

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

Supply of azithromycin for the treatment of uncomplicated *Chlamydia trachomatis*.

For the supply of **azithromycin on Patient Group Direction (PGD)** by community pharmacists and pharmacy technicians working within the boundaries of West Sussex County Council (WSSC) and contracted to provide the **chlamydia testing and treatment service**.

Change history

Version and Date	Change details
Version 1 April 2026	New template

[Reference Number: WSSC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

Date PGD template comes into effect:	11 th April 2026
Review date	1 st October 2028
Expiry date:	31 st March 2029

Note the PGD is based on the Specialist Pharmacy Service (SPS) national PGD template however it has been adapted to reflect the WSCC locally commissioned chlamydia testing and treatment service. The most up to date version of the template is available from the [SPS national PGD template webpage](#).

PGD Working Group

Name or Role	Position
Judith Zhou	Consultant Sexual Health and HIV UH Sussex and Clinical Lead for West Sussex Sexual Health Services
Janet Rittman	Public Health Pharmacist West Sussex County Council
Patrick Stoakes	Public Health Lead- Sexual Health West Sussex County Council
Merle Symonds	Service Manager - Sexual Health & HIV. West Sussex Sexual Health Services
Amy Leftwich,	Public Health Strategic Commissioning Lead West Sussex County Council


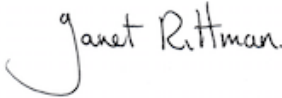
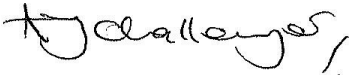
[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

Organisational authorisations

Name	Job title and organisation	Signature	Date
Senior doctor	Dr Judith Zhou Consultant Sexual Health and HIV UH Sussex and Clinical Lead for West Sussex Sexual Health Services		01/04/26
Senior pharmacist	Janet Rittman Public Health Pharmacist Brighton and Hove City Council		27/3/26
Person signing on behalf of the authorising body as defined by NICE	Alison Challenger Director of Public Health West Sussex County Council		10/04/26

Characteristics of staff

The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.

[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

<p>Qualifications and professional registration</p>	<p>Pharmacists/Pharmacy Technicians employed within a community pharmacy commissioned to provide the WSCC chlamydia testing and treatment service</p> <p>Pharmacists and pharmacy technicians registered with the General Pharmaceutical Council (GPhC) https://www.pharmacyregulation.org</p>
<p>Initial training</p>	<p>The registered pharmacist or pharmacy technician authorised to operate under this PGD must have: Undertaken appropriate training and successfully completed the competencies detailed in the WSCC chlamydia treatment and testing service specification.</p> <p>Undertaken the necessary training for working under PGDs for the supply and administration of medicines. Recommended training is the eLfH PGD elearning programme</p> <p>The WSCC chlamydia testing and treatment service specification details the training and accreditation requirements for Community Pharmacists and Pharmacy Technicians.</p> <p>Pharmacists/pharmacy technicians must complete the * CPPE Sexual health in pharmacies e- learning and e-assessment</p> <p>And</p> <p>The following elearning for healthcare (elfh) modules : Safeguarding Adults Level 2 and Safeguarding Children Level 2. Links to the guidelines are available here: Safeguarding Adults Level 2 (elearning for healthcare) : Safeguarding Children Level 2 (elearning for healthcare) :</p> <p>Pharmacists/pharmacy technicians must also participate in Continuing Professional Development (CPD) as defined by the General Pharmaceutical Council.</p>
<p>Competency assessment</p>	<p>Registered Pharmacists/ Pharmacy technicians working under this PGD must be assessed as competent or complete a self-declaration of competence for Chlamydia testing and/or treatment.</p> <p>Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions</p>

[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

Ongoing training and competency	<p>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.</p> <p>HCPs working under this PGD must ensure they have read and keep up to date with BASHH guidance for the treatment of chlamydia https://www.bashh.org/resources/15/chlamydia_2015</p>
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[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

Clinical condition or situation to which this PGD applies

<p>Clinical condition or situation to which this PGD applies</p>	<ul style="list-style-type: none"> • Uncomplicated genital, pharyngeal and/or asymptomatic rectal <i>Chlamydia trachomatis</i> infection (where doxycycline is contraindicated or inappropriate) • Asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of chlamydia trachomatis (where doxycycline is contraindicated or inappropriate). <p>Note: verification that a user has an infection or is a partner who is eligible for treatment will be provided by West Sussex Integrated Sexual Health Service as detailed in the Service Specification paras 4.21 to 4.25</p>
<p>Criteria for inclusion</p>	<ul style="list-style-type: none"> • Consent given. • Aged 15 years and over. All individuals under the age of 19 years – [follow local young person’s safeguarding information https://www.westsussexscp.org.uk • Where doxycycline is contraindicated (known allergy, intolerance, pre-existing medical conditions, (e.g. pregnancy) 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, pharynx or rectum (asymptomatic) but without signs suggestive of complications. ○ Asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of <i>Chlamydia trachomatis</i>, who are unwilling/unable to defer testing after the 2 week window period.
<p>Criteria for exclusion</p>	<ul style="list-style-type: none"> • Consent refused and documented in the individual’s medical notes • Individuals under 13 years of age. Refer to young person’s safeguarding information and sexual health service. https://www.sexualhealthwestsussex.nhs.uk

[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

	<ul style="list-style-type: none"> • Individuals under 15 years of age – refer to sexual health service https://www.sexualhealthwestsussex.nhs.uk • Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines. Refer to sexual health service as above. • Individuals 16 years of age and over and assessed as lacking capacity to consent. Refer to sexual health service as above. <p>Medical history</p> <ul style="list-style-type: none"> • Individuals with suspected and/or confirmed symptomatic rectal <i>Chlamydia trachomatis</i>. • Individuals with complicated <i>Mycoplasma genitalium</i>, <i>non-gonococcal urethritis</i> (NGU) or complicated <i>Chlamydia trachomatis</i> infection such as epididymitis and/or testicular pain or a clinical diagnosis of proctitis or Pelvic Inflammatory Disease (PID) • Presence of concomitant conjunctivitis and/or joint pain/swelling • Individuals with suspected or confirmed lymphogranuloma venereum (LGV) infection • Individuals with recurrent (recurrence of symptoms 30-90 days following treatment of initial episode of NGU) or persistent NGU • Inability to absorb oral medications and/or inability to swallow oral dosage formulations (i.e. capsules, tablets, oral suspensions) • Known or suspected severe hepatic impairment • Known severe renal impairment (eGFR <10ml/min/1.73m², CKD stage 5) • Known history of QT prolongation (congenital or acquired), or ventricular cardiac arrhythmia, including torsades de pointe • Known electrolyte disturbances (hypokalaemia or hypomagnesaemia) • Known clinically significant bradycardia or severe cardiac insufficiency • Known porphyria
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[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

	<ul style="list-style-type: none"> • Known myasthenia gravis <p>Medication history</p> <ul style="list-style-type: none"> • Known allergy or hypersensitivity to azithromycin, any macrolide antibiotic or to any of the components of the product - see Summary of Product Characteristics on the EMC. Acceptable sources of allergy information include individual or National Care Record • Current long-term use of azithromycin or another macrolide antibiotic (e.g. erythromycin for prophylaxis in asplenia, azithromycin for prophylaxis in individuals with COPD or bronchiectasis etc.) • Individuals with known azithromycin resistance • Concurrent use of any interacting medicine as listed in Drug Interactions section of this PGD • Less than 3 days before receiving, or within 3 days after receiving, oral typhoid vaccine • Concomitant use of another medication known to cause QT prolongation (e.g. amiodarone, sotalol, citalopram) (For further information recommended resources include: CredibleMeds; registration required, or Sudden arrhythmic death syndrome (SADS) - Drugs to avoid)
<p>Cautions including any relevant action to be taken</p>	<ul style="list-style-type: none"> • If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented. • Discuss with appropriate medical/independent non-medical prescriber any medical condition or medication of which the healthcare professional is unsure or uncertain <p>Pregnancy or suspected pregnancy: the SPC states that there are 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</p>

[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

	<p>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.</p> <p>Breastfeeding individuals: ASHH 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”. Azithromycin can be supplied under PGD to breastfeeding individuals: monitor nursing infant for gastro-intestinal disturbances, oral candida infection, rashes, irritability, sleep disturbances and loss of appetite.</p> <p>Coumarin anticoagulants (e.g. warfarin, acenocoumarol, phenindione): risers in INR reported. Individuals should be advised to have their INR monitored while on treatment with azithromycin and should be counselled re: seeking medical attention if any episode of bleeding develops while taking.</p> <p>Excipients: Caution should be exercised when supplying azithromycin to individuals who should avoid the following excipients:</p> <ul style="list-style-type: none"> • Soya or soya lecithin: 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. • Lactose, sucrose, fructose and sorbitol: Individuals with rare hereditary problems of galactosaemia, galactose intolerance, total lactase deficiency, glucose-galactose malabsorption, sucrase-isomaltase deficiency, fructose-1,6-bisphosphatase deficiency (also known as hereditary fructose intolerance): check the individual list of excipients available in the SPC before supplying. • Aspartame: Individuals with phenylketonuria (PKU) must not use medicines containing aspartame. Check the
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[Reference Number: WSCC_2026V1

Valid from: 11th April 2026
Review date: 1st October 2028

Expiry date: 31st March 2029

	individual list of excipients available in the SPC before supplying.
<p>Actions to be taken if the individual is excluded or declines treatment</p>	<ul style="list-style-type: none"> • If the presenting individual is under 13 years of age the healthcare professional should follow the local safeguarding policy and report using the West Sussex Integrated Front Door (IFD) https://www.westsussex.gov.uk/education-children-and-families/keeping-children-safe/request-support-or-raise-a-concern-about-a-child/ <p>(note under 13 years of age excluded from treatment under this PGD) and also refer to the local sexual health service for treatment https://www.sexualhealthwestsussex.nhs.uk</p> <ul style="list-style-type: none"> • Individuals aged under 15 years of age will not be able to access the service due to the need to ensure that additional safeguarding requirements are met in this population and should be re-directed to visit their local sexual health service as above. • 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 to a suitable health service provider if appropriate and/or provide them with information about further options

[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

Description of treatment

<p>Name, form and strength of medicine</p>	<p>Azithromycin 250mg or 500mg capsules or tablets or azithromycin 200mg/5ml powder for oral suspension.</p> <p>NB: The oral suspension should only be supplied for people that have difficulty swallowing tablets or capsules.</p>
<p>Legal category</p>	<p>POM</p>
<p>Route or method of administration</p>	<p>Orally</p> <p>Tablets or oral suspension: can be taken at any time in relation to food but there should be a 2 hour gap between taking the tablets and antacids, (including those purchased over the counter).</p> <p>Capsules: should be taken one hour before or two hours after food or antacids, (including those purchased over the counter).</p>
<p>Off-label use</p>	<p>Off-label use</p> <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. • Pregnancy or suspected pregnancy: See Cautions including any relevant action to be taken for further information • Breastfeeding individuals: See Cautions including any relevant action to be taken for further information. <p>Temperature variations:</p> <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 a pharmacist must ensure the medicine remains</p>

[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

	<p>pharmaceutically stable and appropriate for use if it is to be issued.</p> <p>Where medicines have been assessed by a pharmacist in accordance with national or specific product recommendations/manufacture advice as appropriate for continued use this would constitute off-label administration under this PGD.</p> <p>The responsibility for the decision to release the affected medicines for use lies with the pharmacist.</p> <p>Where a drug is recommended off-label consider, as part of the consent process, informing the individual/carer/parent/guardian that the drug is being offered in accordance with national guidance but that this is outside the product license.</p>
Dose and frequency of administration	<p>Day One: 1g taken as a single dose</p> <p>Day Two: 500mg once daily</p> <p>Day Three: 500mg once daily</p>
Duration of treatment	3 days
Quantity to be supplied	<p>Appropriately labelled pack of 4 x 500mg capsules/tablets OR 8 x 250mg capsules/tablets OR appropriate quantity of reconstituted oral suspension.</p> <p>A single repeat course can be supplied under the PGD if vomiting occurs within 3 hours of a dose being taken.</p>
Storage	Stock must be securely stored according to organisation medicines policy and in conditions in line with the SmPC, which is available from the electronic Medicines Compendium website:
Drug interactions	<p>Where it is known an individual is concurrently taking the following medicine, treatment should not be undertaken under this PGD and the individual referred to a prescriber:</p> <ul style="list-style-type: none"> • Brentuximab • Chloroquine, hydroxychloroquine • Colchicine • Dabigatran • Digoxin

[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

	<ul style="list-style-type: none"> • Edoxaban • Ergot derivatives such as ergotamine (Migril®) • Neratinib • Rifabutin • Talazoparib • Ticagrelor • Topotecan • Vinblastine, vincristine, vindesine, vinflunine, vinorelbine • Concomitant use of another medication known to cause QT prolongation (e.g. haloperidol, sotalol, terfenadine, pimozide) (For further information recommended resources include: CredibleMeds; registration required, or Sudden arrhythmic death syndrome (SADS) - Drugs to avoid) • Typhoid vaccine (oral): see Criteria for exclusion <p>See BNF for all drugs that can interact with azithromycin.</p> <p>A detailed list of drug interactions is available in the SmPC, which is available from the electronic Medicines Compendium website</p>
<p>Identification and management of adverse reactions</p>	<p>A detailed list of adverse reactions is available in the SmPC, which is available from the electronic Medicines Compendium website and the BNF</p> <p>The following side effects are listed in the product SPC/BNF as very common or common with azithromycin (but may not reflect all reported side effects):</p> <ul style="list-style-type: none"> • Diarrhoea • Abdominal pain • Nausea • Flatulence • Anorexia • Vomiting • Dyspepsia • Visual impairment

[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

	<ul style="list-style-type: none"> • Deafness • Dizziness • Headache • Paraesthesia • Dysgeusia • Rash • Pruritus • Arthralgia • Fatigue • Abnormal blood test results <p>Severe adverse reactions are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment. Information on anaphylaxis can be found on the NHS website</p> <p>In the event of a severe adverse reaction, the individual must be advised to stop treatment immediately and seek urgent medical advice.</p>
<p>Management of and reporting procedures for adverse reactions</p>	<ul style="list-style-type: none"> • Healthcare professionals and individuals/carers/parents/guardians are encouraged to report suspected adverse reactions to the MHRA's Yellow Card Scheme • Record all adverse drug reactions (ADRs) in the individual's clinical record. • Report via organisation incident policy. • It is considered good practice to notify the individual's GP in the event of an adverse reaction.
<p>Written or other information to be given to individual/carer/parent/guardian</p>	<p>Medication:</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 • Azithromycin tablets can be taken at any time in relation to food but there should be a 2 hour gap between taking the tablets and antacids, (including those purchased over the counter).

[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

	<ul style="list-style-type: none"> • Azithromycin capsules should be taken one hour before or two hours after food or antacids, (including those purchased over the counter). • If vomiting occurs within 3 hours of taking capsules/tablets offer option of repeat dose of azithromycin (under PGD). • Advise individual to seek medical advice in the event of an adverse reaction. • Advise individual to seek immediate medical attention (by calling 999 or going to A&E) if the individual develops signs or symptoms of sepsis as described on the NHS website. • Advise individual to return any unused medicines to a pharmacy for disposal: Do not dispose of medicines in the bin, down the sink or toilet. <p>Condition:</p> <ul style="list-style-type: none"> • Individuals diagnosed with Chlamydia trachomatis should be offered information (verbal, written and/or digital) about their diagnosis and management. Signpost to BASHH chlamydia patient information leaflet. A link to the leaflet is in the reference section. • 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 [7 days after treatment and for [7 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 not supplied via a sexual health clinic ensure the individual has contact details of local sexual health services.
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[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

<p>Individual advice / follow up treatment</p>	<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 <i>Chlamydia</i> follow up and partner notification. • Individuals with <i>Chlamydia trachomatis</i> who have not had a full STI screen (or who did not have <i>Chlamydia trachomatis</i> diagnosed in a sexual health clinic) should be advised to attend a sexual health clinic/service for a full STI screen. • Routine follow-up/TOC 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 ○ Rectal infections ○ Under 25 year olds ○ <i>Mycoplasma genitalium</i> infection
<p>Records to be kept</p>	<p>Appropriate records must include the following:</p> <ul style="list-style-type: none"> • The consent of the individual and <ul style="list-style-type: none"> ○ If individual is under 13 years of age record action taken including details of young person's safeguarding actions if appropriate. ○ If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken. ○ If individual over 16 years of age and not competent, record action taken • Record safeguarding actions taken if appropriate • If individual not treated under PGD record action taken • Name of individual, address, date of birth • GP contact details where appropriate

[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

	<ul style="list-style-type: none"> • Relevant past and present medical and sexual history, including medication history. • Examination or microbiology finding/s where relevant. • Any known allergies and nature of reaction • Name of registered health professional • Name of medication supplied • Date of supply • Dose supplied • [Quantity supplied including batch number and expiry date in line with local procedures]. • Advice given about the medication including side effects, benefits, and when and what to do if any concerns • Advice given, including advice given if excluded or declines treatment • Details of any adverse drug reactions and actions taken • Any referral arrangements made • Any supply outside the terms of the product marketing authorisation • Recorded that supplied via Patient Group Direction (PGD) <p>Records must be signed and dated (or password controlled e-records) and securely kept for a defined period in line with local policy.</p> <p>All records must be clear, legible and contemporaneous.</p> <p>A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.</p>
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[Reference Number: WSCC_2026V1

Valid from: 11th April 2026
 Review date: 1st October 2028

Expiry date: 31st March 2029

Key references (last accessed August 2025)

- [Electronic Medicines Compendium](#)
- [Electronic BNF](#)
- [NICE Medicines practice guideline MPG2 - Patient Group Directions - Last Updated 27 March 2017](#)
- [British Association for Sexual Health and HIV \(BASHH\) CEG September 2018 – Update on the treatment of *Chlamydia trachomatis* \(CT\) infection](#)
- [British Association for Sexual Health and HIV \(BASHH\) STI and Related Conditions in Children and Young People guidance](#)
- [Specialist Pharmacy Service \(SPS\). Identifying risk factors for developing a long QT interval](#)
- [Specialist Pharmacy Service \(SPS\). Using macrolide antibiotics during breastfeeding](#)
- [Royal Pharmaceutical Society Safe and Secure Handling of Medicines December 2018](#)
- BASHH chlamydia patient information
https://www.bashh.org/_userfiles/pages/files/resources/ct_pil_screen_oct2016.pdf

[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

Appendices

Appendix A - Registered health professional authorisation sheet

Pharmacist/Pharmacy Technician

PGD Name: Azithromycin for the treatment of uncomplicated *Chlamydia trachomatis*.

Version: 1 (WSCC 2026V1)

Valid from: 11th April 2026

Expiry: 31st March 2029

Before signing this PGD, check that the document has 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 and agree with the following statement:

'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.'

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

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

Name	Designation	Signature	Date

[Reference Number: WSCC_2026V1

Valid from: 11th April 2026

Review date: 1st October 2028

Expiry date: 31st March 2029

Authorising manager

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf offor the above-named health care professionals who have signed the PGD to work under it

Name	Designation	Signature	Date

Note 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.

Records

A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with WSCC service contract and specification.

- For adults all PGD documentation in a patient’s clinical record must be kept for 8 years after the last entry.
- For children all PGD documentation in a patient’s clinical record must be kept until the child is 25 years old or for 8 years after a child’s death.

[Reference Number: WSCC_2026V1

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