

HIV Partner Notification

Key findings and recommendations

About one-fifth of people living with HIV in the UK are unaware of their infection, and nearly half of those newly diagnosed are identified late. With this in mind, BHIVA joined with the British Association for Sexual Health and HIV (BASHH) in a joint audit of partner notification (PN) for adults newly diagnosed with HIV infection. PN is the process of informing contacts of people with sexually transmitted infections, including HIV, of their potential exposure to infection to enable testing and treatment.

Key findings were:

- ▶ PN for adults newly diagnosed with HIV is an effective case-finding strategy. Nationally, 21% of contacts tested as a result of PN were HIV positive – a very high rate justifying intensive PN effort. One new HIV case was diagnosed among contacts for every ten index cases.
- ▶ However, one-in-three infected traceable contacts may have remained undiagnosed.
- ▶ Nationally, 0.64 audited contacts per index case attended a service for testing or care and for 0.45 this was either verified by a healthcare worker or the contact was already known positive. Considering only those audited contacts deemed at risk for undiagnosed HIV infection, 0.48 at-risk contacts per index case attended for testing and for 0.29 this was verified by a healthcare worker.
- ▶ PN outcomes varied widely between sites, and this was not explained by case mix.

Following the audit, BASHH is drawing up standards on PN for HIV, in collaboration with BHIVA and other stakeholders. Pending these standards, recommendations are that:

- ▶ Clinicians and commissioners should strive to improve HIV PN performance, as a highly effective way of diagnosing the undiagnosed.
- ▶ All HIV care providers should have arrangements for PN including specialist PN, e.g., by referral to GUM/level 3 sexual health services.
- ▶ PN should be initiated for everyone diagnosed with HIV, and for all contactable contacts who may have been exposed since the estimated date of acquiring the infection.
- ▶ PN should be completed for most contacts within 3 months of the index case's diagnosis, but PN activity should continue for up to 12 months or more.
- ▶ PN should be reviewed regularly for people with HIV, and re-initiated for new partners or in the event of an STI or risk behaviour.
- ▶ The aim of PN is to ensure testing of individuals at risk, but for consistency all potentially exposed contacts should be documented, including those deemed not traceable and those whose status is already known, e.g., partners whom the index case knows to be HIV positive and deceased partners.
- ▶ Whenever feasible, a health professional should verify PN outcomes by speaking with the contact or checking clinical records.

Further detail

Services were asked to review records of up to 40 patients newly diagnosed with HIV infection in 2011 (index cases) and their contacts (up to five per index case). 169 services submitted data for 2964 index cases and 3211 contacts. 43 index cases were excluded because PN had been done elsewhere, leaving 2921 denominator index cases. PN was initiated for 2560 (88%), including 90 for whom PN was not pursued further because the HIV status of all traceable contacts was already determined.

Results for audited contacts were as shown in the figure. 1399 (44%) attended for testing as a result of PN and of these 293 (21%) tested positive – one new HIV diagnosis for every 10 index cases. 310 (10%) contacts were informed but not known to have been tested, and 983 (31%) were not informed.

There was very wide variation in PN outcomes between audit sites. In multi-variable analysis, higher numbers of contacts

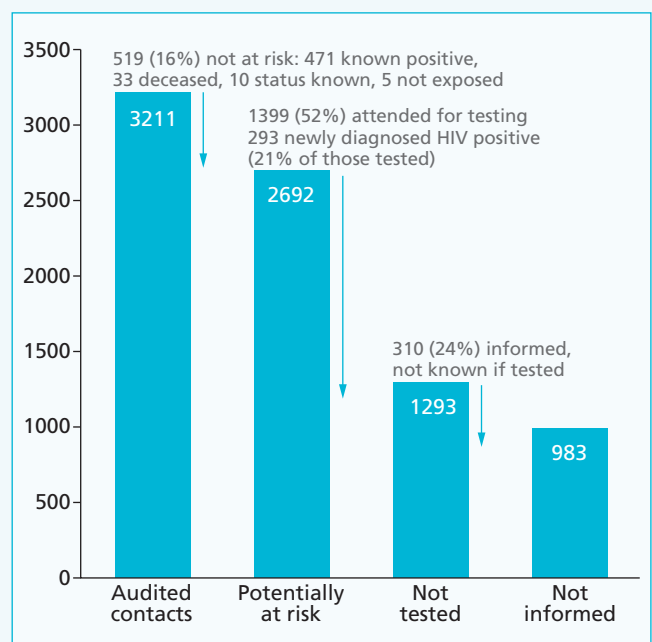


Figure: Cascade showing PN outcomes for 3211 audited contacts. Percentages shown are based on the previous column in the cascade.

were tested for White index cases (compared with Black-African) and those aged under 40. Index case sex and HIV risk factor (heterosexual compared with male homosexual) were not significant. However, index case characteristics accounted for very little variation and could not explain the differing outcomes between sites.

Regular sexual partners were more likely to be tested than ex-regular or casual contacts, and if tested were more likely to be HIV positive. But prevalence was very high in all groups –

21% overall, 27% for regular partners, 14% for ex-regular partners, 12% for casual known contacts. Applying these rates to untested contacts gave an estimate that one-third of contactable HIV-infected audited contacts remained undiagnosed, indicating scope for improvement.

Of contacts who attended for testing as a result of PN, 86% did so within 90 days, but 7% did so more than 6 months and 2% more than 12 months after PN initiation.

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