



UK Health
Security
Agency



GUMCAD STI Surveillance System

Clinical guidelines

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Glossary

Term	Definition
BASHH	British Association for Sexual Health and HIV
CSO	Chlamydia Screening Office
CTAD	CTAD Chlamydia Surveillance System
DHSC	Department of Health and Social Care
eSHS	Online Sexual Health Service
FGM	Female genital mutilation
GRASP	Gonococcal Resistance to Antimicrobials Surveillance Programme
GUMCAD	GUMCAD STI Surveillance System
HARS	HIV and AIDS Reporting Section
HCW	Health care worker
HSDE	HIV and STI Data Exchange
KC60	STI surveillance codes (retired during 2011)
LA	Local Authority (including unitary authorities)
LOA	Lower Super Output Area
MSM	Men who have Sex with Men
NAAT	Nucleic Acid Amplification Test
NCSP	National Chlamydia Screening Programme
Non-Specialist	Non-Specialist Level 1 and 2 sexual health service (including SRH, young persons, enhanced GPs and other sexual health services)
ONS	Office for National Statistics
PHE	Public Health England (now UKHSA)
PHEC	Public Health England Centre
PN	Partner Notification
PrEP	HIV pre-exposure prophylaxis
PSS	Patient software systems
READ	National clinical terms codes
SHS	Sexual Health Services – including 'face-to-face' clinics and 'online' services

Term	Definition
SNOMED CT	Systematized Nomenclature of Medicine, Clinical Terms – STI surveillance codes
Specialist	Specialist Level 3 sexual health service (including GUM and integrated GUM and SRH services)
SHHAPT	Sexual Health and HIV Activity Property Types – STI surveillance codes (introduced in 2011)
SR	Sexual Risk
SRH	Sexual and Reproductive Health
UKHSA	UK Health Security Agency (previously PHE)

1. Introduction

The Department of Health and Social Care (DHSC) and Local Authorities (LAs) require information from specialist (Level 3) and non-specialist (Level 2) services* commissioned to provide sexual health services. For effective control of sexually transmitted infections (STIs), data are required on the provision of:

- sexual health services
- diagnoses made
- sexual behaviour
- outcomes of partner notification
- HIV pre-exposure prophylaxis (PrEP)

*Specialist (Level 3) and non-specialist (Level 2) services are described in [Table 1](#).

Data will be reported to UK Health Security Agency (UKHSA) via the GUMCAD STI Surveillance System Dataset (GUMCAD) (ISB 0139), as outlined in this document. UKHSA has responsibility for collating GUMCAD data and providing epidemiological and public health updates on STI diagnoses and the provision of STI-related services to DHSC, LAs and all those involved in health protection. This enables informed planning and allocation of resources at national, regional and local levels.

This document provides detailed guidance to frontline staff of commissioned NHS specialist (Level 3) and non-specialist (Level 2) sexual health services (SHS) to facilitate the recording and reporting of GUMCAD data in England.

This document should be read in its entirety to ensure that all data requirements are fully understood.

2. Background

GUMCAD is the primary surveillance system for STIs in England. It was originally established in 2008 as a replacement for the KC60 Report, a paper-based report containing aggregated service-level data. The current version of GUMCAD is the third version in a series of surveillance improvements.

Genitourinary Medicine Clinic Activity Dataset (GUMCADv1) 2008 to 2011, replacing the KC60 report – data was originally required by Level 3 specialist (GUM) services only.

Genitourinary Medicine Clinic Activity Dataset (GUMCADv2) 2012 to 2019 – GUMCADv1 service coverage was expanded in 2012 to also include data from commissioned Level 2 non-specialist (non-GUM) services.

GUMCAD STI Surveillance System (GUMCADv3) 2019 onwards – surveillance coverage was expanded in 2018 to include:

- sexual behaviour
- alcohol and recreational drug use
- outcomes of partner notification
- the provision of PrEP
- SNOMED CT – STI surveillance coding

Detailed technical guidance for data managers and software providers of sexual health services is available on the [GUMCAD STI Surveillance System](#) website.

3. GUMCAD overview

3.1 Mandatory requirement

Every non-specialist (Level 2)* and specialist (Level 3) sexual health service is required, by law, to generate a quarterly GUMCAD extract of patient consultations (attendances)** relating to a Sexual Health and HIV episode of care – covering STI tests, diagnoses, sexual behaviour, partner notification outcomes and the provision of PrEP. The list of GUMCAD data items and related coding specifications are shown in Appendices [1 to 9](#).

*GPs that are commissioned to provide Level 2 Sexual Health services (enhanced GPs), are no longer required to submit GUMCAD on a mandatory basis – however, submissions can be made on a voluntary basis if required. Enhanced GPs should contact their service commissioner to determine whether they are required to make voluntary submissions. Any enhanced GPs that wish to make voluntary submissions will need to provide their own GUMCAD reporting software.

**Sexual health services providing STI and SRH care should include all consultations in their GUMCAD data extract; consultations solely for SRH services should be included in the extract and recorded as ‘SRH Care’ via data item ‘Consultation_Speciality’ – [see section 4.14](#).

Please note that the following descriptors relate to UKHSA surveillance systems, which may not reflect how they are presented in the clinic’s Patient Software Systems.

If you require any further guidance please contact gumcad@phe.gov.uk

Physical clinics

Only dedicated STI clinics should be registered to report GUMCAD – Satellite clinics should not be registered.

Dedicated clinic

A clinic with its own dedicated sexual health premises, providing Level 2 or Level 3 STI care, that is (generally) open Monday to Friday and is (generally) accessible by all members of the public*. Each dedicated clinic should be registered to report GUMCAD. Dedicated clinics may also be referred to as ‘Hub’ or ‘Spoke’.

*A GP commissioned to provide Level 2 STI care would be classified as a dedicated clinic.

Satellite clinic

A clinic provided by a dedicated clinic that is hosted at different premises not dedicated to sexual health, that is open infrequently and may be targeted at a specific patient group, for example a dedicated clinic sets-up a satellite clinic at a local college which is open one evening a week and is targeted at college students*. Satellite clinics should not be registered to report GUMCAD – Satellite data should be included in the submission of, and reported by, the managing dedicated clinic. Satellite clinics may also be referred to as ‘Outreach’, ‘Bespoke’ or ‘Pop-up’.

*GP premises that are used by a dedicated clinic to host STI care would be classified as a satellite clinic.

eSHS (online or internet Sexual Health Services)

Only dedicated eSHS should be registered to report GUMCAD – Satellite eSHS should not be registered.

Dedicated eSHS

An online service that is providing STI care to asymptomatic and symptomatic patients via online consultations only and is (generally) accessible by a specific patient residence only*. Each dedicated eSHS should be registered to report GUMCAD.

*A dedicated eSHS and their specified patient residence would be defined by the managing commissioner or commissioning group.

Satellite eSHS

An online service provided by a dedicated (physical) clinic that is also providing STI care via standard face-to-face consultations. Satellite eSHS should not be registered to report GUMCAD – Satellite eSHS data should be included in the submission of, and reported by, the managing dedicated (physical) clinic.

Please refer to [section 4.13](#) for details on consultation medium. Further guidance on eSHS is available on the on the [GUMCAD and CTAD: data submission for STI self-sampling services](#) document.

Please note that this is a general, not a definitive, description of dedicated and satellite services. Levels of service are with reference to STI care only (clinics may also be offering full SRH care). If you require any further guidance please contact gumcad@phe.gov.uk

Integrated care

Integrated care is a clinic offering:

- Level 2 STI and SRH care at the same clinic – such as, a patient would only need to be referred to another clinic to access Level 3 STI care
- Level 3 STI and SRH care at the same clinic – such as, a patient would not need to be referred to another clinic to access any aspect of STI care

Please note that the term 'Integrated care' should not be used to describe:

- commissioning of separate STI and SRH clinics (based at separate premises) within the same area
- separate STI and SRH clinics (based at separate premises) that share a patient software system

If you require any further guidance please contact gumcad@phe.gov.uk

Sexual health service level

Please ensure that you correctly identify your sexual health service level (see [Table 1](#) below), which informs the clinic_type ([section 4.2](#)) to be registered at UKHSA. Services that are incorrectly registered may inadvertently affect the national reporting of STI data (also see [section 5.2](#) on CTAD).

Table 1: Definition of sexual health service levels

Sexual health services provided (summary*)	Level of service		
	1 (Non-specialist)	2 (Non-specialist)	3 (Specialist)
Sexual history taking and risk assessment	✓	✓	✓
Signposting to appropriate sexual health services	✓	✓	✓
Chlamydia screening (opportunistic screening in sexually active asymptomatic males and females under the age of 25)	✓	✓	✓
STI testing and treatment of asymptomatic infections (excluding gonorrhoea and syphilis) in women and men (except MSM)	✓	✓	✓
Partner notification of STIs or onward referral for partner notification	✓	✓	✓
HIV testing (including pre-test discussion and giving results)	✓	✓	✓
Point of care HIV testing (validated and rapid HIV test, with positive results confirmation or referral for confirmation)	✓	✓	✓
Appropriate screening (hepatitis B and hepatitis C) and vaccination (hepatitis B) in at-risk groups	✓	✓	✓
Sexual health promotion (provision of verbal and written sexual health promotion information)	✓	✓	✓
Condom distribution	✓	✓	✓
Assessment and referral for psychosexual problems	✓	✓	✓
STI testing and treatment of symptomatic but uncomplicated infections (including gonorrhoea) in women and men (except MSM)	✗	✓	✓
STI testing and treatment of MSM	✗	✗	✓
STI testing and treatment of men with dysuria and genital discharge	✗	✗	✓
STI testing and treatment of STIs at extra-genital sites	✗	✗	✓
STIs with complications	✗	✗	✓
STIs in pregnant women	✗	✗	✓
Gonorrhoea cultures and treatment of gonorrhoea	✗	✗	✓
Recurrent conditions	✗	✗	✓
Recurrent or recalcitrant STIs and related conditions	✗	✗	✓

Sexual health services provided (summary*)	Level of service		
	1 (Non-specialist)	2 (Non-specialist)	3 (Specialist)
Management of syphilis and blood borne viruses	x	x	✓
Tropical STIs	x	x	✓
Specialist HIV treatment and care	x	x	✓
Provision and follow up of HIV post exposure prophylaxis (PEP)	x	x	✓
STI service co-ordination across a sexual health network	x	x	✓

✓	Sexual health service provided
x	Sexual health service not provided

*Please review the full BASHH guidance [Standards for the management of sexually transmitted infections \(STIs\)](#).

3.2 Time period

Data extracts should cover one calendar quarter as in:

- Q1 – 1 January to 31 March
- Q2 – 1 April to 30 June
- Q3 – 1 July to 30 September
- Q4 – 1 October to 31 December

3.3 Frequency

Data extracts should be submitted within 6 weeks after the end of each quarter. UKHSA will notify reporters of each deadline with at least 2 weeks' notice.

GUMCAD submission deadlines are available on the [GUMCAD STI Surveillance System](#) website.

Late submissions may not be included in quarterly reports to local authority commissioners and DHSC. If you are concerned that your submission may be late, please contact the GUMCAD team as soon as possible at gumcad@phe.gov.uk

3.4 Format

Data extracts should be formatted into a single comma-delimited CSV file. All data items should be positioned and labelled as defined in [Appendix 2](#). An example of the CSV file is shown in [Appendix 5](#).

In reference to the CSV file:

- PSS should automatically extract GUMCAD data in the required CSV format
- CSV files should be opened in Notepad or another suitable CSV reader – see [section 3.7](#)
- CSV files that are opened in Microsoft Excel will automatically convert number values exceeding 11 digits into a scientific format whereby the original code may become unreadable and cause data to be rejected

3.5 Filename

Data extracts should be clearly labelled to ensure they can be easily identified.

Filenames should follow the format of CCCCC_QN_YYYY.csv, for example RHP12_Q4_2018.csv.

In the filename:

- CCCCC is the ClinicID
- N (in relation to Q) is the calendar quarter number (between 1 to 4)
- financial quarters are not valid
- YYYY is the year (of the Consultation_Date)

PSS should automatically extract GUMCAD data with the required filename.

3.6 Data submission

Data extracts should only be submitted to UKHSA using the [HIV and STI Data Exchange \(HSDE\)](#). The HSDE enables data to be submitted in a secure manner across the internet using the Transport Layer Security (TLS) method of communication.

The HSDE is UKHSA's new web based system that will be replacing the previously used [HIV and STI Web Portal \(HSWP\)](#). The replacement of the HSWP will be completed in stages – therefore the new HSDE is currently used for the submission of data for GUMCAD and GRASP only – the submission of data for CTAD and HARS should continue to be managed using the HSWP.

Data should only be submitted once all data entry is complete. Care should be taken to ensure that incomplete data are not submitted – even where this results in the submission being late.

Requests for user accounts for the HSDE should be sent to: gumcad@phe.gov.uk

3.7 Coding and formatting

The coding and formatting of the required data items are shown in Appendices [1 to 9](#). All data items specified are defined using the NHS Data Dictionary and SNOMED CT.

PSS should automatically extract GUMCAD data with the required coding and formats.

SNOMED

All NHS primary care services (including sexual health services) are expected to be SNOMED compliant (as of April 2020). Therefore, GUMCAD episode activity data should now be reported using SNOMED codes (instead of SHHAPT or READ codes). However, UKHSA will continue to accept SHHAPT and READ codes in GUMCAD extracts to facilitate ongoing SNOMED implementation; SHHAPT and READ codes will be retired once SNOMED implementation is complete and all sexual health services are reporting SNOMED codes.

Please note that SNOMED codes should be reported as text values (not as numerical values). This is to ensure the integrity of SNOMED codes that exceed 11 digits in length. CSV files that are opened in Microsoft Excel will automatically convert number values exceeding 11 digits into a scientific format, whereby the original code may become unreadable and cause data to be rejected. For example, 831000119103 may be converted to 831000000000 or 8.31E+11 – see sections [4.11](#) and [4.17](#).

CSV files should be opened in Notepad or another suitable CSV reader.

3.8 Sexual health and HIV episodes

A sexual health and HIV episode is defined in the [NHS Data Model and Dictionary](#) as follows:

A [Sexual Health and HIV Episode](#) is an [activity group](#).

A [Sexual Health and HIV Episode](#) is an episode of care, under one [Health Care Provider](#), comprising of one or more attendances, where a [consultant](#) has overall responsibility for the [patient](#) who attends for screening, diagnosis and management of sexually transmissible infections and related conditions. The patient may be seen by other [care professionals](#), during the same care episode, who are working on behalf of the [consultant](#).

The episode starts on the date the [patient](#) first sees or is in contact with a [care professional](#) in respect of a [referral request](#) from either a [Health Care Provider](#) or a self-referral. The episode ends when either the [patient](#) is formally discharged or has not had face-to-face contact with the [service](#) for at least 6 weeks.

Each [Sexual Health and HIV Episode](#) may be for one or more [sexual health related activity](#) which should be recorded once per [sexual health and HIV episode](#) – with the exception of HIV-related care which can be recorded at every attendance.

3.9 Patient Software Systems (PSS)

PSS for sexual health services should include a data extraction tool that is configured to report GUMCAD data – see [Appendix 2](#).

The full [GUMCAD data specification and technical guidance](#) is available at the [GUMCAD STI Surveillance System](#) website.

4. Data requirement, collection and entry

This section describes the data required, at what stage in the episode of care the data can be collected and when it needs to be data entered – please see [Appendix 2](#) for all code options.

GUMCAD STI surveillance covers 7 distinct aspects of an episode of care:

Clinic of attendance: Information about the clinic or service where the patient is accessing care. Data should be completed automatically by PSS when GUMCAD data are extracted for submission.

Patient demographics: Information about the patient. Data would generally be collected once at patient registration and data entered by reception staff.

Patient episode: Information about the patient's consultation relating to testing and diagnosis.

Data would generally be collected at the first patient consultation by clinical staff – data entry may happen during the patient consultation or as soon after as possible.

Data entry need only be completed when relevant to the patient consultation, that is if the patient hasn't been diagnosed with an STI, all questions relating to diagnosis should be reported as 'Not Applicable'.

PSS should automatically report the data default 'Not Applicable' for unanswered questions.

Sex partners: Information about the patient's sexual partners.

Data would generally be collected at the first patient consultation by clinical staff – data entry may happen during the patient consultation or as soon after as possible. Data entry need only be completed when relevant to the patient consultation, that is if the patient has only had opposite sex partners all questions relating to same sex partners should be reported as 'Not Applicable'. PSS should automatically report the data default 'Not Applicable' for unanswered questions.

Partner notification: Information relating to the initiation of partner notification follow-up.

Data would generally be collected at the first patient consultation by clinical staff – data entry may happen during the patient consultation or as soon after as possible. Data entry need only be completed when relevant to the patient consultation, that is if the patient has not been diagnosed with an STI requiring PN or PN cannot be carried out, associated questions should be reported as 'Not Applicable'. PSS should automatically report the data default 'Not Applicable' for unanswered questions.

HIV pre-exposure prophylaxis: Information relating to the provision of PrEP.

Data would generally be collected at the first patient consultation by clinical staff – data entry may happen during the patient consultation or as soon after as possible. Data entry need only be completed when relevant to the patient consultation, that is if the patient is not eligible for or not receiving PrEP. Associated questions should be reported as 'Not applicable' or 'Not asked'. PSS should automatically report the data default 'Not applicable' or 'Not asked' for unanswered questions.

Alcohol and drug use: Information relating to the patient's alcohol and recreational drug use.

Data would generally be collected at the first patient consultation by clinical staff – data entry may happen during the patient consultation or as soon after as possible. Data entry need only be completed when relevant to the patient consultation, that is if the patient has not been assessed for alcohol use and has not used recreational drugs, associated questions should be reported as 'Not applicable' or 'Not asked'. PSS should automatically report the data default 'Not applicable' for unanswered questions.

Clinic of attendance

4.1 Clinic ID

ClinicID

Each SHS reporting GUMCAD data must be clearly identified using a unique clinic identifier (ID) – see [Appendix 1](#) for further details.

Clinic IDs are issued by the [Organisation Data Service \(ODS\)](#).

Access to the ODS portal requires a [HSCN connection](#) (previously N3).

UKHSA are not able to issue a clinic ID on behalf of a clinic or service.

Only one clinic ID code is permitted per GUMCAD submission.

PSS should automatically report your clinic ID code when GUMCAD data are extracted for submission.

4.2 Clinic type

Clinic_Type

Each SHS reporting GUMCAD data must be clearly identified in relation to the type of service they are, and the [Sexual Health Service Level](#) they are commissioned to provide – see [section 3.1](#) and [Table 2](#) below.

Sexual health service levels are defined by [BASHH Standards for the management of sexually transmitted infections \(STIs\)](#).

UKHSA are not able to define a clinic type on behalf of a service.

Clinic type may change over time – the current clinic type should be reported for all records within the current quarterly data extract, that is if the Clinic_Type changed in February, all Q1 data (January to March) should be reported in relation to the new Clinic_Type.

PSS should automatically report your clinic type code when GUMCAD data are extracted for submission.

Table 2: Sexual health services by Clinic_Type

Sexual health service	Clinic_Type
Specialist STI services (GUM)	01 – Specialist – Level 3
Integrated Specialist STI and SRH services (GUM and SRH)*	01 – Specialist – Level 3

Sexual health service	Clinic_Type
Integrated Non-specialist STI and SRH services (STI and SRH)	02 – SRH Level 2
SRH Services	02 – SRH – Level 2
eSHS (Online or internet Sexual Health Services)	03 – Online – Level 2
Enhanced GPs	04 – GP – Level 2
Prison Service	05 – Prison – Level 2
Young People’s Services, for example Brook clinics	10 – Other – Level 2
Other Sexual Health Services for example outreach programmes, termination of pregnancy services, Terrence Higgins Trust	10 – Other – Level 2

*Please refer to the [Integrated Sexual Health Services: A suggested national service specification](#), August 2018.

Patient demographics

4.3 Patient ID

PatientID

Each patient attending a sexual health service must be clearly identified using a unique patient ID.

PSS should automatically assign a patient ID at patient registration.

4.4 Patient type

Patient_Type

Is the patient currently a prisoner or an active sex worker?

Consultations where the patient is classified as a prisoner or sex worker must be clearly identified.

A patient can only be reported as one patient type per consultation date. If the patient can be classified as a sex worker and a prisoner – please prioritise (and report) 'prisoner' as the patient type.

PSS should default data entry to 'Not Applicable' for patients who are neither a prisoner nor a sex worker.

4.5 Gender

Gender_Identity

What is the patient's gender identity?

Gender identity should be specified by the patient at registration with reference to the patient's current gender identity – see Appendices [1](#), [2](#), [3](#) and [10](#) for further details.

Gender identity can be changed at any time to reflect changes in gender identity after patient registration. Care should be taken to ensure that gender identity is recorded for every patient.

PSS may default data entry to 'not known'; it is important that this is updated.

Gender-identity options have been updated to accommodate transgender and non-binary gender identities. For example, the gender identity of a transgender man would be coded as 'Male – including trans man'.

Gender_Birth

Is the patient's gender identity the same as their gender assigned at birth (Yes or No)?

Gender at birth should be specified by the patient at registration – see Appendices [1](#), [2](#), [3](#) and [10](#) for further details.

The response to 'Gender at birth' can be changed at any time to reflect changes in gender identity after patient registration.

PSS should default data entry to 'Yes – gender identity is the same as gender assigned at birth'. The default should be updated as required. For example, the gender at birth of a transgender man would be coded as 'No – gender identity is not the same as gender assigned at birth'.

4.6 Age

Age

What is the patient's age?

Date of birth should be recorded at patient registration – see [Appendix 1](#) for further details. PSS will calculate age using date of birth and the consultation date.

The patient's date of birth is not reported to UKHSA.

4.7 Sexual orientation

Sex_Ori

What is the patient's sexual orientation?

Each patient should have a single sexual orientation recorded on their patient record at registration or during the patient consultation as part of the discussion of their sexual history – see Appendices [1](#), [2](#) and [3](#) for further details.

Care should be taken to ensure that a sexual orientation is recorded for every patient. PSS may default data entry to 'not known' – it is important that this is updated.

A patient's sexual orientation can be different from their sexual risk. For example, a patient may define their sexual orientation as heterosexual, but they may still report having a sexual risk with a person of the same sex – see sections [4.21](#), [4.22](#) [4.23](#) for reporting data on sexual risk (opposite sex and same sex partners).

Detailed guidelines on how to take a sexual history have been developed by BASHH and should be followed closely using the [2019 UK National Guideline for consultations requiring sexual history taking: Clinical Effectiveness Group British Association for Sexual Health and HIV](#).

4.8 Ethnicity

Ethnicity

What is the patient's ethnicity?

Ethnicity should be specified by the patient at registration – see Appendices [1](#), [2](#) and [3](#) for further details.

Care should be taken to ensure that ethnicity is recorded for every patient. PSS may default data entry to 'not known' – it is important that this is updated.

4.9 Country of birth

Country_Birth

What country was the patient born in?

Country of birth should be specified by the patient at registration – see [Appendix 1](#) for further details.

Care should be taken to ensure that country of birth is recorded for every patient. PSS may default data entry to 'not known' – it is important that this is updated.

4.10 Patient residence

LA

Which local authority (LA) does the patient live in?

Postcode of residence should be recorded at patient registration (as part of the full patient address) – see [Appendix 1](#) for further details.

PSS will calculate LA using the postcode of residence.

The postcode of the sexual health service should not be used where a patient's postcode is not known (it should be reported as 'not known').

The patient's postcode is not reported to UKHSA.

LSOA

Which Lower Layer Super Output Areas (LSOA) does the patient live in?

Postcode of residence should be recorded at patient registration (as part of the full patient address) – the postcode is then used to calculate LSOA (of patient residence).

PSS will calculate LSOA using the postcode of residence.

The postcode of the sexual health service should not be used where a patient's postcode is not known (it should be reported as 'not known').

The patient's postcode is not reported to UKHSA.

Patient episode

It is only necessary to provide answers to questions which are relevant to the patient consultation – that is if the patient hasn't been diagnosed with an STI all questions relating to a diagnosis do not need to be answered and should be reported as 'Not Applicable'.

PSS should automatically report the data default 'Not Applicable' for unanswered questions.

4.11 Consultation referral

Source of referral (Consultation_Referral)

What is the referral source of the patient consultation. For example, has the patient been referred by their GP?

The source of the patient consultation should be specified by the patient at each new consultation – see Appendices [1](#), [2](#) and [3](#) for further details.

PSS should default data entry to 'self-referral'. The default should be updated as required.

Consultation_Referral is reported using SNOMED codes and should be reported as a text value (not as a numerical value) – see [section 3.7](#) for further details.

4.12 Consultation date

Consultation date (Consultation_Date)

The date of the patient's consultation.

A consultation would be classified by a single date (of attendance) – see Appendices [1](#) and [9](#) for further details.

Dates should be in the format YYYY-MM-DD, for example the 31 of December 2018 would be 2018-12-31.

4.13 Consultation medium and type

Consultation medium (Consultation_Medium)

Is the consultation being conducted face-to-face, online* or over the telephone?**

Each consultation date should have a single consultation medium type.

PSS should default data entry based upon the SHS type. For example, a 'face-to-face' clinic should default to 'face-to-face' and an 'online' service should default to 'online'. The default should be manually updated as required.

*Consultations conducted via a video call (web-cam) should be coded as 'online'.

**Face-to-face, online and telephone consultations can all be reported with or without an 'Episode_Activity' code as required – see [section 4.17](#).

Consultation type (Consultation_Type)

Is this a 'new' or 'follow-up' consultation?

The consultation type should be defined by the health care worker in relation to the reason for the patient consultation – an episode of care can be as long or short as required.

Consultation type can be:

- new – PSS should default data entry to ‘new’ for
 - new patient registrations
 - rebook consultations where the last consultation was more than 6 weeks ago
 - new consultations would typically be reported with an ‘Episode_Activity’ code*
- follow-up – PSS should default data entry to ‘follow-up’ where
 - the last consultation was less than 6 weeks ago
 - follow-up consultations would typically be reported without an ‘Episode_Activity’ code*

*New and follow-up consultations can both be reported with or without an ‘Episode_Activity’ code as required – see [section 4.17](#).

Please note that the 6-week period quoted above is in relation to default data entry in PSS only. It should not be taken as an indication that an episode of care must be 6 weeks in length. The data defaults stated above can be manually changed as required. For example, consultations for the further treatment of a previously diagnosed episode of genital warts may be more than 6 weeks apart – therefore the PSS data default of ‘new’ should be manually changed to ‘follow-up’.

4.14 Consultation speciality

Speciality of the services provided (Consultation_Speciality)

What sexual health speciality best defines the services provided at the consultation?

Each consultation should have a single consultation speciality type – see Appendices [1](#), [2](#) and [8](#) for further details.

PSS should automatically default to ‘STI care’ to minimise data entry requirements. The default should be manually updated as required.

The consultation speciality could be defined based upon the ‘Episode_Activity’ coding recorded at each consultation, as follows:

- STI* coding only = STI care

- STI* and HIV*** care coding = STI care
- STI* and SRH** coding = Integrated STI and SRH care
- SRH** coding only = SRH care
- HIV*** care coding only = HIV care

*All GUMCAD episode activity codes constitute STI related coding (even where GUMCAD and SRHAD activity overlap) – see [section 5.4](#) for further details.

**GUMCAD does not include coding for Sexual and Reproductive Health (SRH) care – SRH coding can be identified via the SRHAD report – see [section 5.4](#) for further details.

***HIV care can be identified via SNOMED 504871000000109 or SHHAPT H2.

Please note that consultation speciality ‘SRH’ replaces the retired SHHAPT code ‘SRH’ (and will be used to inform calculations for HIV test uptake and coverage) – see [Appendix 8](#) for further details.

4.15 Consultation via partner notification

Partner notification consultation (Consultation_PN)

Is the patient attending as a result of partner notification follow-up (‘Yes’ or ‘No’)?

Consultations that are a result of partner notification should be identified as ‘Yes – the patient is attending as a result of PN follow-up’. Consultations identified as ‘Yes’ can be reported with or without ‘Episode_Activity’ codes for partner notification (exposure), testing or diagnosis – see [Appendix 7](#) for further details.

PSS should default data entry to ‘No – the patient is not attending as a result of PN follow-up’. The default should be manually updated as required.

4.16 Consultation symptomatic

STI symptoms (Consultation_Symptomatic)

Does the patient have symptoms of an STI (‘Yes’ or ‘No’)?

Consultations for patients who are attending because they have symptoms of an STI must be clearly identified.

The presence of symptoms should be defined by the patient. The presence of symptoms should be reported even when an STI is not subsequently diagnosed.

PSS should default data entry to 'No – the patient is asymptomatic'. The default should be manually updated as required.

Consultations identified as 'Yes – the patient is symptomatic' would typically be reported with 'Episode_Activity' codes for testing and diagnosis.

4.17 Episode activity

Services provided (Episode_Activity)

What sexual health services were provided at the consultation (episode activity covering testing, diagnosis and vaccination)?

Please note that:

Episode activity should be reported using SNOMED, SHHAPT or READ codes – see Appendices [3](#), [6](#), [7](#) and [9](#) for further details. All NHS services should now be SNOMED compliant. SHHAPT and READ codes will continue to be accepted to facilitate ongoing SNOMED implementation – see [section 3.7](#) for further details.

SNOMED codes should be reported as a text value (not as a numerical value) – see [section 3.7](#) for further details. Episode activity should only be reported once per episode of care – with the exception of HIV related care which can be reported as often as required. Multiples of the same episode activity code can be reported for diagnoses of multi-site infections (genital, ocular, pharyngeal and or rectal infections) – see [section 4.19](#) for further details. 'Test of cure' should not be coded or reported in GUMCAD.

4.18 Diagnosis confirmed

Confirmation of diagnosis (Diagnosis_Confirmed)

Has the diagnosis been confirmed? See Appendices [1](#), [2](#), [3](#), [6](#) and [7](#) for further details.

Each episode activity code relating to a diagnosis should indicate the status of the diagnosis as:

- confirmed (at this service)
- confirmed elsewhere (at a different service)
 - diagnoses confirmed elsewhere were previously reported using the SHHAPT X suffix which has now been retired – see [Appendix 8](#) for further details
 - only diagnoses made recently at another service in the UK should be coded:
 - a recent STI diagnosis made in the last 6 weeks
 - a recent HIV diagnosis where the patient has not accessed HIV care since their diagnosis (which may be more than 6 weeks ago)
 - patients who are known HIV positive and who are transferring their existing HIV care to a new service should not be coded as a 'new HIV diagnosis confirmed elsewhere' – they should only be coded as receiving HIV care (at the new service)
- initial reactive
 - initial reactive results for HIV, syphilis and hepatitis should only be reported by dedicated eSHS (online services)
 - patients with an initial reactive result would be referred to face-to-face services for confirmatory testing
- face-to-face services do not need to report initial reactive results
 - face-to-face services that also operate a joint satellite eSHS (online service) only need to report confirmed results – they do not need to report initial reactive results from their own satellite eSHS
 - joint face-to-face and satellite eSHS (online services) should make a single (combined) GUMCAD submission (containing face-to-face and online consultations)

PSS should default data entry to:

- 'Confirmed' for episode activity codes relating to a diagnosis
- 'N/A' for episode activity codes not related to a diagnosis

For example, an episode activity code relating to a test should default to 'N/A'. The default should be manually updated as required.

4.19 Diagnosis site

Diagnosis site of infection (Diagnosis_Site)

What was the anatomical site of the diagnosis?

Sites of infection are classified as:

- genital
- ocular
- pharyngeal
- rectal
- other

An episode activity code should be reported for each site of infection diagnosed. For example, a genital, rectal and pharyngeal diagnosis of chlamydia would be coded 3 times with the same Episode_Activity code, but each with a different code for Diagnosis_Site.

Diagnoses made via pooled sampling where the diagnosis site cannot be determined should be reported as 'Genital'.

PSS should default data entry to:

- please see [Appendix 4](#) for the default specified for each episode activity code relating to a diagnosis
- 'N/A' for episode activity codes not related to a diagnosis

For example, an episode activity code relating to a test should default to 'N/A'. The default should be manually updated as required.

4.20 Diagnosis treated

Diagnosis_Treated

Was the diagnosis treated (yes or no)?

Each episode activity code relating to a diagnosis should indicate whether treatment was provided ('Yes' or 'No'). The provision of treatment should be reported even when the patient does not complete the course of treatment.

PSS should default data entry to:

- 'Yes' (treatment was provided) for episode activity codes relating to a diagnosis

- 'N/A' for episode activity codes not related to a diagnosis

For example, an episode activity code relating to a test should default to 'N/A'. The default should be manually updated as required.

Sex partners

A patient's sexual risk can be different from their sexual orientation. For example, a patient can define their sexual orientation as Gay or Lesbian, but also report a sexual risk with a person of the opposite sex (such as a gay man reporting a sexual risk with a woman) – see [section 4.7](#) for reporting data on sexual orientation. If a patient has had opposite sex partners and same sex partners in the last 3 months, both sets of questions should be answered.

Transgender and non-binary patients should answer the set of questions that they feel most comfortable with. We would not expect a patient to be asked questions that could cause discomfort or offence. For example, a transgender woman with male sex partners can answer the questions about opposite sex partners or same sex MSM partners in accordance with their wishes.

It is only necessary to provide answers to questions which are relevant to the patient consultation. If the patient has only had opposite sex partners it is only necessary to answer questions about opposite sex partners, all other questions relating to same sex partners should be reported as 'Not Applicable'. PSS default data entry to 'Not Applicable' for unanswered questions.

Some useful definitions of sexual behaviour terminology are provided below. These definitions should be followed closely to ensure consistency in data reporting.

Sex partners: People who have had vaginal, anal or oral sex together.

New sex partners: people who have had vaginal, anal or oral sex together for the first time, that is they have never had sex together before.

Condomless sex: Have people have vaginal, oral and or anal sex without using a condom?

Yes – they had condomless sex, that is a condom was not used.

No – they did not have condomless sex, that is a condom was used.

Vaginal sex: A penis being inserted into a sex partner's vagina.

Anal sex: A penis being inserted into a sex partner's anus (rectum or back passage).

Insertive anal sex: A person inserts their penis into a sex partner's anus.

Receptive anal sex: A sex partner inserts their penis into a person's anus.

Oral sex: A person places their mouth on a sex partner's anus and or genital area and or the sex partner places their mouth on a person's anus and or genital area.

Genital area: The penis or vagina.

4.21 Opposite sex partners (OSP)

The number of OSP* (OSP)

How many opposite sex partners has the patient had in the last 3 months?

*New OSP (OSP_New)

Were any of these new sex partners ('Yes' or 'No')?

Condomless sex (OSP_CL)

Did the patient have condomless oral, vaginal or anal sex the last time they had sex ('Yes' or 'No')?

4.22 Same sex partners – male (MSM)

The number of MSM partners (MSM)

How many MSM sex partners has the patient had in the last 3 months?

HIV positive partners (MSM_HIV_Pos)

Did the patient have receptive or insertive anal sex with a known HIV positive sex partner in the last 3 months ('Yes' or 'No')?

Condomless sex (MSM_CL)

Did the patient have condomless receptive or insertive anal sex in the last 3 months ('Yes' or 'No')?

Condomless receptive sex (MSM_CL_Rec)

Did the patient have condomless receptive anal sex in the last 3 months ('Yes' or 'No')?

4.23 Same sex partners – female (WSW)

The number of WSW partners* (WSW)

How many WSW sex partners has the patient had in the last 3 months?

*New WSW partners (WSW_New)

Were any of these new sex partners ('Yes' or 'No')?

Partner notification

Patients diagnosed with an STI should be offered partner notification (PN) follow up, so their sex partners can be contacted and offered STI testing.

The [BASHH Statement on Partner Notification for Sexually Transmissible Infections](#) should be followed closely.

4.24 Partner notification (PN)

All PN data items should be updated for episode activity codes relating to a diagnosis where PN was initiated – see Appendices [1](#), [2](#), [3](#), [6](#) and [7](#) for further details.

Some useful definitions of PN follow-up are:

- index patient – the patient initially diagnosed with an STI

- contacts – the sex partners of the index patient who can be contacted to inform them of risk of infection (a sex partner is defined as contactable if the index patient is able and willing to contact them or permits a HCW to contact them on their behalf)
- look-back-interval – the time during which the index patient may have been infectious and may have transmitted infection to their sex partners or contacts (included in the BASHH guidelines – link above)

These definitions should be followed closely to ensure consistency in data reporting.

It is only necessary to provide answers to questions which are relevant to the patient consultation. If the patient has not been diagnosed with an STI it not necessary to answer these questions, they should therefore be reported as 'Not Applicable'. PSS default data entry to 'Not Applicable' for unanswered questions.

Date PN was initiated (PN_Date)

The consultation date on which PN follow-up was initiated (format YYYY-MM-DD).

PN_Date does not have a default value and can be reported with a blank or empty value if partner notification follow-up is not conducted.

The number of PN partners (PN_Partners)

How many sex partners did the index patient have within the 'look-back interval' (in relation to each STI diagnosed)?

The number of PN contacts (PN_Contacts)

How many sex partners were contactable?

Contact attendances reported (PN_Contact_Att_Rep)

How many of these partners were reported by the patient as having attended a sexual health service within 4 weeks of the PN date?

Contact attendances verified (PN_Contact_Att_Ver)

How many of these partners were verified by a healthcare worker as having attended a sexual health service within 4 weeks of the PN date?

Verifying a contact's attendance would require checking attendance records at the service initiating PN and any other service where a contact may have attended.

HIV Pre-exposure prophylaxis (PrEP)

HIV pre-exposure prophylaxis (PrEP) involves the use of antiretroviral medicines in individuals who are HIV negative to reduce the risk of acquiring HIV infection. PrEP is recommended for those at higher risk of HIV acquisition and a comprehensive risk assessment is required to identify those who are likely to benefit.

Detailed [guidelines on the use of PrEP](#) have been developed by BHIVA and BASHH.

4.25 HIV Pre-exposure prophylaxis (PrEP)

PrEP codes should be reported at every consultation related to PrEP provision. Please see [Appendix 11](#) for clinical coding scenarios.

It is only necessary to provide answers to questions which are relevant to the patient consultation. If the patient has not been assessed for PrEP it is not necessary to answer these questions, they should therefore be reported as 'Not Applicable'. PSS default data entry to 'Not Applicable' for unanswered questions.

Eligibility (PrEP_Eligibility)

What is the patient's eligibility for being offered PrEP?

Please note that 'PrEP_Eligibility' replaces the retired SHHAPT codes O31, O32 and O33.

PrEP eligibility categories are aligned to those in the current guidelines developed by BHIVA and BASHH:

MSM or transgender woman	HIV negative MSM and transgender women who have had condomless anal sex in the past 6 months and are likely to continue having condomless anal sex in the future
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HIV positive partner	HIV negative people having condomless anal or vaginal sex with partners who are living with HIV who have not been on antiretroviral therapy for at least 6 months and where their plasma viral load is not <200 copies/ml
Other high risk	Other HIV negative individuals with current factors other than those listed above that may put them at increased risk of HIV acquisition

Eligibility should be reported for patients even when PrEP cannot be offered by the service.

Uptake (PrEP_Uptake)

What was the outcome of the offer of PrEP (was the offer accepted or declined)?

Please note that 'PrEP_Uptake' replaces the retired SHHAPT codes O41, O42, O43 and O44.

Uptake categories are:

- accepted – the patient is starting or continuing PrEP (at this clinic)
- declined (patient choice) – the patient refuses the offer of PrEP
- declined (obtained at another source) – the patient is continuing PrEP obtained from another source, for example, at a different clinic or through private means; this can also be coded for individuals that do not meet the eligibility criteria who are still acquiring PrEP from another source

Regimen (PrEP_Regimen)

What type of PrEP regimen was prescribed (daily or event based)?

Please note that 'PrEP_Regimen' replaces the retired SHHAPT codes O41, O42, O43 and O44.

Regimen categories are:

- daily – PrEP is taken daily (or near daily)
- event based – PrEP is taken before and or after sex

The type of regimen should be reported when the uptake (offer) of PrEP is accepted (starting or continuing) or when the patient indicates they are obtaining PrEP elsewhere.

Prescription (PrEP_Prescription)

How many PrEP tablets were prescribed?

Please note that 'PrEP_Prescription' replaces the retired SHHAPT codes O51, O52 and O53.

Prescription categories are:

- 30 tablets
- 60 tablets
- 90 tablets
- 180 tablets
- other amount

Reason for stopping PrEP (PrEP_Stop_Reason)

If the patient has stopped taking PrEP, what was the reason?

Please note that 'PrEP_Stop_Reason' replaces the retired SHHAPT code O45.

Stopping categories are:

- the patient experienced an adverse event, for example side effects
- HIV acquisition
- patient choice
- no longer eligible
- other reason

Alcohol and drug use

Patients should be assessed in relation to their alcohol and recreational drug use. Recreational drug use is defined as the use of any illicit psychoactive substance.

Guidance on [alcohol use screening tests](#) can be used by health and social care professionals as a tool to assess the level of risk to alcohol harm of service users.

4.26 Alcohol and recreational drug use

It is only necessary to provide answers to questions which are relevant to the patient consultation. If the patient has not been assessed for alcohol and recreational drug use it is not necessary to answer these questions, they should therefore be reported as 'Not Applicable'. PSS default data entry to 'Not Applicable' for unanswered questions.

Alcohol use assessed (Alcohol_1)

Was the patient's alcohol use assessed ('Yes' or 'No')?

Alcohol use problematic (Alcohol_2)

Was the patient's alcohol use assessed as problematic ('Yes' or 'No')?

Recreational drug use (Drugs_Used)

Has the patient used recreational drugs in the last 3 months ('Yes' or 'No')?

Which recreational drugs? (Drugs_1-16)

Which recreational drugs did the patient use in the last 3 months (answer 'Yes' for each drug used)?

Amphetamine – Speed (Drugs_1)

Benzodiazepines – non-prescribed (Drugs_2)

Cannabis (Drugs_3)

Cocaine (Drugs_4)

Crack (Drugs_5)

Crystal Meth – Methamphetamine (Drugs_6)

Ecstasy (E) or MDMA (Drugs_7)

GHB or GBL (Drugs_8)

Heroin (Drugs_9)

Ketamine (Drugs_10)

Novel psychoactive substances* (Drugs_11)

Mephedrone – M-Cat (Drugs_12)

Methadone (Drugs_13)

Poppers (Drugs_14)

Solvents or Glue (Drugs_15)

Any other recreational drug (not listed) (Drugs_16)

*Novel psychoactive substances (NPS, 'legal highs') are compounds designed to mimic existing established recreational drugs.

Injecting drug use (Drugs_Inject)

Has the patient injected any recreational drugs in the last 3 months ('Yes' or 'No')?

Sharing equipment (Drugs_Share_Eqp)

Did the patient share any drug injecting equipment ('Yes' or 'No')?

Under the influence (Drugs_Sex)

Was the patient under the influence of recreational drugs (before or during) the last time they had vaginal or anal sex?

5. Other sexual health data reporting

Sexual health services that are required to report GUMCAD may also be required to report other mandatory sexual and reproductive health surveillance systems to UKHSA or NHS Digital – see the tables below.

Mandatory sexual and reproductive health datasets

Dataset		Surveillance	Reporter	Responsible organisation
CTAD	Chlamydia Surveillance System	Chlamydia tests and diagnoses	All laboratories commissioned to provide chlamydia testing	UKHSA
GUMCAD	STI Surveillance System	STI diagnoses and services provided	Level 2 (non-specialist) and Level 3 (specialist) sexual health services	UKHSA
HARS	HIV and AIDS Reporting System	HIV outpatient service provision	HIV outpatient services	UKHSA
SRHAD	Sexual and Reproductive Health Activity Dataset	Contraceptive service provision	Settings offering contraceptive services	NHS Digital*

*SRHAD is sponsored by UKHSA but NHS Digital are responsible for data collection and management.

Reporting requirements of mandatory sexual and reproductive health datasets

Sexual Health Service Type Surveillance Reporting Requirements					
Clinic Type	STI Service Level	CTAD	GUMCAD	HARS	SRHAD
01 – Specialist STI	3 (specialist)	✓	✓	✓	✓
02 – SRH	1 (non-specialist)	✓	x	x	✓
	2 (non-specialist)	✓	✓	x	✓
03 – eSHS / internet / online	1 (non-specialist)	✓	x	x	x
	2 (non-specialist)	✓	✓	x	x
04 – General Practice (GP)	1 (non-specialist)	✓	x	x	✓
	2 (non-specialist)	✓	✓	x	✓
05 – Prison	2 (non-specialist)	✓	✓	x	✓
10 / 11 – Other (for example chlamydia screening, ToP, youth services)	1 (non-specialist)	✓	x	x	✓
	2 (non-specialist)	✓	✓	x	✓
Key					
✓	Submission is required				
✓	Submission may be required (determined by the nature of other services provided)				
✓	Data are submitted by Laboratories (not Sexual Health Services)				
x	Submission is not required				

5.1 Shared data items

Some data items in GUMCAD overlap with data items in CTAD, HARS and SRHAD – see the table below. All surveillance systems use the same NHS Data Model and Dictionary terminology and coding*, however, the data item name may differ across systems – for example, ‘ClinicID’ in GUMCAD is named ‘Venue Code’ in CTAD, ‘Site Code’ in HARS and ‘Clinic ID’ in SRHAD.

GUMCAD data items shared with CTAD, HARS and SRHAD

Data items				
Position ¹	GUMCAD	CTAD	HARS	SRHAD
1	ClinicID	Venue_code	Org_ID	Clinic ID
2	Clinic_Type	Testing_Service_Type*	-	-
3	PatientID	Patient_ID	Patient ID	Patient_ID
5	Gender_Identity	Gender	Gender_Identity	Gender
6	Gender_Birth	-	Gender_Birth	-
7	Age	-	-	Age
9	Ethnicity	Ethnicity	Ethnicity	Ethnicity
10	Country_Birth	-	Country_Birth	-
11	LA	-	-	LA
12	LSOA	-	LSOA	LSOA
14	Consultation_Date	Specimen_Date	HIVCare_Date	Date of Attendance
15	Consultation_Medium	-	Consultation Medium Used	Consultation Medium Used

¹Refers to the horizontal position of the data item within the CSV file.

*NHS Data Model and Dictionary terminology and coding for Clinic_Type and Testing_Service_Type are not the same. However, coding can be aligned – see [section 5.2](#) below.

5.2 GUMCAD and CTAD

The CTAD Chlamydia Surveillance System is a quarterly disaggregate dataset of all chlamydia tests carried out using nucleic acid amplification (NAAT) testing (covering all age groups and from all testing venues) which are undertaken by publicly commissioned laboratories in England. CTAD is an approved mandatory dataset that is reported directly to UKHSA by the laboratories.

All GUMCAD reporters contribute to the CTAD report indirectly via the information they send to laboratories with their chlamydia samples (sexual health services are not required to submit CTAD data directly to UKHSA).

National reporting of chlamydia data comprises a combination of data sourced from CTAD and GUMCAD. CTAD data reported via specialist (Level 3) services does not include patient residence data (via postcode) for patient confidentiality reasons, therefore the patient residence data from CTAD is supplemented with (equivalent) patient residence data from GUMCAD (via LSOA). It is therefore essential that specialist (Level 3) services report data consistently as 'Specialist Level 3' to GUMCAD* and to CTAD** (via the laboratories) to enable accurate reporting – please see table below.

*Please contact gumcad@phe.gov.uk to confirm that your sexual health service is correctly listed as specialist (Level 3) or non-specialist (Level 2).

**Please ensure that samples sent to the lab are correctly identified with your corresponding GUMCAD 'ClinicID' code and with your corresponding specialist (Level 3 or non-specialist (Level 2) service type – which is reported via CTAD's 'Testing Service Type' code shown below.

GUMCAD Sexual Health Services and CTAD Testing Service Type

GUMCAD 'Clinic_Type'		CTAD 'Testing_Service_Type'	
01	Specialist - Level 3	01	GUM
02	SRH - Level 2	02	Community sexual health
03	Online - Level 2	06	Internet services
04	GP - Level 2	03	General Practice
05	Prison - Level 2	XX	Other services
10	Other - Level 2	XX	Other services
11	Other - Level 1	XX	Other services

The [CTAD Chlamydia Surveillance System](#) provides information on the collection and reporting of all chlamydia tests done in England. Email: ctad@phe.gov.uk

5.3 GUMCAD and HARS

The HIV and AIDS Reporting System (HARS) is a quarterly disaggregate surveillance system that collects information on patients accessing HIV care. HARS is an approved mandatory dataset that is reported directly to UKHSA by HIV outpatient services.

Specialist (Level 3) services that provide HIV treatment and care will also be required to report to HARS.

Some data collected in GUMCAD overlaps with data collected in HARS – see table below.

GUMCAD and HARS shared data

Shared data		GUMCAD data item and coding		HARS data item and description	
New HIV Diagnosis	Undefined	Episode_Activity*	H1	Dx_UK_date	HIV diagnosis date in the UK
	Acute		H1A		
	AIDS defined		H1B		
HIV-related care			H2	HIV_care_date	Consultation date for HIV care
Patient characteristics		Patient_Type	Sex worker	Sex_worker	Sex worker
			Prisoner	Prisoner	Prisoner

*See [Appendix 3](#) for SNOMED coding equivalents.

Further information on [The HIV and AIDS Reporting System \(HARS\)](#) can be found on the [HIV surveillance systems](#) website. including are used to collect HIV data nationally. Email: HARSQueries@phe.gov.uk

5.4 GUMCAD and SRHAD

The Sexual and Reproductive Health Activity Dataset (SRHAD) is an annual disaggregate dataset that collects information on contraceptive service provision and other reproductive

health activities from all sexual and reproductive health (SRH) services. SRHAD is an approved mandatory dataset that is reported directly to NHS Digital.

Some specialist (Level 3) and non-specialist (Level 2) services will also be required to report SRHAD (depending on the level of SRH services provided).

Some episode activity collected in GUMCAD overlaps with care activity collected in SRHAD for example sexual assault – please see table below.

GUMCAD and SRHAD shared data

Shared data		GUMCAD data item and coding		SRHAD data item and description	
Sexual assault	Acute	Episode_Activity*	40	SRH_Care_Activity	40
	Non-acute		41		41
Cervical Screening			P4		11
STI-related care			All		34
SRH care only (no STI care provided)		Consultation_Speciality	SRH Care	All	Excluding SRH_Care_Activity: 34

*See [Appendix 3](#) for SNOMED coding equivalents.

Information on SRHAD data are available on the [Sexual and Reproductive Health Activity Data Set Collection](#) website. Email: surveyteam@hscic.gov.uk.

6. How UKHSA uses GUMCAD data

6.1 Purpose of GUMCAD STI surveillance

GUMCAD data are collected and analysed to monitor trends in new diagnoses of STIs and other sexual health related conditions and to determine which specific groups are at particular risk. For example, the data can be used to identify emerging syphilis outbreaks in particular localities, trends in PrEP use and need, or specific populations at risk of acquiring an STI.

This information is used to inform the public health response by:

- improving the planning and management of services
- developing, adapting and refining interventions
- monitoring the effectiveness of sexual health policies
- enabling effective commissioning of sexual health services

6.2 Data outputs (reports)

UKHSA aims to publish timely routine outputs (reports) of GUMCAD data at the local, regional and national level. GUMCAD reports include:

- [annual STI data tables](#)*
- [quarterly STI data reports](#)**
- [Sexual and Reproductive Health Profiles and SPLASH reports](#) (updated annually)*
- clinic reports** – not available online; distributed by UKHSA

*Public access.

**Restricted access only.

Publication of local area data follows guidance issued by the Office for National Statistics on the risk of deductive disclosure in small area statistics (see [section 7.2](#)).

Restricted access reports on the [HIV and STI Data Exchange](#) portal are made available to nominated individuals from appropriate organisations within the NHS (including service providers), the Department of Health, local government and UKHSA. Please see [section 7](#) for details regarding public or restricted access data reports.

7. Confidentiality and anonymity

7.1 Patient confidentiality and anonymity

Some patients may express concern about supplying their personal data to a sexual health service and or their data being reported to UKHSA. If so, the following approach should be taken:

1. Patients should be reassured that their data are held in strict confidence and that no personally identifiable information will be reported to UKHSA (GUMCAD does not include data on patient name, date of birth or postcode).
2. Explain that their data are being used to help improve sexual health services and to protect public health.
3. Patients can be directed to the [Personal information charter](#) for further information regarding patient confidentiality.
4. If the patient still has concerns, sexual health services should allow patients to register at the service using an alias.
5. If the patient still has concerns, they can request that their data are removed from GUMCAD submissions before it is reported to UKHSA.
6. If a patient's data has already been reported to UKHSA, please contact the GUMCAD team quoting your Clinic ID and the Patient ID so that associated records can be identified and deleted from UKHSA records.

7.2 Data confidentiality

Data access

All staff within UKHSA have a legal duty to keep patient information confidential. GUMCAD data are stored on secure servers and access is limited to those directly involved in the collation and analysis of the data in compliance with Caldicott Guidelines. GUMCAD disaggregate (patient level) data are retained for a maximum of 10 years from the date of patients' last attendance.

Data release

The principles for publishing GUMCAD data are available in the UKHSA [HIV and STI Data Sharing Policy](#).

Disaggregate data

GUMCAD data publication is restricted to aggregated data only – disaggregate (patient-level) data are not published.

Aggregate data

Aggregate GUMCAD data may be published after content has been assessed with regards to the risk of deductive disclosure.

Deductive disclosure

The Office for National Statistics advises that small area statistics, aggregate (grouped) numbers between 1 and 4 (inclusive) with an associated population of less than 10,000, are at risk of deductive disclosure.

Aggregate data at risk of deductive disclosure:

- must not be published in hard copy or on the public-facing website
- may be confidentially distributed in hard copy or via the secure HSDE (not on the public facing website) to appropriate organisations within the NHS (including service providers), Department of Health, local government and within UKHSA
- may only be published in hard copy or on the public-facing website where data has been suitably anonymised to negate the risk of deductive disclosure – that is numbers are masked to maintain confidentiality and anonymity

Data requests

All GUMCAD data requests (standard or official) that are received by UKHSA are assessed with regards to risks to confidentiality and anonymity – data requests will only be fulfilled in accordance with the data sharing policy (summarised above).

Standard data request – such as requests from academic institutions.

Official data request – such as Freedom of Information requests (FOIs) and parliamentary questions (PQs).

Appendix 1. Data item definitions

The definitions for each GUMCAD data item in the NHS Data Dictionary are available in the links below:

Data item			
Position ¹	Name	NHS Data Dictionary	Definition
Clinic of Attendance			
1	ClinicID	Organisation site identifier (of treatment)	<p>An Organisation Data Service (ODS) code should be entered for each reporting service or clinic.</p> <p>ODS codes can be obtained direct from the Organisation Data Service (ODS) website.</p>
2	Clinic_Type	Clinic type (sexual health service)	<p>A definition of the type of sexual health service or clinic and the level of sexual health services provided.</p> <p>Sexual health service levels are defined in the British Association for Sexual Health and HIV (BASHH) Standards for the management of sexually transmitted infections (STIs).</p>

Patient demographics			
3	PatientID	Local patient identifier (extended)	A unique number used to identify a patient within a service or clinic – a patient ID is usually assigned automatically by a computer-based patient software system.
4	Patient_Type	Person risk factor (sexually transmitted infection)	An indication of whether the patient is classified as a Prisoner or Sex Worker at the current consultation.
5	Gender_Identity	Gender identity for sexual health	The patient's gender identity as stated by the patient.
6	Gender_Birth	Gender identity same at birth	An indication of whether the patient's gender identity is the same as their gender assigned at birth.
7	Age	Age at attendance date	The patient's age – derived as the number of completed years between the patient's date of birth and consultation date (Age can be manually entered in the absence of patient date of birth).
8	Sex_Ori	Person stated sexual orientation	The patient's sexual orientation as stated by the patient.
9	Ethnicity	Ethnic category	The patient's ethnicity as stated by the patient.
10	Country_Birth	Country code (birth)	The patient's country of birth.

11	LA	ONS local government geographic area code (local authority district)	The LA in which the patient resides (lives) derived from the patient's postcode of residence.
12	LSOA	Lower layer super output area (person residence)	The LSOA in which the patient resides (lives) derived from the patient's postcode of residence.
Episode_activity			
13	Consultation_Referral	Sexual health service attendance source (SNOMED CT)	The source or reason of the patient's attendance or consultation.
14	Consultation_Date	Attendance date	The date of the patient's attendance or consultation.
15	Consultation_Medium	Consultation medium used (sexual health service)	The medium in which the consultation was conducted.
16	Consultation_Type	Consultation type	The consultation episode type.
17	Consultation_Speciality	Service type (sexual health)	The consultation speciality.
18	Consultation_PN	Partner notification consultation indicator (sexual health service)	An indication of whether the consultation was a result of partner notification.
19	Consultation_Symptomatic	Patient attendance symptomatic indicator (sexual health service)	An indication of whether the diagnosis was symptomatic.
20	Episode_Activity	SNOMED CT	An indication of the episode activity associated with the consultation (SNOMED CT, SHHAPT or READ).
		Sexual health and HIV activity property type	

		READ	
21	Diagnosis_Confirmed	Patient diagnosis confirmed indication code (sexual health service)	An indication of the diagnosis status.
22	Diagnosis_Site	Patient diagnosis site of infection (sexual health service)	An indication of the anatomical site of infection.
23	Diagnosis_Treated	Patient diagnosis treatment provided indication code (sexual health service)	An indication of whether the diagnosis was treated.
Opposite sex partners – men and women who have sex			
24	OSP	Number of sex partners in last 3 months code (opposite sex partners)	The number of sex partners in the last 3 months for opposite sex partners.*
25	OSP_New	New sex partners in last 3 months indicator (opposite sex partners)	*Were any of these new partners?
26	OSP_CL	Condomless sex indicator (penetrative sex opposite sex partners for the last time person had sex)	Did the patient have condomless oral, vaginal or anal sex the last time they had sex?

Same sex partners – men who have sex with men			
27	MSM	Number of sex partners in last 3 months code (male same sex partners)	The number of sex partners in the last 3 months for men who have sex with men.*
28	MSM_HIV_Pos	HIV positive partners in last 3 months indicator (penetrative sex male same sex partners)	*Were any of these known to be HIV positive?
29	MSM_CL	Condomless sex indicator (penetrative sex male same sex partners in the last 3 months)	Did the patient have condomless receptive or insertive anal sex in the last 3 months?
30	MSM_CL_Rec	Condomless sex indicator (receptive sex male same sex partners in the last 3 months)	Did the patient have condomless receptive anal sex in the last 3 months?
Same sex partners – women who have sex with women			
31	WSW	Number of sex partners in last 3 months code (female same sex partners)	The number of partners in the last 3 months for women who have sex with women.*
32	WSW_New	New sex partners in last 3 months indicator (female same sex partners)	*Were any of these new partners?

Partner notification			
33	PN_Date	Initial partner notification discussion date	The date partner notification was discussed or initiated (for the current diagnosis).
34	PN_Partners	Number of patient reported partners for diagnosed sexually transmitted infection	The number of sexual partners identified by the patient (in relation to partner notification follow-up).*
35	PN_Contacts	Number of contactable patient reported partners for diagnosed sexually transmitted infection	*Of which, the number that are contactable.**
36	PN_Contacts_Att_Rep	Number of patient partners reported as attended a sexual health service	**Of which, the number that were reported by the patient to have attended a sexual health service (within 4 weeks).***
37	PN_Contacts_Att_Ver	Number of patient partners confirmed as attended a sexual health service	***Of which, the number that were confirmed by a health care worker to have attended a sexual health service (within 4 weeks).
Behaviour			
38	PrEP_Eligibility	Pre-exposure prophylaxis eligibility reason	Patient's eligibility for being offered PrEP.
39	PrEP_Uptake	Pre-exposure prophylaxis offer status code	The outcome of the PrEP offer.
40	PrEP_Regimen	Pre-exposure prophylaxis drug regimen code	The type of PrEP regimen prescribed.

41	PrEP_Prescription	Prescribed item quantity (pre-exposure prophylaxis)	The number of PrEP tablets prescribed.
42	PrEP_Stop_Reason	Pre-exposure prophylaxis stopped reason	The reason PrEP was stopped.
43	Alcohol_1	Alcohol use assessed indicator (sexual health service)	Was the patient's alcohol use assessed?*
44	Alcohol_2	Alcohol use assessed as problematic indicator (sexual health service)	*If yes, was alcohol use assessed as problematic.
45	Drugs_Used	Substance use in the last 3 months indicator (recreational drugs)	Did the patient use recreational drugs in the last 3 months?*
46	Drugs_1	Substance use in the last 3 months indicator (amphetamine or speed)	*If yes, did the patient take amphetamine or Speed?
47	Drugs_2	Substance use in the last 3 months indicator (benzodiazepines non-prescribed)	*If yes, did the patient take benzodiazepines (non-prescribed)?
48	Drugs_3	Substance use in the last 3 months indicator (cannabis)	*If yes, did the patient take cannabis?
49	Drugs_4	Substance use in the last 3 months indicator (cocaine)	*If yes, did the patient take cocaine?

50	Drugs_5	Substance use in the last 3 months indicator (crack)	*If yes, did the patient take crack?
51	Drugs_6	Substance use in the last 3 months indicator (crystal meth or methamphetamine)	*If yes, did the patient take crystal meth or methamphetamine?
52	Drugs_7	Substance use in the last 3 months indicator (ecstasy or methylenedioxymethamphetamine)	*If yes, did the patient take ecstasy or methylenedioxymethamphetamine?
53	Drugs_8	Substance use in the last 3 months indicator (gammahydroxybutyrate or gammabutyrolactone)	*If yes, did the patient take GHB or GBL?
54	Drugs_9	Substance use in the last 3 months indicator (heroin)	*If yes, did the patient take heroin?
55	Drugs_10	Substance use in the last 3 months indicator (ketamine)	*If yes, did the patient take ketamine?
56	Drugs_11	Substance use in the last 3 months indicator (novel psychoactive)	*If yes, did the patient take novel psychoactive substances?
57	Drugs_12	Substance use in the last 3 months indicator (mephedrone)	*If yes, did the patient take mephedrone (M-Cat)?

58	Drugs_13	Substance use in the last 3 months indicator (methadone)	*If yes, did the patient take methadone?
59	Drugs_14	Substance use in the last 3 months indicator (poppers)	*If yes, did the patient take poppers?
60	Drugs_15	Substance use in the last 3 months indicator (solvents or glue)	*If yes, did the patient take solvents or glue?
61	Drugs_16	Substance use in the last 3 months indicator (unclassified substance)	*If yes, did the patient take other recreational drug (not listed)?
62	Drugs_Inject	Substance injected in the last 3 months indicator	Did the patient inject recreational drugs in the last 3 months?*
63	Drugs_Share_Eqp	Substance injected shared equipment in the last 3 months indicator	*If yes, did the patient share any drug injecting equipment?
64	Drugs_Sex	Sexual intercourse under the influence of substance indicator	Was the patient under the influence of recreational drugs (before or during) the last time they had penetrative (vaginal or anal) sex?

*Refers to the horizontal position of the data item within the CSV file.

Appendix 2. Data type and coding

The codes and descriptions for each GUMCAD data item, also available in the NHS Data Dictionary (links above) are listed below.

Data item			
Position ¹	Name	Code format ² and descriptions	
Clinic of attendance			
1	ClinicID	AN(9)	
		-	Predefined ODS code
2	Clinic_Type	AN(2)	
		01	Specialist – Level 3
		02	SRH – Level 2
		03	Online – Level 2
		04	GP – Level 2
		05	Prison – Level 2
		10	Other – Level 2
		11	Other – Level 1
Patient demographics			
3	PatientID	AN(20)	
		-	Predefined code (issued by patient software)

Data item			
Position ¹	Name	Code format ² and descriptions	
4	Patient_Type	AN(2)	
		01	Prisoner
		02	Sex worker
		NA	Not applicable (person not asked)
5	Gender_Identity	AN(1)	
		1	Male (including trans man)
		2	Female (including trans woman)
		3	Non-binary
		4	Other
		Z	Not Stated
		X	Not Known
6	Gender_Birth	AN(1)	
		Y	Yes – gender identity is the same as gender assigned at birth
		N	No – gender identity is not the same as gender assigned at birth
		Z	Not Stated
		X	Not Known
7	Age	N(3)	
		-	Number in whole years

Data item			
Position ¹	Name	Code format ² and descriptions	
		999	Not known
8	Sex_Ori	AN(1)	
		1	Heterosexual or Straight
		2	Gay or Lesbian
		3	Bisexual
		4	Other
		U	Unsure
		Z	Not stated
		9	Not known
9	Ethnicity	AN(2)	
			White
		A	British
		B	Irish
		C	Any other White background
			Mixed
		D	White and Black Caribbean
		E	White and Black African
		F	White and Asian

Data item			
Position ¹	Name	Code format ² and descriptions	
		G	Any other mixed background
			Asian or Asian British
		H	Indian
		J	Pakistani
		K	Bangladeshi
		L	Any other Asian background
			Black or Black British
		M	Caribbean
		N	African
		P	Any other Black background
			Other Ethnic Groups
		R	Chinese
		S	Any other ethnic group
			Unclassified
		99	Not Known
Z	Not Stated		
10	Country_Birth	A(3)	
		-	Predefined ISO codes – a full list is available from UKHSA (gumcad@phe.gov.uk)

Data item			
Position ¹	Name	Code format ² and descriptions	
		ZZZ	Not stated
		XXX	Not known
11	LA	AN(9)	
		-	Predefined ONS codes – a full list is available from UKHSA (gumcad@phe.gov.uk)
		E*	England
		W*	Wales
		S*	Scotland
		N*	Northern Ireland
		L99999999	Channel Islands
		M99999999	Isle of Man
		X99999998	Not applicable (outside the UK)
		X99999999	Not known
12	LSOA	AN(8-9)	LSOA codes for Northern Ireland are 8 characters in length. All other codes are 9 characters
		-	Predefined ONS codes – a full list is available from UKHSA (gumcad@phe.gov.uk)
		E*	England
		W*	Wales

Data item			
Position ¹	Name	Code format ² and descriptions	
		S*	Scotland
		g*	Northern Ireland
		L99999999	Channel Islands
		M99999999	Isle of Man
		X99999998	Not applicable (outside the UK)
		X99999999	Not known
Episode_Activity			
13	Consultation_Referral	N(16)	
		1082321000000109	Self-referral
		1086251000000108	SRH (referral from)
		108161000000109	GP (referral from)
		1066011000000104	Prison (referral from)
		1086261000000106	NCSP (referral from)
		1086391000000108	Online service (referral from)
14	Consultation_Date	AN(10)	CCYY-MM-DD
15	Consultation_Medium	AN(2)	
		1	Face-to-face consultation
		2	Telephone consultation

Data item			
Position ¹	Name	Code format ² and descriptions	
		7	Online consultation
16	Consultation_Type	AN(2)	
		1	New (initial, first or rebook)
		2	Follow-up
17	Consultation_Speciality	AN(2)	
		1	Integrated STI and SRH care
		2	STI care
		3	SRH care
		4	HIV care
		96	Other care
18	Consultation_PN	AN(2)	
		Y	Yes – the consultation is a result of Partner Notification follow-up
		N	No – the consultation is not a result of Partner Notification follow-up
		NA	Not applicable
19	Consultation_Symptomatic	AN(2)	
		Y	Yes – symptomatic
		N	No – asymptomatic

Data item			
Position ¹	Name	Code format ² and descriptions	
		NA	Not applicable
20	Episode_Activity	AN(20)	SNOMED, SHHAPT or READ codes – nulls or blank cells are permitted
21	Diagnosis_Confirmed	AN(2)	
		1	Confirmed (at this service)
		2	Confirmed elsewhere (at a different service)
		3	Initial reactive
		NA	Not applicable
22	Diagnosis_Site	AN(2)	
		1	Genital
		2	Rectal
		3	Pharyngeal
		4	Ocular
		96	Other
		NA	Not applicable
23	Diagnosis_Treated	AN(2)	
		1	Yes – treatment provided
		2	No – treatment not required
		3	No – referred elsewhere for treatment

Data item			
Position ¹	Name	Code format ² and descriptions	
		4	No – patient refused treatment
		5	No – patient walked out (before treatment could be provided)
		NA	Not applicable
Opposite sex partners – men and women who have sex			
24	OSP	AN(2)	
		1	0
		2	1
		3	2 to 4
		4	5 or more
		ZZ	Not stated
		UU	Not known
		NA	Not applicable (person not asked)
25	OSP_New	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)

Data item			
Position ¹	Name	Code format ² and descriptions	
26	OSP_CL	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
Same sex partners – men who have sex with men			
27	MSM	AN(2)	
		1	0
		2	1
		3	2 to 4
		4	5 or more
		ZZ	Not stated
		UU	Not known
		NA	Not applicable (person not asked)
28	MSM_HIV_Pos	AN(2)	
		Y	Yes
		N	No

Data item			
Position ¹	Name	Code format ² and descriptions	
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
29	MSM_CL	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
30	MSM_CL_Rec	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
Same sex partners – women who have sex with women			
31	WSW	AN(2)	
		1	0

Data item			
Position ¹	Name	Code format ² and descriptions	
		2	1
		3	2 to 4
		4	5 or more
		ZZ	Not stated
		UU	Not known
		NA	Not applicable (person not asked)
32	WSW_New	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
Partner notification			
33	PN_Date	AN(10)	CCYY-MM-DD nulls or blank cells are permitted
34	PN_Partners	AN(3)	
		-	Any number 0 to 999
		NA	Not applicable (person not asked)
35	PN_Contacts	AN(3)	

Data item			
Position ¹	Name	Code format ² and descriptions	
		-	Any number 0 to 999
		NA	Not applicable (person not asked)
36	PN_Contacts_Att_Rep	AN(3)	
		-	Any number 0 to 999
		NA	Not applicable (person not asked)
37	PN_Contacts_Att_Ver	AN(3)	
		-	Any number 0 to 999
		NA	Not applicable (person not asked)
Behaviour			
38	PrEP_Eligibility	AN(2)	
		01	MSM or Transgender woman
		02	HIV positive partner
		96	Other high risk
		NA	Not applicable (person not asked)
39	PrEP_Uptake	AN(2)	
		01	Accepted
		02	Declined – patient choice
		03	Declined – obtained at another source

Data item			
Position ¹	Name	Code format ² and descriptions	
		NA	Not applicable (person not asked)
40	PrEP_Regimen	AN(2)	
		01	Daily (or nearly daily)
		02	Event based (coital)
		ZZ	Not stated
		UU	Not known
		NA	Not applicable (person not asked)
41	PrEP_Prescription	AN(2)	
		01	30 tablets
		02	60 tablets
		03	90 tablets
		04	180 tablets
		96	Other amount
		ZZ	Not stated
		UU	Not known
		NA	Not applicable (person not asked)
42	PrEP_Stop_Reason	AN(2)	
		01	Adverse event

Data item			
Position ¹	Name	Code format ² and descriptions	
		02	HIV acquisition
		03	Patient choice
		04	No longer eligible
		96	Other
		ZZ	Not stated
		UU	Not known
		NA	Not applicable (person not asked)
43	Alcohol_1	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
44	Alcohol_2	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known

Data item			
Position ¹	Name	Code format ² and descriptions	
		NA	Not applicable (person not asked)
45	Drugs_Used	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
46	Drugs_1	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
47	Drugs_2	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known

Data item			
Position ¹	Name	Code format ² and descriptions	
		NA	Not applicable (person not asked)
48	Drugs_3	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
49	Drugs_4	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
50	Drugs_5	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known

Data item			
Position ¹	Name	Code format ² and descriptions	
		NA	Not applicable (person not asked)
51	Drugs_6	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
52	Drugs_7	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
53	Drugs_8	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known

Data item			
Position ¹	Name	Code format ² and descriptions	
		NA	Not applicable (person not asked)
54	Drugs_9	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
55	Drugs_10	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
56	Drugs_11	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known

Data item			
Position ¹	Name	Code format ² and descriptions	
		NA	Not applicable (person not asked)
57	Drugs_12	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
58	Drugs_13	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
59	Drugs_14	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known

Data item			
Position ¹	Name	Code format ² and descriptions	
		NA	Not applicable (person not asked)
60	Drugs_15	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
61	Drugs_16	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
62	Drugs_Inject	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known

Data item			
Position ¹	Name	Code format ² and descriptions	
		NA	Not applicable (person not asked)
63	Drugs Share Eqp	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
64	Drugs_Sex	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)

¹Refers to the horizontal position of the data item within the GUMCAD dataset – CSV file.

²AN = Alpha-numeric, A = Alphabetical, N = Numeric. The number in brackets denotes the maximum string length. Code entries which are shorter than the maximum string length should not include leading or trailing zeroes or spaces.

Appendix 3. Episode activity definitions

The coding guidance given will be compatible with the majority of STI episode activity – clinical judgement should be used to appropriately code instances where episode activity does not fully align with the standard guidance provided:

Episode activity can be reported using SNOMED, SHHAPT or READ codes – see Appendices [6](#), [7](#) and [9](#). Please note that all NHS services should now be SNOMED compliant – SHHAPT and READ codes will continue to be accepted to facilitate ongoing SNOMED implementation – see [section 3.7](#). SNOMED codes should be reported as a text value (not as a numerical value) – see [section 3.7](#).

Episode activity should only be reported once per episode of care – with the exception of HIV related care which can be reported as often as required. Multiples of the same episode activity code can be reported for diagnoses of multi-site infections (genital, ocular, pharyngeal and/or rectal infections) – see [section 4.19](#) for further details. ‘Test of cure’ should not be coded or reported in GUMCAD.

Dedicated online services should only report confirmed diagnoses of chlamydia and gonorrhoea – patients with initial reactive results for HIV, syphilis or hepatitis should be referred to a sexual health service for confirmatory testing. ‘Initial reactive’ results can be reported using the variable `Diagnosis_Confirmed` – see [section 4.18](#).

Patients presenting with a diagnosis which is known to have been recently diagnosed at another sexual health service should be reported as ‘Confirmed elsewhere’ using the variable `Diagnosis_Confirmed` – see [section 4.18](#). The source of the patient referral can be reported using the variable `Consultation_Referral` (self-referral, SRH, GP, prison, NCSP, online service) – see [section 4.11](#).

Episode activity can be reported at ‘new’ and ‘follow-up’ consultations – see [section 4.13](#). A majority of episode activity would be reported at ‘new’ consultations because this is typically when testing and diagnosis is carried out.

Episode activity can be reported at ‘face-to-face’, ‘telephone’ and ‘online’ consultations – see [section 4.13](#).

Consultations can be reported without an episode activity code if necessary (they can be reported with a blank or empty value for `Episode_Activity`) – Some consultations may provide care that is not included in GUMCAD surveillance.

PrEP SHHAPT codes are now retired and have been replaced with new PrEP data items – see [section 4.25](#) and [Appendix 8](#).

SNOMED codes for sexual health screens (SHS) are not available – individual SNOMED test codes should be reported instead for example, a SHHAPT T2 (a sexual health screen including testing for chlamydia and gonorrhoea) would be reported via SNOMED 442487003 (chlamydia test) and 1086351000000100 (gonorrhoea test).

Some episode activity may also be included in HARS and SRHAD – please speak to your software provider to determine if separate coding is required for GUMCAD, HARS and SRHAD – see [section 5](#).

Appendix 3A. Description of episode activity codes (diagnoses)

The episode activity codes used to report diagnoses are as follows:

Episode activity		
Condition or finding	SNOMED	SHHAPT
Balanitis		
Anaerobic balanitis	236746000	C6B
Laboratory confirmation is required for this condition. Please note that:		
<ul style="list-style-type: none"> all other or non-confirmed anaerobic balanitis should be coded as 'Balanitis – other causes' 		
Balanitis – other causes	44882003	C6C
Other and non-confirmed anaerobic balanitis.		
Candidiasis – anogenital	240707005	C7
This is diagnosed only when there is microscopic or culture evidence of Candida infection. Please note that:		
<ul style="list-style-type: none"> if there is no microbiological evidence the infection should be coded as 'other causes' of balanitis, vaginitis or vaginosis 		
Cervical cytology		
Cervical cytology: mild dyskaryosis	269959007	P4A
Includes smears showing mild dyskaryosis on cytological examination.		
Cervical cytology: moderate dyskaryosis	269961003	P4B
Includes smears showing moderate dyskaryosis on cytological examination.		

Episode activity		
Condition or finding	SNOMED	SHHAPT
Cervical cytology: severe dyskaryosis	269960002	P4B
Includes smears showing severe dyskaryosis on cytological examination.		
Chancroid	266143009	C1
Laboratory confirmation is required for this condition.		
Chlamydia	240589008	C4
<p>All cases of complicated and uncomplicated Chlamydia trachomatis infections (diagnosed by NAAT). Please note that:</p> <ul style="list-style-type: none"> • genital chlamydia would include urethral and cervical urethral infections • site of infection should be reported for this condition – see Appendix 4 • patients thought to be newly infected after a previous episode should be regarded as a new episode and investigated, treated and diagnosed accordingly • treatment failures should not be given a new diagnosis <ul style="list-style-type: none"> • treatment failures include those in whom first line antibiotics have failed (for example, symptoms not resolved, or antibiotics not taken correctly) and those who have had sexual intercourse with an untreated partner (not a new partner) within 6 weeks 		
Child sexual exploitation	-	-
Child sexual exploitation: internal assessment	1086791000000109	CSE1
<p>Concerns raised of child sexual exploitation at internal assessment conducted at your SHS. Please note that:</p> <ul style="list-style-type: none"> • concerns should only be reported for current cases in those aged under 18 (historic cases should not be reported) • assessments that do not indicate concerns of sexual exploitation should not be reported 		

Episode activity		
Condition or finding	SNOMED	SHHAPT
Child sexual exploitation: referred to internal professionals	1086821000000104	CSE2
<p>Concerns of child sexual exploitation referred to internal safeguarding professionals within your organisation. Please note that:</p> <ul style="list-style-type: none"> concerns should only be reported for current cases in those aged under 18 (historic cases should not be reported) 		
Child sexual exploitation: referred to external professionals	1086831000000102	CSE3
<p>Concerns of child sexual exploitation referred to external safeguarding professionals outside your organisation. Please note that:</p> <ul style="list-style-type: none"> concerns should only be reported for current cases in those aged under 18 (historic cases should not be reported) 		
Domestic violence (or abuse)	1087071000000109	DV
<p>Concerns raised of domestic violence (or abuse).</p>		
Donovanosis	240606006	C3
<p>Laboratory confirmation is required for this condition. Please note that:</p> <ul style="list-style-type: none"> site of infection can be reported for this condition – see Appendix 4 		
Epididymitis	31070006	C5A
<p>All cases of epididymitis. Please note that:</p> <ul style="list-style-type: none"> epididymitis should be reported with a chlamydia diagnosis to indicate chlamydial infections and a gonorrhoea diagnosis to indicate gonococcal infections 		

Episode activity		
Condition or finding	SNOMED	SHHAPT
Female genital mutilation	95041000119101	FGM
<p>Female genital mutilation of any type. Please note that:</p> <ul style="list-style-type: none"> detailed guidance for female genital mutilation and its management is published by the Royal College of obstetricians for clinicians involved in the care of women who have undergone FGM 		
Gonorrhoea	15628003	B
<p>All cases of complicated and uncomplicated gonorrhoea. Please note that:</p> <ul style="list-style-type: none"> NAAT-positive or culture confirmed genital gonorrhoea would include urethral and cervical urethral infections site of infection should be reported for this condition – see Appendix 4 patients thought to be newly infected after a previous episode should be regarded as a new episode and investigated, treated and diagnosed accordingly treatment failures should not be given a new diagnosis <ul style="list-style-type: none"> treatment failures include those in whom first line antibiotics have failed (for example, symptoms not resolved, or antibiotics not taken correctly) and those who have had sexual intercourse with an untreated partner (not a new partner) within 6 weeks 		
Hepatitis		
Hepatitis A: acute infection	25102003	C15
<p>Diagnoses of acute viral hepatitis A – defined as detection of hepatitis A virus specific IgM antibodies. Please note that:</p> <ul style="list-style-type: none"> subsequent attendances for management of hepatitis A should not be coded as an acute infection standalone online self-sampling services may report initial reactive results (all other services should only report confirmed diagnoses) <ul style="list-style-type: none"> online patients with reactive results should be referred for confirmatory testing – the receiving clinic should code the diagnosis as 'confirmed' detailed guidance for online services is available on the GUMCAD and CTAD: data submission for STI self-sampling services 		

Episode activity		
Condition or finding	SNOMED	SHHAPT
Hepatitis B: first diagnosis	66071002	C13
<p>First diagnoses of viral hepatitis B – HBsAG antigen positive. Please note that:</p> <ul style="list-style-type: none"> • subsequent attendances for management of hepatitis B should not be coded as a first diagnosis • standalone online self-sampling services may report initial reactive results (all other services should report confirmed diagnoses only) <ul style="list-style-type: none"> • online patients with reactive results should be referred for confirmatory testing – the receiving clinic should code the diagnosis as 'confirmed' • detailed guidance for online services is available on the GUMCAD and CTAD: data submission for STI self-sampling services 		
Hepatitis C: first diagnosis	50711007	C14
<p>First diagnoses of viral hepatitis C – defined as anti-HCV positive or HCV RNA positive. Please note that:</p> <ul style="list-style-type: none"> • subsequent attendances for management of hepatitis C should not be coded as a first diagnosis • standalone online self-sampling services may report initial reactive results (all other services should report confirmed diagnoses only) <ul style="list-style-type: none"> • online patients with reactive results should be referred for confirmatory testing – the receiving clinic should code the diagnosis as 'confirmed' • detailed guidance for online services is available on the GUMCAD and CTAD: data submission for STI self-sampling services 		
Herpes simplex – anogenital	-	-
Herpes simplex: first episode	186538004	C10A
<p>Laboratory confirmation is required for this condition. Please note that:</p> <ul style="list-style-type: none"> • a first episode of anogenital herpes should only be recorded if the patient has never previously had a confirmed diagnosis (at another sexual health service) • site of infection should be reported for this condition – see Appendix 4 		

Episode activity		
Condition or finding	SNOMED	SHHAPT
Herpes simplex: recurrent episode	240479006	C10B
<p>Laboratory confirmation is required for this condition – except where an episode has previously been confirmed, then clinical judgement is sufficient. Please note that:</p> <ul style="list-style-type: none"> • a subsequent episode of anogenital herpes would include episodes confirmed at any sexual health service • site of infection should be reported for this condition– see Appendix 4 		
HIV	-	-
HIV: known positive	699433000	H
<p>For known HIV positive patients who are attending for STI care only. Please note that:</p> <ul style="list-style-type: none"> • patients attending for STI care and HIV care should be coded 'HIV related care' instead • a 'HIV: known positive' code should not be reported with any other code denoting HIV positive status 		
HIV: new diagnosis	86406008	H1
<p>Please note that:</p> <ul style="list-style-type: none"> • newly confirmed HIV diagnoses (that are not 'acute' or 'AIDS defined') • known HIV positive patients transferring their HIV care to a new service should not be coded as a new HIV diagnosis – they should be coded as receiving 'HIV related care' • a new HIV diagnosis should not be reported with any other code denoting HIV positive status • a new HIV diagnosis should only be reported once throughout an entire patient's history (new, acute or AIDS defined) • standalone online self-sampling services may report initial reactive results (all other services should report confirmed diagnoses only) <ul style="list-style-type: none"> • online patients with reactive results should be referred for confirmatory testing – the receiving clinic should code the diagnosis as 'confirmed' • detailed guidance for online services is available on the GUMCAD and CTAD: data submission for STI self-sampling services 		

Episode activity		
Condition or finding	SNOMED	SHHAPT
HIV: new diagnosis – acute infection	111880001	H1A
<p>Newly confirmed HIV diagnoses which have evidence of one or more of the following in the last 6 months:</p> <p>a) a documented negative HIV test</p> <p>b) laboratory evidence (for example RITA assay, RNA, neutralisable p24 antigen and antibody negative)</p> <p>c) evidence of seroconversion illness</p> <p>Please note that:</p> <ul style="list-style-type: none"> known HIV positive patients transferring their HIV care to a new service should not be coded as a new HIV diagnosis – they should be coded as receiving ‘HIV related care’ a new HIV diagnosis should not be reported with any other code denoting HIV positive status a new HIV diagnosis should only be reported once throughout an entire patient’s history (new, acute or AIDS defined) standalone online self-sampling may report initial reactive results (all other services should report confirmed diagnoses only) <ul style="list-style-type: none"> online patients with reactive results should be referred for confirmatory testing – the receiving clinic should code the diagnosis as 'confirmed' detailed guidance for online services is available on the GUMCAD and CTAD: data submission for STI self-sampling services 		
HIV: new diagnosis – AIDS defined	62479008	H1B
<p>Please note that:</p> <ul style="list-style-type: none"> newly confirmed HIV diagnoses which have a clinical AIDS diagnosis within 3 months of initial HIV diagnosis known HIV positive patients transferring their HIV care to a new service should not be coded as a new HIV diagnosis – they should be coded as receiving ‘HIV-related care’ a new HIV diagnosis should not be reported with any other code denoting HIV positive status 		

Episode activity		
Condition or finding	SNOMED	SHHAPT
<ul style="list-style-type: none"> a new HIV diagnosis should only be reported once throughout an entire patient's history (new, acute or AIDS defined) standalone online self-sampling services may report initial reactive results (all other services should report confirmed diagnoses only) <ul style="list-style-type: none"> online patients with reactive results should be referred for confirmatory testing – the receiving clinic should code the diagnosis as 'confirmed' detailed guidance for online services is available on the GUMCAD and CTAD: data submission for STI self-sampling services 		
HIV-related care	504871000000109	H2
<p>All attendances relating to HIV care. Please note that:</p> <ul style="list-style-type: none"> HIV-related care can be coded at every required attendance within a single episode HIV-related care should not be reported with any other code denoting HIV positive status 		
HPV Positive – high risk	720005005	-
Human papillomavirus (deoxyribonucleic acid) test positive, high risk in specimen from cervix.		
Lymphogranuloma venereum (LGV)	186946009	C2
<p>Laboratory confirmation is required for this condition. Please note that:</p> <ul style="list-style-type: none"> site of infection should be reported for this condition – see Appendix 4 		
Molluscum contagiosum	40070004	C12
Diagnosis refers to presence of characteristic lesions, or characteristic histopathological features if biopsy has been performed.		
Mycoplasma genitalium (M-gen)	240594008	C16
Laboratory confirmation is required for this condition.		

Episode activity		
Condition or finding	SNOMED	SHHAPT
<p>Please note that:</p> <ul style="list-style-type: none"> site of infection should be reported for this condition– see Appendix 4 		
Non-specific genital infection (NSGI)	774911000000100	C4N
<p>All cases of complicated and uncomplicated NSGI. Please note that:</p> <ul style="list-style-type: none"> males are diagnosed with NSGI in the presence of polymorphonuclear leucocytes (at >5 per high power field) and in the absence of laboratory confirmed chlamydia and gonorrhoea females being treated for non-specific mucopurulent cervicitis should be coded as NSGI patients thought to be newly infected after a previous episode should be regarded as a new episode and investigated, treated and diagnosed accordingly treatment failures should not be given a new diagnosis <ul style="list-style-type: none"> treatment failures include those in whom first line antibiotics have failed (for example, symptoms not resolved, or antibiotics not taken correctly) and those who have had sexual intercourse with an untreated partner (not a new partner) within 6 weeks 		
Ophthalmia neonatorum	342098002	C5B
<p>All cases of ophthalmia neonatorum. Please note that:</p> <ul style="list-style-type: none"> ophthalmia neonatorum should be reported with a chlamydia diagnosis to indicate chlamydial infections and a gonorrhoea diagnosis to indicate gonococcal infections 		
Pediculosis pubis	71011005	C9
<p>This includes cases treated on either a clinical or epidemiological basis. Please note that:</p> <ul style="list-style-type: none"> patients thought to be newly infected after a previous episode should be regarded as a new episode and investigated, treated and diagnosed accordingly treatment failures should not be given a new diagnosis 		

Episode activity		
Condition or finding	SNOMED	SHHAPT
Pelvic inflammatory disease (PID)	198130006	C5A
<p>All cases of pelvic inflammatory disease. Please note that:</p> <ul style="list-style-type: none"> • PID should be reported with a chlamydia diagnosis to indicate chlamydial infections, a gonorrhoea diagnosis to indicate gonococcal infections and mycoplasma genitalium diagnosis to indicate mycoplasma genitalium infections 		
Pregnancy	-	-
Pregnant 1 to 12 weeks	57630001	PR1
<p>For those in the first trimester of pregnancy (only required once per pregnancy). Please note that:</p> <ul style="list-style-type: none"> • should not be reported at the same time as the second and third trimester 		
Pregnant 13 to 28 weeks	59466002	PR2
<p>For those in the second trimester of pregnancy (only required once per pregnancy). Please note that:</p> <ul style="list-style-type: none"> • should not be reported at the same time as the first and third trimester 		
Pregnant 29 weeks – full term	41587001	PR3
<p>For those in the third trimester of pregnancy (only required once per pregnancy). Please note that:</p> <ul style="list-style-type: none"> • should not be reported at the same time as the first and second trimester 		
Proctitis	3951002	C4NR
<p>This includes all cases of complicated and uncomplicated rectal infection.</p>		

Episode activity		
Condition or finding	SNOMED	SHHAPT
Scabies	128869009	C8
<p>This includes cases treated on either a clinical or epidemiological basis. Please note that:</p> <ul style="list-style-type: none"> patients thought to be newly infected after a previous episode should be regarded as a new episode and investigated, treated and diagnosed accordingly treatment failures should not be given a new diagnosis 		
Sexual assault	422608009	40 or 41
<p>This includes any presentation of a sexual assault regardless of the number of days between the sexual assault and the medical examination. Please note that:</p> <ul style="list-style-type: none"> there is only one SNOMED code for sexual assault that is non-specific. (acute or non-acute presentations cannot be reported) this activity is shared with the SRHAD report – please speak to your software provider to determine if separate coding is required for GUMCAD and SRHAD – as this may need to be coded twice to appear in both reports 		
Shigella	-	-
Shigella flexneri (group B)	34335000	SG1
Laboratory confirmation is required for this condition.		
Shigella sonnei (group D)	69794009	SG2
Laboratory confirmation is required for this condition.		
Shigella other or unspecified	111817006	SG3
Laboratory confirmation is required for this condition.		
Syphilis	-	-
Syphilis – Cardiovascular	83883001	A4
All cases of cardiovascular syphilis.		

Episode activity		
Condition or finding	SNOMED	SHHAPT
Syphilis – Congenital	35742006	A7A
<p>Serological evidence of syphilis in an infant or child and clinical signs consistent with congenital syphilis, such as:</p> <ul style="list-style-type: none"> • early (<2 years): snuffles, skin and mucous membrane lesions, lymphadenopathy, hepatosplenomegaly • late (>2 years): gummatous ulcers, interstitial keratitis, optic atrophy, sensorineural deafness, Hutchinson's incisors 		
Syphilis – Early latent	186867005	A3
<p>Patients who acquired syphilis in the preceding 2 years who have no signs or symptoms of primary or secondary syphilis. Proof of being treated for syphilis within the preceding 2 years is required. Please note that:</p> <ul style="list-style-type: none"> • standalone online self-sampling services may report initial reactive results (all other services should report confirmed diagnoses only) <ul style="list-style-type: none"> • online patients with reactive results should be referred for confirmatory testing – the receiving clinic should code the diagnosis as 'confirmed' • detailed guidance for online services is available on the GUMCAD and CTAD: data submission for STI self-sampling services 		
Syphilis – Neurosyphilis	26039008	A5
<p>All cases of syphilis of the nervous system. Please note that:</p> <ul style="list-style-type: none"> • neurosyphilis should be reported with secondary syphilis to identify the stage of infection as early or with other late or latent syphilis to identify the stage of infection as late 		
Syphilis – Ocular	410478005	A10
<p>All cases of syphilis involving the eye. Laboratory confirmation is required.</p>		

Episode activity		
Condition or finding	SNOMED	SHHAPT
Syphilis – Ootosyphilis	1092491000000102	A11
All cases of syphilis involving sensorineural hearing loss. Laboratory confirmation is required.		
Syphilis – other late or latent	186903006	A6
All cases of latent syphilis (detected 2 years after infection) and all other late syphilis. Please note that:		
<ul style="list-style-type: none"> other late or latent syphilis should be reported with neurosyphilis to identify the stage of neurosyphilis infection as late 		
Syphilis – primary	266127002	A1
All cases of primary infectious syphilis where the patient has documented signs or symptoms. Laboratory confirmation is required. Please note that:		
<ul style="list-style-type: none"> site of infection should be reported for this condition – see Appendix 4 standalone online self-sampling services may report initial reactive results (all other services should report confirmed diagnoses only) online patients with reactive results should be referred for confirmatory testing – the receiving clinic should code the diagnosis as 'confirmed' detailed guidance for online services is available on the GUMCAD and CTAD: data submission for STI self-sampling services 		
Syphilis – secondary	240557004	A2
All cases of secondary infectious syphilis where the patient has documented signs or symptoms. Laboratory confirmation is required. Please note that:		
<ul style="list-style-type: none"> secondary syphilis should be reported with neurosyphilis to identify the stage of neurosyphilis infection as early standalone online self-sampling services may report initial reactive results (all other services should report confirmed diagnoses only) <ul style="list-style-type: none"> online patients with reactive results should be referred for confirmatory testing – the receiving clinic should code the diagnosis as 'confirmed' 		

Episode activity		
Condition or finding	SNOMED	SHHAPT
<ul style="list-style-type: none"> detailed guidance for online services is available on the GUMCAD and CTAD: data submission for STI self-sampling services 		
Trichomoniasis	56335008	C6A
<p>Please note that:</p> <ul style="list-style-type: none"> all cases of trichomoniasis cases of trichomoniasis associated with bacterial vaginosis (BV) should only be coded as trichomoniasis – BV should not be coded 		
Urinary tract infection (UTI)	68566005	D2A
<p>Cases of UTI where any of the following conditions are met:</p> <ul style="list-style-type: none"> culture positive UTI moderately to highly likely UTI based on clinical and dipstick* criteria treated for UTI based on moderate or severe symptoms of UTI without culture or dipstick* <p>*LE- or Nitrite-positive</p>		
Vaginosis	-	-
Bacterial vaginosis (BV)	419760006	C6B
<p>Diagnosis of bacterial vaginosis (BV) is generally based on microscopy and pH vaginal fluid. Please note that:</p> <ul style="list-style-type: none"> this diagnosis is very rarely appropriate in males and used only if the patient has confirmed anaerobic balanitis. This diagnosis may occur in transgender men cases of BV associated with trichomoniasis should only be coded as trichomoniasis – BV should not be coded any other type of vaginosis diagnosed should be reported to UKHSA so that a new SNOMED code can be issued 		

Episode activity		
Condition or finding	SNOMED	SHHAPT
Vaginitis – other causes	30800001	C6C
Other and non-confirmed bacterial vaginitis.		
Warts – anogenital	-	-
Warts-first episode	240542006	C11A
<p>First episodes of anogenital warts. Please note that:</p> <ul style="list-style-type: none"> • a first episode of anogenital warts should only be recorded if the patient has never previously received treatment for the condition (at another sexual health service) • diagnosis refers to macroscopic warts. It does not refer to acetowhite patches, abnormalities revealed by acetowhite staining nor the cytological finding of a wart virus change that is these should not be coded as anogenital warts • site of infection should be reported for this condition – see Appendix 4 		
Warts – recurrent episode	1097561000000105	C11D
<p>Subsequent episodes of anogenital warts. Please note that:</p> <ul style="list-style-type: none"> • a subsequent episode of anogenital warts would include episodes confirmed at any sexual health service • diagnosis refers to macroscopic warts. It does not refer to acetowhite patches, abnormalities revealed by acetowhite staining nor the cytological finding of a wart virus change that is these should not be coded as anogenital warts • site of infection should be reported for this condition – see Appendix 4 		

Appendix 3B. Description of episode activity codes (services provided)

The episode activity codes used to report the provision of sexual health services including tests and vaccinations, are as follows:

Episode activity		
Services	SNOMED	SHHAPT
Cervical cytology performed	171149006	P4
<p>All instances where cervical cytology is performed, regardless of outcome.</p> <ul style="list-style-type: none"> this activity is shared with the SRHAD report. Please speak to your software provider to determine if separate coding is required for GUMCAD and SRHAD that is this may need to be coded twice to appear in both reports 		
Hepatitis vaccinations		
Hepatitis A: immune	278971009	O22
<p>Hepatitis A immunity includes those who have:</p> <ul style="list-style-type: none"> natural immunity – via self-reported or documented history of hepatitis A infection vaccinated immunity – via documented history of 2 doses of monovalent or 3 doses of bivalent vaccine 		
Hepatitis A vaccination: First dose	571511000119102	O20
<p>The first dose of a new hepatitis A vaccination course. Please note that:</p> <ul style="list-style-type: none"> a first dose should not be reported on the same date as any other vaccination dose 		
Hepatitis A vaccination: Second dose	170379004	O21
<p>The second dose of a hepatitis A vaccination course (including those who may have received an earlier dose at another sexual health service).</p>		

Episode activity		
Services	SNOMED	SHHAPT
<p>Please note that:</p> <ul style="list-style-type: none"> • this includes either the second dose of a monovalent (hepatitis A) vaccination course or the second dose of a bivalent (hepatitis A and B) vaccination course • a second dose should not be reported on the same date as any other vaccination dose 		
Hepatitis A vaccination: Third dose	170380001	O21
<p>The third dose of a hepatitis A vaccination course (including those who may have received an earlier dose at another sexual health service). Please note that:</p> <ul style="list-style-type: none"> • this includes the third dose of a bivalent (hepatitis A and B) vaccination course • a third dose should not be reported on the same date as any other vaccination dose 		
Hepatitis B: immune	271511000	P2I
<p>Hepatitis B immunity includes those who have:</p> <ul style="list-style-type: none"> • natural immunity – via self-reported or documented history of hepatitis B infection • vaccinated immunity – via documented history of 3 doses of vaccine 		
Hepatitis B vaccination: First dose	170370000	P2A
<p>The first dose of a new hepatitis B vaccination course (including those who may have been previously vaccinated at any sexual health service but are now starting a new vaccination course). Please note that:</p> <ul style="list-style-type: none"> • a first dose should not be reported on the same date as any other vaccination dose (including a booster) 		
Hepatitis B vaccination: Second dose	170371001	P2B
<p>The second dose of a hepatitis B vaccination course (including those who may have received an earlier dose at another sexual health service).</p>		

Episode activity		
Services	SNOMED	SHHAPT
Please note that:		
<ul style="list-style-type: none"> a second dose should not be reported on the same date as any other vaccination dose (including a booster) 		
Hepatitis B vaccination: Third dose	170372008	P2C
The third dose of a hepatitis B vaccination course (including those who may have received an earlier dose at another sexual health service). Please note that:		
<ul style="list-style-type: none"> a third dose should not be reported on the same date as any other vaccination dose (including a booster) 		
Hepatitis B vaccination: Fourth dose	170374009	P2D
The fourth dose of a hepatitis B vaccination course (including those who may have received an earlier dose at another sexual health service). Please note that:		
<ul style="list-style-type: none"> a fourth dose should not be reported on the same date as any other vaccination dose (including a booster) 		
Hepatitis B vaccination: booster	170373003	P2E
Hepatitis B vaccination boosters (including those who may have been vaccinated at another sexual health service). Please note that:		
<ul style="list-style-type: none"> a booster should not be reported on the same date as any other vaccination dose 		
HPV vaccination		
HPV vaccination: First dose	428741008	W1
The first dose of a new human papillomavirus vaccination course (including those who may have been previously vaccinated at any sexual health service but are now starting a new vaccination course). Please note that:		
<ul style="list-style-type: none"> HPV vaccinations should routinely be offered to MSM up to the age of 45 (but can be offered to others as appropriate) 		

Episode activity		
Services	SNOMED	SHHAPT
<ul style="list-style-type: none"> a first dose should not be reported on the same date as any other vaccination dose 		
HPV vaccination: Second dose	429396009	W2
<p>The second dose of a new human papillomavirus vaccination course (including those who may have received an earlier dose at another sexual health service). Please note that:</p> <ul style="list-style-type: none"> HPV vaccinations should routinely be offered to MSM up to the age of 45 (but can be offered to others as appropriate) a second dose should not be reported on the same date as any other vaccination dose 		
HPV vaccination: Third dose	428931000	W3
<p>The Third dose of a new human papillomavirus vaccination course (including those who may have received an earlier dose at another sexual health service). Please note that:</p> <ul style="list-style-type: none"> HPV vaccinations should routinely be offered to MSM up to the age of 45 (but can be offered to others as appropriate) a third dose should not be reported on the same date as any other vaccination dose 		
HPV vaccination: declined	438765003	W4
<p>All instances where a human papillomavirus vaccination course is offered and declined. Please note that:</p> <ul style="list-style-type: none"> HPV vaccinations should routinely be offered to MSM up to the age of 45 (but can be offered to others as appropriate) a vaccination course that is declined because a course has previously been received in full should not be coded as declined – it should be coded as previously received in full a vaccination course that is declined should not be reported on the same date as any other vaccination dose 		

Episode activity		
Services	SNOMED	SHHAPT
HPV vaccination: previously received in full	1086381000000106	W5
<p>All instances where a human papillomavirus vaccination course has previously been received in full (including where the vaccination course was received at the current SHS or at another SHS). Please note that:</p> <ul style="list-style-type: none"> a vaccination course that has previously been received in full should not be reported on the same date as any other vaccination dose 		
Partner notification		
Partner notification: chlamydia contact	444418002	PNC
<p>For those presenting as a partner of an index case diagnosed with chlamydia (at this or any other sexual health service). Please note that:</p> <ul style="list-style-type: none"> if the presenting partner is diagnosed with chlamydia, they should also be coded for chlamydia 		
Partner notification: epididymitis contact	407560009	PNP
<p>For those presenting as a partner of an index case diagnosed with epididymitis (at this or any other sexual health service). Please note that:</p> <ul style="list-style-type: none"> if the presenting partner is diagnosed with epididymitis, they should also be coded for epididymitis 		
Partner notification: gonorrhoea contact	444376008	PNG
<p>For those presenting as a partner of an index case diagnosed with gonorrhoea (at this or any other sexual health service). Please note that:</p> <ul style="list-style-type: none"> if the presenting partner is diagnosed with gonorrhoea, they should also be coded for gonorrhoea 		

Episode activity		
Services	SNOMED	SHHAPT
Partner notification: hepatitis A contact	444500002	O23
<p>For those presenting as a partner of an index case diagnosed with hepatitis A (at this or any other sexual health service). Please note that:</p> <ul style="list-style-type: none"> if the presenting partner is diagnosed with hepatitis A, they should also be coded for hepatitis A 		
Partner notification: HIV contact	444356002	PNH
<p>For those presenting as a partner of an index case diagnosed with HIV (at this or any other sexual health service).</p> <ul style="list-style-type: none"> if the presenting partner is diagnosed with HIV they should also be coded for HIV (new, acute or AIDS defined diagnosis) 		
Partner notification: NSGI contact	444458000	PNN
<p>For those presenting as a partner of an index case diagnosed with NSGI (at this or any other sexual health service). Please note that:</p> <ul style="list-style-type: none"> if the presenting partner is diagnosed with NSGI they should also be coded for NSGI 		
Partner notification: generic STI including PID contact	407560009	PNP
<p>For those presenting as a partner of an index case diagnosed with PID (at this or any other sexual health service). Please note that:</p> <ul style="list-style-type: none"> if the presenting partner is diagnosed with PID they should also be coded for PID 		
Partner notification: syphilis contact	444380003	PNS
<p>For those presenting as a partner of an index case diagnosed with syphilis (at this or any other sexual health service).</p>		

Episode activity		
Services	SNOMED	SHHAPT
<p>Please note that:</p> <ul style="list-style-type: none"> if the presenting partner is diagnosed with syphilis, they should also be coded for syphilis 		
Partner notification: trichomoniasis contact	444452004	PNT
<p>For those presenting as a partner of an index case diagnosed with trichomoniasis (at this or any other sexual health service). Please note that:</p> <ul style="list-style-type: none"> if the presenting partner is diagnosed with trichomoniasis they should also be coded for trichomoniasis 		
PEP sexual exposure	473382005	PEPSE
<p>For patients given HIV prophylaxis following sexual exposure (PEPSE).</p>		
PrEP	-	-
<p>Data on PrEP should be collected using the PrEP data items (see section 4.25).</p>		
Sexual health screens (SHS) – tests		
SHS: chlamydia and gonorrhoea tests	-	T2
<p>For those given a sexual health screen which includes testing for chlamydia and gonorrhoea only. Please note that:</p> <ul style="list-style-type: none"> this SHS should not be reported on the same date as any other SHS or with individual testing for chlamydia or gonorrhoea (accepted or declined) SNOMED codes for SHS are not available – please use individual test codes for chlamydia and gonorrhoea instead 		

Episode activity		
Services	SNOMED	SHHAPT
SHS: chlamydia, gonorrhoea and syphilis tests	-	T3
<p>For those given a sexual health screen which includes testing for chlamydia, gonorrhoea and syphilis only. Please note that:</p> <ul style="list-style-type: none"> • this SHS should not be reported on the same date as any other SHS or with individual testing for chlamydia, gonorrhoea or syphilis (accepted or declined) • SNOMED codes for SHS are not available – please use individual test codes for chlamydia, gonorrhoea and syphilis instead 		
SHS: chlamydia, gonorrhoea, syphilis and HIV tests	-	T4
<p>For those given a full sexual health screen which includes testing for chlamydia, gonorrhoea, syphilis and HIV. Please note that:</p> <ul style="list-style-type: none"> • this SHS should not be reported on the same date as any other SHS or with individual testing for chlamydia, gonorrhoea, syphilis or HIV (accepted or declined) • SNOMED codes for SHS are not available – please use individual test codes for chlamydia, gonorrhoea, syphilis and HIV instead 		
SHS: syphilis and HIV tests	-	T7
<p>For those given a sexual health screen which includes testing for syphilis and HIV only. Please note that:</p> <ul style="list-style-type: none"> • this SHS should not be reported on the same date as any other SHS or with individual testing for syphilis or HIV (accepted or declined) • SNOMED codes for SHS are not available – please use individual test codes for syphilis and HIV instead 		
Test: chlamydia test	442487003	T1
<p>For those tested for chlamydia:</p> <ul style="list-style-type: none"> • this test should not be reported on the same date as a SHS that includes chlamydia testing or with a declined chlamydia test 		

Episode activity		
Services	SNOMED	SHHAPT
Test: chlamydia test declined	412718006	T11
<p>For those declining testing for chlamydia:</p> <ul style="list-style-type: none"> the declined test should not be reported on the same date as a SHS that includes chlamydia testing or with an individual test for chlamydia 		
Test: gonorrhoea test	1086351000000100	-
<p>For those tested for gonorrhoea:</p> <ul style="list-style-type: none"> this test should not be reported on the same date as a SHS that includes gonorrhoea testing or with a declined gonorrhoea test 		
Test: gonorrhoea test declined	200651000000103	T9
<p>For those declining testing for gonorrhoea:</p> <ul style="list-style-type: none"> the declined test should not be reported on the same date as a SHS which includes gonorrhoea testing or with an individual test for gonorrhoea 		
Test: hepatitis A test	1086371000000109	T6
<p>For those tested for hepatitis A.</p>		
Test: hepatitis B test	171122006	T6
<p>For those tested for hepatitis B.</p>		
Test: hepatitis C test	413107006	T6
<p>For those tested for hepatitis C.</p>		
Test: herpes test	1086361000000102	T5
<p>For those tested for the herpes simplex virus (HSV).</p>		

Episode activity		
Services	SNOMED	SHHAPT
Test: HIV test	171121004	P1A
<p>For those tested for HIV:</p> <ul style="list-style-type: none"> this test should not be reported on the same date as a SHS that includes HIV testing or with declined or inappropriate HIV testing 		
Test: HIV test declined	1086751000000101	P1B
<p>For those declining testing for HIV:</p> <ul style="list-style-type: none"> including where a pre-test discussion or counselling has taken place or where the patient intends to test in the future the declined test should not be reported on the same date as a SHS which includes HIV testing or with an individual test for HIV 		
Test: HIV test not appropriate or possible	768801000000109	P1C
<p>For those where the clinician deemed that HIV testing was not appropriate or was not possible. Please note that:</p> <ul style="list-style-type: none"> including where the patient has recently tested or is still inside the HIV 'window' period including where the patient was triaged via a telephone consultation and was referred to a different service for HIV testing* those already known to be HIV-positive do not need to be coded as 'HIV test not appropriate', they should be coded as 'known HIV positive' or for HIV-related care (as appropriate) 'HIV test not appropriate' should not be reported on the same date as a SHS which includes HIV testing or with an individual test for HIV <p>*The code definition has been expanded to accommodate telephone consultations where it is not possible to conduct HIV testing (where the patient is referred to a different service for HIV testing). This is with specific reference to changes made to service provision in relation to the response to coronavirus (COVID-19).</p>		

Episode activity		
Services	SNOMED	SHHAPT
Test: HPV Screening	700152009	-
For those tested for Human Papiloma Virus.		
Test: M-gen test	1086331000000107	T12
For those tested for Mycoplasma genitalium.		
Test: syphilis test	1086341000000103	-
<p>For those tested for syphilis:</p> <ul style="list-style-type: none"> this test should not be reported on the same date as a SHS that includes syphilis testing or with a declined syphilis test 		
Test: syphilis test declined	202261000000101	T9
<p>For those declining testing for syphilis:</p> <ul style="list-style-type: none"> the declined test should not be reported on the same date as a SHS which includes syphilis testing or with an individual test for syphilis 		

Appendix 3C. HIV and STI test code combinations

SHAPPT codes for HIV and STI testing should be used in the appropriate way to ensure coding provides an accurate reflection of the services provided. The table below illustrates the one-to-one relationship between each HIV and STI code and highlights whether the combination is 'Accepted', 'Incomplete' or 'Rejected'.

SNOMED codes for sexual health screens (SHS) are not available – individual SNOMED test codes should be reported instead, for example a SHHAPT T2 (a sexual health screen including testing for chlamydia and gonorrhoea) would be reported via SNOMED 442487003 (chlamydia test) and 1086351000000100 (gonorrhoea test).

HIV and STI test code combinations

SHHAPT code	P1A	P1B	P1C	T1	T2	T3	T4	T5	T6	T7	T9	T11
P1A: HIV antibody test		x	x	✓	✓	x	x	✓	✓	x	✓	✓
P1B: HIV test offered and declined	x		x	✓	✓	✓	x	✓	✓	x	✓	✓
P1C: HIV test not appropriate	x	x		✓	✓	✓	x	✓	✓	x	✓	✓
T1: Chlamydia test	✓	✓	✓		x	x	x	✓	✓	✓	✓	x
T2: Chlamydia and gonorrhoea tests	✓	✓	✓	x		x	x	✓	✓	x	✓	x
T3: Chlamydia, gonorrhoea and syphilis tests	x	✓	✓	x	x		x	✓	✓	x	x	x
T4: Full sexual health screen (chlamydia, gonorrhoea, syphilis and HIV tests)	x	x	x	x	x	x		✓	✓	x	x	x
T5: Herpes simplex virus (HSV) test	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
T6: Hepatitis A, B, C test	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
T7: Syphilis and HIV antibody test	x	x	x	✓	x	x	x	✓	✓		✓	✓
T9: STI testing not required or appropriate (chlamydia, gonorrhoea or syphilis)	✓	✓	✓	✓	✓	x	x	✓	✓	x		✓
T11: Chlamydia test offered and declined	✓	✓	✓	x	x	x	x	✓	✓	✓	✓	
HIV and STI test code combinations Key:												
✓	Accepted: code combination can be reported together.											
x	Rejected: code combination cannot be reported together.											

Appendix 4. Diagnosis of site of infection

The permitted combinations and default site of infections are presented here:

Episode activity diagnosis infection site – permitted combinations and data defaults								
SNOMED	SHHAPT	Description	Genital	Rectal	Pharyngeal	Ocular	Other	Default
236746000	C6B	Balanitis: anaerobic balanitis	✓					Genital
44882003	C6C	Balanitis: other causes	✓					Genital
240707005	C7	Candidiasis (anogenital)	✓					Genital
269959007	P4A	Cervical cytology: mild dyskaryosis	✓					Genital
269961003	P4B	Cervical cytology: moderate dyskaryosis	✓					Genital
269960002	P4B	Cervical cytology: severe dyskaryosis	✓					Genital
266143009	C1	Chancroid	✓	✓	✓			Genital
240589008	C4	Chlamydia	✓	✓	✓	✓	✓	Genital
240606006	C3	Donovanosis	✓	✓	✓			Genital
31070006	C5A	Epididymitis	✓					Genital
15628003	B	Gonorrhoea	✓	✓	✓	✓	✓	Genital
25102003	C15	Hepatitis A: acute infection					✓	Other

Episode activity diagnosis infection site – permitted combinations and data defaults								
SNOMED	SHHAPT	Description	Genital	Rectal	Pharyngeal	Ocular	Other	Default
66071002	C13	Hepatitis B: first diagnosis					✓	Other
50711007	C14	Hepatitis C: first diagnosis					✓	Other
186538004	C10A	Herpes simplex: first episode (anogenital)	✓	✓				Genital
240479006	C10B	Herpes simplex: recurrent episode (anogenital)	✓	✓				Genital
86406008	H1	HIV new diagnosis					✓	Other
111880001	H1A	HIV new diagnosis: acute					✓	Other
62479008	H1B	HIV new diagnosis: late (AIDS defined)					✓	Other
720005005	-	HPV positive – high risk	✓					Genital
186946009	C2	LGV	✓	✓	✓			Genital
40070004	C12	Molluscum contagiosum	✓					Genital
240594008	C16	Mycoplasma genitalium	✓	✓				Genital
774911000000100	C4N	Non-specific genital infection (NSGI)	✓				✓	Genital
34298002	C5B	Ophthalmia neonatorum				✓		Ocular
71011005	C9	Pediculosis pubis	✓					Genital
198130006	C5A	Pelvic inflammatory disease (PID)					✓	Other

Episode activity diagnosis infection site – permitted combinations and data defaults								
SNOMED	SHHAPT	Description	Genital	Rectal	Pharyngeal	Ocular	Other	Default
3951002	C4NR	Proctitis		✓				Rectal
128869009	C8	Scabies	✓					Genital
34335000	SG1	Shigella flexneri (group B)					✓	Other
69794009	SG2	Shigella sonnei (group D)					✓	Other
111817006	SG3	Shigella other/unspecified					✓	Other
83883001	A4	Syphilis: Cardiovascular syphilis					✓	Other
35742006	A7A	Syphilis: Congenital syphilis					✓	Other
186867005	A3	Syphilis: Early latent syphilis					✓	Other
26039008	A5	Syphilis: Neurosyphilis					✓	Other
410478005	A10	Syphilis: Ocular syphilis				✓		Ocular
1092491000000102	A11	Syphilis: Ootosyphilis					✓	Other
186903006	A6	Syphilis: Other late and latent syphilis					✓	Other
266127002	A1	Syphilis: Primary syphilis	✓	✓	✓		✓	Genital
240557004	A2	Syphilis: Secondary syphilis					✓	Other
56335008	C6A	Trichomoniasis	✓					Genital
68566005	D2A	Urinary tract infection	✓					Genital
30800001	C6C	Vaginitis: other causes	✓					Genital

Episode activity diagnosis infection site – permitted combinations and data defaults								
SNOMED	SHHAPT	Description	Genital	Rectal	Pharyngeal	Ocular	Other	Default
419760006	C6B	Vaginosis: bacterial vaginosis (BV)	✓					Genital
240542006	C11A	Warts infection: first episode (anogenital)	✓	✓				Genital
1097561000000105	C11D	Warts infection: recurrent episode (anogenital)	✓	✓				Genital

Appendix 5. CSV format

CSV files that do not comply with the required format will be rejected upon submission to UKHSA.

Below is an example of the data item content for a single row of data which is used to illustrate how the data should appear in the CSV file when viewed via a text reader.

CSV example: text reader (one row of data)

```
ClinicID,Clinic_Type,PatientID,Patient_Type,Gender_Identity,Gender_Birth,Age,Sex_Ori,Ethnicity,Country_Birth,LA,LSOA,Consultation_Referral,Consultation_Date,Consultation_Medium,Consultation_Type,Consultation_Speciality,Consultation_PN,Consultation_Symptomatic,Episode_Activity,Diagnosis_Confirmed,Diagnosis_Site,Diagnosis_Treated,OSP,OSP_New,OSP_CL,MSM,MSM_HIV_Pos,MSM_CL,MSM_CL_Rec,WSW,WSW_New,PN_Date,PN_Partners,PN_Contacts,PN_Contacts_Att_Rep,PN_Contacts_Att_Ver,PrEP_Eligibility,PrEP_Uptake,PrEP_Regimen,PrEP_Prescription,PrEP_Stop_Reason,Alcohol_1,Alcohol_2,Drugs_Used,Drugs_1,Drugs_2,Drugs_3,Drugs_4,Drugs_5,Drugs_6,Drugs_7,Drugs_8,Drugs_9,Drugs_10,Drugs_11,Drugs_12,Drugs_13,Drugs_14,Drugs_15,Drugs_16,Drugs_Inject,Drugs_Share_Eqp,Drugs_Sex
```

```
R1234,01,M1900001,2,1,Y,32,2,A,GBR,E09000008,E01001106,1082321000000109,2019-01-01,01,01,02,NA,Y,240589008,01,02,01,NA,NA,NA,04,U,N,NA,NA,NA,2019-01-01,6,6,4,4,01,01,01,03,NA,Y,N,Y,NA,NA,Y,NA,NA,NA,Y,NA,NA,NA,NA,NA,NA,NA,NA,NA,NA,NA,NA,N
```

The 'GUMCAD: sample data extract' available on the [GUMCAD: data specification and technical guidance](#) shows an example of the data content for multiple rows of data when viewed via a CSV reader.

Appendix 6. SNOMED episode activity codes

SNOMED codes should replace all SHHAPT and READ code reporting (SHHAPT and READ codes can continue to be reported until SNOMED implementation is complete – See Appendices [7](#) and [9](#)).

Episode activity codes should only be reported once per episode* of care – except for HIV-related care which may be reported as often as required.

*Multiples of the same episode activity code can be reported for diagnoses of multi-site infections (genital, ocular, pharyngeal and or rectal infections) – see [section 4.19](#) for further details.

Appendix 7. SHHAPT and SNOMED episode activity codes

SHHAPT codes can continue to be reported until SNOMED implementation is complete. A reduced list of SHHAPT equivalent SNOMED codes has been defined to assist with implementation (the full list of SNOMED codes can be reported – see [Appendix 5](#)).

Episode activity codes should only be reported once per episode* of care except for HIV-related care which may be reported as often as required

*Multiples of the same episode activity code can be reported for diagnoses of multi-site infections (genital, ocular, pharyngeal and or rectal infections) – see [section 4.19](#) for further details.

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Diagnosis	44882003	C6C	Balanitis: other causes	Previously reported via combined SHHAPT code for 'other balanitis/vaginitis/vaginosis'
Diagnosis	236746000	C6B	Balanitis: anaerobic balanitis	Previously reported via combined SHHAPT code for 'anaerobic balanitis/bacterial vaginosis'
Diagnosis	240707005	C7	Candidiasis (anogenital)	
Diagnosis	269959007	P4A	Cervical cytology: mild dyskaryosis	

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Diagnosis	269961003	P4B	Cervical cytology: moderate dyskaryosis	Previously reported via combined SHHAPT code for 'major abnormality'
Diagnosis	269960002	P4B	Cervical cytology: severe dyskaryosis	Previously reported via combined SHHAPT code for 'major abnormality'
Diagnosis	266143009	C1	Chancroid	
Finding	1086791000000109	CSE1	Child sexual exploitation: internal assessment	New Episode Activity code
Finding	1086821000000104	CSE2	Child sexual exploitation: referred to internal safeguarding professionals	New Episode Activity code
Finding	1086831000000102	CSE3	Child sexual exploitation: referred to external safeguarding professionals	New Episode Activity code
Diagnosis	240589008	C4	Chlamydia	
Finding	1087071000000109	DV	Domestic violence (or abuse)	New Episode Activity code
Diagnosis	240606006	C3	Donovanosis	

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Diagnosis	31070006	C5A	Epididymitis	Previously reported via combined SHHAPT code for 'PID / Epididymitis'
Finding	95041000119101	FGM	Female genital mutilation (of any type)	New Episode Activity code
Diagnosis	15628003	B	Gonorrhoea	
Diagnosis	25102003	C15	Hepatitis A: acute infection	
Diagnosis	66071002	C13	Hepatitis B: first diagnosis	
Diagnosis	50711007	C14	Hepatitis C: first diagnosis	
Diagnosis	186538004	C10A	Herpes simplex: first episode (anogenital)	
Diagnosis	240479006	C10B	Herpes simplex: recurrent episode (anogenital:)	
Diagnosis	86406008	H1	HIV new diagnosis	
Finding	699433000	H	HIV – known positive	
Finding	504871000000109	H2	HIV care	

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Diagnosis	111880001	H1A	HIV new diagnosis: acute	
Diagnosis	62479008	H1B	HIV new diagnosis: late (AIDS defined)	
Diagnosis	720005005	-	HPV Positive – High Risk	New Episode Activity code
Diagnosis	186946009	C2	LGV	
Diagnosis	40070004	C12	Molluscum contagiosum	
Diagnosis	240594008	C16	Mycoplasma genitalium (M gen)	
Diagnosis	774911000000100	C4N	Non-specific genital infection (NSGI)	
Diagnosis	34298002	C5B	Ophthalmia neonatorum	
Diagnosis	71011005	C9	Pediculosis pubis	
Diagnosis	198130006	C5A	Pelvic inflammatory disease (PID)	Previously reported via combined SHHAPT code for 'PID / Epididymitis'
Finding	57630001	PR1	Pregnant 1 to 12 weeks	
Finding	59466002	PR2	Pregnant 13 to 28 weeks	

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Finding	41587001	PR3	Pregnant 29 to 40 weeks	
Diagnosis	3951002	C4NR	Proctitis	
Diagnosis	128869009	C8	Scabies	
Finding	422608009	40	Sexual assault: acute presentation	There is only one SNOMED code for sexual assault that is non-specific. (please use the non-specific code instead)
Finding	422608009	41	Sexual assault: non-acute presentation	There is only one SNOMED code for sexual assault that is non-specific. (please use the non-specific code instead)
Diagnosis	34335000	SG1	Shigella flexneri (group B)	
Diagnosis	69794009	SG2	Shigella sonnei (group D)	
Diagnosis	111817006	SG3	Shigella other or unspecified	
Diagnosis	83883001	A4	Syphilis: cardiovascular syphilis	
Diagnosis	35742006	A7A	Syphilis: congenital syphilis	
Diagnosis	186867005	A3	Syphilis: early latent syphilis	

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Diagnosis	26039008	A5	Syphilis: neurosyphilis	
Diagnosis	410478005	A10	Syphilis: ocular syphilis	New episode activity code
Diagnosis	1092491000000102	A11	Syphilis: otosyphilis	New episode activity code
Diagnosis	186903006	A6	Syphilis: other late and latent syphilis	
Diagnosis	266127002	A1	Syphilis: primary syphilis	
Diagnosis	240557004	A2	Syphilis: secondary syphilis	
Diagnosis	56335008	C6A	Trichomoniasis	
Diagnosis	68566005	D2A	Urinary tract infection	
Diagnosis	30800001	C6C	Vaginitis: other causes	Previously reported via combined SHHAPT code for 'other balanitis/vaginitis/vaginosis'
Diagnosis	419760006	C6B	Vaginosis: bacterial vaginosis (BV)	Previously reported via combined SHHAPT code for 'anaerobic balanitis/bacterial vaginosis'
Diagnosis	240542006	C11A	Warts infection: first episode (anogenital)	

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Diagnosis	1097561000000105	C11D	Warts infection: recurrent episode (anogenital)	

Episode Activity Codes				
Services	SNOMED	SHHAPT	Description	Comment
Cytology	171149006	P4	Cervical cytology performed	
Vaccination	278971009	O22	Hepatitis A immune	
Vaccination	571511000119102	O20	Hepatitis A vaccination: First dose	
Vaccination	170379004	O21	Hepatitis A vaccination: Second dose	Previously reported via combined SHHAPT code for 'Hepatitis A vaccination: subsequent dose'
Vaccination	170380001	O21	Hepatitis A vaccination: Third dose	Previously reported via combined SHHAPT code for 'Hepatitis A vaccination: subsequent dose'
Vaccination	271511000	P2I	Hepatitis B immune	
Vaccination	170370000	P2A	Hepatitis B vaccination: First dose	

Episode Activity Codes				
Services	SNOMED	SHHAPT	Description	Comment
Vaccination	170371001	P2B	Hepatitis B vaccination: Second dose	
Vaccination	170372008	P2C	Hepatitis B vaccination: Third dose	
Vaccination	170374009	P2D	Hepatitis B vaccination: Fourth dose	
Vaccination	170373003	P2E	Hepatitis B vaccination: Booster	
Vaccination	428741008	W1	HPV vaccination: First dose	
Vaccination	429396009	W2	HPV vaccination: Second dose	
Vaccination	428931000	W3	HPV vaccination: Third dose	
Vaccination	438765003	W4	HPV vaccination: declined	New episode activity code
Vaccination	1086381000000106	W5	HPV vaccination: previously received in full	New episode activity code
Partner Notification	444418002	PNC	Partner notification: chlamydia contact	
Partner Notification	444376008	PNG	Partner notification: gonorrhoea contact	

Episode Activity Codes				
Services	SNOMED	SHHAPT	Description	Comment
Partner Notification	444500002	O23	Partner notification: hepatitis A contact	
Partner Notification	444356002	PNH	Partner notification: HIV contact	
Partner Notification	444458000	PNN	Partner notification: NSGI contact	
Partner Notification	444380003	PNS	Partner notification: syphilis contact	
Partner Notification	444452004	PNT	Partner notification: trichomoniasis contact	
Partner Notification	407560009	PNP	Partner notification: contact with any other STI (including PID/epididymitis)	
Prophylaxis	473382005	PEPS	Post exposure prophylaxis after sexual exposure (PEPSE)	
Sexual Health Screen	-	T2	SHS: chlamydia and gonorrhoea tests	SNOMED codes for sexual health screens are not available (please use individual test codes instead)

Episode Activity Codes				
Services	SNOMED	SHHAPT	Description	Comment
Sexual Health Screen	-	T3	SHS: chlamydia, gonorrhoea and syphilis tests	SNOMED codes for sexual health screens are not available (please use individual test codes instead)
Sexual Health Screen	-	T4	SHS: chlamydia, gonorrhoea, syphilis and HIV tests	SNOMED codes for sexual health screens are not available (please use individual test codes instead)
Sexual Health Screen	-	T7	SHS: syphilis and HIV testing	SNOMED codes for sexual health screens are not available (please use individual test codes instead)
Test	442487003	T1	Test: chlamydia test	
Test	412718006	T11	Test: chlamydia test declined	New episode activity code – previously reported via SHHAPT code for STI testing not required
Test	1086351000000100	-	Test: gonorrhoea test	New episode activity code – previously reported via SHHAPT sexual health screen codes
Test	200651000000103	T9	Test: gonorrhoea test declined	Previously reported via a combined SHHAPT code for 'STI testing not required/appropriate'

Episode Activity Codes				
Services	SNOMED	SHHAPT	Description	Comment
Test	1086371000000109	T6	Test: hepatitis A Test	Previously reported via a combined SHHAPT code for 'Hepatitis A / B / C testing'
Test	171122006	T6	Test: hepatitis B Test	Previously reported via a combined SHHAPT code for 'Hepatitis A / B / C testing'
Test	413107006	T6	Test: hepatitis C Test	Previously reported via a combined SHHAPT code for 'Hepatitis A / B / C testing'
Test	1086361000000102	T5	Test: Herpes (HSV) Test	
Test	171121004	P1A	Test: HIV test	
Test	1086751000000101	P1B	Test: HIV test declined	
Test	768801000000109	P1C	Test: HIV test inappropriate	
Test	1086331000000107	T12	Test: mycoplasma genitalium test	New episode activity code
Test	1086341000000103	-	Test: syphilis test	New episode activity code – previously reported via SHHAPT sexual health screen codes

Episode Activity Codes				
Services	SNOMED	SHHAPT	Description	Comment
Test	202261000000101	T9	Test: syphilis test declined	Previously reported via a combined SHHAPT code for 'STI testing not required'

Appendix 8. Retired SHHAPT episode activity codes

Episode activity coding has been updated to reflect current surveillance needs. Some previously required coding has been replaced by new data items and some are no longer relevant to national surveillance and have been retired. Consultations related to retired coding should be reported in GUMCAD without an episode activity code.

Please note, clinics are free to continue using retired SHHAPT codes if the data are required for other 'local' reports – such as the Sexual Health Tariff.

Retired SHHAPT episode activity codes		
SHHAPT	Description	Rationale
D2B	Episodes requiring other services and or treatment	Data on attendances where non-specific services and or treatment were provided is no longer required.
D3	Episodes not requiring services and or treatment	Data on attendances where services and or treatment were not provided are no longer required.
M	Medication – treatment given	Data on the provision of treatment should now be recorded via the 'Diagnosis_Treated' data item.
O	Pharyngeal infection	Data on pharyngeal infections should now be recorded via the 'Diagnosis_Site' data item.
O31	PrEP eligibility criteria 1: MSM or transgender woman	Data on the eligibility of patients accessing PrEP should now be recorded via the 'PrEP_Eligibility' data item.

Retired SHHAPT episode activity codes		
SHHAPT	Description	Rationale
O32	PrEP eligibility criteria 2: HIV+ partner	Data on the eligibility of patients accessing PrEP should now be recorded via the 'PrEP_Eligibility' data item.
O33	PrEP eligibility criteria 3: other high risk	Data on the eligibility of patients accessing PrEP should now be recorded via the 'PrEP_Eligibility' data item.
O41	PrEP regimen: starting or continuing daily PrEP	Data on the outcome of offering PrEP should now be recorded via the 'PrEP_Uptake' data item and data on the type of PrEP regimen accessed should now be recorded via the 'PrEP_Regimen' data item.
O42	PrEP regimen: starting or continuing event based PrEP	Data on the outcome of offering PrEP should now be recorded via the 'PrEP_Uptake' data item and data on the type of PrEP regimen accessed should now be recorded via the 'PrEP_Regimen' data item.
O43	PrEP regimen: continued through other source	Data on the outcome of offering PrEP should now be recorded via the 'PrEP_Uptake' data item.
O44	PrEP regimen: offered and declined	Data on the outcome of offering PrEP should now be recorded via the 'PrEP_Uptake' data item.
O45	PrEP regimen: stopped	Data on the outcome of offering PrEP should now be recorded via the 'PrEP_Uptake' data item and data on the reason PrEP has been stopped should be recorded via the 'PrEP_Stop_Reason' data item.
O51	PrEP prescription: 30 tablets	Data on the amount of PrEP prescribed should now be recorded via the 'PrEP_Prescription' data item.
O52	PrEP prescription: 60 tablets	Data on the amount of PrEP prescribed should now be recorded via the 'PrEP_Prescription' data item.

Retired SHHAPT episode activity codes		
SHHAPT	Description	Rationale
O53	PrEP prescription: 90 tablets	Data on the amount of PrEP prescribed should now be recorded via the 'PrEP_Prescription' data item.
O60	PrEP patient characteristic: transgender	Data on transgender patients accessing PrEP should now be recorded via the 'Gender_Identity' and 'Gender_Birth' data items.
P3	Contraception and family planning advice	Data on the provision of contraception is no longer required (data should be reported via the SRHAD report where appropriate).
PN	Partner notification initiated	Data on the initiation of partner notification should be reported via the 'PN_Date', 'PN_Partners', 'PN_Contact', 'PN_Contact_Att_Rep' and 'PN_Contact_Att_Ver' data items.
Q	Quadrivalent HPV vaccination	Data on the provision of quadrivalent HPV vaccinations is no longer required (HPV vaccinations should be reported using standard SNOMED codes)
R	Rectal infection	Data on rectal infections should now be recorded via the 'Diagnosis_Site' data item.
REF1	Referred from the Chlamydia Screening Programme	Data on referrals from the Chlamydia Screening Programme should now be recorded via the 'Consultation_Referral' data item.
REF2	Referred to a Level 3 GUM service	Data on referrals to Level 3 GUM services is no longer required.
REF3	Referred from a home testing or sampling service	Data on referrals from home testing or sampling services should now be recorded via the 'Consultation_Referral' data item.

Retired SHHAPT episode activity codes		
SHHAPT	Description	Rationale
SRH	Sexual and Reproductive Health activity (only)	Data on attendances where only SRH services were provided should now be recorded via the 'Consultation_Speciality' data item.
SW	Sex worker	Data on attendances by sex workers should now be recorded via the 'Patient_Type' data item.
T8	Self-sampling (urinalysis or swabs) without HCW consultation	Data on self-sampling is no longer required.
T10	Rapid testing (same day results)	Data on rapid testing is no longer required.
TS	Microscopy	Data on microscopy is no longer required.
TT	Three site testing (for chlamydia and gonorrhoea)	Data on 3 site testing is no longer required.
X	Diagnosis previously confirmed at a different service	Data on diagnoses previously confirmed at a different service should now be recorded via the 'Diagnosis_Confirmed' data item.
Z	Prisoner	Data on attendances by prisoners should now be recorded via the 'Patient_Type' data item.

Appendix 9. READ episode activity codes

READ codes (V2 or CTV3) can continue to be reported until SNOMED implementation is complete.

Episode activity codes should only be reported once per episode* of care except HIV-related care which may be reported as often as required.

READ codes (V2 or CTV3) can be found in the [GUMCAD: clinical guidelines](#).

*Multiples of the same episode activity code can be reported if the site of infection is different. This was not an issue in previous versions of GUMCAD as suffixes (for example, C4R and C4O which are not duplicates) were used to indicate sites of infection.

Appendix 10. GUMCAD dataset comparison

This table provides a comparison between the current (version 3) and previous versions (version 2) of GUMCAD to highlight where previous data items may have changed in the current version.

GUMCAD STI surveillance system			
Discontinued v2 dataset		Current v3 dataset	
Position ¹	Data item	Position ¹	Data item ²
1	ClinicID	1	ClinicID
2	PatientID	3	PatientID
3	Episode_Activity	20	Episode_Activity
4	Gender	5	Gender_Identity
		6	Gender_Birth
5	Age	7	Age
6	Sex_Ori	8	Sex_Ori
7	Ethnicity	9	Ethnicity
8	Country_Birth	10	Country_Birth
9	LA	11	LA
10	LSOA	12	LSOA
11	First_Attendance	15	Consultation_Medium
		16	Consultation_Type
12	AttendanceDate	14	Consultation_Date

¹ Refers to the horizontal position of the data item within the respective CSV format.

² Only current (v3) GUMCAD STI Surveillance System data items that have an equivalent v2 data item are presented in this table (there are 52 v3 data items not presented).

Appendix 11. PrEP coding scenarios

This table provides a few scenarios of clinical coding for PrEP.

Clinical scenario	Data item	Data item code and description
A gay man accepts the offer of PrEP and starts a daily regimen with a prescription of 180 tablets	PrEP_Eligibility	01: MSM or transgender woman
	PrEP_Uptake	01: Accepted
	PrEP_Regimen	01: Daily (or near daily)
	PrEP_Prescription	04: 180 tablets
A transgender woman declines the offer of PrEP	PrEP_Eligibility	01: MSM or transgender woman
	PrEP_Uptake	02: Declined – patient choice
	Gender_Identity	2: Female (including trans woman)
	Gender_Birth	N: No – the person's gender identity is not the same as their gender assigned at birth
A person with a HIV positive partner continues PrEP on an event based regimen – a prescription does not need to be dispensed at this consultation	PrEP_Eligibility	02: HIV positive partner
	PrEP_Uptake	01: Accepted
	PrEP_Regimen	02: Event based (coital)
	PrEP_Prescription	NA: Not Applicable A PrEP consultation where a prescription is not dispensed should be coded as 'Not Applicable'.
A gay man stops taking PrEP because they are no longer eligible	PrEP_Eligibility	NA: Not Applicable. Patients that are no longer eligible should be coded as 'Not Applicable'
	PrEP_Stop_Reason	04: No longer eligible
A transgender woman is taking daily PrEP from another clinic	PrEP_Eligibility	01: MSM or transgender woman
	PrEP_Uptake	03: Declined – obtained at another source
	PrEP_Regimen	01: Daily (or near daily)
	Gender_Identity	2: Female (including trans woman)
	Gender_Birth	N: No – the person's gender identity is not the same as their gender assigned at birth

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Prepared by: Blood Safety, Hepatitis, Sexually Transmitted Infections (STIs) and HIV Service, Public Health and Clinical Group, UK Health Security Agency.

For queries relating to this document, please contact: gumcad@phe.gov.uk

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