

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Guideline scope

### Reducing sexually transmitted infections

The Department of Health and Social Care in England has asked NICE to update the guideline on [sexually transmitted infections and under-18 conceptions: prevention](#) (PH3), published in 2007. The updated guideline will focus solely on the reduction of sexually transmitted infections, as prevention of under-18 conceptions is covered in other guidelines. NICE worked with Public Health England to develop this scope.

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

#### 1 Why the guideline is needed

Changes in policy and commissioning, financial pressures and new evidence identified through the surveillance process led to the decision to update this guideline. ([surveillance review decision](#)).

Sexually transmitted infections (STIs) can affect personal wellbeing, mental health and relationships and can also lead to serious health problems including pelvic inflammatory disease, ectopic pregnancy or infertility.

#### Key facts and figures

In 2018, 447,694 STIs were diagnosed in England – a 5% increase on 2017.

This includes:

- 56,259 diagnoses of gonorrhoea, a 26% increase since 2017. Overall, prevalence of drug-resistant *Neisseria gonorrhoea* isolates has increased from 20% to 54% and multi-drug resistance from 7.3% to 17.5%.
- 7,541 diagnoses of syphilis: during the past 10 years the incidence of syphilis has increased rapidly.

1 Since 2014 the rate of first episode genital warts diagnoses decreased in  
2 those aged 15 to 17 years, by 92% in girls and 82% in heterosexual boys.  
3 This is mainly due to the National Human Papilloma Virus (HPV) vaccination  
4 programme in school age girls. From September 2019, this programme will  
5 include boys aged 12 to 13.

6 There is an ongoing HPV vaccination programme for men who have sex with  
7 men (MSM).

8 The National Chlamydia Screening Programme has seen a 22% decrease in  
9 tests from 2014 to 2018, but an increase in the proportion of people testing  
10 positive.

11 MSM, heterosexuals aged 15 to 24 years and certain black and minority  
12 ethnic groups have the highest rates of STIs. But rates of chlamydia,  
13 gonorrhoea and genital warts have increased substantially in adults aged over  
14 25. Despite having the lowest population diagnosis rates, people over 65 have  
15 the highest proportional increase in gonorrhoea and chlamydia.

16 *Mycoplasma genitalium* (Mgen) is becoming increasingly resistant to  
17 antibiotics. Around 1% to 2% of the general population is affected.

18 Additionally, there is a call for interventions targeted at older people, a group  
19 who previously may not have featured in discussions about STI reduction and  
20 prevention.

21 Some voluntary organisations provide HIV Pre-exposure Prophylaxis (PrEP)  
22 to people at risk of HIV who cannot get it through the [PrEP Impact Trial](#), or  
23 can't afford to buy it. The PrEP Impact trial is assessing the feasibility of  
24 providing PrEP on the NHS.

25

## 26 **Current practice**

27 STI advice and services, including HIV testing and partner notification, are  
28 provided in:

- 1 • specialist sexual health services such as genitourinary medicine (GUM)  
2 and integrated GUM/sexual and reproductive health services  
3 • non-specialist sexual health services such as sexual reproductive health  
4 services, young people's services, eSexual health services, abortion  
5 services, pharmacies, outreach, general practice and other community-  
6 based settings.

7 People can attend a sexual health clinic without referral. Demand has  
8 increased but service provision varies. Some clinics have closed or reduced  
9 their opening hours. Some now have fewer consultants or health advisers.  
10 Outreach services targeting high-risk groups such as MSM have also been  
11 cut.

12 Examples of innovative services include online access to STI self-sampling  
13 kits with results sent by text message.

14

## 15 **Policy, legislation, regulation and commissioning**

16 Local authorities, clinical commissioning groups (CCGs) and NHS England  
17 are responsible for commissioning and providing sexual health services  
18 ([Health and Social Care Act 2012](#)). Most services are commissioned by local  
19 authorities.

20 This guideline will help local authorities, CCGs and NHS England to meet  
21 targets for reducing incidence of STIs as outlined in the Department of  
22 Health's [Framework for Sexual Health Improvement in England](#).

## 23 **2 Who the guideline is for**

24 This guideline is for:

- 25 • commissioners of sexual health services, including local authorities, clinical  
26 commissioning groups and NHS England  
27 • providers of sexual health services such as GUM services, integrated GUM  
28 and sexual and reproductive health services, community health services,

1 eSexual health services, young people's services, prisons or youth offender  
2 services

- 3 • healthcare professionals such as GPs, practice nurses, sexual health  
4 advisors and sexual health consultants
- 5 • voluntary organisations and advocacy groups with an interest in STI  
6 prevention.

7 It may also be relevant for:

- 8 • providers of drug misuse treatment
- 9 • learning disability services
- 10 • mental health services
- 11 • reception centres for migrants.

12 NICE guidelines cover health and care in England. Decisions on how they  
13 apply in other UK countries are made by ministers in the [Welsh Government](#),  
14 [Scottish Government](#), and [Northern Ireland Executive](#).

### 15 ***Equality considerations***

16 NICE has carried out an equality impact assessment during scoping. The  
17 assessment:

- 18 • lists equality issues identified, and how they have been addressed
- 19 • explains why any groups are excluded from the scope.

20 The guideline will look at inequalities relating to age, disability gender  
21 reassignment, pregnancy and maternity, race, religion or belief, sex and  
22 sexual orientation.

## 23 **3 What the guideline will cover**

### 24 **3.1 Who is the focus?**

#### 25 **Groups that will be covered**

- 26 • People (over 16 years) at risk of STIs

- 1 – Including gonorrhoea, syphilis, Human Papilloma Virus (HPV), hepatitis  
2 A, genital herpes, chlamydia, *Mycoplasma genitalium*  
3
- 4 • People in groups disproportionately burdened with STIs or where  
5 increasing rates of STIs have been identified. This includes:
    - 6 – Men who have sex with men (MSM)
    - 7 – young people age 16 to 24 years
    - 8 – people of black Caribbean ethnicity.
  - 9 • People involved in delivering sexual health services
  - 10 • People involved in services that may refer to or signpost to sexual health  
11 services.
  - 12 • People taking Pre-Exposure Prophylaxis (PrEP)

### 13 **3.2 Settings**

#### 14 **Settings that will be covered**

15 Settings where sexual health services are provided. This includes:

- 16 • specialist sexual health services such as GUM and integrated GUM/sexual  
17 reproductive health services
- 18 • non-specialist sexual health services such as sexual reproductive health  
19 services, young people's services, eSexual health services, abortion  
20 services, general practice
- 21 • settings that may refer to or signpost to sexual health services, such as  
22 pharmacies, outreach, and other community-based settings
- 23 • other settings where sexual health services are provided, such as further  
24 education colleges, mobile clinics and street work.

#### 25 **Settings that will not be covered**

- 26 • Secondary schools that are providing sexual health interventions as part of  
27 the relationship and sex education curricula.

### 1 **3.3 Activities, services or aspects of care**

#### 2 **Key areas that will be covered**

3 We will look at evidence in the areas below when developing the guideline,  
4 but it may not be possible to make recommendations in all the areas.

- 5 1 Awareness raising and prevention  
6 strategies/approaches/programmes/interventions for STIs in the adult  
7 population and in specified groups that are disproportionately burdened  
8 with STIs or have increasing rates. These are likely to include:  
9 campaigns using traditional and social media, peer-type approaches,  
10 sexual health promotion, sexual health education, workshops, groups  
11 interventions, counselling, uptake of vaccines in MSM.
- 12 2 Strategies to improve uptake of and increase frequency of STI testing  
13 (excluding HIV and blood borne viruses). (Strategies to improve uptake  
14 may include: access to sexual health services, provision of self-sampling  
15 kits, self-testing kits, and point of care diagnostic tests. Strategies to  
16 increase frequency include opportunistic testing for chlamydia, syphilis  
17 or gonorrhoea when screening for HIV; and SMS or letter-based  
18 reminders for testing and re-testing.)
- 19 3 Partner notification strategies for STIs, such as; patient referral, health  
20 service/provider referral, contract referral

#### 22 **Areas that will not be covered**

- 23 1 Condom distribution schemes, specifically those targeted at young  
24 people in health education, youth and outreach settings. These are  
25 covered in NICE's guideline on [condom distribution schemes and](#)  
26 [contraceptive services for under 25s](#).
- 27 2 Interventions to prevent the misuse of drugs, including illegal drugs,  
28 psychoactive substances and prescription-only medicines. These are  
29 covered in NICE's guideline on [drug misuse prevention](#).

- 1 3 Interventions aimed at people who may have undiagnosed HIV to  
2 increase awareness or uptake of HIV testing. These are covered in  
3 NICE's guideline on [HIV testing](#).
- 4 4 Antimicrobial treatments for genital tract infection.
- 5 5 HIV post-exposure prophylaxis (PEP) following sexual exposure
- 6 6 Interventions to increase awareness of hepatitis B or C in the general  
7 population or high-risk groups. Interventions to increase uptake of testing  
8 or vaccination for hepatitis B or C in high-risk groups. Commissioning,  
9 contact tracing or laboratory services. These are covered in NICE's  
10 guideline on [hepatitis B and C testing](#).
- 11 7 Individual-level digital and mobile health interventions such as text  
12 messaging, interventions delivered via apps or social networking sites.  
13 Or interactive voice response interventions aimed at reducing unsafe  
14 sexual practices. These will be covered in NICE's guideline on [behaviour  
15 change: technology-based interventions](#).
- 16 8 Sexual health awareness raising, advice and education, behavioural  
17 support or referrals and signposting interventions delivered in community  
18 pharmacies or prisons or young offender institutions. These are covered  
19 in NICE's [community pharmacies](#) and [physical health of people in prison](#)  
20 guidelines.
- 21 9 STI risk assessment when providing contraceptive services for young  
22 people. This is covered in NICE's guideline on [contraceptive services for  
23 under 25s](#).
- 24 10 Interventions based on national or local behaviour change frameworks or  
25 techniques when the primary objective is not specifically to reduce STIs.
- 26 11 Chlamydia screening. This is covered by the [National Chlamydia  
27 Screening Programme](#).

## 28 **Related NICE guidance**

### 29 ***Published***

- 30 • [Community pharmacies: promoting health and wellbeing](#) (2018) NICE  
31 guideline NG102

- 1 • [Drug misuse prevention: targeted interventions](#) (2017) NICE guideline
- 2 NG64
- 3 • [Sexually transmitted infections: condom distribution schemes](#) (2017) NICE
- 4 guideline NG68
- 5 • [HIV testing: increasing uptake among people who may have undiagnosed](#)
- 6 [HIV](#) (2016) NICE guideline NG60
- 7 • [Physical health of people in prison](#) (2016) NICE guideline NG57
- 8 • [Behaviour change: individual approaches](#) (2014) NICE public health
- 9 guideline PH49
- 10 • [Contraceptive services for under 25s](#) (2014) NICE public health guideline
- 11 PH51
- 12 • [Long-acting reversible contraception](#) (2014) NICE clinical guideline CG30
- 13 • [Hepatitis B and C testing: people at increased risk of infection](#) (2013) NICE
- 14 public health guideline PH43
- 15 • [Behaviour change: general approaches](#) (2007) NICE public health
- 16 guideline PH6

#### 17 ***In development***

- 18 • [Behaviour change: digital and mobile health interventions](#) NICE guideline.
- 19 Publication expected August 2020
- 20 • [Looked-after children and young people](#) (2010) NICE guideline PH28
- 21 (currently being updated). Publication expected April 2021
- 22 • [Vaccine uptake in the general population](#) NICE guideline. Publication
- 23 expected October 2021

24

#### 25 **NICE guidance about the experience of people using NHS services**

26 NICE has produced the following guidance on the experience of people using  
27 the NHS. This guideline will not include additional recommendations on these  
28 topics unless there are specific issues related to reducing STIs:

- 29 • [Medicines optimisation](#) (2015) NICE guideline NG5
- 30 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138



- 1 • [Service user experience in adult mental health](#) (2011) NICE guideline
- 2 CG136
- 3 • [Medicines adherence](#) (2009) NICE guideline CG76

### 4 **3.4 Economic aspects**

5 We will take economic aspects into account when making recommendations.  
6 We will develop an economic plan that states for each review question (or key  
7 area in the scope) whether economic considerations are relevant, and if so  
8 whether this is an area that should be prioritised for economic modelling and  
9 analysis. We will review the economic evidence and carry out economic  
10 analyses, using a public sector and any other relevant perspective.

### 11 **3.5 Key issues and draft questions**

12 While writing this scope, we have identified the following key issues and key  
13 questions related to them:

#### 14 1 Awareness of and prevention of STIs:

15 1.1 What awareness raising and/or prevention approaches are effective  
16 and cost effective at preventing STIs in the adult population, in MSM,  
17 young people age 16 to 24 years, people of black Caribbean  
18 ethnicity, those engaging in chemsex?

19 1.2 What is the public acceptability of raising awareness and/or  
20 prevention approaches of STIs (excluding HIV and blood borne  
21 viruses)?

22 1.3 What interventions are effective and cost effective at increasing  
23 uptake of hepatitis A, hepatitis B, and HPV vaccination in MSM?

24 1.4 What are the barriers to, and facilitators for, the uptake of hepatitis A,  
25 hepatitis B, and HPV vaccination in MSM?

26 1.5 What are the effectiveness, cost effectiveness and unintended  
27 consequences of pre-exposure prophylaxis (PrEP) for HIV?

#### 28 2 Strategies to improve uptake and to increase frequency of STI testing

29 2.1 What strategies to improve uptake and/or to increase frequency of  
30 STI testing (excluding HIV and blood borne viruses) are effective and  
31 cost-effective?

1 2.2 What are the barriers to, and facilitators for, improving uptake and  
2 increasing frequency of STI testing (excluding HIV and blood borne  
3 viruses)?

4 3 Partner notification strategies for STIs:

5 3.1 What partner notification strategies for STIs are effective and cost-  
6 effective?

7 3.2 What is the acceptability to those with STIs and their partners of  
8 partner notification strategies for STIs?  
9

### 10 **3.6 Main outcomes**

11 The main outcomes that may be considered when searching for and  
12 assessing the evidence are:

- 13 • incidence of STIs
- 14 • condom use
- 15 • uptake of hepatitis A, hepatitis B, and HPV vaccination in MSM
- 16 • awareness of STIs
- 17 • access to sexual health services
- 18 • waiting time to be seen and time to treat
- 19 • STI testing and re-testing rates
- 20 • changes in knowledge, belief or acceptance of STI testing
- 21 • reduction in unsafe sexual practices
- 22 • partner testing rates
- 23 • changes in STI rates in those using PrEP

## 24 **4 NICE quality standards and NICE Pathways**

### 25 **4.1 NICE quality standards**

26 **NICE quality standards that may need to be revised or updated when**  
27 **this guideline is published**

- 28 • [Sexual health](#) (2019) NICE quality standard QS178
- 29 • [HIV testing: encouraging uptake](#) (2017) NICE quality standard QS157

## 1 **4.2 NICE Pathways**

2 When this guideline is published, we will update the NICE Pathway on  
3 [preventing sexually transmitted infections and under-18 conceptions](#). This  
4 brings together everything we have said on STIs and under-18 conceptions in  
5 an interactive flowchart.

## 6 **5 Further information**

This is the draft scope for consultation with registered stakeholders. The  
consultation dates are 20 August 2019 to 18 September 2019.

The guideline is expected to be published in September 2021.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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