



INTERNATIONAL UNION AGAINST
SEXUALLY TRANSMITTED INFECTIONS

This guideline is an update of the 2015 European Guideline for the management of partners of persons with sexually transmitted infections

Contact

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Summary of recommendations

Introduction

Definitions

Aim and objectives of partner notification and management



Weak recommendation

Partner management should be offered for STIs that are curable and/or have potentially serious implications for a person's health [3][8].

Steps for partner notification and management

Management of contacts



Strong recommendation

The Guidelines Group recommends that sexual contacts should be offered testing for STIs and given treatment if an infection is identified [4][9][11]

Notification of contacts to authorities

Measuring outcomes in partner notification

Introduction

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Lead editor: George-Sorin Tiplica (RO)

Lead author:

Co-authors: Ceri Evans (UK), Jackie Sherrard (UK), Claudia Estcourt (UK), Carmen Maria Salavastru (RO)

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Conflict of interest statements

Ceri Evans

Claudia Estcourt

Dr Sherrard is a Member of the European Sexually Transmitted Infections Guidelines Editorial Board; and she is an officer of the International Union against Sexually Transmitted Infections (membership secretary). She is UK representative to the EBDV at UEMS.

Carmen Maria Salavastru is an officer of the European Academy of Dermatology and Venereology (Secretary General). She is the President of the Romanian Association of Pediatric Dermatology.

George-Sorin Tiplica is a Member of the European Sexually Transmitted Infections Guidelines Editorial Board; he is an officer of the International Union against Sexually Transmitted Infections - Europe region (Council Chair). He is President of the Romanian Association of Dermatology and Venereology. He received speaker-fees from Abbott, Antibiotice SA, Organon, Genesis Pharma

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Index case, Partner management, partner notification, contact tracing, partner referral.

Changes to this guideline since the 2015 version:

- Revision of the list of sexually transmitted infections that require partner notification
- Options for managing outcomes in partner notification
- The importance of sexual partner type in partner notification
- Introduction of GRADE recommendations

Definitions

Index case / index person: person identified with a sexually transmitted infection (STI) including blood borne viruses . They are the starting point of partner management.

Contact: a person who has been exposed to an STI by having sexual contact (vaginal, oral, anal) with an infected person (the index case) during the incubation period of the infection.

Partner management / partner notification / contact tracing / partner referral: the process of identifying the contact(s) of a person infected with an STI and referral to a health care provider for appropriate management. It is a public health activity that also serves to benefit individuals who are notified and offered treatment for STI.

Epidemiological treatment: treatment of sexual contacts of a person infected by an STI in advance of confirmation by laboratory testing.

Aim and objectives of partner notification and management

Partner notification and management [1] should be performed as part of prevention programmes together with other strategies that help control the spread of STIs [2][3][4][5].

There is a wide difference in European countries, in terms of strategies and techniques applied [6]. There are several socio-economic issues that lead to the diversity of strategies, such as: privacy and human rights, legislation, cultural factors, religious beliefs, health care systems [4]. All partner notification and management should be voluntary and observe the international/EU laws and human rights.

Partner notification and management can be performed in any setting that deals with sexual health (e.g. hospitals, clinics, primary care, youth services, community pharmacies, community-based testing centres) [7] and in various disciplines of medicine (e.g. dermato-venereology, sexual health, primary care, gynecology, infectious diseases).

Benefits for index person:

- Prevention of re-infection
- Decreasing risk of future STIs by appropriate counselling, advice and information

Benefits for contacts:

- Providing (early) treatment for sexual contacts, including asymptomatic contacts
- Offering vaccination where appropriate e.g. contacts of hepatitis A and B
- Offering HIV pre (PrEP) and post (PEP) exposure prophylaxis where appropriate
- Preventing complications by offering early treatment
- Screening for coexistent STIs and offering treatment
- Decreasing risk of future STIs by appropriate counselling, advice and information

Benefits for public health:

- Control of STI outbreaks
- Reduction in the period of infectiousness leading to reduced onward transmission
- Reduction in unsafe sexual behavior in communities and populations at risk
- There is little evidence for cost-effectiveness of partner notification and management due to small number of studies, but early identification, treatment and prevention of complications in infected persons results in cost savings [3]

The effectiveness of partner management should be evaluated regularly by monitoring the number of contacts identified, number of contacts traced, number of contacts who tested positive for the infection and number of contacts treated.

Very few studies have assessed partner management and its effects on individual and community health. Outcomes of partner management need to be thoroughly evaluated by randomised controlled trials. Papers modelling *Chlamydia trachomatis* infection have demonstrated that partner management is reliable for case finding but not for reducing prevalence [8].

Formal partner notification and management for genital warts is not required; it may be useful to see the sexual partners for the purposes of explanation and reassurance. Genital infections with herpes simplex viruses types 1 and 2 usually do not require retrospective partner management as no significant benefits for contacts have been determined in terms of disease evolution and future infectiveness. However, the importance of the index informing

future sexual partners of HSV 1 or 2 should be discussed and support offered on how and when to do this. Testing asymptomatic partners of index cases with genital herpes with type-specific serology, if available, can provide useful information about risks of transmission [1].

For information on diagnosis and treatment of specific diseases, please see IUSTI guidelines available at <https://iusti.org/treatment-guidelines/>

Partner notification

All contacts of a person diagnosed with an STI, starting from the presumed time of infection for the index person, should be informed about the possibility of infection [1]. However partner notification is voluntary and needs to be performed with respect to human rights, social, cultural and religious behaviours, therefore, in many cases, not all contacts can be identified or notified. Partner notification requires dedicated and appropriately trained healthcare professionals (HCPs) who may include physicians, nurses, epidemiologists or social workers.

Lookback periods

It is often difficult to determine the precise time of infection of the index person. Contacts have to be traced back according to type of infection, sexual and clinical history [1][9][10]. In some situations, the index case history can reveal important clues for the lookback time frame: a previous negative test (e.g. in an STI clinic, by antenatal screening or on blood donation) or a likely exposure to STI given the sexual history and knowledge about local epidemiology (e.g. a man who has sex with men (MSM) who only started having sex with other men at a defined moment in time or a heterosexual who gives a history of a single-high risk partner) or a good history of recent infection with HIV (as shown by a typical acute HIV (sero-conversion) illness or an HIV avidity test suggesting infection within the last 4-5 months).

Table 1 Suggested partner management lookback periods

Infection	Sexual partner lookback period
Chancroid	10 days before symptom onset
Chlamydia trachomatis (including Lymphogranuloma venereum)	6 months before onset of symptoms or diagnosis
Epididymo-orchitis	6 months before onset of symptoms or diagnosis
Gonorrhoea	3 months before onset of symptoms or diagnosis
Hepatitis A	According to estimated time of infection or 2 weeks before the onset of jaundice
Hepatitis B	According to estimated time of infection. See hepatitis guideline
HIV infection	3 months in recent infection or since last negative HIV test or guided by the sexual history if untested
Mycoplasma genitalium	Current partner(s)

Non- gonococcal urethritis	4 weeks before symptom onset
Pelvic inflammatory disease	6 months before onset of symptoms or diagnosis
Phthirus pubis infestation	3 months before diagnosis
Scabies	2 months before diagnosis
Shigella Shigella, Salmonella, Yersinia and Campylobacter	1 week before symptom onset
Syphilis	Syphilis primary - 3 months Secondary - 6 months Early latent - 2 years Late latent and tertiary up to 30 years
Trichomonas vaginalis	2 months

Some STIs can also be vertically transmitted. It may be necessary to consider testing the mother if the person was born in a country where antenatal testing for these infections was not reliable. Also, if the index case is a woman with children, then it may be necessary to test the children for these infections unless it can be shown that the woman was negative after the delivery of the child (or children).

Weak recommendation

Partner management should be offered for STIs that are curable and/or have potentially serious implications for a person's health [3][8].

Rationale

Partner management should be performed as part of prevention programmes together with other strategies that help control the spread of STIs. It potentially has benefits for index cases, sexual partners and public health. However very few studies have assessed partner management and its effects on individual and community health.

Steps for partner notification and management

Offering support and gaining trust

Besides offering appropriate treatment, the HCP must explain to the index case the importance of identifying their contacts, who may be asymptomatic at the time of diagnosis, and the need for treatment in order to stop onward transmission of the STI [5]. The HCP must ensure the individual understands the risks of getting re-infected without proper treatment of their contacts [11]. In order to obtain relevant data, the index case must be willing to co-operate. The index case will be advised to abstain from sexual activities until they and all sexual partners have received treatment and are no longer infectious. The HCP must offer the index case and all sexual partners information on how to reduce future risk of acquiring and transmitting a STI (e.g. use of condoms) and also on the importance of follow-up and possible complications of the STI [9].

Identification of contacts

As many STIs are asymptomatic the precise time of infection can often not be established; a previous negative test for the infection may define the time period during which contact tracing needs to be carried out so such information should be specifically sought. This includes antenatal testing or blood donation (e.g. testing for HIV and syphilis). Sometimes, it is impossible to find out data about all the contacts, but an effort needs to be made to obtain as much information as possible.

Data to be obtained [1][2][12]:

- number of contacts
- names of contacts
- contact details (if available)
- details about relationship with contacts, sexual practices, use of condoms, relationship type
- self treatment (including self PrEP or PEP)
- vaccination status against STIs

Principles [1][2]

The HCP should:

- assure the index case of confidentiality (but also explain that there may be certain limitations of confidentiality, depending on national law and policy e.g. if evidence emerges of child sexual abuse)
- show empathy and be non-judgmental
- be a good listener and encourage dialogue: ask open questions
- be flexible in approach

The index case:

- will identify their contacts voluntarily and without coercion
- can decline to co-operate.

In cases where an index case is initially uncooperative, further efforts by the same, or a different HCP, are sometimes productive. The most frequent reasons why an index case refuses to identify their contacts are: anxiety, fear of loss of confidentiality, fear of violence from sexual partner, not accepting or not being reconciled with the diagnosis, or

being unaware of consequences of the infection for contacts. Index cases will usually agree to identify contacts if they are correctly counselled and informed by the HCP about the consequences of STIs (including the risk of re-infection), if they are allowed enough time to reconcile with the diagnosis (more than one interview with the HCP could be needed) and if they are offered assurance that notification of contacts will not break confidentiality.

The HCP may have to break the confidentiality if there is concern about criminal behaviour and or potential harm to others or if a partner is judged as being at risk of serious disease as a result of non-disclosure. Identification of contacts should not be a pre-requisite for providing appropriate medical care for the index case.

Notifying partners

When choosing the strategy of delivering information to sexual partners the index case should be offered the possibility to choose between the following options [2]:

1. Information delivered by the index case (*patient referral*).

The index case takes responsibility for informing their contacts

The HCP should provide the index case with appropriate information to provide to the contact:

- name of the infection
- possible infection of the contact
- need for immediate treatment and referral to a health care provider
- risk of complications
- need for follow-up
- future sexual practices
- future risk of reinfection or onward transmission

The index patient should be offered a text (as electronic or hard copy) containing information their contacts need [1].

Enhanced patient referral defines a group of strategies that can be used by HCP to increase rates of contacts being informed by the index [13]. Among these strategies, the following can be used: written information (leaflets, booklets), videos with infection specific educational material, internet links to websites dealing support for STI patients, reminders by telephone, internet or other means. In some cases, a trained professional can rehearse the notification with the index patient. Counselling offered to the index case, appropriate education and information has been proven to increase the number of contacts presenting for screening and treatment [13]. There is no consistent evidence of superiority in treatment of contacts for any of the various strategies of enhanced patient referral [8].

For curable STIs, reinfection can be reduced if time to treatment of sexual partners is reduced [8]. This is the rationale why, according to some national policies, the index person may be provided with appropriate treatment or prescriptions to be given to their contact [5], without the need of the contact to present for a medical examination. This is called expedited partner therapy [13]. However, it does not exclude referral to a specialist for appropriate testing. Expedited partner therapy proved to be more successful in decreasing reinfection of index patients with curable STIs such as chlamydia, gonorrhoea and non-gonococcal urethritis when compared to simple patient referral [13]. However, reinfection rates for chlamydia are higher than for other STIs. Expedited partner therapy can lead to more contacts being treated than with simple patient referral [13].

Enhanced patient referral and expedited partner therapy are reported to be similar in terms of reinfection of the index patient [13]. Some countries do not provide treatment for contacts through the index patient due to concerns this might contribute to increasing antimicrobial resistance or because it is not approved by professional regulatory bodies.

Accelerated partner therapy (APT) is a form of expedited partner therapy which includes provision of an STI and HIV

self-sampling kit and treatment pack to an index case to give to their sexual partner after a telephone consultation with an HCP. A large trial in people with chlamydia suggested that it might reduce repeat infection and can be safely offered as a contact tracing option and is also likely to be cost saving. [17]

In European countries, where partner notification is required by law, the index case should sign a declaration in front of the HCP that they will notify the contact(s). This is an example document.

Patient consent and declaration regarding partner notification for sexually transmitted infections

Date

I [name of patient] have been informed by [name of health care professional] that I have been diagnosed with a sexually transmitted infection. I understand that I have to undergo appropriate treatment in order to treat the infection and avoid future complications.

I understand the importance of notifying all my sexual partners from the past months [appropriate time depending on type of disease and presumed time of infection see Table 1] that they have potentially been exposed to the above named infection. I declare that I will proceed to inform them in the shortest time possible, refer them to an appropriate health care professional in order to be tested and receive treatment.

I have been warned about future risk of reinfection or infection transmission if I or my partners do not complete the appropriate treatment.

[Patient]

[Signature]

In some countries, the index case is allowed a certain amount of time to inform their partners (according to either legislation or agreement between the HCP and the index case). Afterwards, the HCP can inquire whether the contacts have been informed. If not, the HCP can proceed to notification[2]. This is called *contract referral*.

2. Information delivered by a health professional (*provider referral*)

When the index case does not want to take responsibility to inform their contacts or does not want their identity to be revealed to those contacts, a HCP could inform the identified partner(s) directly. For this to occur the index case will need to supply addresses, telephone numbers or email addresses of contacts. Its implementation is more expensive for the health care system than patient referral. Any appropriately trained HCP can inform the contact [1][2].

Provider referral, compared to patient referral, results in more partners presenting to HCPs in order to be diagnosed and, if necessary, treated [13]

- by telephone
- by letter, email or text
- by visit to the partner's home
- by notification sent to the partner's general practitioner

The following information needs to be conveyed:

- sexual contact with an infected person
- name of the infection
- possible infection of the contact
- need of immediate treatment and referral to a health care provider
- risk of complications
- need for follow-up.

The importance of appropriate testing and treatment should be emphasised.

Sample letter to be sent to contacts. For documents required by law in your country see national guidelines for management of STIs.

Date

Dear [name of contact],

One of your sexual partners has been diagnosed with [name of sexually transmitted infection], which is a sexually transmitted infection. There is a high chance that you may have been infected , even if you do not have any symptoms at present.

You need to attend your health care provider, in order to be tested and receive appropriate treatment.

Left untreated, the infection can lead to severe complications.

If you are at risk, you may be tested for other sexual transmitted infections

If you are infected, you can transmit this to your sexual partners. Please remember not to have any sexual contact (vaginal/anal/oral) until you have completed treatment or however long your physician advises. Please bear in mind that, if you are tested positive, your previous sexual partners will also need to be informed , tested and treated, otherwise, you can pass the infection from one to another. Your physician will advise you how far back you will need to contact sexual partners.

After completing the treatment, you are not protected against being re-infected. Please remember to always use a condom when having sexual intercourse, to prevent reinfection or acquisition of other sexually transmitted infections and to ensure that you have regular sexual health screening even if you do not have symptoms.

Sincerely,

[Health care professional]

[Signature]

Sample letter to be sent to general practitioners. For documents required by law in your country see national guidelines for management of STIs.

Date

Dear Colleague,

One of your patients, [patient name], has been identified as sexual contact of a person that tested positive for [name of infection], which is a sexually transmitted infection. As a sexual contact, there is a high chance that they also got infected, even if they are asymptomatic at present.

Please notify your patient in the shortest time possible and refer them for appropriate testing and treatment. Left untreated, the infection can lead to severe complications.

If they are infected, they can transmit the infection to their sexual partners. Please advise your patient not to have sexual contact (vaginal/anal/oral) until completion of treatment..

Sincerely,

[Health care professional]

[Signature]

There is no good evidence for the superiority of any of these strategies to enhance partner notification and management [13]. Provider referral and contact referral are more expensive, but have proved to identify more contacts than patient referral in the case of HIV patients [13]

Management of contacts

A contact/partner should be appropriately tested for the infection they has been exposed to. If infection is identified, the treatment should be started immediately. In some cases of STI, when a person is a known contact of infection, practitioners decide to give epidemiological treatment which is therapy administered in advance of laboratory confirmation of the infection (see individual European guidelines for recommendations– available at: <https://iusti.org/treatment-guidelines/>).

According to history and risk behaviors, the contact should be tested for other STIs . A further partner notification and management process should be started for the secondary contacts (i.e. additional partners of the contacts other than the original index case) if infection is confirmed in them. Immediate treatment should be considered if a contact cannot attend regular visits for clinical examination and serological testing.

Strong recommendation

The Guidelines Group recommends that sexual contacts should be offered testing for STIs and given treatment if an infection is identified [4][9][11]

Rationale

This will reduce the risk of complications in the contact, reinfection in the index case and likelihood of onward transmission to other sexual contacts

Notification of contacts to authorities

In some European countries some STI (e.g. syphilis, gonorrhea, *Chlamydia* infection, HIV infection) have to be notified to the health authorities, therefore a report of the index case and, if required by the national law, report of contacts should be filled in.

Measuring outcomes in partner notification

The monitoring of PN performance is key to improving the effectiveness of public health services for STI care[15]. Outcomes of PN practice need to be measurable in order to inform standards. They need to address all five stages in the PN cascade of care: elicitation of partners, establishing contactable partners, notification, testing and treatment [14]. Effective PN should retain as many index patients and partners as possible throughout the cascade.

A novel evidence-based process was undertaken to develop new PN outcomes in 2019 [14] as a collaborative exercise between the British Association for Sexual Health and HIV (BASHH) and LUSTRUM (lustrum.org.uk), a UK-based major PN research programme. The six recommended measures cover all five stages of the PN cascade (Table 2) and include stratification by partnership type.

Step of PN cascade	Partner notification audit measures
1.Elicitation of exposed sex partners	Proportion of index cases who have the total number of sexual contacts by partnership type documented, for the appropriate look-back period, for the particular STI
2.Establishing contactable sex partners	Proportion of index cases who have their total number of contactable sexual partners by partnership type documented, along with agreed contact actions, or the decision not to contact them
3.Notifying sex partners	Number of contactable sexual partners notified by partnership type as reported by the index case and also as verified by a healthcare worker
4.Sex partner testing	Total number of sexual contacts by partnership type who accessed a clinic/received a service in person or online as reported by the index case and also verified by a healthcare worker Total number of sexual contacts by partnership type <i>who were tested</i> for STIs as reported by the index case and also verified by a healthcare worker
5.Sex partner treatment (if appropriate)	Total number of sexual contacts <i>treated</i> by partnership type as reported by the index case and also verified by a healthcare worker

Table 2: Partner notification audit measures. Adapted from Wayal S et al 2022[14]

The importance of sexual partner type in PN

Sexual behaviours, including the type of sexual partnership(s), and the force of infection in the sexual network, influence individuals' STI risk and their risk of onward STI transmission [15]. Furthermore, sexual partnership type is associated with the probability of a recent STI diagnosis. It follows that PN measures (and interventions) should take into account differences between sex partner types that affect STI prevention at the population level.

A novel evidence based classification of sex partner types [16] categorises sex partner types into five categories (Established, Occasional, New, One-off, Sex worker). They can be usefully adopted into current practice and used to reflect on clinical practice, and assess PN outcomes using the proposed measures.

Figure 1: Partner Types for clinical practice(Estcourt CS et al 2022)[16]

PARTNER TYPES FOR CLINICAL PRACTICE



LUSTRUM
Limiting Undetected Sexually Transmitted
Infections to RedUce Morbidity

When to use: This grid may be used in any setting to support discussions about sexual partners and relationships. It may be particularly useful for STI partner notification and contact tracing and to discuss people's sexual networks. However, in cases of sexual assault, alternatives may be more appropriate.

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PARTNER TYPE		Established partner	New partner	Occasional partner	One-off partner	Sex worker
CHARACTERISTICS	Risk of transmission to others	↓	↔	↔	↑↑	↔
	Emotional connection	↑↑	↑	↔	×	↔
	Likelihood of sex with index patient again	↑↑	↑	↑	×	↔
	Sexual Exclusivity	↑	↑	↑	×	×
	Time-frame	↑ has a significant past & anticipating a future	↑ Anticipating a future	↔	×	↔
	Degree of sexual mixing across diverse networks	↓	↔	↑	↑	↑
	Contactability*	✓	✓	✓	↔	↔

*Definition:

When an index patient is able and willing to contact the sex partner by one or more means of communication (e.g. telephone, messaging, online, mail), and/or to supply those details to the health care professional.

KEY

Very high	↑↑
High	↑
Low	↓
Variable	↔
Yes	✓
No	×

Established partner:

This could be a primary partner (e.g. spouse/civil partner, wife/husband) or a secondary partner (e.g. a long-term 'affair'). There is often a high likelihood of this being a stable relationship, characterised by some or all of the following features: a significant past, regular sex, future-oriented, highly developed romantic emotional connection, co-habiting.

New partner:

This could be person with whom the index patient is likely to have had sex on more than one occasion. Their relationship may be characterised by some or all of the following features: little/no past, growing romantic emotional connection and intentions to form a stable relationship in the future.

Occasional partner:

This could be a person with whom the index patient has had sex on more than one occasion and with whom there is an expectation of sex again, on a sporadic or regular basis. Their relationship may be characterised by some or all of the following features: no or low anticipation of a stable partnership forming, no or minimal romantic emotional connection, sex for pleasure. It is likely that the partner/index patient is also engaging in concurrent sex with other partners/other partner types.

One-off partner:

This could be a person with whom the index patient has had sex on one occasion only, most likely for pleasure or recreation. Characteristics which might help identify this type of partner include: no past and no future, no anticipation of sex again, little/no romantic emotional connection.

Sex worker:

This could be a person to whom the index patient has provided money or goods in direct exchange for sexual services. The term sex worker encompasses a wide range of types of sex work with variable risks of STI & HIV transmission. Partners identified as sex workers by index patients may share characteristics with those suggested for one or more alternative partner types.

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