

Preventing sexually transmitted infections and under-18 conceptions overview

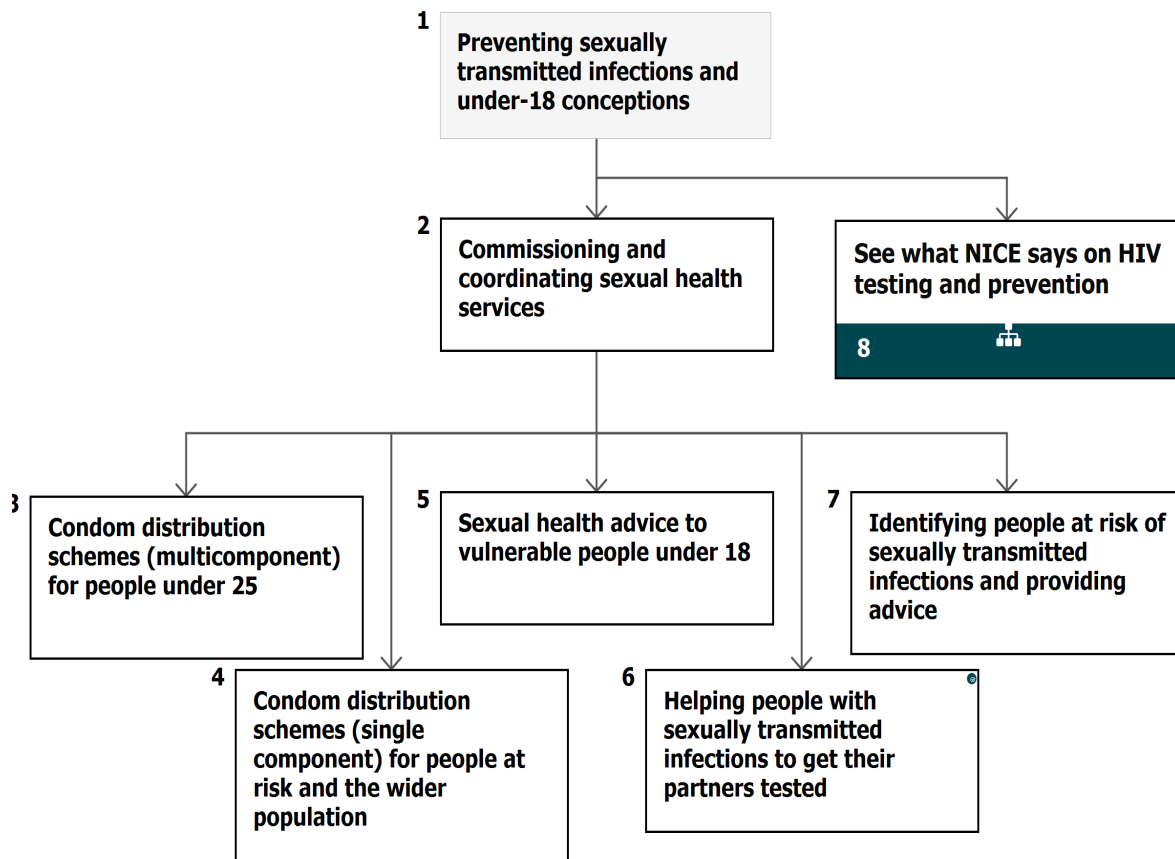
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

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

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This document contains a single flowchart 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 10] (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 10], single component schemes [See page 11] (free condoms) and cost-price sales schemes [See page 10].

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.

See NICE's recommendations for community pharmacies on [promoting health and wellbeing](#).

3 Condom distribution schemes (multicomponent) for people under 25

Provide tailored [multicomponent condom schemes](#) [See page 10] 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 NICE's recommendations 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 10] 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 NICE's recommendations on [child abuse and neglect](#).
- 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 10]. 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 10] 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 10]), [public sex environments](#) [See page 10] 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 NICE's recommendations 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 10])
- 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 11] 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 NICE's recommendations 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 NICE's recommendations on [long-acting reversible contraception](#), and how to get and use emergency contraception
- health promotion advice, in line with NICE's recommendations 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.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

5. People who may have been exposed to HIV

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 10] 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 Norman¹.

8 See what NICE says on HIV testing and prevention

[See HIV testing and prevention](#)

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

In this guidance, 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 this guidance. 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 those¹:

- 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

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and

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

their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.