

Sexual history

- Introduce concept of partner notification by asking about number of sexual contacts in past 2 months.
- Are these contacts regular or casual? (Be mindful that the term partner may imply a relationship.)
- Are they able to contact these people? (Notifying all contacts may not be possible, e.g. if there insufficient information or a threat of violence.)
- Document number of contacts clearly in the notes – you may not be the one following-up partner notification.

Positive test result

For chlamydia, gonorrhoea, trichomoniasis and syphilis, or contact of non-specific urethritis, pelvic inflammatory disease (PID) or epididymo-orchitis [partner notification (PN) not required for herpes simplex virus (HSV) and human papilloma virus (HPV)].

Note: Consultation with sexual health or infectious diseases physicians is required for the management of all cases of syphilis.

Identify who needs to be contacted based on sexual history

- How many of these people does the patient have contact details for?
- What contact details do they have for these people?

Simple case

- Safety or confidentiality issues?

NO: PATIENT REFERRAL

(Patient informs sexual contacts – recommended method.)

Discuss with client how they are going to notify contact(s)

- Face-to-face (this is the most popular method)
- Telephone
- Text
- Partner notification card
- Email

Provide education, support and resources to assist patients, based on their chosen method:

- Factsheets on infection and partner notification with appropriate websites for further information.
- Partner notification cards.
- Role play telling their partner if appropriate.

Follow-up (phone or in person) 1 week later

- All notifiable contacts informed?
- If unable to notify contacts ask why and offer support and appropriate resources.
- Check no unprotected sex with untreated contacts – will need re-treatment if re-exposed.
- Advise retest for infection in 3 months.
- Document in notes.

YES: PROVIDER REFERRAL

(Clinician informs sexual contacts with patient consent.)

Note: If violence is likely then may be better not to notify contacts.

Obtain details of contact(s) to be notified

- Discuss confidentiality with index case, however explain that contacts may be able to identify them.

Consult with sexual health service if required

- Contact details of New Zealand sexual health services located at www.nzshs.org.

Notify contacts anonymously

- Advise they have been named as a contact of the specific infection.
- Do not give name of index client.
- Advise them to attend for sexual health check and treatment.
- Advise them where they can attend for this – GP, sexual health or family planning clinic.

Further guideline information – www.nzshs.org or phone the local sexual health service.

For further partner notification information refer to Australasian Contact Tracing Manual <http://ctm.ashm.org.au>.

This Best Practice Guide has been produced by NZSHS, and is adapted from the CMDHB Best Practice Guideline.

Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (July 2012).

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Definition

The process where the sexual contacts of individuals diagnosed with a sexually transmitted infection are identified and notified of their potential exposure to an infection with the aim of those contacts attending a health professional for assessment, treatment and education. This process is also commonly referred to as contact tracing.

Which infections require partner notification and how far back to trace

Refer to specific infection guidelines for more detailed information re recommended look back intervals.

Infection	Timeframe – how far back to trace
Chlamydia	2 months
Gonorrhoea	2 months
Syphilis	Referral to specialist advised
Epididymo-orchitis	2 months
Pelvic inflammatory disease	2 months
Urethritis	2 months
Trichomoniasis	2 months
HIV	Referral to specialist advised

It is not necessary to perform partner notification for genital warts or genital herpes.

Who should do the partner notification? Patient versus provider referral

Patient referral

Patient is advised by a health professional to notify their sexual contacts of their potential exposure to an STI and encourage them to attend for screening and treatment.

Advantages

- More popular with both patients and health professionals.
- Less resource intensive.

Disadvantages

- Relies on self-report that contacts have been notified and treated.
- Can be less effective than provider referral if not enhanced with support and resources for the patient and health professional.

Note: Patient referral is by far the most common way that partner notification is managed.

Provider referral

Health care professional elicits contact information from patients about their sexual contacts, notifies those contacts that they may have been at risk of acquiring an STI and recommends that they are screened and treated for that infection.

Advantages

- Confidentiality – method of choice when an individual fears a violent reaction, and for certain situations and conditions.
- May be appropriate for serious infections such as HIV and syphilis, where rigorous case finding is warranted.

Disadvantages

- More time and resource intensive.

Barriers and predictors of successful patient referral partner notification

Barriers

- Stigma associated with STIs
- Casual partners
- Multiple partners
- Anonymous partners

Predictors

- Patient's self-efficacy
- Relationship quality
- Intention to notify at initial diagnosis
- Having a regular partner.
- Having only one partner

Enhancing patient referral partner notification

- Enhancements to the patient referral process can improve the likelihood of sexual partners being identified and treated.
- Education; providing resources such as STI fact sheets and partner notification cards, and an individualised approach have been used successfully to enhance partner notification efforts.

Patient delivered partner therapy (PDPT)

Patient-delivered partner therapy, also known as expedited partner therapy, is the process whereby the patient delivers antibiotics to their sexual contacts without the contact attending a consultation with a health professional.

- **This practice is not legal under current New Zealand prescribing law** (Section 39 of the Medicines Regulations 1984).
- There is no strong evidence that this practice improves outcomes over standard patient referral.

Tips for successful partner notification

- Have partner notification permanently on your checklist for managing STIs.
- Gain the cooperation of the patient through establishing rapport and being non judgemental.
- Take a comprehensive sexual history, introducing the concept of partner notification pre-diagnosis by identifying potential sexual contacts who will need to be notified in the case of a positive result.
- Find out what partners are contactable and what contact details they have for them – don't make assumptions, as sometimes patients have limited contact details even for partners they consider regular.
- Be mindful of language – the word "partner" often implies a relationship. Seek clarification as required.
- Explain what partner notification is.
- Educate the patient about the STI. Inform them about asymptomatic infections, potential complications of untreated infection and the possibility of re-infection if a sexual contact is not treated. Well-informed patients are more likely to inform sexual contacts.
- Provide the patient with appropriate resources.
- Dispel myths – "Just because you were tested first doesn't mean you had the infection first."
- Remember to educate about safer sex practices – "If you use condoms every time you have sex you are much less likely to get an STI."

Referral to a specialist sexual health service is recommended for:

- **Conditions in which the practitioner lacks specific expertise, e.g. HIV or syphilis.**
- **Complex cases.**

Refer www.nzshs.org for local clinics.

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