



October 28, 2008

Dear Colleague:

The November 7, 2008, edition of the Centers for Disease Control and Prevention's (CDC) *Morbidity and Mortality Weekly Report* (MMWR) will include the *Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection (Recommendations)*. The *Recommendations* will be available electronically on October 30, 2008. The purpose of this letter is to highlight key points contained in these new recommendations.

Primarily directed to health department managers responsible for overseeing state and local HIV, STD, or integrated HIV/STD programs, the *Recommendations* will guide the delivery of partner services to individuals newly diagnosed with early syphilis, HIV/AIDS, chlamydia or gonorrhea. The new recommendations are the product of a collaborative process that involved federal, state and local agencies; national and local organizations; state STD and HIV prevention program and surveillance staff; and subject matter experts in relevant areas such as law and ethics.

The new *Recommendations* replace two separate CDC documents that until now have guided the provision of partner services for HIV and for other STDs: the 1998 *HIV Partner Counseling and Referral Services Guidance* and the Partner Services module of the 2001 *Program Operations Guidelines for STD Prevention*. By revising and integrating these guidelines, the *Recommendations* will make delivery of partner services more efficient and more efficacious, thus allowing programs to better realize the full prevention benefits of this public health strategy. At the same time, they implicitly recognize and respect the value of local innovation and the variety of contexts within which our partners operate. While the *Recommendations* indicate what an effective partner services program should include and why, they do not specifically instruct how partner services programs should operate or implement recommended practices.

The following are key points made in the *Recommendations* and exemplify the balance struck between uniform, directive guidance and respect for operational flexibility and program innovation:

- All persons with newly diagnosed or reported early syphilis or HIV/AIDS infection should be offered partner services, typically at, or as soon as possible after, diagnosis.
- Programs should use surveillance and disease reporting systems to assist with identifying persons with newly diagnosed or reported STDs, including HIV, who are potential candidates for partner services.
- At a minimum, health departments should use provider- and aggregate-level data from their surveillance systems to help guide partner services. If appropriate security and confidentiality procedures are in place, health departments should strongly consider using individual-level data to maximize the number of persons offered partner services.
- Regardless of the particular approach used to notify partners of their exposure, the health department should be directly involved.

- Programs should create strong referral linkages with care and prevention services providers to ensure that the needs of patients and their partners are addressed. Moreover, in the case of HIV-infected individuals, follow-up should be conducted to verify that they have accessed medical care or HIV case management at least once.
- Program managers should assess and eliminate barriers to programmatic collaboration and service integration within their jurisdictions, with the goal that, at a minimum, services are well integrated at the client (service delivery) level.
- Programs should have systems in place to monitor and evaluate program performance and identify areas that need improvement.

CDC is developing products and services to support implementation of the new *Recommendations*, including an Operational Guide and monitoring tools; a new, modular training curriculum; a formal system for requesting and receiving technical assistance; and a supplemental interview form to assist in gathering HIV Partner Services data not included on the current STD Interview Record form. CDC will introduce these products in early 2009. In the interim, CDC strongly encourages health departments to begin implementing recommendations that are appropriate to their operations, and begin assessing the policy and programmatic changes that will be needed to implement the remaining recommendations.

The new *Recommendations* and related information will be available as of October 30, 2008, at <http://www.cdc.gov/nchstp/partners/>

You can order a hard copy of the *Recommendations* through the CDC National Prevention Information Network at 800-458-5231 (Monday to Friday, 9 am-6 pm ET) or contact info@cdcnpin.org.

We sincerely appreciate our collaboration with many of you during the development of these *Recommendations*, and we look forward to working with you in the coming months as you begin implementing them in your jurisdiction.

Sincerely,

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