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*For a Healthy Tomorrow: Prevent STDs Today!*

## Background

Currently prevention services (interviews, partner notification, and counseling) are offered to persons with a newly diagnosed HIV infection and persons with a newly diagnosed STD and a prior HIV infection diagnosis.

Data that measure what is actually done is needed to guide decisions.

## Objective

To determine and compare the partner index for persons diagnosed with a new HIV infection and persons that were previously reported as HIV positive, whom are currently diagnosed with a new STD.

## Methods

Data was extracted from the state data files reported in 2010. The partner index was calculated for persons diagnosed with a new HIV infection and persons that were previously reported as HIV positive, whom are currently diagnosed with a new STD.

## Results

Persons with a new HIV infection (n= 2,465) were interviewed in Florida. 2,211 partners were named which resulted in a partner index of 0.90.

Persons with a previously diagnosed HIV infection (1,318 unique patients) and a new STD diagnosis were interviewed (1,358 unique interviews) in Florida. 779 partners were named which resulted in a partner index of 0.65. \*

## Conclusion

The partner index for persons with a previously diagnosed HIV infection and a new STD diagnosis is significantly less than ( $p < .001$ ) the partner index for persons with a new HIV infection.

If more people with an old HIV diagnosis were interviewed the partner index may rise, which could prevent the further spread of the disease.

## Definitions

STD cases are linked to the State's data files of reported HIV cases. The initial date of HIV diagnosis is data captured for each reported STD.

Persons with a new HIV infection: Persons interviewed for HIV with a disposition of 2 or 5, indicating a new, not previously reported case of HIV.

Persons with a previously diagnosed HIV infection: Persons with a reported case of syphilis, gonorrhea or chlamydia that had a cases of HIV with an initial diagnosis date 90 days prior to the diagnosis date of the STD.

**Hypothesis:** The distribution of the number of named-partners is the same for the two categories of persons interviewed (newly diagnosed HIV cases vs previously diagnosed HIV cases with a new STD ).

A number of non-parametric tests were run, using SPSS, which showed that the distribution of the number of named-partners was not the same for the two categories of persons interviewed (newly diagnosed HIV cases vs previously diagnosed HIV cases with a new STD)

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distribution of Number of Partners is the same across Categories of HIV_Category.	Independent-Samples Mann-Whitney U Test	.000	Reject the null hypothesis.
2	The distribution of Number of Partners is the same across Categories of HIV_Category.	Independent-Samples Kolmogorov-Smirnov Test	.000	Reject the null hypothesis.
3	The medians of Number of Partners are the same across Categories of HIV_Category.	Independent-Samples Median Test	.000	Reject the null hypothesis.

Asymptotic significances are displayed. The significance level is .01.

## Implications for Programs, Policy, and Research

Programs considering rationing services as a means to increase program effectiveness must consider the synergistic effects of their actions.

\* In previous versions of this abstract, if the original patient was interviewed for more than 1 STD, the total number of persons interviewed and partners named were counted multiple times.

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