

Partner Notification/Contact Tracing

What is my role in Contact Tracing?

When making an STI diagnosis it is the diagnosing clinician's responsibility to initiate a discussion about contact tracing. As part of good clinical care this includes encouraging and supporting the patient in notifying their contacts. For more on difficult cases which may require public health action see the STI Notification Flow Chart www.nzshs.org/guidelines.

STI test results

Sexual contacts of chlamydia, gonorrhoea, trichomoniasis, syphilis, urethritis, PID and epididymo-orchitis need to be contacted and treated. Contact tracing is not required for genital warts or genital herpes. HIV, syphilis and gonorrhoea are automatic laboratory-notifiable infections under Infectious and Notifiable Diseases Regulations. Clinicians may receive a secure website link requesting additional anonymous information for national STI trend analysis. For all cases of syphilis and HIV refer or discuss with a sexual health specialist.

Introduce the reasons for partner notification/contact tracing as part of the STI treatment discussion

- 1-2 Framing sentences and personalise it:
 - Contact/s need treatment to avoid reinfecting the patient.
 - Most people with an STI don't have symptoms but could still have complications or pass the STI on.
 - The more times a person is re-infected the greater the risk of complications.

Identify who needs to be contacted based on routine sexual history

- Ask about number of sexual contacts in past 3 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.)
- The use of condoms does not affect the requirement for partner notification/contact tracing and treatment
- Document number of contacts clearly in the notes – you may not be the one following-up partner notification
- How many of these people does the patient have contact details for?
- What contact details do they have for these people?

Explain the methods and offer choice

PATIENT REFERRAL

(Patient informs sexual contact/s – preferred method if possible)

Discuss with client how they are going to notify contact/s

- Face-to-face
- Telephone
- SMS/Social media
- Treatment letter/s to be given to sexual contact/s, see www.nzshs.org/guidelines
- 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.
- Treatment letter/s to be given to sexual contact/s, see www.nzshs.org/guidelines
- Role play telling their sexual contact/s, 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.

PROVIDER REFERRAL

(Clinician informs sexual contact/s with patient consent.)

Note: Patient safety takes priority, if risk of violence then don't notify contacts. Provider referral preferred if contact/s incarcerated or for repeated infections with doubt as to contact treatment.

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/clinics

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.

The Ministry of Health supports the use of these clinical guidelines, developed by clinical experts and professional associations to guide clinical care.

Further guideline information – www.nzshs.org/guidelines or phone a sexual health specialist. This STI Management Guideline Summary has been produced by NZSHS. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (September 2017).

Definition

The process where the sexual contacts of persons with an STI are notified with the aim of attending for STI testing, empiric treatment and education. This is also known as contact tracing.

What is my role in partner notification/contact tracing?

Good clinical care

When making an STI diagnosis it is the diagnosing clinician's responsibility to initiate a discussion about partner notification/contact tracing with the aim of reducing STI transmission through early detection and treatment.

Medicolegal

The Health (Protection) Amendment Act 2016 and the Health (Infectious and Notifiable Diseases) Regulations came into effect on 4 January 2017 to provide public health protection from communicable disease and formalise a contact tracing framework. www.health.govt.nz/publication/guidance-infectious-disease-management-under-health-act-1956.

Positive HIV, syphilis, gonorrhoea and chlamydia results are automatically submitted by laboratories for national STI trend analysis. HIV, AIDS, syphilis and gonorrhoea are notifiable conditions and clinicians may receive a secure website link requesting additional anonymous information.

In most cases specific Health Act measures will not be applied to STIs – but there is a greater emphasis on voluntary contact tracing to reduce disease transmission. In rare instances where public health is at risk, access to identifiers is made available and cases can be required to identify contacts – see STI Notification Flowchart www.nzshs.org/guidelines.

How do I raise it?

As part of STI treatment discussion introduce the reasons for contact tracing and use one or two framing sentences and personalise it:

"It's really important that your sexual contacts get treated so you don't get the infection again."

"Most people with an STI do not have any symptoms, but they could still have complications or pass it on to someone."

"From what you have told me today we know that there are other people who may be infected. Is it ok for us to talk now about how you or I might tell them and get them treated?"

Process?

Contact tracing relies on the co-operation of the patient. It is therefore important that healthcare providers offer supportive, non-judgemental assistance and that patients are assured their sexual history is confidential.

Do not assume the gender of sexual contacts.

1. Introduce the reasons for contact tracing as above.
2. Identify who needs to be contacted based on sexual history.
3. Explain the methods and offer the choices of contact tracing, e.g. Patient referral or Provider referral.

Patient referral

The index patient personally notifies his or her contact/s: face-to-face, telephone, SMS/secure social media site, treatment letter (see www.nzshs.org/guidelines) or email.

The health professional helps compose the information to be imparted and checks at a later date to see if this has occurred.

Advantages

- Preferred by patients.
- 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.

Supported patient referral

- This improves the likelihood of sexual contacts being identified and treated.
- Education; providing resources such as STI fact sheets and treatment letters, and an individualised approach have been used successfully to enhance partner notification efforts.

Provider referral

A clinician informs the patient's contact/s. This can be anonymous or not depending on the wishes of the patient.

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 sexual contacts.
- Multiple sexual contacts.
- Anonymous sexual contacts.

Predictors

- Patient's self-efficacy.
- Therapeutic and personal relationship quality.
- Intention to notify at initial diagnosis.
- Having a regular sexual contact.
- Having only one sexual contact.

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 supported by 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.

Which Infections Require Partner Notification/Contact Tracing?

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

Infection	Timeframe – how far back to trace
Chlamydia	3 months
Gonorrhoea	3 months
Syphilis	Referral to specialist advised
Epididymo-orchitis	3 months if STI-related If urinary tract infection contact tracing is not required
Pelvic inflammatory disease	3 months including pathogen unidentified
Urethritis	3 months
Trichomoniasis	There is insufficient evidence for a look back interval – presumptively treat all sexual contacts in the last 3 months
HIV	Referral to specialist advised

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.

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