

Rapid communications

PUBLICATION OF REPORT ON CHLAMYDIA CONTROL ACTIVITIES IN EUROPE

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Controlling sexually transmitted *Chlamydia trachomatis* in Europe is important because it is one of the most common notifiable infections in many European and other industrialised countries. Prevalence is highest in young sexually active adults, with infection rates of 2-6% estimated in population-based studies among under 30 year-olds in the Netherlands [1], Denmark [2], and the United Kingdom (UK) [3]. Untreated genital chlamydia infections can cause tubal infertility, ectopic pregnancy, and chronic pelvic pain in women and epididymo-orchitis in men [4]. During pregnancy, chlamydia infections are associated with adverse outcomes and neonatal infections [4]. HIV infection is also transmitted more easily in the presence of co-infection with *Chlamydia* [4].

The Screening for Chlamydia Review in Europe (SCREEn) project investigated public health activities that contribute to the control of sexually transmitted genital *Chlamydia trachomatis* in Europe. More than 80 experts from 29 European countries contributed to this project funded by the European Centre for Disease Prevention and Control (ECDC), which was carried out from November 2006 to January 2008. We also obtained information from the United States because it has the most longstanding national recommendations about chlamydia control. The results of this investigation have now been published as a technical report on the ECDC website [5].

The project included: a semi-structured questionnaire; in depth visits to four countries (Estonia, the Netherlands, Sweden and the United Kingdom (England)); and compilation of a health system profile, social, economic, demographic and health indicators, laws and policies about sexually transmitted infection control, current surveillance data and publications about chlamydia prevalence and sexual behaviour, if available, for each country. Each participating country was assigned to one of five categories according to the intensity of chlamydia control activities, based on information provided in the questionnaire.

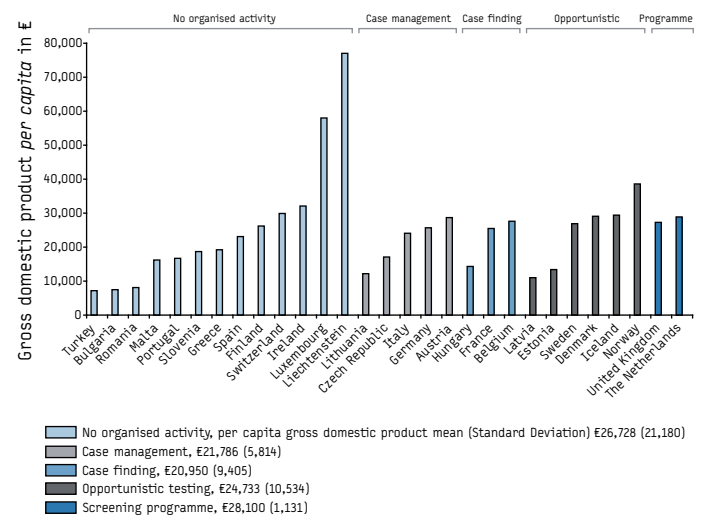
The study identified wide variation in the range and intensity of activities that contribute to the public health control of chlamydia. Chlamydia testing was widely available in most countries in a variety of settings, including gynaecology clinics in all participating countries. All but one country had facilities for nucleic acid amplification diagnostic tests, and all but four countries had a system for reporting surveillance data about diagnosed chlamydia infections. Seventeen countries had at least one guideline about the diagnosis and management of chlamydia infections but the

settings targeted by the guidelines were not always those where chlamydia testing was most frequent.

The countries in Europe were classified as follows (Figure 1): Thirteen countries were categorised as having no organised chlamydia control activities because there were no case management guidelines. Five countries had case management guidelines for at least one group of professionals; in a further three countries the guidelines also specified measures including partner notification and offering chlamydia testing to people with other sexually transmitted infections to encourage case finding. In another six countries the guidelines recommended both partner notification and offering opportunistic chlamydia tests to identify infections in at least one group of asymptomatic individuals attending health care settings. Two countries reported that they had an ongoing or pilot programme that aimed to offer chlamydia screening tests to all sexually active women and men, under 25 years in one country and under 30 years in the other.

FIGURE

Category of chlamydia control activity by country and *per capita* gross domestic product in €, for countries participating in project SCREEn



Economic resources and type of health care system did not seem to be the main drivers of decisions about the priority given to chlamydia control in Europe. Of 13 countries with no current chlamydia control activities, the per capita gross domestic product of four countries was in the top quintile for Europe. There were also countries with low to moderate per capita gross domestic product with guidelines for all practitioners that covered case finding for partners of infected cases and opportunistic testing for selected populations.

The results and recommendations from this project have been considered by an expert panel and will be used by ECDC to formulate recommendations to enhance chlamydia prevention and control in the European Union member states.

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