Men too...
This document outlines the commitment of the National Chlamydia Screening Programme (NCSP) to introducing a national strategy and action to support improved access to chlamydia screening for men. In developing this strategy, the NCSP aims to support local chlamydia screening programmes to increase screening uptake amongst men under 25 years of age.

The aims of the strategy are to:

- Raise awareness of the importance of screening men, both for their own sexual and reproductive health and to contribute to preventing reproductive morbidity in women.
- Engage NHS organisations locally to ensure equitable access to chlamydia screening for both men and women remains a priority.
- Develop best practice in providing chlamydia screening for men.

The strategy will have application for both the national programme, and for local screening programmes, and will involve the development of resources including background information, guidance, and a ‘tool kit’ for local use. The strategy also includes commitment to the development of a framework to enable monitoring and evaluation of measures to support equitable access.
The National Chlamydia Screening Programme (NCSP) was launched in 2003 and its phased implementation across England is due to be completed in 2007. The NCSP targets all sexually active women and men under 25 years of age.

Although the number and proportion of men accessing screening has increased steadily during each of the four years since the NCSP was launched, the proportion of men screened remains low in comparison with women. At the end of year four (2006/7) 21.1% of all those screened were men.

Greater effort will be needed to ensure that men are aware of chlamydia and know that infection is not necessarily accompanied by symptoms. Men need information about the screening process, the possible consequences of genital chlamydial infection and strategies for its prevention and control. Men should be more proactively targeted by the NCSP.

The commitments outlined in this strategy document illustrate how the NCSP will contribute to raising awareness of the importance of screening men for chlamydia, and how it will help Primary Care Trusts (PCTs) and chlamydia screening programmes to provide and monitor access for men.

Further background information can be found on the NCSP website: www.chlamydiascreening.nhs.uk
In 2003 the Department of Health (DH) decided to offer chlamydia screening to both men and women to:

• ensure chlamydial infection is detected and treated promptly in both sexes,
• raise awareness of chlamydia among both sexes,
• highlight that reducing prevalence and controlling onward transmission in both sexes contributes to preventing reproductive complications in women*,
• ensure that both sexes are able to take responsibility for their sexual health.

The government’s decision to offer screening to both men and women within the NCSP acknowledges the role of both sexes in the continued transmission of chlamydia. At that time it was agreed that screening men for chlamydia is an essential component in the prevention and control of genital chlamydial infection and in reducing associated complications in women.

*Most of the significant reproductive health burdens caused by chlamydia occur in women, such as pelvic inflammatory disease (PID) and further complications of chronic pelvic pain, ectopic pregnancy and infertility, although there is now emerging evidence of adverse effects on male fertility. The potential damage to sperm emphasises the importance of screening for men. Fertility problems in either gender will, by their nature, impact on both sexes.

Why target men?

Prevalence of chlamydia in men is similar to that in women. There are high rates of asymptomatic infection in both sexes. It is estimated that at least 50% of men and 70% of women with genital chlamydial infection have no symptoms. Limiting chlamydia screening to women unfairly restricts access to screening and treatment for men unless they were a named contact of a female partner. Such services also disadvantage men who have sex with men.

Failing to address gender inequality may reinforce a stigmatising belief that good sexual health is a woman’s responsibility and chlamydia is a ‘women’s issue’.
In 2006/07 21.1% of those screened within the NCSP were men. However, the numbers, and the proportion, of men screened varied considerably across different programme areas (range 7.22% - 61.07%). Notably, in those areas reporting the highest proportions of men, screening in military establishments and prisons has often accounted for a significant volume of these screens. Whilst these are important venues for screening, it is also crucial to ensure equitable access for young men across the wider population. Whilst most of those screened in the NCSP so far have been women, it should be acknowledged that, with effective partner notification and treatment, approximately 40% of those treated for chlamydia in the NCSP during 2006/07 have been men.

There may be a variety of reasons for the inequitable balance between genders screened:

- conventional healthcare settings which currently form the core of screening venues within the NCSP are more likely to be attended by women
- primary care practitioners may be less likely to offer screening to men
- men without symptoms are less likely than women without symptoms to present for testing
- men may tend to seek care only if symptoms are serious and can no longer be ignored
- men may be less likely to accept the offer of screening
- a fear among men that the test is intrusive and/or painful
- lack of awareness about chlamydia, its potential effects or the screening process.

Where are we now?

Why are men not being screened for chlamydia?

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A gender equitable approach to screening men

The NCSP recently published 12 priorities for 2007/08. These include a commitment to equitable access to chlamydia screening. Improving access to screening for men is an important part of this commitment.

- A number of policy developments and initiatives have prompted the development of a NCSP strategy to address gender equality. These include:
  - The Gender Equality Duty
  - The NHS framework and programme of actions for tackling inequalities
  - The Men’s Health Forum report “Putting men to the test”

The new Gender Equality Duty came into force in April 2007. This requires public authorities, which include NHS organisations, to comply with a duty to promote gender equality.

The Men’s Health Forum published a report in 2006 on men and chlamydia – Putting Men to the Test. This highlighted the need to proactively target young men in chlamydia screening, to prevent men from re-infecting women and, therefore, contribute to preventing infertility. Their recommendations included the development of a ‘men and chlamydia strategy’, providing an important catalyst for the NCSP in establishing its current strategic direction.

The NCSP will consult with a range of stakeholders, including the Men’s Health Forum, in developing a coherent and appropriate approach to gender equality in chlamydia screening. In 2006, the United States Centre for Disease Control (CDC) undertook a consultation with experts to review evidence and make recommendations for programmes screening men for chlamydia. A number of recommendations were identified as the most important focus for screening men, although the premise of this work was that men should be screened as a secondary focus to preventing chlamydia and its sequelae in women.

However, since publication of that report, evidence is emerging that genital chlamydial infection can harm the fertility of men. It is essential for the NCSP to remain aware of developments in research evidence on the effects of chlamydia on male fertility.

Responding to evidence
There is broad agreement that efforts to screen young men for chlamydia should be strengthened.

There is some evidence that promoting the availability of urine tests may motivate young men to accept screening and also minimise provider belief that it’s easier to screen women.\(^5,\ 12\)

The availability of home sampling kits has also helped encourage men to screen. Pharmacies, work places, higher and further education establishments and vocational training programmes have been suggested as accessible venues for men. Work undertaken as part of the chlamydia screening studies (ClaSS) identified that 60% of men aged 16-24 attended their general practice at least once in a 1 year period.\(^13\)

However, further work is needed to determine the best ways to engage young men in chlamydia screening.\(^3,\ 4\)

Both national and local commitment are needed to achieve equitable access to chlamydia screening for men and women.

A range of measures will contribute to the successful implementation of the proposals in this strategy.

The main elements of the NCSP strategy to improve access to chlamydia screening for men are:

- Raising awareness
- Achieving commitment and engagement
- Developing good practice
- Monitoring and evaluation
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<th>Specific actions proposed</th>
<th>Raising awareness</th>
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<tr>
<td><strong>National commitment</strong></td>
<td><strong>Local engagement</strong></td>
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<tr>
<td>As part of its wider communications strategy, the NCSP will contribute to increasing public and professional awareness of chlamydia and its potential consequences for men as well as women.</td>
<td>NHS organisations, and those contracted to provide chlamydia screening can contribute specifically to improving young men’s knowledge of chlamydia and its potential consequences for the sexual and reproductive health of men and women.</td>
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<td>Review all national information resources produced (such as the NCSP website and patient information leaflet) to ensure they are responsive to the needs of both men and women.</td>
<td>Chlamydia Screening Offices (CSOs) are encouraged to ensure local promotional materials are available which are relevant for men.</td>
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<td>NCSP will invite feedback from local and regional networks on men’s perceptions and experiences of chlamydia screening.</td>
<td>PCSs and CSOs are encouraged to invite feedback from men using chlamydia screening services and to find ways to identify possible concerns in those men who decline the offer of screening.</td>
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<td>Support local NHS organisations to take specific action to raise men’s awareness of chlamydia screening, to address men’s concerns and dispel any misconceptions about the screening process.</td>
<td>It is important that marketing and services emphasise that the screening test involves a simple urine test for men, with easy and effective treatment for those infected. Highlighting that at least half of men with chlamydia may not exhibit any symptoms may be critical to encouraging men to screen.</td>
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<td>Provide the rationale for, and promote, equitable access to chlamydia screening for men and women.</td>
<td>CSOs to engage with sexual health and other local stakeholders in identifying a proactive process for addressing existing inequalities and ensuring that men are more equally engaged in local chlamydia control activities.</td>
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<td>Advise on the process for including chlamydia screening in men within a Gender Equality Scheme.</td>
<td>Local NHS organisations are encouraged to include gender access in chlamydia screening within a Gender Equality Scheme.</td>
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<td>Promote the importance of gender equitable chlamydia screening services as part of wider responsibilities in tackling inequalities.</td>
<td>Develop local action plans which include specific objectives for engaging men in chlamydia screening.</td>
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National commitment
In partnership with other stakeholders, develop a ‘toolkit’ of resources to support and assist local chlamydia screening offices with improving access to chlamydia screening for men.

Review existing practice and evidence to determine the best ways to engage young men in chlamydia screening. This includes a commitment to identify optimum approaches and management pathways for men who have sex with men (MSM).

Ensure best practice contributes to national recommendations including NCSP core requirements and training resources.

Disseminate recommendations to local chlamydia screening programmes via the Regional Facilitator network.

Local engagement
Local NHS organisations, sexual health service networks and Local Chlamydia Screening Steering Groups to consider provision of targeted interventions to engage men to screen.

CSOs encouraged to evaluate local initiatives to engage men and to feedback their findings to the national team or through publication.

Provide training and engage support of screening venues to ensure services are promoted equally to both genders and care pathways reflect the needs of young men, including MSM.

Local engagement

Developing good practice

Analysis of NCSP data reported to the HPA will identify the proportion of those screened who are men. This can be presented for each locality by programme area, PCT, or for specific screening venues.

The NCSP will enable local chlamydia screening programmes to access data collected on screening men via the web based data system.

Each programme area can monitor progress in improving access to chlamydia screening for men. CSOs may also consider monitoring service attendance of men and women under 25 at selected screening venues and audit numbers offered and accepting screening to compare uptake by gender.

Develop national criteria for monitoring performance of local programme area approaches to gender equality in chlamydia screening. NCSP Quality Assurance process includes assessment of whether programmes have specific action plans to engage men.

SHAs and PCTs can monitor performance of agreed activities to extend access to men as part of a local gender equality scheme.

Monitoring and Evaluation
This Strategy is launched at the NCSP’s 4th Annual Conference on 9th November 2007. Over the next year the NCSP will consult with key stakeholders to further develop the actions proposed in this strategy. This will include producing a ‘toolkit’ which will evolve as a series of resources for supporting local NHS organisations to ensure gender equality in chlamydia screening.

What next?

References


Further information:
Department of Health; Creating a Gender Equality Scheme: A Practical Guide for the NHS. March 2007

Acknowledgements

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Text and final edit written by:
Pete Clark and Teresa Battison, NCSP

Structure and editing:
Dr Jan Clarke, Jenny Dimond, Adrienne Hegarty, Dr Mary Macintosh, NCSP

Comments and contributions:
Barry Alborough, Dorset County Chlamydia Screening; Peter Baker and David Wilkins, Men’s Health Forum; Jill Davies, Ruth Hall, Samantha Iobbler, Sarah Randall, Johanna Ria, Ali Talebi, NCSP central team and Regional Facilitators; Simon Henning, Cheshire and Merseyside Sexual Health Network; Bill Jackson, Department of Health; Paul Sanderson, NHS West Midlands;
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Genital Chlamydia trachomatis infection is the most commonly diagnosed sexually transmitted infection in genitourinary medicine (GUM) clinics in the United Kingdom. It affects both men and women. Rates of infection are high in young sexually active adults, with highest rates of diagnosis seen among 16-19 year old females and 20-24 year old males (HPA, 2006).

The NCSP has been established in England to reduce the burden of chlamydial infection and its complications through the early detection and treatment of asymptomatic infection and robust management of those infected and their sexual partners. Delivered through Local Chlamydia Screening Offices (CSOs) the NCSP provides education, screening and treatment in a range of traditional and non traditional healthcare settings. Of those screened as part of the NCSP one in ten men and women under the age of 25 has chlamydia.

As most people are asymptomatic, large proportions of cases remain undiagnosed. Untreated genital chlamydial infection may have serious long-term consequences. In women it is a well-established cause of pelvic inflammatory disease (PID), ectopic pregnancy and infertility.

In men chlamydial infection can cause epididymitis which presents as pain in one or both testicles. Research is less well established on reproductive complications of chlamydia in men and the possible role of chlamydia in male infertility although there is emerging evidence to suggest that sperm can be impaired as a result of infection.