

# 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 (<a href="http://bit.ly/SXT\_PN">http://bit.ly/SXT\_PN</a>) 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.

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.

Gender	Male	Female	not recorded		Index patient by gender	s		nydia patients by gender		Gonorrhoea by gend	
Total	56%	32%	12%	12%			13%		1	1%	
Chlamydia	47%	40%	13%			<ul><li>Male</li></ul>		■ Male	12%		<ul><li>Male</li></ul>
Gonorrhoea	76%	12%	11%	32%	56%	■ Female		<b>47%</b> ■ Female			■ Female
Trichomoniasis	18%	72%	9%			not recorded	40%	not reco	rded	760/	not recorded
Syphilis	83%	4%	14%							76%	
HIV	74%	19%	7%								
Sexual Orientation	Hetero- sexual	MSM	WSW	Bisexual	not recorded	MSM - Men	who have sex with men	; WSW - Women who have	sex with women		
Total	51%	34%	1%	1%	13%	Φ	51%	of index patients are	\$	1%	of index patients are
Chlamydia	65%	20%	1%	1%	13%	•		heterosexual	+		WSW
Gonorrhoea	23%	63%	1%	2%	11%						
Trichomoniasis	87%	0%	0%	2%	11%	C.	0.007	of index		401	of index
Syphilis	5%	79%	0%	0%	15%	<b>Y</b>	34%	patients are	YY	1%	patients are
HIV	34%	53%	0%	0%	12%			MSM	¥¥		bisexual
Age group	<18yrs	18-21yrs	22-25yrs	26-35yrs	36-50yrs	not recorded		Age distribut	tion of all in	dex patients	5
Total	3%	12%	18%	32%	23%	13%	_			32%	220/
Chlamydia	4%	16%	23%	31%	14%	13%			18%		23%
Gonorrhoea	3%	6%	15%	40%	24%	11%		12%			
Trichomoniasis	2%	15%	14%	31%	29%	9%	3%				
Syphilis	0%	3%	3%	32%	50%	14%		_			
HIV	0%	2%	3%	26%	60%	9%	<18yrs	18-21yrs	22-25yrs	26-35yrs	36-50yrs
Ethnicity	Asian	Black	Chinese	Mixed	White	Other	Not known / not stated		dex patient	s by ethnicit  Asian	у
Total	3%	19%	1%	7%	47%	3%	20%	3%	0% 3%	■ Black	
	951	4.007	401	701	4=0/	001	0.407			Chines	e
Chlamydia	2%	18%	1%	7%	47%	3%	21%		19%	Mixed	
Gonorrhoea	5%	11%	2%	8%	54%	3%	18%	47%		■ White	
Trichomoniasis	1%	49%	0%	10%	16%	2%	22%	47%	10/		
Syphilis	6%	9%	1%	5%	58%	6%	14%		1%	Other	
HIV	2%	31%	2%	17%	38%	2%	9%		<b>\_7%</b>	Not kn	own / not stated

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

<sup>\*</sup> Statistically significant (p<0.05)

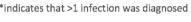
<u>Gonorrhoea</u>	Number of partners revealed per index patient (% difference)	Numbers of partners told per index patient (% difference)	Numbers of partners seen per index patient (% difference)
F2F	3.3 <b>(+27%)</b>	89/100** (+34%)	14/100 <b>(+133%)</b>
Telephone	2.6 (baseline)	38/100 (baseline)	6/100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

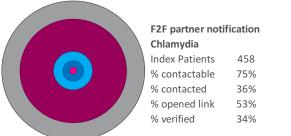
<sup>\*\*</sup> Highly statistically significant (p<0.01)

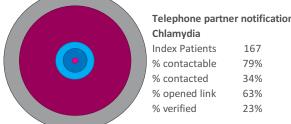
<u>Chlamydia</u>	Index patients <sup>1</sup>	Partners declared	Partners contactable	Partners contacted	Partners opened link	Partners verified
F2F	458	1063	792	289	154	52
		100%	75%	36%	53%	34%
Telephone	167	282	222	76	48	11
		100%	79%	34%	63%	23%
<u>Gonorrhoea</u>	Index patients <sup>1</sup>	Partners declared	Partners contactable	Partners contacted	Partners opened link	Partners verified
F2F	200	651	416	178	103	29
		100%	64%	43%	58%	28%
Telephone	50	128	83	19	8	3
		100%	65%	23%	42%	38%

<sup>1</sup> Data collected in 15 clinics since 27/01/2016

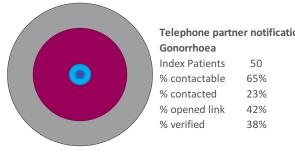
# \*indicates that >1 infection was diagnosed











Please note that Bull's eye figures are not drawn to scale. The tables provide a breakdown of index patients.

# 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: // 100