

Quick reference guide

Prevention of sexually transmitted infections and under 18 conceptions

This quick reference guide presents the recommendations on 'One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups.'

One to one interventions are an important element of modern sexual health services and are part of the strategy to prevent STIs and under 18 conceptions. As such, they should be integral to the routine care provided by both primary care and contraceptive services.

The guidance is for NHS and non-NHS professionals who have a direct or indirect role in, or responsibility for, sexual health services. This includes those working in local authorities and the education, community, voluntary and private sectors.

NICE public health intervention guidance 3

NICE public health guidance makes recommendations on the promotion of good health and the prevention of ill health. This guidance represents the views of the Institute and was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities and the wider public, voluntary and community sectors should take it into account when carrying out their professional, managerial or voluntary duties.

Recommendations

Recommendation 1

Who is the target population?

Key groups at risk of STIs including:

- men who have sex with men
- people who have come from or who have visited areas of high HIV prevalence.

Behaviours that increase the risk of STIs include:

- misuse of alcohol and/or substances
- early onset of sexual activity
- unprotected sex and frequent change of and/or multiple sexual partners.

Who should take action?

Health professionals working in:

- general practice
- genito-urinary medicine (GUM)
- community health services (including community contraceptive services)
- voluntary and community organisations
- school clinics.

What action should they take?

- Identify individuals at high risk of STIs using their sexual history. Opportunities for risk assessment may arise during consultations on contraception, pregnancy or abortion, and when carrying out a cervical smear test, offering an STI test or providing travel immunisation. Risk assessment could also be carried out during routine care or when a new patient registers.
- Have one to one structured discussions with individuals at high risk of STIs (if trained in sexual health), or arrange for these discussions to take place with a trained practitioner.

Recommendation 2

Who is the target population?

Key groups at risk of STIs including:

- men who have sex with men
- people who have come from or who have visited areas of high HIV prevalence.

Behaviours that increase the risk of STIs include:

- misuse of alcohol and/or substances
- early onset of sexual activity
- unprotected sex and frequent change of and/or multiple sexual partners.

Who should take action?

Health professionals trained in sexual health who work in:

- general practice
- GUM
- community health services (including community contraceptive services)
- voluntary and community organisations
- school clinics.

What action should they take?

- Have one to one structured discussions with individuals at high risk of STIs. The discussions should be structured on the basis of behaviour change theories. They should address factors that can help reduce risk-taking and improve self-efficacy and motivation. Ideally, each session should last at least 15–20 minutes. The number of sessions will depend on individual need.
- For details of a range of behaviour change theories see Conner and Norman (2005)¹.

¹ Conner M, Norman P, editors (2005) Predicting health behaviour. Maidenhead: Open University.

Recommendation 3

Who is the target population?

Patients with an STI

Who should take action?

- Health professionals working in general practice, GUM and community health services (including community contraceptive services), voluntary and community organisations and school clinics. (However, they may need to refer the patient to a specialist.)
- Specialists with responsibility for helping to contact, test and treat partners of patients with an STI (partner notification). They may be sexual health advisers, general practitioners (GPs) or practice nurses providing enhanced sexual health services, chlamydia screening coordinators or GUM clinicians.

What action should they take?

- Help patients with an STI to get their partners tested and treated (partner notification), when necessary. This support should be tailored to meet the patient's individual needs.
- If necessary, refer patients to a specialist with responsibility for partner notification. (Partner notification may be undertaken by the health professional or by the patient.)
- Provide the patient and their partners with infection-specific information, including advice about possible re-infection. For chlamydia infection, also consider providing a home sampling kit.

Recommendation 4

Who is the target population?

Population served by a PCT

Who should take action?

PCT commissioners

What action should they take?

- Ensure that sexual health services, including contraceptive and abortion services, are in place to meet local needs. All services should include arrangements for the notification, testing, treatment and follow-up of partners of people who have an STI (partner notification).
- Define the role and responsibility of each service in relation to partner notification (including referral pathways).
- Ensure staff are trained.
- Ensure there is an audit and monitoring framework in place.

Recommendation 5

Who is the target population?

Vulnerable young people aged under 18. This may include young people:

- from disadvantaged backgrounds
- who are in – or leaving – care
- who have low educational attainment.

For a more detailed definition of vulnerable young people see Department for Education and Skills (2006)².

Who should take action?

- GPs, nurses and other clinicians working in healthcare settings such as primary care, community contraceptive services, antenatal and postnatal care, abortion and GUM services, drug/alcohol misuse and youth clinics, and pharmacies.
- GPs, nurses and other clinicians working in non-healthcare settings such as schools and other education and outreach centres.

What action should they take?

- Where appropriate, provide one to one sexual health advice on:
 - how to prevent and/or get tested for STIs and how to prevent unwanted pregnancies
 - all methods of reversible contraception, including long-acting reversible contraception (LARC) (in line with NICE clinical guideline 30)
 - how to get and use emergency contraception
 - other reproductive issues and concerns.
- Provide supporting information on the above in an appropriate format.

Recommendation 6

Who is the target population?

Vulnerable young women aged under 18 who are pregnant or who are already mothers. This may include young women:

- from disadvantaged backgrounds
- who are in – or leaving – care
- who have low educational attainment.

For a more detailed definition of vulnerable young people see Department for Education and Skills (2006)².

Who should take action?

Midwives and health visitors who provide antenatal, postnatal and child development services

What action should they take?

- Regularly visit vulnerable women aged under 18 who are pregnant or who are already mothers.
- Discuss with them and their partner (where appropriate) how to prevent or get tested for STIs and how to prevent unwanted pregnancies. The discussion should cover:
 - all methods of reversible contraception, including LARC (in line with NICE clinical guideline 30), and how to get and use emergency contraception
 - health promotion advice, in line with NICE guidance on postnatal care (NICE clinical guideline 37)
 - opportunities for returning to education, training and employment in the future.
- Provide supporting information in an appropriate format.
- Where appropriate, refer the young woman to the relevant agencies, including services concerned with reintegration into education and work.

² Department for Education and Skills (2006) Teenage pregnancy: accelerating the strategy to 2010. London: Department for Education and Skills.

Implementation tools

NICE has developed tools to help organisations implement this guidance. The tools will be available from www.nice.org.uk/PHI003

- Costing tools:
 - costing report to estimate the national savings and costs associated with implementation
 - costing template to estimate the local costs and savings involved.
- Other tools (issued about 10 weeks after publication of the guidance):
 - slides highlighting key messages for local discussion
 - practical advice on how to implement the guidance and details of national initiatives that can provide support
 - audit criteria to monitor local practice.

Further information

You can download the following documents from www.nice.org.uk/PHI003

- A quick reference guide (this document) for professionals and the public.
- The guidance, which includes all the recommendations, details of how they were developed and evidence statements.
- Supporting documents, including evidence reviews and an economic analysis.

For printed copies of the quick reference guide, phone the NHS Response Line on 0870 1555 455 and quote N1186.

Related NICE guidance

- Postnatal care: routine postnatal care of women and their babies. NICE clinical guideline 37 (2006). Available from www.nice.org.uk/CG037
- Long-acting reversible contraception. NICE clinical guideline 30 (2005). Available from www.nice.org.uk/CG030

Updating the recommendations

In March 2010, these recommendations will be reviewed and the state of the evidence base at that time will be reassessed. A decision will then be made about whether it is appropriate to update the guidance. If it is not updated at that time, the situation will be reviewed again in March 2012.

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