

CTAD and GUMCAD reporting guidance for chlamydia

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Document control

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Glossary

Acronym	Description
BASHH	British Association for Sexual Health and HIV
СТ	Chlamydia
CTAD	Chlamydia Surveillance System
DRI	Detection rate indicator
GP	General practice
GUM	Genitourinary medicine
GUMCAD	Sexually Transmitted Infections Surveillance System
LSOA	Lower super output area
LA	Local authority
NCSP	National Chlamydia Screening Programme
Non-Specialist	Sexual health service providing non-specialist Level 1 or 2 STI care (such as SRH or online services)
ODS	Organisation Data Service
PHOF	Public Health Outcomes Framework
PEPSE	Provision and follow up of HIV post-exposure prophylaxis following sexual exposure
PrEP	Provision and follow up of HIV pre-exposure prophylaxis
PN	Partner notification
SHS	Sexual health services
Specialist	Sexual health service providing specialist Level 3 STI care (such as GUM and integrated GUM and SRH services)
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
ТоР	Termination of pregnancy
UKHSA	UK Health Security Agency

1. Introduction

This guidance is intended for staff involved in the collection, reporting, analysis and interpretation of chlamydia data from the CTAD Chlamydia Surveillance System and GUMCAD STI Surveillance System (see Appendix 2). This guidance provides detailed information about how chlamydia data is submitted to the UK Health Security Agency (UKHSA) and how the data is included in publications.

- CTAD: covers chlamydia testing and diagnosis at all specialist (Level 3) and nonspecialist (levels 1 and 2) testing venues; data is collected and reported to UKHSA by laboratories through samples sent to them for testing
- GUMCAD: covers sexually transmitted infection (STI) testing and diagnosis (including chlamydia) at specialist (Level 3) and some non-specialist (Level 2 only) sexual health services (SHS); data is collected and reported to UKHSA by SHS

UKHSA publishes annual official statistics on the number of chlamydia tests and diagnoses which are sourced from a combination of CTAD and GUMCAD surveillance data (see <u>section 4</u>). It is essential that CTAD and GUMCAD data is reported consistently across both surveillance systems to ensure that the combination of data is accurate (see <u>section 2</u> and <u>section 3</u>).

2. CTAD and GUMCAD reporting

2.1 Why we collect CTAD and GUMCAD data

The data reported to CTAD and GUMCAD has some similarities in content but is not the same.

CTAD provides data on all chlamydia testing and diagnoses from publicly commissioned laboratories providing testing to specialist (Level 3) and all non-specialist (Levels 1 and 2) testing venues (this coverage is lacking in GUMCAD). CTAD also includes standard demographic data.

GUMCAD provides data on all STI testing, diagnoses and related care (including chlamydia) from specialist (Level 3) and some non-specialist SHSs (Level 2 only). GUMCAD also includes detailed demographic and epidemiological data (this content is lacking in CTAD).

The data from both CTAD and GUMCAD (for coverage, demographics and epidemiology) is combined to provide a holistic assessment of sexual health across England. This supports the reporting of the Public Health Outcomes Framework (PHOF) detection rate indicator (DRI) and evaluation of the National Chlamydia Screening Programme (NCSP).

2.2 CTAD and GUMCAD residence data

Chlamydia data reported to CTAD covers all testing venues (specialist level 3 and non-specialist Levels 1 and 2), which would suggest that it's possible to source all chlamydia data publications from CTAD alone, without the need to include GUMCAD data. However, the data content reported to CTAD and GUMCAD is not the same in relation to patient residence data, which is an essential marker for providing local area information.

It is not possible to collect comprehensive residence data through CTAD for specialist SHS because they are not able to share patient postcode with their laboratories (through samples) for confidentiality reasons. However, GUMCAD reporting includes alternative patient residence markers (at higher geographies such as lower super output area (LSOA) and local authority (LA)), which specialist SHS are able to report without a risk to confidentiality.

Therefore, it's necessary to source specialist SHS data from GUMCAD (complete with residence data) instead of the equivalent data from CTAD (which is missing residence data) (see section 3).

2.3 Reporting consistent CTAD and GUMCAD data

It's essential that CTAD and GUMCAD data is reported consistently, using the same clinic identifiers and the same clinic type.

Any SHS that changes their identifier or the level of service they provide must notify both their laboratory and UKHSA of the change, to ensure the change is reflected in relation to CTAD and GUMCAD reporting.

Clinic identifier (ID)

Each SHS and laboratory should have a unique identifying code which is issued by the Organisation Data Service (ODS) (see section 4).

CTAD and GUMCAD should always be reported using the same identifiers (see Appendix 2):

- CTAD: the ODS code is reported by the 'Venue_Code' data item
- GUMCAD: the ODS code is reported by the 'ClinicID' data item

Clinic type

Each SHS should have a unique clinic type that categorises the level of service they provide (non-specialist Levels 1 and 2 or specialist Level 3).

CTAD and GUMCAD should always be reported using the same clinic type (see Table 1, Appendix 1 and Appendix 2).

- CTAD: the clinic type is reported by the 'Testing Service Type' data item
- GUMCAD: the clinic type is reported by the 'Clinic_Type' data item

Table 1. CTAD and GUMCAD clinic types

Service level [note 1]	CTAD: Testing_Service_Type	GUMCAD: Clinic_Type	
	03: GP		
Level 1	04: Pharmacy	N/A	
	05: Termination of Pregnancy (ToP)		
Level 1 or 2	XX: Other	05: Prison	
	06: Online/Internet	03: Online	
Level 2	O2. Community	02: SRH	
	02: Community	10: Other	
Level 3	01: GUM [note 2]	01: Specialist [note 2][note 3]	

Note 1: a description of service levels can be found in Appendix 1.

Note 2: specialist (Level 3) SHS are commonly referred to as GUM, and include Integrated GUM and SRH services.

Note 3: specialist (Level 3) SHS may also provide online consultations; the SHS service type for this activity would still be classified as specialist (Level 3).

2.4 CTAD and GUMCAD data flow

It's essential that data is reported consistently across CTAD and GUMCAD; inconsistent reporting can cause under-reporting or over-reporting in chlamydia publications (see section 3).

<u>Figure 1</u> and the description below detail the flow of CTAD and GUMCAD data submissions to UKHSA and how the data is included in chlamydia publications.

Non-specialist SHS Level 1

Surveillance reporting: chlamydia testing and diagnoses are reported to CTAD by laboratories (Level 1 data is not reported to GUMCAD).

Chlamydia data publications: CTAD Level 1 data is included in publications.

Non-specialist SHS Level 2

Surveillance reporting: chlamydia testing and diagnoses are reported to CTAD by laboratories and also reported to GUMCAD by SHSs.

Chlamydia data publications: CTAD Level 2 data is included in publications (GUMCAD Level 2 data is excluded from publications).

Specialist SHS Level 3

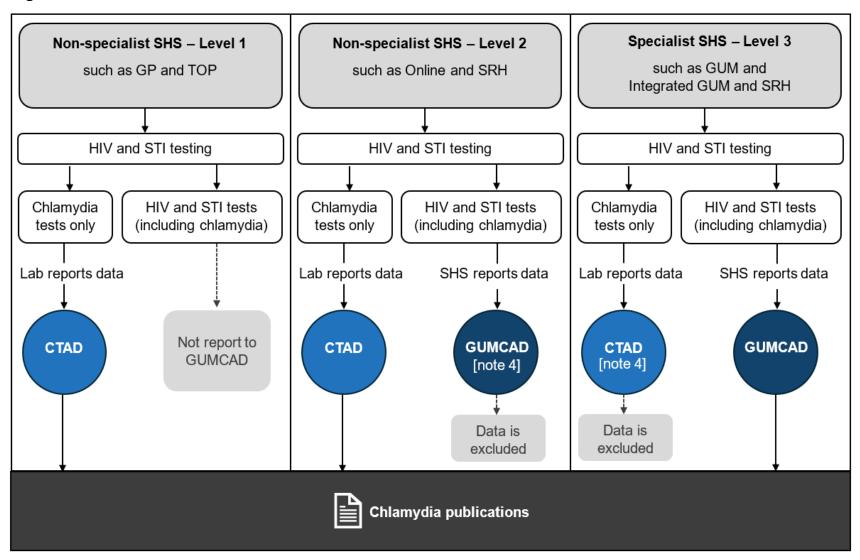
Surveillance reporting: chlamydia testing and diagnoses are reported to CTAD by laboratories and also reported to GUMCAD by SHSs.

Chlamydia data publications: GUMCAD Level 3 data is included in publications (CTAD Level 3 data is excluded from publications).

Chlamydia data publications

Chlamydia data publications are sourced from a combination of CTAD non-specialist SHSs Levels 1 and 2 and from GUMCAD specialist Level 3 SHSs.

Figure 1. CTAD and GUMCAD data flow



Note 4: specialist data from CTAD and non-specialist data from GUMCAD is excluded from chlamydia publications.

3. Combining CTAD and GUMCAD data for publication

CTAD and GUMCAD data reporting covers all testing venues in England providing non-specialist (Levels 1 and 2) and specialist care (Level 3). Reporting overlaps in relation to (some) non-specialist and specialist SHS. Chlamydia data publications are sourced from a combination of the different levels of data reported to CTAD and GUMCAD (outlined below, see section 4).

Chlamydia publication data sources:

- non-specialist, Level 1: sourced from CTAD
- non-specialist, Level 2: sourced from CTAD
- specialist, Level 3: sourced from GUMCAD

The combination of data is reliant on the consistent reporting of data for specialist SHS. Inconsistent reporting can cause under-reporting or over-reporting in publications, which can negatively affect the commissioning of services and public health interventions.

Figures 2a, 2b and 2c illustrate how under-reporting or over-reporting can occur when CTAD and GUMCAD data is reported inconsistently.

Figure 2a. Correct reporting (CTAD and GUMCAD report the same amount of specialist data)

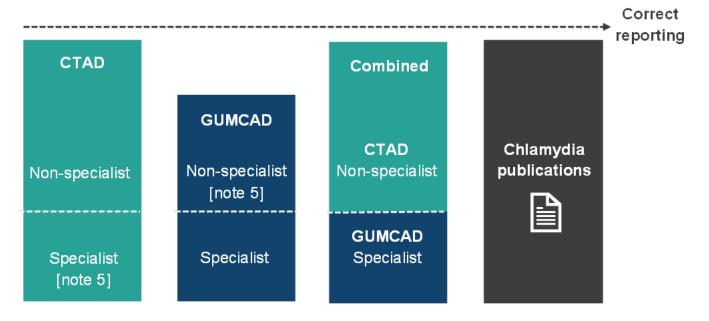


Figure 2b. Under-reporting (CTAD reports more specialist data than GUMCAD)

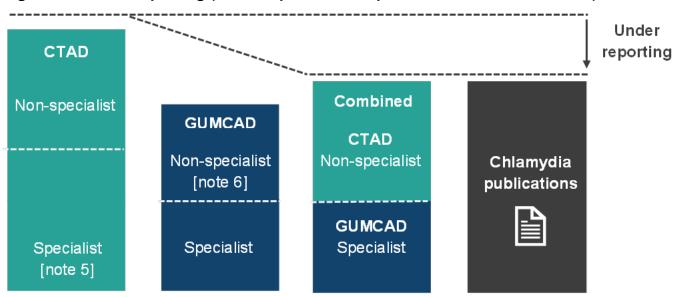
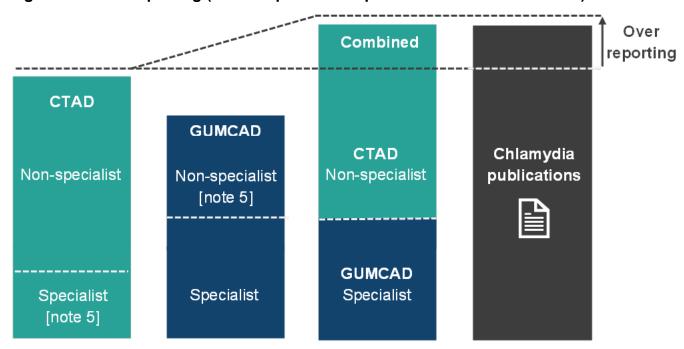


Figure 2c. Over-reporting (CTAD reports less specialist data than GUMCAD)



Note 5: specialist data from CTAD and non-specialist data from GUMCAD is excluded from chlamydia publications.

4. Useful information

GUMCAD STI Surveillance System

Data is reported by specialist (Level 3) and non-specialist (Level 2 only) SHSs:

- GUMCAD clinical coding guidance and GUMCAD technical guidance
- contact the GUMCAD team: gumcad@ukhsa.gov.uk

CTAD Chlamydia Surveillance System

Data is reported by publicly commissioned laboratories providing chlamydia testing to specialist (Level 3) and non-specialist (Levels 1 and 2) testing venues:

- CTAD specification and technical guidance
- contact the CTAD team: ctad@ukhsa@gov.uk

ODS

The same ODS code should be used for reporting CTAD (Venue_Code) and GUMCAD (ClinicID):

- ODS codes can be reviewed using the <u>ODS Portal</u>
- contact ODS: exeter.helpdesk@nhs.net

Chlamydia and STI data publications

Public access data is available at:

- Annual national chlamydia screening programme (NCSP) data tables: data tables on chlamydia test and diagnoses
- Annual STI data tables: data tables on STI diagnoses and services
- <u>Sexual and Reproductive Health Profiles</u>: interactive maps, charts and tables providing data on sexual and reproductive health (SRH)

Restricted access data

Access is restricted to appropriate organisations related to the provision of sexual health care, such as the NHS, service providers, DHSC, local government and partner organisations:

- HIV and STI Data Exchange: interactive reports on STI diagnoses and services
- HIV and STI Web Portal: interactive reports on chlamydia tests and diagnoses

Appendix 1. STI service levels

The STI care provided by each SHS is categorised into levels (1, 2 or 3) which are defined by the complexity of the care the service provides. Please review the full British Association for Sexual Health and HIV (BASHH) guidelines <u>Standards for the management of STIs</u>.

Table 2. Definition of SHS levels

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

SHS provided (summary)	Level of service		e
	1 (Non- specialist)	2 (Non- specialist)	3 (Specialist)
Recurrent conditions	×	×	✓
Management of syphilis and bloodborne viruses	×	×	✓
Tropical STIs	×	×	✓
Specialist HIV treatment and care	×	×	✓
Provision and follow up of HIV post-exposure prophylaxis following sexual exposure (PEPSE)	×	×	✓
Provision and follow up of HIV pre-exposure prophylaxis (PrEP)	×	×	✓
STI service co-ordination across a sexual health network	×	×	✓

Appendix 2. CTAD and GUMCAD comparison

A comparison of the CTAD and GUMCAD data sets, indicating like-for-like data items.

Table 3. CTAD and GUMCAD shared data items

Data item	GUMCAD		CTAD		
group	Position [note 6]	Data item	Position [note 6]	Data item	
Clinic identifier	1	ClinicID	13	Venue_code	
Clinic type	2	Clinic_Type [note 6]	15	Testing_Service_Type [note 7]	
Patient demographics and residence	3	PatientID	3	Patient_ID	
	5	Gender_Identity	6	Gender	
	9	Ethnicity	8	Ethnicity	
	11	LA	9	Postcode_Residence	
	12	LSOA			
Chlamydia test and diagnosis	14	Consultation_Date	17	Specimen_Date	
	20	Episode_Activity	21	CT_Result	

Note 6: refers to the horizontal position of the data item within the GUMCAD and CTAD datasets. Please note that only a small subset of data items are presented. Please refer to the guidance for a full list of data items (see section 4).

Note 7: coding options for Clinic_Type and Testing_Service_Type are not the same, but they can be aligned (see section 2.3).

About the UK Health Security Agency

The UK Health Security Agency (UKHSA) prevents, prepares for and responds to infectious diseases, and environmental hazards, to keep all our communities safe, save lives and protect livelihoods. We provide scientific and operational leadership, working with local, national and international partners to protect the public's health and build the nation's health security capability.

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