

Peer-driven testing for *Chlamydia trachomatis* in sexual and social networks

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Valorisation of the thesis

Relevance for society and economy

Besides its scientific relevance this thesis also has implications for society and economy as its interventions are complementary to standard sexual health care practice.

In the Netherlands testing for *Chlamydia trachomatis* (CT) in sexual transmitted infection (STI) clinics is free of charge for various risk groups. These groups are young people below 25 years of age, sex workers, men who have sex with men (MSM), swingers, people with symptoms and people with more than 3 sex partners in the past six months. People mainly present themselves at the STI clinics for testing. Some exceptions are outreach activities for MSM and sex workers. Trained sexual health care nurses are responsible for the consultation with STI clinic visitors. At the first consultation nurses conduct the sexual anamnesis, perform testing when necessary and educate visitors. In case of STI positivity people are invited for a treatment consultation. During this consultation nurses explain the treatment provided and should also inform and support the notification of partners. In this thesis we found that although informing young people about PN is one of the core tasks of public sexual health such as STI clinics, nurses focus more on the care and treatment of the individual index patient rather than on discussing PN, or on motivating and helping patients to engage in PN. Our findings resulted in a national debate about PN and were part of a revision of national PN guidelines. Now the revised guidelines explain more in detail how to implement PN in daily practice. For example, using a standardized and structured list of questions to discuss PN with clients and suggestions how to handle with patients resistance towards PN.

In current CT control there is an emphasis towards the notification of people where CT positives had sex with in the past six months. However another finding of relevance for society found in this thesis is that young people are also willing to recruit social networks for CT testing. This has potential value in the number of CT infections found and the number of people who never tested before. These friends would possibly be missed when only applying the notification of sexual networks (PN). While anger towards a partner and fear for aggression could play a role in the intimate history sex partner's share, these factors are absent in social networks. Currently, the STI clinic South Limburg has implemented social and sexual recruitment using home sampling kits alongside PN in standard sexual health care. However, to overcome waste of resources they no longer immediately send out an extra peer test, but only after prior consent of the index. Next to this they also added a fifth and sixth SMS reminder to increase test kit return rates.

Peer-driven strategies using home sampling test kits are complementary to standard sexual health care, because different preferences exist among young people for the notification of sex

partners and friends. Peer-driven testing seems more appropriate for friends compared to sex partners. Next to this, home sampling test kits are only appropriate for heterosexual young people without symptoms. As recommended in the Dutch guidelines people with symptoms should visit the STI clinic for an accurate assessment of tests and treatment needed. Men who have sex with men (MSM) are also recommended to visit the STI clinic. They need to be tested for syphilis and HIV using a blood sample; a method that is currently not available in home sampling test kits although our research group has developed a promising bloodspot tool to overcome this gap.

Target groups

Findings in this thesis are of importance for the control of sexual transmitted infection (STI) in general and for the control of CT among heterosexual young people who are sexual active in particular. When applying peer-driven testing using home sampling test kits individuals can be reached who are CT positive and never tested before; hidden to sexual health care. This decreases the transmission of infections and complications from occurring.

Our interventions were all carried out at the STI clinics Limburg, but could also be of importance to general practitioners (GP). A large proportion of CT testing in the Netherlands is done by GPs next to STI clinics. Our strategy of providing people with home sampling test kits could also be an accessible manner for GPs to promote CT testing among young people and their peers. Test kits can be used to overcome barriers among GPs such as discomfort and time. And as the majority of CT diagnoses are seen by GPs they are a valuable resource for young people who could motivate their social en sexual network to test for CT using home sampling test kits.