

Guideline scope

Reducing sexually transmitted infections

October 2020: This scope has been amended. The topic on awareness of and prevention of sexually transmitted infections (STIs) has been updated to cover interventions to reduce or prevent STI acquisition or transmission. Draft review questions about the acceptability of these interventions have also been added.

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, because prevention of under-18 conceptions is covered in other guidelines. NICE worked with Public Health England to develop this scope. This guideline will complement the National Chlamydia Screening Programme.

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 (see the [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; between 2004 and 2015, the prevalence of drug-resistant *Neisseria gonorrhoea* isolates has increased from 20% to 54% and multi-drug resistance from 7% to 18%
- 7,541 diagnoses of syphilis; during the past 10 years, diagnoses of syphilis have increased rapidly, especially amongst gay, bisexual and other men who have sex with men.

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

There is an ongoing HPV vaccination programme for men who have sex with men. The vaccine is recommended for all men up to and including the age of 45 who have sex with men.

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

Men who have sex with men, heterosexuals aged 15 to 24 and certain black minority ethnic groups have the highest diagnosis rates of STIs. But rates of chlamydia, gonorrhoea and genital warts have increased substantially in adults over 25. Despite having the lowest diagnosis rates, people over 65 had the highest proportional increase in gonorrhoea and chlamydia between 2017 and 2018.

Social and sexual networking apps have made it easier to buy drugs and find locations for chemsex parties, particularly for men who have sex with men. People who use drugs during sex are more likely to report unsafe sexual

behaviours than those who do not. (Chemsex is defined by Public Health England as the use of drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience.)

Mycoplasma genitalium is an STI that is being increasingly recognised as a public health concern due to its relatively high prevalence (1 to 2% of the general population) and high levels of antimicrobial resistance.

There has been a decline in annual new HIV diagnoses, with 4,453 new diagnoses in 2018. This is a decline of 29% from 2015 and 6% from 2017. Overall, this has been driven by the declining trend in new HIV diagnoses among gay, bisexual and other men who have sex with men. These have decreased by 39% since the 2015 peak, to 1,908 diagnoses in 2018.

Because of increasing rates of STI diagnosis among older people there is increasing awareness that there may be a need for interventions targeted at this group, who previously may not have featured in discussions about STI reduction and prevention.

HIV pre-exposure prophylaxis (PrEP) is the use of antiretroviral drugs in people who are HIV negative to reduce their risk of HIV infection. The [HIV PrEP Impact trial](#) is currently assessing PrEP and its implementation. The results will give service commissioners information that will help them deliver an effective PrEP programme. Currently, some voluntary organisations provide HIV PrEP to people at risk of HIV who cannot get it through the PrEP Impact trial or afford to buy it.

Current practice

People can use specialist sexual health services without referral or residence requirements. The number of attendances at these services has increased, and service provision varies. Some clinics have closed or reduced their opening hours. Prevention and targeted outreach services have also been cut. Some clinics have fewer consultants or health advisors, and some patients with STI symptoms report finding it more difficult to get appointments within 48 hours.

Examples of innovative services include online access to STI self-sampling kits with results sent by text message, and being able to make test appointments through the web or a phone app.

Policy, legislation, regulation and commissioning

Local authorities, clinical commissioning groups and NHS England are responsible for sexual health services ([Health and Social Care Act 2012](#)).

Most services are commissioned by local authorities.

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

2 Who the guideline is for

This guideline is for:

- commissioners of sexual health services, including local authorities, clinical commissioning groups and NHS England
- providers of sexual health services such as GUM services, integrated GUM and sexual and reproductive health services, community health services, eSexual health services, young people's services, prisons or youth offender services
- healthcare professionals and others involved in delivering or signposting to sexual health services, such as GPs, practice nurses, sexual health advisors and sexual health consultants
- voluntary organisations and advocacy groups who provide or have an interest in STI prevention.

It may also be relevant for:

- A&E or urgent care providers
- providers of drug misuse treatment
- learning disability services
- mental health services

- reception centres for migrants
- schools, school nurses and paediatric services
- people using services, and the public.

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

Equality considerations

NICE has carried out an [equality impact assessment](#) during scoping. The assessment:

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

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

3 What the guideline will cover

3.1 Who is the focus?

- People age 16 and older at risk of STIs such as chlamydia, genital warts, gonorrhoea and syphilis (this may also include younger people who contact or use sexual health services and are considered to be Gillick competent).
- People in groups disproportionately diagnosed with STIs or in which increasing diagnosis rates have been identified. This includes:
 - men who have sex with men
 - young people age 16 to 24.
- People of black ethnic minority.
- Trans people.
- People taking HIV PrEP.

3.2 Settings

Settings that will be covered

Settings where sexual health services are provided. This includes:

- Specialist sexual health services such as GUM and integrated GUM and sexual reproductive health services.
- Medical non-specialist sexual health services such as sexual reproductive health services, young people's services, eSexual health services, abortion services, general practice and pharmacies.
- Places that may refer to or signpost to sexual health services, such as pharmacies, outreach, and other community settings.
- Other settings where sexual health services are provided, such as further education colleges, mobile clinics, charity sector and street work.

Settings that will not be covered

- Secondary schools that are providing sexual health interventions as part of the relationship and sex education curriculum.

3.3 Activities, services or aspects of care

Key areas that will be covered

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

- 1 Awareness of and prevention of STIs.
 - Interventions to reduce or prevent STI acquisition or transmission in people age 16 and older, and in specified groups that have disproportionately high rates or increasing rates of STIs. These may include behaviour change approaches, informational educational or knowledge-based approaches, relationship-focused approaches, peer-to-peer approaches and one-to-one-approaches. The interventions may be single or multi component.
 - HPV, hepatitis A and hepatitis B vaccination uptake in men who have sex with men.

- PrEP for HIV, including effectiveness and unintended consequences.
- 2 Strategies to improve uptake and increase frequency of STI testing.
Strategies to improve uptake may include improving access to sexual health services, and providing self-sampling kits, self-testing kits and point of care diagnostic tests. Strategies to increase frequency may include opportunistic testing for chlamydia, syphilis or gonorrhoea when screening for HIV; and reminders by text or letter for testing and re-testing.
 - 3 Partner notification methods for STIs, such as: patient referral, health service or provider referral, and contract referral.
 - 4 In each of the key areas the committee will consider which STIs are of particular importance. This will be used to guide the review protocols for the evidence reviews on these key areas. The particular STIs of interest are not stated here because they may be different across the different review questions.

Areas that will not be covered

- 1 Condom distribution schemes targeted at young people in health education, youth and outreach settings. These are covered in [NICE's guidelines on condom distribution schemes](#) and [contraceptive services for under 25s](#).
- 2 Interventions to prevent the misuse of drugs, including illegal drugs, psychoactive substances and prescription-only medicines. These are covered in [NICE's guideline on drug misuse prevention](#).
- 3 Interventions aimed at people who may have undiagnosed HIV to increase awareness or uptake of HIV testing. These are covered in [NICE's guideline on HIV testing](#).
- 4 Antimicrobial treatments for genital tract infection.
- 5 Post-exposure prophylaxis after sexual exposure.
- 6 Interventions for hepatitis B or C:
 - to increase awareness in the general population or high-risk groups
 - increase uptake of testing or vaccination in high-risk groups
 - commissioning, contact tracing or laboratory services.These are covered in [NICE's guideline on hepatitis B and C testing](#).

- 7 Individual-level digital and mobile health interventions such as text messaging or interventions delivered through apps or social networking sites. These will be covered in [NICE's guideline on behaviour change: technology-based interventions](#).
- 8 Sexual health awareness raising, advice and education, and behavioural support interventions, referrals and signposting delivered in community pharmacies or prisons or young offender institutions. These are covered in [NICE's guidelines on community pharmacies](#) and [physical health of people in prison](#).
- 9 STI risk assessment when providing contraceptive services for young people. This is covered in [NICE's guideline on contraceptive services for under 25s](#)
- 10 Interventions based on national or local behaviour change frameworks or techniques if the primary objective is not specifically to reduce STIs.
- 11 Chlamydia screening. This is covered by the [National Chlamydia Screening Programme](#), guidance for which is provided by Public Health England.

Related NICE guidance

Published

- [Community pharmacies: promoting health and wellbeing](#) (2018) NICE guideline NG102
- [Drug misuse prevention: targeted interventions](#) (2017) NICE guideline NG64
- [Sexually transmitted infections: condom distribution schemes](#) (2017) NICE guideline NG68
- [HIV testing: increasing uptake among people who may have undiagnosed HIV](#) (2016) NICE guideline NG60
- [Physical health of people in prison](#) (2016) NICE guideline NG57
- [Behaviour change: individual approaches](#) (2014) NICE public health guideline PH49
- [Contraceptive services for under 25s](#) (2014) NICE public health guideline PH51

- [Long-acting reversible contraception](#) (2014) NICE clinical guideline CG30
- [Hepatitis B and C testing: people at increased risk of infection](#) (2013) NICE public health guideline PH43
- [Behaviour change: general approaches](#) (2007) NICE public health guideline PH6

In development

- [Behaviour change: digital and mobile health interventions](#) NICE guideline. Publication expected August 2020
- [Looked-after children and young people](#) (2010) NICE guideline PH28 (currently being updated). Publication expected April 2021
- [Social, emotional and mental wellbeing in primary and secondary education](#) NICE guideline. Publication expected May 2021
- [Vaccine uptake in the general population](#) NICE guideline. Publication expected October 2021

NICE guidance about the experience of people using NHS services

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

- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Medicines adherence](#) (2009) NICE guideline CG76

3.4 *Economic aspects*

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

3.5 Key issues and draft questions

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

- 1 Awareness of and prevention of STIs
 - 1.1 What interventions designed to reduce or prevent the acquisition and transmission of STIs, including HIV, are effective and cost effective at preventing STIs in: gay, bisexual and other men who have sex with men; young people age 16 to 24 years; people of black ethnic minority, trans people, migrant communities, people who are homeless, asylum seekers?
 - 1.2 What is the acceptability of the approaches for reducing the acquisition and transmission of STIs in the groups specified in 1.1?
 - 1.3 What interventions are effective and cost effective at increasing uptake of hepatitis A, hepatitis B and HPV vaccination in men who have sex with men?
 - 1.4 What are the barriers to, and facilitators for, the uptake of hepatitis A, hepatitis B and HPV vaccination in men who have sex with men?
 - 1.5 What are the effectiveness, cost effectiveness and unintended consequences of PrEP for HIV?
 - 1.6 What is the acceptability of PrEP for HIV, and what other factors influence its use?
- 2 Strategies to improve uptake and to increase frequency of STI testing
 - 2.1 What strategies to improve uptake of STI testing are effective and cost effective?
 - 2.2 What are the barriers to, and facilitators for, improving uptake and increasing frequency of STI testing?
 - 2.3 What strategies to increase frequency of STI testing in high-risk groups are effective and cost effective?
- 3 Partner notification methods for STIs
 - 3.1 What partner notification methods for STIs are effective and cost effective?
 - 3.2 What is the acceptability of partner notification methods for STIs?

3.6 Main outcomes

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

- incidence of STIs
- condom use (including correct use)
- uptake of hepatitis A, hepatitis B, and HPV vaccination in men who have sex with men
- awareness of STIs
- access to sexual health services
- waiting time to be seen
- STI testing and re-testing rates
- STI re-infection or persistent infection rates
- changes in knowledge or belief about, and acceptance of STI testing
- reduction in unsafe sexual practices
- STI rates in those using PrEP for HIV
- partner testing rates.

4 NICE quality standards and NICE Pathways

4.1 NICE quality standards

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

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

4.2 NICE Pathways

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

5 Further information

This is the final scope, which takes into account comments from registered stakeholders during consultation.

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.

© NICE 2019. All rights reserved. Subject to [Notice of rights](#).