

Partner Notification – An opportunity for earlier HIV diagnosis and prevention

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Background

Early diagnosis of HIV is essential and must continue to be promoted. As well as benefiting individuals, earlier diagnosis of HIV also benefits public health, significantly reducing HIV transmission risk by reducing risky sexual behaviours and by reducing undiagnosed HIV.

HIV partner notification (PN) is an important prevention strategy, facilitating earlier diagnosis among known partners and helping to minimise the risk of further HIV transmission. We aimed to evaluate current PN within our service and planned to use the study results to develop our health advisor (HA) role and to encourage prioritisation of HIV PN.

Methods

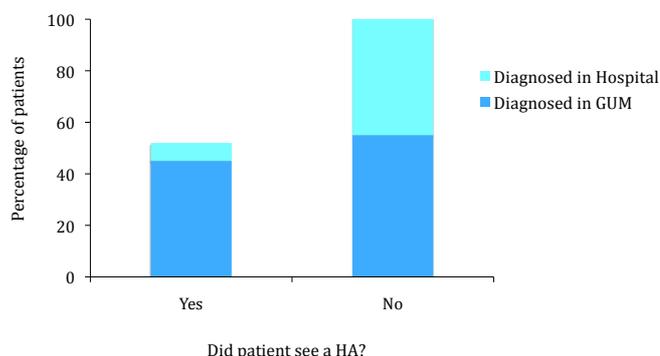
A retrospective review of case-notes of all patients newly diagnosed as HIV positive seen at our centre between 01 January 2012 and 31 December 2012 was performed. Data recorded included: Whether patients had seen a HA, whether a PN sheet was included in patient notes and if this had been completed, number of contacts disclosed per index patient, whether contacts had undergone HIV testing (both verified and reported by the index patient) and the results of contacts' HIV tests.

Results

25 patients were newly diagnosed as HIV positive during the study period. 11 were diagnosed in the GUM clinic and 14 patients were diagnosed in hospital (including as part of antenatal screening). Only 6 patients (24%) saw a HA. A further 12 patients (48%) underwent PN discussion with a clinical nurse specialist. There was no PN discussion with 7 patients (28%).

Patients diagnosed in GUM were far more likely to see a HA (45%) compared to those diagnosed in hospital (7%).

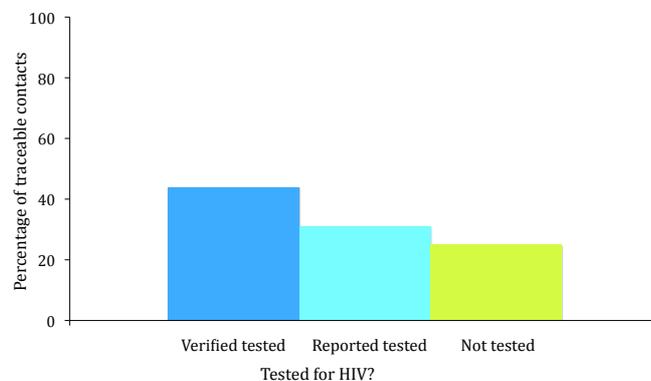
Fig 1. Did newly diagnosed patients see a Health Advisor?



A PN sheet was present in the notes of 21/25 patients (84%). However, this was completed with details of both contacts and outcomes for only 4 patients (19%), the PN sheet contained details of contacts only for a further 2 patients (10%) and was not completed at all for 15 patients (71%).

2/6 patients who had seen a HA (33%) had PN sheets fully completed with details of both contacts and outcomes. A further 2/6 seeing a HA (33%) had PN sheets completed with contact details but not outcomes. This was compared with 2/19 (11%) and 0/19 (0%) patients respectively who had not seen a HA.

Figure 2. Percentage of traceable contacts tested for HIV

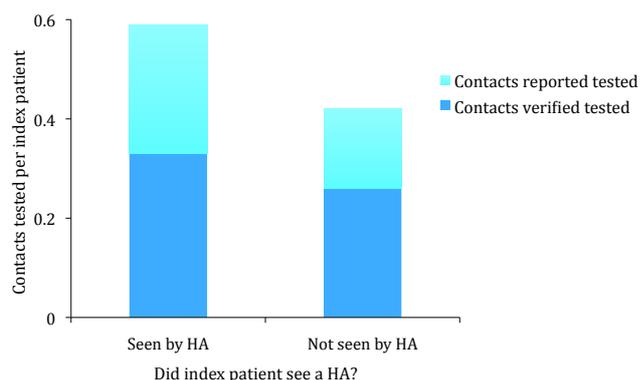


100% of patients seen by a HA (2/6) disclosed contact information compared to 76% of those who did not (19/25). The 25 newly diagnosed patients disclosed 35 sexual contacts, 16 of whom were traceable.

The overall number of contacts verified tested/index patients was 0.28 (7/25) and the overall number of contacts believed tested (verified + reported tested) /index patients was 0.48 (12/25). Contacts were more likely to be tested when the index patient had seen a HA. The number of partners believed tested/index patients was 0.67 for those who had seen a HA vs 0.42 for those that had not.

5 contacts (42% of believed tested contacts) were found to be HIV positive, 1 of whom was newly diagnosed with HIV infection as a direct result of PN.

Fig 3. Number of contacts tested for HIV per index patient according to whether index patients had seen a HA



Conclusions

PN for newly diagnosed HIV patients was poor. Contacts were more likely to be tested for HIV if the index patient had seen a HA. However, few patients were seen by a HA, particularly those initially diagnosed in hospital. Given the high prevalence of HIV among tested contacts, including a new HIV diagnosis as a direct result of PN, it is likely that opportunities for earlier HIV diagnosis and prevention were missed. Our service has recently appointed 2 further HAs whose role will include efforts to improve our HIV PN, particularly for those initially diagnosed outside of GUM.

References

- HIV Partner Notification: a missed opportunity? National Aids Trust. 2012. <http://www.nat.org.uk/media/Files/Publications/May-2012-HIV-Partner-Notification.pdf>
- Standards of Care for People Living with HIV. Standard 7: Sexual health and identification of contacts at risk of infection. British HIV Association. 2013.