



This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

PATIENT GROUP DIRECTION (PGD)

Supply of azithromycin for the treatment of uncomplicated *Chlamydia trachomatis*, uncomplicated *Mycoplasma genitalium* and non-gonococcal/non-specific urethritis (NSU) by authorised registered nurses employed by a GP Practice or community pharmacists working in a pharmacy which is contracted by Hertfordshire County Council to provide the service.

Doxycycline is first line treatment, azithromycin is second line treatment.

Version Number 2.0

Reference: Azithromycin PGD 202010 v2.5

Change History	
Version	Change details
Version 2	<ul style="list-style-type: none"> • Page 8- Treatment inclusion criteria is now: 15 years of age and above with notification of positive <i>Chlamydia Trachomatis</i> infection evidenced by communication from Sexual Health Hertfordshire. • Page 10 - Dabigatran now included in the interaction list • Appendix A - (Registered Health Professional Authorisation Sheet) amended so that a senior person with designated authority within the provider organisation can sign as authorising manager. • Page 5 – Training details added and updated as per PGD application to QA GG • Page 8- Cautions – added recommendation to signposting for professionals • Page 8 – Drug details – azithromycin oral suspension added • Page 8 and page 9 - details on use with doxycycline for <i>Mycoplasma genitalium</i> added • Page 9 – Referral if treatment not started within time frame • Page 9 – Dose and quantity of azithromycin oral suspension added • Page 10 – Drug interactions – all serious drug interactions added • Page 11 – CALs for azithromycin added/ clarified (CAL 9,5), details of disposal of remaining suspension • Page 14 – References – updated • Page 8- asymptomatic rectal Chlamydia infection removed • Page 9 - acute porphyria removed from exclusions

Reference Number: Azithromycin HCC202010 v2.5

Valid from: 17th March 2022

Review date: March 2024

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	<ul style="list-style-type: none"> • Page 8 - LPC updated to Community Pharmacy Hertfordshire (CPH) • Page 8- safeguarding and Fraser Guideline information updated • Page 2 - PGD template details updated • Page 23, 29 - Appendix C and D removed
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This Patient Group Direction (PGD) must only be used by registered professionals who have been named and authorised by their organisation to practise under it (See Appendix A). The most recent and in date final signed version of the PGD must be used.

PGD HERTFORDSHIRE DEVELOPMENT GROUP

Date PGD template comes into effect:	17 th March 2022
Review date:	March 2024
Expiry date:	30 th September, 2024

This PGD has been based on the national template approved by BASHH and has been peer reviewed by the Hertfordshire PGD working group as named below.

ORGANISATIONAL AUTHORISATIONS

Name	Job title and organisation	Signature	Date
Senior Doctor	Joel Bonnet Consultant in Public Health	<i>Joel Bonnet</i>	17-Mar-2022
Senior pharmacist	Rebecca Thomas Senior Pharmacist	<i>Rebecca Thomas</i>	17-Mar-2022
Person signing on behalf of authorising body (Public Health Quality and Assurance Governance Group)	David Conrad Director of Public Health Evidence & Improvement Chair of Hertfordshire Public Health Quality and Assurance Governance Group	<i>David Conrad</i>	17-Mar-2022

PGD DEVELOPMENT

Reference Number: Azithromycin HCC202010 v2.5

Valid from: 17th March 2022

Review date: March 2024

Expiry date: 30th September 2024

HCC Sexual Health PGD Review Group 2020 – Version 1	
Senior Doctor:	Linda Mercy
Senior Pharmacist:	Dipti Patel
Representative of professional group using the PGD:	Helen Musson
Community Pharmacist:	Purvi Barchha
Chair of the PH QAGG (Public Health Consultant):	David Conrad
Lead Nurse- Sexual Health Herts:	Gillian Miles
Health Improvement Lead- Sexual Health:	Rob Bacon

HCC Sexual Health PGD Review Group 2021/2022 – Version 2	
Senior Doctor:	Joel Bonnet
Senior Pharmacist:	Rebecca Thomas
Representative of professional group using the PGD:	Helen Musson
Chair of the PH QAGG (Director of Public Health Evidence & Improvement):	David Conrad
Lead Nurse- Sexual Health Herts:	Gillian Miles
Health Improvement Lead- Sexual Health:	Rob Bacon
Commissioning Officer:	Helen Cleary

1. Characteristics of staff

Qualifications and professional registration	Registered healthcare professional listed in the legislation as able to practice under Patient Group Directions and working in premises that hold a public health contract with Hertfordshire County Council.
Initial training	<ul style="list-style-type: none"> • The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of patient leading to diagnosis of the conditions listed. • Recommended requirement for training would be successful completion of a relevant sexual health module/course accredited or endorsed by the BASHH, CPPE, RCN or a university or advised in the RCN Sexual Health Education directory. • Pharmacists can obtain further learning opportunities in sexual health and Chlamydia from Centre for Pharmacy Postgraduate Education (CPPE). • Nurses are encouraged to complete Health Education England e-learning for healthcare on Sexual and Reproductive Health (e-SRH). • The healthcare professional must complete locally required training (including updates) in safeguarding children and vulnerable adults or level 2 safeguarding or the equivalent.
Competency assessment	<ul style="list-style-type: none"> • Individuals operating under this PGD must be assessed as competent (see Appendix A). • Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions.
Ongoing training and competency	<ul style="list-style-type: none"> • Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required. • Organisational PGD and/or medication training as required by employing organisation.

Additional requirements Pharmacists	<ul style="list-style-type: none"> • The pharmacist must obtain a satisfactory Disclosure & Barring Check (DBS) with Adult & Child Workforce checks. The DBS can be obtained via the pharmacist's employer, an independent provider or Hertfordshire County Council. The DBS should be renewed every 3 years. • Community Pharmacy Hertfordshire and Herts County Council strongly encourage Pharmacists that have received the updated DBS check from HCC, to then register for the update service online (https://www.gov.uk/dbs-update-service). • Has undertaken appropriate training for working under PGDs for supply and administration of medicines. • Competence in the assessment of individuals using Fraser competency guidelines. • Is up to date with training and updating in safeguarding children and vulnerable adults. • Knowledge of Child Protection Guidelines/ safeguarding for Hertfordshire and how to escalate any concerns (Appendix E). • User of PGD is required to follow the flow chart detailed in Appendix C.
Additional requirements Nurses	<ul style="list-style-type: none"> • Has undertaken appropriate training for working under PGDs for supply and administration of medicines. • Competence in the assessment of individuals using Fraser competency guidelines. • Is up to date with training and updating in safeguarding children and vulnerable adults. • Knowledge of Child Protection Guidelines/ safeguarding for Hertfordshire and how to escalate any concerns (Appendix E). • Nurse Authorisation Form (Appendix A) completed and authorised to operate under this PGD. • User of PGD is required to follow the flow chart detailed in Appendix D.
<p>The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.</p>	

2. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	<ul style="list-style-type: none"> • Uncomplicated genital, pharyngeal infection. • Non-gonococcal or non-specific urethritis (NSU). Non-specific urethritis (NSU) refers also to non-gonococcal nonchlamydial (NGU). This PGD refers to NSU to cover NSU and NGU. • Uncomplicated <i>Mycoplasma genitalium</i> following completion of course of doxycycline (see PGD: doxycycline PGD HCC202010v2.5). • Asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of with any of the conditions detailed below.
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<p>Criteria for inclusion</p>	<ul style="list-style-type: none"> • Where doxycycline is contraindicated (known allergy, previous adverse effects, pre-existing medical conditions) or inappropriate (photosensitivity, likely poor adherence): <ul style="list-style-type: none"> ○ Individuals with a positive test for <i>Chlamydia trachomatis</i> infection in the genitals or pharynx but without signs suggestive of complications. ○ Individuals with a microscopic diagnosis of non-gonococcal or non-specific urethritis (NSU). ○ Symptomatic or asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of chlamydia, NSU, PID or epididymo-orchitis who are unwilling/unable to defer testing after the 2 week window period. ○ A single repeat treatment course for individuals who have had sexual intercourse within 7 days of receiving treatment or who have had sex with partner untreated for the above conditions. • Individuals with a definite diagnosis of uncomplicated <i>Mycoplasma genitalium</i> where a course of doxycycline has been completed within the previous two weeks (where resistance testing is available, confirmed macrolide sensitivity) - see PGD doxycycline PGD HCC 202010v2.5. • Consent given. • Aged 15 years and above with notification of positive <i>Chlamydia Trachomatis</i> infection evidenced by communication from Sexual Health Hertfordshire. • Clients under 16 years must be assessed as competent using “Fraser Guidelines”.
<p>Criteria for exclusion</p>	<ul style="list-style-type: none"> • Consent not given. • Individuals under 15 years of age. • Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines. • Individuals 16 years of age and over and assessed as lacking capacity to consent. <p>Medical history</p> <ul style="list-style-type: none"> • Individuals with suspected and/or confirmed symptomatic rectal Chlamydia. • Individual with complicated Chlamydia infection such as (epididymitis and/or testicular pain or a clinical diagnosis of Pelvic Inflammatory Disease (PID)). • Individuals with suspected or confirmed Lymphogranuloma venereum (LVG) • Known severe hepatic impairment • Known severe renal impairment • Current/past history of cardiac rhythm or conduction disturbance • Presence of concomitant conjunctivitis and/or joint pain/swelling

	<ul style="list-style-type: none"> • Myasthenia gravis. <p>Medication history</p> <ul style="list-style-type: none"> • Any concurrent interacting medicine(s) – see Section 4 Drug interactions. • Known hypersensitivity or allergy to the azithromycin or other macrolide antibiotics or to any component of the product - see Summary of Product Characteristics. • Individuals with known azithromycin resistance.
Cautions including any relevant action to be taken	<ul style="list-style-type: none"> • Some brands of azithromycin contain soya or soya lecithin and are therefore contraindicated in individuals with an allergy to soya or peanuts. If individual is allergic, check manufacturer’s information for brand being used and if necessary, exclude from PGD or select an alternative suitable brand if available. • Pregnant individuals/individuals known to be at risk of pregnancy – the SPC states that there is limited data on use in pregnancy however BASHH guidelines state: “While adverse pregnancy outcomes are unlikely with the 2g total azithromycin dose, individuals should be advised of the lack of data.” The individual must be informed that although the use of azithromycin in pregnancy is thought to be safe, there is limited research available and be fully informed of the risks and benefits of this treatment. • Breastfeeding individuals – BASHH states that ‘Very low levels of azithromycin are detected in breast milk, and systemic exposure in infants does not exceed that observed when azithromycin is administered for treatment, therefore risk is considered to be low’. • Discuss with appropriate medical/independent non-medical prescriber any medical condition or medication of which the healthcare professional if unsure or uncertain.
Action to be taken if the individual is excluded or declines treatment	<ul style="list-style-type: none"> • If declined ensure individual is aware of the need for treatment and the potential consequences of not receiving treatment. • Pregnant individuals/individuals known to be at risk of pregnancy who decline azithromycin treatment should be referred to a prescriber for further consultation. • Explain the reasons for exclusion to the individual and document in the consultation record. • Record reason for decline in the consultation record. • Where required refer the individual back to Sexual Health Hertfordshire

3. Description of treatment

Name, strength & formulation of drug	Azithromycin 250mg or 500mg capsules or tablets. Or, azithromycin 200mg/5mL powder for oral suspension.
Legal category	POM

Reference Number: Azithromycin HCC202010 v2.5

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Route of administration	Oral
Off label use	<p>Best practice advice is given by BASHH and is used as the reference guidance in this PGD and may vary from the Summary of Product Characteristics (SPC).</p> <p>This PGD includes off label use in the following conditions:</p> <ul style="list-style-type: none"> • The dose of azithromycin stated in the BASHH guideline and therefore in this PGD is higher than the licensed dose. • Those under 18 years of age and under 45kg weight - azithromycin tablets or capsules are not licensed for use in children or adolescents weighing under 45 kg. • Breastfeeding individuals – BASHH states that ‘Very low levels of azithromycin are detected in breast milk, and systemic exposure in infants does not exceed that observed when azithromycin is administered for treatment, therefore risk is considered to be low’. <p>Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where medicines have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected drugs for use lies with pharmacy/Medicines Management.</p> <p>Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the drug is being offered in accordance with national guidance but that this is outside the product licence.</p>
Dose and frequency of administration	<p>Azithromycin 500mg tablets or capsules:</p> <p>Day One: 1g taken as a single dose Day Two: 500mg once daily Day Three: 500mg once daily</p> <p>NB: Supply 4 x 500mg tablets as a first choice. The alternatives should only be used if there is a supply problem or if the client cannot tolerate 500mg tablets.</p> <p>Azithromycin 200mg/5mL oral suspension:</p> <p>Day One: 25mL (1g) taken as a single dose Day Two: 12.5mL (500mg) once daily Day Three: 12.5mL (500mg) once daily</p>

	<p>For uncomplicated <i>Mycoplasma genitalium</i> azithromycin course to be started immediately after the doxycycline course completed – where this is not achieved it must be started within 2 weeks of the doxycycline course being completed (see PGD: doxycycline PGD HCC202010v2.5).</p> <p>If azithromycin course is not started within this time frame the individual should be referred to a specialist practitioner.</p>
Duration of treatment	3 days.
Quantity to be supplied	<p>Appropriately labelled pack of:</p> <p>4x500mg capsules/tablets or</p> <p>8x250mg capsules/tablets or</p> <p>two bottles of 250mg/5mL reconstituted oral suspension (2x 30mL)</p> <p>or, four bottles of 250mg/5mL reconstituted oral suspension (4x15mL).</p> <p>A single repeat course can be supplied under the PGD if vomiting occurs within 3 hours of a dose being taken.</p> <p>All medicines supplied to a patient under this PGD must comply with the EC labelling and leaflet directive ie: must be fully labelled and include an appropriate Patient Information Leaflet.</p>
Storage	Medicines must be stored securely according to national guidelines and in accordance with the product SPC.
Drug interactions	<p>All concurrent medications should be reviewed for interactions.</p> <p>The interactions listed as severe in the BNF are:</p> <ul style="list-style-type: none"> • Colchicine • Digoxin • Edoxaban • Rifabutin • Talazoparib • Ticagrelor • Topotecan • Dabigatran • Berotralstat • Vinca alkaloids (vinblastine, vincristine, vindesine, vinflunine, vinorelbine) <p>A detailed list of all drug interactions is available in the BNF www.bnf.org or the product SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk.</p>
Identification & management of adverse reactions	A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website:

Reference Number: Azithromycin HCC202010 v2.5

Valid from: 17th March 2022

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	<p>www.medicines.org.uk and BNF www.bnf.org.</p> <p>The following side effects are very common/common with azithromycin:</p> <ul style="list-style-type: none"> • Nausea • Anorexia • Vomiting • Dyspepsia • Dizziness • Headache • Diarrhoea • Abdominal pain/discomfort • Flatulence • Loose stools • Rash • Pruritus • Arthralgia • Fatigue • Visual impairment • Deafness • Paraesthesia • Dysgeusia
<p>Management of and reporting procedure for adverse reactions</p>	<ul style="list-style-type: none"> • Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk. • Record all adverse drug reactions (ADRs) in the patient's medical record. • Report via organisation incident policy. • Report to Hertfordshire County Council via PHcommissioning@hertfordshire.gov.uk.
<p>Written information and further advice to be given to individual</p>	<ul style="list-style-type: none"> • Give patient information leaflet (PIL) provided with the original pack. Explain mode of action, side effects, and benefits of the medicine. • Individuals diagnosed with <i>Chlamydia trachomatis</i> /NSU/<i>Mycoplasma genitalium</i> treatment should be offered information (verbal, written and/or digital) about their diagnosis and management. • Azithromycin tablets and oral suspension can be taken at any time in relation to food. Do not take indigestion remedies 2 hours before or after you take this medicine. • Azithromycin capsules should be taken one hour before or two hours after food or antacids. • If vomiting occurs within 3 hours of taking capsules/tablets offer option of repeat dose of azithromycin (under PGD).

	<ul style="list-style-type: none"> • Space the doses evenly throughout the day. Keep taking this medicine until the course is finished, unless you are told to stop. • For azithromycin oral suspension, discard appropriately any unused suspension after completing the treatment. • Note relevant for <i>Mycoplasma genitalium</i>: Where doxycycline has been supplied for the treatment of uncomplicated <i>Mycoplasma genitalium</i> the individual should be advised that the azithromycin course should be started immediately after completion of the doxycycline course – where this is not achieved it must be started within 2 weeks of the doxycycline course being completed. If the azithromycin course is not completed within this time frame the individual should be referred to a specialist practitioner. • Discuss implications of incompletely treated/untreated infection of self or partner/s. • Advise to abstain completely from sexual intercourse (even with condoms) including oral sex, during treatment, for seven days after treatment and for seven days after partner(s) treatment. Where not achievable advise on use of condoms. • Discuss risk of re-infection, and further transmission of infection, if after treatment sexual intercourse takes place with an untreated partner/s • Discuss partner notification and issue contact slips if appropriate • Offer condoms and advice on safer sex practices and possible need for screening for sexually transmitted infections (STIs) • Where treatment is not supplied via a sexual health clinic ensure that the individual has contact details of Sexual Health Hertfordshire Service (SHH) call 0300 008 5522.
Additional Facilities	<p>The following items are to be available at the site where the PGD is operated:</p> <ul style="list-style-type: none"> • Azithromycin tablets, capsules and unreconstituted oral suspension • Patient information leaflets • Current edition of British National Formulary/access to intranet.
Follow up treatment	<ul style="list-style-type: none"> • The individual should be advised to seek medical advice in the event of an adverse reaction. • Follow local protocol for chlamydia/<i>Mycoplasma genitalium</i> follow up and partner notification. • Client to be advised to abstain from sexual intercourse (genital, anal or oral sex, even with a condom), until one week after client and partner have been treated. If the partner(s) receive a one-week course of treatment rather than single dose therapy then sexual intercourse should be avoided until the end of the course or if the partner(s) choose testing only, until the partner(s) have a negative test.

	<ul style="list-style-type: none"> • Client to be advised to screen again 6 weeks to 3 months after treatment. • Client to be given sexual health advice and reminded of the risk of reinfection. • Client should be advised to request another screen, visit a Sexual Health Hertfordshire clinic, or their GP, if they develop any symptoms, or there has been a risk of reinfection. • Emphasise to client the importance of informing all sexual partners of the positive diagnosis so that they can be screened and treated. • Advise annual screening is recommended for sexually active people under the age of 25, or sooner if they change sexual partner. • Advise clients, who have been treated, not to screen again for six weeks due to the risk of false positive results. • Individuals with chlamydia/<i>Mycoplasma genitalium</i> who have not had a full STI screen () should be advised to attend a sexual health clinic/service for a full STI screen. • Routine follow-up for uncomplicated <i>Chlamydia trachomatis</i> following treatment with azithromycin is unnecessary, except in the following situations where local protocols should be followed: <ul style="list-style-type: none"> ○ Pregnancy. ○ Where poor compliance is suspected. ○ Where symptoms persist. ○ Where LGV is suspected. ○ Rectal infections.
<p>Records</p>	<p>Record:</p> <ul style="list-style-type: none"> • The consent of the individual. • If individual not treated under PGD record action taken • Name of individual, address/postcode, date of birth • GP contact details where appropriate • Relevant past and present medical history, including medication history. • Examination or microbiology finding/s where relevant. • Any known allergies • Name of registered health professional • Name of medication supplied • Date of supply • Dose supplied • Quantity supplied including batch number and expiry date • Advice given, including advice given if excluded or declines treatment • Details of any adverse drug reactions and actions taken • Advice given about the medication including side effects, benefits, and when and what to do if any concerns • Any referral arrangements made

	<ul style="list-style-type: none"> • Any supply outside the terms of the product marketing authorisation • If under 16 years of age, document Fraser competency • Recorded that supplied via Patient Group Direction (PGD) • Records should be signed and dated (or a password controlled e-records) and securely kept for a defined period in line with local policy. • All records should be clear, legible and contemporaneous. • A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy. <p>Nurses: complete appropriate forms (see appendix B) for client and/or partner treated and forward via email to Hertfordshire Chlamydia Screening Service (see appendix B for contact details).</p> <p>Pharmacists: In discussion with the patient, enter treatment details onto Public Health Designated Database (currently PharmOutcomes) to ensure payment within 10 days of the consultation date.</p>
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4. Key references

Key references (accessed March 2022)	<ul style="list-style-type: none"> • Electronic Medicines Compendium http://www.medicines.org.uk/ • Electronic BNF https://bnf.nice.org.uk/ • NICE Medicines practice guideline “Patient Group Directions” https://www.nice.org.uk/guidance/mpg2 • BASHH CEG September 2018 – Update on the treatment of <i>Chlamydia trachomatis</i> (CT) infection https://www.bashhguidelines.org/media/1191/update-on-the-treatment-of-chlamydia-trachomatis-infection-final-16-9-18.pdf • BASHH CEG September 2018 – Update on the treatment of <i>Chlamydia trachomatis</i> (CT) infection https://www.bashhguidelines.org/media/1191/update-on-the-treatment-of-chlamydia-trachomatis-infection-final-16-9-18.pdf • BASSH National Guidelines on the management non-gonococcal urethritis (2015) www.bashhguidelines.org/media/1051/ngu-2015.pdf • BASSH National Guidelines on the management infection with <i>Mycoplasma genitalium</i> (2018) www.bashhguidelines.org/media/1198/mg-2018.pdf • Royal Pharmaceutical Society Safe and Secure Handling of Medicines (December 2018) https://www.rpharms.com/recognition/setting-professional-
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	<p>standards/safe-and-secure-handling-of-medicines</p> <ul style="list-style-type: none"> Centre of Pharmacy Post Graduate Education – Self declaration of Competency https://www.cppe.ac.uk/services/docs/chlamydia%20testing%20and%20treatment.pdf Health Education England, E-learning for healthcare: Sexual and Reproductive Health (e-SRH) https://portal.e-lfh.org.uk/Component/Details/628669
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5. APPENDICES

A- Registered health professional authorisation sheet (NURSES AND PHARMACISTS)
B- Patient treatment form for index/partner/contact (NURSES ONLY)
C- Management of Chlamydia Treatment protocol (PHARMACISTS ONLY)
D- Management of Chlamydia Treatment protocol (NURSES ONLY)
E- Safeguarding flowchart (NURSES AND PHARMACISTS)

Appendix A (NURSES AND PHARMACISTS)	Registered health professional authorisation sheet
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PGD Reference: Azithromycin HCC 202010v2.5

Supply of azithromycin for the treatment of uncomplicated *Chlamydia trachomatis*, uncomplicated *Mycoplasma genitalium* and non-gonococcal/non-specific urethritis (NSU) by authorised registered nurses employed by a GP Practice or community pharmacists working in a pharmacy which is contracted by Hertfordshire County Council to provide the service.

Valid from: 17th March 2022

Expiry: 30th September 2024

Before signing this PGD, check that the document has had the necessary authorisations. Without these, this PGD is not lawfully valid.

Registered Health Professional

By signing this patient group direction you are indicating that you agree to its contents and that you will work within it.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.			
Name	Designation	Signature	Date

Authorising manager

Reference Number: Azithromycin HCC202010 v2.5

Valid from: 17th March 2022

Review date: March 2024

Expiry date: 30th September 2024

I confirm that the registered health professionals named above are suitably declared trained and competent to work under this PGD. I give authorisation on behalf of:

Pharmacy / Surgery name

F Code / E Code

for the above named health professionals who have signed the PGD to work under it.

Name	Designation	Signature	Date

Notes to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.

A signed copy should be given to each healthcare professional and should also be readily available within the pharmacy/GP Practice.

Appendix B - NURSES ONLY	PATIENT TREATMENT FORM (For Index, Partner or Contact)
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**Hertfordshire Chlamydia Screening Service
Southgate Health Centre
Stevenage
Herts
SG1 1HB**

Tel: 0208 102 4894
Email: CLCHT.CHLAMYDIASCREENINGSERVICE@NHS.NET

PLEASE RETURN THE COMPLETED FORM TO ENSURE PAYMENT UNDER THE SLA

Site Details

Site Code:	<input type="text"/>	Treatment Site:	<input type="text"/>
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Patient Details

Date	<input type="text"/>	D.O.B	<input type="text"/>	Lab No	<input type="text"/>
Name	<input type="text"/>				
Symptomatic:	<input type="text"/>				

Pregnancy Risk:	Allergies:
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DO NOT ISSUE A PRESCRIPTION - USE MEDICATION PROVIDED BY HCSP

Medication Given

Doxycycline 100mg twice daily for 7 or 14 days (1st Line)

Azithromycin 1g stat and then 500mg daily for 2 days (2nd Line)

When azithromycin is recommended off-label consider, as part of the consent process, the patient should be informed that the drug is being offered in accordance with national guidance but that this is outside the product licence.

<input type="text"/>	Batch Number:	<input type="text"/>
<input type="text"/>	Expiry Date:	<input type="text"/>

Date Administered:

Partner Information

Partner Name	<input type="text"/>
Partner D.O.B	<input type="text"/>
Has partner been treated?	Yes/No
Where were they treated	<input type="text"/>

PLEASE ADVISE NO SEXUAL CONTACT FOR 7 DAYS POST TREATMENT

Prescriber Details

Prescriber Signature: _____

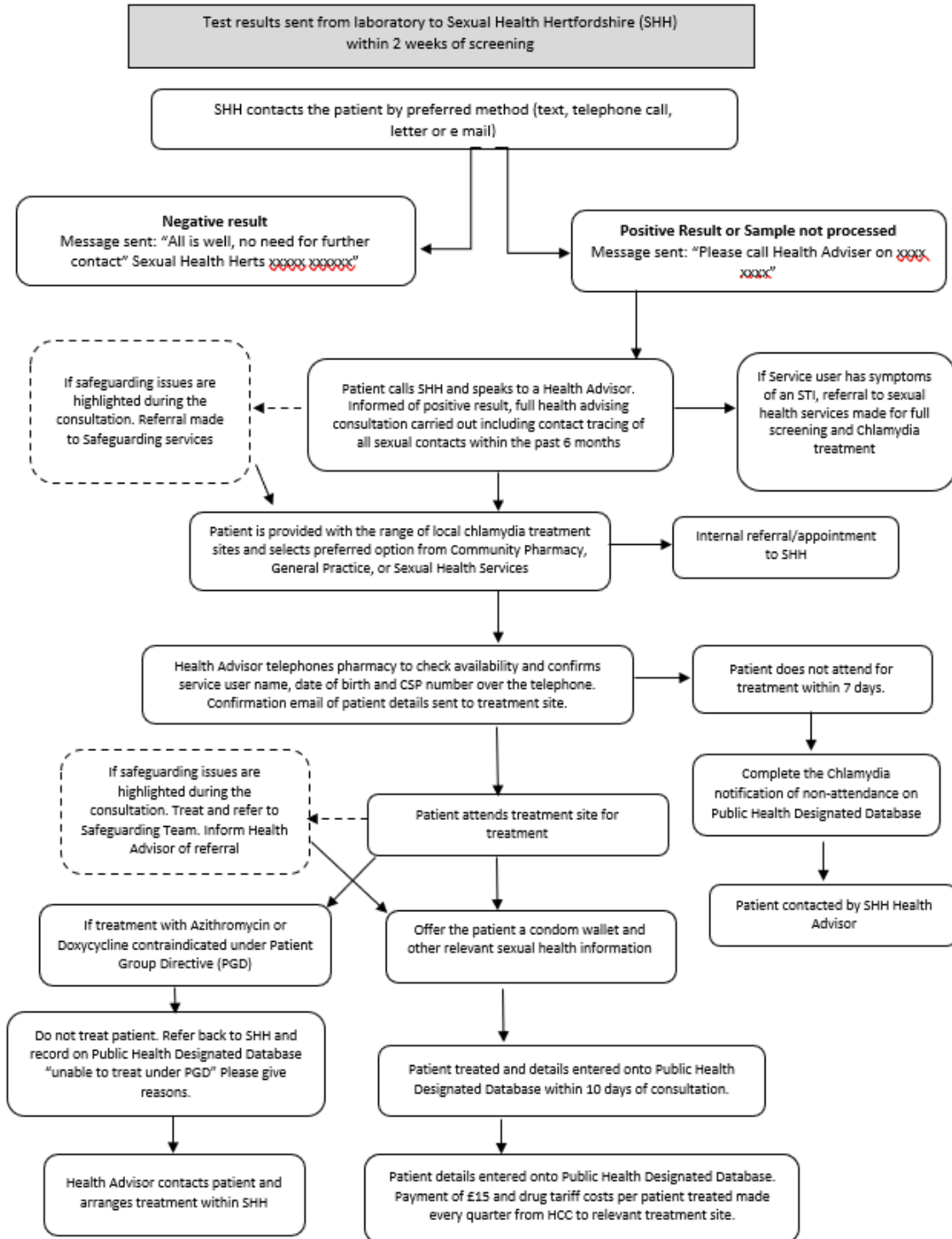
Prescriber Name: _____ Date: _____

Prescriber Job Title: _____

**IF YOU HAVE ANY QUERIES PLEASE CALL THE ADMINISTRATOR ON 0208 102 4894 or
EMAIL CLCHT.CHLAMYDIASCREENINGSERVICE@NHS.NET**

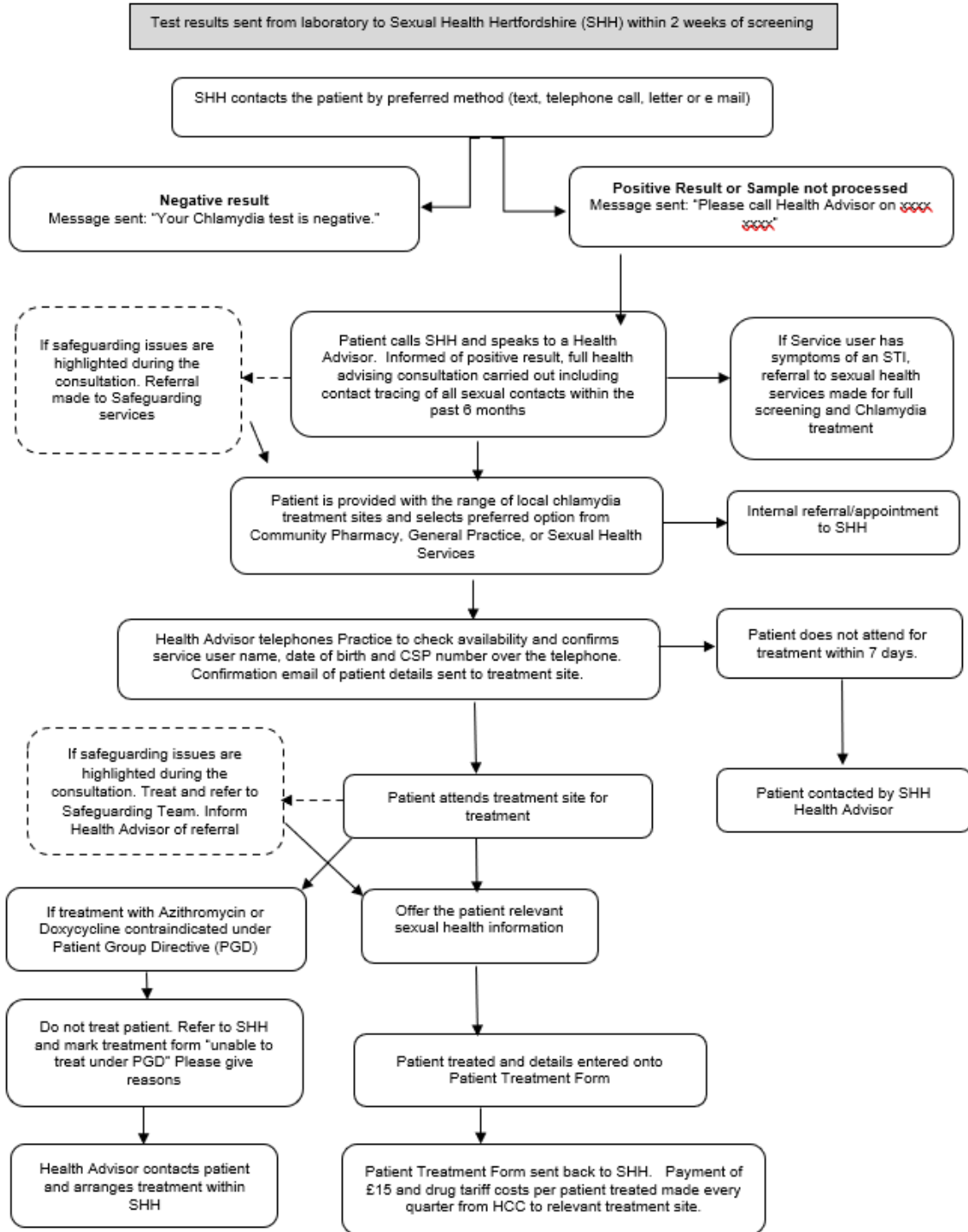
APPENDIX C (PHARMACISTS ONLY)	Management of Chlamydia Treatment Protocol
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Management of Chlamydia Treatment Protocol (Pharmacists)



APPENDIX D (NURSES ONLY)	Management of Chlamydia Treatment Protocol
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Management of Chlamydia Treatment in Primary Care Protocol (Nurses Only)



APPENDIX E (NURSES AND PHARMACISTS)	SAFEGUARDING FLOWCHART
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If you have concerns regarding an adult who is being abused or neglected, call 0300 123 4042 (open 24 hours a day). For more information visit:

<https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/professionals-request-social-care/professionals-make-an-social-care-referral.aspx>

If there are concerns regarding a child being abused or neglected, follow the steps in the "Recognise, Respond and Refer" flowchart below.

Recognise, Respond and Refer

Children have a right to be cared for and protected and protecting them is everyone's responsibility

If you know of a child who is being neglected or abused – it's simple...

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    graph TD
        Start[About a child or young person] --> Recognise
        Start --> Respond
        Start --> NoConcerns[No further concerns keep a record]
        Start --> NoAction[No further action]
        
        Recognise[Recognise: Do you have a suspicion or concern] --> Report[Report it now to Children's Services on 0300 123 4043]
        Recognise --> Respond
        
        Respond[Respond: Discuss your concerns with your designated safeguarding person, or your line manager.] --> Staff[About the behaviour of a member of staff or volunteer]
        Respond --> LADO[If the allegation is against a member of staff – contact the Local Authority Designated Officer (LADO) 01992 555420. Inform the LADO of allegation within 1 working day]
        Respond --> MASH[Where safeguarding need is unclear seek advice from the MASH on 01438 737511]
        
        MASH --> Ongoing[Concerns ongoing]
        Ongoing --> Refer
        Ongoing --> Inform[Parents/carers should be informed that you are making a referral unless this will put the child at more risk]
        
        Refer[Refer: 0300 123 4043 Customer Service Centre] --> Emergency[In an emergency situation call the police 999]
        Refer --> Details[Provide identifying details of the child]
    
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Recognise
Do you have a suspicion or concern

Report it now to Children's Services on **0300 123 4043**

Respond
Discuss your concerns with your designated safeguarding person, or your line manager.

About the behaviour of a member of staff or volunteer

If the allegation is against a member of staff – contact the Local Authority Designated Officer (LADO) 01992 555420. Inform the LADO of allegation within 1 working day

Where safeguarding need is unclear seek advice from the MASH on 01438 737511

Concerns ongoing

Refer
0300 123 4043 Customer Service Centre

In an emergency situation call the police 999

Provide identifying details of the child

Children have a right to be cared for and protected and protecting them is everyone's responsibility

Safeguarding Children

