

# What do the results of ACCEPt mean for chlamydia control policy?

Professor Helen Ward  
September 2015

 @profhelenward, #worldsti2015

## Acknowledgements

- Thanks to Bethan Davies, Nicola Low and colleagues from the European Chlamydia Control team. Work on chlamydia control policy has been funded by the European Centre for Disease Prevention and Control.

## Statement of disclosure

- I have received grants from Wellcome Trust, the UK Medical Research Council, contract and personal fees from ECDC in relation to chlamydia research and policy.
- I have received grants from the UK Medical Research Council, NIHR, Imperial College Healthcare Charity and the European Institute for Innovation and Technology and outside the scope of this work.

## Outline

- Current policies
- Existing evidence-base
- Gaps in the evidence base
- The implications of the ACCEPt results
- Where next

## Chlamydia control policies

- Developed unevenly over the last 30 years - science and politics
- They aim to
  - “reduce the morbidity and subsequent complications” CDC 1985
  - “produce considerable health gains” and “reduce health costs” by preventing reproductive ill health (CMO, UK 1998)
  - “reduce onward transmission to sexual partners and prevent the consequences of untreated infection” (NCSP 2003)



## What policies?

- Access to testing and treatment
- Management guidelines
- Asymptomatic screening, e.g.
  - CDC: annual testing women under 25
  - NCSP: annual testing/ change of partner in men and women under 25
- Hugely varied

## Chlamydia Control in Europe: 2007-2015

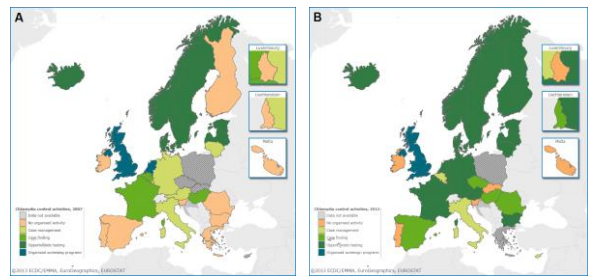


## Chlamydia control in Europe

- 2007 survey found wide variation in control activities, repeated 2012 (25/ 27 countries)
- From 2007 – 2012
  - Proportion with no control activities decreased from 45% to 22%
  - Proportion meeting minimum standard \* increased from 44% to 72%

\*A national STI control strategy/ plan, primary prevention, chlamydia case and partner management guidelines, surveillance of cases

## Control activities in Europe, 2007 – 2012\*



\* Broek I et al. European Journal Public Health, in press

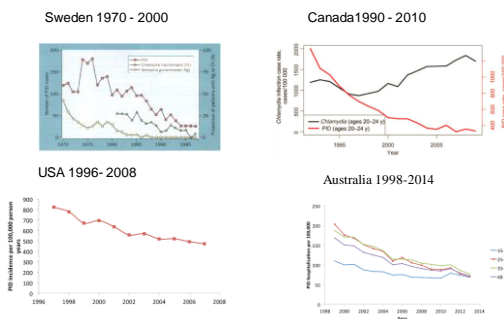
## Variation in control policies

- Lack of clarity of objectives
  - Reduce reproductive sequelae (individual level)
  - Reduce prevalence and move towards elimination (population level)
- Uncertainty in evidence about both

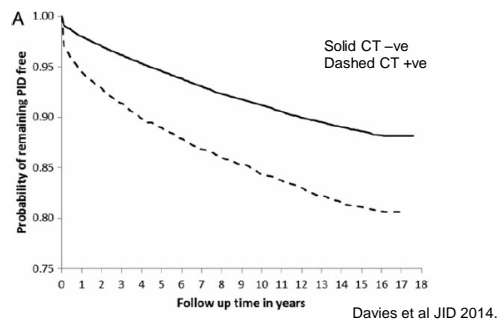
## Reduce reproductive sequelae

- Clinical and population studies show increased risk of PID with chlamydia testing and positive test
- RCT evidence: single test reduces PID by about 35% (some uncertainty / variation)
- Ecological evidence correlates increased testing with reduced PID

## Ecological evidence: trends in PID

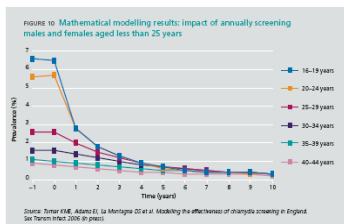


## Manitoba: Time to PID for women following first chlamydia test



## Reducing transmission

- Little empirical evidence
  - e.g No evidence of reduction in UK 2000 – 2011
- Modelling?



## ACCEPT results

- Screening in primary care is feasible and acceptable
- It can increase test volume (80%)
- Screening 20% of 16 to 29 year old men and women each year for 3 years did not reduce chlamydia prevalence in the population when compared with control population
- Not yet reported on reproductive outcomes

## Possible interpretations

- Difference in testing insufficient to show impact
  - Testing increased in both arms
- Uptake of intervention insufficient
  - Similar to the Netherlands RCT
- Follow-up time not long enough
- Screening unlikely to reduce population prevalence...?

## Implications

- More evidence of how difficult it is
  - to get high annual uptake
  - to have an impact on prevalence
- Opportunity to think about the aims of control policies
- If we aim to reduce prevalence need better understanding of transmission

## Chlamydia transmission

- $R_0$ ...
  - Transmissibility – condoms!!
  - Rate of partner change – education
  - Duration of infection – screening (annual test highly unlikely to interrupt transmission)
- May have to wait for a vaccine

## Reduce reproductive sequelae

- Focus on testing young women
- Ensure excellent clinical services for people with symptoms
- Partner notification
- Test male partners, but discuss if/why screen men?

## Conclusion

- Is more research needed?
- Yes,
  - primary prevention
  - Partner notification
  - vaccine

