UK Health Security Agency

CTAD Chlamydia Surveillance System

Data specification and technical guidance

Contents

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1. Background

The CTAD Chlamydia Surveillance System became a mandatory return in April 2012, superseding the National Chlamydia Screening Programme (NCSP) and the non-NCSP non-Genitourinary Medicine (GUM) (NNNG) data sources from primary care and community service chlamydia testing.

The purpose of CTAD is to collect data on all chlamydia tests undertaken in England from local authority and/or NHS commissioned laboratories, to measure screening activity. This data is used to provide detailed reports, at a national, regional and local level, on screening coverage, the proportion of chlamydia tests that are positive and the chlamydia diagnosis rate in England.

The Information Standards Board (ISB) Standard (ISB 1538) was approved in 2011 by the ISB for Health and Social Care, and a number of amendments were made as explained in Section 2 (Changes to the data format). These changes were accepted by the Standardisation Committee for Care Information (SCCI); the standard is SCCI1538.

The purpose of this document is to give an overview of the data specification. The information will be useful for laboratories, providers and commissioners.

Comprehensive guidance on completing and submitting the CTAD return for laboratory staff is available on the CTAD section of the HIV and STI web portal (WP).

2. Changes to the data format

The CTAD Chlamydia Surveillance System was approved in 2011 (see section 1 Background). Any changes that have been made to the data format since then are listed below.

Changes made in 2014

Primary Care Trust_Testing_Service: data item retired (removed)

The PCT geography is now disbanded. It is not considered appropriate to collect or request this information.

Testing_service_Type: new code added to existing data item

Tests requested online were included within the 'other' code. The addition of code 06 for online tests will allow for better understanding of screening practices across England. The proportion of testing done online has expanded greatly and the addition of a code to identify 'online' testing from 'other' testing is required to effectively monitor the use of internet testing at the national and local level. It will also allow the Testing_Service_Type data to be validated against local data for accuracy.

Venue_Code: new data item added

This data item will be populated with national site-specific codes from the Organisation Data Service (ODS) for example for GUM clinics, general practices (GPs), prisons. This will allow an improvement in the quality and accuracy of data. However, some testing sites may not be covered by a national ODS code. If a site is not covered by a national ODS code, an NCSP code can be requested by contacting the CTAD team: CTAD@ukhsa.gov.uk

Changes made in 2021

NHS_Number: collection of coding for this data item has ceased

Collection of NHS number ceased to reduce confidentiality risks. However, the data item should still be included in the data format of each CTAD extract (see Appendix 3), but the coding should be left blank (see Appendix 4). NHS_Number_Status: collection of coding for this data item has ceased.

Collection of NHS number ceased to reduce confidentiality risks. However, the data item should still be included in the data format of each CTAD extract (see Appendix 3), but the coding should be left blank (see Appendix 4).

3. Requirement

CTAD must be able to:

- provide data for surveillance of all local authority and NHS commissioned chlamydia testing in England from data collected by laboratories in routine test processing procedures
- provide patient postcode of residence data for attribution of chlamydia tests by local authority of patient residence

CTAD should be able to:

- attribute tests from all services and settings
- provide data to the quality detailed in the commissioning specification
- support SNOMED CT coding in the data items Specimen_Type and CT_ Result (see section 4.5.4)

Sexual health commissioners must read and apply the specific requirements detailed in the CTAD commissioning guidance.

Laboratories must use forms which enable them to collect and report the required information for all CTAD data items.

Providers and laboratories must be able to provide a suitable mechanism to identify the Testing_Service_Type for all samples.

4. Data extract specification

4.1 Description

The required data items (fields), with their formatting, specifications, descriptions and definitions, are given in Appendix 1, Appendix 2 and Appendix 3.

Each laboratory will be required to generate a quarterly disaggregated data extract of all chlamydia tests carried out using Nucleic Acid Amplification Tests (NAATs). The extract will include 20 data items.

All data items must be reported in full using the relevant codes for 'Not known' where appropriate (see Appendix 4 for relevant codes for 'Not known').

4.2 Time period and frequency

The extract will cover one calendar quarter (not financial quarters). A timetable for submission dates is published on the CTAD data webpage approximately 6 weeks after the end of the quarter:

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

4.3 Conformance

The coding for data items is considered either mandatory or required (see Appendix 1):

- mandatory: coding is mandatory and must be reported (using 'not known' coding where applicable); the data extract will be rejected if the coding for these data items is missing at submission
- required: coding is recommended as part of NHS business rules and should be included where available or applicable
- not required: coding is no longer required for these data items (see section 4, Appendix 3 and Appendix 4)

4.4 Data submission

Data must be submitted electronically to the CTAD team at the UK Health Security Agency (UKHSA) through the secure HIV and STI WP. Use of the WP requires a username and password which can be obtained from the CTAD team at UKHSA. The WP supports the Secure

Sockets Layers method of communication. Requests for user accounts should be sent to: ctad@ukhsa.gov.uk

4.5 Coding and formatting

All data items and coding are defined using the NHS data dictionary (see Appendix 1).

Data extracts may be formatted into a comma delimited CSV. An example of the data formats is also shown in Appendix 3.

Please note that XML extracts are no longer the NHS standard but they will still be accepted in CTAD.

4.5.1 Venue code

The purpose of this data item is to provide information about the specific venue where the test was taken or picked up. An ODS code should be entered. These are available for many sites where chlamydia testing is offered, for example GUM clinics and GP surgeries. A lookup table for venues with ODS codes is found within the NHS Digital page. For venues without an ODS code please use “ZZ9999998” (not available) or where one cannot be determined from the information provided please use “ZZ9999999” for unknown. Note a choice of 2 data items may be entered here (see Appendix 1 and Appendix 4).

4.5.2 Testing service type

Accurate coding of the testing service where the test was carried out or picked up from is essential to ensure that the data published reflects testing behaviours in different types of services (see Appendix 4 for coding options). Please note that national reporting of chlamydia tests and diagnoses is sourced from a combination of data from CTAD and GUMCAD; therefore it is essential that CTAD and GUMCAD data is reported using the same Venue_Code (ClinicID in GUMCAD) and the same Testing_Service_Type (Clinic Type in GUMCAD):

- 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_Residence) for confidentiality reasons: therefore, the equivalent Specialist (Level 3) residence data is obtained from GUMCAD (via Lower layer Super Output Area)

4.5.3 Postcode of residence

Data is attributed to lower tier local authorities (LTLA) using patient postcode of residence. If this is not provided, other reported location data is used such as the postcode of the testing service. However, if the LTLA where the patient was tested differs from the LTLA where they live then

attribution will be inaccurate. For this reason, please ensure that patient postcode of residence information is specified on the test request form and entered onto the computer system at the laboratory for all tests except those taken in Specialist Level 3 sexually transmitted infection (STI) services (GUM).

4.5.4 SNOMED CT coding

All NHS primary care services (including sexual health services (SHSs)) have been SNOMED compliant as of April 2020.

The CTAD data format has been amended to allow use of SNOMED CT coding for 2 data items in the CTAD: Specimen_Type (chlamydia testing) and CT_Result. The coding has been added to reflect a move towards more regulated and unified coding nationally. Use of SNOMED CT coding in CTAD is currently optional and extracts using both types of coding will be accepted. Please note that SNOMED codes 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, 201441000000107 may be converted to 201441000000100 or 2.01441E+14: this may result in the code becoming unreadable and causing an error when CTAD is submitted to UKHSA.

4.6 Inclusion criteria

Private tests

All private tests for chlamydia should be excluded. However, lower authority and NHS commissioned tests sent to a private laboratory for testing should be included.

De-duplication of records

The laboratory should submit all tests processed and UKHSA will perform de-duplication of records. Any automatic de-duplication procedure that is performed by the laboratory prior to data submission should be reported with details when data is submitted.

Equivocal, inhibitory test results and insufficient samples

All equivocal, inhibitory and insufficient chlamydia test results should be included in the data submission. ‘Equivocal’ test results are defined as tests with an unconfirmed initially reactive sample or invalid tests with unconfirmed reactive or unconfirmed positive results. ‘Inhibitory’ test results are defined as tests with an indeterminate test result. ‘Insufficient’ samples are those which do not have enough sample present to test.

Specimen types

All *Chlamydia trachomatis* specimens should be reported. Tests for *Chlamydia suis* and *Chlamydia muridarum* should not be reported.

Submissions should include only chlamydia samples which have been transmitted sexually: this includes genital, for example urine samples, vulvovaginal swabs, cervical swabs, urethral swabs, rectal and pharyngeal samples. Any conjunctival chlamydial samples should be excluded.

5. Confidentiality and anonymity

5.1. Addressing service user's concerns

Some service users may express concern about supplying their personal data to a laboratory that performs chlamydia testing and/or their data being reported to UKHSA. If so, the following approach should be taken:

1. Service users should be reassured that their data is held in strict confidence and that no direct identifiers will be reported to UKHSA. The information collected is in a de-personalised form, which means it does not include any information that could be used to identify patients.
2. Explain that their data is being used to understand trends in chlamydia and reduce the reproductive harm caused by untreated infection.
3. Service users can be directed to UKHSA's Sexual Health and HIV: privacy notice for further information regarding patient confidentiality.
4. If the patient still has concerns, they can request that the service that performs chlamydia testing asks the laboratory (which has processed their sample) to remove their data from CTAD submissions before it is reported to UKHSA.
5. If a patient's data has already been reported to UKHSA, please contact the CTAD team quoting the relevant Venue_Code and Patient ID so that associated records can be identified and deleted from UKHSA records: ctad@ukhsa.gov.uk

5.2. Data confidentiality

5.2.1. Data access

All staff within UKHSA have a legal duty to keep patient information confidential. CTAD 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. CTAD disaggregate (patient level) data is retained for a maximum of 8 years from the date of patients' last attendance.

5.2.2 Data release

The principles for publishing CTAD data is available in the data publication guidelines.

5.2.3 Disaggregate data

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

5.2.4 Aggregate data

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

5.2.5 Deductive disclosure

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

Aggregate data at risk of deductive disclosure:

- must not be published in hard copy or on the public-facing website
- may be confidentially distributed in hard copy or via the Secure Data Environment (SDE) (the SDE is a secure data and research analysis platform which is not on the public facing website) to appropriate organisations within the NHS (including service providers), Department of Health and Social Care (DHSC), local government and within UKHSA
- may only be published in hard copy or on the public-facing website where data has been suitably anonymised to negate the risk of deductive disclosure; that is, numbers are masked to maintain confidentiality and anonymity

5.2.6. Data requests

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

Appendix 1. Summary of CTAD dataset

Table 1. Summary of CTAD dataset

Position [note 1]	Data item	NHS data model and dictionary	Description	Coding conformance [note 2]
1	Lab_ID	Laboratory code	A unique identifier for a laboratory	Mandatory
2	Test_ID	Test identifier (chlamydia testing)	A unique identifier for the chlamydia test performed	Mandatory
3	Patient_ID	Local patient identifier (extended)	A unique identifier for each patient within a healthcare provider. It may be different from the patient's case note number and may be assigned automatically by the computer system	Required
4	NHS_Number	Not applicable	The collection of coding for this data item ceased in 2021 (see section 4) The CTAD data format should still include this data item in the extract (see Appendix 3) but coding must not be reported: the data item should be left blank (null)	Not required
5	NHS_Number_Status_ Indicator	Not applicable	The collection of coding for this data item ceased in 2021 (see section 4) The CTAD data format should still include this data item in the extract (see Appendix 3) but coding must not be reported: the data item should be left blank (null)	Not required
6	Gender	Person stated gender code	Patient gender (as stated by them)	Mandatory
7	DOB	Person birth date	Patient date of birth (the date they were born)	Required

Position [note 1]	Data item	NHS data model and dictionary	Description	Coding conformance [note 2]
8	Ethnicity	Ethnic category	Patient ethnic category (as stated by them)	Mandatory
9	Postcode_Residence	Postcode of usual address	Patient postcode of residence (where they usually live)	Mandatory
10	Postcode_GP	Postcode of GP (patient registration)	Postcode of GP (where the patient is registered)	Mandatory
11	Registered_GP_Code	GP code (patient registration)	National organisation code of GP (where the patient is registered)	Mandatory
12	Postcode_Testing_ Service	Postcode of testing service (chlamydia testing)	Postcode of testing service (where the chlamydia sample is collected)	Mandatory
13	Venue_code	Site code (provider of chlamydia test) or organisation code (provider of chlamydia test)	The national site specific organisation code of the testing service (where the chlamydia sample is collected)	Required
14	Specimen_Type	Specimen type (chlamydia testing) or specimen type (chlamydia testing snomed ct)	Specimen type (used for chlamydia testing)	Mandatory

Position [note 1]	Data item	NHS data model and dictionary	Description	Coding conformance [note 2]
15	Testing_Service_Type	Service type (chlamydia testing)	Type of testing service (where the chlamydia sample is collected)	Mandatory
16	NCSP_Clinic_Code	Clinic code (national chlamydia screening programme)	NCSP clinic code (where the chlamydia sample is collected)	Required
17	Specimen_Date	Sample collection date	Date chlamydia sample is collected (by the testing service)	Required
18	Receipt_Date	Sample receipt date	Date chlamydia sample is received by the laboratory	Mandatory
19	Date_Result_Authorised	Investigation result date	Date chlamydia test result was authorised by the laboratory	Required
20	CT_Result	Chlamydia test result or chlamydia test result (snomed ct)	Result of chlamydia test (authorised by the laboratory)	Mandatory

Notes

Note 1: refers to the horizontal position of the data item within the CSV or XML extract.
Note 2: coding conformance refers to whether a code should be reported as: mandatory (a code must always be reported); required (a code is recommended and should be reported); not required (coding should be left blank).

Appendix 2. CTAD conformance

To meet the requirements of the CTAD extract the submission must follow conformance as detailed in Appendix 1.

CTAD submitters (laboratories)

Mandatory conformance (must be done): submit all data items identified in Appendix 1 as mandatory:

- make sure there is a suitable system in place at the laboratory to identify the testing sites and/or settings where the processed tests come from and a method of recording this information
- ensure microbiology forms or other reporting forms used by the laboratory or provider for chlamydia samples collect the mandatory CTAD information
- provide data in either a .csv or .xml format

Required conformance (should be done):

- use the CTAD reformatting tool (macro) to ensure consistency in the data submitted and improve data quality
- liaise with providers and CTAD national team where problems arise in the quality of data sent to the laboratory or if there are problems in coding or extracting the data
- use coding for ‘unknown’ for data items where the information has not been provided to the laboratory

Sexual health commissioners

Mandatory conformance (must be done):

- clearly specify all 20 CTAD data items with targets for completion and quality in contracts with providers and/or laboratories

Required conformance (should be done):

- ensure that providers and laboratories are supplied with the necessary guidance to fulfil dataset requirements
- check that current contract arrangements are sufficient to meet CTAD requirements and take steps to amend those which are not wherever possible

Providers (testing venues)

Mandatory conformance (must be done):

- inform the laboratory if the site service type or setting changes in terms of the category to be assigned for the CTAD Testing_Service_Type
- ensure if they are using their own test request forms that they are suitable for collection of all mandatory CTAD information

Appendix 3. Example of CSV and XML formatting

An example of the data format of the CTAD extract and content for one row of data is shown below and is used to illustrate how the data should appear in the CSV and XML formats. Files that do not comply with one of the required formats will be rejected when submitted to UKHSA.

File name

Data extracts should be clearly labelled and follow the naming format of:

'CTAD_LLLLL_QN_YYYY.FFF'
Where: CTAD is fixed (and included in every file name)
LLLLL is the 5 character laboratory code (Lab_ID)
QN is the reporting quarter (of the Specimen_Date for example Q1 for 01/01/2021)
YYYY is the reporting year (of the Specimen_Date for example 2021 for 01/01/2021)
FFF is the file type (csv or xml)

For example: CTAD_69F20_Q1_2011.csv

CSV example

One record (dummy record used here as an example):

Lab_ID,Test_ID,Patient_ID,NHS_number,NHS_Number_Status_Indicator,Gender,DOB,Ethnicity
,Postcode_Residence,Postcode_GP, Registered_GP_Code,Postcode_Testing_Service,
Venue_code, Specimen_Type, Testing_Service_Type, NCSP_Clinic_Code,
Specimen_Date, Receipt_Date, Date_Result_Authorised, CT_Result

69F20,GH10,P11384552, , ,2,1922-10-01,C,NW9 5EQ,NW9
5EQ,V81999,NW9 5EQ,3ENUHBDET,3,03,5HG42,2021-01-01,2021-04-01,2021-05-01,02

XML examples

One record:

```
<?xml version="1.0" encoding="UTF-8" standalone="yes"?>
<CTAD >
<CTest>
<lab>69F20</lab>
<testid>GH10</testid>
<patid>P11384552</patid>
<NHS> </NHS>
<NHSi> </NHSi>
<gen>2</gen>
<DOB>1922-10-01</DOB>
<eth>c</eth>
<pc>NW9 5EQ</pc>
<pcgp>NW9 5EQ</pcgp>
<gp>V81999</gp>
<pcts>NW9 5EQ</pcts>
<tsvenue>3ENUHBDET</tsvenue>
<spe>3</spe>
<tst>03</tst>
<NCSP>5HG42</NCSP>
<spd>2021-01-01</spd>
<red>2021-04-01</red>
<auth>2021-05-01</auth>
<res>2</res>
</CTest>
</CTAD>
```

Please note that the format of an extract containing multiple records should be as below:

<?xml version="1.0" encoding="UTF-8" standalone="yes"?>
<CTAD >
<CTest>
Record 1 data as described above
</CTest>
<CTest>
Record 2 data as described above
</CTest>
<CTest>
Record 3 data as described above
</CTest>
.
.
.
.
</CTAD>

Appendix 4. Coding specification for CTAD extract

Table 2. Coding specification for CTAD extract

Position [note 1]	Data item	Format	Code	Description
1	Lab_ID	AN(5)	For example 69999	Predefined ODS code
2	Test_ID	AN(20)	For example V669157	Predefined identifier from the laboratory . This must be unique per test within each quarterly extract to allow for accurate de-duplication of records.
3	Patient_ID	AN(20)	For example P11384552	Predefined identifier from testing venue (for example from a SHS). If this is not available, the laboratory assigned patient ID should be used instead.
4	NHS_Number	Blank (null)	Blank (null)	The collection of coding for this data item ceased in 2021 (see section 4). The CTAD data format should still include this data item in the extract (see Appendix 3) but coding must not be reported: the data item should be left blank (null).
5	NHS_Number _Status_Indicator	Blank (null)	Blank (null)	The collection of coding for this data item ceased in 2021 (see section 4). The CTAD data format should still include this data item in the extract (see Appendix 3) but coding must not be reported: the data item should be left blank (null).
6	Gender	AN(1)	1	Male (including transgender man)
			2	Female (including transgender woman)
			9	Intermediate (unable to be classified as either male or female)

Position [note 1]	Data item	Format	Code	Description
7	DOB	AN(10)	For example 1980-09-01	CCYY-MM-DD
8	Ethnicity	AN(2)		**Asian or Asian British**
			R	Chinese
			H	Indian
			J	Pakistani
			K	Bangladeshi
				Black or Black British
			M	Caribbean
			N	African
			P	Any other Black background
				Mixed
			D	White and Black Caribbean
			E	White and Black African
			F	White and Asian
			G	Any other mixed background
			L	Any other Asian background
				White
			A	British
			B	Irish

Position [note 1]	Data item	Format	Code	Description
			C	Any other White background
				Other ethnic groups
			S	Any other ethnic group
				Unclassified
			9	Not known
			Z	Not stated
9	Postcode _Residence	AN(8)	For example SW27 3WW	Predefined geography code
				Pseudo codes
			ZZ99 3WZ	patient postcode is not known or not stated
			ZZ99 3VZ	patient has no fixed abode
			ZZ99 ??Z	overseas visitors should use the relevant pseudo country postcode for their country of residence where the first 2 digits of the second part of the postcode (represented as '??') relate to the relevant country for example ZZ99 6CZ is the pseudo country postcode for India
10	Postcode_GP	AN(8)	For example SW27 3WW	Predefined geography code
11	Registered_GP _Code	AN(6)	For example Y00001	Predefined ODS code
				Pseudo codes
			V81997	Patient is not registered with a GP but **is** eligible to register

Position [note 1]	Data item	Format	Code	Description
			V81998	Patient is not registered with a GP and **is not** eligible to register for example they have only recently entered the country
			V81999	Patient is registered with a GP but GP cannot be identified or it is not possible to determine if they are eligible to register with a GP (for example the patient cannot communicate and is unidentified)
12	Postcode_Testing_Service	AN(8)	For example SW27 3WW	Predefined geography code
				If the test was taken via an internet test kit, please use the postcode of the Lab as a default
				If the test was taken in a GP setting, please use the postcode of the GP (the same as with [Postcode_GP])
13	Venue_code	Min AN(3) Max AN(9)	For example RC367	Predefined ODS site or organisation code
			Pseudo codes	
			ZZ9999998	Not applicable for example internet testing
			ZZ9999999	Not known
14	Specimen_Type	AN(2)	**Specimen type**	
			01	Urine
			02	Genital (urethral and endocervical)
			03	Rectal (anal)
			04	Pharyngeal (throat)
			Specimen type SNOMED CT	
			412761009	Urine

Position [note 1]	Data item	Format	Code	Description
		Min N(6) Max N(18)	390785003	Genital (urethral)
			390784004	Genital (endocervical)
			472859009	Rectal (anal)
			707982002	Pharyngeal (throat)
15	Testing_Service_Type	AN(2)	01	GUM services: specialist STI services (Level 3)
			02	Community services: non-specialist STI service (Level 2) including Contraception and Sexual Health (CASH), Contraception and Sexual Health Clinic (CSHC), Sexual and Reproductive Health (SRH), Young person's (Brook) and postal kits (provided by community services)
			03	GP including postal kits (provided by GPs)
			04	Pharmacy premises including postal kits (provided by pharmacies)
			05	Termination of pregnancy services (ToP) including NHS and private providers (such as British Pregnancy Advice Service, Marie Stopes and Pregnancy Crisis Centre) and postal kits (provided by ToP services)
			06	Internet (online) services including postal kits provided by online services and texting systems
			XX	Other: any other testing service type not already categorised, such as chlamydia screening offices, antenatal and obstetric, military, education, occupational health, prison, youth services, outreach, accident and emergency, minor injuries, NHS walk-in centres and hospitals

Position [note 1]	Data item	Format	Code	Description
				Where the testing service type is unknown or unverified please check the chlamydia testing venue site lookup on the HIV and STI WP; if further clarification is required please liaise with the provider to assign the correct testing service type
16	NCSP_Clinic _Code	AN(10)	For example 5A1FA	Predefined UKHSA code that can be requested from CTAD@ukhsa.gov.uk
17	Specimen_Date	AN(10)	For example 1980-09-01	CCYY-MM-DD
18	Receipt_Date	AN(10)	For example 1980-09-01	CCYY-MM-DD
19	Date_Result _Authorised	AN(10)	For example 1980-09-01	CCYY-MM-DD
20	CT_Result	AN(2)		**Chlamydia test result**
			1	Positive
			2	Negative
			3	Equivocal (initial reactive results; unconfirmed results; invalid tests)
			4	Insufficient specimen (samples which are insufficient for testing)
			5	Inhibitory result (tests with an indeterminate test result)
			XX	Other: any other result not already categorised (unable to process sample)
				Chlamydia test result SNOMED CT
			201441000000107	Positive

Position [note 1]	Data item	Format	Code	Description
		Min N(6) Max N(18)	413079006	Positive
			314527009	Positive
			415798001	Positive
			201431000000103	Negative
			413080009	Negative
			314526000	Negative
			415797006	Negative
			247371000000107	Equivocal (initial reactive results; unconfirmed results; invalid tests)
			125154007	Insufficient specimen (samples which are insufficient for testing)
			448374002	Inhibitory result (tests with an indeterminate test result)

Note

Note 1: refers to the horizontal position of the data item within the CSV or XML extract.

Appendix 5. Submission validation

The CTAD system has been designed in such a way that all data validation is done after an extract is submitted to the CTAD portal. For this reason there is no validation of data included in the .xml schema. Data must conform to the format defined in Appendix 1, Appendix 3 and Appendix 4 to be accepted. The CTAD portal software validates submissions to check that the specification is met. If data does not conform, the following error messages are sent to the submitter.

Table 3. List of CTAD error messages

Error code	Error message
1	Dataset is not in CSV or XML format
2	Incorrect data item name
3	Data items are not the correct data type or data format
4	Data items have a null value
5	One or more cells contain unrecognised codes
6	Data from outside of specified quarter
7	The reported specimen date is later than the receipt date
8	The reported authorized date is earlier than the receipt date
9	Duplicate test ID in the current dataset
10	Duplicate data record in the current dataset
11	Age out of range of acceptable values; that is, invalid age = 200
12	Date covers more than one calendar quarter
13	Errors account for more than 10% of the data

Glossary

Term	Definition
CASH	Contraception and Sexual Health
CSHC	Contraception and Sexual Health Clinic
CTAD	Chlamydia Surveillance System
DOB	Date of birth
=	Equals
GP	General practice
GUM	Genitourinary medicine
GUMCAD	Sexually Transmitted Infections Surveillance System
ISB	The Information Standards Board
NCSP	National Chlamydia Screening Programme
ODS	Organisation Data Service
SCCI	Standardisation Committee for Care Information
SHS	Sexual health service
SHSs	Sexual health services
SNOMED CT	Systematized Nomenclature of Medicine Clinical Terms (STI surveillance codes) (2019 onwards)
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
ToP	Termination of Pregnancy
UKHSA	UK Health Security Agency
WP	HIV and STI Web Portal

About the UK Health Security Agency

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

UKHSA is an executive agency, sponsored by the DHSC.

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