

NATIONAL SCREENING ADVISORY COMMITTEE

Advice to the Director-General of Health

Title	Chlamydia screening
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Date of this document	January 2007
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Statement No.	2
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The National Screening Advisory Committee (NSAC) has considered Dr Jillian Sherwood's report 'Chlamydia Screening in New Zealand: Report for the National Screening Unit July 2006'.

NSAC welcomes the Report as a good summary of the important issues in chlamydia screening. NSAC supports the finding that a national screening programme is not required in order to address the significant problems relating to current chlamydia screening practice.

Recommendations

NSAC makes the following recommendations to you in relation to chlamydia screening.

1. Each District Health Board, Primary Health Organisation, Sexual Health Service, and laboratory performing chlamydia tests be asked to supply data to the Ministry of Health relating to the extent of screening already being performed (e.g. number of tests over specific time periods, who is requesting the tests and the outcome/results of the tests). This should facilitate enhanced monitoring of current screening practice.
2. The Ministry of Health should consider progressing amendments to the Health Act 1956 so that laboratories are required to report data in a useful manner and form, to support surveillance activities.
3. District Health Boards, Primary Health Organisations and laboratories should be encouraged to work together to find a solution to the difficulties in recording ethnicity data.
4. Each District Health Board should be given information on where they are placed in relation to other District Health Boards with regard to the prevalence of Chlamydia, the number of screening tests performed and testing method used, and the need for additional action to be taken.
5. The Ministry of Health should develop clear guidelines for the offer of opportunistic screening for chlamydia. These should include guidance on who should be offered chlamydia screening, informed consent processes,

laboratory processes and methods of testing, treatment options, and contact tracing.

6. Further health gains could be made by prioritising high-risk populations for screening. The Ministry of Health should consider ways of increasing participation in screening amongst high-risk populations.
7. Actions to reduce the prevalence of chlamydia need to sit within a clearly formulated sexual health strategy, which aims to reduce the prevalence and transmission of all sexually transmissible infections.