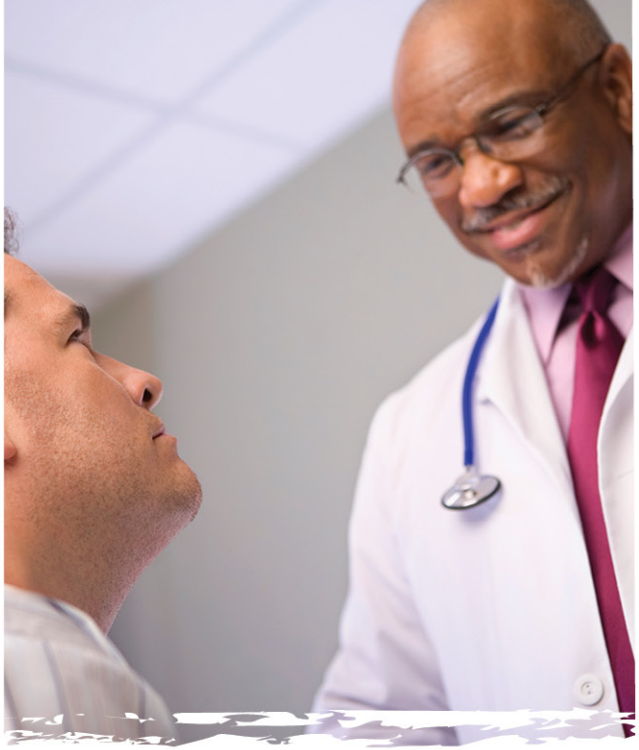
ANNOUNCEMENT

- Register for the Monthly Disease SurveillanceTrainings:
  - Contact your Service surveillance hub
  - Log-on or Request log-on ID/password: https://tiny.army.mil/r/zB8A/CME and Register for Epi-Tech Surveillance Training: https://tiny.army.mil/r/Uuo8T/EpiTech

- Confirm attendance:
  - Please enter your name/service into the chat box to the left or email the Navy DRSi helpdesk at ndrs@nmcphc.med.navy.mil
  - You will receive a confirmation email within the next 48 hours with your attendance record
  - If you do not receive this email, please contact us at above email address



DoD Webinar -
HIV-STI Prevention: Sexual Partner Services

26 August 2013

The views expressed in this article are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U. S. Government

Michael R. (*Bob*) MacDonald, MS, CHES

Navy and Marine Corps Public Health Center
Sexual Health and Responsibility Program (SHARP)
620 John Paul Jones Circle, Suite 1100
Portsmouth VA 23708

http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/reproductive-and-sexual-health.aspx

michael.r.macdonald@med.navy.mil

(757) 953-0974 [DSN 377]

Learning Objectives

- Describe the steps for sexual partner services (a.k.a. “contact investigation”)
- Understand the resources available to help with conducting sexual partner services

DoD Requirements

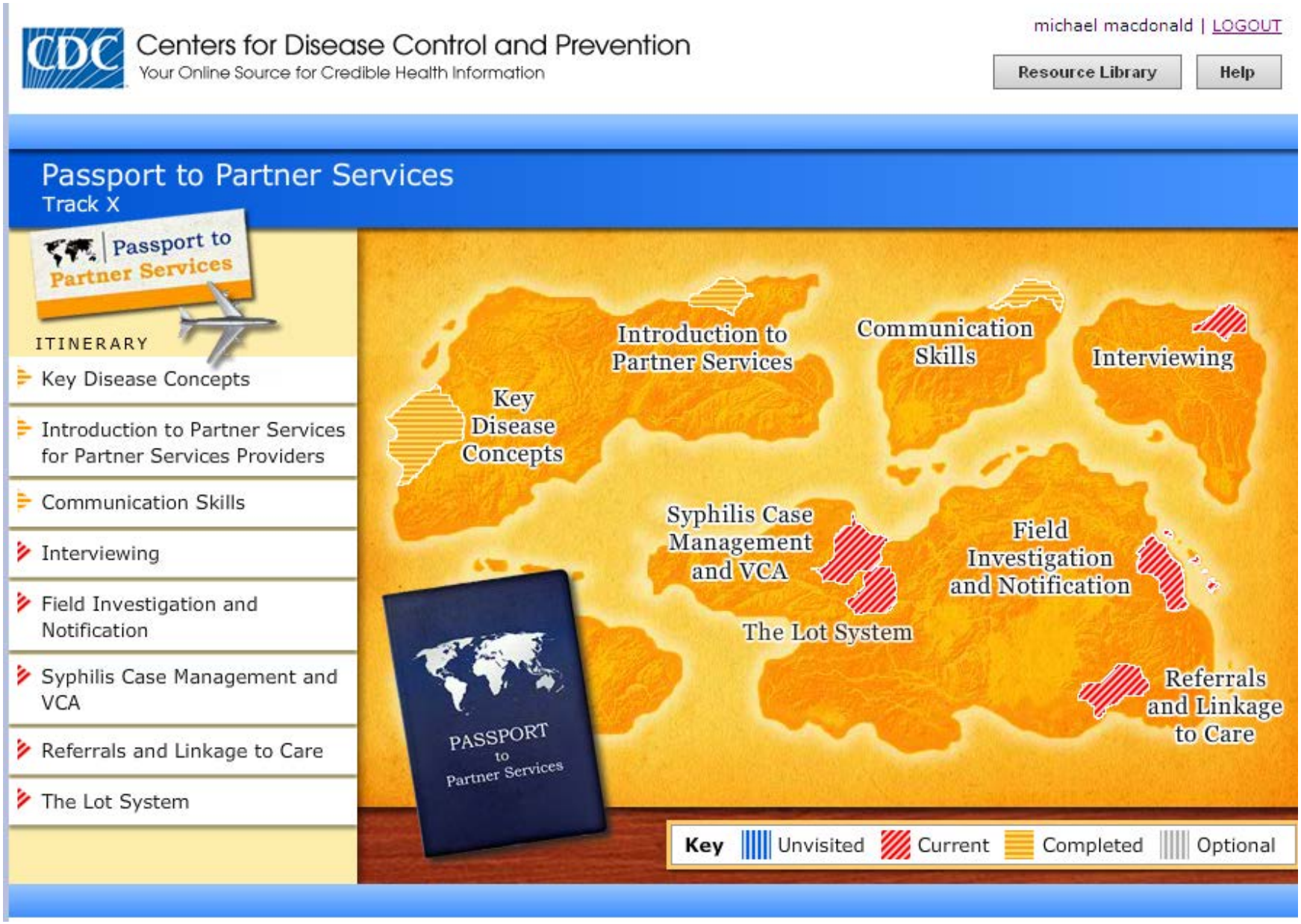
- Navy SECNAVINST 5300.30 – HIV, HBV and HCV
  - http://doni.daps.dla.mil/Directives/05000%20General%20Management%20Security%20and%20Safety%20Services/05300%20Manpower%20Personnel%20Support/5300.30E.pdf
- Navy BUMEDINST 6222.10 – Management and Prevention of STIs
  - http://www.med.navy.mil/directives/ExternalDirectives/6222.10C.pdf
- Army Pamphlet 40-11 – Preventive Medicine
  - http://armypubs.army.mil/epubs/pdf/p40_11.pdf
- Army Regulation 600-110 - HIV
  - http://www.apd.army.mil/pdffiles/r600_110.pdf
- Air Force Instruction 48-105 – Surv., prevention, and control of diseases and conditions of PH or Mil significance
  - http://static.e-publishing.af.mil/production/1/af_ja/publication/afi48-105/afi48-105.pdf
- Air Force Instruction 48-135 – HIV
  - http://static.e-publishing.af.mil/production/1/af_ja/publication/afi48-135/afi48-135.pdf
- Coast Guard COMDTINST M6000.1
  - http://www.uscg.mil/health/cg1121/docs/pdf/cim6000.1e.pdf
- Coast Guard COMDTINST 6230.9 – HIV
  - http://www.uscg.mil/directives/cim/6000-6999/CIM_6230_9.PDF

Guidance and Resources

- Recommendations for Partner Services Programs for HIV Infection, Syphilis, GC, and Chlamydia Infection. CDC. MMWR, Vol 57. 30 Oct 08
- Passport to Partner Services – CDC's Web Based and Classroom Training
- HIV-STI Prevention: Sexual Partner Services - Guideline and Self-study Course (NMCPHC)
- Table of Interview Periods. (NMCPHC) Specifies which partners of which patients should be considered for notification.
- Sexual Partner Services Desk-top Assistant. (NMCPHC) Summarizes the steps of the partner referral interview and prompts provider questions.
- Fact sheet: "How do I tell my partner?" (NMPHC)
- Training Film: Sexual Partner Services (NMCPHC ; 2013)
- Contact Notification Form (CDC)
- DRSI – STI module web-based training film (NMCPHC)
- Idealized STI Patient Flow Diagram (NMCPHC)

All these are linked from this NMCPHC webpage:

http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/environmental-health-officers-and-preventive-medicine-representatives.aspx


Centers for Disease Control and Prevention
Your Online Source for Credible Health Information
michael macdonald | LOGOUT
Resource Library
Help
Passport to Partner Services
Track X
Passport to Partner Services
ITINERARY
Key Disease Concepts
Introduction to Partner Services for Partner Services Providers
Communication Skills
Interviewing
Field Investigation and Notification
Syphilis Case Management and VCA
Referrals and Linkage to Care
The Lot System
Introduction to Partner Services
Communication Skills
Interviewing
Key Disease Concepts
Syphilis Case Management and VCA
Field Investigation and Notification
The Lot System
Referrals and Linkage to Care
PASSPORT to Partner Services
Key
Unvisited
Current
Completed
Optional

Description of "Tracks"

Track A

For medical providers and other referring providers who refer patients to a Partner Services Program.

Includes: 1 online module (CME, CNE, CHES credit), other modules are optional

Track B

For those who conduct elicitation and referral primarily for HIV, with limited or no notification.

Includes: 13 online modules and a 3-day instructor-led course

Track C

For those who conduct elicitation and/or notification and referral for Gonorrhea, Chlamydia, HIV, and Syphilis (excludes Syphilis case management and VCA).

Includes: 13 online modules and a 3-day instructor-led course

Track D

For those who conduct full spectrum of Partner Services- interviewing; elicitation; notification and referral; Syphilis case management; and, Visual Case Analysis (VCA).

Includes: 14 online modules, VCA F2 webinar series, *Lot System* module (optional), and a 5-day instructor-led course

Tracks At-A-Glance

Track A	Tracks B and C	Track D
• Introduction to PS	• 8 Disease Concept Modules	• 8 Disease Concept Modules
• Other modules optional	• Introduction to PS	• Introduction to PS
	• Communication	• Communication
	• Interviewing • (5 sub-units)	• Interviewing • (5 sub-units)
	• Field Investigation and Notification	• Field Investigation and Notification
	• Referrals and Linkage to Care	• Referrals and Linkage to Care
		• VCA E-3 • (Three 90 min. webinars)
		• Syphilis Case Management & VCA
		• LOT System
No instructor-led course	3-day instructor-led course	5-day instructor-led course

Main Menu | Progress | Glossary | Exit

Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

Passport to Partner Services
MAIN MENU

Passport to Partner Services
Partner Services for Medical Providers and Referring Providers

Partner Services for Medical Providers and Referring Providers

TOPIC MENU

- Introduction/Overview
- Goals, Key Elements and Principles of Partner Services
- Partner Services Referral Strategies and Roles
- Perceived Benefits/Concerns and Acceptability of Partner Services
- Evidence-Based Research
- Introducing Partner Services to Patients
- Legal Basis and Considerations

Back to Last Page Visited

Evidence of Effectiveness

- Provider Notification - In 2010, IOM Committee on HIV Screening and Access to Care, in HIV Screening and Access to Care: *Exploring Barriers and Facilitators to Expanded HIV Testing* found:
  - "Partner notification has been found to be effective for identification of persons with previously undiagnosed HIV infection. Partner notification is a key component of partner services that involves confidential notification of the sexual and needle sharing partners of HIV infected individuals of possible exposure. A systematic review of studies conducted among a variety of populations for the Task Force on Community Preventive Services showed that between 14 and 26 percent of tested partners of individuals with HIV were found to have undiagnosed HIV . Based on these findings, the Task Force currently classifies the evidence as sufficient to recommend provider referral partner notification. Partner services, including partner notification, also have the benefit of providing an opportunity to reach persons who are HIV-negative but who are at very high risk for HIV to make them aware of their risk and offer prevention services."

- Expedited Partner Therapy – "Both clinical and behavioral outcomes of the available studies indicate that EPT is a useful option to facilitate partner management among heterosexual men and women with chlamydial infection or gonorrhea. The evidence indicates that EPT should be available to clinicians as an option for partner management, although ongoing evaluation will be needed to define when and how EPT can be best utilized. EPT represents an additional strategy for partner management that does not replace other strategies, such as standard patient referral or provider-assisted referral, when available." Source: http://www.cdc.gov/std/treatment/eptfinalreport2006.pdf

Purpose of Partner Services

prevention activity to help partners:

- *avoid* infection if not infected

- *prevent* transmission to others (including reinfection of the index client) if infected

- *gain access* to counseling, testing, treatment and other services

Process of Partner Services

- work *with* infected patients to:
  - *identify* sex and/or needle-sharing partners
  - *locate* partners
  - *notify* partners that they have been exposed
  - *offer* counseling, testing, treatment and referrals.

Concepts

- Always conducted in conjunction with risk-reduction counseling
- Voluntary
- Must Protect Confidentiality
- On-Going

Which Partners to Notify?

- Within Contract Tracing Window
- "Named" partners. Plus:
  - Cluster contacts (1 Syphilis only)
  - HIV spouse
  - "Duty to warn" partner
- Partners of patients - not partners of partners
- Reliable/high quality data
- Policy of target jurisdiction

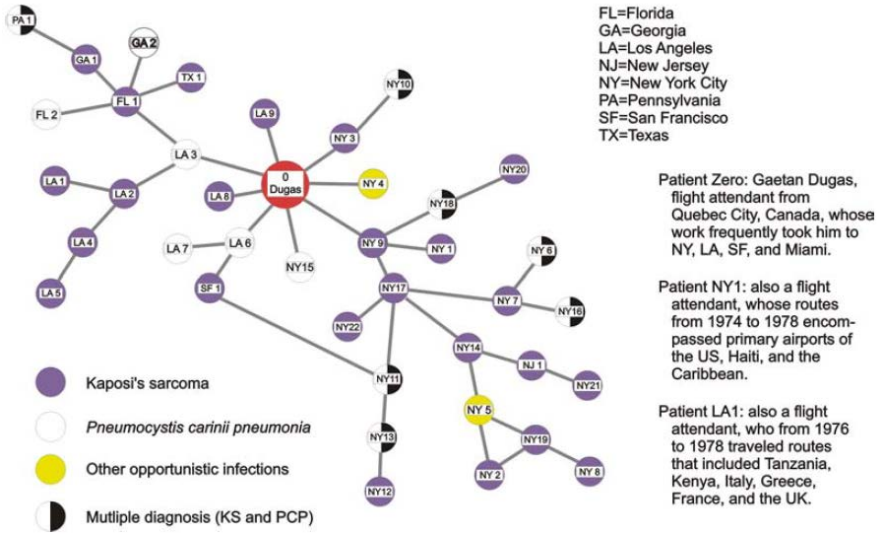


Table 1 - Interview Periods

based on
CDC STD Treatment Guidelines 2010; MMWR 59; RR-12
CDC Partner Services Guide 2008; MMWR 57; 30 Oct 2008
CDC Partner Counseling and Referral Services Trainers Manual, 2002, page T4-17,18
SECNAVINST 5300.30E, Management of HIV in the Navy and Marine Corps, Aug 2012

Chancroid	10 days preceding onset
Chlamydia	60 days before onset (or date of specimen collection if asymptomatic); or most recent partner if >60 days
Genital Herpes	current sex partners can benefit from evaluation and counseling
Gonorrhea	60 days before onset (or date of specimen collection if asymptomatic); or most recent partner if >60 days
Granuloma Inguinale	60 days
Hepatitis B, acute	Vaccinate partners if within 14 days after the sexual exposure. The interval during which post-sexual-exposure prophylactic vaccination is effective is unlikely to exceed 14 days.
Hepatitis B, chronic	No contact time period specified. Minimally, current sexual partners, needle-sharing partners and non-sexual household contacts should be offered hepatitis B vaccine.
Hepatitis C	Patient should discuss the low but present risk of sexual transmission with their partners and discuss the need for counseling and testing.
HIV	1 or 2 years before date of first positive HIV test through date of interview; might be mitigated by evidence of recent infection or availability of verified previous negative test results. Spouses: SECNACVINST 5300.30E requires that spouses of HIV positive reserve compoent members be provided notification, counseling, and testing.
Human Papillomavirus (genital warts)	Patients with genital warts should inform current sex partners because the warts can be transmitted to other partners.
PID	60 days or most recent partner if >60 days
Pubic lice	one month
Lymphogranuloma Venereum	60 days
Nongonococcal Urethritis	60 days
Scabies	one month
Syphilis, primary	3 months plus duration of symptoms
Syphilis, secondary	6 months plus duration of symptoms
Syphilis, early latent	1 year before start of treatment
Trichomoniasis	"sex partners should be treated"

High Priority Partners

CDC recommends these partners be placed at the **highest priority for notification** of exposure to HIV:

- Partners who have been exposed within the past 72 hours and might be candidates for non-occupational post-exposure prophylaxis (PEP).

- Partners who are more likely to have become infected with HIV:
  - Partners of index patients who are known to have a high HIV viral load.
  - Partners of index patients who are known to have acute HIV infection.
  - Partners of index patients who had another STI at the time of exposure or partners who might have had another STI themselves at that time.

- Partners who, if infected, are more likely to transmit HIV to others include partners whose earliest known exposure has been within the past 3 months. Studies suggest that the incubation period for HIV infection (time from infection to acute retroviral syndrome) ranges from 5 to 75 days, that serum viral load is likely to be highest in the month after infection, and that viral load in seminal and cervico-vaginal fluid is likely to be highest in the first 2 months after infection. Therefore, partners who are likely to have been infected within the previous 3 months might be more likely to spread HIV to others.

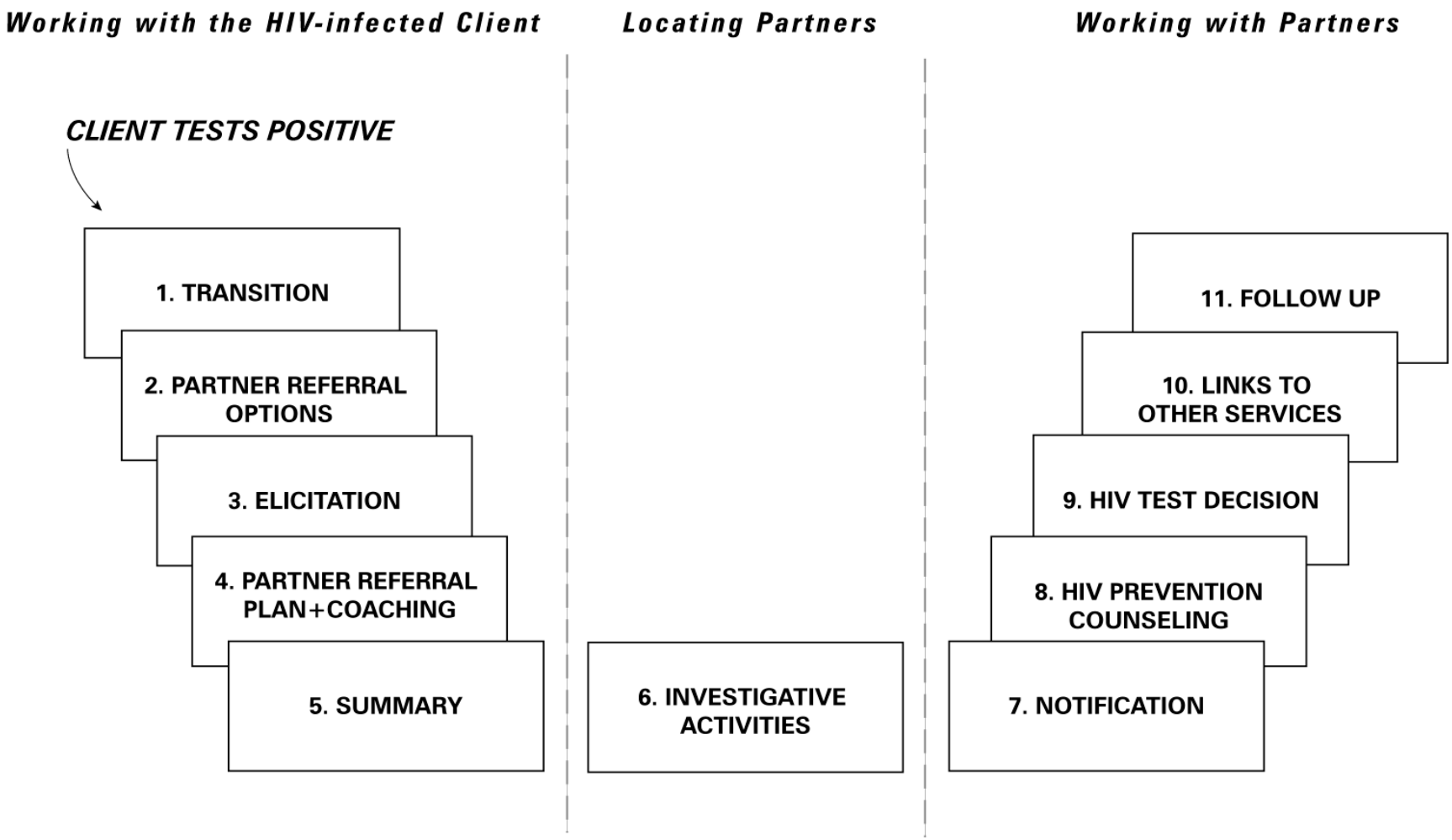
Partner Services: Options

- Client Referral
- Provider Referral (Preventive Med or Public Health)
  - Third Party Referral (clinician)
- Contract Referral
- Dual Referral
- Other Options:
  - Internet PS : grindr, adam-4-adam, manhunt
  - INSPOT (http://www.inspot.org)
  - Expedited Partner Therapy

WHEN EPT IS NOT APPROPRIATE

• In cases of suspected sexual assault or abuse; or a situation in which the patient's safety is in doubt.
• For patients co-infected with STIs not covered by EPT medication.
• Providers should assess the partner's symptom status, particularly symptoms indicative of a complicated infection. Partners who have symptoms of a more serious infection (e.g., pelvic pain in women, testicular pain in men, or fever in women or men) are not appropriate candidates for EPT.
• For partners with known severe allergies to antibiotics.
• For men that have sex with men.

CDC's (old) 11-STEP MODEL



Navy and Marine Corps Public Health Center; Sexual Health and Responsibility Program (SHARP); www-nehc.med.navy.mil/hp/sharp

Sexual Partner Services – Desktop Assistant

NOTE: THIS IS NOT AN OFFICIAL NAVY FORM. IT IS FOR INSTRUCTIONAL PURPOSES ONLY

Partners of case# _____ **Case diagnosis** _____ **Date of Diagnosis** _____ **Date this form initiated:** _____

Partner Info	Date of last contact and place	Within tracing period?	Exposure type	DoD healthcare eligible?	Notification option selected	Identifying, locating, and "contract" info	Disposition
Name: Relationship: (check one) □ spouse □ other main □ casual or periodic □ anonymous □ CSW □ unknown □ refused Gender:	Date: Place: (check all that apply): □ home station □ underway □ on leave / liberty □ deployed □ prior to enlistment □ CONUS □ OCONUS □ other: _____	Yes No	Sex Needle-sharing both	Yes No	Provider Client Dual Contract Other:		Notified? Date: _____ Testing and Treatment Confirmed? Date: _____ Confirmed infected? Yes / No Date case closed: _____ Final Disposition Code: _____
Name: Relationship: (check one) □ spouse □ other main □ casual or periodic □ anonymous □ CSW □ unknown □ refused Gender:	Date: Place: (check all that apply): □ home station □ underway □ on leave / liberty □ deployed □ prior to enlistment □ CONUS □ OCONUS □ other: _____	Yes No	Sex Needle-sharing both	Yes No	Provider Client Dual Contract		Notified? Date: _____ Testing and Treatment Confirmed? Date: _____ Confirmed infected? Yes / No Date case closed: _____ Final Disposition Code: _____

Disposition Codes:
A-preventive treatment B-refused preventive treatment C-infected and brought to treatment D-Infected-not treated E-previously treated for this infection
F-not infected G-insufficient info to begin investigation H-unable to locate J-located and refused exam and treatment K-out of jurisdiction L-other

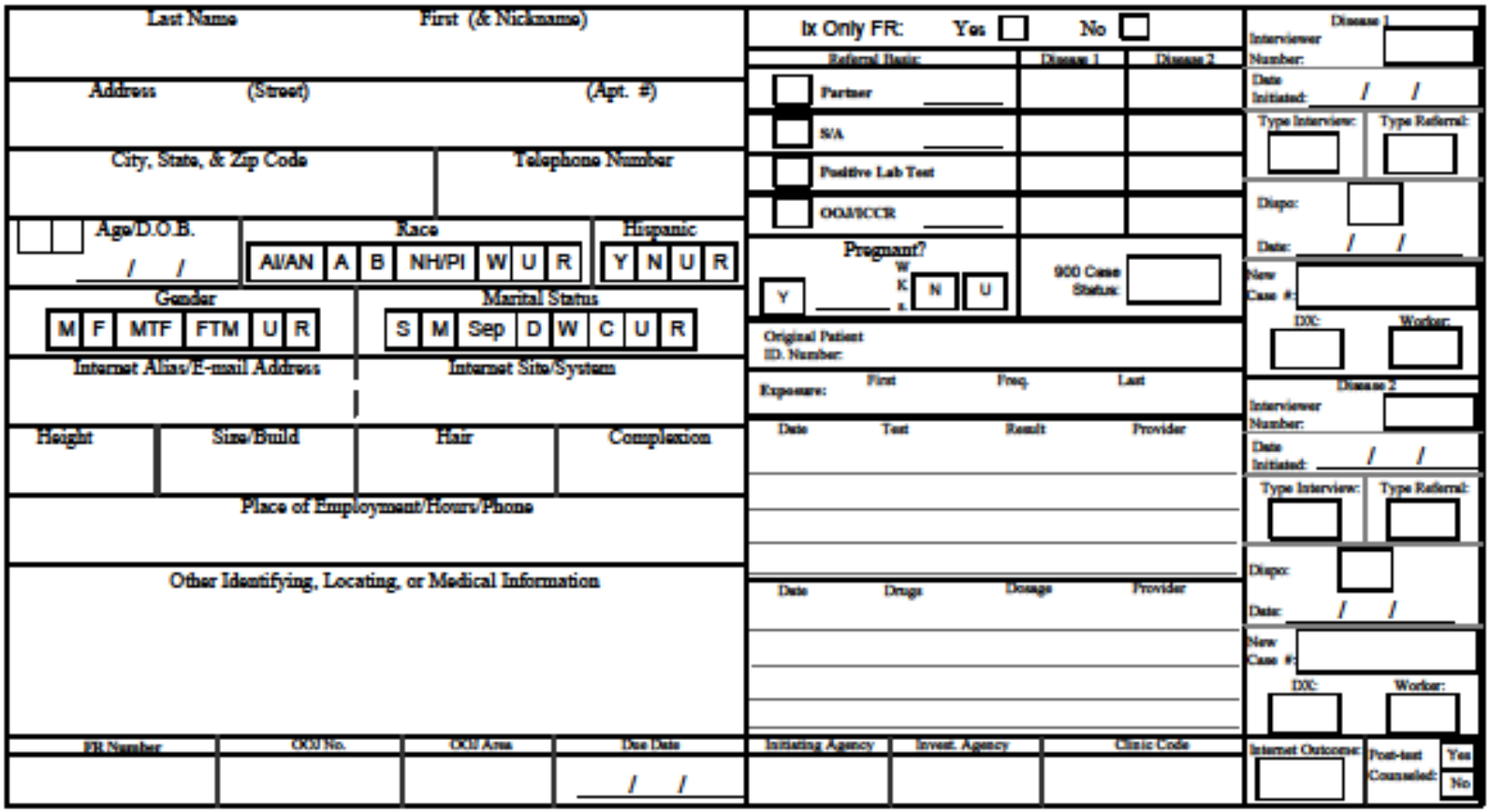
Special Issues

- Limits to Privacy
  - Potential for discovery of patient's identity by a partner
  - Duty or Privilege to Warn
    - HIV - spouse
    - Current identifiable partner
    - Persistent risk behavior and future partners
    - Child abuse
    - Threats to harm oneself or another
- Potential for Violence
- Youth
- Collaboration between field PrevMed and HETUs re: HIV

Record Keeping

- No Navy, Army or USAF directives for specific forms
  - Coast Guard: COMDTINST M6000.1 specifies CDC Contact Interview Record
- Document efforts to notify partners and outcomes
  - State form or CDC Interview Form
- Keep copy of forms sent to other jurisdictions
  - State form or CDC Field record
- Records kept locked and inaccessible to unauthorized view
- Testing, treatment, vaccination and counseling of a each partner should be recorded in that person's official medical record.
- Partner identity is not documented in patient medical records.
- Partner names and patient names are recorded on separate documents, with only a case number or code linking the two
- Partner and risk data may be entered into NDRSi (DRSi)
- SECNAV M-5210.1 requires communicable disease official documents to be maintained for 5 years and "working files" to be destroyed (CDC recommends shredding) when the information has been summarized in formal reports.

CDC Partner Referral Form



Last Name | First (& Nickname)

Address (Street) (Apt. #)

City, State, & Zip Code | Telephone Number

Age/D.O.B. / /

Race: AI/AN | A | B | NH/PI | W | U | R

Hispanic: Y | N | U | R

Gender: M | F | MTF | FTM | U | R

Marital Status: S | M | Sep | D | W | C | U | R

Internet Alias/E-mail Address | Internet Site/System

Height | Size/Build | Hair | Complexion

Place of Employment/Hours/Phone

Other Identifying, Locating, or Medical Information

FR Number	OOJ No.	OOJ Area	Due Date
			/ /

Ix Only FR: Yes ☐ No ☐

Referral Basis:	Disease 1	Disease 2
☐ Partner _____		
☐ S/A _____		
☐ Positive Lab Test		
☐ OOJ/ICCR _____		

Pregnant? Y _____ W K s. N U

900 Case Status:

Original Patient ID. Number:

Exposure: First Freq. Last

Date	Test	Result	Provider

Date	Drugs	Dosage	Provider

Initiating Agency	Invest. Agency	Clinic Code

Disease 1

Interviewer Number:

Date Initiated: / /

Type Interview: | Type Referral:

Dispo:

Date: / /

New Case #:

DX: | Worker:

Disease 2

Interviewer Number:

Date Initiated: / /

Type Interview: | Type Referral:

Dispo:

Date: / /

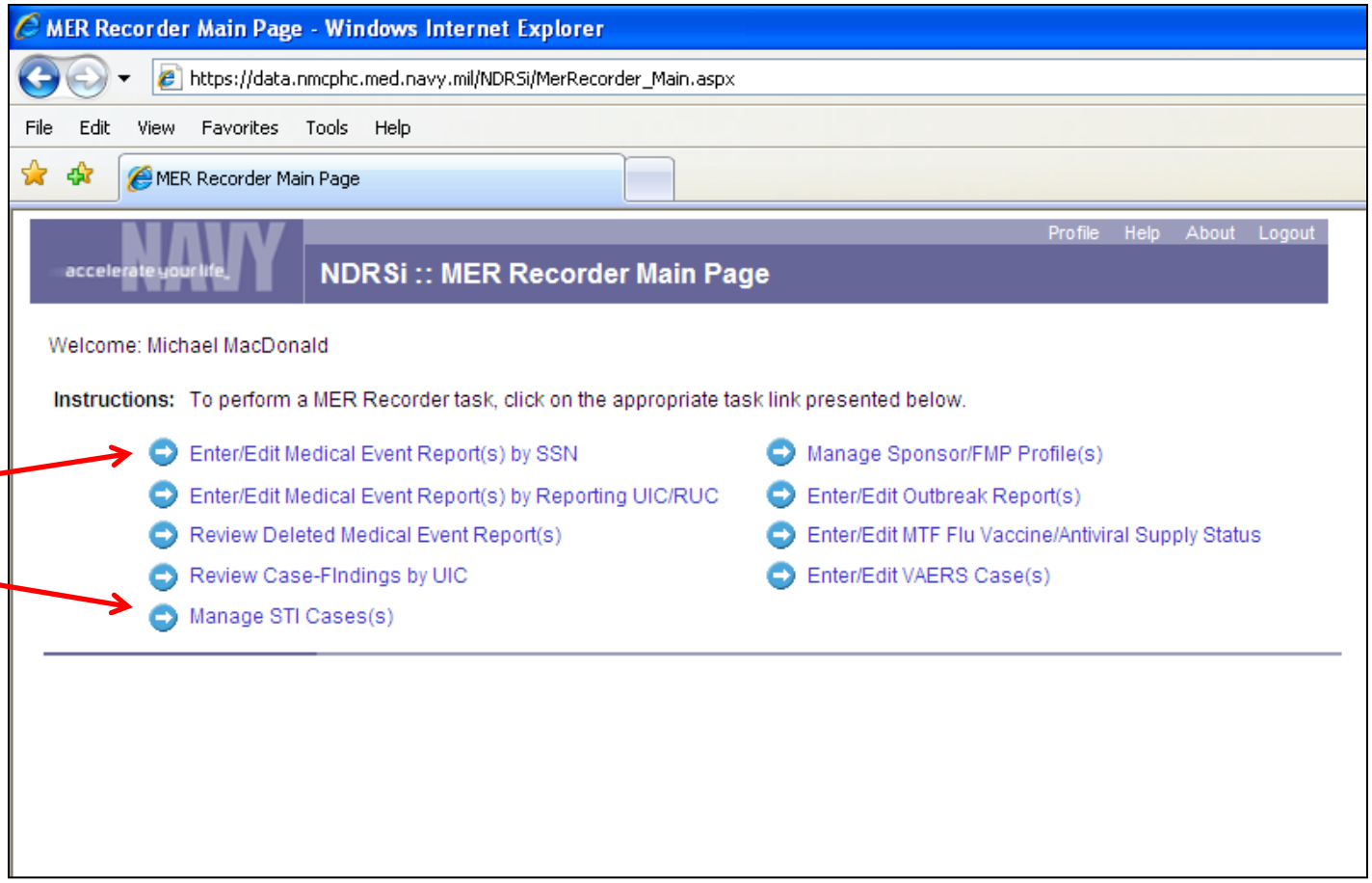
New Case #:

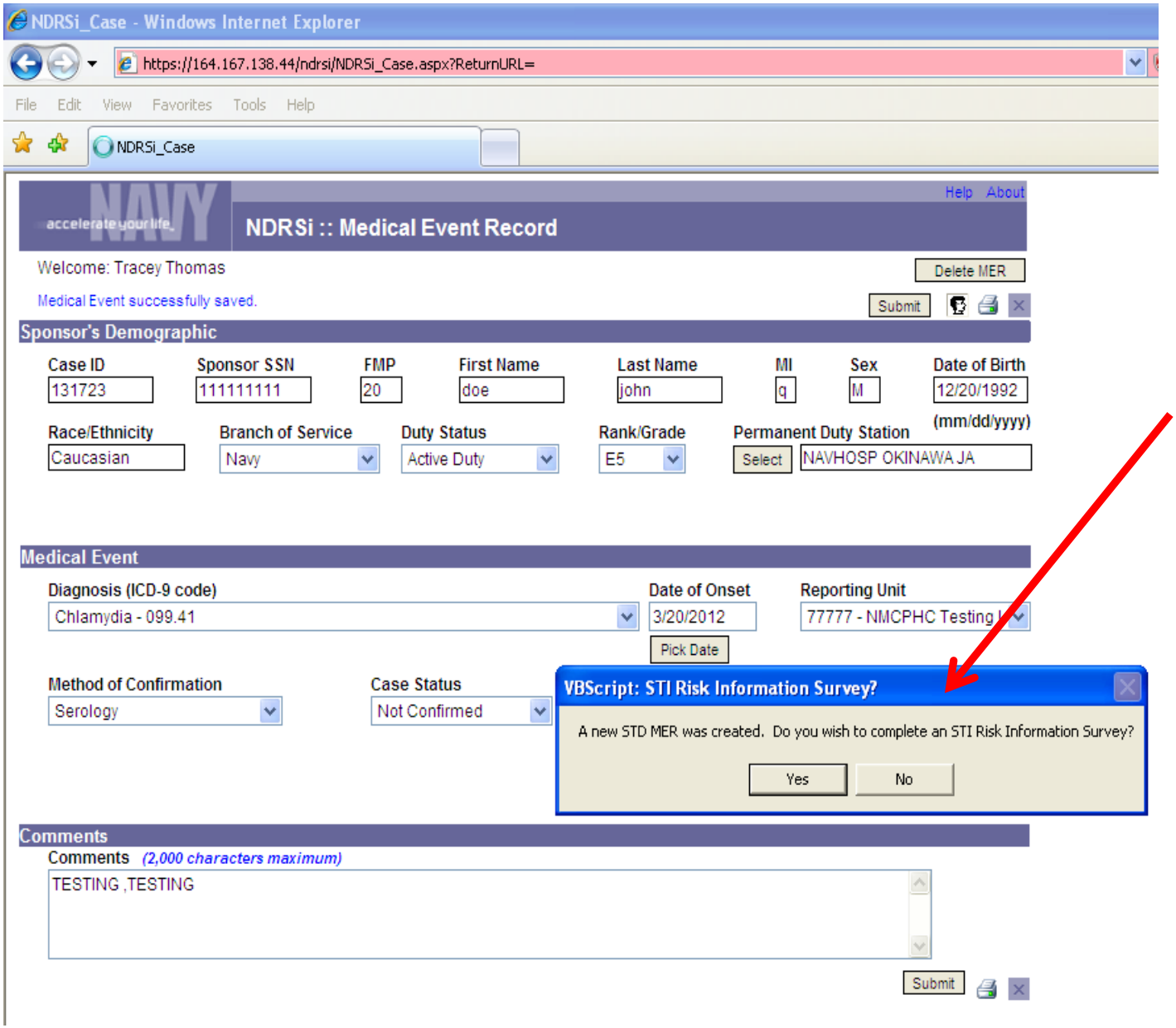
DX: | Worker:

Internet Outcome: | Post-test Counseled: Yes No

DRSi – STI Exposure and Partner Data

On the opening screen you can enter a new case or manage past STI cases

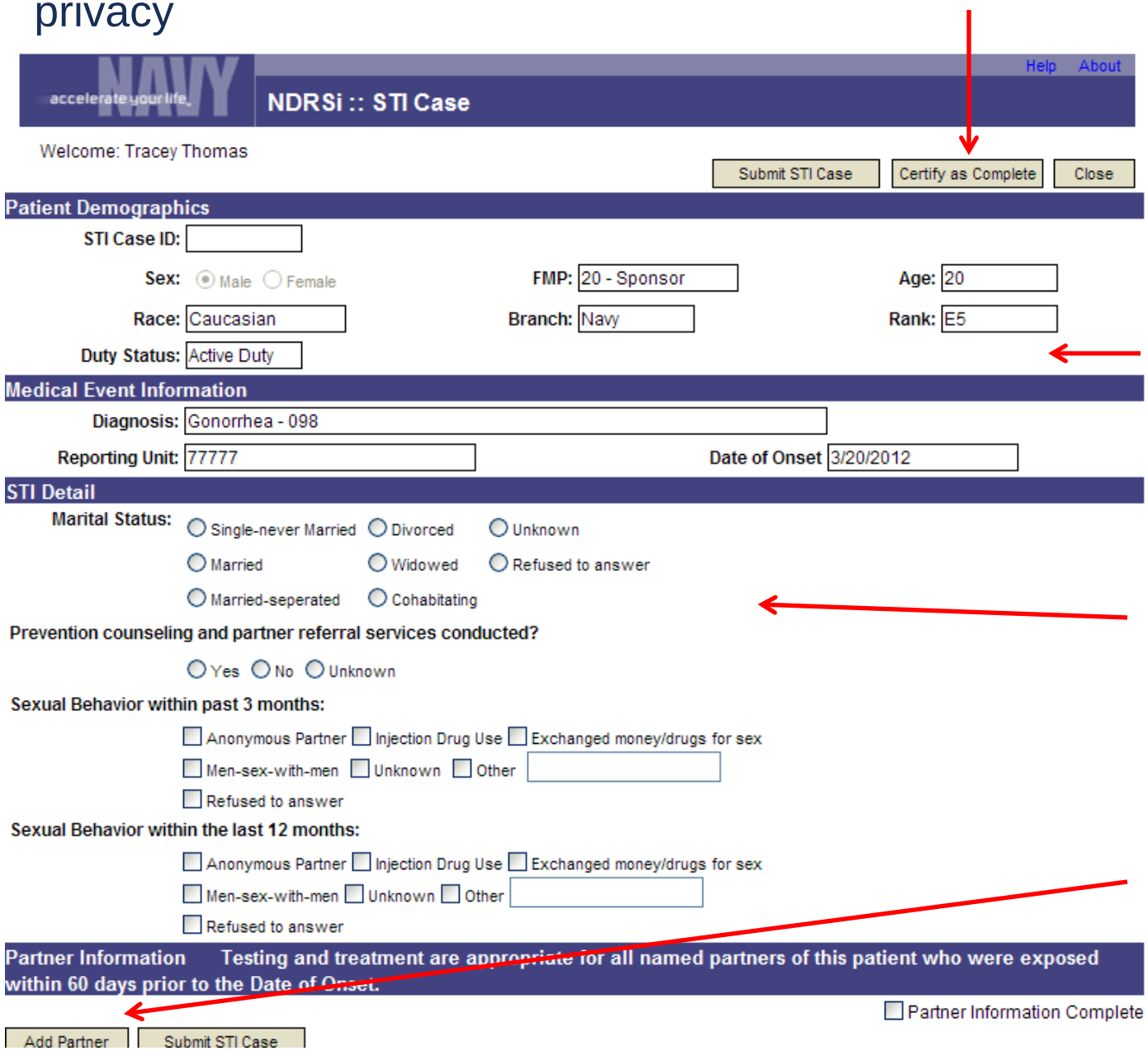




After clicking "Submit MER" the user is asked "Do you wish to complete an STI Risk Information Survey?"

(this is optional)

When the user clicks “certify as complete” this record is separated from the case record to protect the patient’s privacy



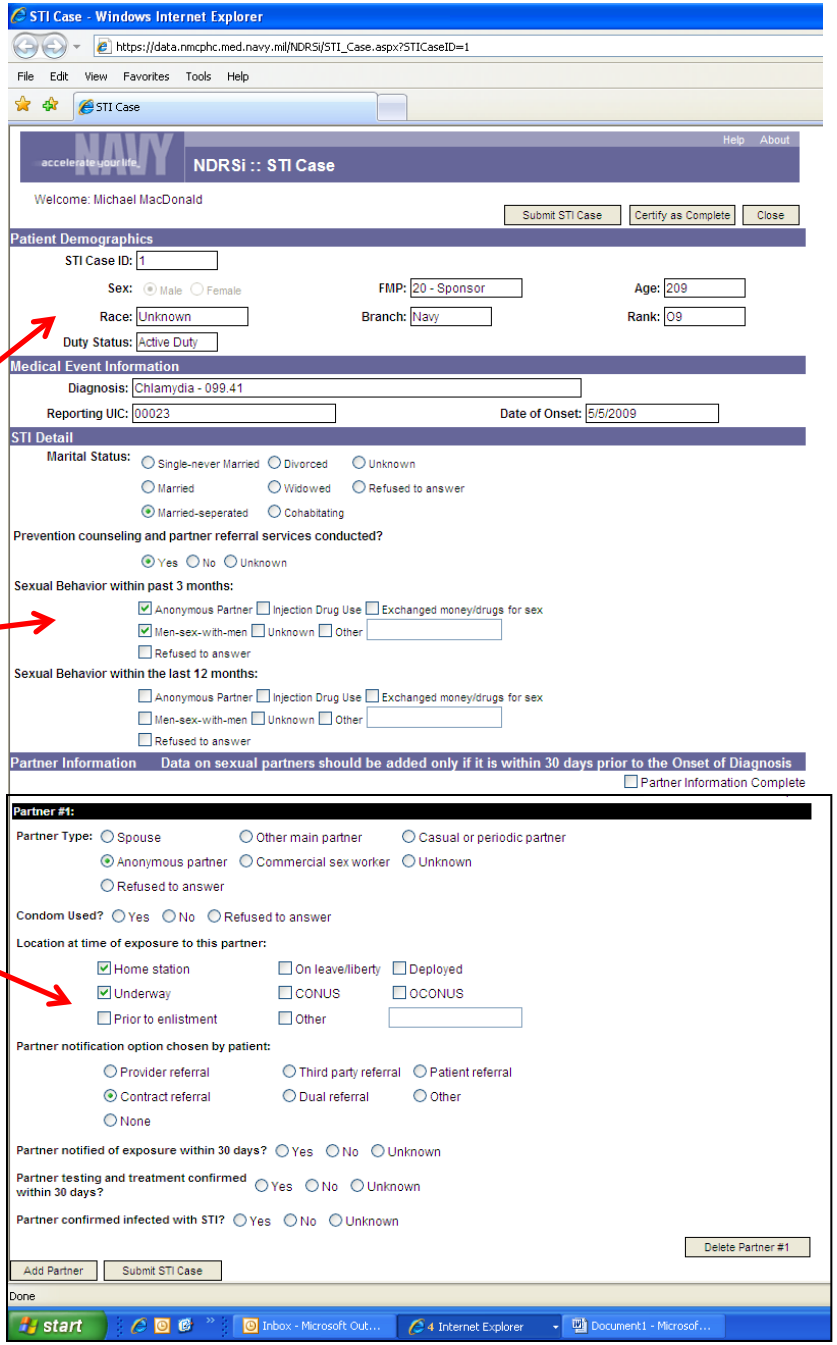
If the user clicks Yes” for “Do you wish to complete an STI Risk Information Survey?”, non-PII demographics are imported into this new record.

Enter risk info.

Also, click “Add Partner” to manage partner referrals. Multiple partners can be entered.

After clicking
"Add Partner",
the screen looks like this.
Notice this record includes:

- non-PII demographics
- risk and exposure data
- partner data



Reporting Unit: 77777 Date of Onset 3/20/2012

STI Detail

Marital Status: Single-never Married; Divorced; Unknown; Married; Widowed; Refused to answer; Married-seperated; Cohabitating

Prevention counseling and partner referral services conducted? Yes; No; Unknown

Sexual Behavior within past 3 months: Anonymous Partner; Injection Drug Use; Exchanged money/drugs for sex; Men-sex-with-men; Unknown; Other; Refused to answer

Sexual Behavior within the last 12 months: Anonymous Partner; Injection Drug Use; Exchanged money/drugs for sex; Men-sex-with-men; Unknown; Other; Refused to answer

Partner Information Testing and treatment are appropriate for all named partners of this patient who were exposed within 60 days prior to the Date of Onset.

Partner Information Complete

Partner #1:

Partner Type: Spouse; Other main partner; Casual or periodic partner; Anonymous partner; Commercial sex worker; Unknown; Refused to answer

Condom Used? Yes; No; Refused to answer

Location at time of exposure to this partner: Home station; On leave/liberty; Deployed; Underway; CONUS; OCONUS; Prior to enlistment; Other

Partner notification option chosen by patient: Provider referral; Third party referral; Patient referral; Contract referral; Dual referral; Other; None

Partner notified of exposure within 30 days? Yes; No; Unknown

Partner testing and treatment confirmed within 30 days? Yes; No; Unknown

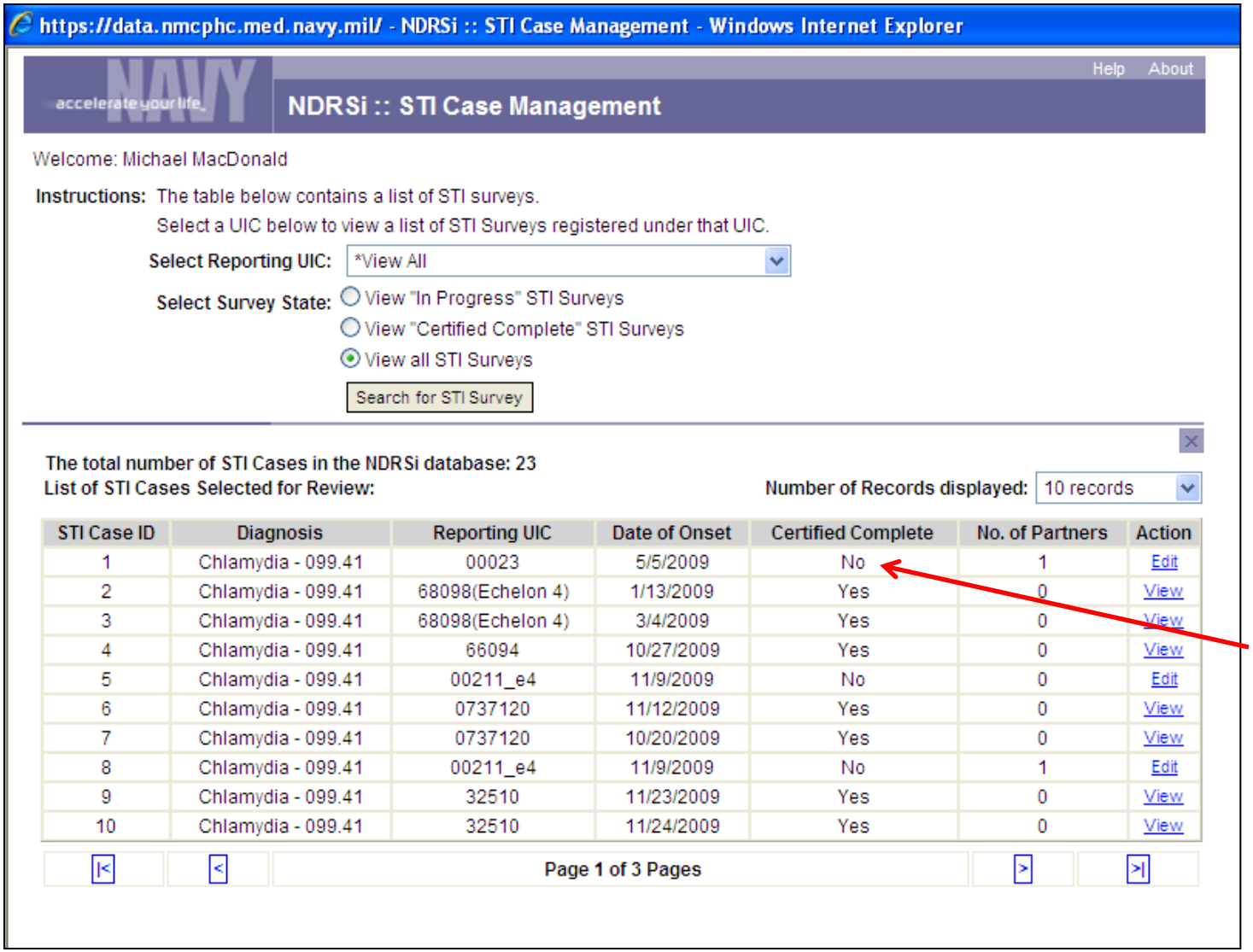
Partner confirmed infected with STI? Yes; No; Unknown

Delete Partner #1

Add Partner Submit STI Case

Close-up of the risk, exposure and partner fields

DRSi “STI Case Management” Screen



Notice many cases in the example are NOT yet certified as complete.

Coordination with other Public Health Authorities

☑ HIV and STD control program contact information?
☑ Reportable disease program contact information and process?
☑ Local public health clinic phone and hours

Partner notification processes:
☑ Which exposures will be followed-up by them, which will not?
☑ What is the partner reporting process?
(local forms, phone calls, etc.)

-Local and state laws affecting:
☑ Partner services activity record keeping
☑ HIV spouse notification
☑ “Duty to Warn”
☑ Reporting violence /threats of violence
☑ Reporting child abuse

Questions?

- Army: USAPHC – Disease Epidemiology Program
  Aberdeen Proving Ground – MD
  Comm: (410) 436-7605 DSN: 584-7605
  Disease.epidemiology@amedd.army.mil

- Navy: Contact your cognizant NEPMU
  NEPMU2: COMM: (757) 950-6600; DSN: (312) 377-6600
  Email: NEPMU2NorfolkThreatAssessment@med.navy.mil
  NEPMU5: COMM: (619) 556-7070; DSN (312) 526-7070
  Email: ThreatAssessment@med.navy.mil
  NEPMU6: COMM: (808) 471-0237; DSN: (315) 471-0237
  Email: NEPMU6ThreatAssessment@med.navy.mil

- Air Force: Contact your MAJCOM PH or USAFSAM/PHR
  USAFSAM / PHR / Epidemiology Consult Service
  Wright-Patterson AFB, Ohio
  Comm: (937) 938-3207 DSN: 798-3207
  episervices@wpafb.af.mil

Navy and Marine Corps Public Health Center
Sexual Health and Responsibility Program (SHARP)
(757) 953-0974 [DSN 377]
http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/reproductive-and-sexual-health.aspx
Email: michael.r.macdonald@med.navy.mil