



Public Health  
England



# **GUMCAD STI Surveillance System**

## **Clinical guidelines**

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## Document control

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# Glossary

BASHH	British Association for Sexual Health and HIV
CSO	Chlamydia Screening Office
CTAD	Chlamydia Testing Activity Dataset
DHSC	Department of Health and Social Care
eSHS	Online/internet Sexual Health Services
FGM	Female genital mutilation
HARS	HIV and AIDS Reporting Section
HCW	Health care worker
HSWP	HIV and STI web portal
KC60	STI surveillance codes (retired during 2011)
LA	Local Authority (including unitary authorities)
LGV	Lymphogranuloma venereum
LSOA	Lower Super Output Area
MSM	Men who have Sex with Men
NAAT	Nucleic Acid Amplification Test
NCSP	National Chlamydia Screening Programme
Non-Specialist	Non-Specialist level 1 and 2 sexual health service (including SRH, young persons, enhanced GPs and other sexual health services)
ONS	Office for National Statistics
PHE	Public Health England
PHEC	Public Health England Centre
PN	Partner Notification
PrEP	HIV pre-exposure prophylaxis
PSS	Patient software system
READ	National clinical terms codes
SHS	Sexual Health Services
SNOMED CT	Systematized Nomenclature of Medicine - Clinical Terms
Specialist	Specialist level 3 sexual health service (including GUM & integrated GUM/SRH services)
SHHAPT	Sexual Health and HIV Activity Property Types - STI surveillance codes (introduced in 2011)
SR	Sexual Risk
SRH	Sexual and Reproductive Health
SRHAD	Sexual and Reproductive Health Activity Dataset
STI	Sexually Transmitted Infection
ToP	Termination of Pregnancy
WSW	Women who have Sex with Women

# 1. Introduction

The Department of Health and Social Care (DHSC) and Local Authorities (LAs) require information from specialist (Level 3) and non-specialist (Level 2) services commissioned to provide sexual health services. For effective control of sexually transmitted infections (STIs), data is required on the provision of sexual health services, diagnoses made, sexual behaviour, outcomes of partner notification and the provision of HIV pre-exposure prophylaxis (PrEP). Data will be reported to Public Health England (PHE) via the GUMCAD STI Surveillance System Dataset (GUMCAD) (ISB 0139), as outlined in this document. PHE has responsibility for collating GUMCAD data and providing epidemiological and public health updates on STI diagnoses and the provision of STI-related services to DHSC, LAs and all those involved in health protection. This enables informed planning and allocation of resources at national, regional and local levels.

This document provides detailed guidance to frontline staff of commissioned NHS specialist (Level 3) and non-specialist (Level 2) sexual health services (SHS) to facilitate the recording and reporting of GUMCAD data in England.

This document should be read in its entirety to ensure that all data requirements are fully understood.

Detailed technical guidance for data managers and software providers of sexual health services is available at [www.gov.uk/guidance/gumcad-sti-surveillance-system](http://www.gov.uk/guidance/gumcad-sti-surveillance-system)

## 2. Background

GUMCAD is the primary surveillance system for STIs in England. It was originally established in 2008 as a replacement for the KC60 Report, a paper-based report containing aggregated service-level data. The current version of GUMCAD is the third version in a series of surveillance improvements.

Genitourinary Medicine Clinic Activity Dataset (GUMCADv1) 2008 to 2011, replacing the KC60 report – data was originally required by Level 3 specialist (GUM) services only.

Genitourinary Medicine Clinic Activity Dataset (GUMCADv2) 2012 to 2019 – GUMCADv1 service coverage was expanded in 2012 to also include data from commissioned Level 2 non-specialist (non-GUM) services.

GUMCAD STI Surveillance System (GUMCADv3) 2019 onwards – surveillance coverage was expanded in 2018 to include:

- sexual behaviour
- alcohol and recreational drug use
- outcomes of partner notification
- the provision of PrEP
- SNOMED CT coding, to replace SHHAPT and READ codes



## 3. GUMCAD overview

### 3.1 Mandatory requirement

Every non-specialist (Level 2) and specialist (Level 3) sexual health service is required, by law, to generate a quarterly GUMCAD extract of patient consultations (attendances)\* relating to a Sexual Health and HIV episode of care – covering STI tests, diagnoses, sexual behaviour, partner notification outcomes and the provision of PrEP. The list of GUMCAD data items and related coding specifications are shown in Appendices 1 to 9.

\* Sexual health services providing STI care and SRH care should include **all** consultations in their GUMCAD data extract that is consultations solely for SRH services should be included in the extract (and recorded as 'SRH Care' via data item Consultation\_Speciality' – see section 0).

Please note that the following descriptors relate to PHE Surveillance and systems, not necessarily what a clinic's contract or specification may state. Please contact [gumcad@phe.gov.uk](mailto:gumcad@phe.gov.uk) if you need further clarification.

### Physical clinics

Only dedicated STI clinics should be registered to report GUMCAD - Satellite clinics should not be registered.

**Dedicated clinic:** a clinic with its own dedicated sexual health premises, providing Level 2 or Level 3 STI care, that is (generally) open Monday-Friday and is (generally) accessible by all members of the public\*. Each dedicated clinic should be registered to report GUMCAD. Dedicated clinics may also be referred to as 'Hub' or 'Spoke'.

\*A GP commissioned to provide Level 2 STI care would be classified as a dedicated clinic.

**Satellite clinic:** a clinic hosted at premises not dedicated to sexual health, (generally) providing Level 1 or Level 2 STI care, that is open infrequently and may be targeted at a specific patient group e.g. a dedicated clinic sets-up a satellite clinic at a local college which is open 1 evening a week and is targeted at college students\*\*. Satellite clinics should not be registered to report GUMCAD – Satellite data should be included in the submission of, and reported by, the managing dedicated clinic. Satellite clinics may also be referred to as 'Outreach', 'Bespoke' or 'Pop-up'.

\*\*Level 1 or Level 2 STI care hosted at GP premises, which are managed by a dedicated site, would be classified as a satellite clinic.

## eSHS (Online/internet Sexual Health Services)

Only dedicated eSHS should be registered to report GUMCAD - Satellite eSHS should not be registered.

**Dedicated eSHS:** An online service that is providing Level 2 STI care via online consultations only and is (generally) accessible by a specific patient residence only. Each dedicated eSHS should be registered to report GUMCAD\*

\*A dedicated eSHS and their specified patient residence would be defined by the associated commissioner/commissioning group.

**Satellite eSHS:** a dedicated physical SHS that is providing Level 2 or Level 3 STI care via standard face-to-face consultations *and* Level 2 STI care via online consultations. Satellite eSHS should not be registered to report GUMCAD – Satellite eSHS data should be included in the submission of, and reported by, the managing dedicated physical clinic.

Please refer to section 4.13 for details on Consultation medium. Further guidance on eSHS is available on the on the [GUMCAD and CTAD: data submission for STI self-sampling services](#) document.

Please note that this is a general, not a definitive, description of dedicated/satellite services. Levels of service are with reference to STI care only (clinics may also be offering full SRH care). If you require any further guidance please contact [gumcad@phe.gov.uk](mailto:gumcad@phe.gov.uk)

## Integrated care

Integrated care is a clinic offering:

- Level 2 STI and SRH care at the same clinic – such as, a patient would only need to be referred to another clinic to access Level 3 STI care
- Level 3 STI and SRH care at the same clinic – such as, a patient would not need to be referred to another clinic to access any aspect of STI care

Please note that the term 'Integrated care' should not be used to describe:

- Commissioning of separate STI and SRH clinics (based at separate premises) within the same area
- Separate STI and SRH clinics (based at separate premises) that share a patient software system

If you require any further guidance please contact [gumcad@phe.gov.uk](mailto:gumcad@phe.gov.uk)

Please ensure that your sexual health service level is correctly registered at PHE (see Table 1 below). Services that are incorrectly registered may inadvertently affect the national reporting of STI data (also see section 0 on CTAD).

**Table 1: Definition of sexual health service levels**

Sexual Health Services Provided (summary*)	Level of Service		
	1 (Non-specialist)	2 (Non-specialist)	3 (Specialist)
Sexual history taking and risk assessment	✓	✓	✓
Signposting to appropriate sexual health services	✓	✓	✓
Chlamydia screening (opportunistic screening in sexually active asymptomatic males and females under the age of 25)	✓	✓	✓
STI testing and treatment of <i>asymptomatic</i> infections (excluding gonorrhoea and syphilis) in women and men (except MSM)	✓	✓	✓
Partner notification of STIs or onward referral for partner notification	✓	✓	✓
HIV testing (including pre-test discussion and giving results)	✓	✓	✓
Point of care HIV testing (validated and rapid HIV test, with positive results confirmation or referral for confirmation)	✓	✓	✓
Appropriate screening (hepatitis B and hepatitis C) and vaccination (hepatitis B) in at-risk groups	✓	✓	✓
Sexual health promotion (provision of verbal and written sexual health promotion information)	✓	✓	✓
Condom distribution	✓	✓	✓
Assessment and referral for psychosexual problems	✓	✓	✓
STI testing and treatment of <i>symptomatic</i> but uncomplicated infections (including gonorrhoea) in women and men (except MSM)	✗	✓	✓
STI testing and treatment of MSM	✗	✗	✓
STI testing and treatment of men with dysuria and genital discharge	✗	✗	✓
STI testing and treatment of STIs at extra-genital sites	✗	✗	✓
STIs with complications	✗	✗	✓
STIs in pregnant women	✗	✗	✓
Gonorrhoea cultures and treatment of gonorrhoea	✗	✗	✓
Recurrent conditions	✗	✗	✓

Sexual Health Services Provided (summary*)	Level of Service		
	1 (Non-specialist)	2 (Non-specialist)	3 (Specialist)
Recurrent or recalcitrant STIs and related conditions	x	x	✓
Management of syphilis and blood borne viruses	x	x	✓
Tropical STIs	x	x	✓
Specialist HIV treatment and care	x	x	✓
Provision and follow up of HIV post exposure prophylaxis (PEP)	x	x	✓
STI service co-ordination across a sexual health network	x	x	✓

\* Please review the full BASHH guidance '[Standards for the management of sexually transmitted infections \(STIs\)](#)'

## 3.2 Time period

Data extracts should cover 1 calendar quarter:

- Q1: 1 January – 31 March
- Q2: 1 April – 30 June
- Q3: 1 July – 30 September
- Q4: 1 October – 31 December

## 3.3 Frequency

Data extracts should be submitted within 6 weeks after the end of each quarter. PHE will notify reporters of each deadline with at least 2 weeks' notice.

GUMCAD submission deadlines are available at [www.gov.uk/guidance/gumcad-sti-surveillance-system](http://www.gov.uk/guidance/gumcad-sti-surveillance-system)

Late submissions may not be able to be included in quarterly reports to local authority/commissioners and DHSC. If you're concerned that your submission may be late, please contact the GUMCAD team as soon as possible at [gumcad@phe.gov.uk](mailto:gumcad@phe.gov.uk)

## 3.4 Format

Data extracts should be formatted into a single comma-delimited CSV file. All data items should be positioned and labelled as defined in Appendix 2. An example of the CSV file is shown in Appendix 5.

Patient Software Systems (PSS) should automatically extract GUMCAD data in the required CSV format.

CSV files should be opened in Notepad or another suitable CSV reader – see section 3.7.

CSV files that are opened in MS Excel will automatically convert number values exceeding 11 digits into a scientific format whereby the original code may become unreadable and cause data to be rejected.

### 3.5 Filename

Data extracts should be clearly labelled to ensure they can be easily identified.

Filenames should follow the format of CCCCC\_QN\_YYYY.csv, for example RHP12\_Q4\_2018.csv. Where CCCCC is the ClinicID, N (in relation to Q) is the calendar quarter number (between 1 to 4) and YYYY is the year (of the Consultation\_Date). Financial quarters are not valid.

PSS should automatically extract GUMCAD data with the required filename.

### 3.6 Data submission

Data extracts should only be submitted to PHE using the HIV and STI Web Portal (HSWP). The HSWP enables data to be submitted in a secure manner across the internet using the Transport Layer Security method of communication.

Data extracts should only be submitted once all data entry is complete. Care should be taken to ensure that incomplete data is not submitted – even where this results in the submission being late.

The HSWP can be found at: <https://hivstiwebportal.phe.org.uk/login.aspx> Requests for HSWP user accounts should be sent to: [gumcad@phe.gov.uk](mailto:gumcad@phe.gov.uk).

### 3.7 Coding and formatting

The coding and formatting of the required data items are shown in Appendices 1 to 9. All data items specified are defined using the NHS Data Dictionary and SNOMED CT. PSS should automatically extract GUMCAD data with the required coding and formats.

**SNOMED:** NHS Digital expects all NHS primary care services (including sexual health services) to be SNOMED compliant by April 2020. Therefore, GUMCAD episode activity data should now be reported using SNOMED codes, instead of SHHAPT or READ codes, to achieve the designated implementation date. However, PHE will continue to accept SHHAPT and READ codes in GUMCAD extracts until April 2020 to facilitate ongoing SNOMED implementation; SHHAPT and READ codes will be retired

once SNOMED implementation is complete and all sexual health services are reporting SNOMED codes.

Please note that SNOMED codes should be reported as text values (not as numerical values). This is to ensure the integrity of SNOMED codes that exceed 11 digits in length. CSV files that are opened in MS Excel will automatically convert number values exceeding 11 digits into a scientific format whereby the original code may become unreadable and cause data to be rejected for example 831000119103 may be converted to 831000000000 or 8.31E+11 – see sections 4.11 and 4.17.

CSV files should be opened in Notepad or another suitable CSV reader.

### 3.8 Sexual Health and HIV episodes

The NHS data dictionary definition of a sexual health and HIV episode is as follows:

[www.datadictionary.nhs.uk/data\\_dictionary/HIVSTIEpisode](http://www.datadictionary.nhs.uk/data_dictionary/HIVSTIEpisode)

A **Sexual Health and HIV Episode** is an **activity group**.

A **Sexual Health and HIV Episode** is an episode of care, under 1 **Health Care Provider**, comprising of 1 or more attendances, where a **consultant** has overall responsibility for the **patient** who attends for screening, diagnosis and management of sexually transmissible infections and related conditions. The patient may be seen by other **care professionals**, during the same care episode, who are working on behalf of the **consultant**.

The episode starts on the date the **patient** first sees or is in contact with a **care professional** in respect of a **referral request** from either a **Health Care Provider** or a self-referral. The episode ends when either the **patient** is formally discharged or has not had face to face contact with the **service** for at least 6 weeks.

Each **sexual health and HIV episode** may be for 1 or more **sexual health related activity** which should be recorded once per **sexual health and HIV episode** - with the exception of HIV-related care which can be recorded at every attendance.

### 3.9 Patient Software Systems

Patient software systems (PSS) for sexual health services should include a data extraction tool that is configured to report GUMCAD data – see Appendix 2.

The full GUMCAD data specification and technical guidance is available at the PHE website [www.gov.uk/guidance/gumcad-sti-surveillance-system](http://www.gov.uk/guidance/gumcad-sti-surveillance-system)

## 4. Data requirement, collection and entry

This section describes the data required, at what stage in the episode of care the data can be collected and when it needs to be data entered – please see Appendix 2 for all code options.

GUMCAD STI surveillance covers 7 distinct aspects of an episode of care:

1. Clinic of attendance: information about the service where the patient is accessing care.

Data should be completed automatically by PSS when GUMCAD data is extracted for submission.

2. Patient demographics: information about the patient.

Data would generally be collected once at patient registration and data entered by reception staff.

3. Patient episode: information about the patient's consultation relating to testing and diagnosis.

Data would generally be collected at the first patient consultation by clinical staff – data entry may happen during the patient consultation or as soon after as possible.

Data entry need only be completed when relevant to the patient consultation – that is if the patient hasn't been diagnosed with an STI all questions relating to diagnosis should be reported as 'Not Applicable'.

PSS should automatically report the data default 'Not Applicable' for unanswered questions.

4. Sex partners: information about the patient's sexual partners.

Data would generally be collected at the first patient consultation by clinical staff – data entry may happen during the patient consultation or as soon after as possible.

Data entry need only be completed when relevant to the patient consultation – that is if the patient has only had opposite sex partners all questions relating to same sex partners should be reported as 'Not Applicable'.

PSS should automatically report the data default 'Not Applicable' for unanswered questions.

5. Partner notification: information relating to the initiation of partner notification follow-up.

Data would generally be collected at the first patient consultation by clinical staff – data entry may happen during the patient consultation or as soon after as possible.

Data entry need only be completed when relevant to the patient consultation – that is if the patient has not been diagnosed with an STI requiring PN or PN cannot be carried out, associated questions should be reported as 'Not Applicable'.

PSS should automatically report the data default 'Not Applicable' for unanswered questions.

6. HIV pre-exposure prophylaxis: information relating to whether the patient is eligible for PrEP.

Data would generally be collected at the first patient consultation by clinical staff – data entry may happen during the patient consultation or as soon after as possible.

Data entry need only be completed when relevant to the patient consultation that is if the patient is not eligible for/not receiving PrEP, associated questions should be reported as 'Not applicable/Not asked'.

PSS should automatically report the data default 'Not applicable/Not asked' for unanswered questions.

7. Alcohol/drug use: information relating to the patient's alcohol and recreational drug use.

Data would generally be collected at the first patient consultation by clinical staff – data entry may happen during the patient consultation or as soon after as possible.

Data entry need only be completed when relevant to the patient consultation that is if the patient has not been assessed for alcohol use and has not used recreational drugs, associated questions should be reported as 'Not applicable/Not asked'.

PSS should automatically report the data default 'Not applicable' for unanswered questions.

## Clinic of attendance

### 4.1 Clinic ID

**ClinicID:** Each sexual health service (clinic) reporting GUMCAD data must be clearly identified using a unique clinic identifier (ID) – see Appendix 1 for further details.

Clinic IDs are issued by the Organisation Data Service (ODS):

<https://odsportal.hscic.gov.uk/Organisation/Search>

Access to the ODS portal requires a HSCN connection (previously N3) –

<https://digital.nhs.uk/services/health-and-social-care-network/new-to-hscn/connecting-to-hscn>



PHE are not able to issue a clinic ID on behalf of a service.

Only 1 clinic ID code is permitted per GUMCAD submission.

PSS should automatically report your clinic ID code when GUMCAD data is extracted for submission.

## 4.2 Clinic type

**Clinic\_Type:** Each sexual health service (clinic) reporting GUMCAD data must be clearly identified in relation to the type of service they are and the level of sexual health services they are commissioned to provide – see Table 2 below.

Sexual health service levels are defined by [BASHH Standards for the management of sexually transmitted infections \(STIs\)](#).

PHE are not able to define a clinic type on behalf of a service.

Clinic type may change over time – the current clinic type should be reported for all records within the current quarterly data extract that is if the Clinic\_Type changed in February, all Q1 data (January to March) should be reported in relation to the new Clinic\_Type.

PSS should automatically report your clinic type code when GUMCAD data is extracted for submission.

**Table 2: Sexual health services by Clinic\_Type**

Sexual Health Service	Clinic_Type
Specialist STI services (GUM)	01 - Specialist - Level 3
Integrated Specialist STI & SRH services (GUM & SRH)*	01 - Specialist - Level 3
Integrated Non-specialist STI & SRH services (STI & SRH)	02 -SRH Level 2
SRH Services	02 - SRH - Level 2
eSHS (Online/internet Sexual Health Services)	03 - Online - Level 2
Enhanced GPs	04 - GP - Level 2
Prison Service	05 - Prison - Level 2
Young People's Services for example Brook clinics	10 - Other - Level 2
Other Sexual Health Services for example outreach programmes, termination of pregnancy services, Terrence Higgins Trust	10 - Other - Level 2

\* Please refer to the Public Health England and Department of Health and Social Care/Healthy Behaviours/10800, Integrated Sexual Health Services: A suggested national service specification, August 2018.

## Patient demographics

### 4.3 Patient ID

**PatientID:** Each patient attending a sexual health service must be clearly identified using a unique patient ID.

PSS should automatically assign a patient ID at patient registration.

### 4.4 Patient Type

**Patient\_Type:** Is the patient currently a prisoner or an active sex worker?

Consultations where the patient is classified as a prisoner or sex worker must be clearly identified.

A patient can only be reported as 1 patient type per consultation date (a patient cannot be an active sex worker and a prisoner at the same time).

PSS should default data entry to 'Not Applicable' for patients who are neither a prisoner nor a sex worker.

### 4.5 Gender

**Gender\_Identity:** What is the patient's gender identity?

Gender identity should be specified by the patient at registration with reference to the patient's current gender identity – see Appendices 1,2,3 and 10 for further details.

Gender identity can be changed at any time to reflect changes in gender identity after patient registration. Care should be taken to ensure that gender identity is recorded for every patient.

PSS may default data entry to 'not known'; it is important that this is updated.

Gender-identity options have been updated to accommodate transgender and non-binary gender identities. For example, a trans-man's gender identity would be coded as 'Male (including trans man)'.

**Gender\_Birth:** Is the patient's gender identity the same as their gender assigned at birth (Yes or No)?

Gender at birth should be specified by the patient at registration – see Appendices 1,2,3 and 10 for further details. The response to 'Gender at birth' can be changed at any time to reflect changes in gender identity after patient registration.

PSS should default data entry to 'Yes' (gender identity is the same as gender assigned at birth). The default should be updated as required. For example, a trans-man's gender identity would be coded as 'Male' and concordance with the gender assigned at birth would be coded as 'No' (gender identity is not the same as gender assigned at birth).

## 4.6 Age

**Age:** What is the patient's age?

Date of birth should be recorded at patient registration-see Appendix 1 Appendix 1 for further details. PSS will calculate age using date of birth and the consultation date.

The patient's date of birth is not reported to PHE.

## 4.7 Sexual orientation

**Sex\_Ori:** What is the patient's sexual orientation?

Each patient should have a single sexual orientation recorded on their patient record at registration or during the patient consultation as part of the discussion of their sexual history - see Appendices 1,2 and 3 for further details.

Care should be taken to ensure that a sexual orientation is recorded for every patient. PSS may default data entry to 'not known' – it is important that this is updated.

A patient's sexual orientation can be different from their sexual risk for example a patient may define their sexual orientation as heterosexual, but they may still report having a sexual risk with a person of the same sex.

Detailed guidelines on how to take a sexual history have been developed by BASHH and should be followed closely [www.bashh.org/documents/Sexual History Taking guideline 2013.pdf](http://www.bashh.org/documents/Sexual_History_Taking_guideline_2013.pdf)

## 4.8 Ethnicity

**Ethnicity:** What is the patient's ethnicity?

Ethnicity should be specified by the patient at registration - see Appendices 1,2 and 3 for further details.

Care should be taken to ensure that ethnicity is recorded for every patient. PSS may default data entry to 'not known' – it is important that this is updated.

## 4.9 Country of birth

**Country\_Birth:** What country was the patient born in?

Country of birth should be specified by the patient at registration – see Appendix 1 for further details.

Care should be taken to ensure that country of birth is recorded for every patient. PSS may default data entry to 'not known' – it is important that this is updated.

## 4.10 Patient residence

**LA:** Which LA does the patient live in?

Postcode of residence should be recorded at patient registration (as part of the full patient address) – see Appendix 1 for further details.

PSS will calculate LA using the postcode of residence.

The postcode of the sexual health service should not be used where a patient's postcode is not known (it should be reported as 'not known').

The patient's postcode is not reported to PHE.

**LSOA:** Which LSOA does the patient live in?

Postcode of residence should be recorded at patient registration (as part of the full patient address) – the postcode is then used to calculate LSOA (of patient residence).

PSS will calculate LSOA using the postcode of residence.

The postcode of the sexual health service should not be used where a patient's postcode is not known (it should be reported as 'not known').

The patient's postcode is not reported to PHE.

## Patient episode

It is only necessary to provide answers to questions which are relevant to the patient consultation – that is if the patient hasn't been diagnosed with an STI all questions relating to diagnosis should be reported as 'Not Applicable'.

PSS should automatically report the data default 'Not Applicable' for unanswered questions.

## 4.11 Consultation referral

**Source of consultation:** What is the source of the patient's consultation/attendance, for example has the patient been referred by their GP?

The source of the patient's attendance should be specified by the patient at each new consultation – see Appendices 1,2 and 3 for further details.

PSS should default data entry to 'Self-referral'. The default should be updated as required.

Consultation\_Referral is reported using SNOMED codes and should be reported as text value (not as a numerical value) – see section 3.7.

## 4.12 Consultation date

**Consultation date** (Consultation\_Date): The date of the patient's consultation.

A consultation would be classified by a single date (of attendance) – see Appendices 1 & 9 for further details.

Dates should be in the format YYYY-MM-DD, for example the 31 of December 2018 would be 2018-12-31.

## 4.13 Consultation medium and type

**Consultation medium** (Consultation\_Medium): Is the consultation being conducted face-to-face, online or over the telephone?

Each consultation date should have a single consultation medium type.

PSS should default data entry to 'Face-to-face'. The default should be manually updated as required.

**New or follow-up consultation** (Consultation\_Type): Is this a 'new' or 'follow-up' consultation?

PSS should default data entry to 'new' for:

- new patient registrations
- rebooked consultations where the last consultation was more than 6 weeks ago

The default should be manually updated as required.

New consultations would typically be reported with an 'Episode\_Activity' code.

However, reporting a new consultation without an 'Episode\_Activity' code is permitted (particularly for telephone consultations where service provision would not be possible).

## Follow-up consultation

PSS should default data entry to 'follow-up' for consultations where the last consultation was less than 6 weeks ago. The default should be manually updated as required.

Follow-up consultations would typically be reported without an 'Episode\_Activity' code. However, reporting a follow-up consultation with an 'Episode\_Activity' code is permitted – see section 4.17.

## 4.14 Consultation speciality

**Speciality of services provided** (Consultation\_Speciality): What sexual health speciality best defines the services provided at the consultation?

Each consultation should have a single consultation speciality type – see Appendices 1, 2 & 8 for further details.

PSS should automatically default to 'STI care' to minimise data entry requirements. The default should be manually updated as required.

The consultation speciality could be simply defined, based upon the 'Episode\_Activity' coding recorded at each consultation, which would be:

- STI\* and SRH\*\* coding = Integrated STI/SRH care
- STI\* coding only = STI care
- SRH\*\* coding only = SRH care
- HIV\*\*\* care coding only = HIV care

\*All GUMCAD episode activity codes constitute STI related coding (even where GUMCAD & SRHAD activity overlap – see section 5.4 for further details).

\*\*GUMCAD does not include coding for Sexual & Reproductive Health (SRH) care – SRH coding can be identified via the SRHAD report – see section 5.4 for further details.

\*\*\* HIV care can be identified via SHHAPT H2 (SNOMED 'To be Confirmed').

Please note that consultation speciality 'SRH' replaces the retired SHHAPT code 'SRH' (and will be used to inform calculations for HIV test uptake and coverage) – see 0 for further details.

## 4.15 Consultation via partner notification

**Partner notification consultation** (Consultation\_PN): Is the patient attending as a result of partner notification follow-up?

Consultations that are the result of partner notification follow-up must be clearly identified – see Appendices 1, 2 and 3 for further details.

PSS should default data entry to 'No' (the patient is not attending as a result of PN follow-up). The default should be manually updated as required.

Consultations identified as 'Yes' (the patient is attending as a result of PN follow-up) would typically be reported with 'Episode\_Activity' codes for exposure, testing and diagnosis.

#### 4.16 Consultation symptomatic

**STI symptoms** (Consultation\_Symptomatic): Does the patient have symptoms of an STI ('Yes' or 'No')?

Consultations for patients who are attending because they have symptoms of an STI must be clearly identified.

The presence of symptoms should be defined by the patient. The presence of symptoms should be reported even when an STI is not subsequently diagnosed.

PSS should default data entry to 'No' (the patient is asymptomatic). The default should be manually updated as required.

Consultations identified as 'Yes' (the patient is symptomatic) would typically be reported with 'Episode\_Activity' codes for testing and diagnosis.

#### 4.17 Episode activity

**Services provided** (Episode\_Activity): What sexual health services were provided at the consultation (episode activity covering testing, diagnosis and vaccination)?

Episode activity can be reported using SNOMED, SHHAPT or READ codes – see Appendices 6, 7 and 9 for further details.

Episode activity only be reported once per episode of care with the exception of HIV related care which can be reported as often as required (SHHAPT 'H2' / SNOMED '*To be Confirmed*').

Episode activity can be reported at 'new' and 'follow-up' consultations. A majority of episode activity would be reported at 'new' consultations because this is typically when testing and diagnosis is carried out.

Episode activity should be data entered during the consultation or as soon after as possible (with particular reference to when results are not yet known).

Consultations not requiring an episode activity code can be reported with a blank/empty value. Blank/empty values should not be reported with a 'NULL' code.

Episode\_Activity is reported using SNOMED codes and should be reported as a text value (not as a numerical value) – see section 3.7.

## 4.18 Diagnosis confirmed

**Confirmation of diagnosis** (Diagnosis\_Confirmed): Has the diagnosis been confirmed? See Appendices 1, 2, 3, 6 and 7 for further details.

Each episode activity code relating to a diagnosis should indicate the status of the diagnosis as:

- confirmed (at this service)
- confirmed elsewhere (at a different service) – replaces the retired SHHAPT 'X' suffix (see 0)
- initial reactive – reactive results for HIV, syphilis and hepatitis from standalone online self-sampling services should be coded 'Initial reactive'; patients should be referred for confirmatory testing (see Appendix 3)

PSS should default data entry to:

- 'Confirmed' for episode activity codes relating to diagnosis
- 'N/A' for episode activity codes not related to diagnosis – the default should be manually updated as required

## 4.19 Diagnosis site

**Diagnosis site of infection** (Diagnosis\_Site): What was the anatomical site of the diagnosis?

Sites of infection classified as:

- genital
- ocular
- pharyngeal
- rectal
- other

Diagnoses made via pooled sampling where the diagnosis site cannot be determined should be reported as 'Genital'.

PSS should default data entry based on the diagnosis recorded, for example the site of infection should default to 'Genital' for a diagnosis of chlamydia. The default should be manually updated as required.

See Appendices 1, 2, 3, 4, 6 and 7 for a full list of diagnoses and associated sites of infection (and data entry defaults).



## 4.20 Diagnosis treated

**Diagnosis\_Treated:** Was the diagnosis treated?

Each episode activity code relating to a diagnosis should indicate whether treatment was provided ('Yes' or 'No'). The provision of treatment should be reported even when the patient does not complete the course of treatment.

PSS should default data entry to:

- 'Yes' (treatment was provided) for episode activity codes relating to diagnosis
- 'N/A' for episode activity codes not related to diagnosis – the default should be manually updated as required

## Sex partners

A patient's sexual risk can be different from their sexual orientation, for example a patient defines their sexual orientation as Gay/Lesbian, but they report a sexual risk with a person of the opposite sex – see section 0 for reporting data on sexual orientation. If a patient has had opposite sex partners and same sex partners in the last 3 months, both sets of questions should be completed.

The questions asked by the clinician with regards to the gender of a patient's sexual partners and sexual risk should be guided by clinical discussions with the patient and in accordance with the patient's wishes.

It is only necessary to provide answers to questions which are relevant to the patient consultation that is if the patient has only had opposite sex partners it is only necessary to answer questions about opposite sex partners, all questions relating to same sex partners should be reported as 'Not Applicable'. PSS default data entry to 'Not Applicable' for unanswered questions.

Some useful definitions of sexual behaviour terminology are provided below. These definitions should be followed closely to ensure consistency in data reporting.

**Sex partners:** People who have had vaginal, anal or oral sex together. New sex partners: people who have had vaginal, anal or oral sex together for the first time that is they have never had sex together before.

**Condom-less sex:** Where people have vaginal, oral and/or anal sex without using a condom?

Yes – they had condom-less sex, that is a condom was not used.

No – they did not have condom-less sex that is a condom was used

**Vaginal sex:** A penis being inserted into a sex partner's vagina.

**Anal sex:** A penis being inserted into a sex partner's anus (rectum or back passage).

**Insertive anal sex:** A person inserts their penis into a sex partner's anus.

**Receptive anal sex:** A sex partner inserts their penis into a person's anus.

**Oral sex:** A person places their mouth on a sex partner's anus and/or genital area and/or the sex partner places their mouth on a person's anus and/or genital area.

**Genital area:** The penis or vagina.

See Appendices 1, 2, 3, 4, 6 & 7 for further details.

#### 4.21 Opposite sex partners (OSP)

**The number of OSP\*** (OSP): How many opposite sex partners has the patient had in the last 3 months?

**OSP\_New:** \*Were any of these new sex partners ('Yes' or 'No')?

**Condom-less sex** (OSP\_CL): Did the patient have condom-less oral, vaginal or anal sex the last time they had sex ('Yes' or 'No')?

#### 4.22 Same sex partners – male (MSM)

**The number of MSM partners** (MSM): How many MSM sex partners has the patient had in the last 3 months?

**HIV positive partners** (MSM\_HIV\_Pos): Did the patient have receptive or insertive anal sex with a known HIV positive sex partner in the last 3 months ('Yes' or 'No')?

**Condom-less sex** (MSM\_CL): Did the patient have condom-less receptive or insertive anal sex in the last 3 months ('Yes' or 'No')?

**Condom-less receptive sex** (MSM\_CL\_Rec): Did the patient have condom-less receptive anal sex in the last 3 months ('Yes' or 'No')?

## 4.23 Same sex partners – female (WSW)

**The number of WSW partners\*** (WSW): How many WSW sex partners has the patient had in the last 3 months?

**WSW\_New:** \*Were any of these new sex partners ('Yes' or 'No')?

## Partner notification

## 4.24 Partner notification (PN)

Patients diagnosed with an STI should be offered PN follow up, so their sex partners can be contacted and offered STI testing.

Detailed guidelines on PN have been developed by BASHH and should be followed closely [www.bashh.org/documents/4445.pdf](http://www.bashh.org/documents/4445.pdf)

PSS should default data entry to 'Not Applicable' for questions that are not relevant to the patient consultation, except for PN\_Date which can be reported with a blank/empty value. Blank/empty values should not be reported with a 'NULL' code. The default should be manually updated as required. PN\_Date does not have a default value – PSS will leave the date blank (empty).

Some useful definitions of PN follow-up are:

1. Index patient – the patient initially diagnosed with an STI.
2. Contacts – the sex partners of the index patient who can be contacted to inform them of risk of infection (a sex partner is defined as contactable if the index patient is able and willing to contact them or permits a HCW to contact them on their behalf).
3. Look-back-interval – the time during which the index patient may have been infectious and may have transmitted infection to their sex partners/contacts (included in the BASHH guidelines – link above).

These definitions should be followed closely to ensure consistency in data reporting.

**Date PN was initiated** (PN\_Date): The consultation date on which PN follow-up was initiated (format YYYY-MM-DD).

**The number of PN partners** (PN\_Partners): How many sex partners did the index patient have within the 'look-back interval' (in relation to each STI diagnosed)?

**The number of PN contacts** (PN\_Contacts): How many sex partners were contactable?

**Contact attendances reported** (PN\_Contact\_Att\_Rep): How many of these partners were reported by the patient as having attended a sexual health service within 4 weeks of the PN date?

**Contact attendances verified** (PN\_Contact\_Att\_Ver): How many of these partners were verified by a healthcare worker as having attended a sexual health service within 4 weeks of the PN date?

Verifying a contact's attendance would require checking attendance records at the service initiating PN and any other service where a contact may have attended.

## HIV Pre-exposure prophylaxis (PrEP)

### 4.25 HIV Pre-exposure prophylaxis (PrEP)

HIV pre-exposure prophylaxis (PrEP) involves the use of antiretroviral medicines in individuals who are HIV negative to reduce the risk of acquiring HIV infection. Patients who may be at high risk of acquiring HIV should be assessed for their eligibility to receive PrEP.

Clinics participating in the PrEP Impact Trial should report PrEP activity as per the trial protocol<sup>1</sup> ([www.prepimpacttrial.org.uk/protocol](http://www.prepimpacttrial.org.uk/protocol)) and associated clinical guidance. For trial-related queries please contact [prep.impact@nhs.net](mailto:prep.impact@nhs.net)

Detailed guidelines on PrEP have been developed by BHIVA and BASHH<sup>1</sup> – [www.bhiva.org/PrEP-guidelines](http://www.bhiva.org/PrEP-guidelines)

PSS should default data entry to 'Not Applicable' for questions that are not relevant to the patient consultation.

The default should be manually updated as required.

**Eligibility** (PrEP\_Eligibility): The patient's eligibility for being offered PrEP.

Please note that 'PrEP\_Eligibility' replaces the retired SHHAPT codes O31, O32 & O33.

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<sup>1</sup> BHIVA/BASHH guidelines for PrEP offer in MSM and trans women differ from PrEP Impact Trial eligibility criteria used for MSM and trans women, that is the report of condomless anal sex in the previous 6 months and ongoing condomless anal sex. Clinics participating in the trial should adhere to trial guidelines using the look back period of 3 months and reported likelihood of condomless anal sex in the next 3 months, until further review.

PrEP eligibility categories for individuals attending clinics are:

- MSM / Transgender woman – HIV negative men (cisgender and transgender) and transgender women who have sex with men AND have had an HIV negative test during an earlier episode of care in the preceding year AND report condom-less anal or vaginal sex in the previous 3 months<sup>1</sup> (oral sex is excluded) AND affirm their likelihood of having condom-less anal or vaginal sex in the next 3 months (oral sex is excluded)<sup>1</sup>
- HIV negative partner of an HIV positive person when the HIV positive partner is not known to be virally suppressed (defined as <200 copies/ml for 6 months or more) AND condomless sex (excluding oral sex) is anticipated before treatment of the HIV-positive partner takes effect (as described above)
- other high risk – HIV negative individuals who are clinically assessed and considered to be at similar high risk of HIV acquisition as a HIV negative partner of an HIV-positive person who is not known to be virally suppressed

Eligibility should be reported for patients even when PrEP cannot be offered by the service.

**Uptake** (PrEP\_Uptake): What was the outcome of the offer of PrEP (was the offer accepted or declined)? Please note that 'PrEP\_Uptake' replaces the retired SHHAPT codes O41, O42, O43 & O44.

Uptake categories are:

- accepted – the patient is starting or continuing PrEP (at this clinic)
- declined – the patient refuses the offer of PrEP
- obtained elsewhere – the patient is continuing PrEP obtained from another source, for example at a different clinic or through private means<sup>2</sup>

**Regimen** (PrEP\_Regimen): What type of PrEP regimen prescribed (daily or event based). Please note that 'PrEP\_Regimen' replaces the retired SHHAPT codes O41, O42, O43 & O44.

Regimen categories are:

- daily – PrEP is taken daily
- event-based – PrEP is taken before and/or after sex

The type of regimen should be reported when the uptake (offer) of PrEP is accepted or when the patient indicates they are obtaining PrEP elsewhere.

**Prescription** (PrEP\_Prescription): The number of PrEP tablets prescribed. Please note that 'PrEP\_Prescription' replaces the retired SHHAPT codes O51, O52 & O53.

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<sup>2</sup> As per PrEP Impact Trial coding guidance, this category can be coded for individuals eligible and not eligible for PrEP to identify those procuring PrEP from another source, until further review

Prescription categories are:

- 30 tablets
- 60 tablets
- 90 tablets
- other amount

**Reason for stopping PrEP** (PrEP\_Stop\_Reason): If the patient has stopped taking PrEP, what was the reason? Please note that 'PrEP\_Stop\_Reason' replaces the retired SHHAPT code O45.

Stopping categories are:

- the patient experienced an adverse event, for example side effects
- HIV acquisition
- patient choice
- no longer eligible

## Alcohol/drug use

### 4.26 Alcohol and recreational drug use

Patients should be assessed in relation to their alcohol and recreational drug use.

NHS guidelines on how to assess alcohol use should be followed:

[www.nhs.uk/Tools/Pages/Toolslibrary.aspx?Tag=Alcohol](http://www.nhs.uk/Tools/Pages/Toolslibrary.aspx?Tag=Alcohol)

Recreational drug use is defined as the use of any illicit psychoactive substance.

PSS should default data entry to 'Not Applicable' for questions that are not relevant to the patient consultation.

The default should be manually updated as required.

**Alcohol use assessed** (Alcohol\_1): Was the patient's alcohol use assessed ('Yes' or 'No')?

**Alcohol use problematic** (Alcohol\_2): Was the patient's alcohol use assessed as problematic ('Yes' or 'No')?

**Recreational drug use** (Drugs\_Used): Has the patient used recreational drugs in the last 3 months ('Yes' or 'No')?

**Which recreational drugs?** (Drugs\_1-16): Which recreational drugs did the patient use in the last 3 months (answer 'Yes' for each drug used)?

Amphetamine / Speed (Drugs\_1)  
Benzodiazepines – non-prescribed (Drugs\_2)  
Cannabis (Drugs\_3)  
Cocaine (Drugs\_4)  
Crack (Drugs\_5)  
Crystal Meth / Methamphetamine (Drugs\_6)  
Ecstasy (E) / MDMA (Drugs\_7)  
GHB / GBL (Drugs\_8)  
Heroin (Drugs\_9)  
Ketamine (Drugs\_10)  
Novel psychoactive substances<sup>3</sup> (Drugs\_11)  
Mephedrone - M-Cat (Drugs\_12)  
Methadone (Drugs\_13)  
Poppers (Drugs\_14)  
Solvents / Glue (Drugs\_15)  
Any other recreational drug (not listed) (Drugs\_16)

**Injecting drug use** (Drugs\_Inject): Has the patient injected any recreational drugs in the last 3 months ('Yes' or 'No')?

**Sharing equipment** (Drugs\_Share\_Eqp): Did the patient share any drug injecting equipment ('Yes' or 'No')?

**Under the influence:** Was the patient under the influence of recreational drugs (before or during) the last time they had vaginal or anal sex?

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<sup>3</sup> Novel psychoactive substances (NPS, 'legal highs') are compounds designed to mimic existing established recreational drugs.

## 5. Other sexual health data reporting

Sexual health services that are required to report GUMCAD may also be required to report other mandatory sexual and reproductive health surveillance systems to PHE or NHS Digital – see the tables below.

### Mandatory sexual and reproductive health datasets

Dataset		Surveillance	Reporter	Responsible Organisation
<b>CTAD</b>	Chlamydia Surveillance System	Chlamydia tests & diagnoses	All laboratories commissioned to provide chlamydia testing	PHE
<b>GUMCAD</b>	STI Surveillance System	STI diagnoses & services provided	Level 2 (non-GUM) & Level 3 (GUM) sexual health services	PHE
<b>HARS</b>	HIV & AIDS Reporting System	HIV outpatient service provision	HIV outpatient services	PHE
<b>SRHAD</b>	Sexual & Reproductive Health Activity Dataset	Contraceptive service provision	Settings offering contraceptive services	NHS Digital*

\*SRHAD is sponsored by PHE but NHS Digital are responsible for data collection and management

### Reporting requirements of mandatory sexual and reproductive health datasets

Sexual Health Service Type	Service Level	CTAD	GUMCAD	HARS	SRHAD
<b>General Practice</b>	1 (non-GUM)	✓	×	×	×
	2 (non-GUM)	✓	✓	×	×
<b>GUM</b>	3 (GUM)	✓	✓	✓	×
<b>Integrated GUM &amp; SRH</b>	3 (GUM)	✓	✓	✓	✓
<b>SRH</b>	1 (non-GUM)	✓	×	×	✓
	2 (non-GUM)	✓	✓	×	✓
<b>Young People's Services</b>	1 (non-GUM)	✓	×	×	✓
	2 (non-GUM)	✓	✓	×	✓
<b>Other Sexual Health Services</b> (for example Outreach, CSO, TOP)	1 (non-GUM)	✓	×	×	✓
	2 (non-GUM)	✓	✓	×	✓

Key	
✓	Submission is required
✓	Submission <i>may</i> be required (determined by the nature of the services provided)
✓	Data are collated and submitted by Laboratories (Sexual Health Services are <b>not</b> required to submit CTAD data)
×	Submission is not required



## 5.1 Shared data items

Some data items in GUMCAD overlap with data items in CTAD, HARS and SRHAD – see the table below. All surveillance systems use the same NHS Data Dictionary terminology and coding\*, however, the data item name may differ across systems for example ‘ClinicID’ in GUMCAD is named ‘Venue Code’ in CTAD, ‘Site Code’ in HARS and ‘Clinic ID’ in SRHAD.

### GUMCAD data items shared with CTAD, HARS & SRHAD

Data Items				
Position <sup>1</sup>	GUMCAD	CTAD	HARS	SRHAD
1	ClinicID	Venue_code	Org_ID	Clinic ID
2	Clinic_Type	Testing_Service_Type*	-	-
3	PatientID	Patient_ID	Patient ID	Patient_ID
5	Gender_Identitiy	Gender	Gender_Identitiy	Gender
6	Gender_Birth	-	Gender_Birth	-
7	Age	-	-	Age
9	Ethnicity	Ethnicity	Ethnicity	Ethnicity
10	Country_Birth	-	Country_Birth	-
11	LA	-	-	LA
12	LSOA	-	LSOA	LSOA
14	Consultation_Date	Specimen_Date	HIVCare_Date	Date of Attendance
15	Consultation_Medium	-	Consultation Medium Used	Consultation Medium Used

\*NHS DD terminology and coding for Clinic\_Type and Testing\_Service\_Type are not the same. However, coding can be aligned – see section 5.2 below.

## 5.2 GUMCAD and CTAD

The CTAD Chlamydia Surveillance System is a quarterly disaggregate dataset of all chlamydia tests carried out using nucleic acid amplification (NAAT) testing (covering all age groups and from all testing venues) which are undertaken by publicly commissioned laboratories in England. CTAD is an approved mandatory dataset that is reported directly to PHE by the laboratories.

All GUMCAD reporters contribute to the CTAD report indirectly via the information they send to laboratories with their chlamydia samples (sexual health services are not required to submit CTAD data directly to PHE).

National reporting of chlamydia data comprises a combination of data sourced from CTAD and GUMCAD. CTAD data reported via Level 3 GUM services do not include patient residence data (via postcode) for patient confidentiality reasons, therefore the patient residence data from CTAD is supplemented with (equivalent) patient residence

data from GUMCAD (via LSOA). It is therefore essential that Level 3 specialist GUM services report data consistently as 'Level 3 specialist GUM' to GUMCAD\* and to CTAD\*\* (via the laboratories) to enable accurate reporting – please see table below.

\*Please contact [gumcad@phe.gov.uk](mailto:gumcad@phe.gov.uk) to confirm that your sexual health service is correctly listed as Level 3 specialist GUM or Level 2 non-specialist non-GUM

\*\*Please ensure that samples sent to the lab are correctly identified with your corresponding GUMCAD 'ClinicID' code and with your corresponding Level 3 GUM or Level 2 non-GUM service type – which is reported via CTAD's 'Testing Service Type' code shown below.

### GUMCAD Sexual Health Services and CTAD Testing Service Type

GUMCAD 'Clinic_Type'		CTAD 'Testing_service_type'	
01	Specialist - Level 3	01	GUM
02	SRH - Level 2	02	Community sexual health
03	Online - Level 2	06	Internet services
04	GP - Level 2	03	General Practice
05	Prison - Level 2	XX	Other services
10	Other - Level 2	XX	Other services
11	Other - Level 1	XX	Other services

Further information on the CTAD dataset can be found at  
[www.chlamydia-screening.nhs.uk/ps/info-management.asp](http://www.chlamydia-screening.nhs.uk/ps/info-management.asp)  
 email: [ctad@phe.gov.uk](mailto:ctad@phe.gov.uk)

## 5.3 GUMCAD and HARS

The HIV and AIDS Reporting System (HARS) is a quarterly disaggregate surveillance system that collects information on patients accessing HIV care. HARS is an approved mandatory dataset that is reported directly to PHE by HIV outpatient services. Level 3 specialist GUM services that provide specialist HIV treatment and care will also be required to report HARS.

Some data collected in GUMCAD overlaps with data collected in HARS – see table below.

### GUMCAD and HARS shared data

Shared Data	GUMCAD Data Item & Description	HARS Data Item & Description
New HIV Diagnosis (undefined) Acute AIDS defined	Episode_Activity (SHHAPT / SNOMED 'To be Confirmed'))	H1 H1A H1B Dx_UK_date HIV diagnosis date in the UK
HIV-related care	H2	HIV_care_date Consultation date for HIV care
Patient characteristics	Patient_Type	Sex worker Sex_worker Sex worker Prisoner Prisoner Prisoner

Further information on the HARS dataset can be found at

[www.gov.uk/guidance/hiv-surveillance-systems#hiv-and-aids-reporting-system-hars](http://www.gov.uk/guidance/hiv-surveillance-systems#hiv-and-aids-reporting-system-hars)

email: [hars@phe.gov.uk](mailto:hars@phe.gov.uk)

## 5.4 GUMCAD and SRHAD

The Sexual and Reproductive Health Activity Dataset (SRHAD) is an annual disaggregate dataset that collects information on contraceptive service provision and other reproductive health activities from all sexual and reproductive health (SRH) services. SRHAD is an approved mandatory dataset that is reported directly to NHS Digital.

Some GUMCAD reporters (Level 3 GUM and Level 2 non-GUM) will also be required to report SRHAD (depending on the level of SRH services provided).

Some episode activity collected in GUMCAD overlaps with care activity collected in SRHAD for example sexual assault – please see table below.

### GUMCAD and SRHAD shared data

Shared Data	GUMCAD Data Item & Description	SRHAD Data Item & Description
Sexual assault Acute Non-acute	Episode_Activity (SHHAPT / SNOMED 'To be Confirmed'))	40 41 SRH_Care_Activity
Cervical Screening	P4	11
STI-related care	All	34
SRH care only (no STI care provided)	Consultation_Speciality	SRH Care All Excluding SRH_Care_Activity: 34

Further information on the SRHAD dataset can be found at <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/sexual-and-reproductive-health-activity-data-set-srhac-collection>

email: [surveyteam@hscic.gov.uk](mailto:surveyteam@hscic.gov.uk)

## 6. How PHE uses GUMCAD data

### 6.1 Purpose of GUMCAD STI surveillance

GUMCAD data is collected and analysed to monitor trends in new diagnoses of STIs and other sexual health problems and to determine which specific groups are at particular risk. For example, the data can be used to identify emerging syphilis outbreaks in particular localities, trends in PrEP use and need, or specific populations at risk of acquiring an STI.

This information is used to inform the public health response by:

- improving the planning and management of services
- developing, adapting and refining interventions
- monitoring the effectiveness of sexual health policies
- enabling effective commissioning of sexual health services

### 6.2 Data outputs (reports)

PHE aims to publish timely routine outputs (reports) of GUMCAD data at the local, regional and national level. GUMCAD reports include:

1. Annual STI Data Tables\*  
[www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables](http://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables)
2. quarterly STI Data Reports\*\*  
<https://hivstiwebportal.phe.org.uk>
3. sexual and Reproductive Health Profiles (updated annually) \*  
<http://fingertips.phe.org.uk/profile/sexualhealth>
4. Local Authority Sexual Health Epidemiology Reports (LASERs)\*\*  
<https://hivstiwebportal.phe.org.uk>
5. Clinic Reports\*\* - not available online; distributed by PHE

\* Public access. \*\* Restricted access only

Publication of local area data follows guidance issued by the Office for National Statistics on the risk of deductive disclosure in small area statistics (see section 0).

Restricted access reports on the HIV/STI Web Portal are made available to nominated individuals from appropriate organisations within the NHS (including service providers), the Department of Health, local government and PHE.

Please see section 7 for details regarding public/restricted access data reports.

## 7. Confidentiality and anonymity

### 7.1 Patient confidentiality and anonymity

Some patients may express concern about supplying their personal data to a sexual health service and/or their data being reported to PHE. If so, the following approach should be taken:

1. Patients should be reassured that their data is held in strict confidence and that no personally identifiable information will be reported to PHE (GUMCAD does not include data on patient name, date of birth or postcode).
2. Explain that their data is be used to help improve sexual health services and to protect public health.
3. Patients can be directed to the PHE website for further information regarding patient confidentiality:  
<https://www.gov.uk/government/organisations/public-health-england/about/personal-information-charter>
4. If the patient still has concerns, sexual health services should allow patients to register at the service using an alias.
5. If the patient still has concerns, they can request that their data is removed from GUMCAD submissions before it is reported to PHE.
6. If a patient's data has already been reported to PHE, please contact the GUMCAD team quoting your Clinic ID and the Patient ID so that associated records can be identified and deleted from PHE records.

### 7.2 Data confidentiality

#### Data access

All staff within PHE have a legal duty to keep patient information confidential. GUMCAD data is stored on secure servers and access is limited to those directly involved in the collation and analysis of the data in compliance with Caldicott Guidelines. GUMCAD disaggregate (patient level) data is retained for a maximum of 10 years from the date of patients' last attendance.

#### Data release

The principles for publishing GUMCAD data is given in the PHE HIV & STI Data Sharing Policy: [www.gov.uk/government/publications/hiv-and-sti-data-sharing-policy](http://www.gov.uk/government/publications/hiv-and-sti-data-sharing-policy)

**Disaggregate data:** GUMCAD data publication is restricted to aggregated data only – disaggregate (patient-level) data is not published.

**Aggregate data:** Aggregate GUMCAD data may be published after content has been assessed with regards to the risk of deductive disclosure.

Deductive disclosure: The Office for National Statistics advises that small area statistics, aggregate (grouped) numbers between 1 and 4 (inclusive) with an associated population of less than 10,000, are at risk of deductive disclosure.

Aggregate data at risk of deductive disclosure:

1. Must not be published in hard copy or on the public-facing website.
2. May be confidentially distributed in hard copy or via the secure HSWP (not on the public facing website) to appropriate organisations within the NHS (including service providers), Department of Health, local government and within PHE.
3. May only be published in hard copy or on the public-facing website where data has been suitably anonymised to negate the risk of deductive disclosure – that is numbers are masked to maintain confidentiality and anonymity.

## Data requests

All GUMCAD data requests (standard or official) that are received by PHE are assessed with regards to risks to confidentiality and anonymity – data requests will only be fulfilled in accordance with the data sharing policy (summarised above).

**Standard data request:** such as requests from academic institutions.

Official data request: such as freedom of Information requests (FOIs) and parliamentary questions (PQs).

## Appendix 1. Data item definitions

Data Item			
Position <sup>1</sup>	Name	NHS Data Dictionary	Definition
Clinic of Attendance			
1	ClinicID	ORGANISATION SITE IDENTIFIER (OF TREATMENT)	<p>An Organisation Data Service (ODS) code should be entered for each reporting service/clinic</p> <p>ODS codes can be obtained direct from ODS:  <a href="https://odsportal.hscic.gov.uk/Organisation/Search">https://odsportal.hscic.gov.uk/Organisation/Search</a></p>
2	Clinic_Type	CLINIC TYPE (SEXUAL HEALTH SERVICE)	<p>A definition of the type of sexual health service/clinic and the level of sexual health services provided. Sexual health service levels are defined by the British Association for Sexual Health and HIV (BASHH)</p> <p><a href="https://www.bashh.org/about-bashh/publications/standards-for-the-management-of-stis/">https://www.bashh.org/about-bashh/publications/standards-for-the-management-of-stis/</a></p>
Patient Demographics			
3	PatientID	LOCAL PATIENT IDENTIFIER (EXTENDED)	A unique number used to identify a patient within a service/clinic - a patient ID is usually assigned automatically by a computer-based patient software system
4	Patient_Type	PERSON RISK FACTOR (SEXUALLY	An indication of whether the patient is classified as a Prisoner or Sex Worker at the current consultation

		TRANSMITTED INFECTION)	
5	Gender_Identity	GENDER IDENTITY FOR SEXUAL HEALTH	The patient's gender identity as stated by the patient
6	Gender_Birth	GENDER IDENTITY SAME AT BIRTH	An indication of whether the patient's gender identity is the same as their gender assigned at birth
7	Age	AGE AT ATTENDANCE DATE	The patient's age - derived as the number of completed years between the patient's date of birth and consultation date (Age can be manually entered in the absence of patient date of birth)
8	Sex_Ori	PERSON STATED SEXUAL ORIENTATION	The patient's sexual orientation as stated by the patient
9	Ethnicity	ETHNIC CATEGORY	The patient's ethnicity as stated by the patient
10	Country_Birth	COUNTRY CODE (BIRTH)	The patient's country of birth
11	LA	ONS LOCAL GOVERNMENT GEOGRAPHIC AREA CODE (LOCAL AUTHORITY DISTRICT)	The LA in which the patient resides (lives) derived from the patient's postcode of residence
12	LSOA	LOWER LAYER SUPER OUTPUT AREA (PERSON RESIDENCE)	The LSOA in which the patient resides (lives) derived from the patient's postcode of residence
<b>Episode_Activity</b>			
13	Consultation_Referral	SEXUAL HEALTH SERVICE ATTENDANCE SOURCE (SNOMED CT)	The source/reason of the patient's attendance/consultation
14	Consultation_Date	ATTENDANCE DATE	The date of the patient's attendance/consultation



15	Consultation_Medium	CONSULTATION MEDIUM USED (SEXUAL HEALTH SERVICE)	The medium in which the consultation was conducted
16	Consultation_Type	CONSULTATION TYPE	The consultation episode type
17	Consultation_Speciality	SERVICE TYPE (SEXUAL HEALTH)	The consultation speciality
18	Consultation_PN	PARTNER NOTIFICATION CONSULTATION INDICATOR (SEXUAL HEALTH SERVICE)	An indication of whether the consultation was a result of partner notification
19	Consultation_Symptomatic	PATIENT ATTENDANCE SYMPTOMATIC INDICATOR (SEXUAL HEALTH SERVICE)	An indication of whether the diagnosis was symptomatic
20	Episode_Activity	SNOMED CT	An indication of the episode activity associated with the consultation (SNOMED CT, SHHAPT or READ).
		SEXUAL HEALTH AND HIV ACTIVITY PROPERTY TYPE	
		READ	
21	Diagnosis_Confirmed	PATIENT DIAGNOSIS CONFIRMED INDICATION CODE (SEXUAL HEALTH SERVICE)	An indication of the diagnosis status

22	Diagnosis_Site	PATIENT DIAGNOSIS SITE OF INFECTION (SEXUAL HEALTH SERVICE)	An indication of the anatomical site of infection
23	Diagnosis_Treated	PATIENT DIAGNOSIS TREATMENT PROVIDED INDICATION CODE (SEXUAL HEALTH SERVICE)	An indication of whether the diagnosis was treated
Opposite sex partners - men & women who have sex			
24	OSP	NUMBER OF SEX PARTNERS IN LAST 3 MONTHS CODE (OPPOSITE SEX PARTNERS)	The number of sex partners in the last 3 months for opposite sex partners*
25	OSP_New	NEW SEX PARTNERS IN LAST 3 MONTHS INDICATOR (OPPOSITE SEX PARTNERS)	*were any of these new partners
26	OSP_CI	CONDOMLESS SEX INDICATOR (PENETRATIVE SEX OPPOSITE SEX PARTNERS FOR THE LAST TIME PERSON HAD SEX)	Did the patient have condom-less oral, vaginal or anal sex the last time they had sex?

Same sex partners - men who have sex with men			
27	MSM	NUMBER OF SEX PARTNERS IN LAST 3 MONTHS CODE (MALE SAME SEX PARTNERS)	The number of sex partners in the last 3 months for men who have sex with men*
28	MSM_HIV_Pos	HIV POSITIVE PARTNERS IN LAST 3 MONTHS INDICATOR (PENETRATIVE SEX MALE SAME SEX PARTNERS)	*were any of these known to be HIV positive
29	MSM_CI	CONDOMLESS SEX INDICATOR (PENETRATIVE SEX MALE SAME SEX PARTNERS IN THE LAST 3 MONTHS)	Did the patient have condom-less receptive or insertive anal sex in the last 3 months?
30	MSM_CI_Rec	CONDOMLESS SEX INDICATOR (RECEPTIVE SEX MALE SAME SEX PARTNERS IN THE LAST 3 MONTHS)	Did the patient have condom-less receptive anal sex in the last 3 months?

Same sex partners - women who have sex with women			
31	WSW	NUMBER OF SEX PARTNERS IN LAST 3 MONTHS CODE (FEMALE SAME SEX PARTNERS)	The number of partners in the last 3 months for women who have sex with women*
32	WSW_New	NEW SEX PARTNERS IN LAST 3 MONTHS INDICATOR (FEMALE SAME SEX PARTNERS)	*were any of these new partners
Partner Notification			
33	PN_Date	INITIAL PARTNER NOTIFICATION DISCUSSION DATE	The date partner notification was discussed/initiated (for the current diagnosis)
34	PN_Partners	NUMBER OF PATIENT REPORTED PARTNERS FOR DIAGNOSED SEXUALLY TRANSMITTED INFECTION	The number of sexual partners identified by the patient (in relation to partner notification follow-up)*

35	PN_Contacts	NUMBER OF CONTACTABLE PATIENT REPORTED PARTNERS FOR DIAGNOSED SEXUALLY TRANSMITTED INFECTION	*of which, the number that are contactable**
36	PN_Contacts_Att_Rep	NUMBER OF PATIENT PARTNERS REPORTED AS ATTENDED A SEXUAL HEALTH SERVICE	**of which, the number that were reported by the patient to have attended a sexual health service (within 4 weeks)***
37	PN_Contacts_Att_Ver	NUMBER OF PATIENT PARTNERS CONFIRMED AS ATTENDED A SEXUAL HEALTH SERVICE	***of which, the number that were confirmed by a health care worker to have attended a sexual health service (within 4 weeks)
<b>Behaviour</b>			
38	PrEP_Eligibility	PRE- EXPOSURE PROPHYLAXIS ELIGIBILITY REASON	Patient's eligibility for being offered PrEP
39	PrEP_Uptake	PRE - EXPOSURE PROPHYLAXIS OFFER STATUS CODE	The outcome of the PrEP offer
40	PrEP_Regimen	PRE- EXPOSURE PROPHYLAXIS DRUG REGIMEN CODE	The type of PrEP regimen prescribed

41	PrEP_Prescription	PRESCRIBED ITEM QUANTITY (PRE- EXPOSURE PROPHYLAXIS)	The number of PrEP tablets prescribed
42	PrEP_Stop_Reason	PRE-EXPOSURE PROPHYLAXIS STOPPED REASON	The reason PrEP was stopped
43	Alcohol_1	ALCOHOL USE ASSESSED INDICATOR (SEXUAL HEALTH SERVICE)	Was the patient's alcohol use assessed*
44	Alcohol_2	ALCOHOL USE ASSESSED AS PROBLEMATIC INDICATOR (SEXUAL HEALTH SERVICE)	*if yes, was alcohol use assessed as problematic
45	Drugs_Used	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (RECREATIONAL DRUGS)	Did the patient use recreational drugs in the last 3 months*
46	Drugs_1	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (AMPHETAMINE OR SPEED)	*if yes, did the patient take Amphetamine/Speed?

47	Drugs_2	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (BENZODIAZEPINES NON- PRESCRIBED)	*if yes, did the patient take Benzodiazepines (non-prescribed)?
48	Drugs_3	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (CANNABIS)	*if yes, did the patient take Cannabis?
49	Drugs_4	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (COCAINE)	*if yes, did the patient take Cocaine?
50	Drugs_5	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (CRACK)	*if yes, did the patient take Crack?
51	Drugs_6	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (CRYSTAL METH OR METHAMPHETAMINE)	*if yes, did the patient take Crystal Meth / Methamphetamine?
52	Drugs_7	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (ECSTASY OR METHYLENEDIOXYME THAMPHETAMINE)	*if yes, did the patient take Ecstasy/E/MDMA?

53	Drugs_8	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (GAMMAHYDROXYBUTYRATE OR GAMMABUTYROLACTONE)	*if yes, did the patient take GHB/GBL?
54	Drugs_9	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (HEROIN)	*if yes, did the patient take Heroin?
55	Drugs_10	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (KETAMINE)	*if yes, did the patient take Ketamine?
56	Drugs_11	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (NOVEL PSYCHOACTIVE)	*if yes, did the patient take Novel psychoactive substances?
57	Drugs_12	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (MEPHEDRONE)	*if yes, did the patient take Mephedrone (M-Cat)?
58	Drugs_13	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (METHADONE)	*if yes, did the patient take Methadone?



59	Drugs_14	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (POPPERS)	*if yes, did the patient take Poppers?
60	Drugs_15	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (SOLVENTS OR GLUE)	*if yes, did the patient take Solvents/Glue?
61	Drugs_16	SUBSTANCE USE IN THE LAST 3 MONTHS INDICATOR (UNCLASSIFIED SUBSTANCE)	*if yes, did the patient take other recreational drug (not listed)?
62	Drugs_Inject	SUBSTANCE INJECTED IN THE LAST 3 MONTHS INDICATOR	Did the patient inject recreational drugs in the last 3 months*
63	Drugs_Share_Eqp	SUBSTANCE INJECTED SHARED EQUIPMENT IN THE LAST 3 MONTHS INDICATOR	*if yes, did the patient share any drug injecting equipment?
64	Drugs_Sex	SEXUAL INTERCOURSE UNDER THE INFLUENCE OF SUBSTANCE INDICATOR	Was the patient under the influence of recreational drugs (before or during) the last time they had penetrative (vaginal or anal) sex?

<sup>1</sup>Refers to the horizontal position of the data item within the CSV file

## Appendix 2. Data type and coding

Data Item			
Position <sup>1</sup>	Name	Code Format <sup>2</sup> and Descriptions	
Clinic of Attendance			
1	ClinicID	AN(9)	
		-	Predefined ODS code
2	Clinic_Type	AN(2)	
		01	Specialist - Level 3
		02	SRH - Level 2
		03	Online - Level 2
		04	GP - Level 2
		05	Prison - Level 2
		10	Other - Level 2
		11	Other - Level 1
Patient Demographics			
3	PatientID	AN(20)	
		-	Predefined code (issued by patient software)
4	Patient_Type	AN(2)	
		01	Prisoner
		02	Sex worker
		NA	Not applicable / Not asked
5	Gender_Identity	AN(1)	
		1	Male (including trans man)
		2	Female (including trans woman)
		3	Non-binary
		4	Other
		Z	Not Stated
		X	Not Known

6	Gender_Birth	AN(1)	
		Y	Yes - gender identity is the same as gender assigned at birth
		N	No - gender identity is not the same as gender assigned at birth
		Z	Not Stated
		X	Not Known
7	Age	N(3)	
		-	Number in whole years
		999	Not known
8	Sex_Ori	AN(1)	
		1	Heterosexual or Straight
		2	Gay or Lesbian
		3	Bisexual
		4	Other
		U	Unsure
		Z	Not stated
		9	Not known
9	Ethnicity	AN(2)	
			<b>White</b>
		A	British
		B	Irish
		C	Any other White background
			<b>Mixed</b>
		D	White and Black Caribbean
		E	White and Black African
		F	White and Asian
		G	Any other mixed background
			<b>Asian or Asian British</b>
		H	Indian
		J	Pakistani
		K	Bangladeshi

		L	Any other Asian background
		M	<b>Black or Black British</b> Caribbean
		N	African
		P	Any other Black background
		R	<b>Other Ethnic Groups</b> Chinese
		S	Any other ethnic group
		99	<b>Unclassified</b> Not Known
		Z	Not Stated
10	Country_Birth	A(3)	
		-	Predefined ISO codes - a full list is available from PHE ( <a href="mailto:gumcad@phe.gov.uk">gumcad@phe.gov.uk</a> )
		ZZZ	Not stated
		XXX	Not known
11	LA	AN(9)	
		-	Predefined ONS codes - a full list is available from PHE ( <a href="mailto:gumcad@phe.gov.uk">gumcad@phe.gov.uk</a> )
		E*	England
		W*	Wales
		S*	Scotland
		N*	Northern Ireland
		L99999999	Channel Islands
		M99999999	Isle of Man
		X99999998	Not applicable (outside the UK)
		X99999999	Not known
12	LSOA	AN(8-9) - LSOA codes for Northern Ireland are 8 characters in length – all other codes are 9 characters	
		-	Predefined ONS codes - a full list is available from PHE ( <a href="mailto:gumcad@phe.gov.uk">gumcad@phe.gov.uk</a> )
		E*	England

		W*	Wales
		S*	Scotland
		g*	Northern Ireland
		L99999999	Channel Islands
		M99999999	Isle of Man
		X99999998	Not applicable (outside the UK)
		X99999999	Not known
Episode_Activity			
13	Consultation_Referral	N(16)	
		1082321000000100	Self-referral
		1086251000000100	SRH (referral from)
		108161000000109	GP (referral from)
		1066011000000100	Prison (referral from)
		1086261000000100	NCSP (referral from)
		1086391000000100	Online service (referral from)
14	Consultation_Date	AN(10) - CCYY-MM-DD	
15	Consultation_Medium	AN(2)	
		1	Face to face consultation
		2	Telephone consultation
		7	Online consultation
16	Consultation_Type	AN(2)	
		1	New (initial / first / rebook)
		2	Follow-up
17	Consultation_Speciality	AN(2)	
		1	Integrated STI/SRH care
		2	STI care
		3	SRH care
		4	HIV care
		96	Other care

18	Consultation_PN	AN(2)	
		Y	Yes - the consultation is a result of Partner Notification follow-up
		N	No - the consultation is not a result of Partner Notification follow-up
		NA	Not applicable
19	Consultation_Symptomatic	AN(2)	
		Y	Yes - symptomatic
		N	No - asymptomatic
		NA	Not applicable
20	Episode_Activity	AN(20) SNOMED / SHHAPT / READ codes – nulls/blank cells are permitted	
21	Diagnosis_Confirmed	AN(2)	
		1	Confirmed (at this service)
		2	Confirmed elsewhere (at a different service)
		3	Initial reactive
		NA	Not applicable
22	Diagnosis_Site	AN(2)	
		1	Genital
		2	Rectal
		3	Pharyngeal
		4	Ocular
		96	Other
		NA	Not applicable
23	Diagnosis_Treated	AN(2)	
		1	Yes - treatment provided
		2	No - treatment not required
		3	No - referred elsewhere for treatment
		4	No - patient refused treatment
		5	No - patient walked out (before treatment could be provided)
		NA	Not applicable

Opposite sex partners -men & women who have sex			
24	OSP	AN(2)	
		1	0
		2	1
		3	02-Apr
		4	5+
		ZZ	Not stated
		UU	Not known
		NA	Not applicable / Not asked
25	OSP_New	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
26	OSP_CI	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
Same sex partners - men who have sex with men			
27	MSM	AN(2)	
		1	0
		2	1
		3	2-4
		4	5+
		ZZ	Not stated
		UU	Not known
		NA	Not applicable / Not asked

28	MSM_HIV_Pos	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
29	MSM_CI	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
30	MSM_CI_Rec	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
Same sex partners - women who have sex with women			
31	WSW	AN(2)	
		1	0
		2	1
		3	2-4
		4	5+
		ZZ	Not stated
		UU	Not known
		NA	Not applicable / Not asked
32	WSW_New	AN(2)	
		Y	Yes
		N	No
		Z	Not stated



		U	Not known
		NA	Not applicable / Not asked
<b>Partner Notification</b>			
33	PN_Date	AN(10) - CCYY-MM-DD nulls/blank cells are permitted	
34	PN_Partners	AN(3)	
		-	Any number 0-999
		NA	Not applicable / Not asked
35	PN_Contacts	AN(3)	
		-	Any number 0-999
		NA	Not applicable / Not asked
36	PN_Contacts_Att_Rep	AN(3)	
		-	Any number 0-999
		NA	Not applicable / Not asked
37	PN_Contacts_Att_Ver	AN(3)	
		-	Any number 0-999
		NA	Not applicable / Not asked
<b>Behaviour</b>			
38	PrEP_Eligibility	AN(2)	
		1	MSM / Transgender woman
		2	HIV positive partner
		96	Other high risk
		NA	Not applicable / Not asked
39	PrEP_Uptake	AN(2)	
		1	Accepted
		2	Declined - patient refused PrEP
		3	Declined - patient is obtaining PrEP elsewhere
		NA	Not applicable / Not asked
40	PrEP_Regimen	AN(2)	
		1	Daily (or nearly daily)

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		2 ZZ UU NA	Event based (coital) Not stated Not known Not applicable/ Not asked
41	PrEP_Prescription	AN(2) 1 2 3 96 ZZ UU NA	30 tablets 60 tablets 90 tablets Other amount Not stated Not known Not applicable / Not asked
42	PrEP_Stop_Reason	AN(2) 1 2 3 4 96 ZZ UU NA	Adverse event HIV acquisition Patient choice No longer eligible Other Not stated Not known Not applicable / Not asked
43	Alcohol_1	AN(2) Y N Z U NA	Yes No Not stated Not known Not applicable / Not asked
44	Alcohol_2	AN(2) Y N	Yes No

## GUMCAD STI Surveillance System: Clinical guidelines

		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
45	Drugs_Used	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
46	Drugs_1	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
47	Drugs_2	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
48	Drugs_3	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
49	Drugs_4	AN(2)	
		Y	Yes
		N	No
		Z	Not stated

## GUMCAD STI Surveillance System: Clinical guidelines

		U	Not known
		NA	Not applicable / Not asked
50	Drugs_5	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
51	Drugs_6	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
52	Drugs_7	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
53	Drugs_8	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
54	Drugs_9	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known

		NA	Not applicable / Not asked
55	Drugs_10	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
56	Drugs_11	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
57	Drugs_12	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked
58	Drugs_13	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked

59	Drugs_14	AN(2)	
		Y N Z U NA	Yes No Not stated Not known Not applicable / Not asked
60	Drugs_15	AN(2)	
		Y N Z U NA	Yes No Not stated Not known Not applicable / Not asked
61	Drugs_16	AN(2)	
		Y N Z U NA	Yes No Not stated Not known Not applicable / Not asked
62	Drugs_Inject	AN(2)	
		Y N Z U NA	Yes No Not stated Not known Not applicable / Not asked
63	Drugs Share Eqp	AN(2)	
		Y N Z U NA	Yes No Not stated Not known Not applicable / Not asked

# GUMCAD STI Surveillance System: Clinical guidelines

64	Drugs_Sex	AN(2)	
		Y	Yes
		N	No
		Z	Not stated
		U	Not known
		NA	Not applicable / Not asked

<sup>1</sup>Refers to the horizontal position of the data item within the CSV file

<sup>2</sup>AN = Alpha-numeric, A = Alphabetical, N = Numeric.

The number in brackets denotes the maximum string length. Code entries which are shorter than the maximum string length should not include leading/trailing zeroes or spaces.

## Appendix 3. Episode activity definitions

The coding guidance given will be compatible with majority of STI episode activity – however, please use your judgement and experience to appropriately code instances where episode activity does not fully align with the standard guidance provided.

Episode activity can be reported using SNOMED, SHHAPT or READ codes – see Appendix 3A and Appendix 3B

Episode activity should only be reported once per episode of care.

HIV care can be reported as often as required.

Standalone online self-sampling services may report confirmed diagnoses of chlamydia and gonorrhoea. However, patients with reactive results for HIV, syphilis or hepatitis, should be referred to a sexual health service for confirmatory testing.

The variable Diagnosis\_Confirmed (see 0) may be used to indicate “Initial reactive” results.

The default value “Self-referral” of variable Consultation\_Referral (see 0) can be updated to indicate the source of referral which includes “online service”.

If a current episode activity is known to have been diagnosed at another sexual health service, use the variable Diagnosis\_Confirmed (see 0) to indicate that it is “Confirmed elsewhere (at a different service)” and the variable Consultation\_Referral (see 0) to identify source of referral (self-referral, SRH, GP, prison, NCSP, online service)

Episode activity can be reported at ‘new’ and ‘follow-up’ consultations.

A majority of episode activity would be reported at ‘new’ consultations because this is typically when testing and diagnosis is carried out.

Episode activity should be data entered during the consultation or as soon after as possible (with particular reference to when results are not yet known).

PrEP SHHAPT codes are now retired and replaced with new PrEP data items (see 0 and 0)

Clinics participating in the PrEP Impact Trial, please refer to coding guidance provided by the trial sponsor – <https://www.prepimpacttrial.org.uk/protocol>) and associated clinical guidance. For further trial-related queries please contact [prep.impact@nhs.net](mailto:prep.impact@nhs.net)

Some episode activity may be included in HARS and SRHAD. Please speak to your software provider to determine if separate coding is required for GUMCAD, HARS and SRHAD (see section 5).



## Appendix 3A. Description of episode activity codes (Diagnoses)

Episode activity		
Condition or finding	SNOMED	SHHAPT
<b>Balanitis</b>	-	-
Anaerobic balanitis	236746000	C6B
Laboratory confirmation is required for this condition.		
<ul style="list-style-type: none"> <li>All other / non-confirmed anaerobic balanitis should be coded as 'Balanitis- other causes'.</li> </ul>		
Balanitis - other causes	44882003	C6C
Other and non-confirmed anaerobic balanitis		
<b>Candidosis-anogenital</b>	240707005	C7
This is diagnosed only when there is microscopic or culture evidence of Candida infection.		
<ul style="list-style-type: none"> <li>If there is no microbiological evidence the infection should be coded as 'other causes' of balanitis, vaginitis or vaginosis.</li> </ul>		
<b>Cervical cytology</b>	-	-
Cervical cytology: mild dyskaryosis	269959007	P4A
Includes smears showing mild dyskaryosis on cytological examination		
Cervical cytology: moderate dyskaryosis	269961003	P4B
Includes smears showing moderate dyskaryosis on cytological examination.		
Cervical cytology: severe dyskaryosis	269960002	P4B
Includes smears showing severe dyskaryosis on cytological examination.		
<b>Chancroid</b>	266143009	C1
Laboratory confirmation is required for this condition.		
<b>Chlamydia</b>	240589008	C4
All cases of complicated and uncomplicated <i>Chlamydia trachomatis</i> infections (diagnosed by NAAT).		
<ul style="list-style-type: none"> <li>Genital chlamydia would include urethral and cervical urethral infections.</li> <li>Site of infection should be reported for this condition – see Appendix 4.</li> <li>Patients thought to be newly infected after a previous episode should be regarded as a new episode and investigated, treated and diagnosed accordingly.</li> <li>Treatment failures should not be given a new diagnosis. <ul style="list-style-type: none"> <li>Treatment failures include those in whom first line antibiotics have failed (for example, symptoms not resolved, or antibiotics not taken correctly) and those who have had sexual intercourse with an untreated partner (not a new partner) within 6 weeks.</li> </ul> </li> </ul>		
<b>Child sexual exploitation</b>	-	-
Child sexual exploitation: internal assessment	1086791000000109	CSE1
Concerns raised of child sexual exploitation at internal assessment.		

Child sexual exploitation: referred to internal professionals	1086821000000104	CSE2
Concerns of child sexual exploitation referred to internal safeguarding professionals.		
Child sexual exploitation: referred to external professionals	1086831000000102	CSE3
Concerns of child sexual exploitation referred to external safeguarding professionals.		
<b>Domestic violence (or abuse)</b>	1087071000000109	DV
Concerns raised of domestic violence (or abuse).		
<b>Donovanosis</b>	240606006	C3
Laboratory confirmation is required for this condition.		
<ul style="list-style-type: none"> <li>Site of infection can be reported for this condition- see Appendix 4</li> </ul>		
<b>Epididymitis</b>	31070006	C5A
All cases of epididymitis		
<ul style="list-style-type: none"> <li>Epididymitis should be reported with a chlamydia diagnosis to indicate chlamydial infections and a gonorrhoea diagnosis to indicate gonococcal infections.</li> </ul>		
<b>Female genital mutilation</b>	95041000119101	FGM
Female genital mutilation of any type.		
<ul style="list-style-type: none"> <li>Detailed guidance for female genital mutilation can be found here: <a href="https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg53/">https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg53/</a></li> </ul>		
<b>Gonorrhoea</b>	15628003	B
All cases of complicated and uncomplicated gonorrhoea.		
<ul style="list-style-type: none"> <li>NAAT-positive or culture confirmed.</li> <li>Genital gonorrhoea would include urethral and cervical urethral infections</li> <li>Site of infection should be reported for this condition-see Appendix 4.</li> <li>Patients thought to be newly infected after a previous episode should be regarded as a new episode and investigated, treated and diagnosed accordingly.</li> <li>Treatment failures should not be given a new diagnosis. <ul style="list-style-type: none"> <li>Treatment failures include those in whom first line antibiotics have failed (for example, symptoms not resolved, or antibiotics not taken correctly) and those who have had sexual intercourse with an untreated partner (not a new partner) within 6 weeks.</li> </ul> </li> </ul>		
<b>Hepatitis</b>	-	-
Hepatitis A: acute infection	25102003	C15
Diagnoses of acute viral hepatitis A - defined as detection of hepatitis A virus specific IgM antibodies.		
<ul style="list-style-type: none"> <li>Subsequent attendances for management of hepatitis A should not be coded as an acute infection.</li> <li>Standalone online self-sampling services may report initial reactive results (all other services should only report confirmed diagnoses) <ul style="list-style-type: none"> <li>Online patients with reactive results should be referred for confirmatory testing.</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>Detailed guidance for online services is available here:  <a href="https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services">https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services</a> </li> </ul>		
Hepatitis B: first diagnosis	66071002	C13
<p>First diagnoses of viral hepatitis B - HBsAG antigen positive.</p> <ul style="list-style-type: none"> <li>Subsequent attendances for management of hepatitis B should not be coded as a first diagnosis.</li> <li>Standalone online self-sampling services may report initial reactive results (all other services should report confirmed diagnoses only) <ul style="list-style-type: none"> <li>Online patients with reactive results should be referred for confirmatory testing.</li> <li>Detailed guidance for online services is available here:  <a href="https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services">https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services</a> </li> </ul> </li> </ul>		
Hepatitis C: first diagnosis	50711007	C14
<p>First diagnoses of viral hepatitis C - defined as anti-HCV positive or HCV RNA positive.</p> <ul style="list-style-type: none"> <li>Subsequent attendances for management of hepatitis C should not be coded as a first diagnosis.</li> <li>Standalone online self-sampling services may report initial reactive results (all other services should report confirmed diagnoses only) <ul style="list-style-type: none"> <li>Online patients with reactive results should be referred for confirmatory testing.</li> <li>Detailed guidance for online services is available here:  <a href="https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services">https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services</a> </li> </ul> </li> </ul>		
<b>Herpes simplex - anogenital</b>	-	-
Herpes simplex: first episode	186538004	C10A
<p>Laboratory confirmation is required for this condition.</p> <ul style="list-style-type: none"> <li>A first episode of anogenital herpes should only be recorded if the patient has never previously had a confirmed diagnosis (at another sexual health service).</li> <li>Site of infection should be reported for this condition- see Appendix 4.</li> </ul>		
Herpes simplex: recurrent episode	240479006	C10B
<p>Laboratory confirmation is required for this condition – except where an episode has previously been confirmed, then clinical judgement is sufficient.</p> <ul style="list-style-type: none"> <li>A subsequent episode of anogenital herpes would include episodes confirmed at any sexual health service.</li> <li>Site of infection should be reported for this condition- see Appendix 4.</li> </ul>		
<b>HIV</b>	-	-
HIV: known positive	699433000	H
<p>For known HIV positive patients who are attending for STI care only.</p> <ul style="list-style-type: none"> <li>Patients attending for STI care <i>and</i> HIV care should be coded 'HIV related care' instead.</li> <li>A 'HIV: known positive' code should not be reported with any other code denoting HIV positive status.</li> </ul>		
HIV: new diagnosis	86406008	H1

<p>Newly confirmed HIV diagnoses (that are not 'acute' or 'AIDS defined').</p> <ul style="list-style-type: none"> <li>• Known HIV positive patients transferring their HIV care to a new service should not be coded as a new HIV diagnosis- they should be coded as receiving 'HIV related care'.</li> <li>• A new HIV diagnosis should not be reported with any other code denoting HIV positive status.</li> <li>• A new HIV diagnosis should only be reported once throughout an entire patient's history (new, acute or AIDS defined).</li> <li>• Standalone online self-sampling services may report initial reactive results (all other services should report confirmed diagnoses only) <ul style="list-style-type: none"> <li>○ Online patients with reactive results should be referred for confirmatory testing.</li> <li>○ Detailed guidance for online services is available here:  <a href="https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services">https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services</a> </li> </ul> </li> </ul>		
HIV: new diagnosis - acute infection	111880001	H1A
<p>Newly confirmed HIV diagnoses which have evidence of 1 or more of the following in the last 6 months:</p> <p>a) a documented negative HIV test.</p> <p>b) laboratory evidence (for example RITA assay, RNA, neutralisable p24 antigen and antibody negative).</p> <p>c) evidence of seroconversion illness.</p> <ul style="list-style-type: none"> <li>• Known HIV positive patients transferring their HIV care to a new service should not be coded as a new HIV diagnosis – they should be coded as receiving 'HIV related care'.</li> <li>• A new HIV diagnosis should not be reported with any other code denoting HIV positive status.</li> <li>• A new HIV diagnosis should only be reported once throughout an entire patient's history (new, acute or AIDS defined).</li> <li>• Standalone online self-sampling services may report initial reactive results (all other services should report confirmed diagnoses only) <ul style="list-style-type: none"> <li>○ Online patients with reactive results should be referred for confirmatory testing.</li> <li>○ Detailed guidance for online services is available here:  <a href="https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services">https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services</a> </li> </ul> </li> </ul>		
HIV: new diagnosis - AIDS defined	62479008	H1B
<p>Newly confirmed HIV diagnoses which have a clinical AIDS diagnosis within 3 months of initial HIV diagnosis.</p> <ul style="list-style-type: none"> <li>• Known HIV positive patients transferring their HIV care to a new service should not be coded as a new HIV diagnosis – they should be coded as receiving 'HIV-related care'.</li> <li>• A new HIV diagnosis should not be reported with any other code denoting HIV positive status.</li> <li>• A new HIV diagnosis should only be reported once throughout an entire patient's history (new, acute or AIDS defined).</li> <li>• Standalone online self-sampling services may report initial reactive results (all other services should report confirmed diagnoses only) <ul style="list-style-type: none"> <li>○ Online patients with reactive results should be referred for confirmatory testing.</li> <li>○ Detailed guidance for online services is available here:  <a href="https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services">https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services</a> </li> </ul> </li> </ul>		

<b>HIV-related care</b>	504871000000109	H2
<p>All attendances relating to HIV care.</p> <ul style="list-style-type: none"> <li>HIV-related care can be coded at every required attendance within a single episode.</li> <li>HIV-related care should not be reported with any other code denoting HIV positive status.</li> </ul>		
<b>Lymphogranuloma venereum (LGV)</b>	186946009	C2
<p>Laboratory confirmation is required for this condition.</p> <ul style="list-style-type: none"> <li>Site of infection should be reported for this condition- see Appendix 4.</li> </ul>		
<b>Molluscum contagiosum</b>	40070004	C12
<p>Diagnosis refers to presence of characteristic lesions, or characteristic histopathological features if biopsy has been performed.</p>		
<b>Mycoplasma genitalium (M-gen)</b>	240594008	C16
<p>Laboratory confirmation is required for this condition.</p> <ul style="list-style-type: none"> <li>Site of infection should be reported for this condition- see Appendix 4.</li> </ul>		
<b>Non-specific genital infection (NSGI)</b>	774911000000100	C4N
<p>All cases of complicated and uncomplicated NSGI.</p> <ul style="list-style-type: none"> <li>Males are diagnosed with NSGI in the presence of polymorphonuclear leucocytes (at &gt;5 per high power field) and in the absence of laboratory confirmed chlamydia and gonorrhoea</li> <li>Females being treated for non-specific mucopurulent cervicitis should be coded as NSGI.</li> <li>Patients thought to be newly infected after a previous episode should be regarded as a new episode and investigated, treated and diagnosed accordingly.</li> <li>Treatment failures should not be given a new diagnosis. <ul style="list-style-type: none"> <li>Treatment failures include those in whom first line antibiotics have failed (for example, symptoms not resolved, or antibiotics not taken correctly) and those who have had sexual intercourse with an untreated partner (not a new partner) within 6 weeks.</li> </ul> </li> </ul>		
<b>Ophthalmia neonatorum</b>	342098002	C5B
<p>All cases of ophthalmia neonatorum.</p> <ul style="list-style-type: none"> <li>Ophthalmia neonatorum should be reported with a chlamydia diagnosis to indicate chlamydial infections and a gonorrhoea diagnosis to indicate gonococcal infections.</li> </ul>		
<b>Pediculosis pubis</b>	71011005	C9
<p>This includes cases treated on either a clinical or epidemiological basis.</p> <ul style="list-style-type: none"> <li>Patients thought to be newly infected after a previous episode should be regarded as a new episode and investigated, treated and diagnosed accordingly.</li> <li>Treatment failures should not be given a new diagnosis.</li> </ul>		
<b>Pelvic inflammatory disease (PID)</b>	198130006	C5A
<p>All cases of pelvic inflammatory disease.</p> <ul style="list-style-type: none"> <li>PID should be reported with a chlamydia diagnosis to indicate chlamydial infections, a gonorrhoea diagnosis to indicate gonococcal infections and mycoplasma genitalium diagnosis to indicate mycoplasma genitalium infections.</li> </ul>		

<b>Pregnancy</b>	-	-
Pregnant 1-12 weeks	57630001	PR1
For those in the first trimester of pregnancy (only required once per pregnancy)		
<ul style="list-style-type: none"> <li>Should not be reported at the same time as the second and third trimester.</li> </ul>		
Pregnant 13-28 weeks	59466002	PR2
For those in the second trimester of pregnancy (only required once per pregnancy).		
<ul style="list-style-type: none"> <li>Should not be reported at the same time as the first and third trimester.</li> </ul>		
Pregnant 29 weeks - full term	41587001	PR3
For those in the third trimester of pregnancy (only required once per pregnancy).		
<ul style="list-style-type: none"> <li>Should not be reported at the same time as the first and second trimester.</li> </ul>		
<b>Proctitis</b>	3951002	C4NR
This includes all cases of complicated and uncomplicated rectal infection		
<b>Scabies</b>	128869009	C8
This includes cases treated on either a clinical or epidemiological basis.		
<ul style="list-style-type: none"> <li>Patients thought to be newly infected after a previous episode should be regarded as a new episode and investigated, treated and diagnosed accordingly.</li> <li>Treatment failures should not be given a new diagnosis.</li> </ul>		
<b>Sexual assault</b>	422608009	40 or 41
This includes any presentation of a sexual assault regardless of the number of days between the sexual assault and the medical examination.		
<ul style="list-style-type: none"> <li>SNOMED coding cannot distinguish between acute and non-acute presentations.</li> <li>This activity is shared with the SRHAD report. Please speak to your software provider to determine if separate coding is required for GUMCAD <b>and</b> SRHAD - <i>as this may need to be coded twice to appear in both reports.</i> <a href="http://www.hscic.gov.uk/datacollections/srhad">http://www.hscic.gov.uk/datacollections/srhad</a>.</li> </ul>		
<b>Shigella</b>	-	-
<i>Shigella flexneri</i> (group B)	34335000	SG1
Laboratory confirmation is required for this condition.		
<i>Shigella sonnei</i> (group D)	69794009	SG2
Laboratory confirmation is required for this condition.		
Shigella other/unspecified	111817006	SG3
Laboratory confirmation is required for this condition.		
<b>Syphilis</b>	-	-
Syphilis- Cardiovascular	83883001	A4
All cases of cardiovascular syphilis.		

Syphilis- Congenital	35742006	A7A
<p>Serological evidence of syphilis in an infant or child and clinical signs consistent with congenital syphilis, such as:</p> <ul style="list-style-type: none"> <li>a) Early (&lt;2 years): snuffles, skin and mucous membrane lesions, lymphadenopathy, hepatosplenomegaly.</li> <li>b) Late (&gt;2 years): gummatous ulcers, interstitial keratitis, optic atrophy, sensorineural deafness, Hutchinson's incisors.</li> </ul>		
Syphilis- Early latent	186867005	A3
<p>Patients who acquired syphilis in the preceding 2 years who have no signs or symptoms of primary or secondary syphilis. Proof of being treated for syphilis within the preceding 2 years is required.</p> <ul style="list-style-type: none"> <li>• Standalone online self-sampling services may report initial reactive results (all other services should report confirmed diagnoses only) <ul style="list-style-type: none"> <li>○ Online patients with reactive results should be referred for confirmatory testing.</li> <li>○ Detailed guidance for online services is available here:  <a href="https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services">https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services</a> </li> </ul> </li> </ul>		
Syphilis- Neurosyphilis	26039008	A5
<p>All cases of syphilis of the nervous system</p> <ul style="list-style-type: none"> <li>• Neurosyphilis should be reported with secondary syphilis to identify the stage of infection as <i>early</i> or with other late / latent syphilis to identify the stage of infection as <i>late</i>.</li> </ul>		
Syphilis- Ocular	410478005	A10
<p>All cases of syphilis involving the eye. Laboratory confirmation is required.</p>		
Syphilis - Otosyphilis	1092491000000102	A11
<p>All cases of syphilis involving sensorineural hearing loss. Laboratory confirmation is required.</p>		
Syphilis - Other late / latent	186903006	A6
<p>All cases of latent syphilis (detected 2 years after infection) and all other late syphilis.</p> <ul style="list-style-type: none"> <li>• Other late / latent syphilis should be reported with neurosyphilis to identify the stage of neurosyphilis infection as <i>late</i>.</li> </ul>		
Syphilis - primary	266127002	A1
<p>All cases of primary infectious syphilis where the patient has documented signs/symptoms. Laboratory confirmation is required.</p> <ul style="list-style-type: none"> <li>• Site of infection should be reported for this condition – see Appendix 4.</li> <li>• Standalone online self-sampling services may report initial reactive results (all other services should report confirmed diagnoses only) <ul style="list-style-type: none"> <li>○ Online patients with reactive results should be referred for confirmatory testing.</li> <li>○ Detailed guidance for online services is available here:  <a href="https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services">https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services</a> </li> </ul> </li> </ul>		

Syphilis - secondary	240557004	A2
<p>All cases of secondary infectious syphilis where the patient has documented signs/symptoms. Laboratory confirmation is required.</p> <ul style="list-style-type: none"> <li>Secondary syphilis should be reported with neurosyphilis to identify the stage of neurosyphilis infection as <i>early</i>.</li> <li>Standalone online self-sampling services may report initial reactive results (all other services should report confirmed diagnoses only) <ul style="list-style-type: none"> <li>Online patients with reactive results should be referred for confirmatory testing.</li> <li>Detailed guidance for online services is available here:  <a href="https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services">https://www.gov.uk/government/publications/gumcad-and-ctad-data-submission-for-sti-self-sampling-services</a> </li> </ul> </li> </ul>		
Trichomoniasis	56335008	C6A
<p>All cases of trichomoniasis.</p> <ul style="list-style-type: none"> <li>Cases of trichomoniasis associated with bacterial vaginosis (BV) should only be coded as trichomoniasis – BV should not be coded.</li> </ul>		
Urinary tract infection (UTI)	68566005	D2A
<p>Cases of UTI where any of the following conditions are met:</p> <ul style="list-style-type: none"> <li>Culture positive UTI.</li> <li>Moderately to highly likely UTI based on clinical and dipstick* criteria.</li> <li>Treated for UTI based on moderate/severe symptoms of UTI without culture or dipstick*</li> </ul> <p>*LE- or Nitrite-positive.</p>		
Vaginosis	-	-
Bacterial vaginosis (BV)	419760006	C6B
<p>Diagnosis of bacterial vaginosis (BV) is generally based on microscopy and pH vaginal fluid.</p> <ul style="list-style-type: none"> <li>This diagnosis is very rarely appropriate in males and used only if the patient has confirmed anaerobic balanitis. This diagnosis may occur in transgender men.</li> <li>Cases of BV associated with trichomoniasis should only be coded as trichomoniasis-BV should not be coded.</li> <li>All other/non-confirmed vaginosis should be coded 'vaginosis -other causes'.</li> </ul>		
Vaginosis-other causes	TBC	C6C
Other and non-confirmed bacterial vaginosis		
Vaginitis - other causes	30800001	C6C
Other and non-confirmed bacterial vaginitis		



<b>Warts - anogenital</b>	-	-
Warts-first episode	240542006	C11A
<p>First episodes of anogenital warts.</p> <ul style="list-style-type: none"> <li>• A first episode of anogenital warts should only be recorded if the patient has never previously received treatment for the condition (at another sexual health service).</li> <li>• Diagnosis refers to macroscopic warts. It does not refer to acetowhite patches, abnormalities revealed by acetowhite staining nor the cytological finding of a wart virus change that is these should not be coded as anogenital warts</li> <li>• Site of infection should be reported for this condition- see Appendix 4.</li> </ul>		
Warts- recurrent episode	1097561000000105	C11D
<p>Subsequent episodes of anogenital warts.</p> <ul style="list-style-type: none"> <li>• A subsequent episode of anogenital warts would include episodes confirmed at any sexual health service.</li> <li>• Diagnosis refers to macroscopic warts. It does not refer to acetowhite patches, abnormalities revealed by acetowhite staining nor the cytological finding of a wart virus change that is these should not be coded as anogenital warts</li> <li>• Site of infection should be reported for this condition- see Appendix 4.</li> </ul>		

## Appendix 3B. Description of episode activity codes (Services provided)

Episode activity		
Services	SNOMED	SHHAPT
<b>Cervical cytology performed</b>	171149006	P4
<p>All instances where cervical cytology is performed, regardless of outcome.</p> <ul style="list-style-type: none"> <li>This activity is shared with the SRHAD report. Please speak to your software provider to determine if separate coding is required for GUMCAD <b>and</b> SRHAD <i>that is this may need to be coded twice to appear in both reports.</i> <a href="http://www.hscic.gov.uk/datacollections/srhad">http://www.hscic.gov.uk/datacollections/srhad</a>.</li> </ul>		
<b>Hepatitis vaccinations</b>	-	-
Hepatitis A: immune	278971009	O22
<p>Hepatitis A immunity includes those who have:</p> <ul style="list-style-type: none"> <li>Natural immunity – via self-reported or documented history of hepatitis A infection.</li> <li>Vaccinated immunity – via documented history of 2 doses of monovalent or 3 doses of bivalent vaccine.</li> </ul>		
Hepatitis A vaccination: First dose	170378007	O20
<p>The first dose of a new hepatitis A vaccination course</p> <ul style="list-style-type: none"> <li>A first dose should not be reported on the same date as any other vaccination dose.</li> </ul>		
Hepatitis A vaccination: Second dose	170379004	O21
<p>The second dose of a hepatitis A vaccination course (including those who may have received an earlier dose at another sexual health service).</p> <ul style="list-style-type: none"> <li>This includes either the second dose of a monovalent (hepatitis A) vaccination course <b>or</b> the second dose of a bivalent (hepatitis A &amp; B) vaccination course.</li> <li>A second dose should not be reported on the same date as any other vaccination dose.</li> </ul>		
Hepatitis A vaccination: Third dose	170380001	O21
<p>The third dose of a hepatitis A vaccination course (including those who may have received an earlier dose at another sexual health service).</p> <ul style="list-style-type: none"> <li>This includes the third dose of a bivalent (hepatitis A &amp; B) vaccination course.</li> <li>A third dose should not be reported on the same date as any other vaccination dose.</li> </ul>		
Hepatitis B: immune	271511000	P2I
<p>Hepatitis B immunity includes those who have:</p> <ul style="list-style-type: none"> <li>Natural immunity – via self-reported or documented history of hepatitis B infection.</li> <li>Vaccinated immunity – via documented history of 3 doses of vaccine.</li> </ul>		
Hepatitis B vaccination: First dose	170370000	P2A
<p>The first dose of a new hepatitis B vaccination course (including those who may have been previously vaccinated at any sexual health service but are now starting a new vaccination course).</p> <ul style="list-style-type: none"> <li>A first dose should not be reported on the same date as any other vaccination dose (including a booster).</li> </ul>		

Hepatitis B vaccination: Second dose	170371001	P2B
<p>The second dose of a hepatitis B vaccination course (including those who may have received an earlier dose at another sexual health service).</p> <ul style="list-style-type: none"> <li>A second dose should not be reported on the same date as any other vaccination dose (including a booster).</li> </ul>		
Hepatitis B vaccination: Third dose	170372008	P2C
<p>The Third dose of a hepatitis B vaccination course (including those who may have received an earlier dose at another sexual health service).</p> <ul style="list-style-type: none"> <li>A Third dose should not be reported on the same date as any other vaccination dose (including a booster).</li> </ul>		
Hepatitis B vaccination: Fourth dose	170374009	P2D
<p>The fourth dose of a hepatitis B vaccination course (including those who may have received an earlier dose at another sexual health service).</p> <ul style="list-style-type: none"> <li>A fourth dose should not be reported on the same date as any other vaccination dose (including a booster).</li> </ul>		
Hepatitis B vaccination: booster	170373003	P2E
<p>Hepatitis B vaccination boosters (including those who may have been vaccinated at another sexual health service).</p> <ul style="list-style-type: none"> <li>A booster should not be reported on the same date as any other vaccination dose.</li> </ul>		
<b>HPV vaccination</b>	-	-
HPV vaccination: First dose	428741008	W1
<p>The first dose of a new human papillomavirus vaccination course (including those who may have been previously vaccinated at any sexual health service but are now starting a new vaccination course).</p> <ul style="list-style-type: none"> <li>HPV vaccinations should routinely be offered to MSM up to the age of 45 (but can be offered to others as appropriate).</li> <li>A first dose should not be reported on the same date as any other vaccination dose.</li> </ul>		
HPV vaccination: Second dose	429396009	W2
<p>The second dose of a new human papillomavirus vaccination course (including those who may have received an earlier dose at another sexual health service).</p> <ul style="list-style-type: none"> <li>HPV vaccinations should routinely be offered to MSM up to the age of 45 (but can be offered to others as appropriate).</li> <li>A second dose should not be reported on the same date as any other vaccination dose.</li> </ul>		
HPV vaccination: Third dose	428931000	W3
<p>The Third dose of a new human papillomavirus vaccination course (including those who may have received an earlier dose at another sexual health service).</p> <ul style="list-style-type: none"> <li>HPV vaccinations should routinely be offered to MSM up to the age of 45 (but can be offered to others as appropriate).</li> <li>A third dose should not be reported on the same date as any other vaccination dose.</li> </ul>		

HPV vaccination: declined	438765003	W4
<p>All instances where a human papillomavirus vaccination course is offered and declined.</p> <ul style="list-style-type: none"> <li>• HPV vaccinations should routinely be offered to MSM up to the age of 45 (but can be offered to others as appropriate).</li> <li>• A vaccination course that is declined because a course has previously been received in full should not be coded as declined - it should be coded as previously received in full.</li> <li>• A vaccination course that is declined should not be reported on the same date as any other vaccination dose.</li> </ul>		
HPV vaccination: previously received in full	1086381000000106	W5
<p>All instances where a human papillomavirus vaccination course has previously been received in full (including where the vaccination course was received at another sexual health service).</p> <ul style="list-style-type: none"> <li>• A vaccination course that has previously been received in full should not be reported on the same date as any other vaccination dose.</li> </ul>		
<b>Partner notification</b>	-	-
Partner notification: chlamydia contact	444418002	PNC
<p>For those presenting as a partner of an index case diagnosed with chlamydia (at this or any other sexual health service).</p> <ul style="list-style-type: none"> <li>• If the presenting partner is diagnosed with chlamydia they should also be coded for chlamydia.</li> </ul>		
Partner notification: epididymitis contact	407560009	PNP
<p>For those presenting as a partner of an index case diagnosed with epididymitis (at this or any other sexual health service).</p> <ul style="list-style-type: none"> <li>• If the presenting partner is diagnosed with epididymitis they should also be coded for epididymitis.</li> </ul>		
Partner notification: gonorrhoea contact	444376008	PNG
<p>For those presenting as a partner of an index case diagnosed with gonorrhoea (at this or any other sexual health service).</p> <ul style="list-style-type: none"> <li>• If the presenting partner is diagnosed with gonorrhoea they should also be coded for gonorrhoea.</li> </ul>		
Partner notification: hepatitis A contact	444500002	O23
<p>For those presenting as a partner of an index case diagnosed with hepatitis A (at this or any other sexual health service).</p> <ul style="list-style-type: none"> <li>• If the presenting partner is diagnosed with hepatitis A they should also be coded for hepatitis A.</li> </ul>		
Partner notification: HIV contact	444356002	PNH
<p>For those presenting as a partner of an index case diagnosed with HIV (at this or any other sexual health service).</p> <ul style="list-style-type: none"> <li>• If the presenting partner is diagnosed with HIV they should also be coded for HIV (new, acute or AIDS defined diagnosis).</li> </ul>		

Partner notification: NSGI contact	444458000	PNN
For those presenting as a partner of an index case diagnosed with NSGI (at this or any other sexual health service).		
<ul style="list-style-type: none"> <li>If the presenting partner is diagnosed with NSGI they should also be coded for NSGI.</li> </ul>		
Partner notification: generic STI including PID contact	407560009	PNP
For those presenting as a partner of an index case diagnosed with PID (at this or any other sexual health service).		
<ul style="list-style-type: none"> <li>If the presenting partner is diagnosed with PID they should also be coded for PID.</li> </ul>		
Partner notification: syphilis contact	444380003	PNS
For those presenting as a partner of an index case diagnosed with syphilis (at this or any other sexual health service).		
<ul style="list-style-type: none"> <li>If the presenting partner is diagnosed with syphilis they should also be coded for syphilis.</li> </ul>		
Partner notification: trichomoniasis contact	444452004	PNT
For those presenting as a partner of an index case diagnosed with trichomoniasis (at this or any other sexual health service).		
<ul style="list-style-type: none"> <li>If the presenting partner is diagnosed with trichomoniasis they should also be coded for trichomoniasis.</li> </ul>		
<b>PEP sexual exposure</b>	473382005	PEPSE
For patients given HIV prophylaxis following sexual exposure (PEPSE).		
<b>PrEP</b>	-	-
Data on PrEP should be collected using the PrEP data items (see section 4.25)		
<b>Sexual health screens (SHS) / tests</b>	-	-
SHS: chlamydia & gonorrhoea tests	-	T2
For those given a sexual health screen which includes testing for chlamydia and gonorrhoea only.		
<ul style="list-style-type: none"> <li>This SHS should not be reported on the same date as any other SHS or with individual testing for chlamydia or gonorrhoea (accepted or declined).</li> </ul>		
SHS: chlamydia, gonorrhoea & syphilis tests	-	T3
For those given a sexual health screen which includes testing for chlamydia, gonorrhoea and syphilis only.		
<ul style="list-style-type: none"> <li>This SHS should not be reported on the same date as any other SHS or with individual testing for chlamydia, gonorrhoea or syphilis (accepted or declined).</li> </ul>		
SHS: chlamydia, gonorrhoea, syphilis & HIV tests	-	T4
For those given a full sexual health screen which includes testing for chlamydia, gonorrhoea, syphilis and HIV.		
<ul style="list-style-type: none"> <li>This SHS should not be reported on the same date as any other SHS or with individual testing for chlamydia, gonorrhoea, syphilis or HIV (accepted or declined).</li> </ul>		

SHS: syphilis & HIV tests	-	T7
For those given a sexual health screen which includes testing for syphilis and HIV only.		
<ul style="list-style-type: none"> <li>This SHS should not be reported on the same date as any other SHS or with individual testing for syphilis or HIV (accepted or declined).</li> </ul>		
Test: chlamydia test	442487003	T1
For those tested for chlamydia.		
<ul style="list-style-type: none"> <li>This test should not be reported on the same date as a SHS that includes chlamydia testing or with a declined chlamydia test.</li> </ul>		
Test: chlamydia test declined	412718006	T11
For those declining testing for chlamydia.		
<ul style="list-style-type: none"> <li>The declined test should not be reported on the same date as a SHS that includes chlamydia testing or with an individual test for chlamydia.</li> </ul>		
Test: gonorrhoea test	1086351000000100	-
For those tested for gonorrhoea.		
<ul style="list-style-type: none"> <li>This test should not be reported on the same date as a SHS that includes gonorrhoea testing or with a declined gonorrhoea test.</li> </ul>		
Test: gonorrhoea test declined	200651000000103	T9
For those declining testing for gonorrhoea.		
<ul style="list-style-type: none"> <li>The declined test should not be reported on the same date as a SHS which includes gonorrhoea testing or with an individual test for gonorrhoea.</li> </ul>		
Test: hepatitis A test	1086371000000109	T6
For those tested for hepatitis A.		
Test: hepatitis B test	171122006	T6
For those tested for hepatitis B.		
Test: hepatitis C test	413107006	T6
For those tested for hepatitis C.		
Test: herpes test	1086361000000102	T5
For those tested for the herpes simplex virus (HSV).		
Test: HIV test	171121004	P1A
For those tested for HIV.		
<ul style="list-style-type: none"> <li>This test should not be reported on the same date as a SHS that includes HIV testing or with declined / inappropriate HIV testing.</li> </ul>		
Test: HIV test declined	1086751000000101	P1B
For those declining testing for HIV.		
<ul style="list-style-type: none"> <li>Including where a pre-test discussion / counselling has taken place or where the patient intends to test in the future.</li> </ul>		

<ul style="list-style-type: none"> <li>The declined test should not be reported on the same date as a SHS which includes HIV testing or with an individual test for HIV.</li> </ul>		
Test: HIV test not appropriate	768801000000109	P1C
<p>For those whom the clinician deemed that HIV testing was not appropriate – such as where the patient has recently tested or is still inside the HIV ‘window’ period.</p> <ul style="list-style-type: none"> <li>Those already known to be HIV-positive do not need to be coded as ‘HIV test not appropriate’, they should be coded as ‘known HIV positive’ or for HIV-related care (as appropriate).</li> <li>‘HIV test not appropriate’ should not be reported on the same date as a SHS which includes HIV testing or with an individual test for HIV.</li> </ul>		
Test: M-gen test	1086331000000107	T12
For those tested for <i>Mycoplasma genitalium</i> .		
Test: syphilis test	1086341000000103	-
<p>For those tested for syphilis.</p> <ul style="list-style-type: none"> <li>This test should not be reported on the same date as a SHS that includes syphilis testing or with a declined syphilis test.</li> </ul>		
Test: syphilis test declined	202261000000101	T9
<p>For those declining testing for syphilis.</p> <ul style="list-style-type: none"> <li>The declined test should not be reported on the same date as a SHS which includes syphilis testing or with an individual test for syphilis.</li> </ul>		
Test element: microscopy	117259009	TS
<p>For use with any test where microscopy is undertaken.</p> <ul style="list-style-type: none"> <li>Microscopy can be reported on its own or in conjunction with other SHS / test codes.</li> </ul>		
Test element: rapid test	273407003	T10
<p>For those receiving at least 1 rapid test (same-day results) for chlamydia, gonorrhoea or HIV.</p> <ul style="list-style-type: none"> <li>Rapid testing should be reported in conjunction with other SHS / test codes for chlamydia, gonorrhoea or HIV.</li> </ul>		
Test element: self-sampling	TBC	T8
<p>Self-sampling of STIs without ‘face to face’ health care worker (HCW) consultation (indicating consultations where a sexual health history is not taken).</p> <ul style="list-style-type: none"> <li>Self-sampling includes urine specimens (commonly known as ‘pee &amp; go’), swabs (vaginal, anal or pharyngeal) or blood specimens.</li> <li>Self-sampling can be reported on its own or in conjunction with other SHS / test codes.</li> </ul>		

Test element: triple site test	TBC	TT
<p>For those receiving triple site testing (genital, pharyngeal and rectal) for chlamydia or gonorrhoea.</p> <ul style="list-style-type: none"> <li>• Triple site testing should be reported in conjunction with chlamydia or gonorrhoea SHS / test codes.</li> </ul>		



## Appendix 3C. HIV/STI test code combinations

SHAPPT codes for HIV/STI testing should be used in the appropriate way to ensure coding provides an accurate reflection of the services provided. The table below illustrates the 1-to-1 relationship between each HIV/STI code and highlights whether the combination is 'Accepted', 'Incomplete' or 'Rejected'.

SHHAPT Code	P1 A	P1B	P1C	T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	TS	TT
P1A: HIV antibody test		x	x	✓	✓	x	x	✓	✓	x	✓	✓	✓	✓	✓
P1B: HIV test offered & refused	x		x	✓	✓	✓	x	✓	✓	x	✓	✓	✓	✓	✓
P1C: HIV test not appropriate	x	x		✓	✓	✓	x	✓	✓	x	✓	✓	✓	✓	✓
T1: Chlamydia test	✓	✓	✓		x	x	x	✓	✓	✓	✓	✓	✓	✓	✓
T2: Chlamydia & gonorrhoea tests	✓	✓	✓	x		x	x	✓	✓	x	✓	✓	✓	✓	✓
T3: Chlamydia, gonorrhoea & syphilis tests	x	✓	✓	x	x		x	✓	✓	x	✓	x	✓	✓	✓
T4: Full sexual health screen (chlamydia, gonorrhoea, syphilis & HIV tests)	x	x	x	x	x	x		✓	✓	x	✓	x	✓	✓	✓
T5: Herpes simplex virus (HSV) test	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
T6: Hepatitis A / B / C test	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓

SHHAPT Code	P1 A	P1B	P1C	T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	TS	TT
T7: Syphilis & HIV antibody test	x	x	x	✓	x	x	x	✓	✓		✓	✓	✓	✓	✓
T8: Self sampling of STIs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
T9: STI testing not required/appropriate (chlamydia, gonorrhoea or syphilis)	✓	✓	✓	✓	✓	x	x	✓	✓	x	✓		✓	✓	✓
T10: Rapid testing – same day results (chlamydia, gonorrhoea or HIV)	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
TS: Microscopy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
TT: 3 site testing (chlamydia or gonorrhoea)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

## HIV/STI test code combinations Key:

✓	Accepted: code combination can be reported together.
✓	Incomplete: code combination can <u>only</u> be reported together when accompanied by a Third code (or fourth code etc.). for example T6 & TT cannot be reported on their own - because 3 site testing isn't conducted when testing for Hepatitis A /B/C. However, combining T6 & TT with a third code, such as T2, would complete the coding combination – such as reporting T6, TT & T2 for testing of Hepatitis A /B/C and 3 site testing for chlamydia/gonorrhoea.
x	Rejected: code combination cannot be reported together

## Appendix 4. Diagnosis of site of infection

Episode Activity Diagnosis Infection Site - Permitted Combinations & Data Defaults								
SNOMED	SHHAPT	Description	Genital	Rectal	Pharyngeal	Ocular	Other	Default
236746000	C6B	Balanitis: anaerobic balanitis	✓					Genital
44882003	C6C	Balanitis: other causes	✓					Genital
240707005	C7	Candidosis (anogenital)	✓					Genital
269959007	P4A	Cervical cytology: mild dyskaryosis	✓					Genital
269961003	P4B	Cervical cytology: moderate dyskaryosis	✓					Genital
269960002	P4B	Cervical cytology: severe dyskaryosis	✓					Genital
266143009	C1	Chancroid	✓	✓	✓			Genital
240589008	C4	Chlamydia	✓	✓	✓	✓	✓	Genital
240606006	C3	Donovanosis	✓	✓	✓			Genital
31070006	C5A	Epididymitis	✓					Genital
15628003	B	Gonorrhoea	✓	✓	✓	✓	✓	Genital
25102003	C15	Hepatitis A: acute infection					✓	Other
66071002	C13	Hepatitis B: first diagnosis					✓	Other
50711007	C14	Hepatitis C: first diagnosis					✓	Other
186538004	C10A	Herpes simplex: first episode (anogenital)	✓	✓				Genital
240479006	C10B	Herpes simplex: recurrent episode (anogenital)	✓	✓				Genital
86406008	H1	HIV new diagnosis					✓	Other
111880001	H1A	HIV new diagnosis: acute					✓	Other
62479008	H1B	HIV new diagnosis: late (AIDS defined)					✓	Other
186946009	C2	LGV	✓	✓	✓			Genital
40070004	C12	Molluscum contagiosum	✓					Genital
240594008	C16	Mycoplasma genitalium	✓	✓				Genital
774911000000100	C4N	Non-specific genital infection (NSGI)	✓				✓	Genital
34298002	C5B	Ophthalmia neonatorum				✓		Ocular
71011005	C9	Pediculosis pubis	✓					Genital

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198130006	C5A	Pelvic inflammatory disease (PID)					✓	Other
3951002	C4NR	Proctitis		✓				Rectal
128869009	C8	Scabies	✓					Genital
34335000	SG1	Shigella flexneri (group B)					✓	Other
69794009	SG2	Shigella sonnei (group D)					✓	Other
111817006	SG3	Shigella other/unspecified					✓	Other
83883001	A4	Syphilis: Cardiovascular syphilis					✓	Other
35742006	A7A	Syphilis: Congenital syphilis					✓	Other
186867005	A3	Syphilis: Early latent syphilis					✓	Other
26039008	A5	Syphilis: Neurosyphilis					✓	Other
410478005	A10	Syphilis: Ocular syphilis				✓		Ocular
1092491000000102	A11	Syphilis: Ootosyphilis					✓	Other
186903006	A6	Syphilis: Other late and latent syphilis					✓	Other
266127002	A1	Syphilis: Primary syphilis	✓	✓	✓		✓	Genital
240557004	A2	Syphilis: Secondary syphilis					✓	Other
56335008	C6A	Trichomoniasis	✓					Genital
68566005	D2A	Urinary tract infection	✓					Genital
30800001	C6C	Vaginitis: other causes	✓					Genital
419760006	C6B	Vaginosis: bacterial vaginosis (BV)	✓					Genital
240542006	C11A	Warts infection: first episode (anogenital)	✓	✓				Genital
1097561000000105	C11D	Warts infection: recurrent episode (anogenital)	✓	✓				Genital

## Appendix 5. CSV format

CSV files that do not comply with the required format will be rejected upon submission to PHE.

Below is an example of the data item content for a single row of data which is used to illustrate how the data should appear in the CSV file when viewed via a text reader.

### CSV Example: text reader (1 row of data)

```
ClinicID,Clinic_Type,PatientID,Patient_Type,Gender_Identity,Gender_Birth,Age,Sex_Ori,Ethnicity,Country_Birth,LA,LSOA,Consultation_Referral,Consultation_Date,Consultation_Medium,Consultation_Type,Consultation_Speciality,Consultation_PN,Consultation_Symptomatic,Episode_Activity,Diagnosis_Confirmed,Diagnosis_Site,Diagnosis_Treated,OSP,OSP_New,OSP_CL,MSM,MSM_HIV_Pos,MSM_CL,MSM_CL_Rec,WSW,WSW_New,PN_Date,PN_Partners,PN_Contacts,PN_Contacts_Att_Rep,PN_Contacts_Att_Ver,PrEP_Eligibility,PrEP_Uptake,PrEP_Regimen,PrEP_Prescription,PrEP_Stop_Reason,Alcohol_1,Alcohol_2,Drugs_Used,Drugs_1,Drugs_2,Drugs_3,Drugs_4,Drugs_5,Drugs_6,Drugs_7,Drugs_8,Drugs_9,Drugs_10,Drugs_11,Drugs_12,Drugs_13,Drugs_14,Drugs_15,Drugs_16,Drugs_Inject,Drugs_Share_Eqp,Drugs_Sex
R1234,01,M1900001,2,1,Y,32,2,A,GBR,E09000008,E01001106,1082321000000109, 2019-01-01,01,01,02,NA,Y,C4,01,02,01,NA,NA,NA,04,U,N,NA,NA,NA, 2019-01-01,6,6,4,4,01,01,01,03,NA,Y,N,Y,NA,NA,Y,NA,NA,NA,Y,NA,NA,NA,NA,NA,NA,NA,NA,NA,NA,N
```

An example of the data content for multiple rows of data when viewed via a CSV reader is available at [www.gov.uk/government/publications/gumcad-data-specification-and-technical-guidance](http://www.gov.uk/government/publications/gumcad-data-specification-and-technical-guidance).

## Appendix 6. SNOMED episode activity codes

The sexually transmitted infection / sexual health SNOMED subset is 'To be Confirmed' (TBC).

SNOMED codes should replace all SHHAPT and READ code reporting (SHHAPT and READ codes can continue to be reported until SNOMED implementation is complete – See Appendices 7 & 9).

Episode activity codes should only be reported once per episode of care - except for HIV-related care which may be reported as often as required.

## Appendix 7. SHHAPT / SNOMED episode activity codes

SHHAPT codes can continue to be reported until SNOMED implementation is complete. A reduced list of SHHAPT equivalent SNOMED codes has been defined to assist with implementation (the full list of SNOMED codes can be reported – see Appendix 5).

Episode activity codes should only be reported once per episode of care except for HIV-related care which may be reported as often as required (SHHAPT H2 / SNOMED 'To be confirmed').

Episode Activity Codes				
Diagnosis or Finding	SNOMED	SHHAPT	Description	Comment
Diagnosis	44882003	C6C	Balanitis: other causes	Previously reported via combined SHHAPT code for 'other balanitis/vaginitis/vaginosis'
Diagnosis	236746000	C6B	Balanitis: anaerobic balanitis	Previously reported via combined SHHAPT code for 'anaerobic balanitis/bacterial vaginosis'
Diagnosis	240707005	C7	Candidosis (anogenital)	
Diagnosis	269959007	P4A	Cervical cytology: mild dyskaryosis	
Diagnosis	269961003	P4B	Cervical cytology: moderate dyskaryosis	Previously reported via combined SHHAPT code for 'major abnormality'
Diagnosis	269960002	P4B	Cervical cytology: severe dyskaryosis	Previously reported via combined SHHAPT code for 'major abnormality'
Diagnosis	266143009	C1	Chancroid	
Finding	1086791000000109	CSE1	Child sexual exploitation: internal assessment	New Episode Activity code
Finding	1086821000000104	CSE2	Child sexual exploitation: referred to internal safeguarding professionals	New Episode Activity code
Finding	1086831000000102	CSE3	Child sexual exploitation: referred to external safeguarding professionals	New Episode Activity code
Diagnosis	240589008	C4	Chlamydia	
Finding	1087071000000109	DV	Domestic violence (or abuse)	New Episode Activity code
Diagnosis	240606006	C3	Donovanosis	

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Diagnosis	31070006	C5A	Epididymitis	Previously reported via combined SHHAPT code for 'PID / Epididymitis'
Finding	95041000119101	FGM	Female genital mutilation (of any type)	New Episode Activity code
Diagnosis	15628003	B	Gonorrhoea	
Diagnosis	25102003	C15	Hepatitis A: acute infection	
Diagnosis	66071002	C13	Hepatitis B: first diagnosis	
Diagnosis	50711007	C14	Hepatitis C: first diagnosis	
Diagnosis	186538004	C10A	Herpes simplex: first episode (anogenital)	
Diagnosis	240479006	C10B	Herpes simplex: recurrent episode (anogenital:)	
Diagnosis	86406008	H1	HIV new diagnosis	
Finding	699433000	H	HIV - known positive	
Finding	504871000000109	H2	HIV care	
Diagnosis	111880001	H1A	HIV new diagnosis: acute	
Diagnosis	62479008	H1B	HIV new diagnosis: late (AIDS defined)	
Diagnosis	186946009	C2	LGV	
Diagnosis	40070004	C12	Molluscum contagiosum	
Diagnosis	240594008	C16	Mycoplasma genitalium (M gen)	
Diagnosis	774911000000100	C4N	Non-specific genital infection (NSGI)	
Diagnosis	34298002	C5B	Ophthalmia neonatorum	
Diagnosis	71011005	C9	Pediculosis pubis	
Diagnosis	198130006	C5A	Pelvic inflammatory disease (PID)	Previously reported via combined SHHAPT code for 'PID / Epididymitis'
Finding	57630001	PR1	Pregnant 1-12 weeks	
Finding	59466002	PR2	Pregnant 13-28 weeks	
Finding	41587001	PR3	Pregnant 29-40 weeks	
Diagnosis	3951002	C4NR	Proctitis	
Diagnosis	128869009	C8	Scabies	
Finding	422608009	40	Sexual assault: acute presentation	SNOMED codes for acute sexual assault are not available (please use individual code instead)
Finding	422608009	41	Sexual assault: non-acute presentation	SNOMED codes for non-acute sexual assault are not available (please use individual code instead)



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Diagnosis	34335000	SG1	Shigella flexneri (group B)	
Diagnosis	69794009	SG2	Shigella sonnei (group D)	
Diagnosis	111817006	SG3	Shigella other/unspecified	
Diagnosis	83883001	A4	Syphilis: Cardiovascular syphilis	
Diagnosis	35742006	A7A	Syphilis: Congenital syphilis	
Diagnosis	186867005	A3	Syphilis: Early latent syphilis	
Diagnosis	26039008	A5	Syphilis: Neurosyphilis	
Diagnosis	410478005	A10	Syphilis: Ocular syphilis	New Episode Activity code
Diagnosis	1092491000000102	A11	Syphilis: Ootosyphilis	New Episode Activity code
Diagnosis	186903006	A6	Syphilis: Other late and latent syphilis	
Diagnosis	266127002	A1	Syphilis: Primary syphilis	
Diagnosis	240557004	A2	Syphilis: Secondary syphilis	
Diagnosis	56335008	C6A	Trichomoniasis	
Diagnosis	68566005	D2A	Urinary tract infection	
Diagnosis	30800001	C6C	Vaginitis: other causes	Previously reported via combined SHHAPT code for 'other balanitis/vaginitis/vaginosis'
Diagnosis	419760006	C6B	Vaginosis: bacterial vaginosis (BV)	Previously reported via combined SHHAPT code for 'anaerobic balanitis/bacterial vaginosis'
Diagnosis	240542006	C11A	Warts infection: first episode (anogenital)	
Diagnosis	1097561000000105	C11D	Warts infection: recurrent episode (anogenital)	
<b>Services</b>	<b>SNOMED</b>	<b>SHHAPT</b>	<b>Description</b>	<b>Comment</b>
Cytology	171149006	P4	Cervical cytology performed	
Vaccination	278971009	O22	Hepatitis A immune	
Vaccination	170378007	O20	Hepatitis A vaccination: First dose	
Vaccination	170379004	O21	Hepatitis A vaccination: Second dose	Previously reported via combined SHHAPT code for 'Hepatitis A vaccination: subsequent dose'
Vaccination	170380001	O21	Hepatitis A vaccination: Third dose	Previously reported via combined SHHAPT code for 'Hepatitis A vaccination: subsequent dose'
Vaccination	271511000	P2I	Hepatitis B immune	

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Vaccination	170370000	P2A	Hepatitis B vaccination: First dose	
Vaccination	170371001	P2B	Hepatitis B vaccination: Second dose	
Vaccination	170372008	P2C	Hepatitis B vaccination: Third dose	
Vaccination	170374009	P2D	Hepatitis B vaccination: Fourth dose	
Vaccination	170373003	P2E	Hepatitis B vaccination: Booster	
Vaccination	428741008	W1	HPV vaccination: First dose	
Vaccination	429396009	W2	HPV vaccination: Second dose	
Vaccination	428931000	W3	HPV vaccination: Third dose	
Vaccination	438765003	W4	HPV vaccination: declined	New Episode Activity code
Vaccination	1086381000000106	W5	HPV vaccination: previously received in full	New Episode Activity code
Partner Notification	444418002	PNC	Partner notification: chlamydia contact	
Partner Notification	444376008	PNG	Partner notification: gonorrhoea contact	
Partner Notification	444500002	O23	Partner notification: hepatitis A contact	
Partner Notification	444356002	PNH	Partner notification: HIV contact	
Partner Notification	444458000	PNN	Partner notification: NSGI contact	
Partner Notification	444380003	PNS	Partner notification: syphilis contact	
Partner Notification	444452004	PNT	Partner notification: trichomoniasis contact	
Partner Notification	407560009	PNP	Partner notification: contact with any other STI (including PID/epididymitis)	
Prophylaxis	473382005	PEPS	Post exposure prophylaxis after sexual exposure (PEPSE)	
Sexual Health Screen	-	T2	SHS: chlamydia and gonorrhoea tests	SNOMED codes for sexual health screens are not available (please use individual test codes instead)
Sexual Health Screen	-	T3	SHS: chlamydia, gonorrhoea and syphilis tests	SNOMED codes for sexual health screens are not available (please use individual test codes instead)
Sexual Health Screen	-	T4	SHS: chlamydia, gonorrhoea, syphilis and HIV tests	SNOMED codes for sexual health screens are not available (please use individual test codes instead)
Sexual Health Screen	-	T7	SHS: syphilis and HIV testing	SNOMED codes for sexual health screens are not available (please use individual test codes instead)
Test	442487003	T1	Test: chlamydia test	

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Test	412718006	T11	Test: chlamydia test declined	New Episode Activity code - previously reported via SHHAPT code for STI testing not required
Test	1086351000000100	-	Test: gonorrhoea test	New Episode Activity code - previously reported via SHHAPT sexual health screen codes
Test	200651000000103	T9	Test: gonorrhoea test declined	Previously reported via a combined SHHAPT code for 'STI testing not required/appropriate'
Test	1086371000000109	T6	Test: hepatitis A Test	Previously reported via a combined SHHAPT code for 'Hepatitis A / B / C testing'
Test	171122006	T6	Test: hepatitis B Test	Previously reported via a combined SHHAPT code for 'Hepatitis A / B / C testing'
Test	413107006	T6	Test: hepatitis C Test	Previously reported via a combined SHHAPT code for 'Hepatitis A / B / C testing'
Test	1086361000000102	T5	Test: Herpes (HSV) Test	
Test	171121004	P1A	Test: HIV test	
Test	1086751000000101	P1B	Test: HIV test declined	
Test	768801000000109	P1C	Test: HIV test inappropriate	
Test	1086331000000107	T12	Test: mycoplasma genitalium test	New Episode Activity code
Test	1086341000000103	-	Test: syphilis test	New Episode Activity code - previously reported via SHHAPT sexual health screen codes
Test	202261000000101	T9	Test: syphilis test declined	Previously reported via a combined SHHAPT code for 'STI testing not required'
Test Element	TBC	TT	Test element: 3 site testing (for chlamydia and gonorrhoea)	SNOMED coding to be confirmed
Test Element	117259009	TS	Test element: microscopy	
Test Element	273407003	T10	Test element: rapid testing (STI and/or HIV)	
Test Element	TBC	T8	Test element: self-sampling (urinalysis/swabs) without HCW consultation	SNOMED coding to be confirmed

## Appendix 8. Retired SHHAPT episode activity codes

Episode activity coding has been updated to reflect current surveillance needs. Some previously required coding has been replaced by new data items and some are no longer relevant to national surveillance and have been retired. National surveillance associated with D2B, D3 and P3 is no longer required. Related attendances should be reported in GUMCAD without an Episode Activity code. However, they may be maintained as 'local' codes if data is still required locally.

Retired SHHAPT Episode Activity Codes		
SHHAPT	Description	Rationale
D2B	Episodes requiring other services and/or treatment	Data on attendances where non-specific services and/or treatment were provided are no longer required.
D3	Episodes not requiring services and/or treatment	Data on attendances where services and/or treatment were not provided are no longer required.
M	Medication/treatment given	Data on the provision of treatment should now be recorded via the 'Diagnosis_Treated' data item.
O	Pharyngeal infection	Data on pharyngeal infections should now be recorded via the 'Diagnosis_Site' data item.
O31	PrEP eligibility criteria 1: MSM/transgender woman	Data on the eligibility of patients accessing PrEP should now be recorded via the 'PrEP_Eligibility' data item.
O32	PrEP eligibility criteria 2: HIV+ partner	Data on the eligibility of patients accessing PrEP should now be recorded via the 'PrEP_Eligibility' data item.
O33	PrEP eligibility criteria 3: other high risk	Data on the eligibility of patients accessing PrEP should now be recorded via the 'PrEP_Eligibility' data item.
O41	PrEP regimen: starting or continuing Daily PrEP	Data on the outcome of offering PrEP should now be recorded via the 'PrEP_Uptake' data item and data on the type of PrEP regimen accessed should now be recorded via the 'PrEP_Regimen' data item.
O42	PrEP regimen: starting or continuing Event based PrEP	Data on the outcome of offering PrEP should now be recorded via the 'PrEP_Uptake' data item and data on the type of PrEP regimen accessed should now be recorded via the 'PrEP_Regimen' data item.
O43	PrEP regimen: continued through other source	Data on the outcome of offering PrEP should now be recorded via the 'PrEP_Uptake' data item.
O44	PrEP regimen: offered & declined	Data on the outcome of offering PrEP should now be recorded via the 'PrEP_Uptake' data item.

Retired SHHAPT Episode Activity Codes		
SHHAPT	Description	Rationale
O45	PrEP regimen: stopped	Data on the outcome of offering PrEP should now be recorded via the 'PrEP_Uptake' data item and data on the reason PrEP has been stopped should be recorded via the 'PrEP_Stopped' data item.
O51	PrEP prescription: 30 tablets	Data on the amount of PrEP prescribed should now be recorded via the 'PrEP_Prescription' data item.
O52	PrEP prescription: 60 tablets	Data on the amount of PrEP prescribed should now be recorded via the 'PrEP_Prescription' data item.
O53	PrEP prescription: 90 tablets	Data on the amount of PrEP prescribed should now be recorded via the 'PrEP_Prescription' data item.
O60	PrEP patient characteristic: Transgender	Data on transgender patients accessing PrEP should now be recorded via the 'Gender_Identity' and 'Gender_Birth' data items.
P3	Contraception and family planning advice	Data on the provision of contraception are no longer required (data should be reported via the SRHAD report where appropriate).
PN	Partner notification initiated	Data on the initiation of partner notification should be reported via the 'PN_Date', 'PN_Partners', 'PN_Contact', 'PN_Contact_Att_Rep' and 'PN_Contact_Att_Ver' data items.
Q	Quadrivalent HPV vaccination	Data on the provision of quadrivalent HPV vaccinations are no longer required (HPV vaccinations should be reported using standard SNOMED codes)
R	Rectal infection	Data on rectal infections should now be recorded via the 'Diagnosis_Site' data item.
REF1	Referred from the Chlamydia Screening Programme	Data on referrals from the Chlamydia Screening Programme should now be recorded via the 'Consultation_Referral' data item.
REF2	Referred to a Level 3 GUM service	Data on referrals to Level 3 GUM services are no longer required.
REF3	Referred from a home testing / sampling service	Data on referrals from home testing / sampling services should now be recorded via the 'Consultation_Referral' data item.
SRH	Sexual & Reproductive Health activity (only)	Data on attendances where only SRH services were provided should now be recorded via the 'Consultation_Speciality' data item.
SW	Sex worker	Data on attendances by sex workers should now be recorded via the 'Patient_Type' data item.
X	Diagnosis previously confirmed at a different service	Data on diagnoses previously confirmed at a different service should now be recorded via the 'Diagnosis_Confirmed' data item.
Z	Prisoner	Data on attendances by prisoners should now be recorded via the 'Patient_Type' data item.

## Appendix 9. READ episode activity codes

READ codes (V2 or CTV3) can continue to be reported until SNOMED implementation is complete.

Episode activity codes should only be reported once per episode of care except HIV-related care which may be reported as often as required.

READ codes (V2 or CTV3) can be found [www.gov.uk/government/publications/gumcad-clinical-guidelines](http://www.gov.uk/government/publications/gumcad-clinical-guidelines).

## Appendix 10. GUMCAD dataset comparison

This table provides a comparison between the current (v3) and previous versions (v2) of GUMCAD to highlight where previous data items may have changed in the current version.

GUMCAD STI Surveillance System			
Discontinued v2 Dataset		Current v3 Dataset	
Position <sup>1</sup>	Data Item	Position <sup>1</sup>	Data Item <sup>2</sup>
1	ClinicID	1	ClinicID
2	PatientID	3	PatientID
3	Episode_Activity	19	Episode_Activity
4	Gender	5	Gender_Identity
		6	Gender_Birth
5	Age	7	Age
6	Sex_Ori	8	Sex_Ori
7	Ethnicity	9	Ethnicity
8	Country_Birth	10	Country_Birth
9	LA	11	LA
10	LSOA	12	LSOA
11	First_Attendance	15	Consultation_Medium
		16	Consultation_Type
12	AttendanceDate	14	Consultation_Date

<sup>1</sup> Refers to the horizontal position of the data item within the respective CSV format.

<sup>2</sup> Only current (v3) GUMCAD STI Surveillance System data items that have an equivalent v2 data item are presented in this table (there are 52 v3 data items not presented).