COMMENTARY

The National Chlamydia Screening Programme and the NICE guidance on one-to-one interventions: remember the under-25s

Ian Simms, Teresa Battison, Mary Macintosh, Sarah Randall, Jan Clarke

In the government White Paper, *Choosing Health* the National Chlamydia Screening Programme (NCSP) is described as 'the cornerstone of the drive for better sexual health'.¹ The NCSP is delivered through interventions, which aim to control and prevent chlamydia, the most common bacterial sexually transmitted infection (STI) seen in England, through early detection and treatment of asymptomatic infection. This flexible approach includes one-to-one interviewing and innovative methods of opportunistic recruitment such as email access to postal kits in people <25 years of age.

Chlamydia infection rates are highest in sexually active men and women <25 years of age, highlighting the importance of recognising those in this age range as a 'risk group'. The draft National Institute for Health and Clinical Excellence (NICE) guidelines omitted this group. The epidemiology of each STI, including HIV, is distinctly different, and it is important for practitioners to be able to distinguish

between the different risk factors associated with these infections.

The recently issued NICE guidelines provide guidance and support to health care professionals who will deliver the NCSP but the guidelines appeared to focus exclusively on consultations in which patients are seeking care for an issue related to sexual health, such as requests for contraception or reporting of perceived STI risk. Health professionals reading the NICE guidelines should be aware that limiting the offer of screening only to such attendances would potentially disadvantage the NCSP.

As an opportunistic screening intervention, the NCSP is organised to capitalise on tunities to screen those aged <25 years when they attend healthcare and other non-clinical venues for any reason. Coordination at local level will target asymptomatic individuals who are sexually active, but who may not otherwise seek a test. The success of this approach partly depends on minimal practitioner involvement where time is limited. 'Instant'

screening offers are particularly relevant for venues where NCSP test kits are distributed outside of formal clinical consultations. Clear information, and care and referral pathways enable access to appropriate interventions as necessary.

An expectation that all individuals will have extended face-to-face sexual health promotion interviews prior to screening may seriously impair uptake of chlamydia screening. Formal sexual health interventions may not always be undertaken at the point at which screening is offered. Instead, more structured interventions may be used once test results are available.

It is hoped the NICE guidance will help foster the development of sexual health services across a range of health care and non-healthcare settings. It is crucial that the guidelines are able to contribute to enhancing, not compromising, the performance of the NCSP.

Sex Transm Infect 2007;**83**:171.
doi: 10.1136/sti.2007.025213

Authors' affiliations

Ian Simms, Teresa Battison, Mary Macintosh, Sarah Randall, National Chlamydia Screening Programme, HIV & STI Department, Health Protection Agency Centre for Infections, London, UK

Jan Clarke, Chair, National Chlamydia Screening Steering Group, Department of GU Medicine, Leeds General Infirmary, Leeds, UK

Correspondence to: Ian Simms, National Chlamydia Screening Programme, HIV & STI Department, Health Protection Agency Centre for Infections, London, UK; ian.simms@hpa.org.uk

Competing interests: none declared

REFERENCE

- 1 Department of Health. *Choosing Health*. London: DoH, 2004.

COMMENTARY

NICE guidance on one-to-one interventions to reduce sexually transmitted infections and under-18 conceptions: a view from general practice

Pippa Oakeshott, Anna Graham

Health promotion is a cornerstone of general practice.¹ Issues including smoking, diet, alcohol and exercise

are often raised with patients. However, given the restrictions of the 10 minute consultation, any intervention is brief. At

best, it is reinforced with written information or referral. How will the new NICE recommendations on reducing STIs and teenage pregnancies² influence those working in general practice?

ARE THE RECOMMENDATIONS APPROPRIATE TO GENERAL PRACTICE?

There are five recommendations relevant to doctors and nurses working in primary care. To be effective these need to apply to all practices, not just the select few providing gold-plated specialist sexual health services.

Recommendations 1 and 2 relate to counselling to reduce risky sexual behaviour. General practitioners (GPs) have little time to identify individuals at high risk and arrange sexual health counselling.