



# Collaboration of Two County Programs in Expanding Partner Services (PS) to Increase HIV Prevention and Testing

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## Background

HIV and STD services in San Mateo County (SMC) are implemented by two distinct health department programs: STD Control Program and AIDS Program. These programs collaborated beginning January 2008 to offer PS to all STD/HIV co-infected patients and newly identified HIV cases reported to the SMC Health Department through California's name-based reporting system. PS has been shown effective in identifying new cases of STDs and HIV and interrupting the cycle of transmission<sup>1</sup>.

PS for CDC guidelines for PS in co-infected populations currently describe routine PS offers for early syphilis/HIV co-infected patients, but few studies have examined the acceptability and relevance of PS for patients co-infected with gonorrhea and/or Chlamydia.

<sup>1</sup> Ahrens K, Kent C, Kohn R, Nieri G, Reynolds A, Philip S, Klausner J. **HIV Partner Notification Outcomes for HIV-Infected Patients by Duration of Infection, San Francisco, 2004 to 2006.** In: *J Acquir Immune Defic Syndr*. Volume 46, Number 4, December 1, 2007.

## Objectives

To analyze systems of HIV and STD case identification for eligibility and acceptability of HIV Partner Services (PS).

## Methods

Eligible PS clients were identified through HIV name-based surveillance, weekly case-matching of HIV and new STD results, STD case investigation, provider referrals, or self-referral. PS were offered through cross-program coordination between STD Control and AIDS Program staff and resources. Systems of identification and PS acceptability were analyzed in MS Access.

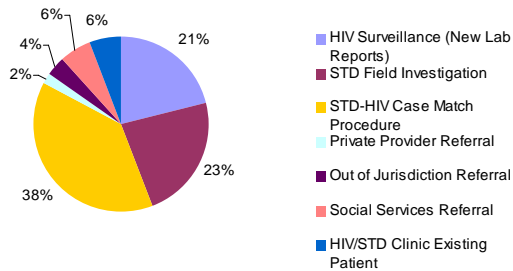
## Results

To date, 52 eligible patients have been identified for PS offers. Notably, 39% (20) were identified through case-matching of HIV and new STD reports, while 23% (12) were identified through STD case investigation, 21% (11) through HIV surveillance, and 8% (4) through provider referrals (Figure-1). Staff members from both AIDS Program and STD Control conducted the PS offers in various sites around the County, including HIV Counseling & Testing sites, private venues, County clinics, and on the telephone.

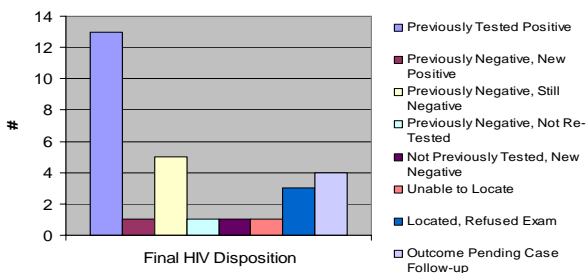
33% (17) of the 52 clients contacted and offered PS named at least one sexual or needle-sharing partner. Partners notified and their HIV testing outcomes are summarized in Figure-2.

## Results

**Figure-1: Method of Identifying Client Eligibility for HIV Partner Services, Jan to Oct 2008 (n=52)**



**Figure-2: HIV Partners Notified and HIV Testing Outcomes San Mateo County, Jan to Oct 2008, (n=29)**



**Partner Services Clients in San Mateo County, Jan-Oct 2008**

	Number	Percentage
<b>HIV-STD Co-infected</b>	<b>37</b>	<b>71.2</b>
Syphilis*	14	26.9
Gonorrhea*	12	23.1
Chlamydia*	18	34.6
<b>Sexual Orientation and Gender</b>		
MSM (Men who have Sex with Men)	44	84.6
MSW (Men who have Sex with Women)	3	5.8
Female	5	9.6
<b>Reasons Declined</b>		
Partner knows own status	22	47.8
Client told partner without using PS	12	26.1
Other	7	15.2
Client told partner using PS	2	4.3
Partner deceased	1	2.1
Client states not his/her responsibility	1	2.1
Declines to state reason	1	2.1

\*Client may be co-infected with more than one disease and counted more than once

## Conclusions

- Case-matching incident STD reports, especially gonorrhea and Chlamydia, with name-based HIV data greatly expands the number of eligible PS clients. Utilizing STD matching identified 32 eligible (62%), compared to the only 11 eligible (21%) that were identified by HIV surveillance alone.

- Clients offered PS in this context found it acceptable at similar rates to those offered PS through other means of case identification. Consideration should be given to expanding HIV PS beyond persons with incident HIV infection and those with longstanding HIV/early syphilis, to include HIV infected persons co-infected with other bacterial STDs.

- Collaboration, integration, and cross-training of STD Control and AIDS Program staff has allowed clients in SMC to access PS at any point of care. The PS Program in San Mateo County acted as a catalyst for program integration.

## Challenges/Limitations

Several clients reported self-disclosing to partners, some of which sought HIV testing, but these outcomes could not be tracked. Clients refused to name these partners or did not know where they were tested; therefore, reports were unconfirmed and not counted here.

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