

DSC Notice: 80/2002 (W)
English DSCN Equivalent: N/A
Date of Issue: January 2003

IRSS Information Requirements and Standards Sub Committee	Subject: Data Standards: Minor changes to KC60 form - Genito-Urinary Medicine Clinics cases of Sexually Transmitted Diseases
	Implementation date: Immediate

DATA SET CHANGE CONTROL PROCEDURE

This paper gives notification of the changes to form KC60 - Genito-Urinary Medicine Clinics cases of Sexually Transmitted Diseases.

Summary of change:

Notification of the amendment to form KC60 - Genito-Urinary Medicine Clinics cases of Sexually Transmitted Diseases for immediate implementation in Wales.

Summary of impact:

The changes will have minimal impact.

<i>Change Proposal Reference No:</i> <i>IRSS (02) 33</i>

The Information Requirements and Standards Sub Committee (IRSS), is responsible for approving information standards.

Please address enquiry's about this DSCN to the Data Standards and Information Quality Team, HSW, Brunel House, 2 Fitzalan Road, Cardiff CF24 0HA Tel: 029 20502463 or E-mail Data.Standards@hsw.wales.nhs.uk

Data Set Change Notices are available via the Intranet Service HOWIS <http://howis.wales.nhs.uk/> or by contacting the above address.

DSCN numbering format = sequence number/year of issue, (W) for Welsh DSCN's.

DATA SET CHANGE NOTICE 80/2002 (W)

- Reference:** IRSS (02) 33
- Subject:** Minor changes to KC60 form - Genito-Urinary Medicine Clinics cases of Sexually Transmitted Diseases
- Effective Date:** Immediate
- Reason for Change:** To improve the usefulness and relevancy of the data collected, to clarify and update terms used and to provide information with which to support the Sexual Health Strategy for Wales.

Background:

The KC60 return was last reviewed in 1996. The Health Statistics and Analysis Unit (HSA) of the Welsh Assembly Government and the Communicable Diseases Surveillance Centre (CDSC) (Wales) made minor changes to the return in line with changes by PHLS (England). The original draft revision made by PHLS (England) included a new section collecting waiting times for GUM clinics; following consultation this was dropped in England but it will be maintained in Wales as it has the support of the Welsh Assembly Government and by the GUM consultants in Wales.

The CDSC (Wales) collects this quarterly data on behalf of the Welsh Assembly Government from NHS Trusts GUM clinics.

Effect on Central Return:

See Annex A for Guidance Notes
See Annex B for Revised KC60 Return

Additional Information:

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GUIDANCE NOTES ON COMPLETION OF FORM KC60

<i>Old condition/episode (1995-2002)</i>	<i>New condition/episode (2003 onwards)</i>	<i>Line No</i>	<i>Comments</i>
Part A			
<i>Diagnosis and/or treatment of infection or disease</i>			
A1, A2 Infectious syphilis	Unchanged	01	This refers to primary and secondary infectious syphilis.
A3 Early latent syphilis	Unchanged	02	This refers to latent syphilis in the first two years of infection.
A4, A5, A6 Other acquired syphilis	Unchanged	03	This refers to latent syphilis after first two years of infection, cardiovascular syphilis, syphilis of the nervous system and all other latent syphilis. The patient is only coded once in this category in the UK, i.e. the patient is not given this code again unless there is a new complication, e.g. cardiovascular syphilis after having been diagnosed as a case of late latent syphilis. Therefore patients attending for routine follow up of say, latent syphilis, are not recoded in this category; and if they attend another clinic elsewhere in the country they are not coded as A4, A5, A6.
A7 Congenital syphilis, aged under 2 years	Unchanged	04	
A8 Congenital syphilis, aged 2 years or over	Unchanged	05	
A9 Epidemiological treatment of suspected syphilis	Unchanged	06	This should include all cases where syphilis has not been confirmed, but epidemiological treatment is prescribed because the index patient (the partner) was found to be syphilis positive.

<i>Old condition/episode (1995-2002)</i>	<i>New condition/episode (2003 onwards)</i>	<i>Line No</i>	<i>Comments</i>
B1, B2 Uncomplicated gonorrhoea	Unchanged	07	This includes all cases of uncomplicated gonorrhoea of the lower genitourinary tract, anorectum, mouth, throat, and adult conjunctivitis. Persistent/recurrent gonorrhoea: a) Treatment failures should not be given a new diagnosis b) Patients who are thought to be re-infected should be regarded as new cases, and investigated, treated and diagnosed/coded accordingly
B3 Gonococcal ophthalmia neonatorum	Unchanged	08	
B4 Epidemiological treatment of suspected gonorrhoea	Unchanged	09	This should include all cases where gonorrhoea has not been confirmed, but where epidemiological treatment has been prescribed because the index patient (the partner) was found to be infected with gonorrhoea.
B5 Gonococcal complications	B5 Complicated gonococcal infection – including PID and epididymitis	10	This includes all cases of complicated gonorrhoea e.g. upper genitourinary tract complications (such as pelvic inflammatory disease and epididymitis), and systemic complications. Where a patient has complications that are associated with both gonococcal and chlamydial infections, the patient should be included in B5 (line 10) and in C4B (line 13).

<i>Old condition/episode (1995-2002)</i>	<i>New condition/episode (2003 onwards)</i>	<i>Line No</i>	<i>Comments</i>
C1, C2, C3 Chancroid/LGV/ Donovanosis	Unchanged	11	Specific confirmation is advisable for each of these conditions.
C4A, C4C Uncomplicated chlamydial infection	Unchanged	12	This includes all cases of uncomplicated chlamydial infections (diagnosed by culture or antigen detection) involving the lower genitourinary tract, and adult conjunctivitis. Persistent/recurrent chlamydia: a) Treatment failures should not be given a new diagnosis b) Patients who are thought to be re-infected should be regarded as new cases, and investigated, treated and diagnosed/coded accordingly
C4B Complicated chlamydial infection	C4B Complicated chlamydial infection – including PID and epididymitis	13	This includes all cases of complicated chlamydial infections e.g. upper genitourinary tract complications (such as pelvic inflammatory disease and epididymitis), perihepatitis and arthritis. Diagnosis may be based on culture, antigen detection or high MIF titre. Where a patient has complications that are associated with both gonococcal and chlamydial infections, the patient should be included in B5 (line 10) and in C4B (line 13).
C4D Chlamydial ophthalmia neonatorum	Unchanged	14	
C4E Epidemiological treatment of suspected chlamydia	Unchanged	15	This should include all cases where chlamydia has not been confirmed, but where epidemiological treatment has been prescribed because the index patient (the partner) was found to be chlamydia positive. If a male partner presents as a contact of C4A (line 12) and has non-specific urethritis, he should be coded as C4H only and not C4E.

<i>Old condition/episode (1995-2002)</i>	<i>New condition/episode (2003 onwards)</i>	<i>Line No</i>	<i>Comments</i>
<p>C4H Uncomplicated non – gonococcal/non – specific urethritis (NSU) in males</p>	<p>C4H Uncomplicated non-gonococcal/non-specific urethritis in males, or treatment of mucopurulent cervicitis in females</p>	<p>16</p>	<p>In males, this is diagnosed in the absence of gonorrhoea and laboratory confirmed chlamydia and the presence of polymorphonuclear leucocytes at >5 per high power field. Also, if a male partner presents as a contact of C4A (line 12) and has non-specific urethritis, he should be coded as C4H only and not C4E. Females being treated for non-specific mucopurulent cervicitis are also to be coded C4H.</p> <p>Persistent/recurrent urethritis:</p> <ul style="list-style-type: none"> a) Treatment failures should not be given a new diagnosis b) Patients who are thought to be re-infected should be regarded as new cases, and investigated, treated and diagnosed/coded accordingly
<p>C4I Epidemiological treatment of non-specific genital infection</p>	<p>Unchanged</p>	<p>17</p>	<p>This diagnosis is used for either males or females; e.g. the female would be diagnosed as C4I if she tested negative for gonorrhoea and chlamydia and is treated because her partner had been diagnosed with uncomplicated or complicated non-specific infection (C4H-line 16, or C5-line 18).</p> <p>Similarly, the male partner is diagnosed as C4I if he tested negative for gonorrhoea and chlamydia and is treated because the female partner has been diagnosed as C4H (line 16) or C5 (line 18).</p>
<p>C5 Complicated non-gonococcal/non – specific infection</p>	<p>C5 Complicated infection (non-chlamydial/non-gonococcal) – including PID and epididymitis</p>	<p>18</p>	<p>This includes all cases of complicated non-specific infections requiring treatment and negative tests for gonorrhoea and chlamydia e.g. upper genitourinary tract complications (such as pelvic inflammatory disease and epididymitis), prostatitis and arthritis.</p>

<i>Old condition/episode (1995-2002)</i>	<i>New condition/episode (2003 onwards)</i>	<i>Line No</i>	<i>Comments</i>
C6A Trichomoniasis	Unchanged	19	If associated with bacterial vaginosis then code C6A only should be used.
C6B Anaerobic/Bacterial vaginosis and male infection	C6B Anaerobic/Bacterial vaginosis and anaerobic balanitis	20	Diagnosis of bacterial vaginosis is generally based on microscopy, pH vaginal fluid and the amine test. This diagnosis is very rarely appropriate in males and used only if the patient has confirmed anaerobic balanitis. Other and non-confirmed anaerobic balanitis should be coded as C6C.
C6C Other vaginosis/vaginitis/ balanitis	Unchanged	21	
C7A Anogenital candidosis	Unchanged	22	This is diagnosed only when there is microscopic or culture evidence of Candida infection.
C7B Epidemiological treatment of C6 and C7	Unchanged	23	This should include all cases where C6 and C7 have not been confirmed, but where epidemiological treatment has been prescribed.
C8, C9 Scabies/Pediculosis pubis	Unchanged	24	This includes cases treated on either a clinical or epidemiological basis.

<i>Old condition/episode (1995-2002)</i>	<i>New condition/episode (2003 onwards)</i>	<i>Line No</i>	<i>Comments</i>
C10A Anogenital Herpes simplex: first attack	Unchanged	25	An episode should be recorded here only if the patient has never (as far as can be ascertained) been previously diagnosed with anogenital herpes at any Genitourinary Medicine (GUM) clinic. Laboratory confirmation is essential.
C10B Anogenital Herpes simplex: recurrence	Unchanged	26	This should include all other episodes of anogenital herpes. If there has been previous confirmation, then clinical judgement is enough for this diagnosis.
C11A Anogenital warts infection: first attack	Unchanged	27	An episode should be recorded here only if the patient has never (as far as can be ascertained) been previously treated for anogenital warts at any GUM clinic. C11A diagnosis refers to macroscopic warts, not acetowhite patches or abnormalities revealed by acetowhite staining, nor is the cytological finding of wart virus change sufficient to use this code.
C11B Anogenital warts infection: recurrence	Unchanged	28	This should include patients in whom warts reappeared after a wart-free interval of at least 3 months. C11B diagnosis refers to macroscopic warts, not acetowhite patches or abnormalities revealed by acetowhite staining, nor is the cytological finding of wart virus change sufficient to use this code.
C11C Anogenital warts: Re-registered cases	Unchanged	29	This is to be used for a patient previously diagnosed as C11A or C11B in whom warts persist and treatment continues for longer than three months, or which recur within 3 months of apparent eradication. This code is not to be re-entered for the same patient more than once every 3 months. C11C diagnosis refers to macroscopic warts, not acetowhite patches or abnormalities revealed by acetowhite staining, nor is the cytological finding of wart virus change sufficient to use this code.
C12 Molluscum contagiosum	Unchanged	30	

<i>Old condition/episode (1995-2002)</i>	<i>New condition/episode (2003 onwards)</i>	<i>Line No</i>	<i>Comments</i>
C13 Antigen positive viral hepatitis B	C13A Viral hepatitis B (HbsAg positive): first diagnosis**	31	C13 has now been divided into 3 codes: C13A, C13B and C13C. C13A records a first diagnosis of antigen positive hepatitis B.
	C13B **number of which were acute viral hepatitis B	32	C13B records the number of first diagnoses of hepatitis B infections that were acute, where this is known. The definition of acute hepatitis B is newly identified HBsAg positive with anti-HBc IgM positive (>200 iu/l) (MR) <i>or</i> discrete onset of jaundice or anicteric illness accompanied by deranged LFTs (AST / ALT > 2x normal range) accompanied by HBsAg and anti-HBc IgM positive.
	C13C Viral hepatitis B: subsequent presentation	33	All subsequent presentations of hepatitis B that require management, or known carriers of hepatitis B who present at a clinic for the first time, are to be coded as C13C. Subsequent attendances by carriers that are unrelated to hepatitis B management should not be coded as C13C.
C14 Other viral hepatitis	C14 Viral hepatitis C: first diagnosis	34	This code is changed from recording any other viral hepatitis to first diagnosis of hepatitis C only. The definition given in the revised guidelines will be "Hepatitis C: anti-HCV positive or HCV RNA positive". All other hepatitis diagnoses are now to be coded as D2B/D3.
D2A Urinary tract infection	Unchanged	35	
D2B Other conditions requiring treatment at GUM clinic	Unchanged	36	

<i>Old condition/episode (1995-2002)</i>	<i>New condition/episode (2003 onwards)</i>	<i>Line No</i>	<i>Comments</i>
E1A Asymptomatic HIV Infection – First presentation	E1A New HIV diagnosis: asymptomatic	37	This is a new HIV diagnosis in a patient without symptoms who is not known to have been diagnosed previously at any GUM clinic. It includes patients with seroconversion illness. A patient can receive this code only once and it is mutually exclusive of E2A (line 38) and E3A1 (line 40).
E2A HIV Infection with symptoms (not AIDS) – 1 st presentation	E2A New HIV diagnosis: symptomatic (not AIDS)	38	This is a new HIV diagnosis in a patient with symptoms who is not known to have been diagnosed previously at any GUM clinic. It excludes patients with seroconversion illness (see code E1A). A patient can receive E2A only once and it is mutually exclusive of E1A (line 37) and E3A1 (line 40).
E1B Asymptomatic HIV Infection – Subsequent presentation	E1B, E2B Subsequent HIV presentation (not AIDS)	39	Codes E1B and E2B merge to become E1B/E2B (all subsequent presentations by a patient who has been diagnosed with HIV previously). It includes asymptomatic (E1B) and symptomatic (E2B) patients, but excludes those with AIDS. The patient should be given this code only once during any quarterly period.
E2B HIV infection with symptoms (not AIDS) – Subsequent presentation			

<i>Old condition/episode (1995-2002)</i>	<i>New condition/episode (2003 onwards)</i>	<i>Line No</i>	<i>Comments</i>
E3A AIDS 1 st presentation	E3A1 AIDS: first presentation - new HIV diagnosis	40	<p>An AIDS diagnosis is used for HIV infected patients with one or more AIDS indicator diseases. It is necessary to discriminate between first AIDS presentations that are also the first HIV diagnosis and those for which HIV was diagnosed previously. Therefore, E3A is divided into E3A1 and E3A2 (line 41).</p> <p>E3A1 is a first presentation of AIDS where HIV has not been diagnosed previously. The patient (as far as can be ascertained) should not have been given an HIV or AIDS diagnosis at any clinic in the United Kingdom. This patient cannot be coded E1 or E2 ever again. E3A1 is mutually exclusive of E3A2.</p>
	E3A2 AIDS: first presentation - HIV diagnosed previously	41	<p>E3A2 is a first presentation of AIDS where HIV has been diagnosed previously. The patient (as far as can be ascertained) should not have been given an AIDS diagnoses at any clinic in the United Kingdom. This patient cannot be coded E1 or E2 ever again. E3A2 is mutually exclusive of E3A1 (line 40).</p>
E3B AIDS: subsequent presentation		42	<p>The patient who has had an AIDS diagnosis at any time in the past should be given this code only once during any quarterly period and cannot be coded E1, E2 or E3A ever again.</p>
P4A Cervical cytology: minor abnormality	Unchanged	43	<p>This includes inflammatory smears, warts virus infection only, borderline changes and mild dyskaryosis.</p>
P4B Cervical cytology: major abnormality	Unchanged	44	<p>This includes moderate or severe dyskaryosis, or worse.</p>

<i>Old condition/episode (1995-2002)</i>	<i>New condition/episode (2003 onwards)</i>	<i>Line No</i>	<i>Comments</i>
<p>Services provided</p> <p>The 'Services provided' section is to be used to code patients receiving services or undergoing tests. For example, if a patient is offered a sexual health screen he/she would be coded S1 or S2 in the 'Services provided' section (see lines 45 and 46 below). If, as a result of that screen, a chlamydial infection was found, he/she would also be coded C4A,C4C in the 'Diagnosis and/or treatment of infection or disease' section. If, following the screen, no infections were found, the patient would be coded S1 or S2 and D3.</p>			
New code	S1 Sexual health screen (no HIV antibody test)	45	<p>S1 is a completely new code. It should only be used where a full sexual health screen is given (i.e. including gonorrhoea and chlamydia testing) and should not be used to record tests for recurrent candidosis/ bacterial vaginosis etc. It will be used to count all patients who are given a sexual health screen excluding an HIV test. (This may be because the patient refuses or is not offered an HIV test. However, if the patient is known to be HIV antibody positive, he/she can be coded S1 and one of E1B/E2B/E3A2/E3B – lines 39, 41, 42).</p> <p>S1 is mutually exclusive of S2 (line 46) and P1A (line 47).</p>
New code	S2 HIV antibody test and sexual health screen	46	<p>S2 is a completely new code. This code will be used to count all patients who are given a sexual health screen including an HIV test. It should only be used where a full sexual health screen is given (i.e. including gonorrhoea and chlamydia testing) and should not be used to record tests for recurrent candidosis/ bacterial vaginosis etc. If the patient tests positive for HIV antibody then they would be coded S2, E1A (line 37). S2 is mutually exclusive of S1 (line 45), P1A (line 47) and P1B (line 48).</p>
P1A HIV antibody counselling - with testing	P1A HIV antibody test (no sexual health screen)	47	<p>This code will be re-defined to mean all HIV antibody testing done, regardless of whether counselling was given, in patients who refuse or who are not offered a general sexual health screen. This code is mutually exclusive of S1 (line 45), S2 (line 46) and P1B (line 48).</p>
P1B HIV antibody counselling - without testing	P1B HIV antibody test offered and refused	48	<p>This code will be redefined to mean all patients who are offered an HIV test, regardless of whether counselling was given, and who refuse the test. This code is mutually exclusive of S2 (line 46) and P1A (line 47).</p>

<i>Old condition/episode (1995-2002)</i>	<i>New condition/episode (2003 onwards)</i>	<i>Line No</i>	<i>Comments</i>
P2 Immunisation against Hepatitis B	P2 Hepatitis B vaccination (1 st dose only)	49	Only the 1 st dose of any new Hepatitis B vaccination course should be included. This would include those patients who may have been vaccinated some time in the past but are now receiving the first dose of a new course of vaccination. Subsequent doses and boosters should be coded as D2B.
P3 Family planning	P3 Contraception (excluding condom provision)	50	This code will be used to record contraception (females only), including prescribing and family planning advice, and excluding condom provision. Condom provision should not be included on form KC60.
D3 Other episodes not requiring treatment	Unchanged	51	Any patient attendance where no treatment is given, whether or not a sexual health screen and/or an HIV test are/is performed.

<i>Old condition/episode (1995-2002)</i>	<i>New condition/episode (2003 onwards)</i>	<i>Comments</i>
Part B		
B3 Gonococcal ophthalmia neonatorum.	Removed	This field is being removed as it provides no further information to that collected in Part A.
P1A HIV antibody counselling - with testing	P1A/S2 All HIV antibody tests	This will now become P1A and S2 i.e. all HIV testing done using the revised definitions (as defined in part A).
Part C		
Total attendances in the quarter - first and subsequent	Total attendances in the quarter stratified as: <ul style="list-style-type: none"> ○ All first attendances ○ All first attendances by newly registered patients ○ Subsequent attendances Each group is further stratified by sex and male sexual orientation.	Total first attendances as well as follow up attendances are to be shown. These equate to the 'seen first' attendances and 'seen subsequent' attendances as entered on KH09, and exclude 'did not attend' information. The number of first attendances which were new patients i.e. patients which were newly registered at the clinic (as opposed to a new episode in a previously registered patient) should also be given. Attendances are now to be stratified by sex and male sexual orientation.
Telephone Calls	Unchanged	Total number of incoming calls for clinical advice or results are to be included.
Part D		
New	Open appointment clinics	This section is to be completed by clinics which use an 'open book' appointments system i.e. where appointments can be made over an unrestricted period. The number of days till the next available routine appointment, as at the end of the quarter (or on any given day during the last two weeks after the end of quarter), should be recorded in this field.

New	Closed appointment clinics	<p>This section should be completed by clinics which use a ‘closed book’ appointments system i.e. where appointments can be made over a restricted period only. There are two fields to complete: Booking period (days). The period for which appointments are booked. Days till next available routine appointment (at end of quarter). The number of days till the next available routine appointment, as at the end of the quarter (or on any given day during the last two weeks after the end of quarter).</p>
New	Drop-in clinics	<p>This section should be completed by clinics where a drop-in service is provided i.e. no appointments are made. The number of patients seen in the different time categories as at the end of the quarter (or on any given day during the last two weeks after the end of quarter) should be recorded here. (Hours till patient seen = time in hours from the patient being registered till the patient being seen by the clinician, excluding triage).</p>
Changes to table headings		
Condition	Condition/episode	
Of which were homosexually acquired	Of which were homo/bisexual	<p>This change has been introduced because ‘Of which were homosexually acquired’ is inappropriate for codes referring to epidemiological treatment, HIV testing, hepatitis B vaccination and sexual health screening. There is evidence that this field is poorly completed for these codes using the current definition. It is recognised that the meaning of this field has now changed.</p>