

CATTE: Chlamydia Testing Training in Europe

A primary care intervention to increase chlamydia testing in Europe

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What is CATTE?

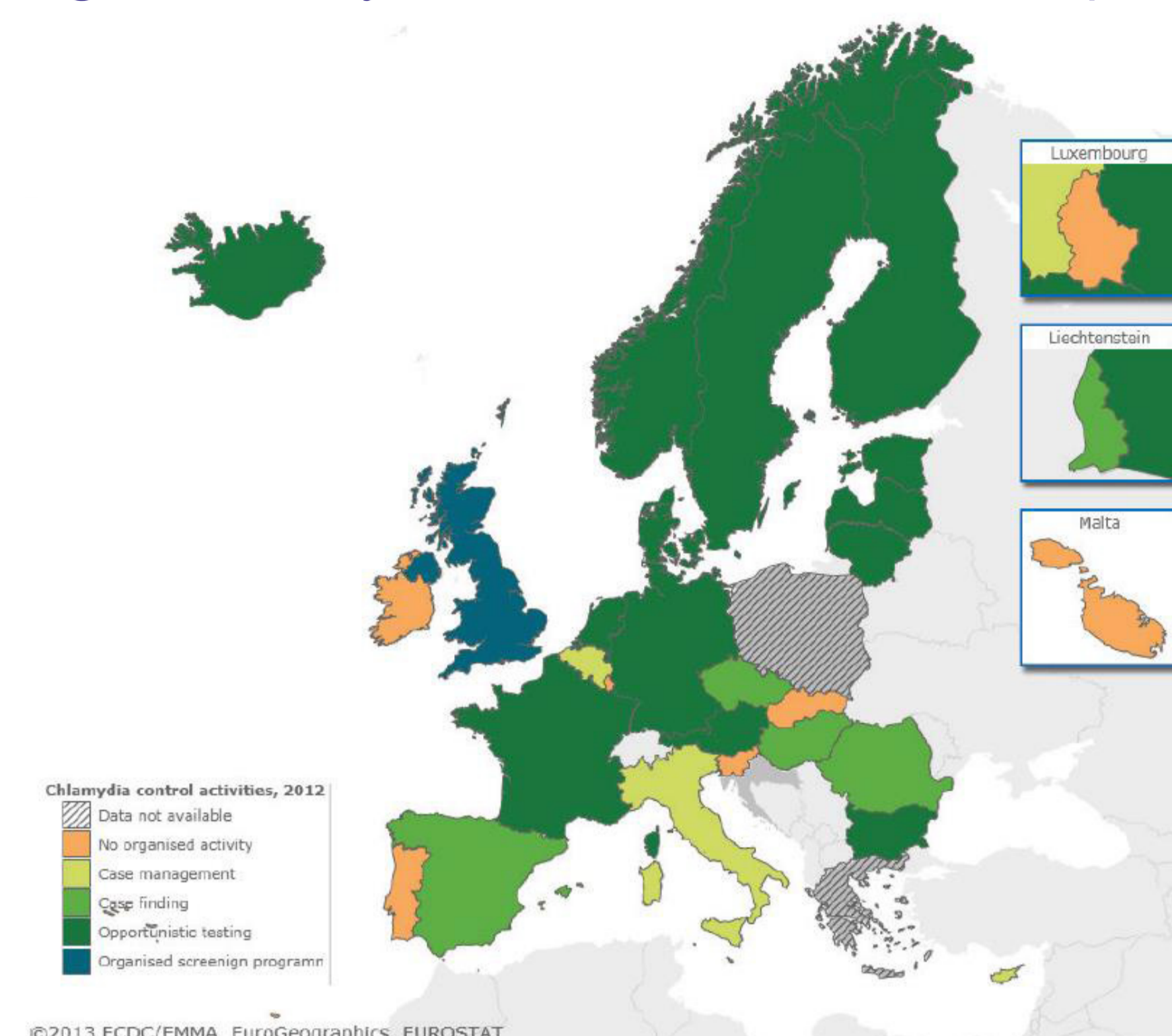
CATTE is a health intervention designed to increase **chlamydia testing** in general practice (GP).

CATTE aims to empower GP staff to confidently, proactively and regularly offer chlamydia testing to young patients.

Why do we need CATTE?

- Chlamydia is the most common sexually transmitted infection (STI) in Europe and rates continue to rise.
- Testing 16-24 year olds who are at greatest risk of acquisition and transmission, and treating cases effectively could reduce complications and onward transmission..
- ECDC's 2012 survey of EU member states has shown that chlamydia control activities remain highly variable across Europe (Fig. 1)¹.
- Only six out of 28 respondent countries had a strategy or plan for STI control which explicitly included chlamydia¹.
- England is the only country with an established screening programme.

Fig. 1. Chlamydia control activities in Europe



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1. European Centre for Disease Prevention and Control. Chlamydia control in Europe - a survey of Member States. Stockholm: ECDC; 2014.

Evidence base

- Young people think general practice is a good place to be tested and are open to being asked².
- The CATTE resources were based on resources developed during a RCT in England³ demonstrating that practices fully engaged with the intervention could increase testing rates by over 75%. These elevated rates could be maintained for up to 9 months and significantly increased chlamydia detection.
- This EU-funded CATTE project adapted the original resources following a thorough needs assessment in four partner countries: England, Estonia, France, and Sweden.
- Fig.2 presents the thematic model of factors important for the successful implementation of the CATTE intervention.

"The advantage is that staff can discuss it in group sessions"

"I think everyone's a little bit more comfortable talking about it"

"Interested to hear the test statistics and what was relevant to us"

"we've added prompts to the contraception template – though nothing else"

"Posters and cards are important parts of the project"

"The intervention was very easy to implement, but it was new because until now, it's true, I didn't prescribe Chlamydia testing to patients without symptoms"



"So never, remember any feedback after the initial training"

"It was difficult to remember to ask but easy to perform the test"

"It's difficult to add yet another item, when there are often several consultation reasons to consider"

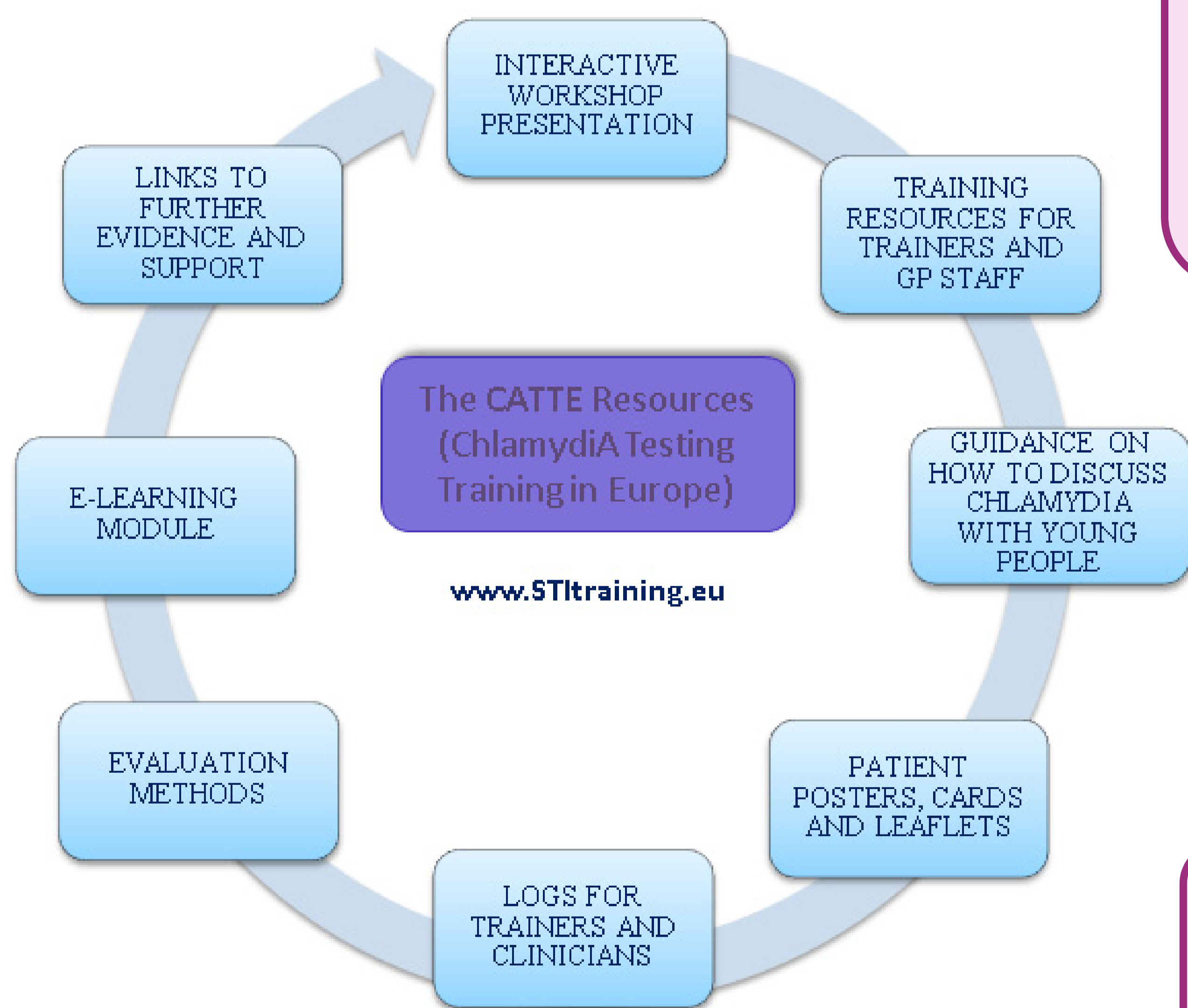
"It's not considered our role to ask patients if they want screening"

"The problem is, it's true, when the patients consult for a completely different reason, it's more difficult to bring up the Chlamydia testing, it's like a 'fish out of the water'"

Figure 2. Major factors that impact on CATTE implementation (blue), with facilitators and challenges to consider.

2. Hogan, AH., et al. (2010). BMC Public Health, 10, 616.
3. McNulty, CAM., et al. (2013) Sexually Transmitted Infections; 0: 1-7.

The CATTE Resources



Flexible, comprehensive resources for diverse European health care systems.

To get involved, contact us! Details below.

Table 1: Train the Trainer (TtT) workshop presentation flexibility.

Partner country that adapted the resources	Contents	Approximate length
England Nurses with STI training and experience	Chlamydia testing, contraception, condoms and HIV testing. CATTE project information, practice recruitment, evaluation, trainer resource pack outline.	4 hours 3Cs session; 4 hours HIV session
Estonia GPs or public health specialist with no STI training	As for England, without practice recruitment.	1 day (2x 5 hours)
Sweden Medical doctors with STI experience	Chlamydia and gonorrhoea testing plus delivery information/guidance for trainers.	4 hours
France Medically trained, some with STI training experience	Chlamydia testing, sexual health, and contraception, CATTE project information.	6 hours

Table 2: GP staff workshop presentation flexibility.

Partner country that adapted the resources	Contents	Approximate length
England Has a chlamydia screening programme with some GP testing	Presentation on chlamydia testing, condoms, contraception, and HIV testing. Posters, patient invitation cards, computer prompts, telephone reminders, newsletters. Videos and scripts of how to offer the test. Further practice visits.	1 hour
Estonia No national plan for chlamydia testing and very little GP testing	Presentation on chlamydia testing. Posters, patient leaflet. Videos, scripts, and role-play of how to offer the test. Further practice visits.	3 hours
Sweden Has a chlamydia control strategy with some GP testing	Presentation on chlamydia and gonorrhoea testing. Posters, newsletters.	30 minutes
France Has a chlamydia plan but little GP testing	Presentation on chlamydia testing, sexual health, and contraception. Posters, patient leaflet, telephone reminders.	20 minutes

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