

Livewell Southwest

**Chlamydia Treatment through the Plymouth  
Chlamydia Screening Programme**

Version No 3

**Notice to staff using a paper copy of this guidance**

**The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.**

**Author: Chlamydia Screening Coordinator**

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## Reader Information

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	<p>British Medical Association and the Royal Pharmaceutical Society, British National Formulary, 2014</p> <p>Gillick v. Wisbech &amp; W. Norfolk Area Health Auth. 1985, 3 All ER 402 HL</p> <p>Nursing and Midwifery Council (NMC), The code: Standards of conduct, performance and ethics for nurses and midwives, 2008</p> <p>Livewell Southwest (LSW), Azithromycin PGD, version 5.0 2014</p> <p>Livewell Southwest (LSW), Clinical Record and Note Keeping Policy, Version 6, 2013</p> <p>Livewell Southwest (LSW), Data Protection, Confidentiality, Caldicott and Safe Haven Policy &amp; Procedure Version 1.1, 2014</p> <p>Livewell Southwest (LSW), Doxycycline PGD, version 4.1, 2014</p> <p>Livewell Southwest (LSW), Equality and Diversity Policy Version No 2.0, 2013</p> <p>Livewell Southwest (LSW), Safe and Secure Handling of Medicines Policy and Procedures Version 6.2, 2014</p> <p>Livewell Southwest (LSW), Safeguarding Children Policy Version 1.1, 2014</p> <p>Public Health England (PHE), National chlamydia screening programme standards 7<sup>th</sup> edition, 2014</p>
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<b>Author Contact Details</b>	<p>By post: Local Care Centre Mount Gould Hospital 200 Mount Gould Road Plymouth Devon PL4 7PY</p> <p>Tel: 0845 155 8085 Fax: 01752 272522 (LCC Reception)</p>

## Document Review History

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0.1	New document	November 2009	Chlamydia Screening Coordinator	
1	Ratified	Nov 2009	Policy Ratification Group	Ratified
1:1	Reviewed	Nov 2011	PRG	Reviewed, extended for 3 months
1:2	Reviewed	Feb 2012	PRG	Reviewed, extended for 1 month.
1:3	Reviewed	March 2012	PRG	Reviewed, extended for 3 months
2	Reviewed and amended	March 2012	Chlamydia Screening Coordinator	1.Updated appendices to reflect new PGD for Azithromycin 2.Updated treatment assessment form 3.Updated new references and data
2	Reviewed and amended	March 2012	Chlamydia Screening Coordinator	1.Updated appendices to reflect new PGD for Azithromycin 2.Updated treatment assessment form 3.Updated new references and data
2.1	Extended	April 2014	Chlamydia Screening Coordinator	Extended no changes.
3	Reviewed and updated	August 2014	Chlamydia screening Coordinator	1.Updated reference list 2.Updated policy format (to fit with Template for Policy and Procedural Document) 3. Minor changes to content – in order to comply with Template for Policy and Procedural Document, to clarify and reduce narrative and to ensure compliance with recent policy (BASHH 2014, NCSP 2014) 4.Updated appendices

<b>Content</b>		<b>Page</b>
1	Introduction	6
2	Purpose	7
3	Definitions	7
4	Duties & Responsibilities	7
5	Main body of document	9
6	Training	11
7	Monitoring Compliance and Effectiveness	12
Appendix A	Client Management Form	13
Appendix B	Treatment Assessment Form	14
Appendix C	Treatment Flow Chart	16
Appendix D	Partner Notification	17
Appendix E	Audit	19

# Chlamydia Treatment through the Plymouth Chlamydia Screening Programme

## 1 Introduction

- 1.1 The National Chlamydia Screening Programme (NCSP) was set up to address the rising numbers of young people diagnosed with Chlamydia Trachomatis. The NCSP 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.
- (NCSP 2014)
- 1.2 Local data is available on the National Chlamydia Screening website (<http://www.chlamydia-screening.nhs.uk>).
- 1.3 A wide variety of treatment venues are required to enable young people to attend and complete treatment, including Community Contraception and Sexual Health Clinics (CCASH), GP practices (including Practice Nurses) and Community Pharmacists. The Chlamydia Screening Programme (CSP) nurses will also offer treatment, working with the CCASH nurses at the Cumberland Centre and The Zone. This will enable Plymouth to reach its performance indicators for client management within the programme as set out within the NCSP Core Requirements.
- 1.4 This policy covers practitioners working within Livewell Southwest (CCASH, LSW GP practices and the Chlamydia Screening Office). Non-LSW GP surgeries will have to use their own policies and PGDs and Community Pharmacists must use Local Authority approved policies and PGDs.
- 1.5 The reduction in the rate of Chlamydia is dependent on the effective treatment of positive clients and all their partners. The venues offering treatment will need to work to an effective and consistent standard set out within this policy.
- 1.6 The recommended treatment for Chlamydia is:
- Doxycycline 100 mg bd for 7 days (contraindicated in pregnancy) or
  - Azithromycin 1 g in a single dose.
- (BASHH, 2014)

## 2 Purpose

- 2.1 The purpose of this policy is to ensure that the treatment supplied under the CSP is undertaken in a safe and effective manner within the parameters of the Plymouth Community Health Care (LSW) Safe and Secure Handling of Medicines.
- 2.2 The purpose is also to ensure that the agreed client care pathway is followed by all staff involved in client care.
- 2.3 Chlamydia treatment will be offered by a variety of professionally registered healthcare professionals and prescribers within LSW.

## 3 Definitions

<b>CCASH</b>	Community Contraceptive and Sexual Health Service.
<b>CSP</b>	Chlamydia Screening Programme.
<b>NCSP</b>	National Chlamydia Screening Programme.
<b>Client management form</b>	A return form for the CSP to know when a client has been treated.
<b>PGD</b>	Patient Group Direction.
<b>Fraser guidelines</b>	Ruling and guidance set down by Lord Fraser in Gillick v. West Norfolk & Wisbech Area Health Authority 1985, to ensure a child is mature enough to make a decision and the child's best interest is upheld.
<b>Treatment Assessment</b>	An assessment completed by the CSP to provisionally assess client suitability for treatment via a PGD.
<b>TTA</b>	To take away packs of medication.

## 4 Duties & Responsibilities

- 4.1. The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review.
- 4.2 **Deputies and Professional Leads** are responsible for ensuring this policy is implemented.
- 4.3 The responsibility of **line managers in CCASH, Chlamydia Screening and LSW GP surgeries** are to:
  - 4.3.1 Ensure that their staff understand and work within the standards of this policy.

- 4.3.2 Ensure all staff complete any relevant training and are competent.
- 4.3.3 Audit client records in line with this policy; any outcomes and action plans are followed up and completed within an agreed timescale.
- 4.3.4 CSP to co-ordinate an accurate and up to date list of treatment services offered within LSW.
- 4.3.5 CSP to provide training and updates for treatment services within the community and LSW.

#### **4.4 The responsibilities of all staff:**

- 4.4.1 Ensure that they have read and understood the policy and are able to work towards it.
- 4.4.2 Each relevant professional must ensure they adhere to their own professional code of conduct.
- 4.4.3 To work in accordance with LSW Data Protection, Confidentiality, Caldicott and Safe Haven Policy & Procedure.
- 4.4.4 To store drugs in accordance with LSW Safe and Secure Handling of Medicines.
- 4.4.5 Each professional is accountable for their own practice and must ensure that they maintain their competency through continuous professional development (CPD) and be able to demonstrate their competency as required by their individual service manager.
- 4.4.6 Ensure adequate supplies of treatment medication and health promotion materials are available for services.

#### **4.5 In addition, Chlamydia Screening staff are to:**

- 4.5.1 Ensure that all treatments, partner notification and follow-ups are monitored and recorded for audit purposes.
- 4.5.2 Ensure that services are informed when a client or partner is attending for treatment.
- 4.5.3 Supply quarterly reports to services on the volume of treatments delivered.
- 4.5.4 Order adequate supplies of TTA Azithromycin for primary care venues as needed.

#### **4.6 Responsibility of any other group / individual**

- 4.6.1 The Chlamydia Screening Programme will work with the Local Authority (Plymouth City Council) to co-ordinate treatment services outside of LSW and deliver training as required.

## **5. Chlamydia Treatment through the Plymouth Chlamydia Screening Programme**

### **5.1 Referrals**

- 5.1.1 Three attempts will be made to contact any positive clients to arrange treatment and partner notification. The case is then closed, informing the screening venue of non-contact.
- 5.1.2 All positive clients and their partners contacted by the CSP will have a treatment assessment completed over the telephone by a support worker or nurse at the CSP to provisionally assess the suitability for them to receive treatment under a PGD (Appendix B).
- 5.1.3 All Chlamydia positive clients and/or their partners will be referred to a treatment venue for free treatment.
- 5.1.4 Clients who tested positive outside of Plymouth can be seen and treated within Plymouth as per relevant PGD.
- 5.1.5 If clients are not suitable to receive their treatment through a PGD they will be referred by the CSP to their GP or a local GU clinic.
- 5.1.6 Clients who tested positive in Plymouth but are residing elsewhere will be referred to the nearest CSP to them for treatment, or to a GU clinic.

### **5.2 Confidentiality and consent**

- 5.2.1 Confidentiality is key for those young people accessing sexual health services and should be maintained at all times. The exception to this would be in the case of an under 16 who may be considered to be at risk of harm or potential harm. Individual practitioners should follow the LSW Safeguarding Children Policy.
- 5.2.2 Registered practitioners should always follow their professions specific code of practice (i.e. nurses will follow the NMC Code of Practice).
- 5.2.3 All staff should be familiar with the LSW Data Protection, Confidentiality, Caldicott and Safe Haven Policy & Procedure.
- 5.2.4 Any individual under the age of 16 years must be assessed using the Fraser guidelines as to their ability to consent to treatment (Gillick v. Wisbech & W. Norfolk Area Health Auth. 1985, 3 All ER 402 HL).
- 5.2.5 Consent is obtained after the importance of getting Chlamydia treated is explained to the client, including transmission, complications and when to get re-tested.
- 5.2.6 Consent will be documented according to the LSW Clinical Record and Note Keeping Policy.

### **5.3 Procedure for the treatment of Chlamydia**

5.3.1 The recommended treatment for Chlamydia is:

- Doxycycline 100 mg bd for 7 days (contraindicated in pregnancy) OR
  - Azithromycin 1 g in a single dose.
- (BASHH, 2014)

5.3.2 For people intolerant of these regimes or for who the treatment is contraindicated: Ofloxacin 200mg twice daily for 7 days or 400mg once daily for 7 days, or Erythromycin 500mg twice daily for 14 days may be issued by a prescriber or local GU clinic.

5.3.3 Treatment recommendations for pregnant women:

- Azithromycin 1g in a single dose\* or
- Erythromycin 500mg twice daily for 14 days or
- Amoxicillin 500mg three times a day for 7 days.

**Please note the use of Doxycycline and Ofloxacin are contraindicated in pregnancy.**

(BASHH, 2014)

5.3.4 \*The safety of Azithromycin in pregnancy and lactating mothers has not yet been fully assessed although available data indicate that it is safe. The BNF (2014) currently recommends the use of Azithromycin in pregnancy and lactation only if no alternative is available.

## **5.4 Documentation**

5.4.1 The CSP will record the treatment assessment and any referrals in their Electronic Clinical Record System.

5.4.2 Any treating service will complete a Client Management Form and return to the CSP (Appendix A).

## **5.5 Advice**

5.5.1 All clients should be offered condoms and advice on safer sex practice including details of local services.

5.5.2 Clients should be advised where and when to access full STI screening.

5.5.3 Clients should be advised to abstain from any sexual contact until they (and their partner) have been treated and seven days following treatment.

5.5.4 All clients should be advised that CSP will contact them for a follow-up in two weeks' time.

5.5.5 Clients should be recommended to undertake a test of cure (TOC) 3 months following treatment or no sooner than 6 weeks. In the case of pregnancy, a 6 weeks TOC is recommended.

## **5.6 Partners of Chlamydia positives**

5.6.1 Partner notification will be undertaken by CSP staff trained in Partner Notification. This may involve working in partnership with GU and other CSP nationally.

5.6.2 All sexual contacts in the last 6 months will be offered treatment regardless of their age and any test results. The care pathway will be the same as for the treatment of positive Chlamydia patients.

5.6.3 A sexual contact is defined as a person with whom insertive oral, vaginal or anal sex has taken place, with or without a condom.

5.6.4 National guidelines (BASHH) recommend epidemiological **treatment & testing** of all “at risk contacts” even if asymptomatic.

### **5.6.5. Women and asymptomatic men**

- The look back period is 6 months or to the last sexual contact, if no sexual contact during that time frame.

### **5.6.6 Symptomatic men**

- The look back period is one month before the commencement of symptoms or to the last sexual contact if no partners during that time frame.

5.6.7 All partners of positive clients attending for treatment will be offered a screening test and informed that they will receive their results from the CSP when they telephone them for a follow up contact.

5.6.8 A detailed care pathway for partner notification is in Appendix D.

## **5.7 Equality and Diversity**

5.7.1 Any clients requiring advice in different languages or formats e.g. Braille, will be identified at the time of screening (by the service completing the test) or within the CSP at the time of results.

5.7.2 The LSW Equality and Diversity Policy will be followed for any patients requiring treatment with additional support of translation services/signing services.

## **6. Training implications**

6.1 All new CSP staff will receive an Induction Programme.

6.2 LSW will provide access to this policy through the intranet and managers will be responsible for their staff accessing this.

6.3 All non-prescribing registered professionals delivering treatment will follow guidance within the relevant PGDs.

## **7. Monitoring Compliance and Effectiveness**

- 7.1 CSP to audit bi-annually completion of treatment assessment to ensure compliance with this policy (Appendix E).
- 7.2 The CSP will keep an up to date register of all the services able to deliver Chlamydia treatment.
- 7.3 Other services within LSW are responsible for carrying out their own audits
- 7.4 Service managers will monitor the names of individuals who are able to deliver treatments within their service.

**All policies are required to be electronically signed by the Lead Director. Proof of the e-signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

Signed: Director of Operations

Date: 23<sup>rd</sup> October 2014

# Appendix A

## Client Management Form

Date: \_\_\_\_\_

Dear CSO,

Name of Client: \_\_\_\_\_

Client ID number: \_\_\_\_\_ Date of

Birth: \_\_\_\_\_

	AZITHROMYCIN	DOXYCYCLINE	DID NOT ATTEND	DATE
He/she has been treated with				

If treating a partner of a positive, please give reference No or the name of the index positive, if known:

	YES	NO	REFUSED
If treating a partner, has a screen been offered?			
Has a screen been completed?	If yes, please give PLY No. here:		

COMMENTS: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Status: \_\_\_\_\_

**Treated at** (Please stamp or complete name and address)

**Please return completed client management form to us as soon as possible:-**  
**Chlamydia Screening Office, Cumberland Centre, Damerel Close, Devonport PL1 4JZ**

**Or email form to us at [csoplymouth@nhs.net](mailto:csoplymouth@nhs.net)**

**Tel: 01752 434865**

## Appendix B



Time:

Name:

### *Chlamydia Treatment Assessment Form for FEMALES*

Please ask the following questions:		
Were you expecting this result? Do you usually use condoms? Registered for c-card? Promote future condom use!		
Are you using any contraception? If yes what? : Date started	YES	NO
Any unprotected SI since LMP? Is there a risk of pregnancy? Any issues: LMP Date: Any EHC?	YES	NO
Breast feeding?	YES	NO
Any symptoms of Chlamydia? <ul style="list-style-type: none"> <li>• Unusual discharge for them?</li> <li>• Lower abdominal pain?</li> <li>• Bleeding between periods/after sex?</li> <li>• Stinging/burning on PU?</li> </ul> Duration of symptoms	YES	NO
Any medication? (Please ask for specific details)	YES	NO
Any allergies? (Please ask for specific details)	YES	NO
Are there any medical problems we need to know about you or have you seen your GP for anything in last 6 months?	YES	NO

APPOINTMENT		
Attending? When can they go? Text appointment details?	Registered with a GP?	
Advise abstinence until 7 days after treatment	YES	NO

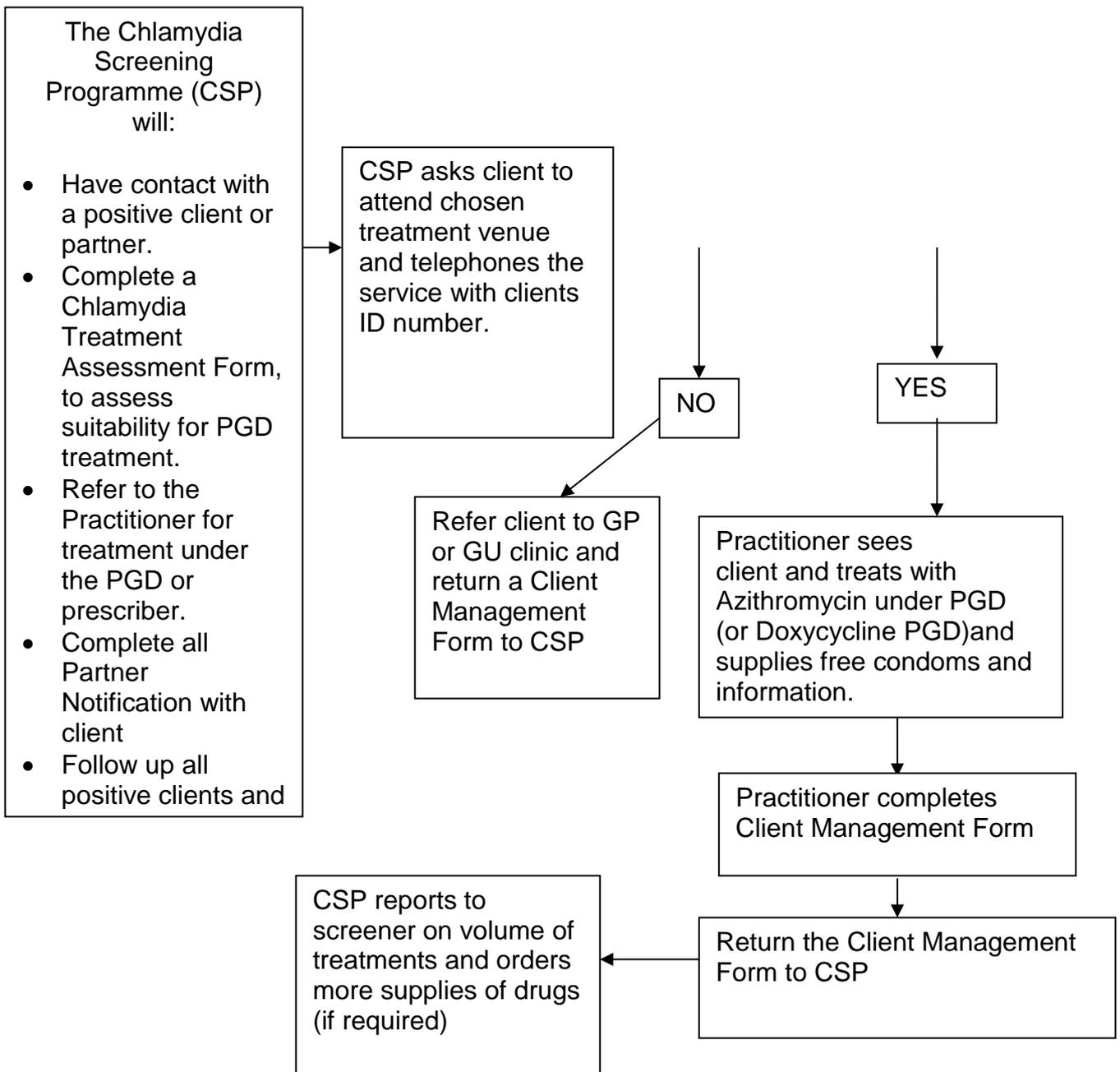
PARTNER NOTIFICATION		
Do they have a regular sexual partner?	YES	NO
Can they talk to them about their result?	YES	NO
Can you tell me in the last 6 months how many sexual partners have you had?		

***Chlamydia Partner Notification Form***

<b>CONTACT 1</b> Relationship type: Duration of relationship? Last SI: Name: Age/DOB: Address: Tel. No:	<input type="checkbox"/> Client led <input type="checkbox"/> Provider Led <input type="checkbox"/> Uncontactable <hr/> Contactable by:
<b>Any other information</b>	
<b>CONTACT 2</b> Relationship type: Duration of relationship? Last SI: Name: Age/DOB: Address: Tel. No:	<input type="checkbox"/> Client led <input type="checkbox"/> Provider Led <input type="checkbox"/> Uncontactable <hr/> Contactable by:
<b>Any other information</b>	
<b>CONTACT 3</b> Relationship type: Duration of relationship? Last SI: Name: Age/DOB: Address: Tel. No:	<input type="checkbox"/> Client led <input type="checkbox"/> Provider Led <input type="checkbox"/> Uncontactable <hr/> Contactable by:
<b>Any other information</b>	

## Appendix C

### Plymouth Chlamydia Screening Programme Practitioner Treatment Flow Chart



## Appendix D

### Partner Notification (PN)

All patients found to be Chlamydia positive as part of the Plymouth Chlamydia Screening Programme will have a partner notification carried out by a member of staff trained in this procedure, as an integral part of their treatment, management and care. This has been highlighted as an essential aspect of reducing the prevalence of Chlamydia. The programme this year aims to increase the standard 0.6 to 0.7 partners treated per index case. Nationally the standard requirement for this remains at 0.6 (BASHH, 2012)

### Objectives

- To ensure that, whenever possible, contacts of Chlamydia are informed, either by the index client or by a trained member of staff to enable them to be treated and screened and break the chain of infection.
- To ensure the client understands the infection and is able to comply with treatment and follow-up arrangements.
- To explore ways of helping the individual to reduce future risk of acquiring or transmitting a sexually transmitted infection.
- To identify the need for additional support and / or onward referral.
- To carry out an agreed follow-up to establish that contacts have been screened and treated and arrange repeat treatment, or “test of cure” of the index client as required if there has been any risk of reinfection. Test of cure is only recommended in clients who are pregnant or in cases where the treatment has not been adhered. Tests can be done 6 weeks after the completion of treatment.

### Contacts to be seen

The look back period recommended with Chlamydia infection is:

- Male index cases with urethral symptoms: all contacts since, and in the four weeks prior to, the onset of symptoms.
- All other index cases (i.e. all females, asymptomatic males and males with symptoms at other sites, including rectal, throat and eye): all contacts in the six months prior to presentation.  
(NCSP 2014)

A sexual contact is defined as a person with whom insertive oral, vaginal or anal sex has taken place, without or with a condom.

## **Partner Notification (PN)**

Obtaining a sexual history as part of PN will establish relevant contacts and whether or not they are traceable.

The client can decide, after discussion, the method by which contacts are informed:

- **Client referral**

Where they can choose face to face, phone call/text or write. Where appropriate they should be given a letter(s) for the contact to take to GP, GUM or other sexual health clinic of their choice. This letter has a tear off portion to return to the Chlamydia Screening Programme (CSP) to confirm that the contact has been seen and treated.

- **Provider referral**

When the client would prefer not to contact partners themselves, or where they report difficulties locating them, or they are located elsewhere in the UK. Referral can be made by trained nurses or the Health Adviser team at GU. Two attempts are made to contact partner through provider referral at different times/days. The case is then closed

- **Contract referral**

When a client will try to contact the person within an agreed set time period, if they are unable to do that then the practitioner can do it on their behalf.

## **Documentation**

It is important that all aspects of partner notification, action taken and outcomes are clearly documented in the patient's records (including inputting onto the electronic database, Excelicare), using locally agreed terms and in accordance to the services guidelines.

Also see:

The National Health Service Act 1977

Data protection Act 1998

The NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000.

The Manual for Sexual Health Advisers, SSHA 2004.

## **Reports / Audit**

Quarterly monitoring of PN is completed by the CSP for Plymouth City Council and for clinical audit purposes.

## Appendix E

### Audit

Audit should take place bi-annually to ensure good practice. The audit can be undertaken by Practitioners in the CSP and the results fed back to the team in a safe environment. It is vital to audit specific areas of practice.

#### Audit Trail: Compliance with completion of the treatment assessment

	YES	NO	N/A
<b>Client:</b>			
<b>CRN No.:</b>			
Is there documented evidence of diagnosed Chlamydia infection?			
<b>Partner of client diagnosed by screening:</b>			
Is there evidence of contact with an infected partner?			
<b>Female Clients:</b>			
Was LMP recorded and pregnancy ruled out?			
<b>All clients</b>			
Was there evidence that the use of contraception/condoms was discussed ?			
Is there documentation of any evidence of symptoms?			
Is there any documentation of any medications they are taking?			
Is there any documentation of allergies?			
Is there documentation of medical problems?			
Is there documentation of a discussion about partners?			
Is there documentation of the treatment venue ?			