The relative clinical effectiveness and cost-effectiveness of three contrasting approaches to partner notification for curable sexually transmitted infections: a cluster randomised trial in primary care

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Declared competing interests of authors: none

Published January 2015
DOI: 10.3310/hta19050
Plain English summary

Approaches to partner notification for curable STIs
Health Technology Assessment 2015; Vol. 19: No. 5
DOI: 10.3310/hta19050

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When people are diagnosed with a sexually transmitted infection (STI), their sexual partners often also need treatment. This helps prevent further spread of infection, and protects the person diagnosed from being reinfected. Support for informing and treating partners about such infection (‘partner notification’) is traditionally provided by sexual health services. However, more STI testing is done in general practice nowadays and England’s National Chlamydia Screening Programme depends on large-scale STI testing in this setting.

Doctors and nurses in general practice are less used to supporting partner notification. People diagnosed with a STI at a local practice may have different needs from those seen in a sexual health clinic.

We were commissioned by the Health Technology Assessment programme to carry out a randomised controlled trial exploring three different approaches to partner notification for people diagnosed with a STI in general practice. This proved to be very difficult, as it turned out, unexpectedly, that there were very few practices able to do enough chlamydia testing for the study to be feasible.

In this report, we explore the challenges we experienced in recruitment; the work we did to improve recruitment; and how well it worked. We reflect on lessons learned for future studies from what proved ultimately to be a study that could not be completed and scaled up as planned.
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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 07/43/01. The contractual start date was in January 2010. The draft report began editorial review in June 2013 and was accepted for publication in November 2013. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health.

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