Chlamydia Screening in Ireland Pilot Study
Policy Brief

Background

- Ireland, like other countries, is experiencing a steady increase in the numbers of young women and men presenting to the health services with sexually transmitted infections (STIs). Chlamydia is the most commonly reported STI in Ireland, with highest numbers reported among 20-29 year olds. More often than not it is silent and causes no symptoms – especially in women – but can cause serious complications such as infertility and ectopic pregnancies.

- First we summarise findings of a set of studies that explored and measured the attitudes, fears and preferences of young Irish women and men around accepting offers of tests to detect chlamydia.

- Then we present the findings and cost-effectiveness estimates of a pilot screening programme where chlamydia testing was offered to women and men aged 18-29 in primary care (mainly General Practice – GP) and Higher Education Institution settings.

Pre-pilot study findings

- Background studies for the Chlamydia Screening in Ireland Pilot Study were conducted between 2007 and 2009 by researchers in the Royal College of Surgeons in Ireland, National University of Ireland Galway and the Health Service Executive. In-depth interviews were conducted with 18 to 29 year olds in Dublin and Galway, including 35 women who had never been tested for a STI and 30 men and women who had had a STI test. Focus group discussions were run with four sets of students. 5685 students across five Higher Education Institutions and 400 patients attending GPs and other primary care settings completed structured questionnaires. Interviews were conducted with doctors and nurses based in general practices, student health units and a family planning clinic, to elicit their views on the feasibility of, and approaches to, screening in their settings.

- Young people, especially women, were aware that chlamydia infection was often asymptomatic and were conscious of the danger of complications such as infertility and the consequences of transmitting chlamydia to other women. There was a high level of willingness among men and women to accept a chlamydia test, if offered: 95% said it would be acceptable to be offered a test, and 90% of health facility attendees and 75% of students said they would accept a test if offered.

- The most important barrier reported by young people to seeking or accepting a STI test was the stigma associated with chlamydia and other STIs. The fear of stigma was greater among young women, especially those from rural backgrounds and in urban working class settings, who feared the consequences of being publicly exposed through asking for a STI test.

The most acceptable setting for being offered a chlamydia test was a primary care setting – general practice, family planning clinic and student health service – and the preference was for the test to be offered by a doctor or nurse.

Factors that would encourage young people to accept the offer of a chlamydia test were:
- normalising the act of getting a STI test by portraying it as a responsible adult practice.
- not being asked questions by staff about their sexual history
- being offered screening in confidential settings, where others were not aware that they were getting an STI test
- a free non-invasive urine-based test – the latter was important especially for men.
- for women, being offered the test by a young non-judgmental female health professional

Most recognised the risks and the importance of their sexual contacts being tested, if they themselves test positive for chlamydia: 80% said they would inform their current partner if they tested positive for chlamydia, though this fell to 55-60% in the case of previous partners.

All the doctors and nurses interviewed were enthusiastic about the pilot study and were optimistic that they would achieve high take-up rates in the region of 20–50 tests per month if a screening pilot was implemented.

**Pilot Screening Intervention**

- Screening was offered to women and men aged 18-29 years who attended urban and rural GPs, two student health units, and a family planning clinic in the West of Ireland. Non clinical 'pee-in-a-pot' days were organised in two higher education institutions. Data on infection rates, risk factors, management of positive cases, partner notification processes and in-depth interviews with participants and healthcare providers were analysed.
- The chlamydia positivity rate was 4.8%, similar to rates reported in international and other Irish studies.
- The numbers screened in clinical settings were low, reflecting low screening offer rates by doctors and nurses. Refusal rates were also low indicating good acceptance rates among young people.
- Factors that made screening easier for healthcare workers and young people were the availability of urine tests and the support of the research health adviser, especially for partner notification.
- Positive factors for young people taking part in the Pee-in-the-pot screening in non-clinical settings were the combination of private, anonymous and accessible testing.
- Obstacles for healthcare workers included the lack of payment, time pressures and difficulties raising the issue of STIs, especially with young men, if unrelated to the presenting complaint.
- Management of chlamydia positive cases was successful:
  - Most chlamydia positive cases identified were treated in the screening settings rather than in a genito-urinary medicine specialist clinic setting.
  - Partner notification was successfully achieved in 82% of reported partners of test positive cases. This was principally led by an experienced health adviser, who was also the Pilot Study Research Coordinator.
- The cost-effectiveness analysis estimated an incremental cost per quality adjusted life year (QALY) gained of €94,717 for the clinical settings combined (general practices, where both doctors and nurses were offering screening, student health units and a family planning clinic).

While there is no threshold above or below which technologies are guaranteed to be rejected or accepted for reimbursement in Ireland, it is highly unlikely that such screening would be considered cost effective at thresholds above the €20,000-40,000 proposed in the literature.
Conclusions

The Chlamydia Screening in Ireland Pilot Study has concluded that a national opportunistic chlamydia screening programme would not be cost-effective in Ireland. It would be difficult to achieve the necessary coverage levels to reduce the reservoir of infection in the Irish population; and recent international evidence has also cast doubt on the effectiveness of population chlamydia screening.

However, the findings from the 2007-09 background studies, as summarised above, provide important evidence on how to protect the sexual health of young Irish people. Their expressed wish was for accessible, confidential and sympathetic sexual health services, delivered by doctors or nurses in primary care settings, making it easy for them to get tested for STIs if the need arose. The great majority of 18-29 year olds demonstrated positive and responsible attitudes towards using such services, as long as confidentiality was assured and stigma avoided.

The Pilot Study demonstrated the acceptability of anonymous ‘pee-in-the-pot’ chlamydia screening events in Higher Education Institutions. While not likely to be an effective method for reducing the reservoir of chlamydia in the population, ‘pee-in-the-pot’ campaigns in different settings frequented by young people would increase the accessibility of such services to the age group at greatest risk of STIs. Young men, especially, are not frequent users of the health services.

Recommendations

The findings of the pre-pilot background surveys of 18 to 29 year olds and the feasibility analysis and interviews of the staff who participated in the pilot screening study point to the need for a national sexual health plan based on the components of Levels A and B of European guidance on chlamydia control.2

The findings of the Pilot Study do not support the implementation in Ireland of Level C activities, or in other words, the evidence does not justify opportunistic chlamydia testing of young people who visit health care providers for reasons unrelated to their sexual health.

Given the findings of The Chlamydia Screening in Ireland Pilot Study a national sexual health plan should include:

A. primary prevention activities, including sex education for at-risk young people, the availability of barrier protection mechanism, and the provision of information on how to avoid and how to seek care for suspected STIs,3

B. accessible and acceptable STI detection and case management services in a range of primary care settings, as well as in specialised clinics. These should include:
   i) Free urine-based chlamydia testing and treatment of test positive cases in primary care settings. Even in a resource-challenged and constrained health service, the case for this is strong. STI control is a ‘mixed public–private good’ and interventions that prevent the transmission of STIs benefit the wider population, and not just the individual treated and can reduce future costs to the health services.
   ii) Standardised national guidelines for STI diagnosis, treatment, follow-up and re-testing, with training for primary care staff (doctors and nurses) on the technical, interpersonal and communication elements of providing sexual health and chlamydia testing services to young people
   iii) Access for primary care providers to
      a) laboratories that undertake urine based tests for chlamydia, with sufficient resources and throughput of specimens to provide timely testing and feedback of results to clinicians
      b) Partner notification services (community sexual health advisers) to support primary care providers who carry out primary prevention, diagnosis and treatment of STIs.


3 The Chlamydia Screening in Ireland Pilot Study was limited to 18 to 29 year olds, following legal advice. The greatest risk of serious complications from genitalourinary chlamydia infection such as pelvic inflammatory disease leading to infertility is in women under the age of 25 years. This is partly because the cervix of teenage girls and young women is not fully matured, increasing their susceptibility to the STDs that are linked to PID.
Further information
The *Chlamydia Screening in Ireland Pilot Study* was funded by the Health Protection Surveillance Centre and facilitated by the Health Research Board. The study was led by Professor Ruairi Brugha (Division of Population Health Sciences, Royal College of Surgeons of Ireland), Dr Emer O’Connell (Public Health, Health Service Executive), and Dr Diarmuid O’Donovan (College of Medicine, Nursing and Health Sciences, National University of Ireland Galway and Public Health, Health Service Executive).

The full reports are available on: [http://www.hpsc.ie/hpsc/A-Z/HIVSTIs/SexuallyTransmittedInfections/Chlamydia/Publications/](http://www.hpsc.ie/hpsc/A-Z/HIVSTIs/SexuallyTransmittedInfections/Chlamydia/Publications/)

Further information on the Pre-Screening Studies is available from:
(Pilot Screening Intervention):
Niamh Burdett,
Communications Manager,
Royal College of Surgeons in Ireland of Surgeons in Ireland
Tel: 01 402 2218 / 086 6086764
niamhburdett@rcsi.ie

Further information on the Pilot Screening Intervention is available from:
Ruth Hynes
Press & Information Executive
NUI Galway
Tel 091 495695 / 0876659899
ruth.hynes@nuigalway.ie

Please see overleaf for published studies.

This event is part of the national Sexual Health Awareness Week (SHAW)
Ireland’s first ever national Sexual Health Awareness Week (SHAW) is hosted by the Royal College of Physicians of Ireland (RCPI). A range of public meetings, debates and interactive workshops promoting sexual health awareness at a national level are taking place in RCPI from 28 May to 31 May 2012, all of which are free and open to the public.
SHAW is the brainchild of the RCPI Policy Group on Sexual Health, which is a multidisciplinary group advocating for the development and implementation of a national sexual health strategy.

SHAW Media Queries
Aoife Ni Mhaitiú, Communications Executive
Royal College of Physicians of Ireland
Phone 01 8639 770, 085 850 0080

If you would like to find out more about SHAW, attend one of our SHAW events or arrange an interview with one of our experts, please do not hesitate to get in touch.
Published Articles of the Chlamydia Screening in Ireland Pilot Study


