

**PARTNER NOTIFICATION FOR
GENITAL CHLAMYDIA
INFECTIONS**

**GUIDELINES FOR MEDICAL
PRACTITIONERS**

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1. SCOPE

These guidelines provide information on the Department of Human Service's (DHS) recommendations to medical practitioners for the partner notification process of patients with a positive diagnosis of genital chlamydia infection.

2. BACKGROUND

C. trachomatis, a bacterial Sexually Transmitted Infection (STI), has had a significant impact on public health within recent years due to the recognition that the infection has been responsible for an increased variety of genital clinical syndromes. The public health importance of chlamydia is also highlighted by the associated economic burden of disease costing Australia some \$90-160 million annually. *C. trachomatis* is the most common bacterial STI in Victoria with the natural history of the infection leading to long-term serious consequences, which include chronic pelvic inflammatory disease (PID), infertility, ectopic pregnancies, a three to five fold increased risk of HIV seroconversion, and significant psychosocial implications.

Chlamydia is a disease of the young and in Victoria the majority of notifications are in women in the 20-24 years age group. In 1990 when chlamydia first became notifiable in Victoria, under the Health (Infectious Diseases) Regulations 1990, 1038 cases were notified to the Department. The number of notifications has increased to 3280 cases in 2000 with an incidence rate of 68.4/100,000. The exponential rise in notified cases has been attributable to a number of factors including awareness of the disease, improvements in testing, and an increase in the prevalence of the disease. The significance of the rise in notifications is related to the asymptomatic nature of the infection, harmful sequelae, and associated economic impact on infected individuals who do not seek treatment.

3. THE IMPORTANCE OF PARTNER NOTIFICATION

The asymptomatic nature of the infection affects the true prevalence of the infection within the community and its continual transmission into the population. It is at this level that STI control and prevention programs can have a major impact in preventing the spread of infection. One such measure in the arsenal of STI control and prevention programs is the process of partner notification. This involves informing sexual partners of infected cases with

an STI that they have had an exposure. Given that the proportion of asymptomatic cases in men and women in Victoria is approximately 30% and 80% respectively many partners are unaware of their exposure and should be informed and encouraged to seek screening and treatment.

Partner notification is considered critical in the control of STIs as it allows early diagnosis and treatment of partners who may be unaware of their exposure and thus aims at reducing further transmission of infection.

4. GUIDELINES

These guidelines to medical practitioners are recommended by the DHS with the aim of reducing the probability of reinfection to patients, treating asymptomatic positive partners, and contributing to the public health priority of reducing the prevalence of chlamydia in Victoria. Medical practitioners should incorporate these guidelines into their own individual clinics' policies and procedures.

These guidelines are based on the current recommendations of the national 'Contact Tracing Manual', 1997, and the 'National Management Guidelines for Sexually Transmissible Diseases and Genital Infections', 1997. It is the responsibility of each medical practitioner to establish through their medical defence organisations limits of duty of care and ethical responsibility in terms of partner notification of chlamydia-infected patients.

5. THE AIM OF PARTNER NOTIFICATION IN VICTORIA

The aim of partner notification is to ensure that sexual partners of positive cases are informed of their exposure and therefore seek treatment.

6. THE ROLE OF PARTNER NOTIFICATION OFFICERS

Partner Notification Officers are available to assist medical practitioners with the partner notification process. Services include:

- confidential partner notification to exposed partners
- advice and counselling on STIs to partners
- advice to medical practitioners on notifying partners
- promoting the partner notification process to medical practitioners
- providing education and training to medical practitioners on the partner notification process.

7. PARTNER NOTIFICATION STRATEGIES

The choice of partner notification strategies depends on patient/partner acceptability, patient motivation and understanding, acceptance of responsibility, and the cultural and social circumstances.

A sexual health history should be taken for all patients at high risk of chlamydia infection. In Victoria, as internationally, the most common risk factor for chlamydial infection is being aged between 16-30 years. Other demographic factors include

- multiple sexual partners
- a new sexual partner
- not using barrier contraceptive measures.
- unmarried status
- nulliparity
- ethnicity, and
- poor socioeconomic.

A good sexual history will allow for a more efficient initiation of the partner notification process with the patient(s) that are subsequently identified as being infected with *C. trachomatis*.

Clinicians should firstly educate all high-risk patients of the possibility of being infected with STIs including mode of transmission and associated risks factors. The patient should then be made aware of the need to notify the sexual partner(s) if a positive diagnosis is made.

On confirmation of a positive diagnosis of chlamydia, it is recommended that all recent sexual partners within the previous six-month period are tested and treated empirically. Where the patient has had one regular partner over a long period, then the last preceding partner should also have the same testing and treatment due to the chronic nature of the infection.

7.1. 'PATIENT REFERRAL' STRATEGY

Patients who are cooperative and comfortable about informing partners should be encouraged to do so. This, although a rudimentary form of partner notification, with the correct counselling and education, is a simple and effective method at reducing the spread of infection. A reminder note can be included on the patients file for follow up to establish whether partners have actually been notified. A contact letter explaining the disease to the partner(s) and information to the partner(s) doctor can be used to assist this process. See Appendix A. (Contact details of partner(s) are usually not required).

7.2. 'PROVIDER REFERRAL' STRATEGY

For patients who are cooperative but uncomfortable about informing partners, the medical practitioner can take the contact details of the partner(s) and confidentially inform the partner(s) themselves.

7.3. 'SPECIALIST SERVICES REFERRAL' STRATEGY

Where the medical practitioner is unable to conduct provider referral partner notification, for any reason, they can use the specialist services of the DHS. Use of the partner notification officer could be initiated under the following circumstances:

- Partner contact details can be passed onto the partner notification officer, with the consent of the patient. The patient's identity is not disclosed by the partner notification officer.
- Patients can be given the contact number of the DHS partner notification officer to discuss confidential partner notification.
- Alternatively the medical practitioner, with the consent of the patient, can give the patient's contacts details to the DHS partner notification officer who will then discuss partner notification with the patient.
- Patients who are willing to provide the identity of the partner(s), but are unable to provide the contact details, can either contact the DHS partner notification officer for assistance, or allow the partner notification officer to contact them to assist with locating the partner(s).

8. CONCLUSION

It is hoped that these guidelines will assist the medical practitioner with the sometimes stressful and often confusing process of partner notification and provide a framework by which an appropriate strategy for each individual patient can be initiated.