



Utilizing Traditional Partner Services for Adolescent Gonorrhea Cases

Greta L. Anschuetz, MPH ¹, Lateacha Hodge ^{1,2}, Melinda E. Salmon ^{1,2}

1. Philadelphia Department of Public Health, Division of Disease Control 2. Division of STD Prevention, Centers of Disease Control and Prevention

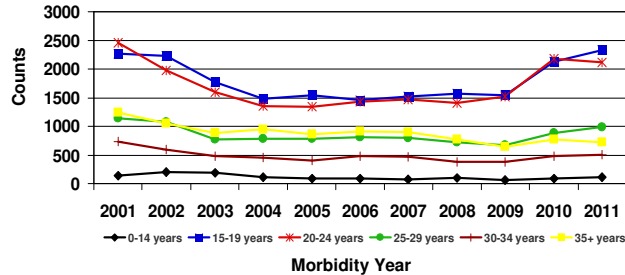
BACKGROUND

- Rates of gonorrhea (GC) were stable in Philadelphia County from 2004-2009.
- In 2010, Philadelphia had a 36% (+1,710) case increase when compared to 2009 (Table 1).
- The majority of the increase was among 15-24 year olds (Figure 1). This increase continued in 2011.
- During same period, Philadelphia Department of Public Health (PDPH) officials prioritized the improvement of adolescent sexual health.

Table 1: Gonorrhea cases by gender, Philadelphia, PA, 2001-2011

	2008	2009	2010	2011
Total Cases	4,950	4,823	6,533	6,746
Males	2,422	2,460	3,240	3,346
Females	2,528	2,363	3,293	3,400

Figure 1: Gonorrhea cases by age group, Philadelphia, PA, 2001-2011



METHODS

- During Summer 2011, three disease investigators were assigned to offer partner services (PS) to all GC cases ages 13-19 years reported during a 12 week period.
 - Interviews were expected to be brief and focus on partners in the last 90 days, as well as risk factor collection.
 - Philadelphia is a STD Surveillance Network (SSuN) site, which requires telephone interviews of a random sample of all GC cases for risk factors.
 - All GC cases aged 13-19 years who were offered partner services were also asked SSuN risk factor questions to ensure those selected for the random sample were not followed by two different PDPH employees.
 - PDPH staff were expected to provide brief case write ups and follow up on all named contacts to ensure testing and treatment among those exposed to gonorrhea.

OBJECTIVE

- To evaluate the feasibility and effectiveness of offering traditional partner services for adolescent GC cases in Philadelphia.

RESULTS

- During the 12 week period, 149 (28%) of the 525 gonorrhea cases among 13-19 years reported to PDPH were interviewed.
 - Demographics were similar between the eligible population and interviewed individuals (Table 2).

Table 2: Demographics of Eligible and Interviewed Cohort

	Eligible Population		Interviewed	
	N	%	N	%
Total Cases	525		149	
Females	321	61%	97	65%
Males	204	39%	52	35%
Age Group				
13-15 years	60	11%	19	13%
16-17 years	183	35%	52	35%
18-19 years	282	54%	78	54%
Race/Ethnicity				
Non-Hispanic Black	373	71%	124	84%
Hispanic	18	3%	8	5%
White/Asian/Other/Unknown	140	26%	17	11%

- Partner Services were accepted by 28% (149/525) of the eligible population.
 - 56% (84/149) named ≥1 contact with sufficient locating information.
 - 101 contacts were followed – 30 new infections were detected.
 - 56% (295/525) were never offered partner services due to staffing limitations.
 - 11% (60/525) were not able to be located for interview.
 - 4% (21/525) refused partner services.
- Each staff member was expected to interview 15 cases per week. In actuality, an average of 6 interviews per week were conducted.
 - 51 additional cases were interviewed but deemed ineligible.
 - The ineligible interviews were among reports received before the start date as well as contacts who were older than 19 years.
 - 149 interviews + 51 ineligible = 200 interviews/12weeks/3 staff = 5.6 interviews/week/staff
 - Approximately 7 staff would need to be assigned to offer PS to all 525 adolescent GC cases for the 12 weeks.

Figure 2: Cases assigned and interviewed by week

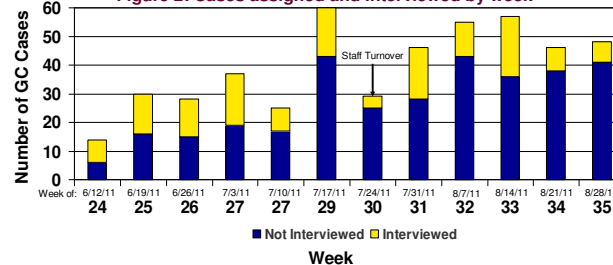
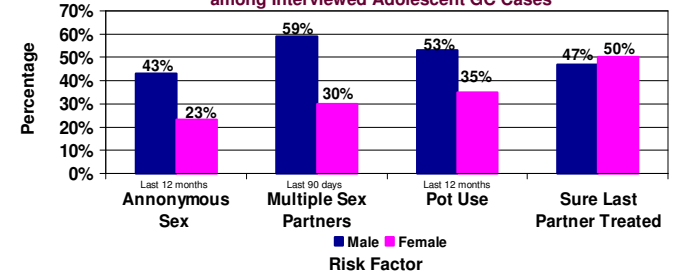


Figure 3: Select SSuN Extended Surveillance Answers among Interviewed Adolescent GC Cases



- Reported morbidity data were used to see if a new infection was reported to PDPH for the population followed during the Summer of 2011.
 - Of the 149 cases interviewed for partner services, 18 (12.1%) were reported to PDPH with ≥1 new infections.
 - Mean time to reinfection was 3.4 months (median: 3.0 months) (Range: 1.2 – 7.1 months)
 - There were only 4 reinfections among the 65 individuals who did not name partners during the partner services interview, but these individuals had the quickest time to reinfection: 2 months vs. 3.8 months.
 - Of the 376 eligible cases who were NOT offered partner services, 53 (14.1%) have had a new infection reported to PDPH since the summer of 2011.
 - Mean time to reinfection was 4.3 months (median: 3.9 months) (Range: 1.2 – 8 months).

DISCUSSION / CONCLUSION

- While PDPH was ambitious to attempt to offer Partner Services to all adolescents with GC in a 12 week period, we were ultimately unsuccessful:
 - Only reached 28% of total eligible cohort
 - 44% did not reveal enough information on sexual partners for staff to follow-up.
 - Partner services did not seem to be effective in decreasing reinfection.
 - Those accepting Partner Services actually had a quicker time to reinfection.
- IF WE WERE TO OFFER PARTNER SERVICES TO THIS POPULATION AGAIN...
 - More staff would need to be assigned to reach this population.
 - However with current budget constraints, dedicating the right number of staff is impossible given competing priorities (Syphilis and HIV).
 - Having appointed back-up policies would have aided in ensuring coverage when staff are out on vacation/sick leave.
 - Limiting the cohort further might be necessary.
 - More training on offering abbreviated interviews for both the workers and supervisory staff to ensure an adequate balance of brevity and thoroughness.
 - Having at least 1 day of training/reviewing interview skills would have helped staff.
 - Completing case write up in the electronic data base was a barrier as the staff had never done it before.
 - There would be improved supervisory oversight to ensure that staff are able to address each assigned case.