

Partner Notification/Contact Tracing

What is my role in Contact Tracing?

When making an STI diagnosis it is the diagnosing clinician's responsibility to initiate a discussion about contact tracing. As part of good clinical care this includes encouraging and supporting the patient in notifying their contacts. For more on difficult cases which may require public health action see the STI Notification Flow Chart www.nzshs.org/guidelines.

STI test results

Sexual contacts of chlamydia, gonorrhoea, trichomoniasis, syphilis, urethritis, PID and epididymo-orchitis need to be contacted and treated. Contact tracing is not required for genital warts or genital herpes. HIV, syphilis and gonorrhoea are automatic laboratory-notifiable infections under Infectious and Notifiable Diseases Regulations. Clinicians may receive a secure website link requesting additional anonymous information for national STI trend analysis. For all cases of syphilis and HIV refer or discuss with a sexual health specialist.

Introduce the reasons for partner notification/contact tracing as part of the STI treatment discussion

- 1-2 Framing sentences and personalise it:
 - Contact/s need treatment to avoid reinfecting the patient.
 - Most people with an STI don't have symptoms but could still have complications or pass the STI on.
 - The more times a person is re-infected the greater the risk of complications.

Identify who needs to be contacted based on routine sexual history

- Ask about number of sexual contacts in past 3 months.
- Are these contacts regular or casual? (Be mindful that the term partner may imply a relationship.)
- Are they able to contact these people? (Notifying all contacts may not be possible, e.g. if there insufficient information or a threat of violence.)
- The use of condoms does not affect the requirement for partner notification/contact tracing and treatment
- Document number of contacts clearly in the notes – you may not be the one following-up partner notification
- How many of these people does the patient have contact details for?
- What contact details do they have for these people?

Explain the methods and offer choice

PATIENT REFERRAL

(Patient informs sexual contact/s – preferred method if possible)

Discuss with client how they are going to notify contact/s

- Face-to-face
- Telephone
- SMS/Social media
- Treatment letter/s to be given to sexual contact/s, see www.nzshs.org/guidelines
- Email

Provide education, support and resources to assist patients, based on their chosen method:

- Factsheets on infection and partner notification with appropriate websites for further information.
- Treatment letter/s to be given to sexual contact/s, see www.nzshs.org/guidelines
- Role play telling their sexual contact/s, if appropriate.

Follow-up (phone or in person) 1 week later

- All notifiable contacts informed?
- If unable to notify contacts, ask why and offer support and appropriate resources.
- Check no unprotected sex with untreated contacts – will need re-treatment if re-exposed.
- Advise retest for infection in 3 months.
- Document in notes.

PROVIDER REFERRAL

(Clinician informs sexual contact/s with patient consent.)

Note: Patient safety takes priority, if risk of violence then don't notify contacts. Provider referral preferred if contact/s incarcerated or for repeated infections with doubt as to contact treatment.

Obtain details of contact/s to be notified

- Discuss confidentiality with index case, however explain that contacts may be able to identify them.

Consult with sexual health service if required

- Contact details of New Zealand sexual health services located at www.nzshs.org/clinics

Notify contacts anonymously

- Advise they have been named as a contact of the specific infection.
- Do not give name of index client.
- Advise them to attend for sexual health check and treatment.
- Advise them where they can attend for this – GP, sexual health or family planning clinic.

The Ministry of Health supports the use of these clinical guidelines, developed by clinical experts and professional associations to guide clinical care.

Further guideline information – www.nzshs.org/guidelines or phone a sexual health specialist.

This STI Management Guideline Summary has been produced by NZSHS. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (September 2017).