

PARTNER NOTIFICATION: INCREASING EFFECTIVENESS WITH MODERN COMMUNICATION TECHNOLOGY

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Background

- Prevalence of sexually transmitted infections (STI) in STI contacts is high
- UK standards recommend a partner notification (PN) ratio of 0.6 partners tested per index case within 1 month (0.4 in large conurbations) ^[1]
- Traditional modes of PN:
 - The index patient, the provider or both
- Online platforms may reduce costs, expand coverage and increase efficiency
- SXT ^[2] \rightarrow Online PN tool using interactive digital contact slips

[1] H McClean, K Radcliffe, A Sullivan, I Ahmed-Jushuf. 2012 BASHH statement on partner notification for sexually transmissible infections. Int J of STD & AIDS. Vol 24, Issue 4, 2013 [2] <u>https://sxt.org.uk/</u>

Online PN: How it works





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| NISUI | lation | with | patient | |

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SXT notifies partners
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Send the Patient partner self-notification



Patient can complete partner notification away from the clinic



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SXT notifies partners



• Confirmation to the referring clinic that this partner has been seen



- To assess effectiveness of an online partner notification tool
 - Number of contacts tested per index case Vs. national data
- To examine factors associated with successful partner notification

Method

- PN initiated in the UK Dec 2017 July 2018
- Anonymised data on index case:
 - Demographics
 - STIs
 - PN
- Number of contacts screened per index case compared to national PHE data
- Factors associated with testing at least one partner examined using multivariable logistic regression
- Analyses were performed using STATA 12







Results

- 6414 index cases initiated PN via online PN tool
 - Median age 25 years (IQR 21-32)
 - 66% white ethnicity
 - 58% male
 - 26% men who have sex with men (MSM)
- 6779 STIs
 - Range 1-4 STIs per index case
 - Chlamydia (CT) 65%, gonorrhoea (GC) 21%, syphilis (STS) 5% and trichomonas vaginalis (TV) 4%
- 1,589 (24.8%) via online sexual health services
- 4282 (66.7%) within large urban clinics
- 23-34% of PN was self-verified online by the partners

Results



PARTNER NOTIFICATION RATIOS IN UK NATIONALDATA VS. ONLINE PN TOOL (SXT)



PHE: Public Health England, UK

*Data is from 2017 national reported data based on coding of individuals who present as partners of infection

| | | Unadjusted OR | p-value | Adjusted OR | p-value |
|-----------|--------------------|-------------------|---------|-------------------|---------|
| Ethnicity | White | 1 | | 1 | |
| | Black African | 0.79 (0.63, 1.00) | 0.05 | 0.75 (0.58, 0.96) | 0.02 |
| | Black Caribbean | 0.75 (0.60, 0.93) | 0.008 | 0.70 (0.56, 0.89) | 0.003 |
| | Black other | 0.96 (0.80, 1.21) | 0.89 | 0.77 (0.61, 0.97) | 0.028 |
| | Asian | 1.46 (1.11, 1.90) | 0.006 | 1.25 (0.94, 1.66) | 0.13 |
| | Other | 1.05 (0.83, 1.33) | 0.65 | 0.91 (0.71, 1.17) | 0.46 |
| Gender | Female | 1 | | | |
| | Male | 1.15 (1.03, 1.28) | 0.01 | 0.74 (0.61, 0.90) | 0.003 |
| | Transgender | 0.72 (0.18, 2.78) | 0.63 | 0.84 (0.57, 1.23) | 0.37 |
| | Other | 0.63 (0.17, 2.37) | 0.49 | 0.56 (0.27, 1.18) | 0.13 |
| Location | Large conurbations | 1 | | | |
| | Elsewhere | 0.57 (0.47, 0.69) | <0.001 | 0.47 (0.37, 0.59) | <0.001 |
| | Online | 0.40 (0.35, 0.46) | <0.001 | 0.30 (0.26, 0.35) | <0.001 |
| STI | Chlamydia | 1 | | 1 | |
| | Gonorrhoea | 1.24 (1.09, 1.41) | 0.002 | 0.92 (0.77, 1.11) | 0.40 |
| | Syphilis | 1.35 (1.06, 1.71) | 0.01 | 1.06 (0.78, 1.42) | 0.72 |
| | Trichomonas | 0.91 (0.69, 1.19) | 0.49 | 0.57 (0.40, 0.81) | 0.002 |
| | NGU | 0.33 (0.19, 0.57) | <0.001 | 0.16 (0.08, 0.31) | <0.001 |
| | PID/epididymitis | 0.22 (0.08, 0.64) | 0.002 | 0.13 (0.04, 0.43) | 0.001 |
| | HIV | 1.06 (0.60, 1.86) | 0.84 | 0.89 (0.44, 1.81) | 0.75 |
| | Other | 1.17 (0.74, 1.85) | 0.51 | 0.70 (0.41, 1.20) | 0.20 |



Table 1. Associations with having ≥ 1 verified tested partner

OR: odds ratio PID: pelvic inflammatory disease NGU: Non-gonococcal urethritis



Conclusions

- → Online PN tool demonstrated increased PN compared to national data for CT, GC, STS and TV
- \rightarrow Reduced workload and cost
- \rightarrow Successful in large conurbations
- → Being male, of black ethnicity or having a diagnosis of TV was associated with fewer partners tested



Discussion

- Limitations
 - Individuals using the online tool may not be representative of the comparator group
 - Inability to link partners with subsequent STI results
- Strengths
 - Large sample size
 - Routine use of the online tool within the provider services
- Online PN provides a cost efficient strategy for effective PN
- Highlights groups to focus PN strategies in the future



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- Jefferiss Wing
- Kent Online Testing
- North and North East Lincolnshire Sexual Health

- North Manchester Sexual Health Clinic
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- SH24
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- SHAC East
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