HIV partner elicitation and notification in NYC: public health does it better

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Background
- Partner elicitation (PE) and notification (PN) are effective strategies to identify undiagnosed HIV infections and reduce HIV transmission.
- In 2000, New York State (NYS) implemented the HIV Reporting and Partner Notification Law, requiring physicians to report to the Department of Health known sex and needle-sharing contacts of persons with newly diagnosed HIV and AIDS.
- Providers can perform partner notification themselves or forward partner information to Disease Intervention Specialist (DIS) staff.
- We hypothesized that public health staff trained in PE/PN would be more effective than front line providers (i.e., physicians).

Methods
- DIS staff report notification status, whether the partner was tested for HIV and test outcome.
- Other providers report information on partners to NYCDOHMH, including notification status for each partner.
- Outcomes of interest were:
  - number of partners elicited per HIV case diagnosed
  - proportion of new HIV diagnoses among those tested
- We compared outcomes for new HIV cases diagnosed in city-run STD clinics with cases diagnosed by other NYC providers in 2004.

Results
- 3779 new HIV diagnoses (index cases) in 2004
  - 206 (5.5%) diagnosed in STD Clinics
  - 3573 (94.5%) diagnosed by other providers
- DIS elicited partners from a larger proportion of index cases:
  - One or more partners elicited for:
    - 49.5% persons diagnosed in STD clinics
    - 17.5% persons diagnosed by other providers
  - Chi-square p<0.01
- DIS elicited more partners per index case:
  - Partner index: partners elicited / HIV cases diagnosed
    - DIS: 0.9 partners per index case
    - Other providers: 0.2 partners per index case
  - Chi-square p<0.01
- Partner notification rate higher for DIS-elicited partners:
  - Partner notification rate: Partners notified (unknown or HIV negative) / Partners attempted to be notified by DIS, patient or provider
    - 70.9% for partners of STD clinic cases (all referred to DIS for PN)
    - 48.1% for partners of non-STD clinic cases notified by patient or provider
    - 28.4% for partners of non-STD clinic cases referred to DIS for PN
  - Chi-square p<0.01
- Rate of new HIV diagnosis among tested partners did not differ significantly:
  - 27.0% for partners elicited and notified by DIS (1 for every 10 index cases diagnosed)
  - 21.7% for partners elicited by other providers and notified by DIS
  - Chi-square p=0.52

Limitations
- STD clinic clients and clients of other providers may differ in important characteristics (acceptance of PE/PN, number of sexual partners, etc.)
- For cases diagnosed by other NYC providers in 2004, we did not have complete information on HIV testing of partners.

Conclusions
- STD DIS were largely more successful in PE/PN activities.
- Although PE/PN success rates differed between the two groups examined, the rate of newly identified HIV among partners tested did not differ.
- A larger percentage of partners elicited by non-STD providers were unable to be notified, largely because of inadequate contact information.

Future Directions
- In light of these findings, DOHMH will station public health staff at high-reporting facilities to interview newly diagnosed patients directly for partner elicitation.
- We hope to substantially improve our PE/PN outcomes.