### Version control table

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<th>Version no.</th>
<th>Author/reviewer</th>
<th>Comments</th>
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| May 2015     | 5           | Andy Mazzei/THT | • Updated logos  
• Updated iCaSH service information  
• Updated THT contact information  
• Remove “Waveney/Suffolk” references |
| June 2015    | 6           | Andy Mazzei/THT | • Updated to reflect new TDL screening kits |

### Staff Read Record

<table>
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Purpose
The purpose of this document is to give Norfolk Chlamydia Screening Programme (NorfolkCSP) sites a summary of the National Chlamydia Screening Programme (NCSP) Standards, 7th Edition and outline the context and processes for local delivery.

National context
The NCSP employs an opportunistic approach to chlamydia screening. Traditionally, opportunistic screening methods have been delivered in healthcare settings, but by involving a combination of health and non-healthcare screening venues, the NCSP extends opportunities for young people to be tested in locations they frequently visit. The purpose is to normalise the idea of regular chlamydia screening among young people so that they expect to be screened annually or when they change partner. The NorfolkCSP is part of this national initiative.

Aims
The NorfolkCSP aims to:
• Prevent and control chlamydia through early detection and treatment of asymptomatic infection
• Reduce onward transmission to sexual partners
• Prevent the consequences of untreated infection
• Raise awareness and skills of health professionals to screen for chlamydia, and provide the information young adults need to reduce the risk of infection and transmission.

What is chlamydia?
Chlamydia is caused by a bacterium called *Chlamydia Trachomatis*. The bacteria are found in the semen, vaginal fluids and urine of people who have the infection. Chlamydia is easily passed from one person to another through vaginal, anal and oral sex, or genital contact, or the sharing of sex toys. This means that condoms, if used, will only offer some protection. Genital chlamydia is the most common sexually transmitted infection (STI) in the UK, being most common in males and females under 25.

Chlamydia is known as the ‘silent’ infection due to its lack of noticeable symptoms. **Roughly 75% of infected females and 50% of infected males have no symptoms so do not know they have it.** If left untreated it can spread to other parts of the body and cause pain, especially in the abdomen for females, and may lead to infertility. The remaining 25% of infected females and 50% of infected males develop symptoms which may show up 1 - 3 weeks after contact with chlamydia, many months later or not until the infection spreads.

Criteria for screening
The NorfolkCSP includes:
• Men and women under 25 of all sexual orientations who have ever been sexually active and who are offered, or request, a chlamydia test
• Contacts/partners of those testing positive regardless of age
• 15 year olds who meet the Gillick/Fraser criteria for consent to testing.

The NorfolkCSP does not include those who cannot give consent, anyone unwilling to give any means of contact for the purpose of result notification, and under 16s not deemed to meet Gillick/Fraser criteria.

People should be encouraged to test annually or whenever there is a change in sexual partner. Additional repeat testing may be required according to risk assessment.
NB. NorfolkCSP testing kits should not to be used for diagnostic tests or screening related to infertility treatment.

Clients reporting symptoms
Young people reporting symptoms should be seen by a clinician, ideally within an Integrated Contraception and Sexual Health Service (iCaSH). See referring to services for full STI screening on page 9. Non-clinical services should ensure that these referrals are made in a timely manner.

Some females may notice the following symptoms:
Unusual vaginal discharge, bleeding between periods, bleeding after sex, heavier periods (including those using hormonal contraception such as the pill), pain (and/or bleeding) during sex, pain when passing urine and lower abdominal (pelvic) pain.

Some males may notice the following symptoms:
A white/cloudy or watery discharge from the penis, burning and itching in the genital area, pain when passing urine and painful swelling of the testicles.

For both males and females:
There are rarely any symptoms if the infection is in the rectum, but it can sometimes cause discomfort and discharge. Infection in the eyes can cause pain, swelling, irritation and discharge. Infection in the throat isn’t common and doesn’t produce any symptoms.

NB. These are not comprehensive lists, so referral outside of the service’s competence is essential for accurate diagnosis and treatment.

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

Consent is implied if the young person:
- Has been given the testing information sheet “Choose Chlamydia Testing...” (included in all test kits) and given the time to read, understand and ask questions prior to participating; Plus
- Has provided a sample; Plus
- Has competence to consent; Plus
- Has correctly completed a test request form, with support if applicable.

The testing information sheet, includes the NCSP’s patient information, and contains information about gonorrhoea, confidentiality and sexual health services.

Specific consent issues – under 16s
Where practitioners are offering or assisting clients under 16 with the test, they are responsible for ensuring that those individuals are competent to make an informed decision to complete the test.

However, the NorfolkCSP have a policy and procedure in place to ensure that a safeguarding assessment has been, or is undertaken.

Fraser Guidelines can help assess competency (See page 10)
Specific consent issues – screening for gonorrhoea
The NorfolkCSP will automatically test any returned specimens for gonorrhoea as well as chlamydia. This is a change from the previous process. There is no longer an opt-out tick box.

Specific consent issues - Mental Capacity Act
The Mental Capacity Act should be followed for adults (and young people aged 16 – 17 years) with learning difficulties or disabilities or where there is impairment of decision making.

Testing kit components

<table>
<thead>
<tr>
<th>Urine kit</th>
<th>Vaginal swab kit</th>
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<tbody>
<tr>
<td>• Urine collection tube (smaller tube)</td>
<td>• BD ProbeTech swab/tube (with expiry date)</td>
</tr>
<tr>
<td>• Urine collection transporter tube (larger tube)</td>
<td>• Patient test request form (supplied separately)</td>
</tr>
<tr>
<td>• Patient test request form</td>
<td>• Patient information (Choose Chlamydia testing)</td>
</tr>
<tr>
<td>• Patient information (Choose Chlamydia testing)</td>
<td>• Instructions for Self-Collection of Vaginal Swabs</td>
</tr>
<tr>
<td>• Doing your test (instruction flow chart)</td>
<td>• Green sealable pre-paid postal bag</td>
</tr>
<tr>
<td>• Green sealable pre-paid postal bag</td>
<td>• Green sealable pre-paid postal bag</td>
</tr>
</tbody>
</table>

Completing the test form
The form is one side of A4 in four sections.

Section 1 (Bottle sticker). This needs to be completed with the young person’s details and stuck to the urine testing pot/bottle or tube containing the vaginal swab. There is also a separate reference sticker (NORF######). You are welcome to remove this and use it for your own records.

Section 2 (Your detail). This needs to capture as much information as the young person is willing to give. As a minimum, the NorfolkCSP needs “Last name”, “First name”, “Date of birth”, “Postcode”, “Mobile” and “Test date”. If no mobile number is provided, we must have either a full postal address, landline or email contact.

Section 3 (Sexual orientation). Please encourage the young person to complete this section, even if they choose the “Decline to answer” option.

To the right of section 3, there are four bullet pointed pieces of information, with two “opt-out” tick boxes. The first opt-out box relates to the offer of being contacted in the future about the service or to suggest a repeat test. The second relates to permission to share the young person’s result either with their GP or another provider (we would only do this if we were having difficulty in contacting the young person and we felt it was important and in their best interest)

Section 4 (Ethnic origin). Please encourage the young person to complete this section, even if they choose the “Not stated” option.

Screening Staff Section
This section should be filled in by those practitioners who are assisting young people with completing the test.

If the young person is under 16, you must assess competence using Fraser Guidelines and tick the box if you are assured that the young person meets the criteria.

Your site code should have been added to the form by the NorfolkCSP, but if not, please add it yourself.
Ideally, we would like you to fill in the “Staff Initials” (the practitioner assisting with the test) and “Site Name” boxes, but these are not essential as your site code will identify you as part of the NorfolkCSP.

Providing a specimen
The urine testing kit instructions included in each kit is laid out using a flowchart and instructs the male or female patient to make sure they have not urinated within an hour and that they must use the first part of their urine. This ensures that if chlamydia and/or gonorrhoea bacterium are present they will have had enough time to multiply and therefore be captured in the specimen tube.

The specimen tube should be at least half-full, although 5ml would be an absolute minimum. Any less that 5ml the test becomes void. If this occurs, the Laboratory will report the result to the NorfolkCSP as an unprocessed test. The NorfolkCSP will then need to contact the patient to suggest they provide another specimen.

The urine test can still be used during menstruation. However, there is evidence that urine testing alone misses possible asymptomatic rectal and oral (pharyngeal) infections. Providers should ensure that individuals who may have put themselves at risk through anal or oral sex are aware of the need to attend an Integrated Contraception and Sexual Health service (iCaSH) for appropriate testing, even if asymptomatic.

The vaginal swab kit instructions included with each kit is laid out in both written and pictorial form and instructs the female patient to insert the swab into the vagina and rotate the swab for 10-15 seconds making sure that it touches the walls of the vagina in order to collect a quality specimen. The swab test can still be used during menstruation.

Once completed, the test needs to be posted to The Doctors Laboratory (TDL) immediately. Completed tests should not be sent to the NorfolkCSP address.

Management of negative tests
The majority of patients should receive their test results within 10 working days of the completed test being posted. The Doctors Laboratory (TDL) will text the young person directly if a mobile number has been provided on the form. Current message reads ‘All results clear and negative, no further action needed. Chlamydia Screening Team’.

Patients under 16 will be contacted in person even if they have a negative result, unless the NorfolkCSP can establish, without doubt, that safeguarding has already been addressed.

Management of positive tests
The majority of patients should receive their test results within 10 working days of the completed test being posted. TDL will inform the NorfolkCSP of the results and the NorfolkCSP will then contact the patient via the method/s as detailed on their test form.

Sexual Health Advisers (SHA) will endeavour to contact all patients with positive results directly, and arrange free treatment for them. Any answer-phone messages left by a SHA will be discrete and simply request that the patient phones back. A minimum of three attempts will be made to contact positive patients. Any patient with a positive result for gonorrhoea will be contacted by a SHA and referred to an iCaSH service for confirmatory testing and treatment.

When TDL identifies a specimen as chlamydia positive, they will recheck the sample with a confirmatory test. If this second test has a negative result then this is known as an equivocal result, i.e. there has
been no definite positive or negative result. In this instance the patient will be offered a repeat test by the SHA, but with the option of taking treatment anyway to err on the side of caution. **Ideally the test should be repeated before treatment is taken** (see section below on management of partners).

Young people testing positive will also be offered the option of being sent a reminder 3 months later to have another test, as the risk of re-infection is higher for young people with positive test results compared to negative test results. SHAs will facilitate this.

**Management of partners**

All Partner Notification (PN) is carried out by SHAs. Partners of positive patients aged 15 - 24 will be offered free testing and free treatment even if they themselves are under 15, over 24, or do not live in the Norfolk area. Treatment will be offered via participating treatment sites such as Pharmacies, GP surgeries or directly through an Integrated Contraception and Sexual Health Service (iCaSH).

Chlamydia is very easily transmitted; therefore The British Association for Sexual Health and HIV (BASHH) recommend that a partner of a positive patient should be offered treatment even if they haven’t taken a test. If the partner has not taken a test, they should be encouraged to do so - ideally before taking the treatment or at least within 24 hours of doing so. Treatment **must not** be delayed in anticipation of the result. The test will confirm whether the partner is positive, and if so, will allow the SHA to follow up any other necessary Partner Notification.

The only delay in taking the treatment will relate to how long after eating food or taking ant-acids the medication can be taken. This should be explained by the treatment provider although this information will be in the information leaflet with the antibiotics.

**Treatment of positive patients**

The SHA will contact the patient and arrange with them to attend a suitable venue for treatment. Treatment is free to them and their partners. If a patient is issued with a prescription in order to obtain their treatment and they normally pay for their prescriptions, then they should be issued with a **patient reimbursement form** (see appendix 1).

**It is recommended that the patient or partner receiving treatment should refrain from any sexual activity, including sexual activity using a condom, for 7 days whilst the infection clears up.**

Treatment can be provided by GPs and some Practice Nurses and Pharmacists once they’ve signed the relevant Patient Group Directives (PGDs) for the three antibiotics (see appendix 1).

Pharmacists who provide treatment must complete the pharmacy (CTS1) treatment sheet (see appendix 1) with the patient and return it to the NorfolkCSP address (see contact details in appendix 1). Norfolk Pharmacists should also complete the Chlamydia Treatment section on PharmOutcomes [https://www.pharmoutcomes.org](https://www.pharmoutcomes.org).

It is envisaged that CTS1 forms will be incorporated within PharmOutcomes to remove the need to return paper copies via the mail system. Please look out for this option on PharmOutcomes in the not too distant future.

**The pharmacy (CTS1) treatment sheet must also be returned if the patient or partner does not attend for treatment, so that the NorfolkCSP knows to follow up that case.**
GP surgeries offering treatment should complete the CTS2 treatment sheet (see appendix 1) with the patient and return it to the NorfolkCSP address. **The CTS2 treatment sheet must also be returned if the patient or partner does not attend for treatment, so that the NorfolkCSP knows to follow up that case.**

**Minimum time between tests**
A minimum of six weeks is recommended between tests. Repeating a test before this time may detect both viable and non-viable chlamydia bacteria.

<table>
<thead>
<tr>
<th><strong>Current BASHH recommendations for treatment</strong></th>
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| **Men and non-pregnant women** | Azithromycin 1g in a single dose, or  
Doxycycline 100mg bd daily for 7 days.  
For people intolerant of these regimes or for whom the treatment is contraindicated:  
Ofloxacin 200mg bd for 7 days or 400mg od for 7 days or erythromycin bd for 10-14 days. |
| **Pregnant women** | Amoxicillin 500mg three times a day for 7 days  
Azithromycin 1g in a single dose. (The safety of Azithromycin in pregnancy and lactating mothers has not been fully assessed, although available data indicate that it is safe. The British National Formulary (BNF) currently recommends the use of Azithromycin in pregnancy and lactation only if no alternative is available).  
Erythromycin 500mg four OD for 7 days or 500mg bd for 14 days.  
Doxycycline and ofloxacin are contraindicated in pregnancy. |

Please note that the NorfolkCSP only currently has PGDs for azithromycin, erythromycin and doxycycline

**Post-treatment follow up**
Approximately two weeks after treatment there will be a follow up call to the patient from a SHA to ensure compliance with treatment, abstinence from any sexual activity and to reinforce health education and follow up partner notification. In addition, all pregnant women will be advised to have a “test of cure” as well as any other patient that has been treated with erythromycin. The “test of cure” should be 5 weeks after treatment is completed, to make sure the infection has cleared.

**Staff training**
Terrence Higgins Trust (THT Norfolk) is responsible for providing the necessary induction training and refresher briefings. Practitioners who have received this input may cascade it to other staff members within the same service. It is recommended that staff receive annual refreshers. THT will get in touch
with you on a regular basis to make sure you have the support you need, or you may wish to contact the THT directly (see contact details in appendix 1).

**Incident reporting**
All providers are responsible for their own governance, and for investigation and resolution of incidents in order to provide assurance of governance and safety, to prevent recurrence, improve services and share learning.

The NorfolkCSP would also ask to be informed about any serious incidents related to the programme, in order to share learning, ensure that incidents are properly investigated and maintain an overview of any issues or problems surrounding the programme.

**Returning completed tests to The Doctors Laboratory (TDL)**
Although unused urine testing kits will no longer go out of date, once completed urine and vaginal samples should be stored at room temperature and posted to The Doctors Laboratory (TDL) immediately. Any delay may mean that the sample will not be viable and the young person will need to be offered another test.

**Ordering testing kits and other resources**
To order testing kits and other resources, contact THT Norfolk for the latest order forms and related paperwork (see appendix 1).

THT have also developed a range of free materials to support the promotion of chlamydia screening to 15 – 24 year olds, as well as other sexual health initiatives such as C-Card for 13 – 24 year olds. These are available for screening sites to order (see appendix 1). In addition, the details of all screening sites will be publicised on our local website [www.areyougettingit.com](http://www.areyougettingit.com) which includes information on C-Card condoms and other sexual health services. Some sites are also advertised on Norfolk’s Living Well website [www.norfolkslivingwell.org.uk](http://www.norfolkslivingwell.org.uk).

**Referring to services for full STI screening**
Cambridge Community Services provide Integrated Contraception and Sexual Health Services (iCaSH) across Norfolk, Suffolk and Cambridgeshire.

The main Norfolk “hub” services are located in Norwich, Kings Lynn and Great Yarmouth. For more information about clinic times go to [www.icash.nhs.uk/norfolk](http://www.icash.nhs.uk/norfolk)

**Tel: 0300 300 30 30**

**Referral for rape or sexual assault**

<table>
<thead>
<tr>
<th>The Harbour Centre (Norfolk)</th>
<th>The Ferns (Suffolk)</th>
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<tbody>
<tr>
<td>Tel: (0845) 456 4810</td>
<td>Tel: (0300) 123 5058</td>
</tr>
<tr>
<td>Email: <a href="mailto:contact@theharbourcentre.co.uk">contact@theharbourcentre.co.uk</a></td>
<td>Email: <a href="mailto:contact@theferns-suffolk.org.uk">contact@theferns-suffolk.org.uk</a></td>
</tr>
<tr>
<td>Web: <a href="http://www.theharbourcentre.co.uk">www.theharbourcentre.co.uk</a></td>
<td>Web: <a href="http://www.theferns-suffolk.org.uk">www.theferns-suffolk.org.uk</a></td>
</tr>
</tbody>
</table>
Confidentiality
All staff involved with testing, providing results, treatment or Partner Notification (PN) must adhere to national and professional guidelines concerning patient or client confidentiality.

The NorfolkCSP and TDL will keep records of all tests, treatments and person identifiable information on secure closed databases and safely stored paper records. Anonymous data relating to numbers of tests completed, positivity, areas of prevalence, access of screening sites, etc. is shared between the NorfolkCSP, NCSP, local commissioners and Public Health England (PHE).

Young people under 16 are the group least likely to use protection (condoms) or contraception and concern about confidentiality remains the biggest deterrent to seeking advice. Stressing the confidential aspect of the NorfolkCSP, and knowing how the data will be used, may encourage people to accept the offer of a test.

Sexual Offences Act
The Sexual Offences Act 2003 classes it as an offence to have sex with anyone under 16 and statutory rape with anyone under 13. However it does not affect the ability of health professionals and others working with those under 16 in providing confidential advice or treatment on contraception, and sexual and reproductive health. The Act states that, a person is not guilty of aiding or abetting or counselling a sexual offence against a child where they are acting for the purpose of:

- Protecting a child from pregnancy or sexually transmitted infection
- Protecting the physical safety of a child
- Promoting a child’s emotional well-being by the giving of advice.

Gillick Competence
Gillick competencies refer to a legal case from the mid 1980s, which focussed on a parent’s right to be informed about their child requesting contraceptive advice and treatment from health professionals. The outcome of the case was that a person under 16 could consent to sexual health advice and treatment if he or she fully understands the medical treatment that is proposed, without parental involvement.

Lord Fraser, the presiding judge in the case, set out the criteria below.

Fraser Guidelines
It is lawful for doctors and sexual health professionals to provide contraceptive advice and/or treatment without parental consent, providing certain criteria are met. These criteria, known as Fraser Guidelines, were laid down by Lord Fraser in the House of Lords in 1985 and require the practitioner to be satisfied that:

- The young person will understand the professional’s advice
- The young person cannot be persuaded to inform their parents/carers
- The young person is likely to begin, or to continue having, sexual intercourse with or without contraceptive treatment
- The young person’s physical and mental health are likely to suffer unless he/she receives contraceptive treatment
- The young person’s best interests require them to receive contraceptive advice or treatment with or without parental consent.

Although these criteria specifically refer to contraception, including condoms, the principles are deemed to apply to other treatments, including abortion and consent to testing for STIs.
Appendix 1

Ordering testing kits, other resources and promotional materials and training
For the most up-to-date forms, promotional materials, treatment sheets (CTS1, CTS2) and Patient Reimbursement Forms. Please contact the NorfolkCSP using the details below or use your current order form:

Terrence Higgins Trust
1a Oak Street
Norwich. NR3 3AE
Tel: (01603) 226 666 Email: norfolksexualhealth@tth.org.uk Fax: (01603) 226 688

Patient Group Directions (PGDs) for genital chlamydia
Chlamydia PGDs are available via Norfolk LPC website:
http://psnc.org.uk/norfolk-lpc/commissioned-services/sexual-health-service/

Contacts for contractual issues
Norfolk Public Health: (01603) 638 413 or email: phcontracts@norfolk.gov.uk

Useful information portals
National Chlamydia Screening Programme: www.chlamydiascreening.nhs.uk
Norfolk LPC: http://psnc.org.uk/norfolk-lpc/commissioned-services/sexual-health-service/
Norfolk’s Living Well: www.norfolkslivingwell.org.uk
Knowledge Management Service: www.knowledgeanglia.nhs.uk You may need a log-in code to access this document. If so contact: anna.clark2@nhs.net on (01603) 257 255

Bibliography
2. British Association for Sexual Health and HIV (2014) Standards for the management of sexually transmitted infections (STIs)
4. The Sexual Offences Act 2003
5. National Chlamydia Screening Programme www.chlamydiascreening.nhs.uk
6. Mental Capacity Act 2005 Code of Practice