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HIV Partner Services

Thanks to guest contributor, Brent Herrera, Public Information Coordinator, NMDOH HIV Prevention Program.

Background

Partner Services for sexually transmitted diseases (STD) has been a component of public health practice in the United States since the early 1900's. It began as contact tracing in the 1940's in an effort to control and reduce syphilis infections. After the HIV epidemic began, HIV partner notification was often combined with STD contact tracing or some HIV programs used methods previously only applied to STD. Due to discrimination regarding HIV, there were additional concerns from health professionals and AIDS advocates about the confidentiality and privacy of those newly diagnosed with HIV. In 1998, the Centers for Disease Control and Prevention (CDC) issued new guidance and referred to partner notification as Partner Counseling and Referral Services (PCRS) in order to better reflect the range and type of public health services recommended for sex and needle-sharing partners. Today, PCRS is again being aligned and integrated with STD notification, under the term "Partner Services (PS)".

PS is a confidential, voluntary service whereby the sexual or needle-sharing partners of a person diagnosed with HIV or STD are informed of their exposure to infection and offered free testing, counseling, and referrals to medical treatment, as appropriate.

When HIV-Partner Services (HIV-PS) are provided by a public health professional, HIV-PS helps to identify potentially high prevalence populations for testing, may reduce risk behavior and probably does not cause excess harm to client/patients.[1] Recent research suggests HIV-PS may be more effective at reducing the rates of HIV among African Americans and Hispanics by getting people to testing and treatment earlier.[2]

HIV-PS in New Mexico

HIV-PS is the focus of an ongoing statewide collaboration among New Mexico healthcare providers, public health professionals, community-based partners, and the New Mexico Department of Health (NMDOH) (see Figure 1). While PS has been a component of HIV prevention and linkage to care for many years, the current collaboration aims to expand and enhance this effective tool for helping persons to learn their HIV status. The HIV-PS collaboration has identified various strategies to develop and improve HIV-PS systems and delivery through the NMDOH regional Disease Prevention Teams (DPT).

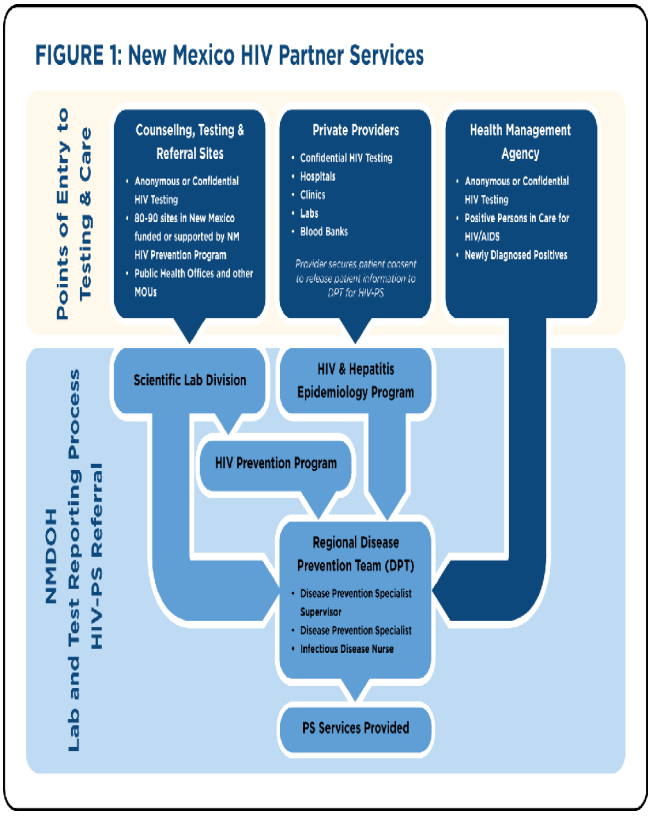
A number of DPT staff are specifically trained to provide HIV-PS (see Table 1). With patient permission, health care providers may arrange: 1) for a DPT member to be present at the time a patient is given an HIV positive result or 2) to refer a patient to a local public health office or to meet with a DPT member for help contacting sex and/or needle sharing partners for free anonymous testing. All identified partners are contacted confidentially and the name of the HIV-positive patient is never shared.

Table 1. How to make a referral to HIV-PS

To make a referral to HIV-PS, please call the HIV & Hepatitis Epidemiology Program at (505) 476-3515 or your local DPT staff member	
Region 1 (Northwest) Melissa Charlie (505) 327-4461 x256	**Region 2 (Northeast)** Tony Escudero (505) 231-6107
Region 3 (Bernalillo County) Betsy Morgan (505) 841-4181 Joyce Atencio-Valentine (505) 841-4156	
Region 4 (Southeast) Sandra Sentell (575) 347-2409 x 6216	**Region 5 (Southwest)** Travis Leyva (575) 528-5031

While both the Navajo Nation and the Veteran's Administration (VA) report cases to NMDOH, the Navajo Nation Social Hygiene Program conducts PS for all newly diagnosed cases residing on the Navajo Reservation. The VA also conducts PS for patients who qualify for VA services and refers non-VA qualified partners to NMDOH.

In 2007, there were 150 people newly diagnosed with HIV in New Mexico: 49 HIV-positive patients were offered PS and three partners were newly identified as being HIV positive.[3]

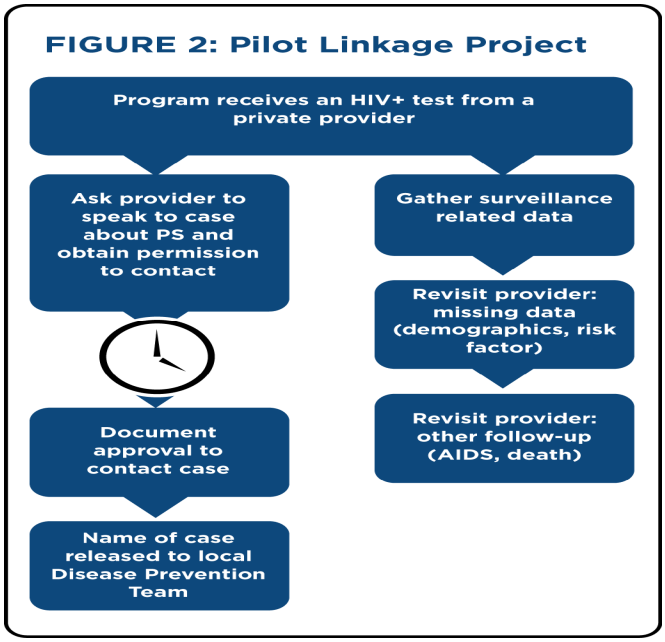


People who receive a concurrent diagnosis of HIV and AIDS, often referred to as "late testers," are those diagnosed with AIDS within 12 months of their initial HIV diagnosis. Given the high rate in New Mexico of persons who are concurrently diagnosed and therefore only get medical care later in their disease, there is particularly urgent need to use HIV-PS to help persons learn their status as soon as possible. On average from 1998-2007, 58% of persons diagnosed with AIDS in New Mexico were concurrently diagnosed; in comparison, the average proportion nationwide is 38%.[4] Hispanics in New Mexico (66%) and nationwide (42%)[4] continue to be the racial/ethnic group with the largest proportion of concurrent diagnoses.

HIV Epidemiology Pilot Program

In New Mexico, the HIV Test Act prohibits the use of HIV data gathered for public health purposes to be used for anything other than surveillance (i.e., monitoring of the epidemic). Data may be released in aggregate, de-identified form or as otherwise specified by law. This provision in the law prohibits the NMDOH HIV & Hepatitis Epidemiology Program (Program) from working directly with the HIV Prevention Program to refer newly diagnosed patients identified through surveillance to HIV-PS. The use of surveillance data for STD-PS is otherwise standard practice.[5]

Many providers report newly diagnosed cases of HIV directly to the Program, thus most HIV cases are identified through surveillance and not through public health clinics where PS is regularly provided. In order to link case reports to HIV-PS and not violate the privacy provisions of the HIV Test Act, the Program worked to implement a pilot project.[5] The Program solicited and received approval from a variety of stakeholders including community members, the HIV Prevention, Community Planning and Action Group (CPAG), the Governor's AIDS Policy Commission, and NMDOH legal counsel in order to develop legal standard practices to secure consent for newly diagnosed patients for referral to HIV-PS.



In July 2006, the Program became responsible for asking private providers to ask their patients newly diagnosed with HIV for permission to be directly contacted by DPT staff for HIV-PS services. After receiving patient consent via the health care provider, the Program is able to refer patients to HIV-PS (see Figure 2).

Over the 15-month course of the pilot project, 249 cases were reported to the Program: 6% were referred for HIV-PS, 5% declined to participate, 39% were not newly diagnosed, and 34% had

already been referred for HIV-PS. The Program received no response from 11% of providers. Cases lost to follow-up had died, refused to be contacted, were from out-of-state, or not seen after their initial diagnosis.

Though the referral numbers remain small, the linkage of surveillance and prevention connects more New Mexicans affected by HIV/AIDS with PS. In addition, this effort has led to collaborative planning on the overall HIV-PS program. Successes and challenges from the pilot project will be used to implement future trainings and to engage health care providers statewide. [5]

HIV-PS Survey Results

In collaboration with the University of New Mexico AIDS Education & Training Center, NMDOH provided information about concurrent diagnoses and HIV-PS at the 2008 Health Management Alliance Summit. A provider survey was offered to assess the current knowledge, attitudes, and practices of New Mexico providers regarding HIV-PS. The majority of attendees (70%) responded to the survey. Highlights from the survey include:

- Most respondents felt that they had a high level (an average score of 4.5 out of 5.0) of comfort in discussing sexuality, safer sex, and reducing risk of transmission with HIV-positive persons
- The majority of respondents (57%) reported having discussed HIV-PS with their patients 0-10% of the time.

Most respondents felt they had little knowledge (an average score of 2.9 out of 5.0) of how to make a referral to HIV-PS in New Mexico. The top barriers for referral to HIV-PS included:

- Not familiar with HIV-PS referral system (31%)
- Not enough time with patients (14%)
- Thought NMDOH contacts person for HIV-PS automatically (10%)
- Patient has not been ready to discuss HIV-PS (10%)
- Have ethical/privacy concerns regarding using HIV-PS (6%).

This data will continue to inform future training efforts and program improvements to support health care providers in offering and accessing HIV-PS services for their patients.

New CDC Guidance for Partner Services

CDC recently released new PS guidelines in a Morbidity and Morality Weekly Report (MMWR) at the end of October 2008.[6] This guidance is the first to fully integrate PS for both HIV and STD. Local innovation in implementing the new guidelines is encouraged and supported by CDC. Key highlights include ensuring that persons testing positive for HIV or syphilis be offered PS in a timely and efficient manner. The guidelines also stress the important role that HIV reporting and surveillance data can have in linking cases to PS.

Conclusions

In some countries around the world, PS has helped to identify up to 23%[7] of newly reported cases of HIV, who would not otherwise have known they had been exposed to the virus. In the US, it is estimated that 56,300 people become newly infected with HIV each year. Of the 1.1 million people estimated to be living with HIV in the US, 21% do not know their status.[8]

Given these statistics and the high proportion of people concurrently diagnosed with HIV and AIDS in New Mexico, an array of case-finding strategies and ways for people to get tested are much needed. PS increases access to high-prevalence populations and increases the likelihood of identification of HIV-infected people in a timely, confidential, and safe manner. However, to improve and expand HIV-PS in New Mexico we must continue to engage and collaborate with HIV advocates and health care providers to ensure proper education and knowledge of the HIV-PS initiative.

References

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4. CDC. Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2006. HIV/AIDS Surveillance Report, vol 18.
5. Foster, L. NMDOH. The Role of HIV/AIDS Surveillance in Partner Notification: New Mexico's Experience. CSTE Annual Conf, 6/08.
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HIV/AIDS IN NEW MEXICO FACT SHEET

Cases reported through October 15, 2008

	Cases diagnosed in New Mexico					All cases in New Mexico				
		Living		Cumulative			Living		Cumulative	
	N	%	Rate*	N	%	N	%	Rate	N	%
Type of Case										
HIV	937	41%	46.6	1026	27%	1355	38%	67.4	1466	26%
AIDS	1356	59%	67.4	2750	73%	2227	62%	110.8	4138	74%
Sex										
Male	1996	87%	201.8	3370	89%	3153	88%	318.8	5029	90%
Female	297	13%	29.1	406	11%	429	12%	42.0	575	10%
Race/Ethnicity										
White	983	43%	113.2	1775	47%	1762	49%	203.0	2902	52%
Hispanic	1006	44%	115.2	1548	41%	1289	36%	147.7	1953	35%
Am Indian/Ak Native	163	7%	81.0	241	6%	268	7%	133.2	384	7%
African American	125	5%	309.7	190	5%	236	7%	584.6	331	6%
Asian/Pacific Islander	13	1%	46.2	18	0%	24	1%	85.2	30	1%
Multi-race	3	0%	-	4	0%	3	0%	-	4	0%
Region at Diagnosis**										
Region 1 (Northwest)	292	13%	69.6	451	12%	292	8%	69.6	451	8%
Region 2 (Northeast)	445	19%	146.8	780	21%	445	12%	146.8	780	14%
Region 3 (Bernalillo Co.)	1047	46%	166.7	1794	48%	1047	29%	166.7	1794	32%
Region 4 (Southeast)	129	6%	51.1	231	6%	129	4%	51.1	231	4%
Region 5 (Southwest)	380	17%	93.3	520	14%	380	11%	93.3	520	9%
Out of state	-	-	-	-	-	1289	36%	-	1828	33%
Age at Diagnosis										
< 13	9	0%	2.5	14	0%	16	0%	4.5	25	0%
13-19	53	2%	25.4	56	1%	69	2%	33.0	74	1%
20-29	533	23%	185.4	780	21%	851	24%	296.0	1203	21%
30-39	886	39%	366.4	1542	41%	1439	40%	595.1	2366	42%
40-49	590	26%	199.3	967	26%	901	25%	304.3	1406	25%
50+	222	10%	35.8	417	11%	306	9%	49.3	530	9%
Exposure Risk										
Men who have sex with men (MSM)	1351	59%	-	2288	61%	2171	61%	-	3454	62%
Injection drug user (IDU)	219	10%	-	372	10%	353	10%	-	564	10%
MSM/IDU	204	9%	-	364	10%	378	11%	-	621	11%
Heterosexual	240	10%	-	310	8%	339	9%	-	428	8%
Other	14	1%	-	48	1%	18	1%	-	60	1%
No Identified Risk	252	11%	-	374	10%	302	8%	-	445	8%
Pediatric	13	1%	-	20	1%	21	1%	-	32	1%
TOTALS	**2293**	**100%**	**114.0**	**3776**	**100%**	**3582**	**100%**	**178.1**	**5604**	**100%**

*Rates per 100,000 based on Bureau of Business and Economic Research population data for 2006; **Residence at time of HIV or AIDS diagnosis.

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