

# Preventing sexually transmitted infections and under-18 conceptions overview

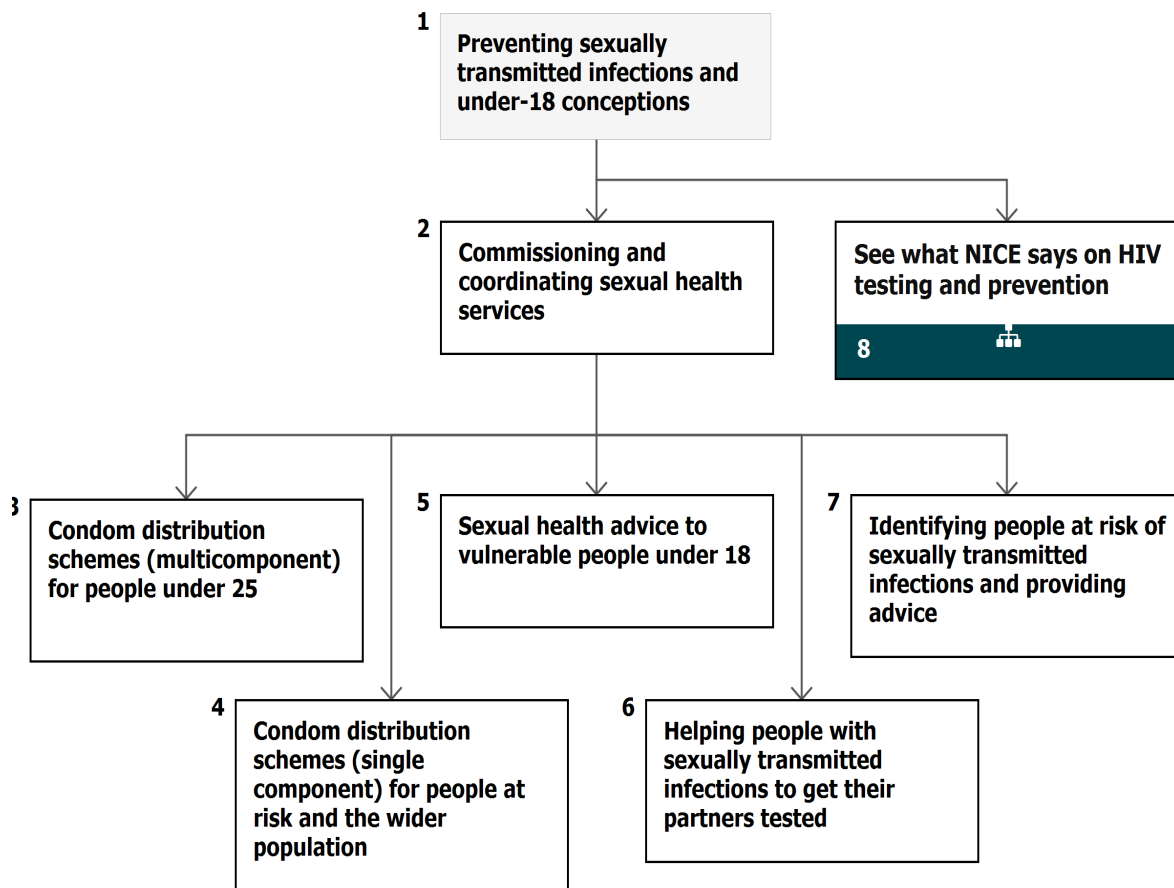
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<http://pathways.nice.org.uk/pathways/preventing-sexually-transmitted-infections-and-under-18-conceptions>

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This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



## 1 Preventing sexually transmitted infections and under-18 conceptions

No additional information

## 2 Commissioning and coordinating sexual health services

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.

### Condom distribution schemes

Provide a range of condom distribution schemes [See page 9] (also known as condom schemes) to meet the needs of different local populations, based on needs assessment, consultation and STI rates. Target those most at risk. Include multicomponent schemes [See page 9], single component schemes [See page 10] (free condoms) and cost-price sales schemes [See page 9].

Provide condom schemes as part of existing services that are likely to be used by those most at risk. This could include services provided by the voluntary sector (such as advice projects and youth projects), school health services and primary healthcare (including GP surgeries and community pharmacies).

Ensure links exist between condom schemes and local sexual and reproductive health services. For example, consider:

- Providing condoms with information about local sexual health services.
- Displaying posters and providing leaflets advertising local sexual health services where condoms are available.

Publicise condom schemes to people most at risk of getting an STI. For example:

- Put posters and leaflets in places used by those most at risk.

- Advertise on geospatial social networking apps (used to find local sexual partners) or websites (such as the [NHS condom locator](#)) and social media.

### 3 Condom distribution schemes (multicomponent) for people under 25

Provide tailored [multicomponent condom schemes](#) [See page 9] in preference to other types of condom scheme for young people aged up to 16 and others for whom there is a duty of care.

Consider extending tailored multicomponent condom schemes to include all young people up to the age of 25.

Integrate these schemes into broader services for young people, for example, as part of young people's sexual and reproductive health services (see what NICE says on [contraceptive services for under 25s](#)).

Offer pathways into other services including: sexual and reproductive health, alcohol and drug, mental health and partner violence services, as needed.

Ensure services:

- meet the Department of Health's [you're welcome criteria for young-person-friendly services](#)
- are confidential
- are sited in settings accessible to young people for example, in health, education, youth and outreach settings and in a range of geographical areas
- are accessible by public transport
- are available at convenient times for young people (for example, after school, college or university and at weekends).

Ensure the safety of young people by:

- Assessing the [competence](#) [See page 9] of those under 16, and others for whom there is a duty of care, before providing them with condoms.
- Being alert to signs of child sexual exploitation or abuse, including intimate partner violence. See [spotting the signs of CSE proforma](#) (BASHH and Brook) and what NICE says on [when to suspect child maltreatment](#).
- Agreeing with the young person how they will use the scheme. This should take into account their age and circumstances and include an agreement that after a specified number of visits they will discuss their relationships and condom use again.

Consider providing a range of condom types (for example, latex-free) and sizes, female condoms and [dental dams](#) [See page 9]. Include lubricant as well as condoms if they need or want it.

Tailor information and advice according to the young person's needs and circumstances, including their sexual identity and whether or not they are having sex or are in a relationship.

Discuss the effect that alcohol and drugs can have on decision-making and their ability to consent.

Teach young people to use condoms effectively and safely (using education, information and demonstrations) before providing them.

Provide information about emergency contraception and [post-exposure prophylaxis](#) [See page 9] so that young people know what to do and where to go in the event of a condom failure.

## 4 Condom distribution schemes (single component) for people at risk and the wider population

### Free condoms

Consider distributing free condoms (with lubricant) to people at most risk of STIs through:

- Commercial venues (including [sex-on-premises venues](#) [See page 9]), [public sex environments](#) [See page 9] and other places where people are at more risk of getting an STI.
- Local businesses that people most at risk of STIs may use, for example, some community pharmacies.
- Voluntary and community organisations that work with those at most risk, for example, sexual health charities.
- Other settings, such as universities and further education settings.

Provide information next to supplies of condoms (the information should be in line with what NICE says on [behaviour change](#)). This could include information about:

- sexual and reproductive health
- reliable sources of further information (for example, [NHS Choices](#))
- other condom schemes (including [multicomponent schemes](#) [See page 9])
- local sexual health services, including HIV testing services
- what to do in the event of a condom failure.

Ensure supporting information is sensitive to the environment where it is displayed, for example in terms of language and the images used.

### **Cost-price sales schemes**

Sell cost-price condoms to the wider population using websites run by existing health and wellbeing services, or larger-scale online condom sales schemes.

Provide information about using condoms and about sexual and reproductive health at the point of sale (see above).

## **5 Sexual health advice to vulnerable people under 18**

### **One-to-one sexual health advice**

#### **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 be taken?**

Where appropriate, provide vulnerable young people [See page 10] with 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 LARC in line with what NICE says on long-acting reversible contraception
- how to get and use emergency contraception
- other reproductive issues and concerns.

Provide supporting information on the above in an appropriate format.

## Young women who are pregnant or have children

### Who should take action?

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

### What action should be taken?

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 what NICE says on [long-acting reversible contraception](#), and how to get and use emergency contraception
- health promotion advice, in line with what NICE says on [postnatal care](#)
- 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.

## 6

## Helping people with sexually transmitted infections to get their partners tested

### Who should take action?

Health professionals, including those with a responsibility for helping to contact, test and treat partners of patients with an STI and including those working in school clinics.

### What action should be taken?

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.

## 7 Identifying people at risk of sexually transmitted infections and providing advice

### Who should take action?

Health professionals working in: general practice, genitourinary medicine, community health services (including community contraceptive services), voluntary and community organisations and school clinics.

### Identifying those who need one-to-one help

Identify [individuals at high risk of STIs \[See page 9\]](#) 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.

### One-to-one discussions

If trained in sexual health, have one-to-one structured discussions with individuals at high risk of STIs. If not, arrange for these discussions to take place with a trained practitioner. 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<sup>1</sup>.

## 8 See what NICE says on HIV testing and prevention

[See HIV testing and prevention](#)

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



In these recommendations, competence refers to an assessment of whether a young person has maturity and understanding to make decisions and provide consent. This is sometimes called 'Gillick competence' and may be applied through 'Fraser guidelines' (see section 6 of Brook and Public Health England's [C-Card condom distribution schemes](#)).

Mainly referred to as 'condom schemes' in these recommendations. The term refers to all schemes that provide free or cost-price condoms, female condoms and dental dams, with or without lubricant. This includes schemes that also offer advice, information or support.

These schemes provide cost-price condoms and, if appropriate, lubricant. They include community schemes that provide cost-price condoms to sex workers and online services.

Thin, square piece of rubber that is placed over the labia or anus during oral-vaginal or oral-anal intercourse.

People who are at risk of getting an STI include:

- 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.

These schemes distribute free condoms with or without lubricant, together with training, information or other support.

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Public areas where people go for consensual sexual contact (both same sex and opposite sex).

A month-long course of drugs that can prevent HIV infection after the virus has entered a person's body. The sooner PEP is started, the more likely it is to work. A course of PEP needs to start within 72 hours of exposure otherwise it is unlikely to work.

This term is used for commercial venues, as opposed to public spaces and parks, where men who have sex with men can meet and have sexual relations on site. A similar term, 'on-

premises club', is used by heterosexual swingers to describe a sex club where non-commercial sexual activity takes place.

These schemes provide or distribute free condoms and, if appropriate, lubricant. This include online services for specific groups or areas of the country, and distribution schemes in public places.

Vulnerable young people aged under 18 may include those<sup>1</sup>:

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

## **Glossary**

### **BASHH**

British Association for Sexual Health and HIV

### **GUM**

genito-urinary medicine

### **LARC**

long-acting reversible contraception

### **STI**

sexually transmitted infection

### **STIs**

sexually transmitted infections

## **Sources**

[Sexually transmitted infections: condom distribution schemes \(2017\) NICE guideline NG68](#)

Sexually transmitted infections and under-18 conceptions: prevention (2007) NICE guideline  
PH3

## Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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<sup>1</sup> Department for Education and Skills [2006] Teenage pregnancy: accelerating the strategy to 2010. London: Department for Education and Skills