Utilizing Traditional Partner Services for Adolescent Gonorrhea Cases

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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.

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 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   |

- 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 18 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.

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.

DISCUSSION / CONCLUSION

- 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).

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.
- More training on offering abbreviated interviews for both the workers and supervisory staff to ensure an adequate balance of brevity and thoroughness.
- There would be improved supervisory oversight to ensure that staff are able to address each assigned case.