

Your Guide to Chlamydia, Gonorrhoea and Non-Gonococcal Urethritis (NGU)

Looking after **your** sexual health

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This booklet is a guide to some common infections that are usually passed on through sex or sexual contact. It gives you information about each infection, what to do if you're worried about them, and advice on how to protect yourself and your sexual partner(s).

Infections passed on through sex are known as sexually transmitted infections or STIs.

Chlamydia and **gonorrhoea** are both common STIs. They can cause painful complications and serious health problems if they're not treated early. They're usually easy to cure with antibiotics.

Non-gonococcal urethritis (NGU) is usually only diagnosed in people with a penis. Urethritis means that the urethra (tube you pee from) is inflamed (painful, red or sore). Non-gonococcal means the urethritis hasn't been caused by gonorrhoea. It's usually caused by another STI, but the exact cause isn't always found.

Non-gonococcal urethritis is usually easy to treat and cure. In this booklet we call it NGU.

What causes chlamydia, gonorrhoea and NGU?

Chlamydia and **gonorrhoea** are caused by bacteria (tiny germs).

- The bacteria that cause chlamydia are called *Chlamydia trachomatis*.
- The bacteria that cause gonorrhoea are called *Neisseria gonorrhoeae*.

In people with chlamydia or gonorrhoea, the bacteria are most commonly found in the cervix (entrance to the uterus) and urethra (the tube you pee from). The bacteria can also infect the throat, the rectum (back passage), and the eyes.

Sometimes chlamydia or gonorrhoea can spread to other parts of the reproductive system,

including the uterus (womb), fallopian tubes, ovaries, and testicles.

Anyone who's sexually active can get and pass on chlamydia and gonorrhoea. You don't need to have lots of sexual partners.

NGU can be caused by many different things.

Causes can include:

- Sexually transmitted infections: Chlamydia and Mycoplasma genitalium are common causes of NGU. Genital herpes and Trichomonas vaginalis are less common causes.
- Other organisms: Bacteria (tiny germs) that cause infection in the urinary tract (kidneys, bladder and urethra) or the prostate gland.
- Things that make the urethra sore or irritated: NGU may sometimes be caused by friction during sex or masturbation, or by getting irritants like soap in the urethra.

Sometimes a cause isn't found. If the cause of the urethritis is unknown, it's sometimes called non-specific urethritis.

How are they passed on?

They're usually passed on through sex or sexual contact. You can't get **chlamydia, gonorrhoea** or **NGU** from hugging, sharing baths or towels, swimming pools, toilet seats or sharing cups, plates or cutlery.

Chlamydia and **gonorrhoea** are usually passed on through vaginal, anal or oral sex without a condom with someone with the infection, or by coming into contact with the semen (cum or pre-cum) or vaginal fluids of someone who has it.

Chlamydia and gonorrhoea:

- are most commonly spread through vaginal/anal or anal sex without a condom

- can be spread by sharing sex toys that aren't washed or covered with a new condom each time they're used
- can be spread by giving or receiving oral sex (going down, giving head) with someone who has the infection; the advice is to use a condom or a dam (a latex or plastic square that covers the anus or vulva)
- may sometimes be transferred from the genitals to the eye(s) by the fingers and cause conjunctivitis (infection or irritation of the eye); this isn't common
- may sometimes spread to the rectum from vaginal discharge; you don't need to have anal sex for this to happen.

If you're pregnant it's possible to pass chlamydia and gonorrhoea to the baby (see page 21).

It's not clear if chlamydia or gonorrhoea can be spread by transferring infected semen or vaginal fluid to another person's genitals on the fingers or through rubbing vulvas (female genitals) together.

NGU can occur in anyone who has a penis. Many cases are caused by an STI, but not all cases are caused by having sex.

During vaginal/frontal, anal or oral sex without a condom, germs can pass into the urethra (tube you pee from) where they can cause an infection that leads to inflammation.

What are the signs and symptoms?

Signs and symptoms can be similar for each infection.

Most people with **chlamydia** and many people with **gonorrhoea** won't have any obvious signs or symptoms or will have symptoms so mild they're not noticed.

If you do get signs and symptoms, they can show up soon after coming into contact with an infection, many months later, or not until the infection spreads to other parts of your body.

They most usually show up after:

- 1–3 weeks for chlamydia.
- 2–14 days for gonorrhoea.
- 2–4 weeks for an infection that causes NGU or within a few days for other causes of irritation to the urethra.

If you have a vagina/front hole

If you have **chlamydia** or **gonorrhoea**, you **may** notice:

- Bleeding between periods and/or heavier periods or withdrawal bleeds.
- Bleeding after sex.
- Pain when you have sex.
- Pelvic pain (pain low down in the tummy).
- Unusual or increased vaginal discharge; gonorrhoea discharge may be thin or watery, yellow or green.
- Pain when passing urine (peeing).

If a partner has **NGU**, you won't usually have any noticeable symptoms. If the NGU is caused by chlamydia and you also have chlamydia, you may notice some of the symptoms above but many people with chlamydia have no symptoms.

If you have a penis

If you have **chlamydia**, **gonorrhoea** or **NGU** you **may** notice:

- An unusual discharge from the tip of the penis. It may be white/cloudy or watery (chlamydia) or white, yellow or green (gonorrhoea).
- Pain or a burning feeling when passing urine (peeing).

- Pain in the testicles (balls).

For **NGU** you may also notice:

- Itching or irritation at the end of the urethra.
- Occasionally, you may feel like you need to pee often.
- Other symptoms, depending on the cause of the inflammation.

Other parts of the body

If you have **chlamydia** or **gonorrhoea**:

- Infection in the rectum (back passage) doesn't usually have any signs or symptoms but may cause discomfort, pain or discharge.
- Infection in the throat is less common than genital infection and usually has no symptoms.
- Infection in the eyes can cause pain, swelling, irritation and/or discharge.

How will I know if I have chlamydia, gonorrhoea or NGU?

Anyone sexually active can get **chlamydia** or **gonorrhoea**. You can only be certain you have them if you have a test.

It's important not to delay testing so that you can start treatment and don't pass an infection on to anyone else.

Consider doing a test if:

- you or a sexual partner have, or think you might have, symptoms
- you've recently had sex without a condom with a new partner
- you or a partner have had sex without a condom with other partners
- during a vaginal examination, your doctor or nurse says that the cervix is inflamed and/or there's an unusual discharge

- a sexual partner tells you they have an STI
- you have another STI.

You could have chlamydia or gonorrhoea even if a partner's test is negative. The only way to make sure you don't have them is to get tested yourself.

If you have one STI, you'll be encouraged to test for others as you can have more than one STI at the same time.

If you've had chlamydia or gonorrhoea once, you won't be immune – you can get them again.

Chlamydia tests for people under 25

You're more likely to have chlamydia if you're under 25, have a new sexual partner, or more than 1 sexual partner in the last year, and if you haven't used condoms. In England, if you're aged under 25 it's recommended that:

- sexually active women and other people with a womb or ovaries have a chlamydia test when you change sexual partner, and once a year
- sexually active men have a chlamydia test once a year if not using condoms with new or casual partners.

Anyone with a penis can be diagnosed with **NGU**. You can get a check-up and tests if you have any signs and symptoms. Because the inflammation can be caused by an STI, it's recommended to be tested for STIs if:

- you or a sexual partner have, or think you might have, symptoms
- you've recently had sex without a condom with a new partner
- you or a partner have had sex without a condom with other partners
- a sexual partner tells you they have an STI.

How soon after sex can I get tested?

It's important not to delay getting a test if you think you may have an STI. The earlier an STI is treated, the less likely you are to have any complications.

Tests for chlamydia, gonorrhoea and for causes of NGU can be done straight away but you may be advised to have another test 2 weeks after having sex.

You can have a test even if you don't have any symptoms.

What does the test involve?

If you have a vagina/front hole

- **Chlamydia** and **gonorrhoea** tests are usually done by gently wiping a swab around the inside of your vagina to collect a sample to test. You may be able to take the swab yourself or a doctor or nurse may do it.
- You may sometimes be asked for a urine sample to test for chlamydia.

If you have a penis

- You'll usually be asked to give a urine sample to test for **chlamydia**. You can also give a urine sample to test for **gonorrhoea** if you have no symptoms. Before a urine test, you're advised not to pass urine (pee) for 1–2 hours.
- A doctor or nurse may take a swab from the entrance of the urethra (tube you pee from) to test for **gonorrhoea**, **chlamydia** or **NGU**.
- For **NGU**, your penis will be examined for signs of inflammation, you'll usually be asked to give a urine sample, and you'll be tested for chlamydia and gonorrhoea.

- In some clinics, if you're found to have **NGU** you'll be offered a test for *Mycoplasma genitalium* (an STI that can cause NGU). Routine testing isn't available at all clinics but is becoming more widely available, particularly for people with persistent NGU. If you can't be tested for *Mycoplasma genitalium*, you may be treated as though you have it.

Other parts of the body

- If you've had anal or oral sex, a doctor or nurse may swab your rectum (back passage) or throat to test for **chlamydia** or **gonorrhoea** or you may be asked to swab yourself. These swabs aren't done routinely on everyone.
- If you have symptoms of conjunctivitis (an eye infection) swabs will be used to collect a sample of discharge from your eye(s) to test for **chlamydia** or **gonorrhoea**.

A swab is like a long, thin cotton bud. It sometimes has a small plastic loop on the end rather than a cotton tip. It's wiped over body parts that could be infected. This only takes a few seconds and isn't painful, though it may be uncomfortable for a moment.

Cervical screening (smear tests) and routine blood tests don't detect **chlamydia**, **gonorrhoea** or **NGU**.

If you're not sure which infections you've been tested for, just ask.

When will I get my test results?

Chlamydia: If you have a test at a clinic or GP surgery, you'll usually have to wait 1–2 weeks. The clinic or surgery will let you know when and how to expect your result. If you use an online testing service, you'll usually get your results within 1 week from when the service receives your sample.

Gonorrhoea: If you have a test at a clinic or surgery, it may be possible to look at your swab sample under a microscope straight away and give you the result before you leave. Otherwise, you'll have to wait up to 2 weeks. If you use an online testing service, you'll usually get your results within 1 week from when the service receives your sample.

NGU: Your swab sample will be looked at under a microscope and you should get the result straight away. If you have signs and symptoms but the test doesn't confirm NGU, you may be asked not to urinate (pee) overnight and come back to be tested again.

You may have to wait up to 2 weeks for the results of any tests for sexually transmitted infections or urinary tract infections.

How accurate are the tests?

The accuracy of a test depends on the kind of test used, the type of sample that's collected, and which part of your body the sample is collected from. Recommended tests done by trained healthcare professionals or done according to instructions from an online testing service provided by your local sexual health service are usually highly accurate.

As no test is 100% accurate there's a small chance that the test will give a negative result when you do have the infection that's been tested for. This is known as a false negative result. This can sometimes explain why you might get a different result from another test or why you and a partner might get a different test result.

It's possible, but unlikely, for a chlamydia or gonorrhoea test to be positive if you haven't got chlamydia or gonorrhoea. If there are any doubts about the result you may be offered a second test.

Where can I get a test?

There are different services you can go to. Choose the one you feel most comfortable with.

A free **chlamydia** or **gonorrhoea** test can be done at:

- a sexual health clinic or genitourinary medicine (GUM) clinic
- some GP surgeries
- some contraception and young people's clinics
- some pharmacies.

Abortion clinics, antenatal services and some gynaecology services may offer a test.

In many areas, free home tests for chlamydia and gonorrhoea are available to order online from your local sexual health service. You take your own sample and send it to be tested. Home tests are usually only for people without symptoms. If you have symptoms, always get tested at a sexual health service.

It's also possible to buy chlamydia and gonorrhoea tests from pharmacies and other private providers. These may be self-sampling tests or home tests that give you the result in a few minutes. The accuracy of these tests varies. If you choose to buy a testing kit, it's a good idea to get advice from a pharmacist or your doctor.

If a self-sampling test or home test shows that you have chlamydia or gonorrhoea, it's important to seek treatment straight away. The test should have instructions explaining what to do. It's important to get treatment for gonorrhoea from a specialist sexual health service to make sure you get the right treatment.

You can also choose to pay for a chlamydia or gonorrhoea test at a private clinic.

National Chlamydia Screening Programme (NCSP)

In England, women and other people who have a womb or ovaries, who are aged under 25, may be offered a chlamydia test as part of the NCSP when you visit services such as a pharmacy or your GP.

The NCSP aims to reduce health harm caused by untreated chlamydia. Untreated chlamydia in women can cause pelvic pain, ectopic pregnancy, and infertility (see page 17-18). If you're offered a chlamydia test as part of the NCSP, do consider taking it.

Free tests for possible causes of **NGU** can be done at:

- a sexual health clinic or genitourinary medicine (GUM) clinic
- some GP surgeries
- some contraception and young people's clinics.

If tests for chlamydia and gonorrhoea are negative but you have symptoms, you'll need to go to a GUM or specialist sexual health clinic who may recommend other tests.

Will I have to pay for tests and treatment?

All tests are free through NHS services or the National Chlamydia Screening Programme. All treatment for sexually transmitted infections from these services is also free.

If you have **gonorrhoea**, you'll always need to go to a sexual health service for your treatment and any follow-up tests that are needed.

What's the treatment?

Chlamydia, gonorrhoea and NGU are all treated with antibiotics.

Complementary therapies (treatments outside of mainstream healthcare) can't cure chlamydia, gonorrhoea or NGU.

Chlamydia:

- You'll usually be given antibiotics to take for 7 days. Some people may be offered a different antibiotic to take for 3 days. Occasionally, you may need a longer course of up to 2 weeks.
- If you take the treatment according to instructions, it's over 95% effective.
- If there's a high chance you have chlamydia, treatment may be started before the test results are back.
- You may also need other treatment if complications have occurred.
- Tell the doctor or nurse if you're pregnant, or think you might be, or you're breastfeeding. This may affect the type of antibiotic you're given.

Gonorrhoea:

- You'll usually be offered a single antibiotic injection. Gonorrhoea can be resistant to antibiotics, so a doctor or nurse should always take a swab to check which type of gonorrhoea you have and which antibiotics might work best at treating it.
- If there's a high chance you have gonorrhoea, treatment may be started before the test results are back.
- You may need other treatment if complications have occurred or if the first antibiotics don't cure the gonorrhoea.

NGU:

- You'll usually be given antibiotic tablets. There are several different antibiotics that can be used. You may be given more than 1 type. You usually need to take the antibiotics for 1 week, but sometimes it may be up to 2 weeks.
- You may get NGU more than once, and for a few people, it may become recurrent (keep coming back) or persistent (not get better with antibiotics).
- You may need other treatment if complications occur or if the cause of the inflammation becomes known.

When will the signs and symptoms go away?

Most people notice an improvement quite quickly after having treatment. It's important to finish all your treatment, even if symptoms go away.

- Discharge or pain when you urinate (pee) should improve within about a week for **chlamydia** and **NGU** or 2–3 days for **gonorrhoea**.
- Bleeding between periods or heavier periods caused by **chlamydia** or **gonorrhoea** should improve by your next period.
- Pelvic pain and pain in the testicles should start to improve quickly but may take up to 2 weeks to go away.
- Discharge and discomfort in the rectum (back passage) caused by **gonorrhoea** should improve within 2–3 days.

If you have pelvic pain or painful sex that doesn't improve, see your doctor or nurse. It may be necessary to have some further treatment or investigate other possible causes of the pain.

Do I need a test to check the infection has gone?

Chlamydia: If you take the treatment according to the instructions, you won't usually need a test to check the chlamydia has gone.

If you're aged under 25, you should be offered a repeat test 3–6 months after finishing the treatment. This is because you're more likely to get chlamydia again.

If the chlamydia was in your rectum (back passage), you may need another test around 3 weeks after finishing the treatment. Your doctor, nurse or clinic will let you know if you need another test.

Gonorrhoea: Yes. You'll need a follow-up test 1–2 weeks after finishing the treatment to check it's worked. This is very important as gonorrhoea can be resistant to antibiotics. Your doctor or nurse may also advise other tests.

NGU: This depends on the causes of the NGU and whether symptoms have gone. Some services may ask you to go back and see them for a check-up 3–5 weeks later, and some may do a follow-up on the phone. This is to:

- check that signs and symptoms have gone
- check you took the treatment correctly
- check you haven't been exposed to an infection again
- give you the results of any other tests that were done and advice on how to get further treatment if necessary
- answer any questions you have and give you any advice you need.

If you still have signs or symptoms, you may need to be tested again and have more treatment.

If the symptoms have all gone, you usually won't need any more tests.

Chlamydia, gonorrhoea and NGU: Whatever your age, you may need a repeat test or more treatment if:

- you think you've come into contact with chlamydia, gonorrhoea or another STI again
- you had sex with a partner before the treatment for **both** of you was finished
- you didn't complete the treatment or didn't take it according to the instructions
- the signs and symptoms don't go away
- your test was negative but you develop signs or symptoms
- you're pregnant.

A **repeat chlamydia test** can be done 5–6 weeks after the first test.

How quickly a **repeat gonorrhoea or NGU test** can be done will depend on which test is being used. Your clinic, GP surgery or online provider can advise you.

What happens if the chlamydia, gonorrhoea or NGU isn't treated?

Only some people who have **chlamydia** or **gonorrhoea** will have complications. If they're treated early, chlamydia and gonorrhoea are unlikely to cause any long-term problems. But, without effective treatment, the infection can spread to other parts of the body and cause health complications. The more times you have chlamydia or gonorrhoea, the more likely you are to get complications.

Chlamydia is more likely to cause serious complications in people with a vagina/front hole.

- If you have a vagina/front hole, **chlamydia** and **gonorrhoea** can spread to other reproductive organs causing pelvic inflammatory disease (PID). This can lead to long-term pelvic pain, blocked fallopian tubes, ectopic pregnancy (when the pregnancy develops outside the uterus), and infertility.
- In people with a vagina/front hole, **chlamydia** can cause pain and inflammation around the liver, though this is rare. This usually gets better with the correct antibiotic treatment.
- If you have a penis, **chlamydia** and **gonorrhoea** can lead to a painful infection in the testicles. If this isn't treated, it can cause long-term pain and, very rarely, there's a possibility it could affect your fertility.
- It's not common, but **chlamydia** and **gonorrhoea** can lead to inflammation (pain and swelling) of the joints and tendons, known as Sexually Acquired Reactive Arthritis (SARA). SARA may sometimes cause inflammation of the urethra (tube you pee from) or the eyes. It's more common in people with a penis than people with a vagina/front hole.
- Rarely, gonorrhoea may spread to the blood causing serious infection.

If **NGU** is treated early, there won't be any complications. If left untreated, some causes of NGU, like chlamydia, can cause long-term complications (see above), although this is uncommon. You could also pass on an infection to a partner.

Can chlamydia, gonorrhoea or NGU go away without treatment?

Chlamydia and **gonorrhoea** may eventually go away, but it can take a long time. For many causes of **NGU**, prompt treatment is needed to avoid complications.

If you delay seeking treatment, even if signs and symptoms go away, an infection could cause long-term damage and you may pass an infection on to someone else.

How soon can I have sex again?

Don't have any vaginal/frontal, anal or oral sex (even with condoms), or share sex toys, until you **and** your partner(s) have finished the treatment, any symptoms have gone. Depending on the antibiotics used, you may also need to wait a few more days after finishing the treatment. This helps to stop you being reinfected or passing the infection on to someone else.

Chlamydia:

- If you have an antibiotic called doxycycline wait until the treatment is finished and any symptoms have gone.
- If you have an antibiotic called azithromycin wait until **7 days after starting** the treatment as that's how long it takes to work, and until any symptoms have gone.

Gonorrhoea:

- Wait until **7 days after finishing** the treatment and until any symptoms have gone.

NGU:

- Wait until **14 days after starting** treatment and until any symptoms have gone.

Will I know how long I've had an STI?

STI tests can't tell you how long any infection or inflammation has been there.

If you feel upset or angry about having chlamydia, gonorrhoea or NGU and find it difficult to talk to a partner or friends, don't be afraid to discuss how you feel with the staff at the clinic or GP surgery.

Should I tell my partner(s)?

If you have **chlamydia, gonorrhoea** or **NGU**, it's very important that your current sexual partner(s) and any other recent partners are tested and treated as they may have the infection without knowing it. This will help to stop them reinfecting you or passing the infection on to anyone else. Sometimes **NGU** may only clear up after a current sexual partner has been treated too.

You may be given a contact slip to send or give to your partner(s) or, with your permission, the clinic can do this for you. This is called partner notification. It can sometimes be done by text message. The message or contact slip will say that they may've been exposed to a sexually transmitted infection and suggest they go for a check-up. It may or may not say what the infection is. It won't have your name on it, so your confidentiality is protected.

You're strongly advised to tell your partner(s), but it isn't compulsory. The staff at the clinic, GP surgery or online service can discuss this with you.

How will I know if an STI has affected my fertility?

STIs are just one of many factors that can affect your fertility.

Most people who've had **chlamydia**, **gonorrhoea** or **NGU** won't become infertile or have an ectopic pregnancy.

If you've had **chlamydia**, **gonorrhoea** or **NGU**, you won't normally be offered any routine tests to see if you're fertile unless you or a partner are having difficulty getting pregnant. If you're concerned, talk to your doctor or practice nurse.

What if I'm pregnant?

Chlamydia and gonorrhoea can be treated with antibiotics when you're pregnant or breastfeeding. The antibiotics won't harm the baby but do tell the doctor or nurse that you're pregnant or breastfeeding.

- **Chlamydia** can be passed to the baby during the birth and (less commonly) before the baby is born. This can cause inflammation and discharge in the baby's eye(s) (conjunctivitis) and/or pneumonia.
- **Gonorrhoea** can be passed to the baby during the birth. This can cause inflammation and discharge in the baby's eyes (conjunctivitis).
- **Chlamydia** during pregnancy has been associated in very rare cases with problems such as premature (early) birth, and infection of the uterus (womb) lining after the birth. You may be offered a chlamydia test as part of your antenatal care.
- You'll be advised to have a test after you complete your treatment to check the infection has gone.

Do chlamydia, gonorrhoea or NGU cause cervical cancer?

No, they don't cause cervical cancer.

How can I help protect myself from sexually transmitted infections?

The following measures will help protect you from getting and passing on most STIs including chlamydia, gonorrhoea, other STIs that can cause NGU, and HIV.

- Use external condoms or internal condoms (also known as female condoms) every time you have vaginal/frontal or anal sex.
- If you have oral sex (going down, giving head), the advice is to use a condom to cover the penis, or a dam (latex or plastic square) to cover the vulva (external female genitals) or the anus.
- If you're not sure how to use condoms correctly, visit www.sexwise.org.uk for more information.
- Avoid sharing sex toys. If you do share them, wash them or cover them with a new condom before anyone else uses them.
- Before having sex without a condom, make sure you and any new sexual partner both get tested for STIs.

Using a service

- Wherever you go, you shouldn't be judged because of your sexual behaviour or who you have sex with.
- All advice, information and tests are free.
- All services are confidential.
- All tests are optional and should only be done with your permission.

- Ask as many questions as you need to – and make sure you get answers you understand.
- The staff will offer you as much support as you need, particularly if you need help on how to tell a partner.
- If you're happy or unhappy with any part of the service, you'll be able to give feedback or make a complaint if you want to.

Where can I get more information and advice?

The Sexual Health Helpline provides confidential advice and information on all aspects of sexual health. The number is **0300 123 7123**. It's open Monday to Friday from 9am–8pm and at weekends from 11am–4pm.

For more information on sexual health visit www.fpa.org.uk or www.sexwise.org.uk

Information for young people can be found at www.brook.org.uk

You can find details of sexual health clinics and services and details of GP surgeries and pharmacies on these websites:

- England, www.nhs.uk
- Wales, www.nhsdirect.wales.nhs.uk
- Scotland, www.nhsinform.scot
- Northern Ireland, www.sexualhealthni.info and www.hscni.net

A final word

This booklet can only give you general information. The information is based on evidence-based guidance produced by The British Association for Sexual Health and HIV (BASHH) and the UK Health Security Agency.



the sexual health company



sexwise.org.uk

www.fpa.org.uk

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