UK National Screening Committee

Chlamydia Screening in Pregnancy

28th February 2018

Aim

1. To ask the UK National Screening Committee (UK NSC) to make a recommendation, based on the evidence presented in this document, whether or not screening for chlamydia in pregnancy meets the UK NSC criteria for a systematic population screening programme.

Current recommendation

2. The 2011 review of screening for chlamydia in pregnancy concluded that systematic screening for chlamydia in pregnancy did not meet the UK NSC criteria and the Committee did not recommend its introduction.

3. The reasons for the 2011 recommendation were as follows;

    a. there was insufficient evidence linking maternal chlamydia infection to adverse outcomes of pregnancy and to the overall neonatal disease,

    b. the evidence linking maternal chlamydia infection to adverse pregnancy and neonatal outcomes was limited and conflicting; and

    c. the available antibiotics are not tolerated well and many women do not complete the course. The balance of benefit and harm is uncertain.

Evidence Summary

4. The current evidence summary was undertaken by York Health Economics Consortium, in accordance with the triennial review process. https://legacyscreening.phe.org.uk/chlamydia-pregnancy

5. The current review addresses questions generated by uncertainties and lack of evidence identified in the previous review. The current review comprises one systematic review assessing the consequences of chlamydial infection on pregnancy outcomes, using methodologies developed by York CRD and Cochrane, and four rapid reviews undertaken according to the UK NSC's recommendations for the development of evidence summaries.

6. The 2018 evidence summary therefore aims to assess whether the volume and direction of the evidence produced since the 2011 review is sufficient to change the current UK NSC recommendation on chlamydia screening in pregnancy.

7. The conclusion of this evidence summary is to reaffirm the UK NSC recommendation that chlamydia screening in pregnancy should not be implemented. The reasons remain unchanged from the previous review:

    a. The burden of untreated chlamydial infection on pregnancy outcomes in the UK

    There was conflicting evidence from the RCTs and prospective comparative studies included in this review that untreated chlamydia results in poorer outcomes for pregnant women. The systematic review looked at the following outcomes

    - preterm birth;
    - premature rupture of the membrane;
    - small for gestational age / low birth weight;
    - pre-eclampsia;
    - miscarriage;
    - test of cure/re-infection rates;
    - stillbirth / neonatal death; and
    - intrauterine growth restriction.

For outcomes reported by two or more studies, results were often contradictory.

b. No new evidence was found for the question looking at the burden of untreated chlamydial infection on neonatal outcomes in the UK. **Criterion 1 not met**

c. No new evidence was found for the questions looking at:

- the side effects from antibiotic treatment of chlamydial infection during pregnancy on the newborn.
- information on the optimal screening strategy in pregnancy for chlamydia infection to avoid adverse pregnancy and neonatal outcomes.

Criterion 9 and 11 were not met

Consultation

8. A three month consultation was hosted on the UK NSC website. Direct emails were sent to 9 stakeholder organisations. **Annex A**

9. Responses received have been from the following four stakeholders;

- Great Western Hospitals NHS Foundation Trust,
- Royal College of Obstetricians and Gynaecologists
- Cornwall Council
- British Infection Association

All comments are in **Annex B**, below.

10. All the comments received agree with the conclusion of the review that screening all women for Chlamydia in pregnancy should not be recommended in the UK. Some minor amendments were made to the draft consultation document to reflect the suggestions of a stakeholder

Recommendation

11. The Committee is asked to approve the following recommendation:

Systematic population screening of Chlamydia in Pregnancy is not recommended as a population screening programme in the UK.

Based on the 20 UK NSC criteria set to recommend a population screening programme, evidence was appraised against the following four criteria:

	Criteria	Met / Not met
The Test		
1	The condition should be an important health problem as judged by its frequency and/or severity. The epidemiology, incidence, prevalence and natural history of the condition should be understood, including development from latent to declared disease and/or there should be robust evidence about the association between the risk or disease marker and serious or treatable disease.	Not met ✗
The intervention		
9	There should be an effective intervention for patients identified through screening, with evidence that intervention at a pre-symptomatic phase leads to better outcomes for the screened individual compared with usual care. Evidence relating to wider benefits of screening, for example those relating to family members, should be taken into account where available. However, where there is no prospect of benefit for the individual screened then the screening programme shouldn't be further considered	Not met ✗
The screening programme		
11	There should be evidence from high quality randomised controlled trials that the screening programme is effective in reducing mortality or morbidity. Where screening is aimed solely at providing information to allow the person being screened to make an "informed choice" (such as Down's syndrome or cystic fibrosis carrier screening), there must be evidence from high quality trials that the test accurately measures risk. The information that is provided about the test and its outcome must be of value and readily understood by the individual being screened.	Not met ✗

Annex A

List of organisations contacted:

1. British Association for Sexual Health and HIV
2. National Chlamydia Screening Programme
3. British Infection Association
4. The Faculty of Public Health
5. Royal College of Physicians
6. Royal College of Physicians and Surgeons of Glasgow
7. Royal College of Physicians of Edinburgh
8. Royal College of General Practitioners
9. Royal College of Obstetricians and Gynaecologists

Annex B

Consultation comments

Name:	Guy Rooney	**Email address:**	xxxx xxxx
Organisation (if appropriate):	Great Western Hospitals NHS FT		
Role:	**Consultant in Sexual Health**		

Do you consent to your name being published on the UK NSC website alongside your response?

Yes X☐

Section and / or page number	Text or issue to which comments relate	Comment *Please use a new row for each comment and add extra rows as required.*
	I fully endorse the findings of the report.	There is insufficient evidence to recommend screening. Increasingly other studies are showing that the use of antibiotics may have a profound impact on the micro-biom, and other factors related to the infant. Screening is likely to cause a major increase in antibiotic use, without an understanding of the consequence.

Name of Reviewer	Section	Line numbers	Comments
Guidelines Committee on behalf of the RCOG	General		We agree with the recommendation from the UK NSC that screening all women for Chlamydia in pregnancy should not be offered.
	Methodology of the review		I am not clear the reasons why data from other countries has been excluded from the analysis and again am concerned that important data has not been evaluated to answer the questions posed in this review. In terms of access to healthcare and the quality of that healthcare, the UK system seems to be comparable to (and sometimes ranks lower than) some of those excluded countries.
	Executive summary, Background, 1st paragraph	6	…can progress to pelvic inflammatory disease (add the 'to')
	Executive summary, Background, and throughout		Need to be consistent with the terms intrauterine growth retardation and intrauterine growth restriction, which are used interchangeably in the document. The RCOG tends to use the term 'fetal growth restriction' in its guidelines.
	'Findings in the evidence of this review', and throughout	8 and 45	The term 'premature rupture of membranes (PROM)' has been used. This is confusing. On pages 45-47, the authors talk about PROM greater than 37 weeks and before the onset of contractions and PROM less than 37 weeks. It would be clearer to use the established terms: Term prelabour rupture of membranes (term PROM) – i.e. rupture of membranes ≥37+0 weeks before the onset of labour. Preterm, prelabour rupture of the membranes (PPROM) – i.e. rupture of the membranes < 37+0 weeks before the onset of

			labour.
	Low birth weight	49	Low birth weight has been defined as the newborn weight <1500g, 1500-2000g and under 2500g. This takes no account of the gestational age. This may be how low birth weight is defined in the clinical studies but birth weight centile would be more accurate and take account of the gestational age at delivery.

UK National Screening Committee

Screening for chlamydia in Pregnancy

Consultation comments pro-forma

Name:	Michael Priestley	**Email address:**	xxxx xxxx
Organisation (if appropriate):	Cornwall Council		
Role:	Commissioning Manager (Sexual Health)		

Do you consent to your name being published on the UK NSC website alongside your response?

Yes Y **No** ☐

Section and / or page number	**Text or issue to which comments relate**	**Comment** *Please use a new row for each comment and add extra rows as required.*
	Recommendation	We support the recommendation not to routinely offer chlamydia screening to all women.
	Recommendation	We would like all young women under 25 to be given contact details for the screening service, with supporting information about how to test.

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Screening for chlamydia in Pregnancy

Consultation comments pro-forma

Name:	xxxx xxxx	**Email address:**	xxxx xxxx
Organisation (if appropriate):	British Infection Association		
Role:	xxxx xxxx		
Do you consent to your name being published on the UK NSC website alongside your response? **Yes** ☐ **No** ☒			

Section and / or page number	**Text or issue to which comments relate**	**Comment** *Please use a new row for each comment and add extra rows as required.*
		The BIA express support for this consultation process and the resulting document.

Please return to the Evidence Team at screening.evidence@nhs.net **by 25th February 2018**