Partner Counseling and Referral Services

Presented at the Sexually Transmitted Disease (STD) Intensive Course
Cleveland, OH
June 22, 2012

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Overview

- Overview of partner services
  - Syphilis and HIV
  - Chlamydia and Gonorrhea

- Education and counseling

- Five key steps in partner services

- Partner referral

- Resources
Overview of Partner Services (PS)

- PS targets persons at greatest risk of transmitting HIV or an STD and those at greatest risk of exposure to infection.

- PS priorities are determined by the ODH based on the public health importance of a disease – syphilis and HIV infection – and resource availability.

- PS for Syphilis and HIV are carried out by Disease Intervention Specialists (DIS) employed at local health departments. PS for Chlamydia and gonorrhea are typically carried out at the clinic or local health department level.

Purpose of Partner Services

- Assure rapid and appropriate medical evaluation and treatment of infected individuals.

- Counsel infected individuals about how to prevent future infection and transmission of disease to others.

- Identify, notify and rapidly refer for medical evaluation and treatment those persons who have been exposed to disease.
Early Detection and Intervention

- The primary goal of the ODH STD and HIV Prevention Programs is to prevent transmission of HIV and other STDs.

- The program also provides partners, many of whom are unaware of their risk of infection, with critical “early warnings” of possible exposure.

PS are Effective

- Total number of syphilis cases in Ohio in 2011: 957
  - Total number of contacts elicited: 1,022
    - Total number of elicited contacts that were examined: 683 (67%)
    - Total number of examined contacts that were infected: 159 (23%)

- General population positivity: ? (10%)

- Total number of new HIV infections (as documented in ODRS): 786
  - Total number of contacts elicited: 893
    - Total number of elicited contacts that were examined: 364 (41%)
    - Total number of examined contacts that were newly infected: 83 (23%)

- General population positivity (CTR data): 0.6%
PS are Effective

- The Effectiveness of HIV Partner Counseling and Referral Services in Increasing Identification of HIV Positive Individuals: A Systematic Review
  - Matthew Hogben, PhD, Tarra McNally, MA, MPH, Melissa McPheeters, PhD, Angela B. Hutchinson, PhD, et al, Journal of Preventive Medicine Vol. 33, Issue 2, Supplement, Pages S89-S100
  - Nine studies qualified for the review. In these studies, a range of one to eight partners was identified per index case (a person newly diagnosed with HIV who has partners who should be notified); a mean of 67% of identified partners were found and notified of their potential exposure to HIV, and a mean of 63% of those notified were tested (previously known “positives” were not tested). Of those tested, a mean of 20% were HIV positive.

PS are Voluntary and Confidential

- Participation in PS is voluntary. Once patients or partners have been sufficiently informed about the nature of the program, the decision to participate rests solely with the individual.

- Strict confidentiality is a cornerstone of PS; information that may identify the source patient is never disclosed to partners or other third parties.
Steps in the Process for Partner Services

- Disease Information
- Treatment
- Risk reduction

Education and Counseling
Education and Counseling

- Disease Information
  - Signs and symptoms
  - Transmission (vaginal, oral, anal sex)
  - Complications
  - Often asymptomatic

Chlamydia – Signs and Symptoms

- Adolescent and Adult Women
  - Most are asymptomatic
  - Abnormal vaginal discharge
  - Pain or bleeding during intercourse
  - Bleeding between menstrual periods
  - Pain or burning sensation when urinating
  - Urinary frequency
  - Rectal pain or discharge
  - Lower abdominal pain
  - Lower back pain
  - Nausea
  - Fever

- Adolescent and Adult Men
  - Most are asymptomatic
  - Urethritis
  - Urethral discharge
  - Pain or burning sensation when urinating
  - Rectal pain or discharge
Gonorrhea – Signs and Symptoms

• Adolescent and Adult Women
  – Painful or burning sensation when urinating
  – Increased vaginal discharge
  – Bleeding between menstrual periods
  – Rectal discharge
  – Anal itching, soreness, or bleeding
  – Painful bowel soreness and bleeding
  – Most pharyngeal infections are asymptomatic

• Adolescent and Adult Men
  – Burning sensation when urinating
  – White, Yellow, or green discharge from the penis
  – Painful or swollen testicles
  – Rectal discharge
  – Anal itching, soreness, bleeding
  – Painful bowel soreness and bleeding
  – Most pharyngeal infections are asymptomatic

Education and Counseling

• Treatment Discussion Should Include
  – Name of drug(s) prescribed
  – Quantity & frequency
  – Potential side effects
  – Avoid sex for seven days after patient and ALL partners have completed treatment
  – Retest at three months following positive test

• Reinfection Rates
Chlamydia - Recommended Treatment Regimens

- **Adolescents and Adults**: Azithromycin 1 g orally in a single dose OR doxycycline 100 mg orally twice daily for 7 days

- **Pregnancy**: Azithromycin 1 g orally in a single dose OR amoxicillin 500 mg orally 3 times a day for 7 days

*Note:* See STD Treatment Guidelines for regimens for infants and children
Gonorrhea - Recommended Treatment Regimens

- **Uncomplicated Infections of the Cervix, Urethra, and Rectum:**
  - Ceftriaxone 250 mg IM in a single dose OR, IF NOT AN OPTION
  - Cefixime 400 mg orally in a single dose PLUS Azithromycin 1 g orally in a single dose OR Doxycycline 100 mg orally twice a day for 7 days

- **Uncomplicated Infections of the Pharynx:**
  - Ceftriaxone 250 mg IM in a single dose PLUS Azithromycin 1 g orally in a single dose OR Doxycycline 100 mg orally twice a day for 7 days

- **Pregnancy:** As with other patients, pregnant women who have gonococcal infection should be treated with a recommended or alternative cephalosporin. Azithromycin 2 g orally can be considered for women who cannot tolerate a cephalosporin.

*Note:* See STD Treatment Guidelines for regimens for Disseminated Gonococcal Infection and for infants and children

Education and Counseling

- Risk reduction includes management of all sexual partners
  - Reduce the number of partners
  - Consistent and correct condom usage

- Establish and/or improve patient’s perception of risk

- Identify and support patient’s previous behavior changes

- Negotiate a simple and realistic plan for reducing risk
Concepts of STD Counseling

- Neutral, non-judgmental stance
- Open-ended questions
- Listen
- Offer options, not directives
- Speak simply

- Remember, the patient is in charge of his/her behavior and accept your limited role

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Five Steps for Partner Counseling

- Introduction
- Address patient concerns
- Disease comprehension
- Partner elicitation
- Coaching self-referral
Five Steps for Partner Counseling

• Step 1: Introduction
  – Clinician’s name and role
  – Purpose of session
  – Discussion of confidentiality
  – Providing patient with results

  ‘Hi, my name is Sally and I am a patient counselor here. My job is to discuss your Chlamydia infection with you and to help you ensure that this infection is taken care of and you don’t get it again. One thing I want to make clear is that anything you discuss with me is private. This means our conversation is confidential.”

Five Steps for Partner Counseling

• Step 2: Address patient concerns
  – What questions do you have?
  – What concerns do you have?
Disease Comprehension

- Ask the patient what they know or have heard about Chlamydia or gonorrhea and its effects on the body
- Fill in any knowledge gaps
- Stress the five key motivators
  - Motivate the patient to ensure his or her partners are notified of exposure and follow up to get tested and/or treated

Five Steps for Partner Counseling

- Step 3: Disease comprehension: Five key motivators for partner referral
  - Sexual Transmission - CT/GC are sexually transmitted (vaginal, oral, anal) easily between sex partners
  - Asymptomatic nature of disease - CT/GC are usually asymptomatic in females and often asymptomatic in males
  - Risk of reinfection - Reinfecion of females by untreated and asymptomatic male partners is common
  - Complications and consequences - Serious complications (pelvic inflammatory disease (PID), sterility, ectopic pregnancy) can occur even without symptoms
  - Higher chance for getting/giving HIV/AIDS - CT/GC increases chances for HIV/AIDS infection and other STDs
Transition – Discussion of Sex Partners

• “Now that we’ve talked about how serious the disease can be if left untreated, let’s talk about how to privately get your partners within the last two months tested and/or treated. We can do this in several different ways.”

Partner Elicitation

• Prevents consequences of untreated disease

• Prevents reinfection

• Interrupts the spread of disease
Disease Interview Periods for Recalling Partners-CT/GC

- Chlamydia and gonorrhea
  - Symptomatic: 60 days before onset of symptoms through date of treatment
  - Asymptomatic: 60 days before date of specimen collection (through date of treatment if patient was not treated at time specimen was collection)

- If the patient claims having had no partners during the interview period, then the most recent partner before the interview period should be identified and notified.

Disease Interview Periods for Recalling Partners-Syphilis

- Primary
  - Chancre (sore) appears at site of infection*
  - Interview Period = 4 months 1 week

- Secondary
  - Rash (palmer/plantar or body)
  - Hair loss
  - Mucous lesion/patches*
  - Infectious warts*
  - Interview Period = 8 months

- Early Latent
  - No signs and symptoms
  - Patient is determined to be infected in the last 12 months
  - Interview Period = 12 months
Interview Format

- **Introduction**
  - State purpose/role
  - Assure confidentiality
- **Patient Assessment**
  - Resolve patient concerns
  - Obtain social history
  - Obtain medical history
  - Ensure disease comprehension
- **Disease Intervention**
  - Elicit partner information (name, exposure, locating, clustering, description)
  - Develop risk reduction interventions
- **Conclusion**
  - Re-state commitments
  - Prepare for re-interview
  - Wrap up and summarize

Effective Interviewing Techniques

- Be Professional
- State purpose of interview
- Explain and emphasize confidentiality
- Establish rapport
- Address concerns
- Observe verbal and non-verbal body language
- Display STD/HIV pictures to educate and motivate
- Identify persons with symptoms
- Identify persons exposed to known cases
- Identify screening opportunities
- Identify pregnant females
- Utilize effective listening skills
## Asking Questions

### OPEN ENDED
- Who...?
- What...?
- When...?
- Where...?
- Why...?
- How...?

### AVOID
- Are there?
- Is there?
- Do you?

### POLITE IMPERATIVES
- Give me...
- Tell me...
- Show me...
- Explain to me...
- Describe...

### Sample Data Collected By DIS

- Field Record
- Interview Record
Know who your DIS is and how to contact them.

Assure your patient that the DIS is their ally and an integral part in their health and the health of their partner(s).

TEAMWORK!!!

**Five Steps for Partner Counseling**

- **Step 4: Sex partner elicitation and referral**
  - Partner referral
    - Patient Self-Referral of partner(s)
    - Agency/Staff contacts partner(s)
    - Health Department contacts partner(s)

  - Partner elicitation
    - First: obtain the number of sex partners
    - Second: obtain the names of sex partners
    - Third: obtain last exposure and frequency

  Which referral method works best for each partner?
Partner Referral

- Patient Self-Referral of partner(s)
- Agency/Staff contacts partner(s)
- Health Department contacts partner(s)
  - LHD
  - DIS

Five Steps for Partner Counseling

- Step 5: Coaching the self-referral
  - Assess patient’s readiness to self-refer their partners for testing and/or treatment
  - Assess patient’s ability to respond to partner reactions
  - Assess patient’s safety: Potential violence?
  - Improve patient’s ability to self-refer
  - If patient is incapable of self-referring, advocate for agency staff or health department notification
Self Referral

• Approaching your partner
  – When will you do it?
  – Where will you do it?
  – What will you say?
• Key points
  – Complication of untreated disease
  – HIV
  – Asymptomatic
  – Reinfection
  – Transmission
• What your partner needs to do next
  – Where?
  – When?
  – What?
  – Next Steps
• How to handle your partner’s reaction
  – How will your partner react?
  – How will you handle that reaction?
• How to end on a positive note

Self Referral

“\text{I was at the clinic today and they did some routine tests. Unfortunately, they discovered that I have Chlamydia. I am being treated and cured, but you may have it too and not even know it. The doctor told me that you can have serious complications if you don’t get checked and treated, that having this can increase your chances of getting HIV and if you don’t get treated, you could pass this back to me. Here is a card with information on where you can get treatment. I care about your health so I needed to let you know. At least we know what’s going on and we can do something about this. Thank goodness it’s curable!”}
The Next Steps Brochure

- Detachable referral cards
- Attach sticker with clinic information

Allen County Health Department
219 E. Market St.
Lima, OH 45802
Phone: 419-228-6154
Clinic Hours: M-F 8:00 am – 4:30 pm
Agency/Health Dept. Referral

• Obtain
  – Partner names
  – DOB
  – Physical description
  – Home/cell phone number
  – Address
  – Email address
  – Exposure period and frequency

• Confidentiality

Referral methods

• Verbal face to face
• Verbal by phone
• Written confidential letter sent to partner
Conducting CT/GC Partner Notification

- Verify you have the right person and identify yourself
- Ensure privacy
- Provide Notification
  - Ensure the patient knows the basics of the disease
  - Provide the patient with private/public options for receiving exam/treatment
  - Motivate him or her to act immediately

Conducting CT/GC Partner Notification

- “I am with the County Health Department and I have important information regarding your personal health. Because this is sensitive and legally confidential information, I need to make sure I’m speaking with the correct person by asking you for your date of birth. [Once DOB is verified] Is this a private line that no one can overhear? [Once verified] I’m calling to let you know that you’ve been exposed to _____. This disease can have complications, so we’d like to schedule an appointment for you to come in to the clinic to be tested.”

- If you need to leave a message: “I am with the County Health Department and I have important information regarding your personal health. Please call me as soon as possible at XXX-XXX-XXXX).”
The ‘Minimum’

- Avoid sex for seven days after patient and ALL partners have completed treatment
- Importance of notifying all partners
- Where partner(s) can seek care and consequences to partners if not treated
- Retest at three months following positive test

Conclusion

- Overview of partner services for STDs
- Resources
- Questions
Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection

http://www.cdc.gov/nchhstp/partners/Recommendations.html

Sources

• Centers for Disease Control and Prevention (CDC) Partner Services
  – http://www.cdc.gov/nchhstp/partners/Partner-Services.html

• CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Partner Services Providers Quick Guide, January 2012.


Resources

• CDC STD Treatment Guidelines

• CDC Partner Services
  – http://www.cdc.gov/nchhstp/partners/Partner-Services.html

• CDC Partner Services Quick Guide

Resources

• Local Health Departments

• Ohio Department of Health STD Prevention Program

• Anonymous partner notification
  – www.inspot.org
# Contact Information

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