



Leaders' Briefing: Opportunistic Chlamydia Screening of Young Adults in England

This briefing provides Public Health leaders with an overview of opportunistic chlamydia screening of young adults. It is accompanied by an evidence summary on the impact and cost effectiveness of opportunistic screening. Both are available online [here](#).

The rationale for opportunistic chlamydia screening

Chlamydia:

- is the most common bacterial sexually transmitted infection; around 2%-3% of sexually active young adults (age 16 to 24) are infected
- is often asymptomatic; around 70%-80% of young adults with chlamydia will be unaware that they have the infection
- has serious consequences if left untreated
- can be detected and treated easily, reducing the risk of complications for an individual

Opportunistic screening of young adults – where sexually active individuals without symptoms are tested for chlamydia - is therefore an essential element of local sexual health services. Public Health England recommends screening of sexually active young adults, annually or on change of partner, in a variety of settings. The **Public Health Outcomes Framework** advises local authorities to work towards a rate of at least 2,300 chlamydia diagnoses per 100,000 population aged 15 to 24 years.

Six common questions about chlamydia screening

<i>What are the health consequences of chlamydia infection?</i>	Chlamydia can cause complications including pelvic inflammatory disease (PID), ectopic pregnancy and infertility. These result in substantial healthcare system costs and considerable loss of quality of life to those affected.
<i>What proportion of infections lead to complications if untreated?</i>	Around 10%-16% of untreated chlamydia infections result in the development of clinical PID.
<i>What is the potential impact of chlamydia screening on PID and other health outcomes?</i>	Diagnosing and treating an individual's asymptomatic infection through screening reduces the duration of their infection. In turn, this reduces the chance of developing complications; a single chlamydia screen can lower the risk of developing PID within one year by around a third.
<i>What is the potential impact of screening on chlamydia transmission and prevalence?</i>	Reducing the duration of infection through treatment will reduce the time when someone is at risk of passing the infection on to others. Chlamydia screening and treatment can therefore reduce the transmission of chlamydia, and in turn reduce the prevalence of chlamydia. Mathematical models have been used to explore these effects under different scenarios.
<i>Is chlamydia screening cost-effective?</i>	Current evidence on the cost-effectiveness of chlamydia screening suggests that screening sexually active men and women under 25 years old (i.e. the NCSP screening strategy) can be cost-effective.
<i>Is chlamydia screening acceptable to young adults?</i>	Chlamydia screening has been shown to be widely acceptable to young adults in England, across a wide variety of settings.



National policy on chlamydia screening

The **Public Health Outcomes Framework** includes three sexual health indicators: chlamydia diagnoses (among 15 to 24 year olds), HIV late-stage diagnoses and under-18 conceptions. A **Framework for Sexual Health Improvement** sets out the government's ambitions for good sexual health in more detail, and provides a comprehensive package of interventions and actions to improve outcomes - including opportunistic chlamydia screening of young adults.

Chlamydia screening activity in your area

Local authorities have an opportunity to build on a decade of progress in tackling chlamydia by ensuring good quality opportunistic screening remains easily accessible to young adults. A quick way to understand the chlamydia screening activity in your area is via your local chlamydia data. The National Chlamydia Screening Programme (NCSP) publishes **quarterly and annual data** where you can compare your area data to the national average and other local authorities - including screening coverage and chlamydia diagnostic rates. The **PHE HIV & STI Web Portal** also offers registered users tools to produce detailed local analyses from several years of data. Data to inform local planning of sexual health services, including chlamydia screening services, are available in the **PHE Sexual and Reproductive Health Profiles**. Your local **Public Health England Centre** team would be happy to discuss chlamydia screening in your area.

Ensuring local return on investment

Using chlamydia screening as part of your integrated local sexual health services is an efficient way to deliver care. Chlamydia testing in non-genitourinary medicine (GUM) settings is significantly cheaper than requiring young people to attend GUM services, as costs for the simple test are much lower than for a full consultation in a GUM clinic. Ensuring that young people have access to chlamydia screening services which are integrated with a range of clinical sexual and reproductive health services including primary care and contraceptive services can allow specialist providers to focus resources on more complex and symptomatic patients, while helping to reduce the overall burden of disease. Furthermore, widespread testing increases the normalisation and de-stigmatisation of STI testing; making young people more able and willing to take responsibility for their sexual health.

Considerations for local action

NCSP guidance on achieving or maintaining a local chlamydia diagnosis rate of >2,300 per 100,000 is also available. Public health leaders may want to assure themselves that:

- local chlamydia screening activity is aligned with current guidance and standards
- their STI data provided by PHE is being used to plan commissioning
- chlamydia screening is commissioned in conjunction with other sexual health & GUM services (focused on services providing a 5% to 12% chlamydia positivity rate)

Further information

[National Chlamydia Screening Programme \(NCSP\) website](#)

[Public Health England website](#)

[NCSP Data Tables](#)

[PHE Guide to National and Local Sexual and Reproductive Health Data](#)