

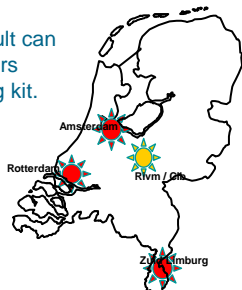
Chlamydia Screening 2008-2010: First round results

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Fact sheet Chlamydia Screening 1 July 2009

Screening

- In April 2008 large-scale chlamydia screening started in Amsterdam, Rotterdam and South Limburg.
- The project is innovative and unique in Europe and the results will determine whether or not to roll out chlamydia screening in the Netherlands.
- The project involves two rounds of screening (2008/9 and 2009/10) with about 300,000 young people (from 16-29 years) invited for each round.
- Everyone receives a letter of invitation by post and can log in to the website www.chlamydiatert.nl with a personal log-in code.
- In Amsterdam and Rotterdam, any young person who is or has been sexually active can request a testing kit. In South Limburg young people first fill in a risk form, after which only those with an increased risk can request a testing kit.
- Men receive a urine kit. Women are offered a kit with a swab to take a vaginal sample, but can also choose a urine kit.
- The sample can be sent directly to the laboratory by post. Participants receive the test result online.
- If the result is positive, participants are asked to print out a referral letter and to go to a doctor or an STI clinic for treatment. They are also advised to have current partners treated as well.
- Participants with a positive result can also give the names of ex-partners so that they can request a testing kit.
- Everyone with a positive result receives an extra testing kit after 6 months.



Invitations

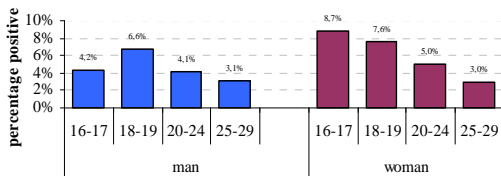
- The invitations were sent out by 3 Municipal Health Services. In Amsterdam, some of the letters (4%) were sent on behalf of general practitioners.
- In the first round, 261,053 young people were invited from selected districts in the 3 regions.
- In Amsterdam 140,033 young people were invited, 107,873 in Rotterdam and 13,147 in South Limburg.
- Of those invited 21% were younger than 20 years, 37% were between 20-24 and 42% were between 25-29 years.

Participation

- During the first round of invitations, 52,347 testing kits were requested.
- In total 41,029 (78%) of the kits requested were sent in for a chlamydia test.
- In large cities, over 20% requested a kit and 16% finally sent in a sample.
- In Limburg, 23% did the test on the internet, 63% were eligible for participation and 79% of these sent in a sample.
- 93% of women chose to send a vaginal sample, 7% chose a urine sample.
- Women were more likely than men to send in a sample (21% versus 10%).
- Young people under 20 years were less likely to send in a sample than participants 20 years or over (12% versus 17%).
- Relatively speaking, indigenous Dutch people participated the most (20%), followed by Antillean / Aruban participants (17%).
- Young people from Moroccan and Turkish backgrounds (5% and 6%) participated the least.
- People invited by their general practitioner participated just as much (16.9%) as those invited by a Municipal Health Service (16.8%) (Amsterdam data).
- Over two thirds of participants indicated that they wanted to be regularly tested for chlamydia.
- 92% of them wanted to do this in the same way via a letter of invitation and participation via internet.

Chlamydia infection

- During the screening period a total of 1733 chlamydia infections were identified.
- Of all the samples received, 4.2% were chlamydia positive.
- Fewer men had a positive result than women (3.8% versus 4.4%).
- Young people under 20 were more likely to have a positive result (7.3%) than young people 20 years or older (3.8%). Young girls in particular were more likely to test positive (see diagram).



- Relatively speaking, participants from an Antillean / Aruban background were most likely to have a positive result (9.8%), followed by Surinamese people (8.2%) and people from Central and Southern African countries (7.9%).
- When chlamydia-positive participants were retested after 6 months, chlamydia was again found in 9.2% of cases.

Reasons for not participating

- To get an idea of why young people do not participate, a questionnaire was sent by post to a random selection of non-participants. About 1700 questionnaires have since been returned.
- The most important reasons given for not participating were: non-participant (1) had not yet had sex, (2) had had sex but (according to them) had not run the risk of catching chlamydia, (3) had already been tested for chlamydia in the last 6 months.
- Only 2% indicated 'no internet access' as the most important reason for not participating.
- Of these non-participants, 40% indicated a desire to be tested for chlamydia in the future.

Treatment

- 42% of participants with chlamydia filled in an extra questionnaire. Of them, 91% indicated that they had visited a doctor for the infection. 8% had not yet done so.
- Of the people who had visited a doctor, 97% had accepted treatment, 3% had not yet done so.
- In addition, it was reported that about 81.5% of current partners had been treated.
- According to the chlamydia-positive participants, in 73% of cases ex-partners had been alerted.

Conclusion

- The first round of a large-scale and innovative screening for chlamydia has been successfully concluded.
- Over 41,000 young people took part in the first round, as a result 1733 chlamydia infections were identified.
- In general, participants were very satisfied about the method of testing and participation via internet.
- After a positive chlamydia test, 91% visited a doctor for treatment.
- Internet access was required for participation in the screening, but this did not seem to be a barrier.
- Young people under 20 years are less likely to participate. Not yet being sexually active plays an important role here. Girls in particular are more likely to have chlamydia at a younger age.
- We found a great deal of chlamydia amongst sexually active young people under 20. It is therefore important that young people from this group have themselves tested.
- With chlamydia-positive participants retested after 6 months, chlamydia was again found in 9.2% of cases.
- Because there is a greater chance of infection within the age group 16-29, it is important that this group participates in the next round of screening as well.

For more information about screening:

General: Soa Aids Nederland
Amsterdam: GGD Amsterdam 020-5555703
Rotterdam: GGD Rotterdam-Rijnmond 010-4339966
South Limburg: GGD Zuid Limburg 043-8506264
Evaluation: Centrum voor Infectieziektebestrijding RIVM 030-2744068

See also: www.chlamydiaatest.nl

Use of data is permitted as long as the source is quoted

