

Systematic review: Strategies for partner notification of sexually transmitted infections, including HIV

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Sexually transmitted infections (STI) are a major global cause of acute illness, infertility and death. Every year there are an estimated 499 million new cases of the most common curable STIs (trichomoniasis, chlamydia, syphilis and gonorrhoea), and between two and three million new cases of HIV. The presence of several STIs, including syphilis and herpes can increase the risk of acquiring or transmitting HIV.

Partner notification (PN) is a process whereby sexual partners of patients given a diagnosis of STI are informed of their exposure to infection and the need to receive treatment. PN for curable STI may prevent re-infection of the patient and reduce the risk of complications and further spread.

A review update of the research of the strategies of partner notification in people with STI, including human immunodeficiency virus (HIV) infection was conducted by researchers in the Cochrane Collaboration. After searching for all relevant studies, they found 26 studies. This review covers four main PN strategies: 1) Patient referral means that the patient tells their sexual partners that they need to be treated, either with (enhanced) or without (simple) additional support to enhance outcomes. 2) Expedited partner therapy means that the

patient delivers medication or a prescription for medication to their partner(s) without the need for a medical examination of the partner. 3) Provider referral means that health service personnel notify the partners. 4) Contract referral means that the patient is encouraged to notify partners but health service personnel will contact them if they do not visit the health service by a certain date.

The 26 trials in this review included 17,578 participants. Five trials were conducted in developing countries and only two trials were performed among HIV-positive patients. Expedited partner therapy was more successful than simple patient referral in reducing repeat infection in patients with gonorrhoea, chlamydia or non-gonococcal urethritis (six trials). Expedited partner therapy and enhanced patient referral resulted in similar levels of repeat infection (three trials). Evidence about the effects of home sampling, where patients with chlamydia received a sample kit for the partner, was inconsistent (three trials). There were too few trials to allow consistent conclusions about the relative effects of provider, contract or other patient referral methods for different STIs. More studies need to be performed on HIV and syphilis and harms need to be measured and reported.