

GUIDELINES FOR MANAGEMENT OF CHLAMYDIA POSITIVE CLIENTS AND THEIR PARTNERS

CHLAMYDIA SCREENING OFFICE ADDRESS:

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Guidance developed in accordance with the Department of Health recommendations for the treatment of Chlamydia positive clients tested within the National Chlamydia screening programme, and nationally agreed standard's from the manual of health advising practice produced by SSHA

This guidance applies to the Nurses employed by RU Clear or providing treatment as part of the RU Clear Chlamydia Screening Programme and who undertake treatment and partner notification for Chlamydia positive clients and their partners.

This guidance is supplementary to PGDs for treatment of Chlamydia

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1. MANAGEMENT OF APPOINTMENT CLINICS

- 1.1 Nurses undertaking booked appointment sessions (where available) will be notified by fax prior to each session, of expected number and appointment times. Appointment times are 30 minutes which is inclusive of administration time needed to complete and fax management forms. (Appendix 1).
- 1.2 Results for confirmed Chlamydia positive clients booked in for treatment that were not screened at the treatment site will also be faxed, if available.
- 1.3 A copy should be taken of the appointment list at the clinic site to be given to the receptionist/ clerk so that he/she is aware of expected attendance. The clerk should notify the Nurse as soon as possible that the client has attended.
- 1.4 The RUClear Office will endeavour to provide a contact telephone number for all clients. If the clients have not arrived within 15 mins of the expected appointment time they should be telephoned to check if they are still attending. Should the client be unable to attend, this should be noted on the attendance list. Clients arriving late should be managed as deemed appropriate by the treatment nurse, taking into account personal safety and overall workload.
- 1.5 Case notes and patient information should be kept as per local records management policy.
- 1.6 The treatment box should be checked at the start and end of the clinic to ensure that there are sufficient supplies of forms and leaflets. Orders for repeat stock should be faxed to the Chlamydia office or laboratory order forms completed and faxed to the Lab. Forms can be downloaded from the website.
- 1.7 Documents should be faxed to the RUClear Office as soon as is practical after the end of the clinic. **A fax cover should always be used, and a clinic list marked with any DNAs**. A send receipt should always be obtained.-'Safe Haven' procedures should be used-see Appendix 1

2. Management of clients attending without appointments

- 2.1.1 If a chlamydia positive client attends requesting treatment for chlamydia, every attempt must be made to confirm their diagnosis. This may involve checking for a result in their case notes, telephoning the screening office on 0845 330 6363, to confirm and if possible obtain a copy of the result. Treatment can then be given as per booked appointments. If the diagnosis can't be confirmed then the client should be treated at the discretion of the nurse. If it is thought inappropriate to offer treatment, the client should be asked to call the RUClear Office on 0845 330 6363.

- 2.2 If a contact attends requesting treatment, and has a contact card or provider referral letter, then they should be managed as per booked appointments.
- 2.3 If a contact attends without a contact card or provider referral letter, as much detail as possible should be obtained about the index client. The diagnosis of the index should be confirmed where possible, as in 2.1, treatment can then be given as per booked appointments. If this cannot be confirmed then treatment can be given at the discretion of the nurse. If it is thought inappropriate to offer treatment the client can contact the RUClear Office as per 2.1.
- 2.4 Funding is not available to treat chlamydia positive clients where the index was not originally screened within the chlamydia screening programme. These client should be directed to the their original site or GUM, however, if it is felt that the client will not access treatment elsewhere, and then treatment should be given in accordance with PGD. Management forms should be completed and clearly marked that the client was not screened within the programme.
- 3. Completion of Management forms**
- 3.1 Each client who attends with or without an appointment, who is receiving treatment in accordance with the Chlamydia screening programme must have management forms completed.
- 3.2 **Treatment should be carried out in accordance with the PGDs for treatment of Chlamydia** .Should the medication be issued outside of the PGD, the name of the doctor, or Chlamydia Screening Coordinator who authorised this should be given.
- 3.3 Forms should be completed as fully as possible and include the demographic details of the client.
- 4. Chlamydia Positives**
- 4.1 Individuals who have had a positive chlamydia test -should have forms **A&B completed**.
- 4.2 If a test of cure is indicated, the client should be asked to return to the same treatment site 5 weeks **after completion of treatment** - ideally at the start of the clinic. The date of the appointment should be clearly noted, to allow booking with the relevant clinic.

5. Partners of Chlamydia Positive Young People

- 5.1 If partners are symptomatic they should be fast tracked to GUM, if the treatment centre does not have STI management skills.
- 5.2 Partners of chlamydia positive patients are tested and treated as presumed positive. **Partners** of chlamydia positive individuals should have form **B and C** completed. However, if the partner refuses to be tested then form B does not need to be completed.
- 5.3 A CRN label from the test request form needs to be attached to form C.

6. Partner Notification

- 6.1 Partner Notification forms should be completed for all clients who are tested. Only partners who agree to a test will have form B completed, as we cannot undertake partner notification if the Chlamydia – status of this individual is not known.
- 6.2. The details of the client who is receiving the treatment should be entered onto the index client details section- even if this is not yet a known chlamydia positive individual (as in the case of a partner). However, Partner 1 should be the client's current or most recent partner. Their details must still be recorded as partner 1 even if this partner has attended with the index client. However, the patient/ provider referral section should be annotated with 'Attended today'. As many B forms should be used as necessary if the client has had more than 2 partners in the last 6 months.
- 6.3. As much detail as possible should be obtained to facilitate treatment / testing of partners.
- 6.4 If the client gives no partner details still give them a **contact card**.
- 6.5 Details of a client's current or most recent partner should be obtained. If there were no other partners in the last 6 months then details of the current or most recent partner should be obtained and the previous partner.
- 6.6 As many details as possible concerning contacts should be sought to facilitate partner notification
- 6.7 **Provider referral** (see below) should be offered in all instances where sexual contact has occurred within the last 12 months. This is in keeping with locally accepted management regimes in other GUM settings. If the client wishes to inform their partners themselves give them contact cards to support this process. Offer the client **contact referral** (ask if we can contact the partner if the partner has not been treated in 2 weeks).

- 6.8 The RU Clear Office will undertake all provider referral and contact referral partner notification.

7. PREVENTION

- 7.1 Sexual health promotion is integral to the programme and individuals offering screening should have basic knowledge of STI's & contraception
- 7.2 Condoms should be offered at each visit and advice on how to use them.
- 7.3 Advice about where to access contraception services should be made available at the treatment site and if available a method of contraception should be offered if required.
- 7.4 Advice should be available at treatment site regarding where to access counselling services.
- 7.5 Patients should not have sex for 1 week after commencement of treatment with Doxycycline or for 1 week after taking Azithromycin.
- 7.6 Patients should not have sex for 3 weeks if they are prescribed Erythromycin.
- 7.7 Patients should not have sex with an untreated Partner.
- 7.8 Safer sexual practices should be encouraged with consistent condom use.
- 7.9 Annual Chlamydia screening should be recommended.
Patients should be encouraged to have a Chlamydia test every time they have sex with a new partner without using a condom. However the minimum time between tests for a patient who has been found to be positive should be 5 weeks.

8 CHILD PROTECTION ISSUES

It is the responsibility of the Treatment nurse to follow up local safeguarding policies

9. RISK FACTORS for other STIs

- 9.1 All Chlamydia positive patients who have consented will have been checked for Gonorrhoea as well.
- 9.1.1 Some Young People will be at risk for other less common STIs. Young People should be advised of the risk factors ;
- Having Sex with men who have sex with other men.
 - Injecting drugs (or having sex with someone who is an injecting drug user).

- Having sex with somebody who comes from a country where HIV is common – eg; Southern Africa, South East Asia, Russia.

If young people have any of these risk factors they should be advised to attend a GUM clinic for full sexual health screening.

10. Partner Notification Objectives and Definitions

10.1 The Society of Sexual Health Advisors (SSHA) state that the objectives of partner notification are:

- To ensure that, wherever possible, contacts of sexually transmitted infections (STI's) are informed, either by their index patient or by a health advisor.
- To ensure that the patient understands the infection and is able to comply with treatment and follow-up arrangements
- To explore ways of helping the individual to reduce future risk of acquiring or transmitting a sexually transmitted infection
- To identify the need for additional support and / or onward referral
- To gain insights into the sexual networks hosting transmission, which can guide complementary control strategies

SSHA also describes three methods of partner notification:

- **Partner, passive or self-referral**

Denotes when the index patient with infection informs sexual partners, *they* are encouraged to notify partner(s) of their possible infection without the direct involvement of the health advisor. The patient may:

- Provide the partner with information
- Accompany the partner to the clinic
- Handover a contact card

The health advisor may help the patient to establish the information to be passed to the partner and the methods of providing it.

- **Provider or active referral**

The health care worker notifies the patient's partners. The index patient provides the information on partner(s) to a treatment nurse. The Ru Clear Office will then confidentially trace and notify the partner(s) directly.

- **Conditional, contract or negotiated referral**

A hybrid approach may be employed where an initial patient referral is followed up by a provider referral after an agreed period of time, if the contact has not attended.

Useful Contacts:

Greater Manchester Chlamydia Screening Office

Cornerstones Health Centre
2 Graham St
Beswick
Manchester
M11 3AA
Tel: 0845 330 6363

Fax 0161 230 2691

Team Contact Details

For more specimen pots: Fax the Virology Lab on 0161 276 3961

For more lab forms ring the RU Clear Office on 0845 330 6363 or download from the website www.RUclear.co.uk.

USEFUL WEBSITES:

www.nhsdirect.nhs.uk NHS DIRECT

www.sexualhealthnetwork.co.uk The Sexual Health Network

www.gmscha.nhs.uk Greater Manchester NHS Primary Care Trusts

List of GUM / Sexual Health Clinics:

<p>Bolton Department of Genitourinary Medicine Bolton Centre for Sexual Health Minerva Road Farnworth Bolton BL4 0JR Contact: Renata Hewart Clinic: 01204 390 942 Clinic - Appointments: 01204 390 771 FAX 01204 390779 Coordinator: Tonie Russell</p>	<p>Manchester Centre for Sexual Health Department of Genitourinary Medicine Manchester Royal Infirmary Oxford Road Manchester M13 9WL Contact: Cheryl Stott Clinic: 0161 276 5211 Clinic - Appointments: 0161 276 5212 FAX – 0161 276 8875 Coordinator: Diane Cordwell</p>
<p>Manchester North Department of Genitourinary Medicine North Manchester General Hospital Delaunays Road Manchester M8 5RB Clinic: 0161 720 2681 Clinic - Appointments: 0161 720 2681 Telephone Advice Line: 0161 720 2712 FAX 0161 720 2148 Coordinator: Helen Tinker</p>	<p>Manchester South Centre for Sexual Health Withington Community Hospital Nell Lane Manchester M20 2LR Contact: Gabrielle McDermott Appointments Line: 0161 217 4939 FAX : 0161 217 3280 Coordinator: Diane Cordwell</p>
<p>Oldham Genitourinary Medicine & Family Planning Phoenix Sexual Health Centre Royal Oldham Hospital Rochdale Road Oldham OL1 2JH Contact: 0161 627 8399 Clinic: 0161 778 5193 Coordinator: Helen Tinker</p>	<p>Rochdale :The Barlow Suite, (The Bridge Sexual health Clinic) Fairfield Hospital Rochdale Old Road Bury BL9 7TD Tel: 0161 778 2800 Fax: 0161 778 2801 Coordinator: Helen Tinker</p>
<p>Rochdale Department of Genitourinary Medicine & Family Planning The Bridge Sexual Health Centre Baillie Street Health Centre Baillie Street Rochdale OL16 1XS Clinic: 01706 517 655 Fax 01706 517652 Coordinator: Helen Tinker</p>	<p>Salford Department of Genitourinary Medicine Hope Hospital Entrance 1A Stott Lane Salford M6 8HD Clinic: 0161 206 4464 Clinic - Appointments: 0161 206 4464 Telephone Advice Line: 0161 206 4431 Fax - 0161 206 4465 Coordinator: Tonie Russell</p>
<p>Stockport Department of Genitourinary Medicine Outpatients B Stepping Hill Hospital Poplar Grove Stockport SK2 7JE Clinic: 0161 419 5151 Clinic - Appointments: 0161 419 5370 / 5371 FAX 0161 419 5153</p>	<p>Tameside and Glossop Sexual Health Clinic Crickets Lane Clinic Ashton Under Lyne Contact: Carole Bailey Tel -0161 339 2222 FAX - 0161 339 8409 Coordinator: Diane Cordwell</p>
<p>Trafford Department of Genitourinary Medicine Trafford General Hospital Moorside Road Manchester M41 5SL Contact: Anne Mather Clinic: 0161 746 2621 Clinic - Appointments: 0161 746 2621 Fax - 0161 746 2966 Coordinator: Diane Cordwell</p>	<p>Wigan Department of Genitourinary Medicine Thomas Linacre Centre, Parsons Walk Wigan WN1 1RU Clinic: 01942 822 277 Clinic - Appointments: 01942 822 277 Telephone Advice Line: 01942 822 006 FAX – 01942 822005 Coordinator: Tonie Russell</p>

Appendix 1

Guidance on the faxing of documents to the RU Clear Office following and Safe haven procedures

- 1. Check the fax number before sending a fax. The RU Clear Office Number is 0161 230 2691**
- 2. Ring the RU Clear Office prior to sending the fax to ensure a member of staff is able to receive the fax.**
- 3. Wherever possible send faxes in the RU Clear Office opening hours. 9.00 – 4.30 Monday to Friday**
- 4. Always include a cover sheet with your fax.**
- 5. The records management of clinic lists and patient records at the treatment site is the responsibility of the service provider.**