



THP 39 Effective Partner Notification and the Impact of Face to Face Consultations

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Introduction

Partner Notification (PN) is a key intervention for STD prevention. In patients who report being a contact of an infection we consistently find that at least one third have a positive diagnosis for either Chlamydia or Gonorrhoea; however, we only see a fraction of sexual contacts. One of the biggest challenges for sexual health services is ensuring that partners are told and attend services for testing (and possible treatment) and yet this work is difficult and labour intensive to delivery effectively.

SXT Health CIC (SXT) is a not for profit that was developed to help clients find a local, appropriate sexual & reproductive health (SRH) service. At the end of January 2016, SXT launched the interactive digital Contact Slip (idCS) to provide anonymous PN (www.sxt.org.uk/pn) that supports provider, patient and combined PN delivery. Videos (http://bit.ly/SXT_PN) show how the idCS works, the reporting dashboard and the index patient and partner journey. When this tool was launched it was not known how it would perform between different staff groups. We therefore examined if the number of contacts told would differ between disease intervention specialists (aka Health Advisors in the UK) working face to face (F2F) versus PN delivery via the telephone.

Methods

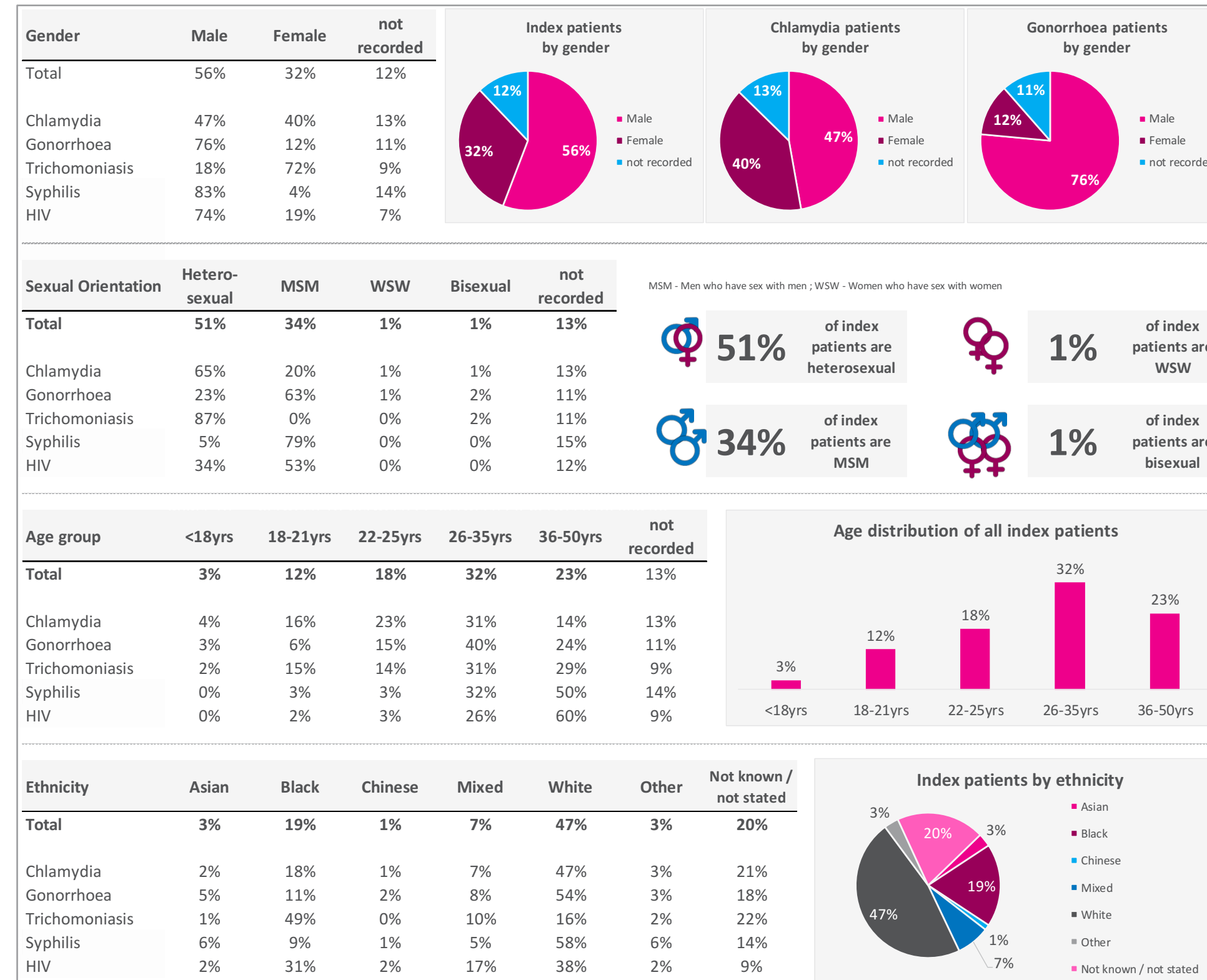
The SXT PN tool is anonymous and yet it is possible to determine how many contacts were informed, if they opened the link and then attended an SRH service. In this analysis, we **focused on the number of contacts told** since it is not under the control of the HA (F2F) nor the results (Telephone) teams on how the partner responds once they have received a message. The difference between the two groups was tested using Fisher's exact test. The number of index patients (individual with an infection), partners declared, partners contactable, partners contacted, partners who opened the link and partners verified as testing in a clinic is automatically captured by SXT.

Results

At the time of writing this poster (30th August 2016), the SXT PN tool had been used with 1313 index patients at 15 different clinics and partners were seen and verified tested at 34 different providers of SRH care in England. The demographics of all the index patients can be seen in the first figure.

The two tables on the top right show the performance of idCS in the delivery of PN either by F2F or telephone for index patients with either Chlamydia or Gonorrhoea and the corresponding bull's eye figures on the right. The radius of the bull's eye circles is determined by the partner number.

The lower middle two tables show the improved performance in all domains when PN is delivered face to face using the idCS tool.



Chlamydia	Number of partners revealed per index patient (% difference)	Numbers of partners told per index patient (% difference)	Numbers of partners seen per index patient (% difference)
F2F	2.3 (+35%)	63/100* (+37%)	11/100 (+57%)
Telephone	1.7 (baseline)	46/100 (baseline)	7/100 (baseline)

* Statistically significant (p<0.05)

Gonorrhoea	Number of partners revealed per index patient (% difference)	Numbers of partners told per index patient (% difference)	Numbers of partners seen per index patient (% difference)
F2F	3.3 (+27%)	89/100** (+34%)	14/100 (+133%)
Telephone	2.6 (baseline)	38/100 (baseline)	6/100 (baseline)

** Highly statistically significant (p<0.01)

Chlamydia	Index patients ¹	Partners declared	Partners contactable	Partners contacted	Partners opened link	Partners verified
F2F	458	1063	792	289	154	52
Telephone	167	282	222	76	48	11
		100%	75%	36%	53%	34%
Gonorrhoea						
F2F	200	651	416	178	103	29
Telephone	50	128	83	19	8	3
		100%	65%	23%	42%	38%

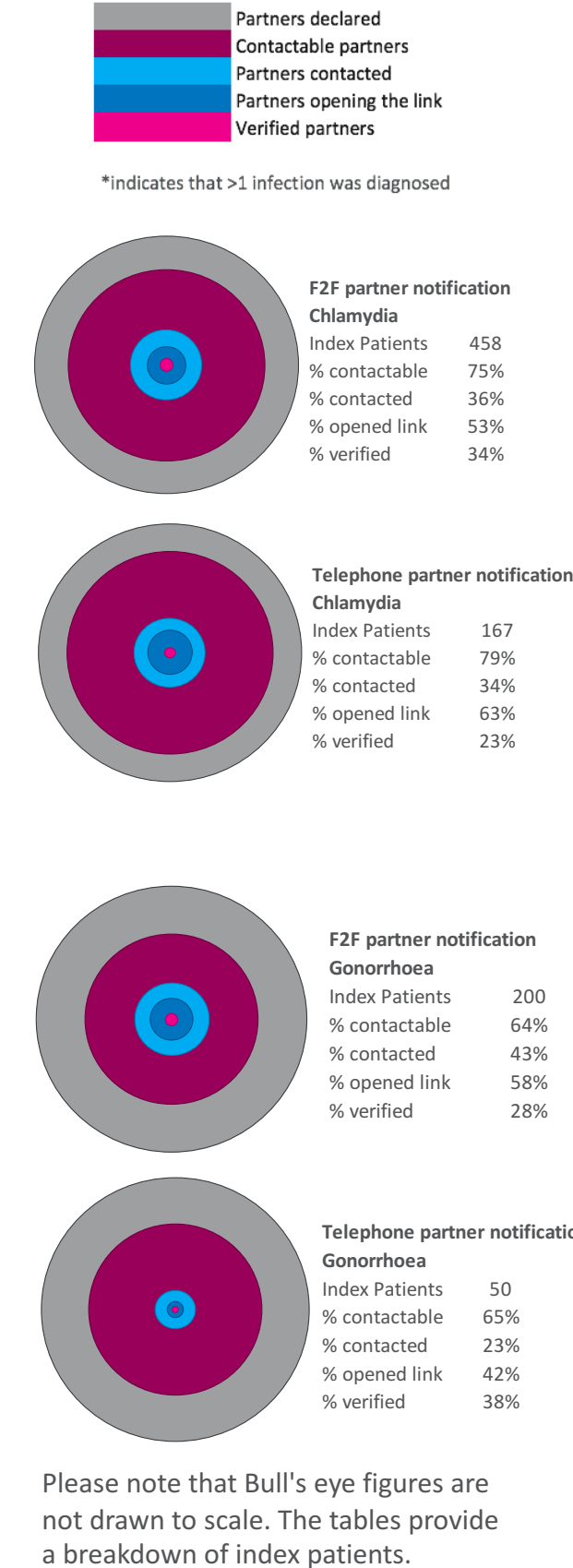
¹Data collected in 15 clinics since 27/01/2016

Discussion

The SXT interactive digital Contact Slip (idCS) enables services to understand the impact of partner notification delivery and captures provider verified partner attendance. This is key information for STD prevention.

The results indicate the value added by specialist F2F work and the importance of this staff group. Further analysis is required to determine how the SXT idCS tool can support partner identification, encouraging index patients to tell partners & the adoption of partners, so that as many members of the sexual network as possible can be seen and tested.

The SXT has been designed to scale across the UK and beyond. To date the longest distance between an index patient and a partner being seen and tested is 186 miles whilst the shortest time from a partner being told to verified testing is 60 minutes. If you would be interested to explore the possibility of testing the SXT idCS in your service please email enquiries@sxt.org.uk



SXT would like to thank:

