The Community Guide

HIV: Interventions to Identify HIV-Positive People Through Partner Notification – by Provider Referral (2005 Archived Review)

Table of Contents

Summary of Systematic Review and CPSTF Finding

Intervention Definition

Partner counseling and referral services (PCRS) are part of the spectrum of care for HIV-positive people and their sexual or needle-sharing partners. Referral involves notifying partners of exposure, after which they are (ideally) tested and receive prevention or risk reduction counseling or enter into care (if they test positive).

Provider referral

- The HIV-positive patient voluntarily discloses information about partners
- Provider or other public health professional notifies partner(s)

Summary of CPSTF Finding

The Community Preventive Services Task Force (CPSTF) recommends provider referral partner notification based on sufficient evidence of effectiveness in increasing HIV testing and identification of previously undiagnosed HIV-positive individuals.

The CPSTF has related findings for partner notification using the following:

- Patient referral (insufficient evidence)
- Contract referral (insufficient evidence).

About The Systematic Review

The CPSTF finding is based on evidence from a systematic review of 9 studies (search period 1985 - 2004). The review was conducted on behalf of the CPSTF by a team of specialists in systematic review methods, and in research, practice, and policy related to HIV/AIDS prevention.

Summary of Results

Nine studies assessing provider referral qualified for the review and examined a series of related outcomes.

- Number of partners located and notified: 67% (8 studies)
- Number of notified partners (with unknown HIV status) who were tested: 63% (6 studies)
- Number of tested partners who were HIV-positive: 20% (7 studies)
- There was little difference among the three partner-notification methods evaluated (provider, patient, and contract referral) in terms of the mean number of infected individuals identified (although very few studies tested patient or contract referral).
- Behavioral changes after partner notification:
    - There were changes in the direction of safer sexual behavior with HIV partner notification.
    - Small number of studies and diversity of comparisons and outcomes precludes firm conclusions.
- Data do not suggest substantial harms to the person who is screened and found to be HIV positive resulting from partner notification services (two studies).

Summary of Economic Evidence

An economic review and cost-effectiveness analysis, using the same data set as this review and comparing three

methods of referral (provider, patient, and mixed [dual]), found that provider referral is the most cost effective from both provider and societal perspectives.

Applicability

- Review findings are likely to be applicable across a broad range of settings and populations.
- Included studies were conducted among a variety of populations (black and white men and women; gay, bisexual, and straight; intravenous drug users or not), in a variety of settings in the U.S. (statewide in seven states and locally in several cities), over a 20-year period.

Study Characteristics

The studies in this review were conducted:

- Among a variety of populations (black and white men and women; gay, bisexual, and straight; intravenous drug users or not)
- In a variety of settings in the United States (statewide in seven states and locally in several cities)
- Over a 20-year period.

CPSTF Finding

CPSTF Finding (February 2005)*

The Community Preventive Services Task Force therefore recommends the use of provider-referral partner notification—in which a healthcare provider or other public health professional contacts and notifies partners who have been identified by an infected individual—on the basis of sufficient evidence of effectiveness in increasing HIV testing and identification of previously undiagnosed HIV-positive individuals. The effectiveness of patient or contract referral could not be determined, because too few studies of adequate quality were available. No evidence of harms as a result of PCRS were found in the literature, but the paucity of evidence in this area requires continued attention to harms such as partner violence, both from clinical and research perspectives.

*From the following publication:
Task Force on Community Preventive Services. Recommendations to increase testing and identification of HIV-positive individuals through partner counseling and referral services. *Am J Prev Med* 2007;33(2S):S88.

Publications

Hogben M, McNally T, McPheeters M, et al. The effectiveness of HIV partner counseling and referral services in increasing identification of HIV positive individuals: a systematic review. *Am J Prev Med* 2007;33(2S):S89–S100.

Task Force on Community Preventive Services. Recommendations to increase testing and identification of HIV-positive individuals through partner counseling and referral services. *Am J Prev Med* 2007;33(2S):S88.

Supporting Materials

Evidence Gaps

The CPSTF identified several areas that have limited information. Additional research and evaluation could help fill remaining gaps in the evidence base.

The following outlines evidence gaps for partner counseling and referral services through provider, patient, and contract referral.

Results from the Community Guide reviews of the partner counseling and referral services reviews indicate that a number of PCRS-related issues warrant additional study and evaluation, primarily on patient, contract, and dual referral and comparisons of relative effectiveness among these methods and provider referral.

Approaches to partner notification vary; they include non–health-department referral assistance, such as outreach-assisted partner notification; incorporation of social, as well as sexual, networks into PCRS and partner notification; and self-testing algorithms. The last unavoidably delays PCRS compared with in-person counseling and testing (followed by PCRS). Research is ongoing into the effectiveness of these approaches and ways to best match approaches to individuals and communities who are most likely to benefit from them. In trying to compare methods, the field would benefit from further comparisons of provider referral with other referral methods. Among the papers included in this review, the Landis randomized control trial demonstrated a large effect size for provider referral versus contract and patient referral. Nevertheless, comparisons with greater numbers of participants and more diverse settings would improve the quality of comparative evidence. Finally, this review did not specifically address the acceptability of PCRS, including partner notification, to patients and their partners, which should be evaluated further as this may affect the success of the process.

More studies are needed of the effects of PCRS on certain outcomes, especially behavior change and possible harms. The reductions in risk behavior found in Hoxworth subsequent to notification echo the conclusions of a recent meta-analysis showing that risk behaviors among those who know they are HIV-positive are, overall, less frequent than risk behaviors among those unaware of their status. Partner violence, although not proven to be a consequence of notification, is still a putative harm, especially in the context of patient referral (e.g., Rothenberg et al.). Moreover, the existence of violence in relationships where HIV/STD transmission occurs is widely supported anecdotally by public health staff. Even though the nature of the violence and the extent to which observed violence is attributable to notification is unclear, the risk should continue to be recognized by researchers and practitioners.

To the best of our knowledge, the effect on sexual behavior and partner notification participation of laws punishing "knowing transmitters" has not been studied. Research suggests that transmission of HIV may increase temporarily and substantially with STD co-infection, which speaks both to the importance of ongoing HIV partner notification and to the legal implications of admitting to having sex while HIV-positive. (Some jurisdictions have laws against HIV-positive individuals engaging in sex without disclosure of their HIV status. Becoming infected with an STD would constitute proof that the HIV-positive person had had sex, at which point disclosure would become an issue.) This critical contextual variable should receive additional study. Finally, although it seems self-evident that information garnered through PCRS, including partner notification, contributes to our epidemiologic understanding of HIV and its spread, it would be

worthwhile to evaluate the benefit of PCRS to the research and programmatic efforts of public health agencies in fighting HIV

Included Studies

The number of studies and publications do not always correspond (e.g., a publication may include several studies or one study may be explained in several publications).

Effectiveness Review

CDC. Partner counseling and referral services to identify persons with undiagnosed HIV---North Carolina, 2001. *MMWR* 2003;52:1181–4.

CDC. Partner notification for preventing human immunodeficiency virus (HIV) infection--Colorado, Idaho, South Carolina, Virginia. *MMWR* 1988;37:393–6.

Crystal S, Dengelegi L, Beck P, Dejowski E. AIDS contact notification: initial program results in New Jersey. *AIDS Educ Prev* 1990;2:284–95.

Hoffman RE, Spencer NE, Miller LA. Comparison of partner notification at anonymous and confidential HIV test sites in Colorado. *J Acquir Immune Defic Syndr Hum Retrovirol* 1995;8:406–10.

Landis SE, Schoenbach VJ, Weber DJ, et al. Results of a randomized trial of partner notification in cases of HIV infection in North Carolina. *N Engl J Med* 1992;326:101–6.

Rutherford GW, Woo JM, Neal DP, et al. Partner notification and the control of human immunodeficiency virus infection. Two years of experience in San Francisco. *Sex Transm Dis* 1991;18:107–10.

Spencer NE, Hoffman RE, Raevsky CA, Wolf FC, Vernon TM. Partner notification for human immunodeficiency virus infection in Colorado: results across index case groups and costs. *Int J STD AIDS* 1993;4:26–32.

Toomey KE, Cates WJ. Partner notification for the prevention of HIV infection. *AIDS* 1989;3(Suppl 1):S57–S62.

Wykoff RF, Jones JL, Longshore ST, et al. Notification of the sex and needle-sharing partners of individuals with human immunodeficiency virus in rural South Carolina: 30-month experience. *Sex Transm Dis* 1991;18:217–22.

Economic Review

Ekwueme D, Hutchinson A, Dean H, Kim A. Estimating the cost and effectiveness of three referral strategies for HIV partner counseling and referral services (Abstract). 2005: E24.

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