

ECDC's review of chlamydia control activities in EU countries

Key facts

- Chlamydial infection – a predominantly asymptomatic disease in adults under 30 – is the most commonly reported sexually transmitted bacterial infection in the EU.
- ECDC's study looked at screening policies and practices in the Member States, taking into account case management, case finding, screening of asymptomatic individuals and organised screening programmes.
- The study shows major differences in chlamydia control activities in the Member States. There is no consistent link between the intensity of chlamydia control and the per capita GDP in the country. Many Member States do not have organised control activities.
- The wide-range of policies and practices identified by ECDC's study seems to reflect the lack of agreement about the most appropriate chlamydia control measures. There is therefore a need for ECDC to develop guidance.

The control of chlamydial infection remains a key challenge for public health authorities and policymakers in the EU. Chlamydial infection is the most commonly reported bacterial STI in the EU and other industrialised countries. Genital chlamydia infection is usually asymptomatic in both women and men, which allows it to be spread unknowingly. It affects mainly young people; around two thirds of the cases are reported in people younger than 25. Chlamydia is a public health concern because of the potential for severe long-term consequences, especially in young women. Untreated genital infections can cause infertility, ectopic pregnancy, and engender chronic pain. HIV infection is transmitted more easily when chlamydia is also present.

Between November 2006 and January 2008, ECDC conducted an EU-wide survey on chlamydia control activities: the *Screening for Chlamydia Review in Europe* (SCREEn project). Thirty countries (the 27 EU Member States - Cyprus, Slovakia and Poland excluded - plus Iceland, Liechtenstein, Norway, Switzerland, Turkey and the USA) participated in the survey. The study identified wide variation in the range and intensity of activities that contribute to the public health control of chlamydia. The 29 countries in Europe were classified as follows (see graph):

- Thirteen countries were categorised as having no organised chlamydia control activities because there were no case management guidelines.

- Five countries had case management guidelines for at least one group of professionals.
- In a further three countries the guidelines also specified measures including partner notification and offering chlamydia testing to people with other sexually transmitted infections, in order to encourage case finding.
- In another six countries the guidelines recommended both partner notification and offering opportunistic chlamydia tests to identify infections in at least one group of asymptomatic individuals attending health care settings. Two countries reported that

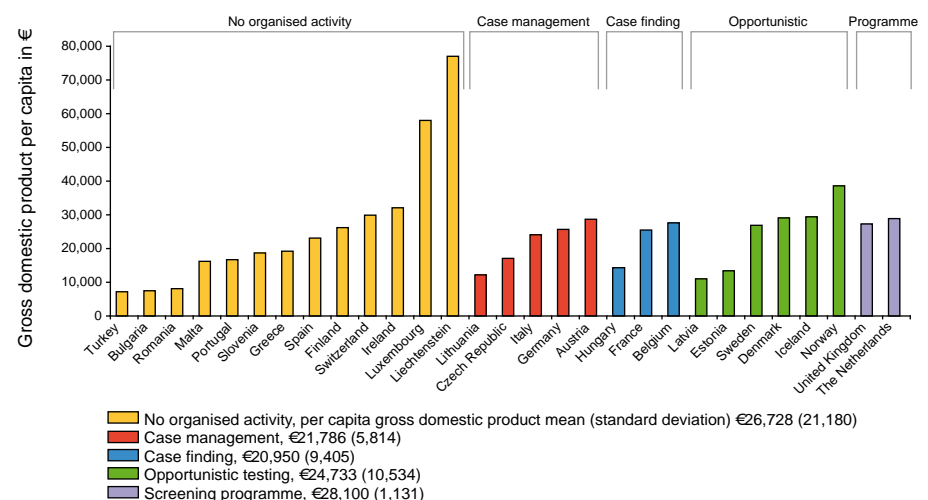
they had an ongoing or pilot programme that aimed to offer chlamydia screening tests to all sexually active women and men under 25 (one country) and under 30 (one country).

An interesting finding is that there seems to be little correlation between national GDP per capita and the intensity of chlamydia control in European countries.

ECDC will develop guidance on chlamydia control in European countries. The purpose of the guidance is to lay down a scientific basis to help EU Member States make policy choices to improve the control of chlamydia.

Figure

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



For more information please see:

- ECDC technical report 'Review of chlamydia control activities in EU countries' available at www.ecdc.europa.eu/publications
- *Eurosurveillance* article: 'Publication of report on chlamydia control activities in Europe' available at www.eurosurveillance.org

Influenza Immunisation: 25% of EU population should be vaccinated against seasonal influenza because they are in 'risk groups'

Key facts

- Older age groups and people with chronic medical conditions are the two groups most at risk of becoming seriously ill when they catch influenza ('risk groups') and will benefit most from annual immunisation.
- Collectively these groups account for about 25% of the EU population, around 125 million people.
- This figure is set to rise inexorably over time in Europe because of the demographics of ageing populations.
- Further research needs to be undertaken for other risk groups, such as young children and pregnant women, where there are not yet sufficient scientific data to support a recommendation of routine influenza vaccination across Europe.

EU countries need to immunise between 18% and 28% of their populations annually in order to protect the groups most at risk of becoming seriously ill when they catch influenza: older age groups and people with chronic medical conditions. That was the conclusion of a scientifically-based public health review concerning influenza risk groups conducted by ECDC at the request of the European Commission. This estimate is set to rise inexorably over time because of ageing populations in Europe.

Older age groups are usually defined as people 65 years and older. However in some countries the threshold may lie at 59 years or even younger, depending on national circumstances and analyses. People with chronic medical conditions are those with chronic respiratory, cardiovascular, metabolic, renal and hepatic diseases, or persons with deficient immunity.

More research is needed to provide a scientific basis for recommendations supporting routine vaccination of other risk groups, such as young children and pregnant women. Furthermore, ECDC has not yet looked into influenza immunisation for groups of people who are not in a particular 'risk group' but who are more likely to catch influenza, such as healthcare workers and priority workers and who are recommended vaccination in some Member States. One exception is that ECDC did find evidence recommending that staff working in residential care homes for the sick and elderly should be immunised in order to protect those in their care. In addition to the above, ECDC has identified that priorities for further development by ECDC with Member

People 65 years and over, by percentage of population
2004 census Data Compared with 2050 Projected Data



Source: The Economic Policy Committee and European Commission (December 2005)

States should be the development of routine surveillance for severe manifestations of influenza in Europe, and routine monitoring of the effectiveness of influenza vaccines.

The European Commission is finalising its public consultation on seasonal influenza vaccination and is considering the proposal of an EU Recommendation for adoption by the Council. One of the aims of the EU Recommendation would be that all Member States annually monitor the uptake of influenza vaccination.

ECDC will be publishing other relevant documents on this topic in the autumn and there will be a special edition of the peer reviewed journal *Eurosurveillance* dedicated to the topic.

Links

The study is available at:
<http://www.ecdc.europa.eu>

For more information, please see:

- ECDC Influenza Vaccine Fact Sheets at : http://www.ecdc.europa.eu/pdf/071203_seasonal_influenza_vaccination.pdf