

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Equality impact assessment

### Reducing Sexually transmitted infections

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

#### **1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)**

1.1 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

Potential equality issues for characteristics protected by the Equality Act 2010 identified in the scoping phase are outlined below:

- Age
  - according to the annual official statistics data release (data to December 2018) and the Public Health England report 2018 for sexually transmitted infections (STIs), increasing rates of STIs have been found among people of 15 to 24 years of age. For example, there were 131,269 chlamydia diagnoses in this age group in 2018, an increase of 2% since 2017. Similarly, between 2017 and 2018 syphilis diagnoses increased by 23% in people aged 15 to 19 years and increased by 9% in people aged 20 to 24 years.
  - despite having the lowest population diagnosis rates, increase in the incidence of STIs have also been identified in the over 60s. Between 2017 and 2018, in people 65 years and older, diagnoses of gonorrhoea, chlamydia and syphilis increased by 42%, 24% and 5%, respectively. These groups have not traditionally been the focus of prevention strategies.
- Disability
  - consideration will be given to people with disabilities that may have difficulty in accessing sexual health information and support services.
- Gender reassignment
  - consideration will be given to trans and transgender men and women to ensure that these groups are targeted for uptake of STI testing or in developing prevention or awareness strategies
- Pregnancy and maternity
  - consideration will be given to people with STIs that are pregnant
- Race
  - people of black ethnic minority ethnic groups have been found to be

disproportionately burdened with STIs. The highest population rates of diagnoses of chlamydia, gonorrhoea, genital herpes and trichomoniasis are among people of black ethnicity, with black Caribbean and black non-Caribbean/non-African people showing the highest diagnosis rates of all ethnic groups. This disproportionality is pronounced for gonorrhoea, between 2017 and 2018 the largest proportional increase (34%) was reported in those of black Caribbean ethnicity.

- Religion or belief
  - None
- Sex
  - None
- Sexual orientation
  - research has shown that the impact of STIs remains highest in gay, bisexual and other men with who have sex with men. Between 2017 and 2018 diagnoses of gonorrhoea increased by 24% in MSM. Similarly, diagnoses of chlamydia and genital herpes in MSM increased by 28% and 9%, respectively.

Others with definable characteristics with potential for inequalities such as:

People with low socioeconomic status

- there is an association between the index of deprivation and increasing rates of STIs especially in people of lower socioeconomic status. This may also impact on the uptake of testing offers.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The groups identified in section 1.1 are at higher risk of STIs, therefore specific recommendations for them may be needed.

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Date: 8 August 2019

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Date: 15 August 2019