GUMCAD STI Surveillance System

Clinical coding guidance

Contents

Document control

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permitted on a single consultation date

Section 5.5: NOIDs

Section 5.6: Sexual Health Tariff

Appendices 3, 4 and 7: Episode Activity coding:

- addition of
  - Gonorrhoea: disseminated gonococcal infection
  - Gonorrhoea (4CMenB) vaccination
  - Meningococcal infection
  - Mpox testing, diagnosis and vaccination
  - STI post-exposure prophylaxis (dPEP)
  - Trichomonas testing
- updating of
  - HPV vaccination guidance

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Glossary

Term	Definition
BASHH	British Association for Sexual Health and HIV
BV	Bacterial vaginosis
CTAD	CTAD Chlamydia Surveillance System
DE	HIV and STI Data Exchange
DHSC	Department of Health and Social Care
dPEP	Post-exposure prophylaxis
eSHS	Online Sexual Health Service
FGM	Female genital mutilation
GP	General practice
GRASP	Gonococcal Resistance to Antimicrobials Surveillance Programme
GUM	Genitourinary medicine
GUMCAD	GUMCAD STI Surveillance System
HARS	HIV and AIDS Reporting System
HCW	Health care worker
HPV	Human papilloma virus
KC60	STI surveillance codes (retired in 2011)
LA	Local authority (including unitary authorities)
LSOA	Lower super output area
MARS	*Mycoplasma genitalium* antimicrobial resistance surveillance
Mgen	*Mycoplasma genitalium*
MSM	Men who have sex with men
N/A	Not applicable
NAAT	Nucleic acid amplification test
NCSP	National Chlamydia Screening Programme

Term	Definition
NOIDs	Notifications of Infectious Diseases
Non-Specialist	Non-Specialist STI-related Level 2 sexual health service (SHS) (including SRH, young persons and other sexual health services (SH)
NSGI	Non-specific genital infection
ODS	Organisation Data Service
OHID	Office for Health Improvement and Disparities (part of the Department of Health and Social Care)
ONS	Office for National Statistics
OSP	Opposite sex partners
PEPSE	Post-exposure prophylaxis following sexual exposure
PHE	Public Health England (now UKHSA)
PID	Pelvic inflammatory disease
PN	Partner notification
PrEP	HIV pre-exposure prophylaxis
PSS	Patient software system
READ	National clinical terms codes
SH	Sexual health
SHS	Sexual health services (including 'in-person' and 'online' services)
SNOMED CT	Systematized Nomenclature of Medicine, Clinical Terms (STI surveillance codes)
Specialist	Specialist STI-related Level 3 SHS (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
STI	Sexually transmitted infections
TOC	Test of cure

Term	Definition
UKHSA	UK Health Security Agency (previously PHE)
UTI	Urinary tract infection
WP	HIV and STI Web Portal
WSW	Women who have sex with women

1. Introduction

The Department of Health and Social Care (DHSC) and local authorities (LAs) require data from specialist (Level 3) and non-specialist (Level 2) services that are commissioned to provide sexual health services (SHS), including online services (see section 3.1 and Table 1). Data is required for effective control of sexually transmitted infections (STIs), that cover the provision of:

- sexual health services (SHS)
- STI testing, vaccination and other care
- diagnoses
- sexual behaviour
- partner notification (PN) outcomes
- HIV pre-exposure prophylaxis (PrEP)

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

This document provides detailed guidance to frontline staff of SHSs to facilitate the clinical coding and reporting of GUMCAD data in England.

Detailed technical guidance is available for data managers and software providers of SHS: GUMCAD: data specification and technical guidance.

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

2. Background

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

1. Genitourinary Medicine Clinic Activity Dataset (GUMCADv1) 2008 to 2011: data was originally required by specialist (Level 3) services only.
2. Genitourinary Medicine Clinic Activity Dataset (GUMCADv2) 2012 to 2019: service coverage was expanded in 2012 to also include data from non-specialist (Level 2) services.
3. GUMCAD STI Surveillance System (GUMCADv3) 2019 onwards: service coverage was expanded in 2019 to include non-specialist (Level 2) online services (eSHS) and the following activity:
   - sexual behaviour
   - alcohol and recreational drug use
   - outcomes of PN
   - the provision of PrEP
   - SNOMED CT (STI surveillance coding)

3. GUMCAD overview

3.1 Mandatory requirement

Every specialist (Level 3) and non-specialist (Level 2) SHS (including online services) is required, by law, to submit a quarterly GUMCAD extract of patient consultations (attendances) relating to a sexual health (SH) and HIV episode of care, covering STI care, sexual behaviour, PN outcomes and the provision of PrEP. The list of GUMCAD data items and related coding specifications are shown in Appendices 1 to 9.

SHSs (including online services) providing STI and sexual and reproductive health (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).

General practices (GPs) that are commissioned to provide Level 2 SHS (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.

Please note that the following clinic descriptions relate to UKHSA surveillance systems, which may not reflect how they are presented in the clinic's Patient Software Systems (PSS).

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

Sexual health service (SHS): in-person

Only dedicated SHSs (that see people in-person) should be registered to report GUMCAD; Satellite clinics should not be registered.

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

Satellite SHS
A satellite SHS provided by a dedicated clinic that is hosted at different premises not dedicated to SH, that is open infrequently and may be targeted at a specific patient group.

For example a dedicated clinic sets-up a satellite clinic at a local college which is open one evening a week and is targeted at college students.

Satellite SHSs should not be registered to report GUMCAD; Satellite clinic data should be included in the submission of, and reported by, the managing dedicated clinic. Satellite clinics may also be referred to as 'Outreach', 'Spoke' or 'Pop-up'.

Online sexual health service (eSHS): online or internet

eSHS allow HIV and STI self-sampling test kits (often referred to as 'home testing') to be ordered online. The test kit is sent directly to the patient where they collect their own samples (blood, urine, vaginal or rectal swabs) the samples are then sent to a laboratory for testing and the patient is later notified of their test results.

Only dedicated eSHS should be registered to report GUMCAD; Satellite eSHS should not be registered, their data should be reported by their manging clinic (see the definition below).

Dedicated eSHS

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

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

Satellite eSHS

An eSHS (online) service provided by a dedicated (in-person) clinic that is also providing STI care via standard face-to-face consultations.

Satellite eSHS should not be registered to report GUMCAD; Satellite eSHS data should be included in the submission of, and reported by, the managing dedicated (in-person) clinic.

Please refer to section 4.13 for details on consultation medium. Detailed guidance on eSHS is also available: GUMCAD and CTAD: data submission for STI self-sampling services.

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

Integrated care

Integrated care is a SHS offering:

- Level 2 STI and SRH care at the same clinic: a patient would need to be referred to another clinic to access Level 3 STI care

- Level 3 STI and SRH care at the same clinic: a patient would not need to be referred to another clinic to access any aspect of STI care

Integrated care should not be used to describe:

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

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

Sexual health service (SHS) level

Please ensure that you correctly identify your SHS level which determines the clinic_type (see Table 1 below and section 4.2). Services that are incorrectly identified may inadvertently affect the national reporting of STI data (see section 5.2 on CTAD).

Table 1. Definition of SHS levels

SHS provided (summary [note 1])	Level of service		
	1 (Non-specialist)	2 (Non-specialist)	3 (Specialist)
Sexual history taking and risk assessment	✓	✓	✓
Signposting to appropriate SHSs	✓	✓	✓
Chlamydia screening (opportunistic screening focused on sexually active asymptomatic women and other people with a womb or ovaries under the age of 25)	✓	✓	✓
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	✓	✓	✓
SH promotion (provision of verbal and written SH promotion information)	✓	✓	✓

SHS provided (summary [note 1])	Level of service		
	1 (Non-specialist)	2 (Non-specialist)	3 (Specialist)
Condom distribution	✓	✓	✓
Assessment and referral for psychosexual problems	✓	✓	✓
STI testing and treatment of symptomatic but uncomplicated infections (including gonorrhoea) in women and men (except MSM)	✗	✓	✓
STI testing and treatment of MSM	✗	✗	✓
STI testing and treatment of men with dysuria and genital discharge	✗	✗	✓
STI testing and treatment of STIs at extra-genital sites	✗	✗	✓
STIs with complications	✗	✗	✓
STIs in pregnant women	✗	✗	✓
Gonorrhoea cultures and treatment of gonorrhoea	✗	✗	✓
Recurrent conditions	✗	✗	✓
Management of syphilis and blood borne 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 PrEP	✗	✗	✓
STI service co-ordination across a SH network	✗	✗	✓

Key

✓	SH service provided
✗	SHS not provided

Note 1: please review the full British Association for Sexual Health and HIV (BASHH) guidance Standards for the management of sexually transmitted infections (STIs).

3.2 Time period

Data extracts should cover one calendar quarter (financial quarters are not valid).

- 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 no later than 6 weeks after the end of each quarter. UKHSA will notify reporters of each deadline with at least 2 weeks' notice.

GUMCAD submission deadlines are available here: GUMCAD submission deadlines.

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

3.4 Format

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

Please note that:

- PSS should automatically extract GUMCAD data in the required CSV format
- CSV files should be opened in Notepad or another suitable text reader, they should not be opened in Microsoft Excel as this can corrupt SNOMED coding (see section 3.7)

3.5 Filename

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

Please note that:

- filenames should follow the format of CCCCC_QN_YYYY.csv, for example RHP12_Q4_2018
    - CCCCC is the ClinicID
    - N (in relation to Q) is the calendar quarter number (between 1 and 4)
    - 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 secure HIV and STI Data Exchange (DE).

Please note that:

- data should only be submitted once all data entry is complete, even where this results in the submission being late
- data extracts should never be emailed to UKHSA, emailing data is not secure and represents a data security risk
- requests for DE user accounts should be sent to: gumcad@ukhsa.gov.uk

The DE is UKHSA's web-based system that will eventually replace the previously used HIV and STI Web Portal (WP). The replacement of the WP will be completed in stages, therefore the new DE is currently used for the submission of data for GUMCAD, Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP) and Mycoplasma genitalium antimicrobial resistance surveillance (MARS) only; the submission of data for CTAD and HIV and AIDS Reporting System (HARS) should continue to be managed using the WP.

3.7 Coding and formatting

The coding and formatting of the required data items are shown in Appendices 1 to 9.

Please note that:

- GUMCAD data items are defined using Systematized Nomenclature of Medicine, Clinical Terms (SNOMED CT) and the NHS Data Dictionary
- PSS should automatically extract GUMCAD data with the required coding and formats

SNOMED

All NHS primary care services (including SHSs) are expected to be SNOMED compliant as of April 2020. Therefore, GUMCAD episode activity data should now be reported using SNOMED codes, instead of Sexual Health and HIV Activity Property Types (SHHAPT) or National clinical terms codes (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 SHSs are reporting SNOMED codes.

SNOMED code corruption

SNOMED codes reported via Consultation_Referral and Episode_Activity (see section 4.11 and 4.17) can become corrupted when viewed in Microsoft Excel, specifically, SNOMED codes longer than 11 digits may be converted into a scientific number format by Excel.

For example, 831000119103 may be converted to 831000000000 or 8.31E+11 (where the original SNOMED code is lost).

To compensate for this issue, UKHSA permits the reporting of SNOMED codes with the inclusion of a leading (prefixed) apostrophe, this will force Excel to recognise SNOMED codes

as a text format and will prevent them from being corrupted (making it safe to open GUMCAD csv files in Excel).

For example 831000119103 can be submitted as '831000119103 (without causing a GUMCAD submission error).

Please check with your software provider to confirm that your software includes prefixed apostrophes. If your software does not include leading apostrophes, please do not open your GUMCAD csv file in Excel; please use Notepad or another suitable csv reader.

3.8 Sexual health (SH) and HIV episodes

A SH and HIV episode is defined in the NHS Data Model and Dictionary as follows:

- a SH and HIV Episode is an activity group
- a SH 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 SH and HIV Episode may be for one or more SH related activity which should be recorded once per SH and HIV episode, with the exception of HIV-related care which can be recorded at every attendance

3.9 Patient Software Systems (PSS)

Detailed technical guidance is available for data managers and software providers of SHS: GUMCAD: data specification and technical guidance.
PSS for SHS should include a data extraction tool that is configured to collect and report GUMCAD data (see appendices 1 and 2 for coding options).

If your clinic is planning to change PSS, it's important to consider how this may affect your Patient IDs. It is advisable to continue using the existing Patient IDs (from the old PSS) in the new PSS to ensure a single patient record is maintained in GUMCAD data over time.

Please contact us for further guidance on changing PSS and Patient IDs: gumcad@ukhsa.gov.uk

4. Data requirement, collection and entry

GUMCAD STI surveillance covers 7 distinct aspects of an episode of care. This section describes the data required, at what stage in the episode of care the data can be collected and when it needs to be data entered (see Appendix 2 for coding options).

Please note that:

- the care provided during a patient consultation will be specific to the individual needs of each patient, therefore there may be some questions (or assessments) included in GUMCAD that are not asked of every patient
- data only needs to be entered in relation to questions that have been asked/answered during the consultation
- if data is not entered, PSS should default data reporting to 'Not known' or 'Not applicable' (as specified in the following sections)

Aspects of an episode of care

Clinic of attendance

Information about the clinic or service where the patient is accessing care.

Please note that:

- data should be completed automatically by PSS when GUMCAD data is extracted for submission

Patient demographics

Information about the patient.

Please note that:

- data would generally be collected once at patient registration and data entered by reception staff
- if data is not entered, PSS should default data reporting to 'Not known'

Patient episode

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

Please note that:

- data would generally be collected at the first patient consultation by clinical staff: data entry may happen during the consultation or as soon after as possible
- questions relating to a diagnosis (confirmation, site of infection and treatment) only need to be answered if the patient is diagnosed with an infection
- if data is not entered (for unanswered questions), PSS should default data reporting to 'Not applicable'

Sex partners

Information about the patient's sexual partners.

Please note that:

- data would generally be collected at the first patient consultation by clinical staff: data entry may happen during the consultation or as soon after as possible
- only questions relating to the relevant group of sex partners (opposite or same sex) need to be answered, for example, if the patient has only had opposite sex partners (OSP), the questions relating to same sex partners do not need to be answered
- if data is not entered (for unanswered questions), PSS should default data reporting to 'Not applicable'

Partner notification

Information relating to the initiation of PN following the diagnosis of an infection.

Please note that:

- data would be collected by clinical staff after a diagnosis, which could be at a first or follow-up patient consultation; data entry may happen during the consultation or as soon after as possible
- questions only need to be answered where the patient has been diagnosed with an infection requiring PN
- if data is not entered (for unanswered questions), PSS should default data reporting to 'Not applicable'

HIV pre-exposure prophylaxis (PrEP)

Information relating to the provision of PrEP.

Please note that:

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

- questions only need to be answered where the patient has been assessed for PrEP (not all patients will require an assessment)
- if data is not entered (for unanswered questions), PSS should default data reporting to 'Not applicable'

Alcohol and drug use

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

Please note that:

- data would generally be collected at the first patient consultation by clinical staff: data entry may happen during the consultation or as soon after as possible
- questions only need to be answered where the patient has been assessed for alcohol and drug use (not all patients will require an assessment)
- if data is not entered (for unanswered questions), PSS should default for data reporting to 'Not applicable'

Clinic of attendance

4.1 Clinic ID

ClinicID

Each SHS must be clearly identified using a unique clinic identifier (ID).

Please note that:

- clinic IDs are issued by the Organisation Data Service (ODS)
- UKHSA are not able to issue a clinic ID on behalf of a clinic or service
- only one clinic ID is permitted per GUMCAD submission
- PSS should automatically report your clinic ID when GUMCAD data is extracted for submission

4.2 Clinic type

Clinic_Type

Each SHS (including online services) must be clearly identified in relation to the type of service they. See Appendix 2 for coding options and section 3.1 for further details.

Please note that:

- SHS levels are defined by [BASHH Standards for the management of STIs](#)
- UKHSA are not able to define a clinic type on behalf of a service
- tests and diagnoses from online services (eSHS) should be reported to GUMCAD (see [section 3.1](#))
- if a clinic type changes over time, the new clinic type should be reported for all records within the current quarterly data extract, for example, if the Clinic_Type changed in February, all Q1 data (January to March) should be reported in relation to the new Clinic_Type
- services that are incorrectly identified may inadvertently affect the national reporting of STI data (see [section 5.2](#) on CTAD)
- PSS should automatically report your clinic type code when GUMCAD data is extracted for submission

Table 2. Sexual health services (SHS) by Clinic_Type

SHS	Clinic_Type
Specialist STI services (GUM)	01: Specialist – Level 3
Integrated Specialist STI and SRH services (GUM and SRH)	01: Specialist – Level 3
Integrated Non-specialist STI and SRH services (STI and SRH)	02: SRH Level 2
SRH Services	02: SRH – Level 2
eSHS (online or internet SHS)	03: Online – Level 2
Enhanced GPs	04: GP – Level 2
Prison Service	05: Prison – Level 2
Young People's Services (such as Brook clinics)	10: Other – Level 2
Other SHSs (such as outreach programmes, termination of pregnancy services, Terrence Higgins Trust)	10: Other – Level 2

Patient demographics

4.3 Patient ID

PatientID

Each patient should be clearly identified using a unique patient ID.

Please note that:

- PSS should automatically assign a patient ID at patient registration

If your clinic is planning to change PSS, it's important to consider how this may affect your Patient IDs. It is advisable to continue using the existing Patient IDs (from the old PSS) in the new PSS to ensure a single patient record is maintained in GUMCAD data over time.

Please contact us for further guidance on changing PSS and Patient IDs: gumcad@ukhsa.gov.uk

4.4 Patient type

Patient_Type

Is the patient currently a prisoner or an active sex worker? See Appendix 2 for coding options.

Please note that:

- a patient should 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
- questions about patient type may be of a sensitive nature: SHSs should provide appropriate care during the patient consultation and the associated data should be reported to UKHSA in accordance with the patient's wishes, which includes the option to withhold the data if they wish (see section 7)
- PSS may initially leave data entry 'blank' or set the field to 'Update if applicable' to encourage data entry
- if data is not entered, PSS should default data reporting to 'Not applicable'

4.5 Gender

Gender_Identity

What is the patient's gender identity? See Appendix 2 for coding options.

Please note that:

- gender identity refers to a person's sense of their own gender, whether male, female or any other identity: this may or may not be the same as their sex registered at birth
- gender identity should be specified by the patient at registration
- gender identity includes options for transgender and non-binary: for example, a transgender man would be recorded as 'Male – including trans man'
- gender identity can be updated at any time to reflect changes in identity, which may also require a change in the (Yes or No) response to Gender_birth (sex registered at birth)

- questions about gender identity may be of a sensitive nature: SHSs should provide appropriate care during the patient consultation and the associated data should be reported to UKHSA in accordance with the patient's wishes, which includes the option to withhold the data if they wish (see section 7)
- PSS may initially leave data entry 'blank' or set the field to 'Please select' to encourage data entry: it's important this is updated for every patient
- if data is not entered, PSS should default data reporting to 'Not known'

Gender_Birth

Is the patient's gender identity the same as their sex registered at birth (Yes or No)? See Appendix 2 for coding options.

Please note that:

- gender at birth refers to a person's sex registered at birth: this may or may not be the same as their gender identity
- gender at birth should be specified by the patient at registration
- the response to gender at birth (is gender identity the same as sex registered at birth: yes or no) can be updated at any time to reflect changes in gender identity
- questions about gender at birth may be of a sensitive nature; SHSs should provide appropriate care during the patient consultation and the associated data should be reported to UKHSA in accordance with the patient's wishes, which includes the option to withhold the data if they wish (see section 7)
- PSS should default data entry to 'Yes' (gender identity is the same as sex registered at birth)
- the default should be manually updated as required: for example, a transgender man should be updated to 'No' (gender identity is not the same as sex registered at birth)

4.6 Age

Age

What is the patient's age?

Please note that:

- date of birth should be recorded at patient registration: it's important this is recorded for every patient (date of birth is not reported to UKHSA)
- PSS will calculate age using the date of birth and the consultation date
  - eSHS should calculate age based on the date the samples (from the self-sampling test kit) were returned for testing; not the date the test kit was initially requested

4.7 Sexual orientation

Sex_Ori

What is the patient's sexual orientation? See Appendix 2 for coding options.

Please note that:

- a patient's sexual orientation may not always align with the sexual risk (SR) reported via their sex partners: for example, a patient that defines their sexual orientation as straight (OSP) may still report having same sex partners (see sections 4.21, 4.22, 4.23) for reporting data on SR (opposite sex and same sex partners)
- sexual orientation should be specified by the patient at registration or during the first consultation
- PSS may initially leave data entry 'blank' or set the field to 'Please select' to encourage data entry; it's important this is updated for every patient
- if data is not entered, PSS should default data reporting to 'Not known'

4.8 Ethnicity

Ethnicity

What is the patient's ethnicity? See Appendix 2 for coding options.

Please note that:

- ethnicity should be specified by the patient at registration
- PSS may initially leave data entry 'blank' or set the field to 'Please select' to encourage data entry: it's important this is updated for every patient
- if data is not entered, PSS should default data reporting to 'Not known'

4.9 Country of birth

Country_Birth

What country was the patient born in? See Appendix 2 for coding options.

Please note that:

- country of birth should be specified by the patient at registration
- PSS may initially leave data entry 'blank' or set the field to 'Please select' to encourage data entry: it's important this is updated for every patient
- if data is not entered, PSS should default data reporting to 'Not known'

4.10 Patient residence

Patient LA and LSOA of residence are derived from patient postcode (postcode is not included in GUMCAD and is not reported to UKHSA).

Local authority (LA)

Which LA does the patient live in? See Appendix 2 for coding options.

Please note that:

- a residence address, including postcode, should be recorded at patient registration
- PSS will calculate LA using the postcode of residence
- if a postcode has not been entered, PSS should default data reporting to 'Not known' (the postcode of the SHS should not be used as a proxy)

Local super output area (LSOA)

Which LSOA does the patient live in? See Appendix 2 for coding options.

Please note that:

- a residence address, including postcode, should be recorded at patient registration
- PSS will calculate LSOA using the postcode of residence
- if a postcode has not been entered, PSS should default data reporting to 'Not known' (the postcode of the SHS should not be used as a proxy)

Patient episode

Information about the patient consultation (episode of care); it is only necessary to provide answers to questions that were relevant to the patient consultation; if questions are not asked (answered), the default for data reporting should be 'Not applicable'.

Detailed guidelines on how to take a sexual history are available from BASHH and should be followed closely: BASHH Sexual Health History Taking Guidelines 2019.

4.11 Consultation referral

Source of referral (Consultation_Referral)

What is the referral source of the patient consultation, for example, has the patient been referred by their GP? See Appendix 2 for coding options.

Please note that:

- the source of the referral should be specified by the patient at each new consultation
- Consultation_Referral is reported using SNOMED codes and should be reported in a text format (not in a number format) (see section 3.7)
- PSS should default data entry to 'self-referral'
- the default should be manually updated as required

4.12 Consultation date

Consultation date (Consultation_Date)

The date of the patient's consultation.

Please note that:

- a consultation would be classified by a single date (of attendance)
- the date format is YYYY-MM-DD, for example the 31 of December 2024 would be 2024-12-31

4.13 Consultation medium and type

Consultation medium (Consultation_Medium)

Is the consultation being conducted face-to-face (in-person), online or over the telephone? See Appendix 2 for coding options.

Please note that:

- face-to-face, online and telephone consultations can all be reported with or without an 'Episode_Activity' code as required (see section 4.17)
- multiple consultation mediums can be reported on a single date, for example, telephone and face-to-face consultations can be reported on the same date
- consultations conducted via a video call (web-cam) should be coded as 'telephone'
- PSS should default data entry based upon the SHS type, for example:
  - an 'in-person' clinic should default to 'face-to-face'
  - an 'online' service should default to 'online'
- the default should be manually updated as required

Consultation type (Consultation_Type)

Is this a 'new' or 'follow-up' consultation? See Appendix 2 for coding options.

Please note that:

- the consultation type should be defined by the health care worker in relation to the reason for the patient consultation
  - New: includes new patient registrations and rebooks of existing patients attending for a new reason (new episode of care)
  - Follow-up: existing patients attending for the same reason (same episode of care)
- new and follow-up consultations can both be reported with or without an 'Episode_Activity' code as required (see section 4.17)
- PSS should default data entry to:
  - New: for new patient registrations or rebooks of existing patients where it has been more than 6 weeks since their last consultation (see the note highlighted below)
  - Follow-up: for existing patients where is has been less than 6 weeks since their last consultation (see the note highlighted below
- the default should be manually updated as required

The length of an episode of care can be more or less than 6 weeks: the 6-week period quoted above is in relation to default data entry in PSS only. It is not an indication that an episode of care can only be 6 weeks in length. The data defaults stated above should be manually changed as required.

For example, an episode of care for the ongoing treatment of genital warts may be longer than 6 weeks, consultations can continue to be reported as follow-up beyond 6 weeks and for as long as treatment is required.

4.14 Consultation speciality

Speciality of the services provided (Consultation_Speciality)

What SH speciality best defines the services provided at the consultation? See Appendix 2 for coding options.

Please note that:

- each consultation should be defined by a single consultation speciality
- consultation speciality 'SRH' replaces the retired 'SRH' SHHAPT code (and will be used to inform calculations for HIV test uptake and coverage) (see Appendix 8)
- PSS should default data entry to 'STI care'
- the default should be manually updated as required

Defining Consultation_Speciality

Consultation speciality can be defined based upon the 'Episode_Activity' coding recorded via GUMCAD or SRHAD, as follows:

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

STI coding

GUMCAD episode activity codes constitute STI related care, even where GUMCAD and SRHAD activity overlap (see section 5.4).

SRH coding

SRHAD activity codes constitute SRH related care (SRHAD coding is not reported via GUMCAD).

HIV care coding

HIV care can be identified via GUMCAD episode activity codes 504871000000109 (SNOMED) or H2 (SHHAPT).

4.15 Consultation via partner notification (PN)

PN consultation (Consultation_PN)

Is the patient attending as a result of PN follow-up ('Yes' or 'No')? See Appendix 2 for coding options.

Please note that:

- consultations that are a result of PN should be identified as 'Yes' (the patient is attending as a result of PN follow-up)
- consultations identified as 'Yes' would typically be reported with 'Episode_Activity' codes for PN (contact), testing and diagnosis, but they can be reported without
- PSS should default data entry to 'No' (the attendance is not a result of PN follow-up)
- the default should be manually updated as required

4.16 Consultation symptomatic

STI symptoms (Consultation_Symptomatic)

Does the patient have symptoms of an STI ('Yes' or 'No')? See Appendix 2 for coding options.

Please note that:

- consultations for patients who are attending because they have symptoms of an STI should be identified as 'Yes: the patient has symptoms' (is symptomatic)
- the presence of symptoms should be reported even where an STI is not then diagnosed
- consultations identified as 'Yes' would typically be reported with 'Episode_Activity' codes for testing and diagnosis, but they can be reported without
- PSS should default data entry to 'No: the patient doesn't have symptoms' (is asymptomatic)
- the default should be manually updated as required

4.17 Episode activity

Services provided (Episode_Activity)

What SH care was provided at the consultation (episode activity covering testing, diagnosis and vaccination)? See appendices 3 and 7 for coding options.

Please note that:

- episode activity should be reported using SNOMED codes:
  - SNOMED codes should be reported in a text format (not a number format) and they can be reported with a prefixed apostrophe to prevent code corruption (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
  - with the exception of multi-site infections (genital, ocular, pharyngeal or rectal) which can be reported with multiples of the same episode activity code, but each with a different Diagnosis_Site (see section 4.19)
  - 'Test of cure' (TOC) should not be reported in GUMCAD
- episode activity can be reported at 'new' and 'follow-up' consultations (see section 4.13)
- 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 (Episode_Activity can be left blank), particularly where care was coded at an earlier consultation or where the care provided is not included in GUMCAD (such as SRH care coded via SRHAD)
- some episode activity relates to infectious diseases that also need to be reported via Notifications of Infectious Diseases (NOIDs) (see section 5.5)

4.18 Diagnosis confirmed

Confirmation of diagnosis (Diagnosis_Confirmed)

Has the diagnosis been confirmed? See Appendix 2 for coding options.

Please note that:

- 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)
  - initial reactive
- reporting 'confirmed elsewhere' (via Diagnosis_Confirmed) replaces the retired 'X' SHHAPT suffix codes (see Appendix 8)
- PSS should default data entry to 'Confirmed' for episode activity codes relating to a diagnosis or 'Not applicable' for any other code: for example, a code relating to a test should default to 'Not applicable'
- the default should be manually updated as required

Defining Diagnosis_Confirmed

The diagnosis status can be defined as follows:

Confirmed
Confirmed via in-clinic testing, self-sampling or laboratory confirmation.

Confirmed elsewhere
A recent HIV or STI diagnosis made in the last 6 weeks (at a different SHS).

Initial reactive
eSHS (online services) can report initial reactive results for hepatitis, HIV or syphilis ('in-person' services do not need to report initial reactive results) online patients with an initial reactive result should be referred to 'in-person' services for confirmatory testing.

4.19 Diagnosis site

Diagnosis site of infection (Diagnosis_Site)

What was the anatomical site of the diagnosis? See appendices 2 and 4 for coding options.

Please note that:

- sites of infection are:
  - genital
  - ocular
  - pharyngeal
  - rectal
  - other

- an episode activity code should be reported for each site of infection diagnosed: for example, a genital and rectal diagnosis should be coded twice with the same Episode_Activity code, but each with a different Diagnosis_Site
- PSS should default data entry as specified in Appendix 4 for episode activity codes relating to a diagnosis or 'Not applicable' for any other code, for example, a code relating to a test should default to 'Not applicable'
- the default should be manually updated as required

4.20 Diagnosis treated

Diagnosis_Treated

Was the diagnosis treated (yes or no)? See Appendix 2 for coding options.

Please note that:

- each episode activity code relating to a diagnosis should indicate whether treatment was provided ('Yes' or 'No')
- the provision of treatment should be reported even when the patient does not complete the course of treatment
- PSS should default data entry to 'Yes' (treatment was provided) for episode activity codes relating to a diagnosis or 'Not applicable' for any other code: for example, a code relating to a test should default to 'Not applicable'
- the default should be manually updated as required

Sex partners

Who has the patient had sex with in the last 3 months? See Appendix 2 for coding options.

Please note that:

- a patient's sex partners may not always align with their sexual orientation: for example, a patient that defines their sexual orientation as straight (OSP) may still report having same sex partners (see section 4.7 for reporting data on sexual orientation)
- only questions relating to the relevant group of sex partners (opposite or same sex) need to be answered, for example, if the patient has only had OSP, the questions relating to same sex partners do not need to be answered
- questions about sex partners may be of a sensitive nature for people who are transgender or gender diverse: SHSs should provide appropriate care during the patient consultation and the associated data should be reported to UKHSA in accordance with the patient's wishes, which includes the option to withhold the data if

they wish (see [section 7](#)); for example, data for a transgender woman can be reported in relation to OSP or same sex partners, as deemed appropriate for the patient

- PSS may initially leave data entry 'blank' or set the field to 'Update if applicable' to encourage data entry
- if data is not entered (for unanswered questions), PSS should default data reporting to 'Not applicable

Defining sex partners

Some useful definitions relating to sex partners and sexual behaviour are provided below. These definitions should be followed closely to ensure consistency in data reporting.

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

New sex partners
People who have had oral, vaginal or anal sex together for the first time (they have not had sex together before).

Condomless sex
People having oral, vaginal or anal sex without using a condom?

Yes: they had condomless sex (a condom was not used).

No: they did not have condomless sex (a condom was used).

Vaginal sex
A penis being inserted into a vagina.

Anal sex
A penis being inserted into an 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
Placing a mouth on a person's genitals or anus.

Genitals
A penis or vagina.

4.21 Opposite sex partners (OSP)

The number of OSP (OSP)

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

New OSP (OSP_New)

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

Condomless sex (OSP_CL)

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

4.22 Same sex partners – men who have sex with men (MSM)

The number of MSM partners (MSM)

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

HIV positive partners (MSM_HIV_Pos)

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

Condomless sex (MSM_CL)

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

Condomless receptive sex (MSM_CL_Rec)

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

4.23 Same sex partners – women who have sex with women (WSW)

The number of WSW partners (WSW)

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

New WSW partners (WSW_New)

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

Partner notification (PN)

PN follow up should be initiated for patients following the diagnosis a relevant infection (PN isn't conducted for all infections), so their sex partners can be contacted and offered testing. See Appendix 2 for coding options.

Detailed PN guidelines are available from BASHH and should be followed closely: BASHH Statement on Partner Notification for Sexually Transmissible Infections.

Please note that:

- PN questions only need to be answered where the patient has been diagnosed with an infection and PN has been initiated
- PSS may initially leave data entry 'blank' or set the field to 'Update if applicable' to encourage data entry
- if data is not entered (for unanswered questions), PSS should default data reporting to 'Not applicable

Defining PN

Some useful definitions relating to PN are provided below. These definitions should be followed closely to ensure consistency in data reporting.

Index patient
The patient initially diagnosed with an infection.

Contacts
A sex partner of the index patient who is able to be contacted (to inform them of the risk of infection); contact can be made by either the patient or a healthcare worker (HCW) (on the patient's behalf).

Look-back-interval
The period of time during which the index patient may have been infectious (and may have transmitted the infection to their sex partners).

4.24 Partner notification (PN)

Date PN was initiated (PN_Date)

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

Please note that:

- consultations can be reported without a PN date (left blank) if PN is not relevant or is not initiated

The number of PN partners (PN_Partners)

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

The number of PN contacts (PN_Contacts)

How many sex partners were contactable (contacts)?

Contact attendances reported (PN_Contact_Att_Rep)

How many contacts were reported by the patient as having attended a SHS within 4 weeks of the PN date?

Contact attendances verified (PN_Contact_Att_Ver)

How many contacts were verified by a HCW as having attended a SHS within 4 weeks of the PN date?

Please note that:

- verifying a contact's attendance would require checking consultation records at the service initiating PN and any other service where a contact may have accessed

HIV pre-exposure prophylaxis (PrEP)

PrEP is the provision of antiretroviral medicines to HIV negative people to reduce their risk of acquiring HIV infection. PrEP is recommended for those at higher risk of HIV acquisition, a comprehensive risk assessment is required to identify those who are likely to benefit. See Appendices 2 and 11 for coding options.

Detailed PrEP guidelines are available from BHIVA and BASHH and should be followed closely: BHIVA BASHH guidelines on the use of HIV PrEP.

Please note that:

- PrEP questions only need to be answered where the patient has been assessed for PrEP (not all patients will require an assessment)
- PSS may initially leave data entry 'blank' or set the field to 'Update if applicable' to encourage data entry

- if data is not entered (for unanswered questions), PSS should default data reporting to 'Not applicable'

4.25 HIV pre-exposure prophylaxis (PrEP)

Eligibility (PrEP_Eligibility)

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

Please note that:

- PrEP eligibility categories are:
  - MSM or transgender woman: HIV negative MSM and transgender women who have had condomless anal sex in the past 6 months, and are likely to continue having condomless anal sex in the future
  - HIV positive partner: HIV negative people who have had condomless anal or vaginal sex in the past 6 months with a partner who is living with HIV, where the partner has not been on antiretroviral therapy for at least 6 months and their plasma viral load is not under 200 copies/ml
  - Other high risk: other HIV negative people with current factors (other than those listed above) that may put them at increased risk of HIV acquisition
- eligibility should be reported for patients even when PrEP cannot be offered by the service
- PrEP_Eligibility' replaces the retired SHHAPT codes O31, O32 and O33

Uptake (PrEP_Uptake)

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

Please note that:

- Uptake categories are:
  - Accepted: the patient is starting or continuing PrEP (at this clinic)
  - Declined: patient choice: the patient declines the offer of PrEP
  - Declined: obtained elsewhere the patient is continuing PrEP obtained elsewhere (such as a different SHS or through private means)
- Uptake can be coded for patients obtaining PrEP elsewhere but do not meet the eligibility criteria
- 'PrEP_Uptake' replaces the retired SHHAPT codes O41, O42, O43 and O44

Regimen (PrEP_Regimen)

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

Please note that:

- Regimen categories are:
  - Daily: PrEP is taken daily (or near daily)
  - Event based: PrEP is taken before and or after sex
- regimen should be reported when the uptake (offer) of PrEP is accepted (starting or continuing) or when uptake is declined because the patient is obtaining PrEP elsewhere
- 'PrEP_Regimen' replaces the retired SHHAPT codes O41, O42, O43 and O44

Prescription (PrEP_Prescription)

How many PrEP tablets were prescribed?

Please note that:

- prescription categories are:
  - 30 tablets
  - 60 tablets
  - 90 tablets
  - 180 tablets
  - other amount
- 'PrEP_Prescription' replaces the retired SHHAPT codes O51, O52 and O53

Reason for stopping PrEP (PrEP_Stop_Reason)

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

Please note that:

- stopping categories are:
  - Adverse event (such as the patient experienced side effects)
  - HIV acquisition
  - Patient choice
  - No longer eligible
  - Other reason
- 'PrEP_Stop_Reason' replaces the retired SHHAPT code O45

Alcohol and recreational drug use

Some patients (not all) may require an assessment in relation to their alcohol and recreational drug use (the use of any illicit psychoactive substance). See Appendix 2 for coding options.

Detailed guidelines on assessing alcohol use is available from Office for Health Improvements and Disparities (OHID): Alcohol use screening tests.

Please note that:

- questions about alcohol and recreational drug use may be of a sensitive nature and reporting is therefore optional; SHSs should provide appropriate care during the patient consultation and the associated data should be reported to UKHSA in accordance with the patient's wishes, which includes the option to withhold the data if they wish (see section 7)
- PSS may initially leave data entry 'blank' or set the field to 'Update if applicable' to encourage data entry
- if data is not entered (for unanswered questions), PSS should default data reporting to 'Not applicable'
- the default should be manually updated as required

4.26 Alcohol and drugs

Alcohol use assessed (Alcohol_1)

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

Alcohol use problematic (Alcohol_2)

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

Recreational drug use (Drugs_Used)

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

Which recreational drugs? (Drugs_1-16)

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

Recreational drug categories are:

- Amphetamine (Speed) (Drugs_1)
- Benzodiazepines (non-prescribed) (Drugs_2)
- Cannabis (Drugs_3)
- Cocaine (Drugs_4)
- Crack (Drugs_5)
- Crystal Meth (Methamphetamine) (Drugs_6)
- Ecstasy (E) or MDMA (Drugs_7)
- GHB or GBL (Drugs_8)

- Heroin (Drugs_9)
- Ketamine (Drugs_10)
- Novel psychoactive substances (NPS) (Drugs_11)
- Mephedrone (M-Cat) (Drugs_12)
- Methadone (Drugs_13)
- Poppers (Drugs_14)
- Solvents or Glue (Drugs_15)
- Any other recreational drug (not listed) (Drugs_16)

Injecting drug use (Drugs_Inject)

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

Sharing equipment (Drugs_Share_Eqp)

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

Under the influence (Drugs_Sex)

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

5. Other sexual health (SH) data reporting

SHS that are required to report GUMCAD may also be required to report other HIV, STI and SRH surveillance data to UKHSA or NHS Digital (see Table 3 and Table 4 below).

Table 3. STI and SRH datasets

Dataset		Surveillance	Reporter	Responsible organisation
CTAD	Chlamydia Surveillance System	Chlamydia tests and diagnoses	Laboratories commissioned to provide chlamydia testing	UKHSA
GUMCAD	STI Surveillance System	STI tests, diagnoses and services	Specialist (Level 3) and Non-specialist (Level 2) SHS	UKHSA
HARS	HIV and AIDS Reporting System	HIV outpatient services	HIV outpatient services	UKHSA
SRHAD	Sexual and Reproductive Health Activity Dataset	Contraceptive services	Settings offering contraceptive services	NHS Digital [note 2]

Note 2: SRHAD is sponsored by UKHSA but NHS Digital are responsible for data collection and management.

Table 4. SHS reporting requirements of HIV, STI and SRH surveillance datasets

Clinic Type	STI Service Level	CTAD	GUMCAD	HARS	SRHAD
01: Specialist STI	Specialist – Level 3	✓		✓	✓
02: SRH	Non-specialist – Level 1	✓	✗	✗	✓
	Non-specialist – Level 2	✓	✓	✗	✓
03: Online (internet)	Non-specialist – Level 1	✓	✗	✗	✗
	Non-specialist – Level 2	✓	✓	✗	✗
04: General Practice (GP) [note 3]	Non-specialist – Level 1	✓	✗	✗	✓
	Non-specialist – Level 2	✓	✗	✗	✓
05: Prison	Non-specialist – Level 2	✓	✓	✗	✓
10 / 11: Other	Non-specialist – Level 1	✓	✗	✗	✓
	Non-specialist – Level 2	✓	✓	✗	✓

Clinic Type	STI Service Level	CTAD	GUMCAD	HARS	SRHAD
(such as chlamydia screening, ToP, youth services)			████	░░░░	▒▒▒▒

Note 3: enhanced GPs (Level 2) are no longer required to submit GUMCAD.

Key

✓	Submission is required
✓	Submission **may** be required (determined by the nature of other services provided)
✓	Data are submitted by Laboratories (**not** SHSs)
×	Submission is not required

5.1 Shared data items

Some data items in GUMCAD overlap with data items in CTAD, HARS and SRHAD. All surveillance systems use the same NHS Data Model and Dictionary terminology and coding but the data item name may differ across systems (see Table 5 below).

Table 5. GUMCAD data items shared with CTAD, HARS and SRHAD

Data items				
Position [note 4]	**GUMCAD**	**CTAD**	**HARS**	**SRHAD**
1	ClinicID	Venue_code	Org_ID	Clinic ID
2	Clinic_Type [note 5]	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

Data items				
Position [note 4]	**GUMCAD**	**CTAD**	**HARS**	**SRHAD**
14	Consultation_Date	Specimen_Date	HIVCare_Date	Date of Attendance
15	Consultation_Medium	–	Consultation Medium Used	Consultation Medium Used

Note 4: refers to the horizontal position of the data item within the CSV file.

Note 5: coding options for Clinic_Type and Testing_Service_Type are not the same, but they can be aligned (see section 5.2 below).

5.2 GUMCAD and CTAD

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

Detailed CTAD guidelines are available from UKHSA: CTAD Chlamydia Surveillance System.

Please note that:

- SHS reporting GUMCAD will indirectly contribute to CTAD via the information they send to laboratories with their chlamydia samples (SHS are not required to report CTAD data directly to UKHSA)
- it is essential that GUMCAD and CTAD data is reported using the same ClinicID or Venue_code and the same Clinic_Type or Testing_Service_Type to ensure national reporting is accurate (see Table 6 below)
  - national reporting of chlamydia data consists of a combination of data sourced from CTAD (Levels 1 and 2) and GUMCAD (Level 3)
  - Specialist (Level 3) data reported via CTAD does not include patient residence data (via postcode) for confidentiality reasons: therefore the equivalent Specialist (Level 3) residence data is obtained from GUMCAD (via LSOA)

Table 6. GUMCAD Clinic Type 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

5.3 GUMCAD and HARS

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

Detailed HARS guidelines are available from UKHSA: HIV surveillance systems.

Please note that:

- SHS reporting GUMCAD that provide HIV care will also be required to report HARS
- some HIV related data collected in GUMCAD overlaps with data collected in HARS (see Table 7 below)

Table 7. GUMCAD and HARS shared data

Shared data	GUMCAD data item and coding		HARS data item and coding	
New HIV Diagnoses	Episode_Activity	See Appendix 3 for coding options	Dx_UK_date	HIV diagnosis date in the UK
HIV-related care			HIV_care_date	Consultation date for HIV care
Patient type	Patient_Type	Sex worker	Sex_worker	Sex worker
		Prisoner	Prisoner	Prisoner

5.4 GUMCAD and SRHAD

The Sexual and Reproductive Health Activity Dataset (SRHAD) is an annual disaggregate dataset that collects information on contraceptive service provision and other reproductive health care from all SRH services. SRHAD is an approved mandatory dataset that is reported directly to NHS Digital (data is not reported to UKHSA).

Detailed SRHAD guidelines are available from NHS Digital: Sexual and Reproductive Health Activity Data Set (SRHAD).

Please note that:

- SHS reporting GUMCAD that provide SRH care will also be required to report SRHAD
- some data collected in GUMCAD overlaps with data collected in SRHAD (see Table 8 below)

Table 8. GUMCAD and SRHAD shared data

Shared data	GUMCAD data item and coding		SRHAD data item and coding	
Sexual assault	Episode_Activity	see Appendix 3 for coding options	SRH_Care _Activity	40
				41
Cervical Screening				11
STI-related care				34
SRH care only	Consultation _Speciality	SRH Care		Excluding 34 (STI-related care)

5.5 GUMCAD and notifications of infectious diseases

Registered medical practitioners in England (including those working in SHS) have a statutory duty to report certain infectious diseases to UKHSA's Heath Protection Teams for the purposes of public health action. Some of the these Notifiable diseases are also included in GUMCAD (for the purposes of STI surveillance) (see Table 9 below and Appendix 3).

Please note that:

- it is essential that diagnoses of these notifiable diseases are reported to GUMCAD and also to UKHSA's Heath Protection Teams (dual reporting is required)

Table 9. GUMCAD and notifiable infectious disease shared reporting

Episode Activity	SNOMED	SHHAPT
Gonorrhoea: disseminated gonococcal infection	762257007	BD
Hepatitis A: acute infection	25102003	C15
Hepatitis B: first diagnosis	66071002	C13
Hepatitis C: first diagnosis	50711007	C14
Herpes: first episode – *neonatal only*	186538004	C10A
Herpes: recurrent episode – *neonatal only*	240479006	C10B

Episode Activity	SNOMED	SHHAPT
Meningococcal infection	23511006	MGI
Mpox	1290641000000103	MPVP
Shigella: flexneri (group B)	34335000	SG1
Shigella: sonnei (group D)	69794009	SG2
Shigella: other or unspecified	111817006	SG3
Syphilis: congenital syphilis – *neonatal only*	35742006	A7A

5.6 GUMCAD and Tariff

The Sexual Health Tariff is an optional (non-surveillance) dataset to facilitate payment for the provision of STI and SRH care provided by SHS.

The Tariff uses existing GUMCAD STI surveillance coding to facilitate payments for STI related care and, for that reason, it has been designed to work in tandem with GUMCAD coding requirements. It is therefore essential that GUMCAD coding is not altered in any way to facilitate Tariff payments; altering the coding could have a detrimental impact on GUMCAD surveillance.

For example, GUMCAD does not include coding for 'test of cure' (TOC), therefore, TOC does not need to be coded to facilitate a Tariff payment. The Tariff has been designed to include payment for TOC within the payment associated with the initial diagnosis code (where the payment for a diagnosis includes the cost of the initial test, treatment and TOC - where required). It is therefore essential that TOC is not coded for Tariff as this will alter GUMCAD surveillance coding as well as result in an extra Tariff payment (for services that have already received a payment via diagnosis coding).

Please note that:

- the Tariff only needs to be reported by SHS that have been enrolled by their service managers and commissioners; it does not need to be reported by all SHS
- the Tariff also uses SRHAD coding to facilitate payments for SRH related care; SRHAD requirements are not covered by this guidance
- the Tariff is reported to Pathway Analytics (not to UKHSA or NHS Digital)
- Tariff guidance is available from Pathway Analytics
- the Tariff may include 'local' codes for STI related care that are not included in GUMCAD STI surveillance coding
- Tariff-related questions should be directed to service managers, commissioners and Pathway Analytics (enquires@pathwayanalytics.com); questions that also relate to GUMCAD coding should continue to be sent to GUMCAD (gumcad@ukhsa.gov.uk)

6. How UKHSA uses GUMCAD data

6.1 Purpose of GUMCAD STI surveillance

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

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

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

6.2 Data outputs (reports)

UKHSA aims to publish timely routine outputs (reports) of GUMCAD data at the local, regional and national level. Publication of local area data follows guidance issued by the Office for National Statistics (ONS) on the risk of deductive disclosure in small area statistics (see section 7.2).

GUMCAD reports include:

- publicly access reports
    - STI data tables: updated annually
    - Sexual and Reproductive Health Profiles and SPLASH reports: updated annually
- restricted access reports - via the HIV and STI Data Exchange
    - GUMCAD STI reports: updated quarterly
    - GUMCAD clinic reports: updated annually
    - SPLASH supplement reports: updated annually

Restricted access reports on the HIV and STI Data Exchange are only available to appropriate organisations related to the provision of sexual health care (such as the NHS, service providers, DHSC, local government and partner organisations).

7. Confidentiality and anonymity

7.1 Patient confidentiality and anonymity

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

1. Patients should be reassured that their data is held in strict confidence and that no personally identifiable information will be reported to UKHSA (GUMCAD does not include data on patient name, date of birth or postcode).

2. Explain that their data is being used to help improve SHS and to protect public health.

3. Patients can be referred to UKHSA guidance that explains the de-personalised data we collect, how we use it and how we protect this information: UKHSA SH and HIV Privacy information.

4. If the patient still has concerns, SHS should allow patients to register at the service using an alias (a fake identity).

5. If the patient still has concerns, they can request that some, or all of their data is removed from GUMCAD submissions before being reported to UKHSA.

6. If a patient's data has already been reported to UKHSA, please contact the GUMCAD team quoting the relevant Clinic ID and Patient ID so that associated records can be identified and deleted from UKHSA records: gumcad@ukhsa.gov.uk

7.2 Data confidentiality

Data access

All staff within UKHSA have a legal duty to keep patient information confidential. GUMCAD data is stored on secure servers and access is limited to those directly involved in the collation and analysis of the data in compliance with Caldicott Guidelines.

Data release

The principles for publishing GUMCAD data is available in the UKHSA HIV and STI Data Publication Guidelines.

Disaggregate data

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

Aggregate data

Aggregate GUMCAD data may be published after content has undergone a risk assessment in relation to deductive disclosure (see below).

Deductive disclosure

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

Aggregate numbers at risk of deductive disclosure:

- must not be published in hard copy or on a public access website
- may be confidentially distributed in hard copy or via secure electronic means (such as the HIV STI Data Exchange) to appropriate organisations, such as the NHS, service providers, DHSC, local government and partner organisations
- may only be published in hard copy or on the public access website after data has been suitably anonymised to remove the risk of deductive disclosure (where numbers are masked to maintain confidentiality and anonymity)

Data requests

GUMCAD data can be requested from UKHSA: data requests will be assessed regarding risks to confidentiality and anonymity. Data requests will only be fulfilled in accordance with the data publication guidelines (summarised above), therefore some data requests may be denied.

Appendix 1. Data item definitions

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

Table 10. Data item definitions

Data item			
Position [note 6]	Name	NHS Data Dictionary	Definition
Clinic of Attendance			
1	ClinicID	Organisation site identifier (of treatment)	An ODS code should be entered for each reporting service or clinic. ODS codes can be obtained direct from the ODS website.
2	Clinic_Type	Clinic type (SHS)	A definition of the type of SHS and the level of sexual health services provided. SHS levels are defined in the British Association for Sexual Health and HIV (BASHH) Standards for the management of 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 .
4	Patient_Type	Person risk factor (STI)	An indication of whether the patient is classified as a Prisoner or Sex Worker at the current consultation.

Data item			
Position [note 6]	Name	NHS Data Dictionary	Definition
5	Gender_Identity	Gender identity for SH	The patient's gender identity as stated by the patient.
6	Gender_Birth	Gender identity same at birth	Is the patient's gender identity the same as their sex registered 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 (LA 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	SHS 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.

Data item			
Position [note 6]	Name	NHS Data Dictionary	Definition
15	Consultation_Medium	Consultation medium used (SHS)	The medium in which the consultation was conducted.
16	Consultation_Type	Consultation type	The consultation episode type.
17	Consultation_Speciality	Service type (SH)	The consultation speciality.
18	Consultation_PN	PN consultation indicator (SHS)	An indication of whether the consultation was a result of PN.
19	Consultation_Symptomatic	Patient attendance symptomatic indicator (SHS)	An indication of whether the diagnosis was symptomatic.
20	Episode_Activity	SNOMED CT	An indication of the episode activity associated with the consultation (SNOMED CT, SHHAPT or READ).
		Sexual health and HIV activity property type	
		READ	
21	Diagnosis_Confirmed	Patient diagnosis confirmed indication code (SHS)	An indication of the diagnosis status.
22	Diagnosis_Site	Patient diagnosis site of infection (SHS)	An indication of the anatomical site of infection.
23	Diagnosis_Treated	Patient diagnosis treatment provided indication code (SHS)	An indication of whether the diagnosis was treated.
Opposite sex partners – men and women who have sex (OSP)			

Data item			
Position [note 6]	Name	NHS Data Dictionary	Definition
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 OSP.
25	OSP_New	New sex partners in last 3 months indicator (opposite sex partners)	Were any of these new partners? [note 7]
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 (MSM)			
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 MSM.
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? [note 7]
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?

Data item			
Position [note 6]	Name	NHS Data Dictionary	Definition
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 (WSW)			
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 WSW.
32	WSW_New	New sex partners in last 3 months indicator (female same sex partners)	Were any of these new partners? [note 7]
Partner notification			
33	PN_Date	Initial PN discussion date	The date PN was discussed or initiated (for the current diagnosis).
34	PN_Partners	Number of patient reported partners for diagnosed STI	The number of sexual partners identified by the patient (in relation to PN follow-up).
35	PN_Contacts	Number of contactable patient reported partners for diagnosed STI	Of which, the number that are contactable [note 8].
36	PN_Contacts_Att_Rep	Number of patient partners reported as attended a SHS	Of which, the number that were reported by the patient to have attended a SHS (within 4 weeks) [note 8].

Data item			
Position [note 6]	Name	NHS Data Dictionary	Definition
37	PN_Contacts_Att_Ver	Number of patient partners confirmed as attended a SHS	Of which, the number that were confirmed by a health care worker to have attended a SHS (within 4 weeks) [note 8].
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 (SHS)	Was the patient's alcohol use assessed?
44	Alcohol_2	Alcohol use assessed as problematic indicator (SHS)	Was alcohol use assessed as problematic.

Data item			
Position [note 6]	Name	NHS Data Dictionary	Definition
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)	Did the patient take amphetamine or Speed?
47	Drugs_2	Substance use in the last 3 months indicator (benzodiazepines non-prescribed)	Did the patient take benzodiazepines (non-prescribed)?
48	Drugs_3	Substance use in the last 3 months indicator (cannabis)	Did the patient take cannabis?
49	Drugs_4	Substance use in the last 3 months indicator (cocaine)	Did the patient take cocaine?
50	Drugs_5	Substance use in the last 3 months indicator (crack)	Did the patient take crack?
51	Drugs_6	Substance use in the last 3 months indicator (crystal meth or methamphetamine)	Did the patient take crystal meth or methamphetamine?
52	Drugs_7	Substance use in the last 3 months indicator (ecstasy or methylenedioxymethamphetamine)	Did the patient take ecstasy or methamphetamine?

Data item			
Position [note 6]	Name	NHS Data Dictionary	Definition
53	Drugs_8	Substance use in the last 3 months indicator (gammahydroxybutyrate or gammabutyrolactone)	Did the patient take GHB or GBL?
54	Drugs_9	Substance use in the last 3 months indicator (heroin)	Did the patient take heroin?
55	Drugs_10	Substance use in the last 3 months indicator (ketamine)	Did the patient take ketamine?
56	Drugs_11	Substance use in the last 3 months indicator (novel psychoactive)	Did the patient take novel psychoactive substances?
57	Drugs_12	Substance use in the last 3 months indicator (mephedrone)	Did the patient take mephedrone (M-Cat)?
58	Drugs_13	Substance use in the last 3 months indicator (methadone)	Did the patient take methadone?
59	Drugs_14	Substance use in the last 3 months indicator (poppers)	Did the patient take poppers?
60	Drugs_15	Substance use in the last 3 months indicator (solvents or glue)	Did the patient take solvents or glue?
61	Drugs_16	Substance use in the last 3 months indicator (unclassified substance)	Did the patient take other recreational drug (not listed)?

Data item			
Position [note 6]	Name	NHS Data Dictionary	Definition
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	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?

Note 6: refers to the horizontal position of the data item within the CSV file.

Note 7: new partners are subsets of the total partners reported in the previous data field.

Note 8: PN contacts are subsets of the number reported in the previous data field.

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.

Table 11. Data type and coding

Data item		
Position [note 11]	Name	Code format [note 12] 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		

Data item		
Position [note 11]	Name	Code format [note 12] and descriptions
3	PatientID	AN(20)
		– Predefined code (issued by patient software)
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 sex registered at birth
		N No – gender identity is not the same as sex registered at birth

Data item		
Position [note 11]	Name	Code format [note 12] and descriptions
		Z	Not stated
		X	Not known
7	Age	N(3)	
		–	Number in whole years
		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)	
		Asian or Asian British	
		K	Bangladeshi

Data item		
Position [note 11]	Name	Code format [note 12] and descriptions
		R Chinese
		H Indian
		J Pakistani
		L Any other Asian background
		Black or Black British
		N African
		M Caribbean
		P Any other Black background
		Mixed
		F White and Asian
		E White and Black African
		D White and Black Caribbean
		G Any other mixed background
		White
		A British
		B Irish

Data item			
Position [note 11]	Name	Code format [note 12] and descriptions	
		C	Any other White background
		Other Ethnic Groups	
		S	Any other ethnic group
		Unclassified	
		99	Not known
		Z	Not stated
10	Country_Birth	A(3)	
		–	Predefined ISO codes: a full list is available from gumcad@ukhsa.gov.uk
		ZZZ	Not stated
		XXX	Not known
11	LA	AN(9)	
		–	Predefined ONS codes: a full list is available from gumcad@ukhsa.gov.uk
		Codes starting with E	England
		Codes starting with W	Wales

Data item		
Position [note 11]	Name	Code format [note 12] and descriptions
		Codes starting with S — Scotland
		Codes starting with 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 gumcad@ukhsa.gov.uk
		Codes starting with E — England
		Codes starting with W — Wales
		Codes starting with S — Scotland
		Codes starting with 9 — Northern Ireland
		L99999999 — Channel Islands
		M99999999 — Isle of Man

Data item			
Position [note 11]	Name	Code format [note 12] and descriptions	
		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	For example 2019-01-31
15	Consultation_Medium	AN(2)	
		1	Face-to-face consultation
		2	Telephone consultation
		3	Online consultation

Data item		
Position [note 11]	Name	Code format [note 12] and descriptions
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 PN follow-up
		N No – the consultation is not a result of PN follow-up
		NA Not applicable
19	Consultation_Symptomatic	AN(2)
		Y Yes – symptomatic

Data item		
Position [note 11]	Name	Code format [note 12] and descriptions
		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 [note 11]	Name	Code format [note 12] 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 (OSP)		
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)

Data item		
Position [note 11]	Name	Code format [note 12] and descriptions
		Y — Yes
		N — No
		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 (MSM)		
27	MSM	AN(2)
		1 — 0
		2 — 1
		3 — 2 to 4

Data item		
Position [note 11]	Name	Code format [note 12] and descriptions
		4 5 or more
		ZZ Not stated
		UU Not known
		NA Not applicable (person not asked)
28	MSM_HIV_Pos	AN(2)
		Y Yes
		N No
		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)

Data item		
Position [note 11]	Name	Code format [note 12] and descriptions
30	MSM_CL_Rec	AN(2)
		Y — Yes
		N — No
		Z — Not stated
		U — Not known
		NA — Not applicable (person not asked)
Same sex partners – women who have sex with women (WSW)		
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)

Data item		
Position [note 11]	**Name**	**Code format [note 12] and descriptions**	
		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	For example 2009-01-31 (nulls or blank cells are permitted)
34	PN_Partners	AN(3)	
		–	Any number 0 to 999
		NA	Not applicable (person not asked)
35	PN_Contacts	AN(3)	
		–	Any number 0 to 999
		NA	Not applicable (person not asked)
36	PN_Contacts_Att_Rep	AN(3)	
		–	Any number 0 to 999

Data item		
Position [note 11]	**Name**	**Code format [note 12] and descriptions**
		NA	Not applicable (person not asked)
37	PN_Contacts_Att_Ver	AN(3)	
		–	Any number 0 to 999
		NA	Not applicable (person not asked)
Behaviour		
38	PrEP_Eligibility	AN(2)	
		01	MSM or Transgender woman
		02	HIV positive partner
		96	Other high risk
		NA	Not applicable (person not asked)
39	PrEP_Uptake	AN(2)	
		01	Accepted
		02	Declined – patient choice
		03	Declined – obtained at another source
		NA	Not applicable (person not asked)
40	PrEP_Regimen	AN(2)	

Data item		
Position [note 11]	Name	Code format [note 12] and descriptions
		01 Daily (or nearly daily)
		02 Event based (coital)
		ZZ Not stated
		UU Not known
		NA Not applicable (person not asked)
41	PrEP_Prescription	AN(2)
		01 30 tablets
		02 60 tablets
		03 90 tablets
		04 180 tablets
		96 Other amount
		ZZ Not stated
		UU Not known
		NA Not applicable (person not asked)
42	PrEP_Stop_Reason	AN(2)
		01 Adverse event

Data item			
Position [note 11]	Name	Code format [note 12] and descriptions	
		02	HIV acquisition
		03	Patient choice
		04	No longer eligible
		96	Other
		ZZ	Not stated
		UU	Not known
		NA	Not applicable (person not asked)
43	Alcohol_1	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
44	Alcohol_2	AN(2)	
		Y	Yes
		N	No

Data item			
Position [note 11]	Name	Code format [note 12] and descriptions	
		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)	

Data item			
Position [note 11]	Name	Code format [note 12] and descriptions	
		Y	Yes
		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

Data item		
Position [note 11]	**Name**	**Code format [note 12] and descriptions**
		NA Not applicable (person not asked)
50	Drugs_5	AN(2)
		Y Yes
		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

Data item		
Position [note 11]	Name	Code format [note 12] and descriptions
		Z — Not stated
		U — Not known
		NA — Not applicable (person not asked)
53	Drugs_8	AN(2)
		Y — Yes
		N — No
		Z — Not stated
		U — Not known
		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)

Data item			
Position [note 11]	Name	Code format [note 12] and descriptions	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
56	Drugs_11	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable (person not asked)
57	Drugs_12	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known

Data item		
Position [note 11]	Name	Code format [note 12] and descriptions
		NA Not applicable (person not asked)
58	Drugs_13	AN(2)
		Y Yes
		N No
		Z Not stated
		U Not known
		NA Not applicable (person not asked)
59	Drugs_14	AN(2)
		Y Yes
		N No
		Z Not stated
		U Not known
		NA Not applicable (person not asked)
60	Drugs_15	AN(2)
		Y Yes
		N No

Data item		
Position [note 11]	Name	Code format [note 12] and descriptions
		Z — Not stated
		U — Not known
		NA — Not applicable (person not asked)
61	Drugs_16	AN(2)
		Y — Yes
		N — No
		Z — Not stated
		U — Not known
		NA — Not applicable (person not asked)
62	Drugs_Inject	AN(2)
		Y — Yes
		N — No
		Z — Not stated
		U — Not known
		NA — Not applicable (person not asked)
63	Drugs_Share_Eqp	AN(2)

Data item		
Position [note 11]	Name	Code format [note 12] and descriptions
		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)

Note 11: refers to the horizontal position of the data item within the GUMCAD dataset (CSV file).

Note 12: AN = Alpha-numeric, A = Alphabetical, N = Numeric. The number in brackets denotes the maximum string length. Codes should not include leading or trailing zeroes or spaces.

Appendix 3. Episode activity code 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:

1. Episode activity should be reported using SNOMED codes (see appendices 3, 6, and 7). Please note that:

   - SNOMED codes should be reported in a text format (not a number format) and can be reported with a prefixed apostrophe to prevent code corruption (see section 3.7)

2. Episode activity should only be reported once per episode of care. Please note that:

   - with the exception of HIV-related care which can be reported as often as required.
   - with the exception of multi-site infections (genital, ocular, pharyngeal or rectal), which can be reported with multiples of the same episode activity code, but each with a different Diagnosis_Site (see section 4.19)
   - 'Test of cure' should not be reported in GUMCAD

3. eSHS should only report confirmed diagnoses of chlamydia and gonorrhoea. Please note that:

   - eSHS can report initial reactive results for hepatitis, HIV and syphilis ('in-person' services do not need to report initial reactive results) (see section 4.18)
   - eSHS patients with an initial reactive result should be referred to 'in-person' services for confirmatory testing
   - 'in-person' services receiving referrals with reactive results, should code subsequently confirmed diagnoses as 'confirmed' (not 'confirmed elsewhere')

4. Diagnoses which have been recently confirmed at a different SHS should be reported as 'Confirmed elsewhere' (see section 4.18). Please note that:

   - 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)

5. Episode activity can be reported at 'new' and 'follow-up' consultations (see section 4.1).

6. 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 (Episode_Activity can be left blank) particularly where care was coded at an earlier consultation or where the care provided is not included in GUMCAD (such as SRH care coded via SRHAD)
    - some episode activity relates to infectious diseases that also need to be reported via NOIDs (see section 5.5)

7. PrEP SHHAPT have been replaced with new PrEP data items (see section 4.25 and Appendix 8).

8. SNOMED codes for sexual health screens (SH Screens) are not available: individual SNOMED test codes should be reported instead. For example:

    - a SHHAPT T2 (a SH screen including testing for chlamydia and gonorrhoea) would be reported via SNOMED 442487003 (chlamydia test) and 1086351000000100 (gonorrhoea test)

9. 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. Episode activity codes: diagnoses

Episode activity codes used to report diagnoses at SHS.

Table 12. Description of episode activity codes (diagnoses)

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 balanitis' or 'other vaginitis'		
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.		
Cervical cytology: severe dyskaryosis	269960002	P4B
Includes smears showing severe dyskaryosis on cytological examination.		
Chancroid	266143009	C1

Episode activity		
Condition or finding	SNOMED	**SHHAPT**
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
- ocular, pharyngeal and rectal sites of infection can also be reported for this condition (see section 4.19 and 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 (such as, 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 (CSE)		
CSE: internal assessment	1086791000000109	CSE1

Concerns raised of CSE 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

CSE: referred to internal professionals	1086821000000104	CSE2

Concerns of CSE 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)
- assessments that do not indicate concerns of sexual exploitation should not be reported

CSE: referred to external professionals	1086831000000102	CSE3

Concerns of CSE referred to external safeguarding professionals outside your organisation.

Episode activity		
Condition or finding	SNOMED	**SHHAPT**
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		
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		
Female genital mutilation (FGM)	95041000119101	FGM
FGM 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		
Gonorrhoea	15628003	B
All cases of complicated and uncomplicated gonorrhoea. Please note that:		

Episode activity		
Condition or finding	SNOMED	**SHHAPT**
- NAAT-positive or culture confirmed - genital gonorrhoea would include urethral and cervical urethral infections - ocular, pharyngeal and rectal sites of infection can also be reported for this condition (see section 4.19 and Appendix 4) - there is a separate code for reporting disseminated gonococcal infections (specified below) - treatment failures should not be coded as another new diagnosis - treatment failures are defined below and full definitions are available from - Gonorrhoea treatment failure (reporting): – the patient remains positive after treatment (with or without persistent symptoms) AND: – reinfection has been excluded		
Gonorrhoea – disseminated gonococcal infection	762257007	BD
All cases of disseminated gonococcal infections that have been confirmed or, where confirmation is not possible, probable cases can be reported defined below). Please note that: - this is a notifiable infectious disease and must also be reported to Health Protection Teams (see section 5.5) - confirmed and probable cases are defined as: – confirmed: culture or PCR positive for N. gonorrhoeae at a sterile site – probable: gram-stained microscopy, culture or NAAT for N. gonorrhoeae from a non-sterile site AND symptoms or signs that are consistent with a disseminated infection (for example, tenosynovitis or polyarthralgia)		
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: - this is a notifiable infectious disease and must also be reported to Health Protection Teams (see section 5.5) - subsequent attendances for management of hepatitis A should not be coded as an acute infection		

Episode activity		
Condition or finding	SNOMED	**SHHAPT**
• eSHS (online services) can report initial reactive results for hepatitis (in-person services should only report confirmed diagnoses) • eSHS patients with a reactive result should be referred to 'in-person' services for confirmatory testing • 'in-person' services receiving referrals with reactive results, should code subsequently confirmed diagnoses as 'confirmed' (not 'confirmed elsewhere')		
Hepatitis B: first diagnosis	66071002	C13
First diagnoses of viral hepatitis B – HBsAG antigen positive. Please note that: • acute infections are a notifiable infectious disease and must also be reported to health protection teams (see section 5.5) • subsequent attendances for management of hepatitis B should not be coded as a first diagnosis • eSHS (online services) can report initial reactive results for hepatitis (in-person services should only report confirmed diagnoses) • eSHS patients with a reactive result should be referred to 'in-person' services for confirmatory testing • 'in-person' services receiving referrals with reactive results, should code subsequently confirmed diagnoses as 'confirmed' (not 'confirmed elsewhere')		
Hepatitis C: first diagnosis	50711007	C14
First diagnoses of viral hepatitis C, defined as anti-HCV positive or HCV RNA positive. Please note that: • acute infections are a notifiable infectious disease and must also be reported to Health Protection Teams (see section 5.5)subsequent attendances for management of hepatitis C should not be coded as a first diagnosis • eSHS (online services) can report initial reactive results for hepatitis (in-person services should only report confirmed diagnoses) • eSHS patients with a reactive result should be referred to 'in-person' services for confirmatory testing • 'in-person' services receiving referrals with reactive results, should code subsequently confirmed diagnoses as 'confirmed' (not 'confirmed elsewhere')		
Herpes simplex (anogenital)		
Herpes: first episode	186538004	C10A

Episode activity		
Condition or finding	SNOMED	**SHHAPT**
Laboratory confirmation is required for this condition. Please note that: • neonatal infections are a notifiable infectious disease and must also be reported to health protection teams (see section 5.5) • a first episode of herpes should only be recorded if the patient has never had a confirmed diagnosis before (at any SHS) • site of infection should be reported for this condition (see Appendix 4)		
Herpes: 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: • neonatal infections are a notifiable infectious disease and must also be reported to health protection teams (see section 5.5) • a subsequent episode of herpes should only be recorded if the patient has previously had a confirmed diagnosis (at any SHS) • 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 for 'HIV-related care' instead		
HIV: new diagnosis	86406008	H1
Newly confirmed HIV diagnoses. Please note that: • newly confirmed HIV diagnoses that are not 'acute' or 'AIDS defined' • HIV positive patients transferring their 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 only be reported once throughout a patient's entire care history (new, acute or AIDS defined) • eSHS (online services) can report initial reactive results for HIV (in-person services should only report confirmed diagnoses)		

Episode activity		
Condition or finding	SNOMED	**SHHAPT**
• eSHS patients with a reactive result should be referred to 'in-person' services for confirmatory testing • 'in-person' services receiving referrals with reactive results, should code subsequently confirmed diagnoses as 'confirmed' (not 'confirmed elsewhere')		
HIV: new diagnosis – acute infection	111880001	H1A

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

- a documented negative HIV test
- laboratory evidence (for example RITA assay, RNA, neutralisable p24 antigen and antibody negative)
- 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 only be reported once throughout a patient's entire care history (new, acute or AIDS defined)
- eSHS (online services) can report initial reactive results for HIV (in-person services should only report confirmed diagnoses)
- eSHS patients with a reactive result should be referred to 'in-person' services for confirmatory testing
- 'in-person' services receiving referrals with reactive results, should code subsequently confirmed diagnoses as 'confirmed' (not 'confirmed elsewhere')

HIV: new diagnosis – AIDS defined	62479008	H1B

Newly confirmed HIV diagnoses which have evidence of an AIDS defining illness.

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 only be reported once throughout a patient's entire care history (new, acute or AIDS defined)

Episode activity		
Condition or finding	SNOMED	**SHHAPT**
• eSHS (online services) can report initial reactive results for HIV (in-person services should only report confirmed diagnoses) • eSHS patients with a reactive result should be referred to 'in-person' services for confirmatory testing • 'in-person' services receiving referrals with reactive results, should code subsequently confirmed diagnoses as 'confirmed' (not 'confirmed elsewhere')		
HPV Positive – high risk	720005005	C17
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)		
Meningococcal infection	23511006	MGI
All cases of genital and rectal meningococcal infections. Please note that: • this is a notifiable infectious disease and must also be reported to Health Protection Teams (see section 5.5) • 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.		
Mpox (monkeypox virus)	1290641000000103	MPVP
Laboratory confirmation is required for this condition. Please note that: • this is a notifiable infectious disease and must also be reported to health protection teams (see section 5.5)		
Mycoplasma genitalium (Mgen)	240594008	C16
Laboratory confirmation is required for this condition. Please note that: • site of infection should be reported for this condition (see Appendix 4)		

Episode activity		
Condition or finding	SNOMED	**SHHAPT**
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 where first line antibiotics have failed (such as unresolved symptoms 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	34298002	C5B

All cases of ophthalmia neonatorum.

Please note that:

- ophthalmia neonatorum should be reported with a chlamydia diagnosis to indicate chlamydial infections, and with 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
- treatment failures should not be given a new diagnosis

Pelvic inflammatory disease (PID)	198130006	C5A

All cases of PID.

Please note that:

- PID should be reported with a chlamydia diagnosis to indicate chlamydial infections, a gonorrhoea diagnosis to indicate gonococcal infections and with a *Mycoplasma genitalium* diagnosis (Mgen) to indicate *Mycoplasma genitalium* infections

Episode activity		
Condition or finding	SNOMED	**SHHAPT**
Pregnancy	–	–
Pregnant 1 to 12 weeks	57630001	PR1

For those in the first trimester of pregnancy (only required once per pregnancy).

Please note that:

- this 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:

- this 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:

- this 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.

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 a single SNOMED code for sexual assault that is non-specific (acute and non-acute presentations should be reported under the same SNOMED code)

Episode activity		
Condition or finding	SNOMED	**SHHAPT**
• 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. Please note that: • this is a notifiable infectious disease and must also be reported to health protection teams (see section 5.5)		
Shigella sonnei (group D)	69794009	SG2
Laboratory confirmation is required for this condition. Please note that: • this is a notifiable infectious disease and must also be reported to health protection teams (see section 5.5)		
Shigella other or unspecified	111817006	SG3
Laboratory confirmation is required for this condition. Please note that: • this is a notifiable infectious disease and must also be reported to health protection teams (see section 5.5)		
Syphilis	–	–
Syphilis – Cardiovascular	83883001	A4
All cases of cardiovascular syphilis.		
Syphilis – Congenital	35742006	A7A
Syphilis in an infant or child: serological evidence and clinical signs consistent with congenital syphilis (defined below). Clinical signs: • 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		

Episode activity		
Condition or finding	SNOMED	**SHHAPT**
Please note that: • neonatal infections are a <u>notifiable infectious disease</u> and must also be reported to health protection teams (see <u>section 5.5</u>)		
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: • eSHS (online services) can report initial reactive results for syphilis (in-person services should only report confirmed diagnoses) • eSHS patients with a reactive result should be referred to 'in-person' services for confirmatory testing • 'in-person' services receiving referrals with reactive results, should code subsequently confirmed diagnoses as 'confirmed' (not 'confirmed elsewhere')		
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.		
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

Episode activity		
Condition or finding	SNOMED	**SHHAPT**
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) • eSHS (online services) can report initial reactive results for syphilis (in-person services should only report confirmed diagnoses) • eSHS patients with a reactive result should be referred to 'in-person' services for confirmatory testing • 'in-person' services receiving referrals with reactive results, should code subsequently confirmed diagnoses as 'confirmed' (not 'confirmed elsewhere')		
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 • eSHS (online services) can report initial reactive results for syphilis (in-person services should only report confirmed diagnoses) • eSHS patients with a reactive result should be referred to 'in-person' services for confirmatory testing • 'in-person' services receiving referrals with reactive results, should code subsequently confirmed diagnoses as 'confirmed' (not 'confirmed elsewhere')		
Trichomoniasis	56335008	C6A
All cases of trichomoniasis. Please note that: • 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 [note 13] criteria		

Episode activity		
Condition or finding	SNOMED	**SHHAPT**
• treated for UTI based on moderate or severe symptoms 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

Vaginitis – other causes	30800001	C6C

Other and non-confirmed bacterial vaginitis.

Warts (genital)	–	–
Warts – first episode	240542006	C11A

First episodes of genital warts.

Please note that:

- a first episode of warts should only be recorded if the patient has never had a confirmed diagnosis before (at any SHS)
- 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
- an episode of warts should be closed once the patient has been successfully treated and discharged (which can be more than 12 weeks)
- site of infection should be reported for this condition (see Appendix 4)

Warts – recurrent episode	1097561000000105	C11D

Subsequent episodes of genital warts.

Please note that:

- a subsequent episode of warts should only be recorded if the patient has previously had a confirmed diagnosis (at any SHS), which was successfully treated and the patient was discharged

Episode activity		
Condition or finding	SNOMED	**SHHAPT**
• 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 • an episode of warts should be closed once the patient has been successfully treated and discharged (which can be more than 12 weeks) • site of infection should be reported for this condition (see Appendix 4)		

Appendix 3B. Episode activity codes: services provided

Episode activity codes used to report the provision of SHS, such as tests and vaccinations.

Table 13. Description of episode activity codes (services provided)

Episode activity		
Services	SNOMED	SHHAPT
Cervical cytology performed	171149006	P4
All instances where cervical cytology is performed, regardless of outcome. Please note that: • 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		
HIV-related care	504871000000109	H2
All attendances relating to HIV care. Please note that: • HIV-related care can be coded as often as required within a single episode of care		
Partner notification (PN)		
PN: chlamydia contact	444418002	PNC
For contacts of an index case diagnosed with chlamydia (at any SHS). Please note that: • if the contact is diagnosed with chlamydia, they should also be coded for chlamydia		
PN: epididymitis contact	407560009	PNP
For contacts of an index case diagnosed with epididymitis (at any SHS). Please note that: • if the contact is diagnosed with epididymitis, they should also be coded for epididymitis		
PN: gonorrhoea contact	444376008	PNG
For contacts of an index case diagnosed with gonorrhoea (at any SHS). Please note that:		

Episode activity		
Services	SNOMED	SHHAPT
• if the contact is diagnosed with gonorrhoea, they should also be coded for gonorrhoea		
PN: hepatitis A contact	444500002	O23
For contacts of an index case diagnosed with hepatitis A (at any SHS). Please note that: • if the contacts is diagnosed with hepatitis A, they should also be coded for hepatitis A		
PN: HIV contact	444356002	PNH
For contacts of an index case diagnosed with HIV (at any SHS). Please note that: • if the contacts is diagnosed with HIV they should also be coded for HIV (new, acute or AIDS defined diagnosis)		
PN: NSGI contact	444458000	PNN
For contacts of an index case diagnosed with NSGI (at any SHS). Please note that: • if the contacts is diagnosed with NSGI they should also be coded for NSGI		
PN: Mpox contact	1310721000000106	PNMPV
For contacts of an index case diagnosed with Mpox virus (at any SHS). Please note that: • if the contacts is diagnosed with Mpox they should also be coded for mpox		
PN: PID or epididymitis contact	407560009	PNP
For contacts of an index case diagnosed with PID or epididymitis (at any SHS). Please note that: • if the contacts is diagnosed with PID or epididymitis they should also be coded for PID or epididymitis		
PN: syphilis contact	444380003	PNS
For contacts of an index case diagnosed with syphilis (at any SHS). Please note that: • if the contacts is diagnosed with syphilis, they should also be coded for syphilis		
PN: trichomoniasis contact	444452004	PNT

Episode activity		
Services	SNOMED	SHHAPT
For contacts of an index case diagnosed with trichomoniasis (at any SHS). Please note that: • if the contacts is diagnosed with trichomoniasis they should also be coded for trichomoniasis		
Prophylaxis (pre and post)		
HIV post-exposure prophylaxis sexual exposure (PEPSE)	473382005	PEPSE
The provision of HIV PEPSE.		
HIV Pre-exposure prophylaxis (PrEP)	–	–
The provision of PrEP should be collected using the PrEP data items (see section 4.25).		
STI post-exposure prophylaxis (PEP)	736459001	dPEP
The provision of antibiotics for bacterial STI post-exposure prophylaxis, currently provided using doxycycline (commonly known as dPEP). Please note that: • this includes any instance where the patient is receiving dPEP, whether it's given at the current consultation or whether it's being obtained from another source		
Tests and screens		
SH Screen: chlamydia and gonorrhoea tests	–	T2
For those given an SH screen which includes testing for chlamydia and gonorrhoea only (all test types are included). Please note that: • SNOMED codes for SH screens are not available: please use individual test codes instead		
SH Screen: chlamydia, gonorrhoea and syphilis tests	–	T3
For those given an SH screen which includes testing for chlamydia, gonorrhoea and syphilis only (all test types are included). Please note that: • SNOMED codes for SH screen are not available: please use individual test codes instead		

Episode activity		
Services	SNOMED	SHHAPT
SH Screen: chlamydia, gonorrhoea, syphilis and HIV tests	–	T4
For those given an SH screen which includes testing for chlamydia, gonorrhoea, syphilis and HIV (all test types are included). Please note that: • SNOMED codes for SH screen are not available: please use individual test codes instead		
SH Screen: syphilis and HIV tests	–	T7
For those given an SH screen which includes testing for syphilis and HIV only (all test types are included). Please note that: • SNOMED codes for SH screens are not available: please use individual test codes instead		
Test: chlamydia test	442487003	T1
For those tested for chlamydia (all test types are included).		
Test: chlamydia test declined	412718006	T11
For those declining testing for chlamydia.		
Test: gonorrhoea test	1086351000000100	T1G
For those tested for gonorrhoea (all test types are included).		
Test: gonorrhoea test declined	200651000000103	T15
For those declining testing for gonorrhoea.		
Test: hepatitis A test	1086371000000109	T6
For those tested for hepatitis A (all test types are included).		
Test: hepatitis B test	171122006	T6
For those tested for hepatitis B (all test types are included).		
Test: hepatitis C test	413107006	T6
For those tested for hepatitis C (all test types are included).		
Test: herpes (HSV) test	1086361000000102	T5

Episode activity		
Services	SNOMED	SHHAPT
For those tested for the herpes simplex virus (all test types are included).		
Test: HIV test	171121004	P1A
For those tested for HIV (all test types are included).		
Test: HIV test declined	1086751000000101	P1B
For those declining testing for HIV: Please note that: • including where a pre-test discussion or counselling has taken place and the patient still declines the test at that time		
Test: HIV test not taken	768801000000109	P1C
For those where a HIV test was not taken because it was not appropriate, was not possible, or was referred elsewhere for testing. Please note that: • including where the patient was recently tested or is still inside the HIV 'window' period • including where the patient was triaged (face-to-face or over the telephone) and was advised to access HIV testing later (including later the same day) either in-person (at any SHS) or via online services • those already known to be HIV-positive do not need to be coded as 'HIV test not taken', they should be coded as 'known HIV-positive' or 'HIV-related care'		
Test: human papilloma virus (HPV) test	700152009	T14
For those tested for HPV (all test types are included).		
Test: Mycoplasma genitalium (Mgen) test	1086331000000107	T12
For those tested for Mgen (all test types are included).		
Test: Mpox test	1290661000000102	MPVT
For those tested for Mpox (all test types are included).		
Test: syphilis test	1086341000000103	T1S
For those tested for syphilis (all test types are included).		
Test: syphilis test declined	202261000000101	T16

Episode activity		
Services	SNOMED	SHHAPT
For those declining testing for syphilis.		
Test: trichomonas test	395057007	T13
For those tested for Trichomonas vaginalis (all test types are included).		
Vaccinations		
Gonorrhoea (4CMenB) vaccination		
4CMenB vaccination for protection against gonorrhoea; guidance is available in the Green Book (chapter 22).		
Gonorrhoea (4CMenB) vaccination: 1st dose	720539004	MBVD1
The first dose of a gonorrhoea (4CMenB) vaccination course. Please note that: • a first dose should not be reported on the same date as any other dose		
Gonorrhoea (4CMenB) vaccination: 2nd dose	720540002	MBVD2
The 2nd dose of a gonorrhoea (4CMenB) vaccination course. Please note that: • a 2nd dose should not be reported on the same date as any other dose		
Gonorrhoea (4CMenB) vaccination: booster (3rd dose)	720544006	MBVDB
A booster (3rd) dose of a gonorrhoea (4CMenB) vaccination course. Please note that: • a booster dose should not be reported on the same date as any other dose		
Gonorrhoea (4CMenB) vaccination: course already completed	957581000000102	MBVDX
All instances where a gonorrhoea (4CMenB) vaccination course has already been completed (at any SHS). Please note that: • a vaccination course that has already been completed should not be reported on the same date as any other dose		
Gonorrhoea (4CMenB) vaccination: declined	720548009	MBVD0

Episode activity		
Services	SNOMED	SHHAPT
All instances where a gonorrhoea (4CMenB) vaccination is offered and declined. Please note that: • a vaccination that is declined because a course has already been completed should not be coded as declined: it should be coded as 'already completed'		
Hepatitis vaccination		
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: 1st dose	571511000119102	O20
The 1st dose of a hepatitis A vaccination course. Please note that: • a 1st dose should not be reported on the same date as any other dose		
Hepatitis A vaccination: 2nd dose	170379004	O21
The 2nd dose of a hepatitis A vaccination course (including those who received an earlier dose at a different SHS). Please note that: • this includes either the 2nd dose of a monovalent (hepatitis A) vaccination course or the 2nd dose of a bivalent (hepatitis A and B) vaccination course • a 2nd dose should not be reported on the same date as any other dose		
Hepatitis A vaccination: 3rd dose	170380001	O21
The 3rd dose of a hepatitis A vaccination course (including those who received an earlier dose at a different SHS). Please note that: • this includes the 3rd dose of a bivalent (hepatitis A and B) vaccination course • a 3rd dose should not be reported on the same date as any other 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		

Episode activity		
Services	SNOMED	SHHAPT
• vaccinated immunity, via documented history of 3 doses of vaccine		
Hepatitis B vaccination: 1st dose	170370000	P2A
The 1st dose of a hepatitis B vaccination course (including those who previously completed a vaccination course and are now starting a new course). Please note that: • a 1st dose should not be reported on the same date as any other dose		
Hepatitis B vaccination: 2nd dose	170371001	P2B
The 2nd dose of a hepatitis B vaccination course (including those who received an earlier dose at a different SHS). Please note that: • a 2nd dose should not be reported on the same date as any other dose		
Hepatitis B vaccination: 3rd dose	170372008	P2C
The 3rd dose of a hepatitis B vaccination course (including those who received an earlier dose at a different SHS). Please note that: • a 3rd dose should not be reported on the same date as any other dose		
Hepatitis B vaccination: 4th dose	170374009	P2D
The 4th dose of a hepatitis B vaccination course (including those who received an earlier dose at a different SHS). Please note that: • a 4th dose should not be reported on the same date as any other dose		
Hepatitis B vaccination: booster	170373003	P2E
Hepatitis B vaccination booster (including those who previously completed a vaccination course at a different SHS). Please note that: • a booster should not be reported on the same date as any other dose		
HPV vaccination (human papillomavirus)		
HPV vaccinations should be routinely offered to MSM up to the age of 45. Further information is available from the Green Book (chapter 18a).		

Episode activity		
Services	SNOMED	SHHAPT
HPV vaccinations can also be offered opportunistically to other eligible individuals via SHS, using national vaccine stock (as for MSM), such as those who missed routine adolescent vaccination at school. Further information is available from [UKHSA Immunisation and Vaccine Preventable Diseases Division](#).		
HPV vaccination: 1st dose	428741008	W1
The 1st dose of an HPV vaccination course (including those who previously completed a vaccination course and are now starting a new course). Please note that: a 1st dose should not be reported on the same date as any other dose		
HPV vaccination: 2nd dose	429396009	W2
The 2nd dose of an HPV vaccination course (including those who received an earlier dose at a different SHS). Please note that: a 2nd dose should not be reported on the same date as any other dose		
HPV vaccination: 3rd dose	428931000	W3
The 3rd dose of an HPV vaccination course (including those who received an earlier dose at a different SHS). Please note that: - a 3rd dose should only be offered to HIV-positive or immunocompromised people - a 3rd dose should not be reported on the same date as any other dose		
HPV vaccination: declined	438765003	W4
All instances where an HPV vaccination is offered and declined. Please note that: - a vaccination that is declined because a course has already been completed should not be coded as declined: it should be coded as 'course already completed' - a vaccination that is declined should not be reported on the same date as any other dose		
HPV vaccination: course already completed	1086381000000106	W5
All instances where an HPV vaccination course has already been completed (at any SHS). Please note that: a vaccination course is defined as completed after:		

Episode activity		
Services	SNOMED	SHHAPT
• 2 doses have been given for immunocompetent people • 3 doses have been given for HIV-positive or immunocompromised people • a vaccination course that has already been completed should not be reported on the same date as any other dose		
Mpox vaccination		
Mpox vaccination guidance is available in the Green Book (chapter 29) and the UKHSA Mpox vaccination resources.		
Mpox vaccination: 1st dose	307416007	MPVD1
The 1st dose of an Mpox vaccination course. Please note that: • a 1st dose should not be reported on the same date as any other dose		
Mpox vaccination: 2nd dose	170360002	MPVD2
The 2nd dose of an Mpox vaccination course. Please note that: • a 2nd dose should not be reported on the same date as any other dose		
Mpox vaccination: 3rd dose	170361003	MPVD3
The 3rd dose of an Mpox vaccination course. Please note that: • a 3rd dose should not be reported on the same date as any other dose		
Mpox vaccination: course already completed	1373911000000103	MPVD4
All instances where an Mpox vaccination course has already been completed (at any SHS). Please note that: • a vaccination course that has already been completed should not be reported on the same date as any other dose		
Mpox vaccination: contraindicated	719325005	MPVD5
All instances where the Mpox vaccination course isn't administered due to contraindications. Please note that: • contraindications of the Mpox vaccine are explained in Green Book (chapter 29) and the UKHSA Mpox vaccination resources		

Episode activity		
Services	SNOMED	SHHAPT
Mpox vaccination: declined	1373861000000107	MPVX
All instances where an Mpox vaccination is offered and declined. Please note that: • a vaccination that is declined because a course has already been completed should not be coded as declined: it should be coded as 'course already completed' • a vaccination that is declined should not be reported on the same date as any other dose		
Mpox vaccination: first dose	307416007	MPVD1
The first dose of an Mpox vaccination course. Please note that: • a first dose should not be reported on the same date as any other vaccination dose		
Mpox vaccination: second dose	170360002	MPVD2
The second dose of an Mpox vaccination course. Please note that: • a second dose should not be reported on the same date as any other vaccination dose		
Mpox vaccination: third dose	170361003	MPVD3
The third dose of an Mpox vaccination course. Please note that: • a third dose should not be reported on the same date as any other vaccination dose		
Mpox vaccination: course already completed	1373911000000103	MPVD4
All instances where an Mpox vaccination course has already been completed (at any SHS). Please note that: • a vaccination course that has already been completed should not be reported on the same date as any other vaccination dose		
Mpox vaccination: contraindicated	719325005	MPVD5
All instances where the Mpox vaccination course isn't administered due to contraindications. Please note that: • contraindications of the Mpox vaccine are explained in chapter 29 of the Green Book and the UKHSA Mpox vaccination resources		

Episode activity		
Services	SNOMED	SHHAPT
Mpox vaccination: declined	1373861000000107	MPVX
All instances where an Mpox vaccination is offered and declined. Please note that: • a vaccination that is declined because a course has already been completed should not be coded as declined; it should be coded as 'course already completed' • a vaccination that is declined should not be reported on the same date as any other vaccination dose		

Appendix 3C. HIV and STI test code combinations

SHAPPT codes for sexual health (SH) screens (covering testing for chlamydia, gonorrhoea, HIV and syphilis) should be used in appropriate combinations (see Table 14 below).

Please note that:

- SNOMED codes for SH screens are not available: individual SNOMED test codes should be reported instead (see appendices 3, 6, and 7)

Table 14. SHHAPT sexual health screen code combinations

SHHAPT code	P1A	P1B	P1C	T1	T2	T3	T4	T7	T9	T11
P1A: HIV test		O	O	P	P	O	O	O	P	P
P1B: HIV test declined	O		O	P	P	P	O	O	P	P
P1C: HIV test not taken	O	O		P	P	P	O	O	P	P
T1: Chlamydia test	P	P	P		O	O	O	P	P	O
T2: Chlamydia and gonorrhoea tests	P	P	P	O		O	O	O	P	O
T3: Chlamydia, gonorrhoea and syphilis tests	O	P	P	O	O		O	O	O	O
T4: Chlamydia, gonorrhoea, syphilis and HIV tests	O	O	O	O	O	O		O	O	O
T7: Syphilis and HIV tests	O	O	O	P	O	O	O		P	P
T9: STI testing not required	P	P	P	P	P	O	O	P		P
T11: Chlamydia test declined	P	P	P	O	O	O	O	P	P	

Key

P	Code combination can be reported together
O	Code combination cannot be reported together

Appendix 4. Diagnosis of site of infection

Episode activity diagnosis codes and associated sites of infection (including default).

Table 15. Diagnosis of site of infection

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

Episode activity diagnosis infection site – permitted combinations and data defaults								
SNOMED	SHHAPT	Description	Genital	Rectal	Pharyngeal	Ocular	Other	Default
15628003	B	Gonorrhoea	P	P	P	P	P	Genital
762257007	BD	Gonorrhoea: disseminated gonococcal infection					P	Other
25102003	C15	Hepatitis A: acute infection					P	Other
66071002	C13	Hepatitis B: first diagnosis					P	Other
50711007	C14	Hepatitis C: first diagnosis					P	Other
186538004	C10A	Herpes simplex: first episode (anogenital)	P	P				Genital
240479006	C10B	Herpes simplex: recurrent episode (anogenital)	P	P				Genital
86406008	H1	HIV new diagnosis					P	Other
111880001	H1A	HIV new diagnosis: acute					P	Other
62479008	H1B	HIV new diagnosis: late (AIDS defined)					P	Other
720005005	C17	HPV positive – high risk	P					Genital
186946009	C2	LGV	P	P	P			Genital
23511006	MGI	Meningococcal infection	P					Genital

Episode activity diagnosis infection site – permitted combinations and data defaults								
SNOMED	SHHAPT	Description	Genital	Rectal	Pharyngeal	Ocular	Other	Default
40070004	C12	Molluscum contagiosum	P					Genital
1290641000000103	MPVP	Mpox					P	Other
240594008	C16	Mycoplasma genitalium	P	P				Genital
774911000000100	C4N	Non-specific genital infection (NSGI)	P				P	Genital
34298002	C5B	Ophthalmia neonatorum				P		Ocular
71011005	C9	Pediculosis pubis	P					Genital
198130006	C5A	Pelvic inflammatory disease (PID)					P	Other
3951002	C4NR	Proctitis		P				Rectal
128869009	C8	Scabies	P					Genital
34335000	SG1	Shigella flexneri (group B)					P	Other
69794009	SG2	Shigella sonnei (group D)					P	Other
111817006	SG3	Shigella other/unspecified					P	Other
83883001	A4	Syphilis: Cardiovascular syphilis					P	Other
35742006	A7A	Syphilis: Congenital syphilis					P	Other
186867005	A3	Syphilis: Early latent syphilis					P	Other
26039008	A5	Syphilis: Neurosyphilis					P	Other

Episode activity diagnosis infection site – permitted combinations and data defaults								
SNOMED	SHHAPT	Description	Genital	Rectal	Pharyngeal	Ocular	Other	Default
410478005	A10	Syphilis: Ocular syphilis				P		Ocular
1092491000000102	A11	Syphilis: Otosyphilis					P	Other
186903006	A6	Syphilis: Other late and latent syphilis					P	Other
266127002	A1	Syphilis: Primary syphilis	P	P	P		P	Genital
240557004	A2	Syphilis: Secondary syphilis					P	Other
56335008	C6A	Trichomoniasis	P					Genital
68566005	D2A	Urinary tract infection (UTI	P					Genital
30800001	C6C	Vaginitis: other causes	P					Genital
419760006	C6B	Vaginosis: bacterial vaginosis (BV	P					Genital
240542006	C11A	Warts infection: first episode (anogenital)	P	P				Genital
1097561000000105	C11D	Warts infection: recurrent episode (anogenital)	P	P				Genital

Appendix 5. CSV format

CSV files that do not comply with the required GUMCAD 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 (such as Notepad); an example of a CSV file can also be downloaded from: GUMCAD sample csv data extract.

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

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). A full list of SNOMED codes is available from gumcad@ukhsa.gov.uk

Please note that:

- 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 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 SNOMED codes (equivalent to each SHHAPT code) has been defined to assist with implementation (the full list of SNOMED codes can be reported (see Appendix 6).

Please note that:

- 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 or rectal infections) (see section 4.19 for further details)

Table 16. SHHAPT and SNOMED episode activity codes

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Diagnosis	44882003	C6C	Balanitis: other causes	
Diagnosis	236746000	C6B	Balanitis: anaerobic balanitis	
Diagnosis	240707005	C7	Candidiasis (anogenital)	
Diagnosis	269959007	P4A	Cervical cytology: mild dyskaryosis	
Diagnosis	269961003	P4B	Cervical cytology: moderate dyskaryosis	
Diagnosis	269960002	P4B	Cervical cytology: severe dyskaryosis	

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Diagnosis	266143009	C1	Chancroid	
Finding	1086791000000109	CSE1	CSE: internal assessment	
Finding	1086821000000104	CSE2	CSE: referred to internal safeguarding	
Finding	1086831000000102	CSE3	CSE: referred to external safeguarding	
Diagnosis	240589008	C4	Chlamydia	
Finding	1087071000000109	DV	Domestic violence (or abuse)	
Diagnosis	240606006	C3	Donovanosis	
Diagnosis	31070006	C5A	Epididymitis	
Finding	95041000119101	FGM	FGM – any type	
Diagnosis	15628003	B	Gonorrhoea	
Diagnosis	762257007	BD	Gonorrhoea: disseminated gonococcal infection	New Episode Activity code
Diagnosis	25102003	C15	Hepatitis A: acute infection	
Finding	278971009	O22	Hepatitis A immune	
Diagnosis	66071002	C13	Hepatitis B: first diagnosis	
Finding	271511000	P2I	Hepatitis B immune	

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Diagnosis	50711007	C14	Hepatitis C: first diagnosis	
Diagnosis	186538004	C10A	Herpes: first episode (genital)	
Diagnosis	240479006	C10B	Herpes: recurrent episode (genital:)	
Diagnosis	86406008	H1	HIV: new diagnosis	
Diagnosis	111880001	H1A	HIV: new diagnosis – acute	
Diagnosis	62479008	H1B	HIV: new diagnosis – late (AIDS defined)	
Finding	504871000000109	H2	HIV: related care	
Finding	699433000	H	HIV: known positive	
Diagnosis	720005005	C17	HPV positive – high risk	New Episode Activity code
Diagnosis	186946009	C2	LGV	
Diagnosis	23511006	MGI	Meningococcal infection	New Episode Activity code
Diagnosis	40070004	C12	Molluscum contagiosum	
Diagnosis	1290641000000103	MPVP	Mpox positive	New Episode Activity code
Diagnosis	240594008	C16	Mycoplasma genitalium (Mgen)	
Diagnosis	774911000000100	C4N	Non-specific genital infection (NSGI	

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Diagnosis	34298002	C5B	Ophthalmia neonatorum	
Diagnosis	71011005	C9	Pediculosis pubis	
Diagnosis	198130006	C5A	PID	
Finding	57630001	PR1	Pregnant: 1 to 12 weeks	
Finding	59466002	PR2	Pregnant: 13 to 28 weeks	
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)
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)

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Diagnosis	34335000	SG1	Shigella: flexneri (group B)	
Diagnosis	69794009	SG2	Shigella: sonnei (group D)	
Diagnosis	111817006	SG3	Shigella: other or unspecified	
Diagnosis	83883001	A4	Syphilis: cardiovascular syphilis	
Diagnosis	35742006	A7A	Syphilis: congenital syphilis	
Diagnosis	186867005	A3	Syphilis: early latent syphilis	
Diagnosis	26039008	A5	Syphilis: neurosyphilis	
Diagnosis	410478005	A10	Syphilis: ocular syphilis	
Diagnosis	1092491000000102	A11	Syphilis: otosyphilis	
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	UTI	
Diagnosis	30800001	C6C	Vaginitis: other causes	

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Diagnosis	419760006	C6B	Vaginosis: BV	
Diagnosis	240542006	C11A	Warts: first episode (genital)	
Diagnosis	1097561000000105	C11D	Warts: recurrent episode (genital)	
Cytology	171149006	P4	Cervical cytology: performed	
Partner Notification	444418002	PNC	PN: chlamydia contact	
Partner Notification	444376008	PNG	PN: gonorrhoea contact	
Partner Notification	444500002	O23	PN: hepatitis A contact	
Partner Notification	444356002	PNH	PN: HIV contact	
Partner Notification	1310721000000106	PNMPV	PN: Mpox contact	New episode activity code
Partner Notification	444458000	PNN	PN: NSGI contact	
Partner Notification	407560009	PNP	PN: PID or epididymitis contact	
Partner Notification	444380003	PNS	PN: syphilis contact	
Partner Notification	444452004	PNT	PN: trichomoniasis contact	
Prophylaxis	473382005	PEPS	Post exposure prophylaxis – HIV sexual exposure (PEPSE)	

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Prophylaxis	736459001	dPEP	Post exposure prophylaxis – STI exposure (dPEP)	New episode activity code
Tests and screens	–	T2	Screen: chlamydia and gonorrhoea tests	SNOMED codes for SH screens are not available (please use individual test codes)
Tests and screens	–	T3	Screen: chlamydia, gonorrhoea and syphilis tests	SNOMED codes for SH screens are not available (please use individual test codes)
Tests and screens	–	T4	Screen: chlamydia, gonorrhoea, syphilis and HIV tests	SNOMED codes for SH screens are not available (please use individual test codes)
Tests and screens	–	T7	Screen: syphilis and HIV tests	SNOMED codes for SH screens are not available (please use individual test codes)
Tests and screens	442487003	T1	Test: chlamydia test	
Tests and screens	412718006	T11	Test: chlamydia test declined	

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Tests and screens	1086351000000100	T1G	Test: gonorrhoea test	
Tests and screens	200651000000103	T15	Test: gonorrhoea test declined	
Tests and screens	1086371000000109	T6A	Test: hepatitis A test	T6 can also be coded
Tests and screens	171122006	T6B	Test: hepatitis B test	T6 can also be coded
Tests and screens	413107006	T6C	Test: hepatitis C test	T6 can also be coded
Tests and screens	1086361000000102	T5	Test: herpes (HSV) test	
Tests and screens	171121004	P1A	Test: HIV test	
Tests and screens	1086751000000101	P1B	Test: HIV test declined	
Tests and screens	768801000000109	P1C	Test: HIV test inappropriate	
Tests and screens	700152009	T14	Test: HPV test	New episode activity code
Tests and screens	1290661000000102	MPVT	Test: Mpox test	New episode activity code
Tests and screens	1086331000000107	T12	Test: mycoplasma genitalium (Mgen) test	
Tests and screens	1086341000000103	T1S	Test: syphilis test	
Tests and screens	202261000000101	T16	Test: syphilis test declined	
Tests and screens	395057007	T13	Test: trichomonas test	New Episode Activity code

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Vaccination	720539004	MBVD1	Vaccination: Gonorrhoea 4CMenB – 1st dose	New episode activity code
Vaccination	720540002	MBVD2	Vaccination: Gonorrhoea 4CMenB – 2nd dose	New episode activity code
Vaccination	720544006	MBVDB	Vaccination: Gonorrhoea 4CMenB – booster	New episode activity code
Vaccination	957581000000102	MBVDX	Vaccination: Gonorrhoea 4CMenB – course already completed	New episode activity code
Vaccination	720548009	MBVD0	Vaccination: Gonorrhoea 4CMenB – declined	New episode activity code
Vaccination	571511000119102	O20	Vaccination: Hepatitis A – 1st dose	
Vaccination	170379004	O21	Vaccination: Hepatitis A – 2nd dose	
Vaccination	170380001	O21	Vaccination: Hepatitis A – 3rd dose	
Vaccination	170370000	P2A	Vaccination: Hepatitis B – 1st dose	
Vaccination	170371001	P2B	Vaccination: Hepatitis B – 2nd dose	
Vaccination	170372008	P2C	Vaccination: Hepatitis B – 3rd dose	
Vaccination	170374009	P2D	Vaccination: Hepatitis B – 4th dose	

Episode activity codes				
Diagnosis or finding	SNOMED	SHHAPT	Description	Comment
Vaccination	170373003	P2E	Vaccination: Hepatitis B – booster	
Vaccination	428741008	W1	Vaccination: HPV – 1st dose	
Vaccination	429396009	W2	Vaccination: HPV – 2nd dose	
Vaccination	428931000	W3	Vaccination: HPV – 3rd dose	
Vaccination	438765003	W4	Vaccination: HPV – declined	
Vaccination	1086381000000106	W5	Vaccination: HPV – course already completed	
Vaccination	307416007	MPVD1	Vaccination: Mpox – 1st dose	New episode activity code
Vaccination	170360002	MPVD2	Vaccination: Mpox – 2nd dose	New episode activity code
Vaccination	170361003	MPVD3	Vaccination: Mpox – 3rd dose	New episode activity code
Vaccination	1373911000000103	MPVD4	Vaccination: Mpox – course already completed	New episode activity code
Vaccination	719325005	MPVD5	Vaccination: Mpox – contraindicated	New episode activity code
Vaccination	1373861000000107	MPVDX	Vaccination: Mpox – declined	New episode activity code

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 has been retired (where it is no longer relevant to national surveillance). Consultations related to retired coding should be reported in GUMCAD without an episode activity code.

Please note that:

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

Table 17. Retired SHHAPT episode activity codes

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

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	PN initiated	Data on the initiation of PN should be reported via the 'PN_Date', 'PN_Partners', 'PN_Contact', 'PN_Contact_Att_Rep' and 'PN_Contact_Att_Ver' data items.
Q	Quadrivalent HPV vaccination	Data on the provision of quadrivalent HPV vaccinations is no longer required (HPV vaccinations should be reported using standard SNOMED codes)
R	Rectal infection	Data on rectal infections should now be recorded via the 'Diagnosis_Site' data item.
REF1	Referred from the Chlamydia Screening Programme	Data on referrals from the Chlamydia Screening Programme should now be recorded via the 'Consultation_Referral' data item.
REF2	Referred to a Level 3 Specialist service	Data on referrals to Level 3 GUM services is no longer required.

Retired SHHAPT episode activity codes		
SHHAPT	Description	Rationale
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	SRH activity (only)	Data on attendances where only SRH services were provided should now be recorded via the 'Consultation_Speciality' data item.
SW	Sex worker	Data on attendances by sex workers should now be recorded via the 'Patient_Type' data item.
T8	Self-sampling (urinalysis or swabs) without HCW consultation	Data on self-sampling is no longer required.
T10	Rapid testing (same day results)	Data on rapid testing is no longer required.
TS	Microscopy	Data on microscopy is no longer required.
TT	Three site testing (for chlamydia and gonorrhoea)	Data on 3 site testing (genital, pharyngeal and rectal) 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. A full list of READ codes is available from: GUMCAD READ Codes V2 and CTV3.

Please note that:

- 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 or rectal infections) (see section 4.19 for further details)

Appendix 10. GUMCAD dataset comparison

The content of previous versions of GUMCAD (v1 and v2) are compatible with the current version of GUMCAD (v3) (please see the comparison below).

Table 18. GUMCAD dataset comparison

GUMCAD STI surveillance system			
Discontinued v2 dataset		Current v3 dataset	
Position [note 15]	Data item	Position [note 15]	Data item [note 16]
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

Note 15: refers to the horizontal position of the data item within the respective CSV format.
Note 16: 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. HIV Post exposure prophylaxis (PrEP) coding scenarios

PrEP clinical coding scenarios.

Table 19. HIV PrEP coding scenarios

Clinical scenario	Data item	Data item code and description
(1) 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
(2) 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 sex registered at birth
(3) 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'
(4) 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
(5) 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

Clinical scenario	Data item	Data item code and description
	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 sex registered at birth

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