San Francisco Department of Public Health HIV Partner Services Update 2011

San Francisco STD Prevention and Control Services

June 2012

History of Partner Services

- Syphilis partner notification (1930s)
 - Goal is to interrupt disease transmission
 - Timely treatment of infected sex partners
 - Prophylactic treatment of exposed sex partners
- HIV partner notification (1990s)
 - Apply the syphilis model to HIV
 - Interrupt the transmission of disease
 - Use of similar
 - Protocols
 - Outcome measures (dispositions)

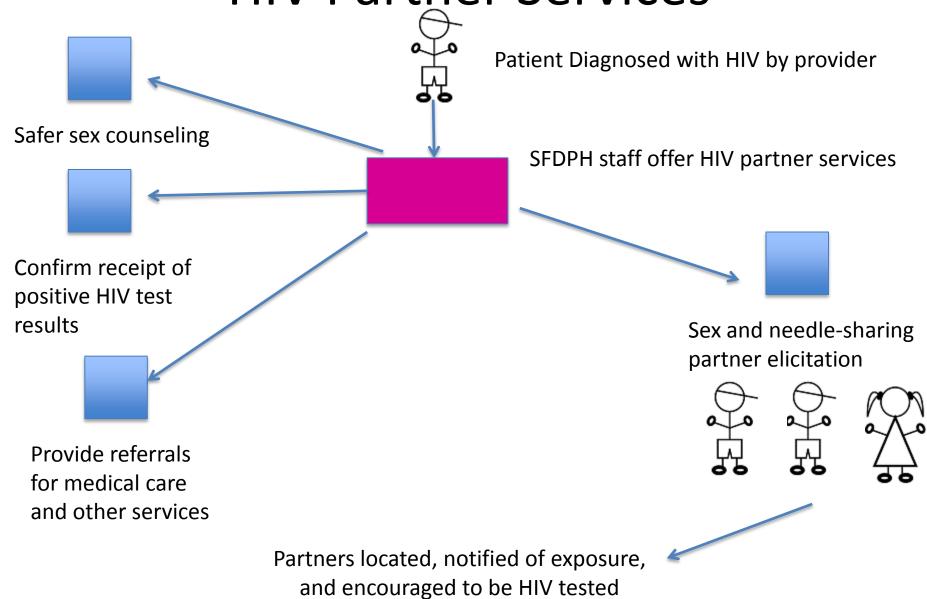
What are Partner Services?

- HIV Partner Services (PS) are a broad range of services offered to people infected with HIV/AIDS including:
 - Confirmation of receipt of test results
 - Discussion of notifying partners of potential HIV exposure and offering of 3rd party notification
 - Provision of referrals to medical care, mental health, substance abuse, and other social services

What is 3rd Party Notification?

- A voluntary service to assist HIV infected persons (index patients) with partner notification
 - Some index patients may be unable/unwilling to notify sex and needle sharing partners about their potential exposure to HIV
- Index patients are asked to provide the names and contact information for all their recent sex and needle sharing partners
- Staff from the San Francisco Department of Public Health confidentially notify named partners about their exposure to HIV and help them get HIV tested, without naming the index HIV patient

HIV Partner Services



HIV PS are Currently Offered to Select Patients in San Francisco

- Persons with early syphilis who are also HIV coinfected are offered partners services for both HIV and syphilis since before 2000
- Newly diagnosed HIV from San Francisco City Clinic since 2004
- Newly diagnosed HIV from San Francisco General Hospital and Community Clinics since 2005
- Newly diagnosed HIV from select San Francisco
 Private Medical Providers since 2009 through
 collaboration with San Francisco HIV Surveillance

Aims of HIV PS

- Confirm positive HIV test disclosure to index
- Offer partner notification services
- Confidentially notify partners of HIV exposure
- Offer HIV testing to partners
- Referral for services
 - HIV care for long-standing positives and new positives
 - Substance abuse, mental health, housing, etc.

San Francisco's Approach to HIV PS Targeted Screening Paradigm

- Sex partners named by an HIV-infected person are at high risk of HIV infection
- HIV screening is focused to identify a high positivity in prioritized sub-populations (MSM, IDU, TG)
- By offering HIV testing to every named partner of a known HIV-infected index, HIV screening is targeted to a population of people at high risk of being infected

San Francisco HIV PS Data Presented in this Supplement

- Restricted to named partners with locating information
 - Excludes partners with only email addresses and social network contacts
- Restricted to HIV testing that occurred after index initiated
 - Prevents taking "credit" for work that was not a result of HIV PS

HIV PS Outcome Measures

- Process measures
 - Number of index patients interviewed
 - Number/proportion of index patients who name 1+ partners
 - Number/proportion of partners who are long-standing positives
- Measures that reflect program performance
 - Proportion of HIV-uninfected partners who test for HIV through PS
- Measures that align with the framework of targeted screening
 - HIV positivity among partners tested

HIV PS Outcome Measures 2011 Overall Citywide

- Number of index cases interviewed: 124
- Total number of partners named: 109
- Proportion of named partners that are longstanding HIV infections: 31.2% (n=34)
- Proportion of named partners not known to be HIV-infected that were HIV tested: 32.3% (n=31)
- HIV positivity among those partners testing:
 22.6% (n=7)

HIV PS Outcome Measures San Francisco City Clinic 2011

- Number of index cases interviewed: 62
- Total number of partners named: 89
- Proportion of named partners that are longstanding HIV infections: 28.1% (n=25)
- Proportion of named partners not known to be HIV-infected that were HIV tested: 48.1% (n=25)
- HIV positivity among those partners testing:
 24.0% (n=6)

HIV PS Outcome Measures San Francisco General and Community Health Network Clinics 2011

- Number of index cases interviewed: 35
- Total number of partners named: 11
- Proportion of named partners that are longstanding HIV infections: 54.6% (n=6)
- Proportion of named partners not known to be HIV-infected that were HIV tested: 80.0% (n=4)
- HIV positivity among those partners testing:
 25.0% (n=1)

HIV PS Outcome Measures Select Private Providers2011

- Number of index cases interviewed: 25
- Total number of partners named: 9
- Proportion of named partners that are longstanding HIV infections: 33.3% (n=3)
- Proportion of named partners not known to be HIV-infected that were HIV tested: 33.3% (n=2)
- HIV positivity among those partners testing:
 0% (n=0)

HIV PS Outcomes San Francisco 2004-2011

					% of partners		
			% of	Number of	not known to		
			Partners	Partners	be HIV		
		Total	Long	Tested for	infected that	HIV positivity	
	Index	Named	Standing	HIV through	were tested	among tested	
Year	Interviews	Partners	HIV+	PS	through PS	partners	
2004	99	87	29.9%	24	39.3%	37.5%	
2005	103	44	13.6%	16	42.2%	50.0%	
2006	100	106	20.8%	23	27.4%	30.4%	
2007	127	142	19.7%	40	35.1%	35.0%	
2008	122	134	35.8%	34	39.5%	38.2%	
2009	144	152	30.2%	33	31.1%	27.3%	
2010	138	165	28.5%	53	44.9%	13.2%	
2011	124	109	31.2%	31	32.3%	22.6%	

Summary

- HIV PS is one component of a comprehensive approach to HIV prevention in San Francisco
- HIV positivity among partners named by index patients is high and suggests HIV PS is effective in targeted case finding
- In conjunction with the HIV Prevention Section of SFDPH, we plan further expansion of these services and will continue to review and share these data.

For questions or comments

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Note on totals for previous years

Numbers in this document listed for past years may not match totals in previous reports. Totals may increase due to late reports, and may decrease when duplicate reports are eliminated or cases are subsequently identified as out of our jurisdiction.