HIV Prevention: Partner Services Interventions to Increase HIV Testing

Summary Evidence Table

This table outlines information from the studies included in the Community Guide systematic review of Partner Services Interventions to Increase HIV Testing. It details study quality, population and intervention characteristics, and study outcomes considered in this review. Complete references for each study can be found in the Included Studies section of the review summary.

Abbreviations Used in This Document:

CDC: Centers for Disease Control and Prevention

CI: confidence interval

DIS: Disease Intervention Specialist

FSU: Field Service Unit

IDU: people with injection drug use HIV: Human Immunodeficiency Virus

MSM: gay, bisexual, and other men who have sex with men

NR: not reported

SES: socioeconomic status

STD: sexually transmitted disease STI: sexually transmitted infection

Type of Referral:

Provider referral: trained health department personnel notify partners

Self-referral (also known as client or patient referral): patient accepts full responsibility for notifying partners and refers them to appropriate services

Third-party referral: professionals other than health department staff (e.g., HIV counselors or clinicians) notify partners

Outcomes and Formula Used in This Review:

Partner index ratio: number of partners identified/ number of index patients interviewed

Percent (%) partners notified: (number of partners notified/ number of partners identified) x 100

Percent (%) partners tested, all notified: (number of partners tested/ number of partners notified) x 100

Percent (%) partners tested, among HIV- or unknown: (number of partners tested/ number of partners notified previously tested HIV negative or with unknown HIV status) x 100

Percent (%) partners tested positive: (number of partners tested positive for HIV infection/ number of partners tested) x 100

NNTInew: number of index patients needed to be interviewed to identify one newly diagnosed partner

(number of index patients interviewed/ number of partners newly tested positive for HIV infection) x 100

NNTIany: number of index patients needed to be interviewed to identify one partner with HIV infection (partners previously tested positive for HIV infection)

(number of index patients interviewed/ number of partners with HIV infection) x 100

Notes:

- Suitability of design includes three categories: greatest, moderate, or least suitable design. Read more >>
- Quality of Execution Studies are assessed to have good, fair, or limited quality of execution. Read more >>
- Race/ethnicity of the study population: The Community Guide only summarizes race/ethnicity for studies conducted in the United States.
- Final Effect estimates greater than zero are rounded to the nearest tenth; estimates less than zero are rounded to the nearest hundredth.

Study	Intervention Characteristics	Population Characteristics	Results
Author, Year:	Location: San Francisco, California, US	Eligibility Criteria:	How Ascertained:
Ahrens et al., 2007		Index patients: persons diagnosed at	Notification outcomes recorded using
·	Urbanicity: urban	STD clinic with acute or nonacute HIV	standard CDC disposition codes
Study Design:	-	infection	Partner HIV status outcomes were
Pre-post only	Setting: San Francisco Department of	Partners: sexual or needle sharing	determined by staff investigation of
	Public Health (SFDPH) STD Prevention	partners, and persons within the index	SFDPH HIV testing records, self-report
Suitability of	and Control Section	cases' social and sexual network	from the partner, or self-report from the
Design:	Type of Referral:		index patient about the partner
Least	Provider referral by trained SFDPH staff	Sample Size:	·
	Self-referral available if index patients	Index patients: 763	Intervention Duration: 36 months
Quality of	chose the option	Index patients interviewed: 607	
Execution:	'	Identified partners: 8263	Results:
Fair	Notification Delivery Methods: NR	'	Overall:
	•	Demographics:	Partner index ratio: 13.6
	Additional Services Offered:	Index patients:	% partners notified: 6.8%
	San Francisco partner services program	Age: NR	% partners tested, all notified: 39.1%
	offers an array of services to HIV-	Sex: 96% male; 3% female; 1%	% partners tested, among HIV- or
	infected individuals: counseling	transgender	unknown: 96.9%
	sessions; referrals to social service,	Race/Ethnicity: 54% white; 13%	% partners tested positive: 10.6%
	mental health, and substance abuse	Black/African American; 8%	NNTInew: 26.4
	treatment agencies; linkage to HIV	Asian/Pacific Islander; 1% American	NNTIany: 1.7
	primary care	Indian/Alaska Native; 23%	,
		Hispanic/Latino; 1% unknown	Acute HIV infection:
	Named partners were offered fast-	Transmission category: NR	% partners notified: 60%
	tracked STD/HIV medical evaluation,	SES: NR	% partners tested, all notified: 44.4%
	including HIV testing at municipal STD	Education: NR	% partners tested, among HIV- or
	clinics	Insurance: NR	unknown: 100%
			% partners tested positive: 25%
	Comparison:		
	Partner services vs. no service		Non-acute HIV infection:
	Index patients with acute vs. non-acute		% partners notified: 64.6%
	vs. long-standing HIV infection		% partners tested, all notified: 54.3%

Study	Intervention Characteristics	Population Characteristics	Results
		•	% partners tested, among HIV- or
			unknown: 97.5%
			% partners tested positive: 12.6%
			Long-standing HIV infection:
			% partners notified: 59.7%
			% partners tested, all notified: 28.8%
			% partners tested, among HIV- or
			unknown: 96%
			% partners tested positive: 7.4%
Author, Year:	Location: Alberta, Canada	Eligibility Criteria:	How Ascertained:
Bergman et al.,	,	Index patients: all persons tested HIV	Data obtained from local health services
2015	Urbanicity: urban	positive within study period	databases
	,	Partners: sexual, needle sharing, and	
Study Design : Pre-post only	Setting: Alberta Health Services	perinatal contacts	Intervention Duration: 44 months
Pre-post only	Type of Referral:	Sample Size:	Results:
Suitability of	Provider referral	Index patients interviewed: 346	Overall:
Design:	Provider referral	Identified partners: 642	Partner index ratio: 1.9
Least	Notification Delivery Methods: NR	identified partifers. 042	% partners notified: 53.9%
Least	Notification Delivery Methods: NR	Demographics:	% partners flotified: 33.9% % partners tested, all notified: 88.2%
Quality of	Additional Services Offered:	Index patients:	% partners tested, all notified: 68.2% partners tested positive: 6.6%
Execution:			NNTInew: 17.3
	HIV testing for partners offered by partner notification nurse	Age, mean: 37 Sex: 70% male; 30% female	
Fair	partner notification nurse		NNTIany: 3.1
	Commonicon	Race/Ethnicity: 57% white among	MCM.
	Comparison:	males; 46% Black/African American	MSM: Partner index ratio: 2.6
	Partner services vs. no service	among females	
	Comparison between different	Transmission category: 42% MSM;	% partners notified: 58.9%
	transmission categories	14% IDU; 42% heterosexual contact;	% partners tested, all notified: 89.0%
		3% other SES: NR	% partners tested positive: 7.7% NNTInew: 9.6
		Education: NR	NNTIany: 2.6
		Insurance: NR	TOUL
			IDU:
			Partner index ratio: 1.3
			% partners notified: 48.4%
			% partners tested, all notified: 80.7%
			% partners tested positive: 16.0%
			NNTInew: 12.3
			NNTIany: 2.3
			Heterosexual:
			Partner index ratio: 1.4
			% partners notified: 46.6%

Study	Intervention Characteristics	Population Characteristics	Results
			% partners tested, all notified: 88.4% % partners tested positive: 1.2% NNTInew: 144 NNTIany: 4.5
			Other: Partner index ratio: 0.2 % partners notified: 50.0% % partners tested, all notified: 100% % partners tested positive: 0% NNTInew: 0 NNTIany: 4.5
Author, Year : Bocour et al., 2010	Location: New York City, New York, US	Eligibility Criteria: Index patients: all blacks and	How Ascertained:
Study Design:	Urbanicity: urban	Hispanics who tested positive for HIV and referred to FSU during study	NYC Department of Health and Mental Hygiene database
Cross-sectional	Setting: NYC Department of Health and	period	Intervention Duration: 16 months
Suitability of	Mental Hygiene	Partners: sexual partners	Results:
Design:	Type of Referral:	Sample Size:	Blacks/African American:
Least	Provider referral through FSU and DIS	Index patients: 1842	Partner index ratio: 1.3
Quality of Execution:	Notification Delivery Methods: NR	Index patients interviewed: 1385 Identified partners: 1107	% partners notified: 47.4% % partners tested, all notified: 37.7% % partners tested, among HIV- or
Fair	Additional Services Offered: Field HIV testing offered	Demographics: Index patients: Age group: 3% aged 13-19; 20% aged	unknown: 56.6% % partners tested positive: 12.5% NNTInew: 59.6
	Comparison:	20-29; 22% aged 30-39; 32% aged	NNTIany: 7.4
	Index patients' race, ethnicity and sex	40-49; 17% aged 50-59; 6% aged 60+ Sex: 56% male; 44% female Race/Ethnicity: 65% Black/African American; 35% Hispanic/Latino Transmission category: Male: 16% heterosexual contact; 14% IDU; 31% MSM; 1% IDU and MSM; 38% unknown Female: 39% heterosexual contact; 7% IDU; 57% no identified category SES: 22% ever homeless Education: NR Insurance: NR	Hispanic/Latino: Partner index ratio: 1.1 % partners notified: 47.5% % partners tested, all notified: 44.0% % partners tested, among HIV- or unknown: 60.7% % partners tested positive: 23.1% NNTInew: 23.4 NNTIany: 6.3 Male: Partner index ratio: 1.3 % partners notified: 49.4% % partners tested, all notified: 42.7%

Study	Intervention Characteristics	Population Characteristics	Results
•			% partners tested, among HIV- or
			unknown: 61.8%
			% partners tested positive: 22.2%
			NNTInew: 27.5
			NNTIany: 6.5
			Female:
			Partner index ratio: 1.2
			% partners notified: 45.1%
			% partners tested, all notified: 37.0%
			% partners tested, among HIV- or
			unknown: 53.8%
			% partners tested positive: 9.4%
			NNTInew: 76.9
			NNTIany: 7.7
Author, Year:	Location: New York City, New York, US	Eligibility Criteria:	How Ascertained:
Bocour et al., 2013	Halland Selfan and an	Index patients: two mutually exclusive	Data from NYC HIV surveillance registry
Chada Daalaa	Urbanicity: urban	analytic populations were drawn from	(HSR) and the FSU database
Study Design: Cross-sectional	Sotting: NVC Department of Health and	the population of all persons living in	Intervention Duration: 60 months
Cross-sectional	Setting: NYC Department of Health and Mental Hygiene	NYC, at least 13 years old, newly diagnosed with HIV infection between	Intervention Duration: 60 months
Suitability of	Mental Hygiene	2007 and 2011, reported to NYC	Results:
Design:	Type of Referral:	Health Department by 03/31/2013:	Linkage to care within 91 days of
Least	Provider referral through FSU and DIS	Intervention: newly diagnosed persons	diagnosis: linkage to care was evaluated
Least	Trovider referral tillough 130 and DIS	interviewed for PS by FSU staff, and	using CD4 and viral load reports to HSR
Quality of	Notification Delivery Methods: NR	Comparison: newly HIV-diagnosed	as a proxy for an HIV-related medical
Execution:	Troumous Denvery Fredricus IIII	persons at non-FSU-participating NYC	care visit
Fair	Additional Services Offered:	facilities that offered ongoing HIV	
	Staff assessed patients' understanding	medical care	FSU patients (79%) were more likely
	of the follow-up care plan made by	Partners: sexual and needle sharing	than non-FSU patients (66%) to initiate
	providers and attempted to address any	partners	care within 3 months of diagnosis
	potential barriers to adherence to the		(P<0.0001).
	plan, including facilitating appointment	Sample Size:	
	scheduling and providing transportation	Index patients: 10095	In the multivariable model, FSU patients
	to appointments	Index patients interviewed: NR	were slightly more likely to initiate care
		Identified partners: NR	within 3 months of diagnosis, adjusted
	Comparison:		prevalence ratio of 1.10, 95% CI 1.08-
	FSU vs. non-FSU (provider vs. third-	Demographics:	1.12
	party referral)	Index patients:	Fatablish ad association
		Age, mean: 38	Established care: HIV care was
		Sex: 73% male; 27% female	considered 'established' if at least two
		Race/Ethnicity: 16% white; 48% Black/African American; 33%	viral load or CD4 tests, including the
		Hispanic/Latino; 3% unknown/other	linkage to care laboratory, separated by at least 91 days, were received for those
		mspanic/Launo, 5% unknown/outer	Page F of 21

Study	Intervention Characteristics	Population Characteristics	Results
•		Transmission category: 28%	who had ever initiated care during the
		heterosexual contact; 7% IDU history;	12-month period after initial diagnosis
		43% MSM; 22% unknown	
		SES: NR	Among those who ever initiated care,
		Education: NR	FSU patients (87%) were more likely
		Insurance: NR	than non-FSU patients (84%) to have
			established themselves in (P=0.0001).
			In the multivariable model, FSU patients
			were slightly more likely to have
			established care, adjusted prevalence
			ratio of 1.04, 95% CI 1.02-1.06
Author, Year:	Location: Taipei City, Taiwan	Eligibility Criteria:	How Ascertained:
Chiou et al., 2015		Index patients: recruited from	NR
Observation Descriptions	Urbanicity: urban	infectious disease outpatient	Total Book 12 months
Study Design:	Callings infectious disease subsetions	department in one of the Taipei City	Intervention Duration: 12 months
Individual RCT	Setting: infectious disease outpatient department in one of the Taipei City	hospitals, men who have sex with men, infected through unsafe sex,	Results:
Suitability of	hospitals	literate and able to communicate	Partner index ratio:
Design:	Hospitals	Partners: sexual partners	Multiple sessions: 7.2
Greatest	Type of Referral:	raithers. Sexual partiters	One session: 3.9
Greatest	Mix of provider, self, and third-party	Sample Size:	One session: 5.9
Quality of	referral	Index patients: 84	% partners notified:
Execution:	Torona	Index patients interviewed: 84	Multiple sessions: 74.8%
Fair	Notification Delivery Methods: NR	Identified partners: 467	One session: 71.5%
	,		Difference: 3.3 percentage points
	Additional Services Offered:	Demographics:	
	Partners were scheduled to undergo	Index patients:	% partners tested, all notified:
	HIV testing and rapid testing	Age group: 4% less than 20; 63%	Multiple sessions: 34.5%
		aged 21-30; 30% aged 31-40; 4%	One session: 28.0%
	Partners tested negative at the first	aged 41-50	Difference: 6.5 percentage points
	screening were tested for HIV again	Sex: 100% male	
	after a period of 3 months. If result was	Race/Ethnicity: NR	% partners tested positive:
	still negative, follow-up was ceased	Transmission category: 100% MSM	Multiple sessions: 39.7%
	Commonicant	SES, monthly income, USD: 6% with	One session: 27.3%
	Comparison:	no monthly income; 24% with less	Difference: 12.5 percentage points
	Multi-session counseling vs. one session counseling at initial interview of the	than 667; 56% with 667-1332; 6% 1333-1666; 8.3% greater than 1666	NNTInew:
	index patient	SES, employment: 80% employed;	Multiple sessions: 1.4
	much patient	20% not employed	One session: 4.7
		Education: 26% senior of high school;	One session, 4.7
		61% college and university; 13%	NNTIany:
		graduate school	Multiple sessions: 0.5
		Insurance: NR	One session: 0.9

Study	Intervention Characteristics	Population Characteristics	Results
Author, Year: De	Location: Barcelona, Spain	Eligibility Criteria:	How Ascertained:
Olalla et al., 2015		Index patients: persons diagnosed	Outcomes of HIV testing for partners
·	Urbanicity: urban	between January 2012 and June 2013,	informed by self-referral were obtained
Study Design:	-	managed for the first time in one of	from their index cases and not
Pre-post only	Setting: a hospital HIV unit and STI	two participating healthcare centers	confirmed by medical records
	Primary Care Center	were invited to participate as index	Outcomes of HIV testing for partners
Suitability of		case	who were informed by provider referral
Design:	Type of Referral:	Partners: sexual and needle sharing	were verified by medical records
Least	Provider and self-referral	partners	
			Intervention Duration: 10 months
Quality of	Notification Delivery Methods:	Sample Size:	
Execution:	telephone	Index patients: 131	Results:
Fair		Index patients interviewed: 125	Partner index ratio: 16.4
	Additional Services Offered:	Identified partners: 2050	% partners notified: 9.7%
	Partners offered free HIV rapid testing		% partners tested, all notified: 70.9%
		Demographics:	% partners tested, among HIV- or
	Comparison:	Index patients:	unknown: 100%
	Partner services vs. no service	Age, median: 34	% partners tested positive: 18.4%
		Sex: 96% male; 4% female	NNTInew: 4.8
		Race/Ethnicity: NR	NNTIany: 1.5
		Transmission category: 83% MSM;	
		13% heterosexual contact; 2% MSM	
		and IDU; 2% heterosexual contact and	
		IDU	
		SES: NR	
		Education: 5% no formal education;	
		16% primary; 44% secondary; 34%	
		university; 1% missing	
A 11	Landing Carlle W. L. 192	Insurance: 100%	Harris Annual Constitution
Author, Year:	Location: Seattle, Washington, US	Eligibility Criteria:	How Ascertained:
Golden et al., 2009	Halo and alternative and	Index patients: from the largest HIV	Data taken from public health
Chudu Da -!	Urbanicity: urban	clinic in the Washington state,	department databases
Study Design:	Cattings the laws at LITY alimin in	diagnosed with HIV infection, visiting	Totamontian Donatian 12 months
Cross-sectional	Setting: the largest HIV clinic in	the clinic in 2006 and 2007, English-	Intervention Duration: 12 months
Cuitability of	Washington state	speaking	Deculto
Suitability of	Type of Deferrely	Partners: sexual partners	Results:
Design:	Type of Referral: Provider and self-referral	Sample Size:	Index patients who received partner
Least	riovidei aliu Seli-Teleffal	Sample Size: Index patients: 370	services were significantly more likely to report notifying at least one sex partner
Quality of	Notification Polivery Methods: ND	Index patients: 370 Index patients interviewed: NR	than index patients who did not receive
Quality of Execution:	Notification Delivery Methods: NR	Index patients interviewed: NR Identified partners: NR	•
Fair	Additional Services Offered: NR	Tuentineu partners: NK	partner services
ıalı	Additional Services Offered: NR	Demographics:	More index patients who received
	Comparison:	Index patients:	partner services (13%) reported their
	Comparison.	THUCK PULLETIES.	Page 7 of 21

Study	Intervention Characteristics	Population Characteristics	Results
	Partner services vs. no service	Age, median: 45	partners diagnosed with HIV compared
	People who received partner services	Sex: 82% male; 16% female; 2%	with index patients who did not receive
	vs. people who did not receive partner	transgender persons; 0.3% unknown	partner services (8%) (P=0.23)
	services	Race/Ethnicity: 66% white; 17%	
		Black/African American; 14% multiple	
		races; 9% Hispanic/Latino; 3% NR	
		Transmission category: NR	
		SES: income in last year, 64% less	
		than \$15K; 20% \$15K to \$30K; 14%	
		more than \$30K	
		Education: 45% high school or less;	
		52% some college or more	
		Insurance: NR	
Author, Year:	Location: San Diego, California, US	Eligibility Criteria:	How Ascertained:
Green et al., 2017	31, 11 1, 12	Index patients: all people with acute	Data taken from study database
, , ,	Urbanicity: urban	and early HIV infection	, , , , , , , , , , , , , , , , , , , ,
Study Design:		Partners: sexual or needle sharing	Intervention Duration: 228 months
Pre-post only	Setting: community-based HIV testing	partners	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	sites of the San Diego Primary Infection		Results:
Suitability of	Resource Consortium (SD PIRC)	Sample Size:	% partners tested positive: 32.8%
Design:	(62 : 2:10)	Index patients: 574	NNTInew: 14.7
Least	Type of Referral:	Index patients provided sufficient	NNTIany: 1.6
	Mix of provider, self, and third-party	information for partners to be located:	
Quality of	referral	107	
Execution:		Identified partners: 119	
Fair	Notification Delivery Methods: NR		
		Demographics:	
	Additional Services Offered:	Index patients:	
	Partners successfully contacted were	Age, median: 30	
	offered free of charge HIV testing and	Sex: 95% male; 5% female	
	counseling through SD PIRC or a testing	Race/Ethnicity: 60% white; 5%	
	facility of their choice and linkage to	Black/African American; 29%	
	prevention and treatment services	Hispanic/Latino; 6% other	
		Transmission category: 96% MSM; 4%	
	Comparison:	IDU	
	Partner services vs. no service	SES: NR	
		Education: NR	
		Insurance: NR	
Author, Year:	Location: King County, Washington,	Eligibility Criteria:	How Ascertained:
Heumann et al.,	US	Index patients: all King County WA	Data extracted and de-identified from
2017		residents reported to Public Health	partner services records completed by
	Urbanicity: urban	Seattle and King County (PHSKC) with	staff at PHSKC
Study Design:	_	newly diagnosed HIV infection who	
Cross-sectional		were interviewed by DIS for PS	Intervention Duration: 60 months

Study	Intervention Characteristics	Population Characteristics	Results
•	Setting: King County public health	between 2010 to 2014, and with	
Suitability of	department	completed interview records	Results:
Design:		Partners: NR	Initial interview in-person:
Least	Type of Referral:		Partner index ratio: 1.9
	Provider referral	Sample Size:	% partners notified: 73.9%
Quality of		Index patients: 1167	% partners tested, all notified: 44.2%
Execution:	Notification Delivery Methods: NR	Index patients interviewed with	% partners tested positive: 16.4%
Good		completed interview records: 847	NNTInew: 9.9
	Additional Services Offered: NR	Identified partners: 1298	Days between diagnosis and interview of index cases, median: 10
	Comparison:	Demographics:	
	Index patients received initial interview	Index patients:	Initial interview over telephone:
	in-person vs. index patients received	Age, median: 34	Partner index ratio: 1.3
	initial interview over the phone	Sex: 90% male; 10% female	% partners notified: 71.3%
		Race/Ethnicity: 59% white; 16%	% partners tested, all notified: 52.5%
		Black/African American; 6%	% partners tested positive: 10.2%
		Asian/Pacific Islander; 15%	NNTInew: 20.4
		Hispanic/Latino; 5% other	Days between diagnosis and interview of
		Transmission category: NR	index cases, median: 42
		SES: NR	
		Education: NR	
		Insurance: NR	
Author, Year:	Location: North Carolina, statewide,	Eligibility Criteria:	How Ascertained:
Hightow-Weidman	US	Index patients: all clients diagnosed	Records from NC DPH
et al., 2014		with HIV reported to NC DPH from	
,	Urbanicity: mix of urban and rural	2010 to 2012, assigned to staff to	Intervention Duration:
Study Design:	_	initiate partner services	IPN: 12 months
Cross-sectional	Setting: NC Division of Public Health	IPN index cases: persons with web-	TxPN: 8 months
	(NC DPH), North Carolina Internet	based information elicited, such as	
Suitability of	Partner Notification (IPN) services,	screen or profile name and website	Results:
Design:	University of North Carolina at Chapel	and or email	IPN:
Least	Hill collaborated with the North Carolina	TxtPN index cases: persons who did	# partners tested positive per month:
	Division of Public Health	not initially respond to traditional	0.6
Quality of		partner notification or IPN	
Execution:	Type of Referral:	Partners: sexual partners	TxPN:
Fair	Provider referral		# partners tested positive per month:
	Notification Delivery Matheat	Sample Size:	0.13
	Notification Delivery Methods:	Index patients: NR	IDNI T. DNI
	IPN: email	Index patients interviewed: NR	IPN vs. TxPN:
	Text partner notification (TxPN): text message	Identified partners: NR	# partners tested positive per month: 366.7%
		Demographics:	
	Additional Services Offered:	Index patients:	Dog 0 of 21

Study	Intervention Characteristics	Population Characteristics	Results
	HIV testing of partners	Age: NR	
		Sex: NR	
	Comparison:	Race/Ethnicity: NR	
	IPN vs. no IPN	Transmission category: NR	
	TxPN vs. no TxPN	SES: NR	
	IPN vs. TxPN	Education: NR	
		Insurance: NR	
Author, Year:	Location: King County, Washington,	Eligibility Criteria:	How Ascertained:
Hood et al., 2017	US	Index patients: all persons newly	All data matched against the Enhanced
		diagnosed with HIV infection and	HIV/AIDS Reporting System, also from
Study Design:	Urbanicity: urban	records entered into the King County	reported laboratory records, STD Clinic
Cross-sectional	Calling on Dublic Health Coattle 0 10 or	HIV Surveillance System	records, electronic medical records, and
CLabilita af	Setting: Public Health-Seattle & King	Partners: sexual or needle sharing	partner services databases
Suitability of	County (PHSKC), HIV/STD Program	partners	Intervention Duration: 72 months
Design : Least	Type of Referral:	Sample Size:	Intervention Duration: 72 months
Least	Provider referral	Index patients: 1474	Results:
Quality of	Provider referral	Index patients: 1474 Index patients interviewed: NR	After controlling for demographic
Execution:	Notification Delivery Methods: NR	Identified partners: NR	characteristics and other factors, linkage
Fair	Notification belivery Flethous. Nix	lucitined partners. NK	to care within 30 and 90 days of
T dii	Additional Services Offered:	Demographics:	diagnosis was significantly greater
	Field services team ensured linkage to	Index patients:	among individuals receiving versus not
	care for all unsuppressed individuals	Age: NR	receiving partner services
	with newly reported HIV infections; care	Sex: 89% male; 11% female	receiving partiter services
	linkage needed to be confirmed or until	Race/Ethnicity: 58% white; 16%	30 days:
	the staff determined that additional	Black/African American; 6% Asian; 1%	Adjusted relative risk (RR)= 1.10
	efforts to promote linkage would be	Pacific Islander; 1% American	95% CI: 1.03 to 1.18
	futile	Indian/Alaska Native; 15%	P = .004
		Hispanic/Latino; 1% multiracial	
	Newly diagnosed individuals (without	Transmission category: 70% MSM; 4%	90 days:
	evidence of an existing HIV care	IDU; 8% MSM/IDU; 6% heterosexual	Adjusted RR= 1.07
	provider) were invited to participate in	contact; 13% unknown	95% CI, 1.01 to 1.14
	the PHSKC One-on-One program,	SES: NR	P = .014
	allowing individuals to be seen by a	Education: NR	
	public health medical provider for a	Insurance: NR	
	clinical assessment, initial laboratory		
	evaluation, and counseling, usually		
	within several days of diagnosis		
	Comparison:		
	Index patients received partner services		
	vs. those who did not		

Study	Intervention Characteristics	Population Characteristics	Results
Author, Year:	Location: Durham, Mecklenburg &	Eligibility Criteria:	How Ascertained:
Landis et al., 1992	Wake County Health Departments,	Index patients: persons tested HIV	Notification and HIV testing outcomes
	North Carolina, US	positive and returned for their results	from clinic records and health
Study Design:		were assigned to public health	department record
Individual RCT	Urbanicity: mix of urban and rural	counselors participating in the study in	
		the 3 counties	Intervention Duration: 20 months
Suitability of	Setting: 3 large county health	Partners: sexual or needle sharing	
Design:	departments in NC, Durham,	partners	Results:
Greatest	Mecklenburg, and Wake County		Provider referral
		Sample Size:	Partner index ratio: 4.0
Quality of	Type of Referral:	Index patients: 162	% partners notified: 49.7%
Execution:	Provider referral	Index patients interviewed: 74	% partners tested, all notified: 46.2%
Fair		Identified partners: 310	% partners tested positive: 25.0%
	Notification Delivery Methods: in-		NNTInew: 4.3
	person notification if possible	Demographics:	
		Index patients:	Provider and self-referral
	Additional Services Offered:	Age, mean: 30	Partner index ratio: 4.4
	HIV testing and counseling offered to	Sex: 69% male; 31% female	% partners notified: 32.7%
	partners	Race/Ethnicity: 87% Black/African	% partners tested, all notified: 50.0%
		American	% partners tested positive: 20.0%
	Comparison:	Transmission category: NR	NNTInew: 7.0
	Provider vs. provider and self-referral	SES: NR	
	vs. self-referral	Education: NR	Self-referral
		Insurance: NR	Partner index ratio: 4.4
			% partners notified: 6.5%
			% partners tested, all notified: 50.0%
			% partners tested positive: 20.0%
			NNTInew: 35.0
Author, Year: Lee	Location: Kansas City, Missouri, US	Eligibility Criteria:	How Ascertained:
et al., 1990		Index patients: all people tested	Databases of Kansas City Health
,	Urbanicity: urban	positive at Kansas City Health	Department
Study Design:		Department HIV counseling and	
Pre-post only	Setting: Kansas City Health	testing clinics during study period	Intervention Duration: 12 months
- 1 /	Department	Partners: sexual or needle sharing	
Suitability of		partners	Results:
Design:	Type of Referral:	F	Overall:
Least	Provider and self-referral	Sample Size:	Partner index ratio: 2.1
		Index patients: 160	% partners notified: 78.5%
Quality of	Notification Delivery Methods: NR	Index patients interviewed: 106	% partners tested, all notified: 68%
Execution:	The state of the s	Identified partners: 219	% partners tested, among HIV- or
Fair	Additional Services Offered:	Tachtinea partiferor 219	unknown: 90.0%
	Partners tested negative were sent	Demographics:	% partners tested positive: 20.5%
	letters at 3 months intervals and	Index patients:	NNTInew: 4.4
	offered additional testing	Age: NR	NNTIany: 1.6
	onered additional testing	Age, INIX	INIVITALLY. 1.0

Study	Intervention Characteristics	Population Characteristics	Results
	Persons tested positive had their medical records monitored to see if they returned to clinic for any reason; these individuals received additional counseling stressing methods of minimizing the risk of transmission of HIV Clients who were HIV seropositive or who needed to return to the clinic because of another disease received person-to-person post-test counseling by public health advisors	Sex: 92% male; 8% female Race/Ethnicity: 38% white; 59% Black/African American; 3% Hispanic/Latino Transmission category: 69% MSM; 8% IDU; 3% others; 7% no risk identified SES: NR Education: NR Insurance: NR	Repeated testing: # partners tested negative: 93 # partners tested negative and offered testing: 69 # partners accepted testing: 30 # partners tested positive: 2 % partners retested positive: 6.7%
	Comparison: Partner services vs. no service		
Author, Year:	Location: New York City, New York, US	Eligibility Criteria:	How Ascertained:
Malave et al., 2008 Study Design:	Urbanicity: urban	Index patients: patients newly diagnosed with HIV in one of the 10 NYC DOHMH-run STD clinics	NYC HIV/AIDS surveillance registry; NYC DOHMH
Cross-sectional	Setting: New York City Department of	Partners: sexual or needle sharing	Intervention Duration: 12 months
Suitability of	Hygiene and Mental Health-run (DOHMH) STD clinics	partners	Results:
Design:		Sample Size:	STD clinic:
Least	Type of Referral: Provider referral	Index patients: 3666 Index patients interviewed: 719	% partners notified: 70.9% % partners tested: 69.2%
Quality of	Flovider referral	Identified partners: 925	% partners tested, 03.2% % partners tested positive: 27.0%
Execution:	Notification Delivery Methods: NR	Tuentinea partners. 323	70 partiters tested positive. 27.070
Fair	Troumour 2 on to 7 troumour this	Demographics:	Non-STD clinic:
	Additional Services Offered:	Index patients:	% partners notified: 28.3%
	HIV testing for partners	Age group: 24% aged 13-29; 32%	% partners tested: 47.4%
		aged 30-39; 29% aged 40-49; 15%	% partners tested positive: 22.2%
	Comparison:	aged 50 or more	
	Provider referral (NYC DOHMH-run STD	Sex: 69% male; 31% female	
	clinic) vs. self and third-party referral (non-STD clinic)	Race/Ethnicity: 15% white; 53% Black/African American; 29%	
	(non 31b chine)	Hispanic/Latino; 3% other or unknown	
		Transmission category: 37% MSM;	
		10% IDU; 21% heterosexual contact;	
		33% other or unknown	
		SES, neighborhood income: 60% with	
		income at least 20% below poverty	
	<u>l</u>	line	5 42 624

Study	Intervention Characteristics	Population Characteristics	Results
•		Education: NR	
		Insurance: NR	
Author, Year:	Location: San Francisco, California, US	Eligibility Criteria:	How Ascertained:
Marcus et al., 2009		Index patients: county residents with	Data from SFDPH
	Urbanicity: urban	newly diagnosed HIV infection within	
Study Design:		study period	Intervention Duration: 54 months
Pre-post only	Setting: San Francisco Department of Public Health (SFDPH)	Partners: recent sexual partners	Results:
Suitability of		Sample Size:	Overall:
Design:	Type of Referral:	Index patients: 615	Partner index ratio: 0.9
Least	Provider referral	Index patients interviewed: 481	% partners notified: 74.7%
		Identified partners: 419	% partners tested, all notified: 63.9%
Quality of	Notification Delivery Methods: NR		% partners tested, among HIV- or
Execution:	•	Demographics:	unknown: 91.7%
Fair	Additional Services Offered:	Index patients:	% partners tested positive: 22.0%
	HIV testing of partners	Age group: 35% aged less than 30;	NNTInew: 10.9
		37% aged 30-39; 22% aged 40-49;	NNTIany: 3.5
	Comparison:	6% aged 50 or more	·
	Partner services vs. no service	Sex: 95% male; 4% female; 1%	Interviews conducted within 2 weeks of
	Time between diagnosis and interview	transgender	diagnosis yielded more new positive
	within 2 weeks vs. more than 2 weeks	Race/Ethnicity: NR	cases (NNTInew=8) than those
		Transmission category: NR	conducted more than 2 weeks after
		SES: NR	diagnosis (NNTInew=21)
		Education: NR	
		Insurance: NR	
Author, Year:	Location: New Castle, UK	Eligibility Criteria:	How Ascertained:
Pattman et al.,		Index patients: all persons tested	Records from Genitourinary medicine
1993	Urbanicity: urban	positive within the catchment area	department in Newcastle upon Tyne
		during study period	Intervention Duration: 90 months
Study Design:	Setting: Genitourinary medicine	Partners: sexual or needle sharing	
Pre-post only	department in Newcastle upon Tyne,	partners	Results:
Contract title and	covering residents of Newcastle,	Carranta Ciara	Overall:
Suitability of	Northumberland, and Gateshead	Sample Size:	% partners tested positive: 31.6% NNTInew: 4.6
Design:	Type of Defensely	Index patients: 114	NNTINEW: 4.6
Least	Type of Referral: Provider and self-referral	Index patients interviewed: 114	
	Frovider and Sen-releffal	Identified partners: NR	
Ouality of			
	Notification Delivery Methods	Demographics:	
Execution:	Notification Delivery Methods:	Demographics:	
Execution:	health advisers approached the partner	Index patients:	
Execution:		Index patients: Age: NR	
Quality of Execution : Fair	health advisers approached the partner by telephone, letter or personal visit	Index patients: Age: NR Sex: 94% male; 6% female	
Execution:	health advisers approached the partner	Index patients: Age: NR	

Study	Intervention Characteristics	Population Characteristics	Results
	Partner services vs. no service	Education: NR	
		Insurance: NR	
Author, Year:	Location: Salt Lake City, Utah, US	Eligibility Criteria:	How Ascertained:
Pavia et al., 1993	,, ,	Index patients: all persons in Utah	Public records from public health and
	Urbanicity: mix of urban and rural	who were reported with HIV infection	prison systems
Study Design:	,	or AIDS during study period	
Pre-post only	Setting: Utah Department of Health	Partners: sexual or needle sharing	Intervention Duration : 24 months
		partners	
Suitability of	Type of Referral:		Results:
Design:	Provider and self-referral	Sample Size:	Overall:
Least		Index patients: NR	Partner index ratio: 2.6
	Notification Delivery Methods:	Index patients interviewed: 308	% partners notified: 73.6%
Quality of	partners were notified in a face-to-face	Identified partners: 807	% partners tested, all notified: 47.0%
Execution:	interview and counseled for 30 to 90		% partners tested, among HIV- or
Fair	minutes	Demographics:	unknown: 63.4%
		Index patients:	% partners tested positive: 14.0%
	Additional Services Offered:	Age, median: 32	NNTInew: 7.9
	For index patients, additional posttest	Sex: 89% male; 11% female	NNTIany: 1.6
	counseling and referral for medical	Race/Ethnicity: 84% white; 8%	
	follow-up and community-based	Black/African American; 7%	
	services; partners were referred to a	Hispanic/Latino	
	counseling and testing site and received	Transmission category: 62% MSM;	
	additional pre- and posttest counseling	18% IDU; 6% MSM/IDU9%	
		heterosexual contact; 4% other	
	Comparison:	SES: NR	
	Partner services vs. no service	Education: NR Insurance: NR	
Author, Year:	Leasting Cathonburg Cwadon		How Ascertained:
Ramstedt et al.,	Location: Gothenburg, Sweden	Eligibility Criteria: Index patients: all persons tested	NR
1990	Urbanicity: urban	positive for HIV in Gothenburg,	INK
1990	Orbanicity: urban	Sweden, during study period	Intervention Duration : 48 months
Study Design:	Setting: infectious disease department	Partners: sexual or needle sharing	Title Vention Daration: 40 months
Pre-post only	and county health system	partners	Results:
The post offig	and county ficaltif system	partiers	Overall:
Suitability of	Type of Referral:	Sample Size:	Partner index ratio: 2.1
Design:	Provider and self-referral	Index patients: 91	% partners tested positive: 11.2%
Least		Index patients interviewed: 91	NNTInew: 4.3
	Notification Delivery Methods:	Identified partners: 188	
Quality of	partners received letters asking them to		
Execution:	call or write to arrange a face-to-face	Demographics:	
Fair	meeting to deliver the notification	Index patients:	
-		Age: NR	
	Additional Services Offered:	Sex: 91% male; 9% female	

Study	Intervention Characteristics	Population Characteristics	Results
	HIV testing of partners	Race/Ethnicity: NR	
		Transmission category: 70% MSM; 6%	
	Comparison:	IDU; 7% heterosexual contact; 1%	
	Partner services vs. no service	unknown	
		SES: NR	
		Education: NR	
		Insurance: NR	
Author, Year:	Location: New York City, New York, US	Eligibility Criteria:	How Ascertained:
Renaud 2011	Edeation: New York City, New York, 65	Index patients: persons recently	FSU and DOHMH records
Reliauu 2011	Urbanicity: urban	diagnosed with HIV infection	130 and Domini records
Chudu Daalam	Orbanicity: urban		Intervention Duration, 12 months
Study Design:	Calling on Name Vanla City Day output and a f	Partners: sexual or needle sharing	Intervention Duration: 12 months
Pre-post only	Setting: New York City Department of	partners	
	Health and Mental Hygiene (DOHMH),		Results:
Suitability of	FSU	Sample Size:	Overall:
Design:		Index patients: NR	% partners tested, all notified: 52.5%
Least	Type of Referral:	Index patients interviewed: NR	% partners tested positive: 11.6%
	Provider referral	Identified partners: NR	
Quality of			Field testing of HIV (point-of-care
Execution:	Notification Delivery Methods:	Demographics:	testing):
Fair	partners notified in person	Index patients:	% partners tested, all notified: 76.4%
	· ·	Age: NR	% partners tested positive: 9.3%
	Additional Services Offered:	Sex: NR	, in the second part of the seco
	HIV testing offered to all partners in the	Race/Ethnicity: NR	Clinic-based testing of HIV (referred
	field; linkage to medical care for	Transmission category: NR	testing):
	partners who tested positive	SES: NR	% partners tested, all notified: 52.5%
	partiters who tested positive	Education: NR	% partners tested positive: 11.6%
	Comparison:	Insurance: NR	70 partilers tested positive. 11.070
	Partner services vs. no service	Insurance. NK	
	Field testing for partners vs. clinic-		
	based testing for partners		
Author, Year:	Location: San Francisco, California, US	Eligibility Criteria:	How Ascertained:
Rutherford 1991		Index patients: persons diagnosed	Public health department records
	Urbanicity: urban	with HIV or AIDS and reported to	
Study Design:		SFDPH, living within San Francisco	Intervention Duration: 24 months
Pre-post only	Setting: San Francisco Department of	Partners: sexual partners	
	Public Health (SFDPH)		Results:
Suitability of	_	Sample Size:	Overall:
Design:	Type of Referral:	Index patients: 59	Partner index ratio: 2.6
Least	Provider referral	Index patients interviewed: 51	% partners notified: 43.7%
		Identified partners: 79	% partners tested, all notified: 57.6%
Quality of	Notification Delivery Methods: NR		% partners tested positive: 20.6%
Execution:	Totalication believing Fictions in	Demographics:	NNTInew: 7.3
Fair	Additional Services Offered:	Index patients:	1441111641713
ı ail	Additional Scivices Offered:	THUEN PALIETIES.	

Study	Intervention Characteristics	Population Characteristics	Results
	HIV testing of partners and contacted	Age, mean: 38 for males; 42 for	
	again 2 weeks later for results reporting	females	
		Sex: 88% male; 12% female	
	Comparison:	Race/Ethnicity: 61% white	
	Partner services vs. no service	Transmission category: 63% MSM;	
		18% IDU; 12% heterosexual contact;	
		6% unknown	
		SES: NR	
		Education: NR	
		Insurance: NR	
Author, Year:	Location: Colorado, statewide, US	Eligibility Criteria:	How Ascertained:
Spencer 1993		Index patients: individuals tested	Data from clinic and health department
	Urbanicity: mix of urban and rural	positive for HIV in Colorado during	records
Study Design:		study period, prioritized individuals	
Cross-sectional	Setting: Colorado Department of Public	who were unlikely to have recognized	Intervention Duration: 12 months
	Health	their risk of infection, those with high	
Suitability of		transmission potential due to their	Results:
Design:	Type of Referral:	continued practice of unsafe behaviors	Overall:
Least	Provider referral	Partners: sexual or needle sharing	Partner index ratio: 1.0
		partners	% partners notified: 78.7%
Quality of	Notification Delivery Methods: NR		% partners tested, all notified: 42.6%
Execution:		Sample Size:	% partners tested positive: 21.3%
Good	Additional Services Offered:	Index patients: 231	NNTInew: 13.6
	Partner eligible for new or repeat	Index patients interviewed: 226	
	counselling and or testing if the person	Identified partners: 239	Provider referral:
	had not previously been counselled or		% partners notified: 39.4%
	tested or if the exposure to the index	Demographics:	
	case indicated unsafe behavior had	Index patients:	Self-referral:
	persisted despite prior counselling and	Age: NR	% partners notified: 28.8%
	or testing	Sex: 85% male; 15% female	
	Commonicant	Race/Ethnicity: 70% white; 14%	
	Comparison: Partner services vs. no service	Black/African American; 15%	
	Provider referral vs. self-referral	Hispanic/Latino; 1% other Transmission category: NR	
	Provider referral vs. sell-referral	SES: NR	
		SES: NR Education: NR	
		Insurance: NR	
Author, Year:	Location: North Carolina, statewide,	Eligibility Criteria:	How Ascertained:
Torrone 2010	US	Index patients: women aged 18-30	Data abstracted from partner counseling
10110110 2010		years who were newly diagnosed with	and referral services records
Study Design:	Urbanicity: mix of urban and rural	HIV in North Carolina during study	and referral services records
Cross-sectional	C. Damercy: Thix of arban and raid	period	Intervention Duration: 48 months
5. 555 555tional	Setting: North Carolina Partner	Partners: sexual or needle sharing	
	Counseling and Referral Services	partners	Results:

Study	Intervention Characteristics	Population Characteristics	Results
Suitability of		•	Pregnant women:
Design:	Type of Referral:	Sample Size:	Partner index ratio: 1.8
Least	Provider referral	Index patients: NR	% partners notified: 71.8%
		Index patients interviewed: 551	% partners tested, all notified: 58.4%
Quality of Execution:	Notification Delivery Methods: NR	Identified partners: 1940	% partners tested, among HIV- or unknown: 65.8%
Fair	Additional Services Offered:	Demographics:	% partners tested positive: 24.0%
	HIV testing, either in clinic or in field	Index patients:	NNTInew: 5.5
		Age group: 45% aged 26-30; 55%	NNTIany: 3.1
	Comparison:	aged 18-25	Days between diagnosis and partners
	Pregnant vs. non-pregnant women	Sex: 100% female	tested positive, mean: 63
		Race/Ethnicity: 23% white; 74%	
		Black/African American; 11%	Non-pregnant women:
		Hispanic/Latino; 89% non-	Partner index ratio: 1.7
		Hispanic/Latino; 4% other	% partners notified: 70.4%
		Transmission category: 9% exchanged	% partners tested, all notified: 45.8%
		sex for drugs or money; 35% used	% partners tested, among HIV- or unknown: 59.3%
		recreational drugs; 3% IDU; 3% had sex with partners with IDU; 6% had	
		sex with partners with HIV infection	% partners tested positive: 18.4% NNTInew: 10.1
		SES: NR	NNTIANY: 2.7
		Education: NR	Days between diagnosis and partners
		Insurance: NR	tested positive, mean: 122
Author, Year:	Location: New York City, New York, US	Eligibility Criteria:	How Ascertained:
Tsega 2012		Index patients: people newly	Data collected by the DOHMH HIV FSU
	Urbanicity: urban	diagnosed with HIV infection who were	was used for this analysis
Study Design:		interviewed for partner services from	NYC HIV/AIDS Reporting System
Cross-sectional	Setting: NYC Department of Health and	July 2006 to December 2008 whose	(HARS), a population-based registry of
Contract title and	Mental Hygiene (DOHMH)	self-reported race or ethnicity is non-	all persons diagnosed with AIDS in NYC
Suitability of	Town of Defermely	Hispanic Black	since 1981 and HIV since 2000
Design : Least	Type of Referral: Provider referral	Partners: sexual or needle sharing	Intervention Duration: 29 months
Least	Provider referral	partners	Intervention Duration: 29 months
Quality of	Notification Delivery Methods: NR	Sample Size:	Results:
Execution:		Index patients: NR	Birthplace in US and its territories:
Fair	Additional Services Offered:	Index patients interviewed: 1560	Partner index ratio: 1.0
	HIV testing of partners	Identified partners: 1521	% partners knowing their HIV+ status: 20.4%
	Comparison:	Demographics:	% partners notified: 33.1%
	Index patients were categorized into 3	Index patients:	% partners tested, among HIV- or
	mutually exclusive groups based on	Age, mean: 39	unknown: 70.7%
	birthplace:	Sex: 55% male; 45% female; 0.9%	% partners tested positive: 7.9%
	US and its territories	transgender	NNTInew: 66

Study	Intervention Characteristics	Population Characteristics	Results
•	Sub-Saharan Africa	Race/Ethnicity: 100% Black/African	NNTIany: 4.4
	The Caribbean	American	
		Transmission category: 22%	Birthplace in Sub-Saharan Africa:
		heterosexual contact; 6% IDU; 5%	Partner index ratio: 0.7
		MSM; 1% MSM/IDU; 1% perinatal	% partners knowing their HIV+ status:
		infection; 49% no identified risk	11.7%
		SES: NR	% partners notified: 43.9%
		Education: NR	% partners tested, among HIV- or
		Insurance: NR	unknown: 79.1%
			% partners tested positive: 8.8%
			NNTInew: 56
			NNTIany: 11
			Birthplace in US and its territories:
			Partner index ratio: 1.1
			% partners knowing their HIV+ status:
			12.2%
			% partners notified: 38.6%
			% partners tested, among HIV- or
			unknown: 58.3%
			% partners tested positive: 7.9%
			NNTInew: 57
			NNTIany: 6
Author, Year:	Location: New York City, New York, US	Eligibility Criteria:	How Ascertained:
Udeagu 2012		Index patients: persons diagnosed	Data abstracted from Provider Report
a	Urbanicity: urban	with HIV infection during the study	Form and FSU database
Study Design:		period at the participating hospitals	
Pre-post only	Setting: Department of Health and	Partners: sexual or needle sharing	Intervention Duration: 30 months
Code billion of	Mental Hygiene (DOHMH) partnered	partners	Bassilia
Suitability of	with 8 hospitals serving neighborhoods	Carranta Ciara	Results:
Design:	with high rates of late HIV diagnosis,	Sample Size:	Provider referral:
Least	high HIV prevalence, and mortality	Index patients: NR Index patients interviewed: 1280	Partner index ratio: 0.9 % partners notified: 40.9%
Quality of	Type of Referral:	Identified partners: 736	% partners notified: 40.9% % partners tested, all notified: 61.3%
Execution:	Provider referral (DIS-assisted)	Tuentinea partners: 736	% partners tested, all notified: 61.3% % partners tested positive: 12.8%
	Provider referral (DIS-assisted)	Demographics:	% partners tested positive. 12.6%
Fair	Notification Delivery Methods: DIS	Index patients:	Self and third-party referral:
	notified partners in-person	Age group: 1% aged 0-12; 4% aged	Partner index ratio: 0.3
	nounca partiters in-person	13-19; 22% aged 20-29; 24% aged	% partners notified: 27.6%
	Additional Services Offered:	30-39; 28% aged 40-49; 15% aged	% partners notified: 27.0% % partners tested, all notified: 57.1%
	DOHMH offered field-testing using an	50-59; 7% aged 60 or more	% partners tested, an notified: 37.1% % partners tested positive: 0%
	oral test following partner notification to	Sex: 60% male; 40% female	70 partifers tested positive. 070
	i oral test lonowing partite Hountalion to	Jear DO /0 Illaie, 40 /0 Ielliale	
	remove barriers to testing and negative	Race/Ethnicity: 2% white; 66%	

Study	Intervention Characteristics	Population Characteristics	Results
•		Asian/Pacific Islander; 0.2% American	
	DIS assisted with appointment	Indian/Alaska Native; 31%	
	scheduling, providing transportation to	Hispanic/Latino; 0.2% other	
	appointments when needed	Transmission category: 21% MSM; 7%	
		IDU; 33% heterosexual contact; 1%	
	Exposed partners tested HIV positive	perinatal; 31% unknown	
	following notification and testing were	SES: NR	
	linked to medical care	Education: NR	
		Insurance: NR	
	Comparison:		
	Provider vs. self and third-party referral		
Author, Year:	Location: New York City, New York, US	Eligibility Criteria:	How Ascertained:
Udeagu 2014a		Index patients: persons newly	Data abstracted from FSU database
	Urbanicity: urban	diagnosed with HIV infection	
Study Design:		Partners: sex, needle-sharing, or	Intervention Duration: 12 months
Cross-sectional	Setting: Department of Health and	social network partners of index	
	Mental Hygiene (DOHMH) FSU	patients	Results:
Suitability of			Internet partner service:
Design:	Type of Referral:	Sample Size:	Partner index ratio: 3.8
Least	Provider referral (DIS-assisted)	Index patients: NR	% partners notified: 40.7%
		Index patients interviewed: 1845	% partners tested, all notified: 27.7%
Quality of	Notification Delivery Methods:	Identified partners: 3247	% partners tested, among HIV- or
Execution:	contact with partners through mail,		unknown: 33.7%
Fair	telephone calls, field visits, email, or	Demographics:	% partners tested positive: 9.7%
	text message to mobile numbers;	Index patients:	NNTInew: 24.3
	notification was delivered in-person	Age group: 7% aged 13-19; 34% aged	NNTIany: 3.2
	whenever possible, or through email	20-29; 26% aged 30-39; 20% aged	Days between initial contact attempt to
	and text message if meeting in-person	40-49; 13% aged 50 or more	closing investigation, mean: 13
	was not possible	Sex: 67% male; 33% female	Tout magaza a nauta ar comica.
	Additional Services Offered:	Race/Ethnicity: 10% white; 48% Black/African American; 39%	Text message partner service: Partner index ratio: 2.1
	HIV testing in the field or referred to	Hispanic/Latino; 3% other or unknown	% partners notified: 77.4%
	STD clinic or HIV testing-site	Transmission category: NR	% partners notified: 77.4% % partners tested, all notified: 36.8%
	31D clinic of 111V testing-site	SES: NR	% partners tested, among HIV- or
	Comparison:	Education: NR	unknown: 45.1%
	Traditional partner services (contact by	Insurance: NR	% partners tested positive: 4.8%
	mail, telephone, field visits) vs. internet	Instrumet Wit	NNTInew: 35.2
	partner services (contact by email) vs.		NNTIany: 3.1
	text message partner services (contact		Days between initial contact attempt to
	by text messages)		closing investigation, mean: 16
	-,		and the state of t
			Traditional partner service:
			Partner index ratio: 1.6
			% partners notified: 69.2%

Study	Intervention Characteristics	Population Characteristics	Results
-			% partners tested, all notified: 44.6%
			% partners tested, among HIV- or
			unknown: 68.5%
			% partners tested positive: 13.2%
			NNTInew: 15.1
			NNTIany: 2.2
			Days between initial contact attempt to
			closing investigation, mean: 23
Author, Year:	Location: New York City, New York, US	Eligibility Criteria:	How Ascertained:
Udeagu 2014b	,,	Index patients: persons newly	Data abstracted from FSU database
3	Urbanicity: urban	diagnosed with HIV infection	
Study Design:		Partners: sex, needle-sharing, or	Intervention Duration: 48 months
Cross-sectional	Setting: Department of Health and	social network partners of index	
J. 000 0000101101	Mental Hygiene (DOHMH) FSU	patients, notified during evaluation	Results:
Suitability of	Tiental Hygiene (Bollinii) 130	period	Partner notification in person:
Design:	Type of Referral:	P	% partners tested, among HIV- or
Least	Provider referral	Sample Size:	unknown: 81.0%
LCast	Trovider referral	Index patients: NR	% partners tested positive: 10.0%
Quality of	Notification Delivery Methods:	Index patients: NR Index patients interviewed: NR	70 partilers tested positive. 10.070
Execution:	notification to partner delivered either	Identified partners: 8224	Partner notification by phone:
Fair	in person or over the phone	Tuentineu partners. 6224	% partners tested, among HIV- or
Ган	in person or over the phone	Domographica	unknown: 40.0%
	Additional Compiese Offered	Demographics:	
	Additional Services Offered:	Index patients:	% partners tested positive: 11.0%
	Point-of-care HIV testing or referral to	Age: NR	
	STD clinic or HIV testing-site	Sex: NR	
		Race/Ethnicity: NR	
	Comparison:	Transmission category: NR	
	Notification delivered in-person vs. by	SES: NR	
	telephone	Education: NR	
		Insurance: NR	
Author, Year:	Location: South Carolina, US	Eligibility Criteria:	How Ascertained: NR
Wykoff 1991		Index patients: persons diagnosed	
Wykon 1331	Urbanicity: rural	with HIV infection residing within the	Intervention Duration: 30 months
Study Design:	Or Dainicity: Turar	six-county area	The vention balation. 50 months
Pre-post only	Setting: six-county health district with	Partners: sexual or needle sharing	Results:
The post offiny	a population of 180,000 in a rural area	partners	Overall:
Suitability of		partitions	Partner index ratio: 5.3
Design:	Type of Referral:	Sample Size:	% partners notified: 59.8%
Least	Provider referral Self-referral available	Index patients: 119	% partners notified: 59.8% % partners tested, all notified: 96.6%
LedSt			
Ougliby of	if index patients chose the option	Index patients interviewed: 91	% partners tested positive: 14.6%
Quality of	Matification Delivered Matterday ND	Identified partners: 485	NNTInew: 2.2
Execution:	Notification Delivery Methods: NR		D
Fair		Demographics:	Repeated testing:

Study	Intervention Characteristics	Population Characteristics	Results
Study	Additional Services Offered: Post-test counseling sessions to review test results and reinforce educational message Partners tested positive were seen by clinic social worker, scheduled for additional follow-up education and support sessions Partners tested negative for HIV were	Population Characteristics Index patients: Age: NR Sex: NR Race/Ethnicity: NR Transmission category: NR SES: NR Education: NR Insurance: NR	# partners tested negative: 239 # partners retested at 6 months: 72 # partners tested positive at 6 months: 5 % tested positive at 6 months: 6.9% # partners retested at 12 months: 79 # partners tested positive at 6 months: 3 % tested positive at 6 months: 3.8%
	encouraged to return at 6m intervals for educational reinforcement and follow-up testing Comparison: Partner services vs. no service		