



Summary

Department of Health *Public Health Outcomes Framework (2013-16)* Chlamydia Diagnosis Rate Indicator

This document provides a top line summary of the rationale for the chlamydia diagnosis rate indicator, the diagnosis rate adjustment in June 2013 and key considerations for local chlamydia screening programmes. Detailed information resources, including a local calculator tool, are available on the NCSP [website](#).

Rationale for the chlamydia diagnoses rate indicator

1. Chlamydia is the most common bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. The majority of infections are asymptomatic and can have serious health consequences (including infertility) if untreated.
2. The chlamydia diagnosis rate is one of the Health Protection indicators within the [Public Health Outcomes Framework](#) (PHOF). It is a measure of chlamydia control activity in England, aimed at reducing the incidence of reproductive sequelae of chlamydia infection.

Recommended chlamydia diagnoses rate revision in June 2013

3. The original PHOF diagnosis rate was set at $\geq 2,400$ (per 100,000 resident 15 – 24 year olds per annum) by the DH, as a level that would encourage high volume screening and diagnoses, and:
 - Would be ambitious but achievable (one third of PCTs were achieving this rate in 2011)
 - Was high enough to encourage community screening, rather than GUM only diagnoses
 - Would be likely to result in a continued chlamydia prevalence reduction, according to modelling.
4. In June 2013, in consultation with Public Health England (PHE), the DH reduced the recommended chlamydia diagnosis rate to $\geq 2,300$ chlamydia diagnoses per 100,000. (The PHOF [online tool](#) will be updated in August 2013).
5. This decision was taken following England chlamydia reporting system changes in 2012, making it possible to remove previously double-counted tests and diagnoses from national and local totals. The $\geq 2,400$ diagnosis rate was set based on previous reporting that included double-counted data. As these are now removed from datasets, the recommended diagnosis rate was reduced accordingly.

Chlamydia screening considerations for local authorities

6. The reduced diagnosis rate does not represent an opportunity to reduce chlamydia screening activity, as local chlamydia data are now reported with these double-counted test and diagnoses removed. PHE chlamydia data for 2012 show only 1/3 of upper tier local authority areas achieved $\geq 2,300$.
7. Local areas can increase screening coverage by following NCSP and BASHH guidance on key screening elements: encouraging repeat testing (annually or on change of partner), maintaining good quality treatment and partner notification pathways, and expanding internet testing.
8. By continuing to integrate chlamydia screening into broader health services for young adults, local authorities can ensure screening remains widely available. This will also help this age group develop positive relationships with services, enabling them to develop and maintain good sexual health throughout their lives.