

Effective Interventions Suggested References

Partner Screening

Updated: January 24, 2014

Reference	Abstract
<p>Golden, M. R., et al. (2005). "Effect of expedited treatment of sex partners on recurrent or persistent gonorrhea or chlamydial infection." <i>N Engl J Med</i> 352(7): 676-685.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/15716561</p>	<p>BACKGROUND: Many sex partners of persons with gonorrhea or chlamydial infections are not treated, which leads to frequent reinfections and further transmission. METHODS: We randomly assigned women and heterosexual men with gonorrhea or chlamydial infection to have their partners receive expedited treatment or standard referral. Patients in the expedited-treatment group were offered medication to give to their sex partners, or if they preferred, study staff members contacted partners and provided them with medication without a clinical examination. Patients assigned to standard partner referral were advised to refer their partners for treatment and were offered assistance notifying partners. The primary outcome was persistent or recurrent gonorrhea or chlamydial infection in patients 3 to 19 weeks after treatment. RESULTS: Persistent or recurrent gonorrhea or chlamydial infection occurred in 121 of 931 patients (13 percent) assigned to standard partner referral and 92 of 929 (10 percent) assigned to expedited treatment of sexual partners (relative risk, 0.76; 95 percent confidence interval, 0.59 to 0.98). Expedited treatment was more effective than standard referral of partners in reducing persistent or recurrent infection among patients with gonorrhea (3 percent vs. 11 percent, $P=0.01$) than in those with chlamydial infection (11 percent vs. 13 percent, $P=0.17$) ($P=0.05$ for the comparison of treatment effects) and remained independently associated with a reduced risk of persistent or recurrent infection after adjustment for other predictors of infection at follow-up (relative risk, 0.75; 95 percent confidence interval, 0.57 to 0.97). Patients assigned to expedited treatment of sexual partners were significantly more likely than those assigned to standard referral of partners to report that all of their partners were treated and significantly less likely to report having sex with an untreated partner. CONCLUSIONS: Expedited treatment of sex partners reduces the rates of persistent or recurrent gonorrhea or chlamydial infection.</p>
<p>Han, Y., et al. (1999). "Assessment of a geographically targeted field intervention on gonorrhea incidence in two New York State counties." <i>Sex Transm Dis</i> 26(5): 296-302.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/10333285</p>	<p>BACKGROUND AND OBJECTIVES: Using study findings that demonstrated the importance of core group members in gonorrhea transmission, in 1984, one New York State county changed its approach toward gonorrhea control by targeting its field intervention activities toward infected persons from a geographic core area. In late 1988, New York State experienced an epidemic increase in the number of syphilis cases. In response, the New York State sexually transmitted disease (STD) control program enacted a Syphilis Initiative, which required the diversion of field staff from gonorrhea to syphilis control activities for a 3-year period. Each of these events held the possibility of impacting gonorrhea incidence in this county. GOAL OF THIS STUDY: To evaluate the impact of core interventions on reducing gonorrhea incidence as compared to traditional nontargeted field intervention methods and to determine the influence on gonorrhea incidence of diverting field activities from gonorrhea to syphilis case finding. STUDY DESIGN: A Poisson regression method was used to estimate gonorrhea incidence for a 22-year period in two similar counties: one county that used core intervention and one that applied traditional case-finding methods. The impact of core intervention was estimated in terms of the reduction in the gonorrhea incidence rate from the preintervention incidence rates. RESULTS: After initiation of the core intervention, the relative risk of gonorrhea decreased by 61%. Between 30 % to 40% of the total reported cases were interviewed for contacts annually during the intervention period. In the control county, the relative risk was reduced by 50% despite a significantly higher percentage of annual case interviews (60%-70%). In addition, a small change in the definition of core (from census tracts encompassing 50% of gonorrhea cases to 30%-35%) during the Syphilis Initiative led to a significant increase (16%) in the relative risk of gonorrhea. CONCLUSION: Targeting partner notification activities toward a geographic core area population appears effective in reducing the risk of gonorrhea, and it was more efficient because the overall percentage of cases interviewed was smaller than in a county using a nontargeted approach. Diversion of staff during a syphilis epidemic, combined with a narrowing of the geographic scope of the core intervention, was associated with an increase in gonorrhea incidence.</p>

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<p>Hogben, M., et al. (2007). "The effectiveness of HIV partner counseling and referral services in increasing identification of HIV-positive individuals a systematic review." <i>Am J Prev Med</i> 33(2 Suppl): S89-100.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/17675019</p>	<p>Partner counseling and referral services (PCRS) are part of the spectrum of care for HIV-positive people and their sexual or needle-sharing partners. Referral includes notifying partners of exposure, after which they are (ideally) tested and receive prevention or risk reduction counseling or enter into care (if they test positive). Using The Guide to Community Preventive Services's methods for systematic reviews, the effectiveness of PCRS was evaluated, including partner notification, in identifying a population at high risk of HIV infection and in increasing testing in those populations. In this review, PCRS efforts using provider referral were found to be effective in reaching a population with a high prevalence of HIV. Nine studies qualified for the review. In these studies, a range of one to eight partners was identified per index case (a person newly diagnosed with HIV who has partners who should be notified); a mean of 67% of identified partners were found and notified of their potential exposure to HIV, and a mean of 63% of those notified were tested (previously known "positives" were not tested). Of those tested, a mean of 20% were HIV positive. Therefore, even given that not all partners could be found and notified and that some who could be found did not accept testing, 1% to 8% of people named as potentially exposed and not previously known to be HIV positive were identified as HIV positive through partner notification (although these people were not necessarily infected by the index case). Evidence was insufficient to determine whether PCRS, including partner notification, was also effective in changing behavior or reducing transmission because available studies did not generally report on these outcomes. Little empirical evidence was available to assess potential harm of the interventions, but current studies have not shown substantial harms. Based on Community Guide rules of evidence, sufficient evidence shows that PCRS with partner notification by a public health professional ("provider referral") effectively increases identification of a high-prevalence target population for HIV testing.</p>
<p>Trelle, S., et al. (2007). "Improved effectiveness of partner notification for patients with sexually transmitted infections: systematic review." <i>BMJ</i> 334(7589): 354.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/17237298</p>	<p>OBJECTIVE: To examine the effectiveness of methods to improve partner notification by patient referral (index patient has responsibility for informing sex partners of their exposure to a sexually transmitted infection). DESIGN: Systematic review of randomised trials of any intervention to supplement simple patient referral. DATA SOURCES: Seven electronic databases searched (January 1990 to December 2005) without language restriction, and reference lists of retrieved articles. REVIEW METHODS: Selection of trials, data extraction, and quality assessment were done by two independent reviewers. The primary outcome was a reduction of incidence or prevalence of sexually transmitted infections in index patients. If this was not reported data were extracted according to a hierarchy of secondary outcomes: number of partners treated; number of partners tested or testing positive; and number of partners notified, located, or elicited. Random effects meta-analysis was carried out when appropriate. RESULTS: 14 trials were included with 12 389 women and men diagnosed as having gonorrhoea, chlamydia, non-gonococcal urethritis, trichomoniasis, or a sexually transmitted infection syndrome. All studies had methodological weaknesses that could have biased their results. Three strategies were used. Six trials examined patient delivered partner therapy. Meta-analysis of five of these showed a reduced risk of persistent or recurrent infection in patients with chlamydia or gonorrhoea (summary risk ratio 0.73, 95% confidence interval 0.57 to 0.93). Supplementing patient referral with information for partners was as effective as patient delivered partner therapy. Neither strategy was effective in women with trichomoniasis. Two trials found that providing index patients with chlamydia with sampling kits for their partners increased the number of partners who got treated. CONCLUSIONS: Involving index patients in shared responsibility for the management of sexual partners improves outcomes. Health professionals should consider the following strategies for the management of individual patients: patient delivered partner therapy, home sampling for partners, and providing additional information for partners.</p>

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Wilson, T. E., et al. (2009). "A randomized controlled trial for reducing risks for sexually transmitted infections through enhanced patient-based partner notification." Am J Public Health 99 Suppl 1: S104-110.

PubMed Link

<http://www.ncbi.nlm.nih.gov/pubmed/18556619>

OBJECTIVES: We sought to assess the effectiveness of approaches targeting improved sexually transmitted infection (STI) sexual partner notification through patient referral. **METHODS:** From January 2002 through December 2004, 600 patients with *Neisseria gonorrhoeae* or *Chlamydia trachomatis* were recruited from STI clinics and randomly assigned to either a standard-of-care group or a group that was counseled at the time of diagnosis and given additional follow-up contact. Participants completed an interview at baseline, 1 month, and 6 months and were checked at 6 months for gonorrhea or chlamydial infection via nucleic acid amplification testing of urine. **RESULTS:** Program participants were more likely to report sexual partner notification at 1 month (86% control, 92% intervention; adjusted odds ratio [AOR] = 1.8; 95% confidence interval [CI] = 1.02, 3.0) and were more likely to report no unprotected sexual intercourse at 6 months (38% control, 48% intervention; AOR = 1.5; 95% CI = 1.1, 2.1). Gonorrhea or chlamydial infection was detected in 6% of intervention and 11% of control participants at follow-up (AOR = 2.2; 95% CI = 1.1, 4.1), with greatest benefits seen among men (for gender interaction, $P = .03$). **CONCLUSIONS:** This patient-based sexual partner notification program can help reduce risks for subsequent STIs among urban, minority patients presenting for care at STI clinics.