

MEN'S HEALTH FORUM REPORT ON

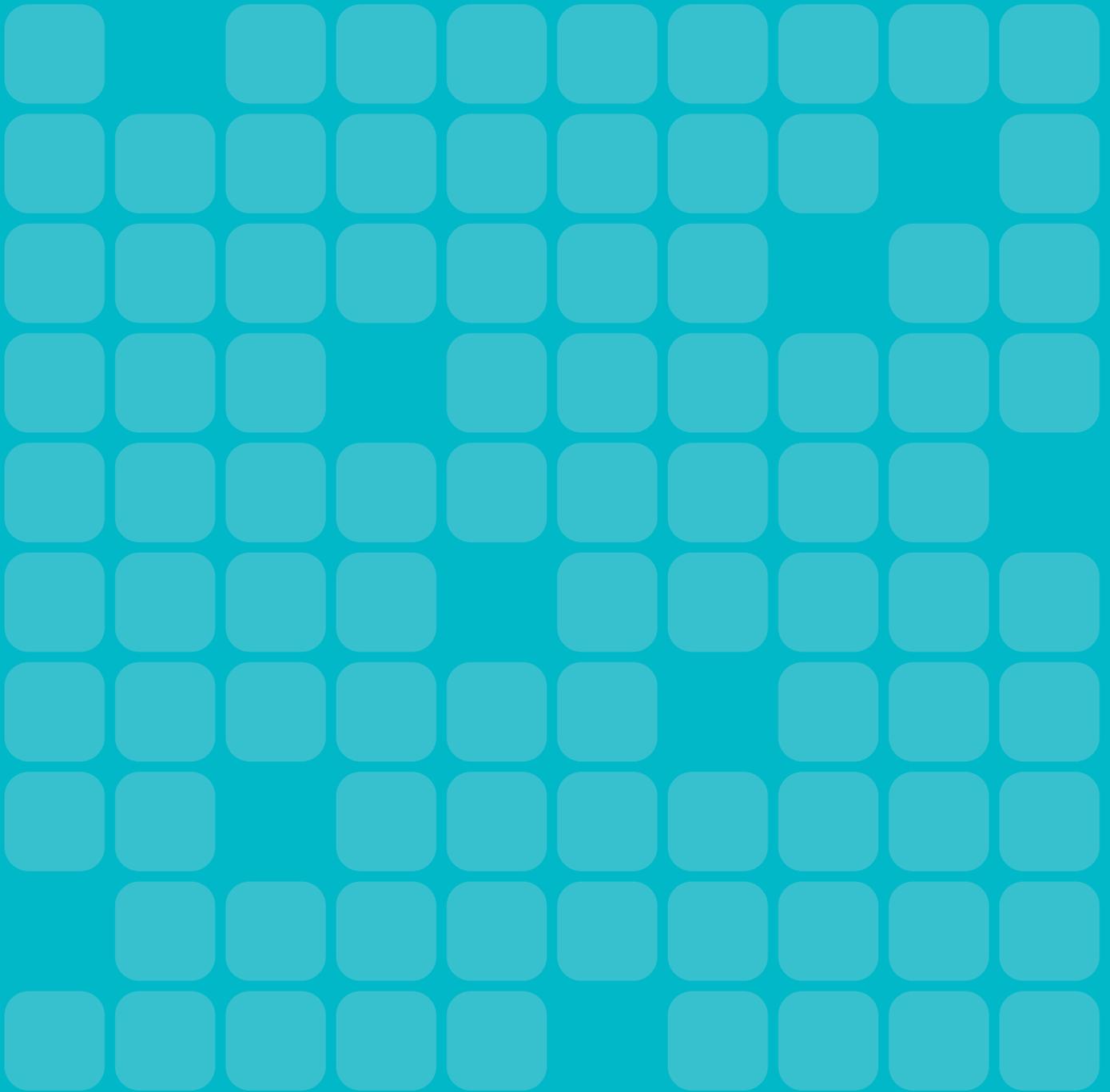
MEN AND CHLAMYDIA

PUTTING MEN TO THE TEST

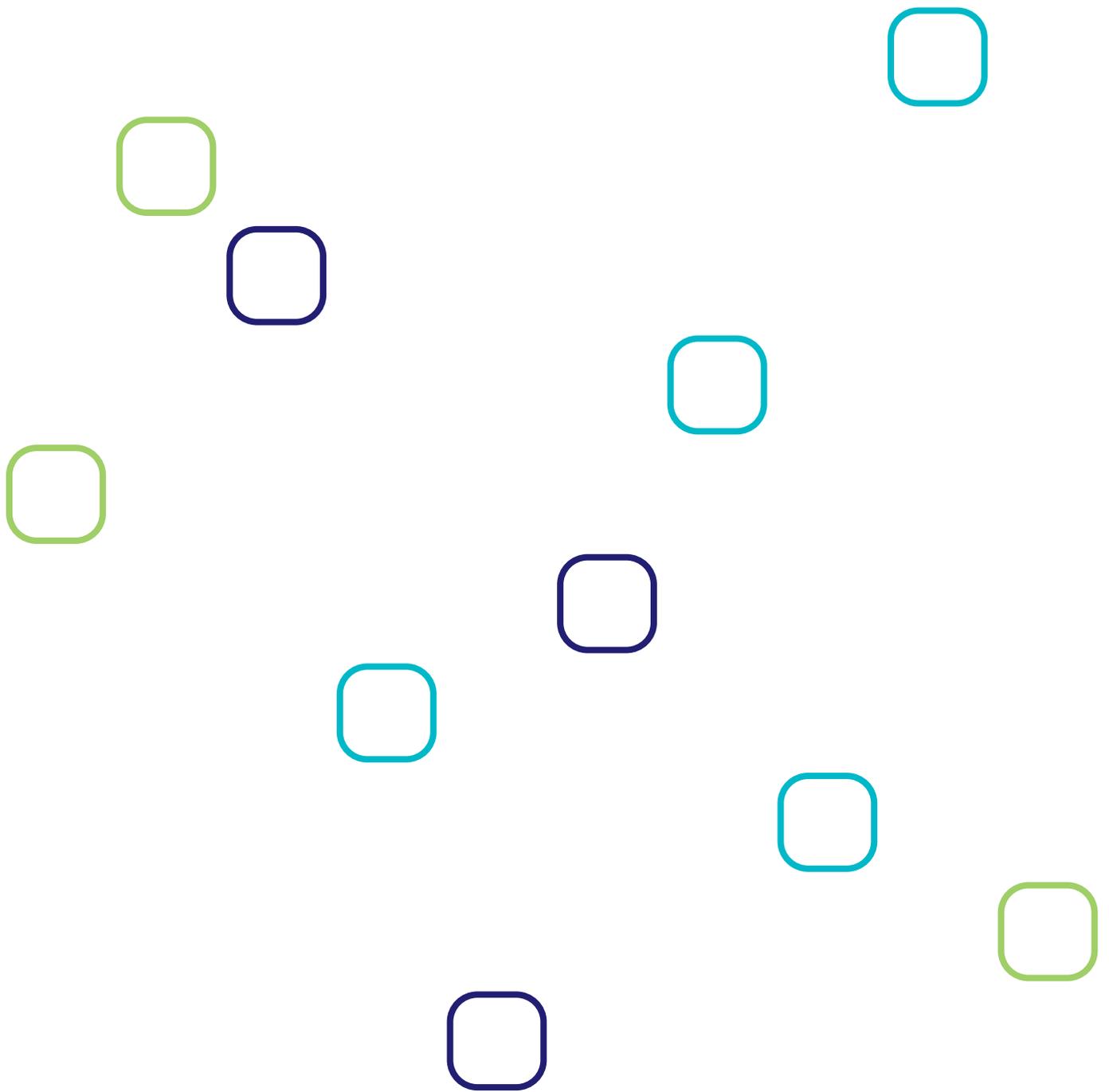
EXECUTIVE SUMMARY



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The number of young people diagnosed with chlamydia has more than doubled over the last ten years...



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MEN AND CHLAMYDIA

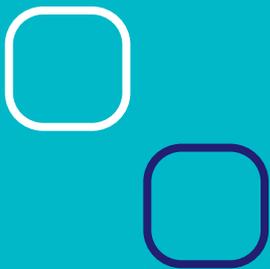
PUTTING MEN TO THE TEST

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Public Health Minister, Caroline Flint MP



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Levels of chlamydia in young people have now reached epidemic levels and evidence suggests that up to one in ten sexually active young people are now infected with the STI.

Indeed, chlamydia is now the most common STI diagnosed at GUM clinics. If untreated, it can lead to pelvic inflammatory disease, ectopic pregnancy and infertility in women, years after they are infected. Complications among men with untreated infection include urethritis.

The Department of Health is rolling out the National Chlamydia Screening Programme (NCSP) nationwide in 2006, to tackle this growing problem. The NCSP offers chlamydia testing to sexually active young people in a variety of innovative settings.

The Men's Health Forum welcomes the NCSP but believes it is critical that more men are tested

and treated as part of it. Although the proportion of young men diagnosed with chlamydia is the same as young women, December 2005 figures show that only 17% of those screened by the NCSP are men. The danger is that without screening large amounts of men not enough people overall will be tested and treated - and so infection rates will grow. More men need to be tested to make the most of the investment in the chlamydia screening programme.

The MHF has consulted an expert group of sexual health and equality stakeholders to develop its recommendations for cost-effective actions to raise male screening levels.

KEY RECOMMENDATIONS

- 1. ENTRENCH BEST PRACTICE** - The DH should commission the Health Protection Agency (HPA) to conduct a detailed audit of screening offices to find out what strategies they use to target men and then develop and disseminate this best practice. The HPA should develop a 'men and chlamydia' strategy and the DH should ensure that local screening offices follow it.
- 2. INVEST IN TRAINING** - The HPA should use the opportunity of the roll out of phase 3 of the National Chlamydia Screening Programme to educate screening offices about the importance of targeting men.
- 3. MAKING THE MOST OF PHARMACIES AND THE BOOTS PHARMACY PILOT** - Pharmacists should seek out opportunities to work in partnership with chlamydia screening offices and the independent sector to explore ways to screen more men. Further consideration should be given to how the chlamydia testing kits made available in the Boots pilot project in London are promoted and made available in pharmacies in order to increase the number of men tested. An explicit aim of future pilots should be to explore ways to encourage young men to opt for Chlamydia testing.
- 4. PRIORITISING SEXUAL HEALTH SERVICES IN LOCAL HEALTH DELIVERY** - The DH should carry out an audit of Primary Care Trust Local Delivery Plans (LDPs) to help ensure that a commitment on chlamydia screening among 15 - 24 year olds is included in all LDPs for 2006/07 and 2007/08.
- 5. TARGET FOR SCREENING MEN** - The DH should aim for 50% of NCSP screens to be of men. This is equitable and allocates responsibility for the STI equally between the sexes. The DH should aim for the NCSP to achieve this target in two years - by Summer 2008.

The key reasons for the chlamydia screening programme to pro-actively target men are:

1. PREVENTING MEN FROM RE-INFECTING WOMEN

Efforts to tackle chlamydia will be seriously undermined if men who are infected with chlamydia continue to infect women because it is largely symptomless in men. Indeed, women could be screened and treated by the programme, only to be re-infected by men. Public Health Minister Caroline Flint MP has herself acknowledged that “The problem, which I have heard many times, is that women go for treatment, receive it and then go out and have sex with the guys who infected them in the first place. That does not make sense .”

2. REDUCING THE BURDEN ON GENITO-URINARY MEDICINE (GUM) CLINICS

GUM clinics test and treat people for STIs but are under real strain – barely half of clinic attendees are able to visit a GUM within the target of 48 hours. Screening more men and then working hard to treat them outside of GUM clinics will go a long way to alleviating the pressure on GUM clinics and help them meet their target.

3. MEN HAVE AN EQUAL DUTY TO PREVENT CHLAMYDIA

It may be easier to screen women, but health services have a duty to screen both – not least because chlamydia infection has long-term health risks for men too and because those

symptoms that do manifest themselves in men are painful. It is very important that both sexes feel that they have a equal sense of responsibility to the wider community to prevent chlamydia from spreading. Given that equal amounts of men as women have chlamydia, it is fair for the screening programme to aim for an equal proportion of tests and treatment to be from each sex.

4. PREVENTING INFERTILITY IN THE LONG TERM

Some infertility experts believe that an increase in chlamydia infections will contribute to a serious increase in infertility. Professor Bill Ledger of the University of Sheffield has said that “There are probably 5,000 or 10,000 cases of people needing IVF treatment because they have had chlamydia problems in the past”. Public Health Minister Caroline Flint MP has also said that “The Chlamydia Screening Programme will... help reduce the incidence of infertility...and will ultimately save the NHS over £100 million per year in treatment”. Better chlamydia screening is vital to help prevent today’s young people from becoming tomorrow’s infertility clinic patients.

*Please contact Colin Penning, Men’s Health Forum’s Parliamentary officer, on **0870 165 1380** or email colin.penning@menshealthforum.org.uk for more information on ‘Putting Men to the Test’.*

SEXUAL HEALTH STAKEHOLDERS

The Men's Health Forum has consulted the following stakeholders with an expertise in health and equality issues in drawing up this report's recommendations. The views in the report are those of the MHF and do not necessarily represent those of the organisations shown below.



Diagnostics



Royal
Pharmaceutical
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Medical Foundation for AIDS & Sexual Health (MedFASH)

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