened positives, regardless of age (please tick the contact box on the lab form)</td>
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NB Asymptomatic males and females under 15 who are sexually active can be screened but they are not covered under this LES agreement.

<table>
<thead>
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<th>Who cannot be screened?</th>
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<tbody>
<tr>
<td>• Anyone who is symptomatic</td>
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<tr>
<td>• Anyone over the age of 25 (unless they are a partner of a screen positive)</td>
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<td>• Under 16s not deemed Fraser competent and those who cannot give consent to being screened</td>
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<tr>
<td>• Those unwilling to give any means of contact for their result</td>
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For patients with symptoms please use standard microbiology forms

**Guidance**

1. Chlamydia Screening posters should be prominently displayed in your surgery.

2. You should have a procedure in place whereby all 15-24yr old patients/carers attending your surgery are alerted to the fact that you are taking part in the National Chlamydia Screening Programme (NCSP). These young people should then be directed to take or should be given the Chlamydia Screening leaflet to read whilst awaiting their appointment.

3. When the GP/Practice Nurse sees the patient they should ask them if they have read and understood the leaflet and whether they wish to be screened for Chlamydia. The GP/Practice Nurse should then sensitively ascertain whether the patient meets the screening criteria in the box above.

4. **In accordance with NICE Guidance, please use this opportunity to provide advice on:**
   - how to prevent STIs and unintended pregnancies
   - how and where to get tested for other STIs
   - how and where to seek contraception advice on all methods of contraception including LARC (Long-Acting Reversible Contraception)

5. If the patient wishes to be screened for Chlamydia and meets the screening criteria above, the GP/Practice Nurse as *initiator* should complete the white section of the test request form. Patients should be encouraged to complete the yellow section of the form themselves but this can be completed by a member of the practice team if required. **Please ensure that the patient has provided two methods of contact from telephone/mobile phone number, email address and postal address. It is also vital that the patient’s postcode is included on this front sheet in order to be eligible for payment.**
N.B. for patients attending due to SYMPTOMS of Chlamydia, or for those patients outside of the 15-24yr old age range, please use the standard microbiology sample form; these patients are not part of the opportunistic screening programme.

6. The initiator should then explain the appropriate method by which the patient can provide a sample, and ensure that the patient’s full name, date of birth, date of sample and sample location is completed on the appropriate sample container.

**Which specimen?**

- **SELF-TAKEN VULVO-VAGINAL SWAB**
  - This is the *preferred* method for all females. The choice of providing a urine specimen can also be offered unless sending the sample to Frimley Park Hospital.
  - Self-taken vulvo-vaginal swabs have been used successfully for Chlamydia Screening both locally & nationally, although they run a slightly higher risk of producing inhibitory results; they are easily transported and do not require refrigeration
- **‘FIRST CATCH’ URINE SAMPLE**
  - This method should be used for all males and for those females who choose not to take a vulvo-vaginal swab (unless sending sample to Frimley Park Hospital, in which case women cannot do a urine sample).
  - The urine must be a ‘first catch’ sample rather than mid-stream and the patient should have passed urine for at least 1 hour before collection
  - The urine sample should be collected in a ‘white-topped universal specimen bottle’ and *refrigerated* if not being transported within the next four hours.
  - N.B. Urine specimens received in a ‘red-topped universal bottle’ will be rejected by the laboratory and a repeat requested.
- **ENDOCERVICAL SWAB**
  - This method may only be used if a cervical examination is already being carried out e.g. during cervical cytology.

7. The patient should be given the sample pack* and encouraged to use the surgery WC to provide their sample, handing it in to Reception before leaving the surgery. Where this is not feasible, patients should be asked to return their sample to the Surgery as soon as possible (noting the refrigeration requirements for urine).

* Sample pack: Chlamydia screening specimen test form, sample container, instructions

**Results and Treatment**

8. The laboratory results will be sent to the Sexual Health Promotion (SHP) Office and copied to the screening initiator (i.e. GP Practice) within one week of sample receipt. The SHP Office will inform the patient of their results by their preferred method of communication.

9. For those patients with a positive result, the SHP Office will initiate treatment and partner notification where possible; the SHP Office will inform the GP of the patient’s treatment outcome by letter.

10. Those patients unwilling to access the Chlamydia Screening Programme for treatment will be advised to seek treatment from their GP. In order to monitor whether treatment has been undertaken the GP will need to complete the attached Chlamydia Screening Programme Treatment Care Pathway and return it to the Sexual Health Promotion Office.
Treatment

- Treatment choices for Chlamydia are:
  - Doxycycline 100mg BD 7/7
  - Azithromycin 1g stat

Or if pregnant, at risk of pregnancy or breastfeeding:
- Erythromycin 500mg BD 14/7
- Azithromycin 1g stat (off licence use)

Pregnant women should be re-tested (test of cure) six weeks post the stat dose of azithromycin and five weeks post completion of the erythromycin regime - please use the standard Chlamydia Screening Test Request form.

Patients should also abstain from any sexual contact for 7 days (14 days if Erythromycin is used) and until any sexual partner(s) have been treated, and to use condoms for a further 7 days.

11. In line with recommendations from the NCSP Re-infection Study, the SHP Office will advise all patients to seek a repeat Chlamydia Screen:
   - in 12 weeks time if previous result positive
   - in 12 months time if previous result negative
   - or upon change of sexual partner

   The patient may choose to attend any screening site for this repeat screen.

Other Information

Resources

- Chlamydia Screening leaflets, test request forms and posters can be obtained from the Sexual Health Promotion Campaigns and Resources Office on 01256 376493.
- Specimen containers should be obtained in the usual way form Pathology

Data

Anonymised data is sent by the Laboratory on a quarterly basis to Public Health England (PHE) as part of the National Screening Programme evaluation.

If you have any queries please contact:

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Milton Rd Portsmouth PO3 6AD
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