



INTRODUCTION TO PARTNER SERVICES

New Jersey Department of Health
Mia Brown & Kulsoom Siddiqui

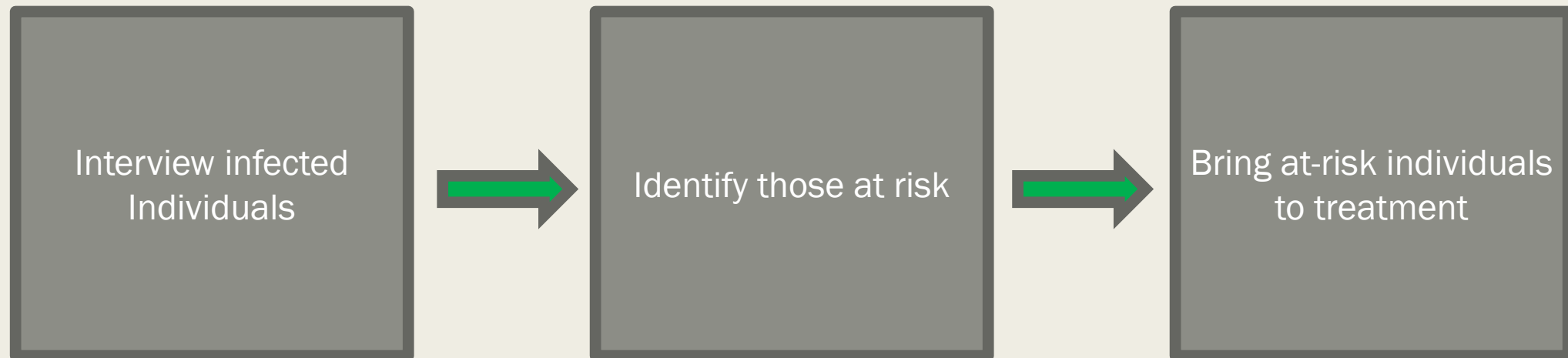


Overview

- Mission and goals of partner services (PS)
- How PS work at NJ DOH/”a typical case”
- STD trends and visualizations in New Jersey

What are partner services?

“Partner services’ are offered to individuals who are infected with HIV/STDs to their partners, and to other persons who are at increased risk for infection in an effort to prevent transmission of these diseases and to reduce suffering from their complications.”



Goals of Partner Services (PS)

Infected Person	Network	Community
<ul style="list-style-type: none">• Provide all infected persons with support to ensure that their partners and social contacts are confidentially informed of their exposure.• Maximize effective linkage to medical care, treatment, prevention interventions, and other services to reduce the risk of transmission to others	<ul style="list-style-type: none">• Maximize the proportion of partners and social contacts that are notified of their exposure.• Maximize early linkage of partners and social contacts that are notified of their exposure.	<ul style="list-style-type: none">• Reduce future rates of transmission by aiding in early diagnosis and treatment (or linkage to treatment, for those with STD/HIV infection) and provision services to infected persons.

Merging of STD/HIV PS


- As of January 2017, PS for STD and HIV have been merged
- Ongoing cross-training
- When interviewing patients, both interviewing techniques are exercised
- DOH does not offer rapid syphilis testing, but it does provide HIV testing
- Syphilis interviews can be conducted on the phone, but HIV cannot

STD/HIV Case Ascertainment

- Positive labs reported to DOH Surveillance by medical facility or testing site
- Labs evaluated by Surveillance team to determine if it is a true positive and if it needs f/up
 - Case assigned to workers by first line supervisors across NJ

Procedure

- Preparing the case
 - *Conduct PMD for f/up*
- Contacting patient
 - *Phone call for scheduling appointments*
 - *Sending letters*
- Map route/prioritize cases
- Conduct interview
 - *Provide STD & HIV counseling [HIV testing]*
- Elicit and notify partners
- Document findings in CDRSS and close case for supervisor approval



Documentation of all these steps is required on field record!

High Priority Patients for Partner Services

- Pregnant women
- Male index patients known to have pregnant female partners
- Index patients suspected of (or known to be) engaging in behaviors that significantly increase the risk for transmission to multiple other persons
- Persons co-infected with HIV and one or more other STDs
- Persons with recurrent STDs



Interview Checklist

✓ Introduction

Confirm Patient/ID
Name
Role/Purpose
Confidentiality

✓ Patient Concerns

Ask
Validate

✓ Social History

Address (home & e-mail)
Phone
Work
Lives w/ kids?
Emergency contacts
Travel

✓ Medical History

STD History
Symptoms
Drugs (street & prescription)
Testing
Pregnancies

✓ Disease Comprehension

C- Complications (serious)
H- HIV Connection & other STDs
A- Asymptomatic
R- Re-infection- can get it again
T- Transmission-unprotected sex

✓ Partners

Foundation (number, behavior, settings)
Name
Exposure
Locating
Description
Clustering
Referral Method (provider, patient, dual, contract, 3rd party)

✓ Risk Reduction

Perception
ID past attempts to change
Negotiate a plan-goal/barrier/options

✓ Conclusion

Who else
Recap
Concerns
Thank You/Business
Cards/Condoms

Disease Interview Periods

HIV/AIDS

1 or 2 years before date of first positive HIV test through date of interview; might be mitigated by evidence of recent infection or availability of verified previous negative test results

All current or former spouses during 10 years before diagnosis

Syphilis

Primary: from the date of adequate treatment back 3 months prior to onset of symptoms

Secondary: from the date of adequate treatment back 6 ½ months prior to onset of symptoms

Early Latent: from the date of adequate treatment back 12 months

Late Latent: from the date of adequate treatment back greater from 12 months

Obstacles of PS

- Difficult to locate patients
- Difficult to elicit partners
 - *Patients are not always forthcoming with sensitive information*
- Difficult to obtain accurate information
- Loss to follow up

Significance of PS

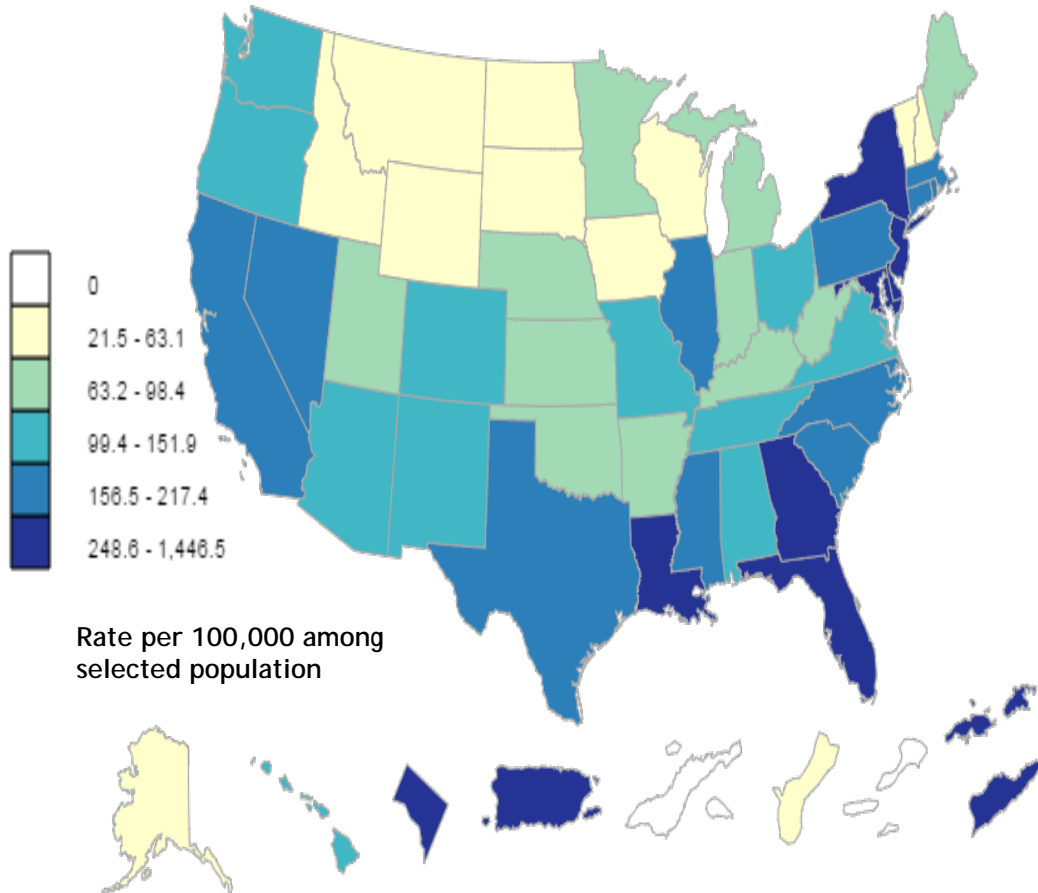
- Direct disruption of transmission
- Comorbidities
- Embodies public health mission of improving population health, rather than focusing solely on individual health
- Increasing awareness and open dialogue to a stigmatized epidemic



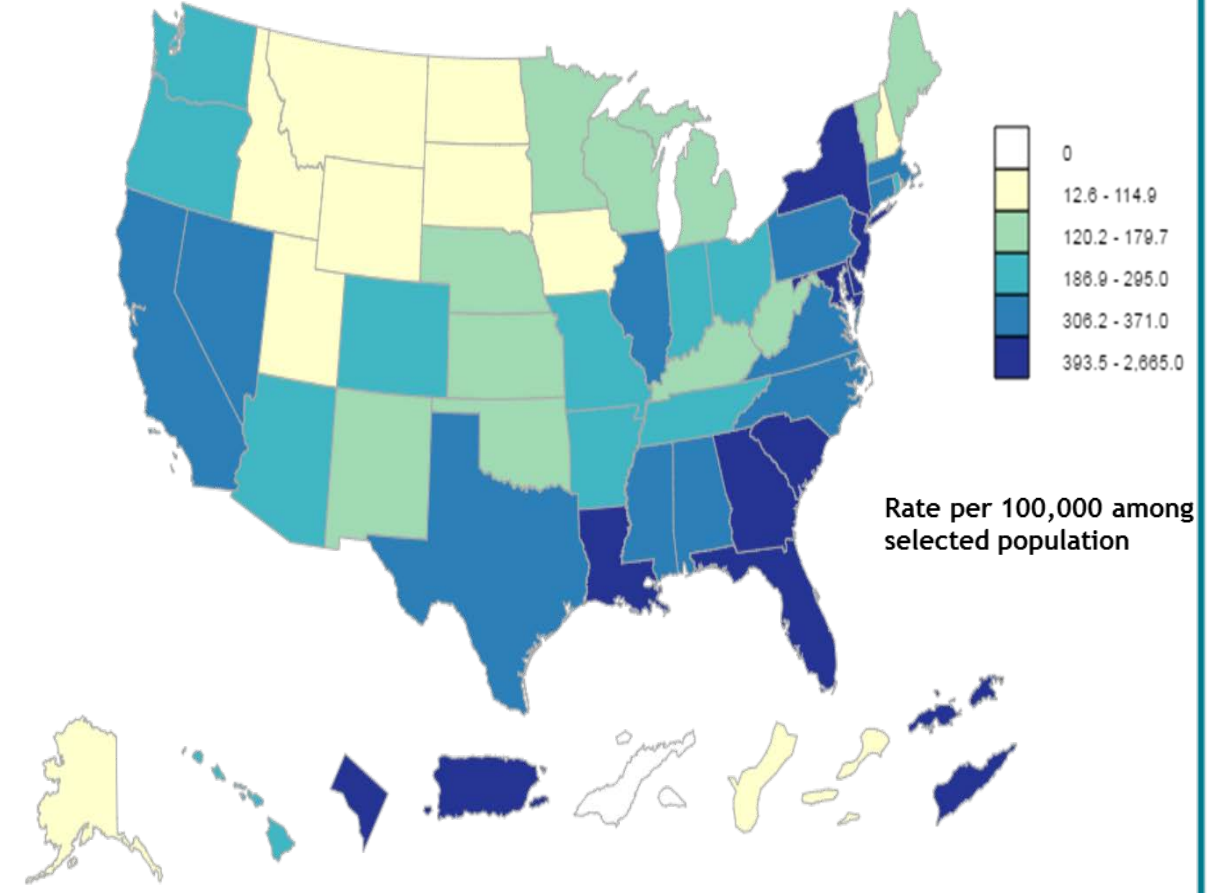
Effectiveness

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AIDS Prevalence



HIV Prevalence

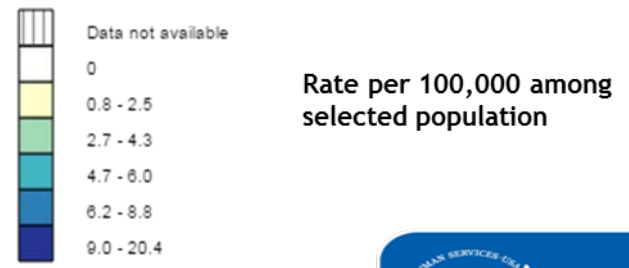
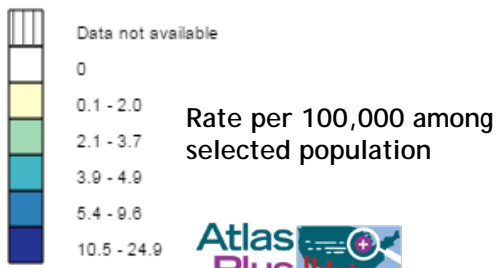
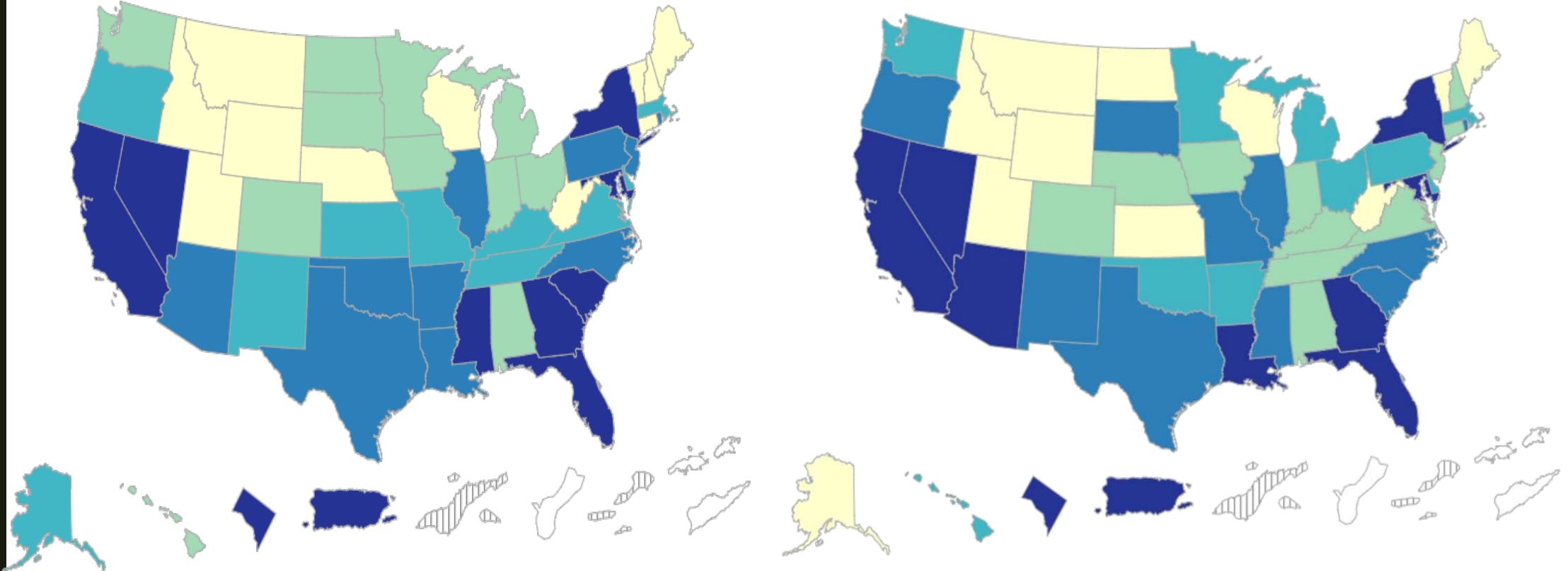


Note: Prevalence data prior to 2010 are based on residence at diagnosis; prevalence data from 2010 to present are based on most recent known address.



Early Latent Syphilis

Primary and Secondary Syphilis



New Jersey

Reported cases

Change from previous year

1,190	HIV diagnoses (2015)	
59	Hepatitis A (2014)	
77	Acute Viral Hepatitis B (2014)	
113	Acute Viral Hepatitis C (2014)	
31,337	Chlamydia (2015)	
7,228	Gonorrhea (2015)	
372	Primary and Secondary Syphilis (2015)	
326	Tuberculosis (2015)	

Acknowledgements

HIV Prevention and Education Units

The STD and HIV teams at NJ DOH



Questions?

Mia Brown, MPA

Mia.brown@doh.nj.gov

609-477-2772

Kulsoom Siddiqui, MPH

Kulsoom.Siddiqui@doh.nj.gov

609-477-2684