



How does Partner Services contribute to the diagnosis of STDs in Philadelphia?

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BACKGROUND

- Contact tracing including locating interviewing and ensuring treatment of sex partners of persons with a sexually transmitted disease (STD), has historically been regarded as an important control measure for syphilis.
- In many jurisdictions the syphilis-HIV co-infection rate is greater than 50%.
- Partner services takes a broader view than contact tracing and includes, partner notification, counseling, testing for STDs and HIV, treatment and referral for services.
- With a broader view of partner services, the benefits may be greater than contact tracing and/or treatment for one single infection.

METHODS

- All individuals named as a sexual contact on any case receiving partner services interviews, where at least one diagnosis was syphilis OR HIV were extracted from the local data system.
 - Co-morbidities for the Original Patient (OP) were grouped by:
 - Single Diagnoses
 - Syphilis Only
 - HIV Only
 - Co-morbidities
 - Syphilis AND HIV
 - Syphilis AND Gonorrhea (GC)
 - Syphilis AND Chlamydia (CT)
 - HIV and GC
 - HIV and CT
 - Tri-morbidities
 - Syphilis AND HIV AND CT
 - Syphilis AND HIV and GC
 - Syphilis AND CT and GC
 - HIV AND CT and GC
- HIV diagnoses represent both new and long standing infections
- Each contact with medical follow-up was systematically reviewed using original patient interview and known information from the local data system to ascertain the number of new HIV, syphilis, GC and chlamydia infections detected through partner services.
 - Included contacts diagnosed with new infections
- Summary data statistics were calculated using SAS 9.3 (Cary, NC).

OBJECTIVES

- To determine the utility of partner services for the detection both expected and unexpected STD diagnoses
- Number of new syphilis cases diagnosed
- Number of new HIV cases identified
- All GC diagnoses
- Chlamydial diagnoses

RESULTS

- Of 400 cases with a syphilis diagnosis in the first 6 months of 2016, only 44% had only syphilis (Table 1)
- Of 225 with >1 other infection, HIV accounted for the majority of the co-morbidities (N=137; 61%)
- Of the remaining 226 cases that did not have a syphilis diagnosis and were offered partner services for their HIV infection, 48% (N=109) had >1 other diagnosis

Table 1: Diagnoses among Partner Services cases, Jan – June 2016

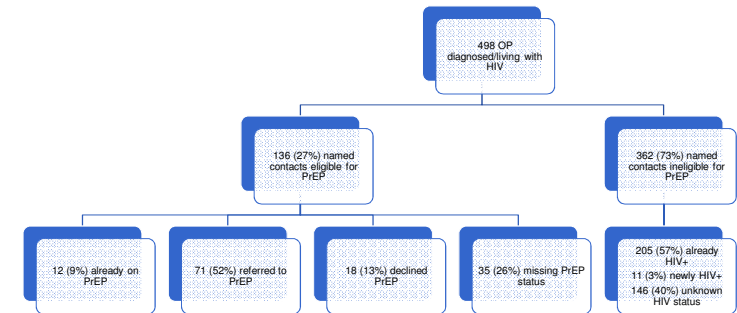
Infection(s)	# Cases	# Named Partners	Contact Index
Syphilis	175	268	1.53
HIV	117	150	1.28
Syphilis/HIV	137	193	1.41
Syphilis/CT	20	24	1.20
Syphilis/GC	19	32	1.68
HIV/CT	2	11	5.50
HIV/GC	78	54	0.69
Syphilis/HIV/CT	17	22	1.29
Syphilis/HIV/GC	16	28	1.75
Syphilis/GC/CT	11	19	1.73
HIV/GC/CT	28	31	1.11
Syphilis/HIV/GC/CT	5	6	1.20
TOTAL	625	838	1.34

Table 3: New Infections Diagnosed among Named Contacts, Jan – June 2016

	Named Contacts At Risk	New Infections Diagnosed	%
Syphilis	600	44	7%
HIV	495	10	2%
Gonorrhea	170	18	11%
Chlamydia	113	7	6%

- In addition, 2 cases of Chlamydia and 5 cases of Gonorrhea were diagnosed but the OP did not have those diagnoses.
- Also, 202 named contacts were preventatively treated for exposure to syphilis
- Of 225 Cases NOT exposed to HIV, 9 subsequent named contacts were positive for HIV

Figure 1: PrEP status among Named Contacts, Jan – June 2016



DISCUSSION / CONCLUSION

- Partner Services is able to find higher risk individuals at-risk for having undiagnosed infections
- Evaluation of Partner Services is complicated as many individuals have multiple infections
- Further work is needed to understand:
 - Are DIS properly documenting exposures to the OP after discovering the P1 contact has a different infection?
 - How many "referred" to PrEP actually initiate PrEP