

Isle of Wight Chlamydia Screening Programme
General Practice

SCREENING INFORMATION PACK



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Acknowledgement

Many thanks for agreeing to take part in the Island's Chlamydia Screening Programme. Your cooperation in delivering this service is extremely valuable.

Abbreviations used in this pack

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|-----|--|
| CSC | Chlamydia Screening Coordinator |
| CSP | Chlamydia Screening Programme |
| CSO | Chlamydia Screening Office |
| SHS | Sexual Health Service (St Mary's Hospital) |
| PN | Partner Notification |

What this pack contains

1. Overview of the programme
2. Flowchart of patient journey
3. Screening asymptomatic under 25 year olds
4. Screening sample form
5. 'Pee & Post' kits
6. Symptomatic patients
7. Patients aged over 25
8. Management of results

Overview of the programme

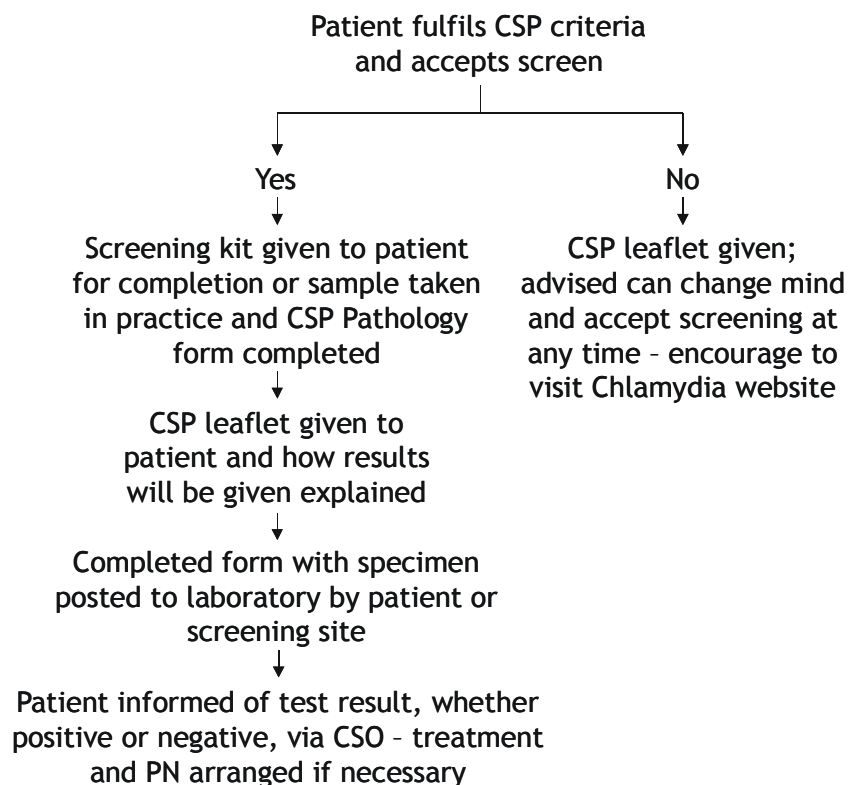
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|---|---|
| Aim of the National Chlamydia Screening Programme (NCSP) | <i>Control Chlamydia through the early detection and treatment of asymptomatic infection Prevent development of sequelae Reduce onward transmission</i> |
| NCSP | <i>Target group all under-25 year olds who are sexually active NCSP screening target 50%; evidence from pilot studies (Wirral and Portsmouth) that this will have positive effect on prevalence rates</i> |
| IW NHS Primary Care Trust Vital Signs Target | <i>17% of all 15-24 year olds Island target to screen 2,632 per year</i> |
| Programme | <i>Opportunistic screening, in a variety of settings, traditional and non-traditional</i> |
| Test | <i>Nucleic acid amplification tests (NAATS)</i> |
| Sample | <i>First void urine (male and female)</i> |
| Management of results | <i>Client decides on method of contact (text, letter, phone) Client informed if negative or positive</i> |
| Positive results | <i>Client asked to contact Chlamydia Screening Office (CSO) for results All under-16 year olds will be asked to contact CSO for negative and positive results</i> |
| Treatment and management | <i>Treatment is available from:</i> <ul style="list-style-type: none">▪ Sexual Health Services, St Mary's Hospital▪ Connexions drop-in clinic▪ Some pharmacies across the Island <i>Please see website www.ruthe1.co.uk</i> |
| Treatment options | <i>Azithromycin 1g single dose</i> |
| Alternative treatment regimes | <i>Doxycycline 100mg bd for 7 days Ofloxacin 200mg bd for 7 days or 400mg od for 7 days Erythromycin 500mg bd for 14 days</i> |
| Pregnant women | <i>Erythromycin 500mg qds for 7 days or 500mg bd for 14 days</i> |
| | <i>All clients must be told to abstain from sex during treatment and for 7 days after, even with a condom, and until current partner(s) is/are treated</i> |
| Testing for other STIs | <i>All positive clients will be recommended to access a full STI screen</i> |

Health promotion *The CSP will promote safe sex and 'delay' message
The CSP will take opportunities to discuss risk-taking behaviour and harm minimisation
Condoms and sign-up to the Condom Distribution Scheme will be promoted
Signposting for other STI testing and contraception will be promoted*

Partner notification *All clients attending for treatment will be asked to bring current partner with them
Partner notification will be carried out within sexual health clinic guidelines
It is the responsibility of the CSO to follow up all treated clients and their partners*

Re-screening *Repeat screening should be according to risk assessment with a minimum of five weeks between tests
Risks may include:
Poor compliance with treatment
Failed notification/treatment of partner
Further risk-taking sexual behaviour
Annual testing is recommended for target group*

Flowchart of patient journey



Screening under 25 year olds

- Criteria for inclusion**
- *All sexually active men and women outside genito-urinary medicine setting*
 - *Those under 16 years old if deemed Fraser Competent*
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- Exclusion criteria**
- *Screening carried out in all over 25 year olds*
 - *During cervical smear, IUD or IUS fitting*
 - *Those who cannot consent to being screened*
 - *Those who are unwilling to give any contact details*
 - *Those under 16 years old who are not Fraser Competent*
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Screening process *All General Practices will be supplied with Chlamydia Screening Kits and spare pathology forms. The kits are designed to make offering screening simpler, as they allow the option for an in-house immediate screen or take-way for self completion*

- Contents of pack**
- *Chlamydia Screening Programme Pathology Form (see sample)*
 - *Screening instructions*
 - *Leaflet*
 - *Pen*
 - *Urine pot*
 - *Postal container and postage paid envelope*
-

- Checklist on return of specimen** *It would be really helpful if the following information was checked prior to sending specimens to the laboratory:*
- *Patient fulfils inclusion criteria*
 - *All part of the form are legible*
 - *All the following have been correctly completed:*
 - *Name and address*
 - *Method of future contact*
 - *Date of test*
 - *Kit collection point (name of practice)*
 - *C10 - urine sample ticked*
 - *AO3 - Screening ticked*
 - *Ethnicity*
-

- Sample**
- *First part of urine - MSU is not required*
 - *Ensure lid of urine container firmly screwed in place to prevent leakage*
 - *Ensure sample labelled*
 - *Place sample in screw top transport container*
 - *Post sample as soon as possible*
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- Results**
- *Inform patient results will be with them in 10 working days from postage*
 - *Let patient know that the CSO will inform them of results - NOT the practice*

Screening sample form

How Do You Know You Don't Have Chlamydia?

Chlamydia Reference No.
IWCSPO3001

Chlamydia Screening Programme
Isle of Wight

You can take part if you are under 25 and have ever been sexually active
You may not know you have Chlamydia, as you may not have any symptoms
Chlamydia is a very common sexually transmitted infection
Up to 1 in 10 young people have Chlamydia
It may cause problems if not treated
It can easily be cured with antibiotics

Screening is totally voluntary. More information is available in the Chlamydia Information Booklet. Please fill in the boxes on the request form. The kit collection point is where you picked your kit up from e.g. your local G.P. or youth Club. Please ensure you enter the full name.
If you want more information please phone us on 0845 050 9530.
Please add your name and date of birth (DOB) onto the sticky label before fixing to the specimen pot
If you have not received your results by text, email, letter or phone within 2 weeks please call the Chlamydia Screening Office on 0845 050 9530
websites www.ruthe1.co.uk & www.wish-net.co.uk

TO BE KEPT BY CLIENT

ATTACH LABELS TO SPECIMEN FORMS AND NOTES
CHLAMYDIA SCREENING

INSTRUCTIONS ISLE OF WIGHT CHLAMYDIA SCREENING PROGRAMME 0831093756

Patients to complete sections 1 & 4 (the yellow sections). See box at top left of the right. Please ensure that specimen containers are properly labelled and securely closed.

SECTION 1 TESTING SITE DETAILS
Kit collection Point Name: IWCSPO3001
Patient ID Number: IWCSPO3001
Date of Test: 0 / 0 / 0000
Chlamydia specimen type (tick one box):
C15 Urine sample Cervical swab Other
 Vaginal swab Unlabelled swab Other
Reason for test: C9 Screening OR A08 Contact A11 reports symptoms of STI (Please note symptoms can be reported with A03, A06 or A08)

SECTION 2 (LAB USE ONLY)
Lab number: _____
copy to: _____
All data will be held confidentially

SECTION 3 PATIENT DETAILS
Surname: _____
Forename: _____
Sex: C4 Male Female
Date of birth: 00 / 00 / 0000
Address: _____
Home postcode: C6 _____
Country of birth: S1 _____
Phone number (daytime or mobile): _____
Email: _____
How would you prefer to be contacted regarding this test, result and for any subsequent communication? (Please include day or night)
 By text By phone By letter
If you have listed phone can we text your results as a voice mail message? Yes No
GP name: _____
GP surgery: _____
Tick if we may contact your GP:
Have you had a Chlamydia screening test before? Yes No
TEXT IF YOU DON'T WANT US TO CONTACT YOU ABOUT FUTURE SCREENING:

SECTION 4 - Please tick of this section when samples and discs to maintain confidentiality. Ethnic Origin: C11 Other C12 British Irish Any other white background Black or Black British Caribbean African Any other Black background Asian or Asian British Indian Pakistani Bangladeshi Any other Asian background Mixed White and Black Caribbean White and Black African White and Asian Any other mixed background Chinese Other ethnic groups Not stated Sexual History: C11 Have you had sex with a new partner in the last 12 months? Yes No Unknown I don't want to answer that question Please you had sex with 2 or more different partners in the last 12 months? Yes No Unknown I don't want to answer that question

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SECTION 3 PATIENT DETAILS
Surname: _____
Forename: _____
Sex: C4 Male Female
Date of birth: 00 / 00 / 0000
Address: _____
Home postcode: C6 _____
Country of birth: S1 _____
Phone number (daytime or mobile): _____
Email: _____
How would you prefer to be contacted regarding this test, result and for any subsequent communication? (Please include day or night)
 By text By phone By letter
If you have listed phone can we text your results as a voice mail message? Yes No
GP name: _____
GP surgery: _____
Tick if we may contact your GP:
Have you had a Chlamydia screening test before? Yes No
TEXT IF YOU DON'T WANT US TO CONTACT YOU ABOUT FUTURE SCREENING:

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ENSURE LABEL IS ON SPECIMEN CONTAINER
PLACE SPECIMEN IN BAG, REMOVE COVERING STRIP
AND FOLD FLAP OVER TO SEAL

CHLAMYDIA SCREENING

'Pee & Post' kits

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|--|--|---|---|
|  <p>1. This is what you will find in your kit.</p> |  <p>2. Fill out the YELLOW section of the form in your kit. Please press hard with pen so that writing can be seen on all sheets of form. It is REALLY Important to make sure you have filled out your contact details.</p> |  <p>3. Pee in pot provided and tightly screw on lid</p> |  <p>4. Now wash your hands</p> |
|  <p>5. Write your surname (last name) on ONE of the stickers found on the front of your yellow form and firmly stick to your specimen pot of pee.</p> |  <p>6. Now wrap your specimen in the small piece of paper found in your big plastic tube.</p> |  <p>7. Place the wrapped specimen into the BIG plastic tube and screw lid on tightly.</p> |  <p>8. Put the plastic tube containing your specimen and the COMPLETED yellow form into the addressed envelope provided. POST in any Royal Mail post box IMMEDIATELY. No stamp required.</p> |

Symptomatic patients

Following taking of sexual history, carry out test as usual, using normal Pathology forms or refer to SHS.

Patients aged over 25

Unfortunately, this age group is excluded from the CSP. However, if one of your patients requests a test and is asymptomatic, take test as for under-25 patient but complete the usual BLUE specimen form or refer to SHS.

Management of results

Management of results, treatment and partner notification are the responsibility of the CSO.

All patients will be informed of their results, whether positive or negative, by one of the their chosen methods of communication.