GUMCAD STI Surveillance System

Data specification and technical guidance

Contents

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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 (DH) 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 (STI), data are required on the provision of:

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

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 DH, local authorities 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 data managers and software providers to facilitate the recording and reporting of GUMCAD data by commissioned sexual health services (SHS) in England.

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

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

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

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.

3.2 Time period

Data extracts should cover one calendar quarter:

- 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.

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:

- Patient Software Systems (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)

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

4. Data requirement, collection and entry

All GUMCAD data items must be reported with a valid code. Where a code (answer) has not been specified, the data item must be reported with the relevant coding for 'Not known', 'Not stated' or 'Not applicable', as required.

Please note that 'nulls' (blank cells) are only permitted for the following 2 data items – 'Episode_Activity' and 'PN_Date' (see sections 4.17 and 4.24).

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.

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 level of sexual health services they are commissioned to provide, for example specialist (Level 3) services – see Appendices 1 and 2 for further details.

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.

Patient demographics

4.3 Patient ID

PatientID

Each patient attending a sexual health service must be clearly identified using a unique identifier (ID) – see Appendix 1 for further details.

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 – see Appendices 1 and 2 for further details.

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.

The data default should be 'Not applicable'; users should be able to manually update the data default as required.

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.

The data default for new patient registrations should be 'not known'; users should be able to manually update the data default as required.

Users should be alerted where gender identity is recorded as 'not known' to encourage accurate data entry and improve data quality.

Gender-identity options have been updated to accommodate transgender and non-binary gender identities. For example, a trans-man's gender identity 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.

The data default for new patient registrations should be 'yes – gender identity is the same as gender assigned at birth': users should be able to manually update the data default 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'.

Users should be alerted where Gender at Birth is recorded as 'not known' to encourage accurate data entry and improve data quality.

A patient's gender at birth may change over time – the most recent information should be reported for all records within the current quarterly data extract: a change in gender at birth will also require a change in gender identity (see above).

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.

Age is calculated based upon the patient's date of birth (DOB) and the consultation date.

Please note that:

- a patient's DOB should be recorded at registration
- age should be calculated in whole years

Users should be alerted where the date of birth or age is 'not known' to encourage accurate data entry and improve data quality.

A patient's age will change over time – the relevant age should be reported for each consultation date within the current quarterly data extract. Please note that:

- a patient's age should only increase by a maximum of one year within the current quarterly data extract

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.

The data default for new patient registrations should be 'not known' (the data default should not be 'heterosexual'); users should be able to manually update the data default as required.

Users should be alerted where sexual orientation is recorded as 'not known' to encourage accurate data entry and improve data quality.

A patient's sexual orientation may change over time – the patient's most recently reported sexual orientation should replace the one previously recorded and should be reported for all records within the current quarterly data extract.

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 and 4.23 for reporting data on sexual risk (opposite sex and same sex partners).

4.8 Ethnicity

Ethnicity

What is the patient's ethnicity?

Each patient should have a single ethnicity recorded on their patient record at registration – see Appendices 1, 2 and 3 for further details.

The data default for new patient registrations should be 'not known'; users should be able to manually update the data default as required.

Users should be alerted where ethnicity is recorded as 'not known' to encourage accurate data entry and improve data quality.

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 LA does the patient live in?

Local authority (LA) of residence should be generated from the patient's postcode of residence recorded at registration – see Appendix 1 for further details.

LA codes are managed by ONS and are 9 characters in length; 3 character LA codes cannot be accepted.

Every postcode in England, Wales, Scotland, Northern Ireland, Channel Islands and the Isle of Man has an associated LA code.

Postcodes outside the UK (overseas visitors) should be allocated to 'Not applicable' and coded 'X99999998'.

Where the postcode has not been provided, LA should be allocated to 'not known' and coded 'X99999999': Please note that 'Q99999999' is not a valid 'not known' code.

A patient's postcode may change over time – the most recent postcode should be used to allocate LA for all records within the current quarterly data extract (where a patient has multiple postcodes in relation to a change of address).

The same patient postcode should be used to generate LSOA of residence.

LSOA

Which LSOA does the patient live in?

Lower Super Output Area (LSOA) of residence should be generated from the patient's postcode of residence recorded at registration – see Appendix 1 for further details.

LSOA codes are managed by ONS and are 9 characters in length.

Every postcode in England, Wales, Scotland, Northern Ireland, Channel Islands and the Isle of Man has an associated LSOA code.

Postcodes outside the UK (overseas visitors) should be allocated to 'Not applicable' and coded 'X99999998'.

Where the postcode has not been provided, LSOA should be allocated to 'not known' and coded 'X99999999': Please note that 'Z99999999' is not a valid 'not known' code.

A patient's postcode may change over time – the most recent postcode should be used to allocate LSOA for all records within the current quarterly data extract (where a patient has multiple postcodes in relation to a change of address).

The same patient postcode should be used to generate LA of residence.

UKHSA can provide a postcode file to facilitate reporting LA and LSOA of patient residence from patient postcode.

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 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

Consultation_Referral

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

Each consultation should have a single referral type that identifies the source of the referral – see Appendices 1, 2 and 3 for further details.

The data default should be 'self-referral'; users should be able to manually update the data default as required.

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

4.12 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

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

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

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:

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

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

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

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. 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 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.

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), because some consultations may provide care that is not included in GUMCAD surveillance.

4.18 Diagnosis confirmed

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 that are known HIV positive that 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

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- o face-to-face services that also operate a joint satellite eSHS (online services) only need to report confirmed results – they do not need to report initial reactive results from their satellite eSHS
- o joint face-to-face and satellite eSHS (online services) should make a single (combined) GUMCAD submission (containing face-to-face and online consultations)0

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

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 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: 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)

All OSP data items should be updated for new consultations where the sexual risk was reported as a partner of the opposite sex – see Appendices 1, 2, and 3 for further details.

OSP

How many OSPs has the patient had in the last 3 months?

OSP_New

Were any of these new partners (yes or no)?

OSP_CL

Did the patient have condomless oral, vaginal or anal sex the last time they had sex (yes or no)?

The data defaults for all OSP data items should be 'Not applicable'; users should be able to manually update the data default as required.

4.22 Same sex partners – male (MSM)

All MSM data items should be updated for new consultations where the sexual risk was reported as a same sex male partner – see Appendices 1, 2, and 3 for further details.

MSM

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

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')?

MSM_CL

Did the patient have condomless receptive or insertive anal sex in the last 3 months?

MSM_CL_Rec

Did the patient have condomless receptive anal sex in the last 3 months?

The data defaults for all MSM data items should be 'Not applicable'; users should be able to manually update the data default as required.

4.23 Same sex partners – female (WSW)

All WSW data items should be updated for new consultations where the sexual risk was reported as a same sex female partner – see Appendices 1, 2, and 3 for further details.

WSW

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

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.

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)

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.

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.

PN_Partners

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

PN_Contacts

How many sex partners were contactable?

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?

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?

Please note that:

- the number of PN_Partners should not be less than the number of PN_Contacts
- the number of PN_Contacts should not be less than the number of PN_Contacts_Att_Rep
- the number of PN_Contacts_Att_Rep should not be less than the number of PN_Contacts_Att_Ver

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 – see Appendices 1, 2, and 3 for further details.

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.

PrEP_Eligibility

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

PrEP_Uptake

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

PrEP_Regimen

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

PrEP_Prescription

How many PrEP tablets were prescribed?

PrEP_Stop_Reason

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

The data default for all PrEP data items should be 'Not applicable'; users should be able to manually update the data default as required.

Alcohol and drug use

Patients should be assessed in relation to their alcohol and recreational drug use.

4.26 Alcohol and recreational drug use

All alcohol and drug data items should be updated for new consultations – see Appendices 1, 2, and 3 for further details.

It is only necessary to provide answers to questions that 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_1

Was the patient's alcohol use assessed?

Alcohol_2

Was the patient's alcohol use assessed as problematic?

Drugs_Used

Did the patient use recreational drugs in the last 3 months?

Drugs_1

Did the patient take amphetamine – Speed?

Drugs_2

Did the patient take benzodiazepines (non-prescribed)?

Drugs_3

Did the patient take cannabis?

Drugs_4

Did the patient take cocaine?

Drugs_5

Did the patient take crack?

Drugs_6

Did the patient take crystal meth or methamphetamine?

Drugs_7

Did the patient take ecstasy or /E/MDMA?

Drugs_8

Did the patient take GHB or GBL?

Drugs_9

Did the patient take heroin?

Drugs_10

Did the patient take ketamine?

Drugs_11

Did the patient take novel psychoactive substances?

Drugs_12

Did the patient take mephedrone (M-Cat)?

Drugs_13

Did the patient take methadone?

Drugs_14

Did the patient take poppers?

Drugs_15

Did the patient take solvents or glue?

Drugs_16

Did the patient take another recreational drug (not listed)?

Drugs_Inject

Did the patient inject any recreational drugs in the last 3 months?

Drugs_Share_Eqp

Did the patient share any drug injecting equipment?

Drugs_Sex

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

The data defaults for all alcohol and drug use data items should be 'Not applicable', with the exception of:

- where Alcohol_1 is 'Yes' Alcohol_2 should default to 'No'
- where Drugs_Used is 'Yes' all subsequent drug use data items should default to 'No'

Users should be able to manually update the data default as required.

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)	✓	✗	✗	✓
	2 (non-specialist)	✓	✓	✗	✓
03 – eSHS / internet / online	1 (non-specialist)	✓	✗	✗	✗
	2 (non-specialist)	✓	✓	✗	✗
04 – General Practice (GP)	1 (non-specialist)	✓	✗	✗	✓
	2 (non-specialist)	✓	✓	✗	✓
05 – Prison	2 (non-specialist)	✓	✓	✗	✓
10 / 11 – Other such as chlamydia screening, ToP, youth services	1 (non-specialist)	✓	✗	✗	✓
	2 (non-specialist)	✓	✓	✗	✓
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)				
✗	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_Identitiy	Gender	Gender_Identitiy	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

[1]Refers 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 data set of all chlamydia tests carried out using nucleic acid amplification (NAAT) testing (covering all age groups and all testing venues) which are undertaken by publicly commissioned laboratories in England. CTAD is an approved mandatory data set 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 of 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.

Samples sent to the lab (for CTAD reporting) should be correctly identified using the same 'ClinicID' and 'Venue_code' and the same 'Clinic_Type' and 'Testing_Service_Type' codes across GUMAD and CTAD – see the table 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 data set 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 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

Shared data	GUMCAD data item and coding		HARS data item and description	
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 data set 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 data set that is reported directly to NHS Digital.

Some specialist (Level 3) and non-specialist (Level 2) 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 SHRAD data are available on the Sexual and Reproductive Health Activity Data Set Collection website. Email: surveyteam@hscic.gov.uk

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			
Position¹	**Name**	**NHS data dictionary**	**Definition**
Clinic of Attendance			
1	ClinicID	Organisation site identifier (of treatment)	An Organisation Data Service (ODS) code should be entered for each reporting service or clinic. ODS codes can be obtained direct from the Organisation Data Service (ODS) website.
2	Clinic_Type	Clinic type (sexual health service)	A definition of the type of sexual health service or clinic and the level of sexual health services provided. 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).

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 Sexual health and HIV activity property type READ	An indication of the episode activity associated with the consultation (SNOMED CT, SHHAPT or 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	*If yes, did the patient take GHB or GBL?

		(gammahydroxybutyrate or gammabutyrolactone)	
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?

[1]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		
Position¹	**Name**	**Code format² 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			
Position¹	**Name**	**Code format² 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)	

Data item		
Position[1]	**Name**	**Code format[2] and descriptions**
		- : Predefined ISO codes – a full list is available from UKHSA (gumcad@phe.gov.uk)
		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)

Data item		
Position[1]	**Name**	**Code format[2] and descriptions**
		E*	England
		W*	Wales
		S*	Scotland
		9*	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)	

Data item		
Position¹	**Name**	**Code format² and descriptions**
		1 — Face-to-face consultation
		2 — Telephone consultation
		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)

Data item		
Position[1]	**Name**	**Code format[2] and descriptions**
		Y — Yes – symptomatic
		N — No – asymptomatic
		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) —

Data item			
Position[1]	**Name**	**Code format**[2] **and descriptions**	
		1	Yes – treatment provided
		2	No – treatment not required
		3	No – referred elsewhere for treatment
		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

Data item			
Position¹	**Name**	**Code format² and descriptions**	
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
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)

Data item			
Position[1]	**Name**	**Code format[2] and descriptions**	
28	MSM_HIV_Pos	AN(2)	
		Y	Yes
		N	No
		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)

Data item			
Position[1]	**Name**	**Code format[2] and descriptions**	
Same sex partners – women who have sex with women			
31	WSW	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)
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)	

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Data item			
Position¹	**Name**	**Code format² and descriptions**	
		-	Any number 0 to 999
		NA	Not applicable (person not asked)
35	PN_Contacts	AN(3)	
		-	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)	

Data item		
Position¹	**Name**	**Code format² and descriptions**
		01	Accepted
		02	Declined – patient choice
		03	Declined – obtained at another source
		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

Data item			
Position¹	**Name**	**Code format² and descriptions**	
		NA	Not applicable (person not asked)
42	PrEP_Stop_Reason	AN(2)	
		01	Adverse event
		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

Data item		
Position¹	**Name**	**Code format² and descriptions**
		N	No
		Z	Not stated
		U	Not known
		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

Data item		
Position[1]	**Name**	**Code format[2] and descriptions**
		N	No
		Z	Not stated
		U	Not known
		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

Data item			
Position¹	**Name**	**Code format² and descriptions**	
		N	No
		Z	Not stated
		U	Not known
		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

Data item		
Position[1]	**Name**	**Code format[2] and descriptions**
		N	No
		Z	Not stated
		U	Not known
		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

Data item		
Position[1]	**Name**	**Code format**[2] **and descriptions**
		N	No
		Z	Not stated
		U	Not known
		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

Data item			
Position[1]	**Name**	**Code format[2] and descriptions**	
		N	No
		Z	Not stated
		U	Not known
		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

Data item		
Position[1]	**Name**	**Code format[2] and descriptions**
		N	No
		Z	Not stated
		U	Not known
		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)

[1]Refers to the horizontal position of the data item within the GUMCAD data set – CSV file.

[2]AN = 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 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: • 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: • 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
All cases of complicated and uncomplicated Chlamydia trachomatis infections (diagnosed by NAAT). Please note that: • 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 • 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
Concerns raised of child sexual exploitation at internal assessment conducted at your SHS. Please note that: • 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
Concerns of child sexual exploitation referred to internal safeguarding professionals within your organisation. Please note that: • 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
Concerns of child sexual exploitation referred to external safeguarding professionals outside your organisation. Please note that: • 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
Concerns raised of domestic violence (or abuse).		
Donovanosis	240606006	C3
Laboratory confirmation is required for this condition. Please note that: • site of infection can be reported for this condition – see Appendix 4		
Epididymitis	31070006	C5A
All cases of epididymitis. Please note that: • 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

Female genital mutilation of any type. Please note that:

- 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

All cases of complicated and uncomplicated gonorrhoea. Please note that:

- 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
  - 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

Diagnoses of acute viral hepatitis A – defined as detection of hepatitis A virus specific IgM antibodies. Please note that:

- 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)
  - 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
First diagnoses of viral hepatitis B – HBsAG antigen positive. Please note that: • 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) • 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
First diagnoses of viral hepatitis C – defined as anti-HCV positive or HCV RNA positive. Please note that: • 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) • 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
Laboratory confirmation is required for this condition. Please note that: • 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

Laboratory confirmation is required for this condition – except where an episode has previously been confirmed, then clinical judgement is sufficient. Please note that:

- 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

For known HIV positive patients who are attending for STI care only. Please note that:

- 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

Please note that:

- 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)
  - 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

Newly confirmed HIV diagnoses that have evidence of one or more of the following in the last 6 months:

a) a documented negative HIV test

b) laboratory evidence (for example RITA assay, RNA, neutralisable p24 antigen and antibody negative)

c) evidence of seroconversion illness

Please note that:

- 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)
  - 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

Please note that:

- 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**
• 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) • 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
All attendances relating to HIV care. Please note that: • 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
Laboratory confirmation is required for this condition. Please note that: • 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**
Please note that: • site of infection should be reported for this condition– see Appendix 4		
Non-specific genital infection (NSGI)	774911000000100	C4N
All cases of complicated and uncomplicated NSGI. Please note that: • 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 • 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
All cases of ophthalmia neonatorum. Please note that: • 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
This includes cases treated on either a clinical or epidemiological basis. Please note that: • patients thought to be newly infected after a previous episode should be regarded as a new episode and investigated, treated and diagnosed accordingly		

Episode activity		
Condition or finding	**SNOMED**	**SHHAPT**
• treatment failures should not be given a new diagnosis		
Pelvic inflammatory disease (PID)	198130006	C5A
All cases of pelvic inflammatory disease. Please note that: • 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
For those in the first trimester of pregnancy (only required once per pregnancy). Please note that: • should not be reported at the same time as the second and third trimester		
Pregnant 13 to 28 weeks	59466002	PR2
For those in the second trimester of pregnancy (only required once per pregnancy). Please note that: • should not be reported at the same time as the first and third trimester		
Pregnant 29 weeks – full term	41587001	PR3
For those in the third trimester of pregnancy (only required once per pregnancy). Please note that: • should not be reported at the same time as the first and second trimester		
Proctitis	3951002	C4NR
This includes all cases of complicated and uncomplicated rectal infection.		

Episode activity		
Condition or finding	**SNOMED**	**SHHAPT**
Scabies	128869009	C8

This includes cases treated on either a clinical or epidemiological basis. Please note that:

- 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

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:

- 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

Serological evidence of syphilis in an infant or child and clinical signs consistent with congenital syphilis, such as:

- 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

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:

- 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 – neurosyphilis	26039008	A5

All cases of syphilis of the nervous system. Please note that:

- 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

All cases of syphilis involving the eye. Laboratory confirmation is required.

Episode activity		
Condition or finding	**SNOMED**	**SHHAPT**
Syphilis – otosyphilis	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: • 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: • 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: • 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) • 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**
• detailed guidance for online services is available on the GUMCAD and CTAD: data submission for STI self-sampling services		
Trichomoniasis	56335008	C6A
Please note that: • 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
Cases of UTI where any of the following conditions are met: • 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* *LE- or Nitrite-positive		
Vaginosis	-	-
Bacterial vaginosis (BV)	419760006	C6B
Diagnosis of bacterial vaginosis (BV) is generally based on microscopy and pH vaginal fluid. Please note that: • 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
First episodes of anogenital warts. Please note that: • 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
Subsequent episodes of anogenital warts. Please note that: • 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
All instances where cervical cytology is performed, regardless of outcome. • 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
Hepatitis A immunity includes those who have: • 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
The first dose of a new hepatitis A vaccination course. Please note that: • a first dose should not be reported on the same date as any other vaccination dose		
Hepatitis A vaccination: Second dose	170379004	O21
The second dose of a hepatitis A vaccination course (including those who may have received an earlier dose at another sexual health service).		

Episode activity		
Services	**SNOMED**	**SHHAPT**
Please note that: • 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
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: • 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
Hepatitis B immunity includes those who have: • 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
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: • 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
The second dose of a hepatitis B vaccination course (including those who may have received an earlier dose at another sexual health service).		

Episode activity		
Services	**SNOMED**	**SHHAPT**
Please note that: • 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: • 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: • 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: • 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).		

Episode activity		
Services	**SNOMED**	**SHHAPT**
Please note that: • HPV vaccinations should routinely be offered to MSM up to the age of 45 (but can be offered to others as appropriate) • a first dose should not be reported on the same date as any other vaccination dose		
HPV vaccination: Second dose	429396009	W2
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: • 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
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: • 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
All instances where a human papillomavirus vaccination course is offered and declined. Please note that: • 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		

Episode activity		
Services	**SNOMED**	**SHHAPT**
• a vaccination course that is declined should not be reported on the same date as any other vaccination dose		
HPV vaccination: previously received in full	1086381000000106	W5
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: • 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
For those presenting as a partner of an index case diagnosed with chlamydia (at this or any other sexual health service). Please note that: • if the presenting partner is diagnosed with chlamydia, they should also be coded for chlamydia		
Partner notification: epididymitis contact	407560009	PNP
For those presenting as a partner of an index case diagnosed with epididymitis (at this or any other sexual health service). Please note that: • if the presenting partner is diagnosed with epididymitis, they should also be coded for epididymitis		
Partner notification: gonorrhoea contact	444376008	PNG
For those presenting as a partner of an index case diagnosed with gonorrhoea (at this or any other sexual health service). Please note that: • 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
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: • if the presenting partner is diagnosed with hepatitis A they should also be coded for hepatitis A		
Partner notification: HIV contact	444356002	PNH
For those presenting as a partner of an index case diagnosed with HIV (at this or any other sexual health service). • 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
For those presenting as a partner of an index case diagnosed with NSGI (at this or any other sexual health service). Please note that: • if the presenting partner is diagnosed with NSGI they should also be coded for NSGI		
Partner notification: generic STI including PID contact	407560009	PNP
For those presenting as a partner of an index case diagnosed with PID (at this or any other sexual health service). Please note that: • if the presenting partner is diagnosed with PID they should also be coded for PID		
Partner notification: syphilis contact	444380003	PNS
For those presenting as a partner of an index case diagnosed with syphilis (at this or any other sexual health service).		

Episode activity		
Services	**SNOMED**	**SHHAPT**
Please note that: • if the presenting partner is diagnosed with syphilis, they should also be coded for syphilis		
Partner notification: trichomoniasis contact	444452004	PNT
For those presenting as a partner of an index case diagnosed with trichomoniasis (at this or any other sexual health service). Please note that: • if the presenting partner is diagnosed with trichomoniasis they should also be coded for trichomoniasis		
PEP sexual exposure	473382005	PEPSE
For patients given HIV prophylaxis following sexual exposure (PEPSE).		
PrEP	-	-
Data on PrEP should be collected using the PrEP data items (see section 4.25).		
Sexual health screens (SHS) – tests		
SHS: chlamydia and gonorrhoea tests	-	T2
For those given a sexual health screen which includes testing for chlamydia and gonorrhoea only. Please note that: • 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
For those given a sexual health screen which includes testing for chlamydia, gonorrhoea and syphilis only. Please note that: • 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
For those given a full sexual health screen which includes testing for chlamydia, gonorrhoea, syphilis and HIV. Please note that: • 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
For those given a sexual health screen which includes testing for syphilis and HIV only. Please note that: • 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
For those tested for chlamydia: • 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
For those declining testing for chlamydia: • 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	-
For those tested for gonorrhoea: • 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
For those declining testing for gonorrhoea: • 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
For those tested for hepatitis A.		
Test: hepatitis B test	171122006	T6
For those tested for hepatitis B.		
Test: hepatitis C test	413107006	T6
For those tested for hepatitis C.		
Test: herpes test	1086361000000102	T5
For those tested for the herpes simplex virus (HSV).		

Episode activity		
Services	**SNOMED**	**SHHAPT**
Test: HIV test	171121004	P1A

For those tested for HIV:

- 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

For those declining testing for HIV:

- 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

For those where the clinician deemed that HIV testing was not appropriate or was not possible. Please note that:

- 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

*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).

Episode activity		
Services	**SNOMED**	**SHHAPT**
Test: HPV Screening	700152009	-
For those tested for Human Papilloma Virus.		
Test: M-gen test	1086331000000107	T12
For those tested for Mycoplasma genitalium.		
Test: syphilis test	1086341000000103	-
For those tested for syphilis: • 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
For those declining testing for syphilis: • 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		✕	✕	✓	✓	✕	✕	✓	✓	✕	✓	✓
P1B: HIV test offered and declined	✕		✕	✓	✓	✓	✕	✓	✓	✕	✓	✓
P1C: HIV test not appropriate	✕	✕		✓	✓	✓	✕	✓	✓	✕	✓	✓
T1: Chlamydia test	✓	✓	✓		✕	✕	✕	✓	✓	✓	✓	✕
T2: Chlamydia and gonorrhoea tests	✓	✓	✓	✕		✕	✕	✓	✓	✕	✓	✕
T3: Chlamydia, gonorrhoea and syphilis tests	✕	✓	✓	✕	✕		✕	✓	✓	✕	✕	✕
T4: Full sexual health screen (chlamydia, gonorrhoea, syphilis and HIV tests)	✕	✕	✕	✕	✕	✕		✓	✓	✕	✕	✕
T5: Herpes simplex virus (HSV) test	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
T6: Hepatitis A, B, C test	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
T7: Syphilis and HIV antibody test	✕	✕	✕	✓	✕	✕	✕	✓	✓		✓	✓
T9: STI testing not required or appropriate (chlamydia, gonorrhoea or syphilis)	✓	✓	✓	✓	✓	✕	✕	✓	✓	✕		✓
T11: Chlamydia test offered and declined	✓	✓	✓	✕	✕	✕	✕	✓	✓	✓	✓	
HIV and STI test code combinations Key:												

✓	Accepted: code combination can be reported together.
✕	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

SNOMED	SHHAPT	Description	Genital	Rectal	Pharyngeal	Ocular	Other	Default
Episode Activity Diagnosis Infection Site – permitted combinations and data defaults								
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

SNOMED	SHHAPT	Description	Genital	Rectal	Pharyngeal	Ocular	Other	Default
198130006	C5A	Pelvic inflammatory disease (PID)					✓	Other
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: Otosyphilis					✓	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

Table heading: **Episode Activity Diagnosis Infection Site – permitted combinations and data defaults**

Episode Activity Diagnosis Infection Site – permitted combinations and data defaults								
SNOMED	SHHAPT	Description	Genital	Rectal	Pharyngeal	Ocular	Other	Default
68566005	D2A	Urinary tract infection	✓					Genital
30800001	C6C	Vaginitis: other causes	✓					Genital
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,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	

Episode activity codes				
Diagnosis or finding	**SNOMED**	**SHHAPT**	**Description**	**Comment**
Diagnosis	186867005	A3	Syphilis: early latent syphilis	
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'

Episode activity codes				
Diagnosis or finding	**SNOMED**	**SHHAPT**	**Description**	**Comment**
Diagnosis	240542006	C11A	Warts infection: first episode (anogenital)	
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'

Episode activity codes				
Services	**SNOMED**	**SHHAPT**	**Description**	**Comment**
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	
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

Episode activity codes				
Services	**SNOMED**	**SHHAPT**	**Description**	**Comment**
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	
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)	

Episode activity codes				
Services	**SNOMED**	**SHHAPT**	**Description**	**Comment**
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)
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

Episode activity codes				
Services	**SNOMED**	**SHHAPT**	**Description**	**Comment**
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'
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	

Episode activity codes				
Services	**SNOMED**	**SHHAPT**	**Description**	**Comment**
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
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 is 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.

Retired SHHAPT episode activity codes		
SHHAPT	Description	Rationale
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.
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.

Retired SHHAPT episode activity codes		
SHHAPT	**Description**	**Rationale**
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.
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.

Retired SHHAPT episode activity codes		
SHHAPT	**Description**	**Rationale**
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 are 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.
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.

Retired SHHAPT episode activity codes		
SHHAPT	Description	Rationale
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 data set 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 data set		**Current v3 data set**	
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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