Partner Notification Officers

Partner Notification Officers (PNOs) from the Department of Health & Human Services are available to assist with any aspect of partner notification. The PNOs can contact the sexual partners of a person diagnosed with an STI, provide advice and referral to testing.

Any identifying information about your patients is kept confidential.

The PNOs can be contacted at:

Tel: 03 9096 3367
Email: contact.tracers@dhhs.vic.gov.au

For more information, please refer to the Partner Notification Officers brochure:

Resources for patients

Online partner notification tools

Innovative partner notification tools are now available to contact partners anonymously by SMS or email. You can undertake partner notification at the time of the consultation or strongly encourage your patients to contact their partners themselves. Partner notification tools are available at:

• Let them know website
  www.letthemknow.org.au

• The Drama Downunder website for MSM
  www.thedramadownunder.info

• Better to know website for Aboriginal people
  www.bettertoknow.org.au

STI information

Patients can access accurate and up-to-date information about STIs, safe sex and risk factors via the Better Health website
http://www.betterhealth.vic.gov.au

Contact tracing information

Let your partners know – Information for people diagnosed with HIV

Let your partners know – Information for people diagnosed with Syphilis

Resources for clinicians

Contact tracing information

Australasian Contact Tracing Manual
Comprehensive guide to contract tracing including case studies, STI information for clinicians, patient handouts and sample patient letters
www.ctm.ashm.org.au

Think GP: Contact Tracing for General Practice
Interactive education activity for general practitioners

How to take a Sexual History & Contact Tracing

STI management information


For more information please visit the Department of Health & Human Services website:

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne. © State of Victoria, October 2015. Printed by Doculink, Port Melbourne (1508024)
What is contact tracing?
- Contact tracing, known also as partner notification, is the process of identifying the relevant contacts of a person with an infectious disease (index patient) and ensuring they are aware of their exposure.
- Contact tracing is best practice in the clinical management of patients diagnosed with a sexually transmissible infection (STI) and an essential element of public health response.
- It is the responsibility of the diagnosing clinician to initiate discussion about contact tracing with their patient.
- This is a voluntary process, and a sensitive approach and non-judgemental attitude is paramount in ensuring patient compliance.
- The majority of patients reported the process to be less embarrassing or uncomfortable than anticipated.

Why contact trace?
- To prevent re-infection of the index case
- To minimise complications in those infected
- To interrupt ongoing transmission

Who should be traced?
- For STIs relevant contacts are those with whom the index patient has had any unprotected vaginal, anal or oral sex with, and babies of infected mothers.
- For blood-borne infections (HIV, Hepatitis B and C), needle-sharing contacts and transfusion recipients also need to be traced.

Who can do it and how long does it take?
- Contact tracing involves a simple discussion with the index case at the time of diagnosis to identify partners who need to be notified. Partners may then be notified by the index patient or a health care provider (i.e. the diagnosing doctor, practice nurse, or the Partner Notification Officers).
- Ensure all possible attempts are made to notify partners at time of diagnosis.
- If there is early transfer of care, the clinician taking over care must be notified that partner notification is yet to be completed.

How far back to trace
Commence at last known negative screen or recommended period below.

<table>
<thead>
<tr>
<th>STI</th>
<th>Recommended Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>6 months</td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td>2 months</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>6 months prior to onset of acute symptoms</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>6 months prior to onset of acute symptoms Hepatitis C is rarely transmitted sexually</td>
</tr>
<tr>
<td>HIV</td>
<td>From last known negative HIV test or onset of risk behaviour (unprotected sex, sharing injecting equipment)</td>
</tr>
</tbody>
</table>
| Syphilis     | Primary – 3 months plus symptom duration  
               Secondary – 6 months plus symptom duration  
               Early latent – 12 months |

Introduce the topic and reasons for partner notification
- Establish rapport and assure privacy and confidentiality at the start of the consultation
- Set the scene: “I need to ask you some personal questions”
- Give reasons for contact tracing:
  “It is important to let your partners know so that they can be treated and you are not infected again”
  “Many people with an STI are unaware they have it because they have no symptoms, but it may cause complications”

Help identify which partners need to be traced
- Obtain a sexual history, including:
  (a) What sexual practices they partake in; do they practice safe sex
  (b) Gender and sexual orientation of partners
  (c) Any previous STI tests, and their results
  (d) Who their regular and/or casual partners are and are they contactable – refer to How far back to trace?
- For blood-borne infections, obtain an injecting drug use history, specifically sharing of injecting equipment

Explain methods and offer choice of either
1. The patient notifies partners. The patient may choose a method that will enable them to remain anonymous (see below).
2. Healthcare professionals notify partners by phone or email. Patient details are not shared with the contacts.

Plan who will notify partners and how it will be done
For patient-led notification:
- Provide information on STIs, safe sex and referral letter to give to contacts
- If the patient wishes to remain anonymous, refer to online notification tool: www.letthemknow.org.au
- Discuss patient concerns and provide reassurance
- In specific circumstances patient delivered partner therapy for chlamydia is available (see the Resources for clinicians section)

For healthcare provider-led notification:
- Obtain partner details; first name and phone number or email are adequate
- Confirm if partner will be notified by the clinic or referral to be made to the Partner Notification Officers (see overleaf for more information about the Partner notification Officers)
- Reassure patient that their confidentiality and privacy will be protected

Document discussion in patient notes and schedule follow-up appointment.

Follow up and additional support
At follow up, ensure that all possible attempts have been made to contact partners.
Provide additional support if needed or offer a referral to be made to the Partner Notification Officers (see overleaf).
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Advice on the diagnosis and management of STIs can be obtained from the Melbourne Sexual Health Centre through a doctors-only information hotline: 1800 009 903 (Mon–Fri 9:30am–12:30pm, 1:30pm–5:00pm) or through their website: www.mshc.org.au

Australian STI Management Guidelines for use in Primary Care
Online resource on prevention, testing, diagnosis and management of STIs for GPs
www.sti.guidelines.org.au

Blue Book: Guidelines for the control of infectious diseases
Information on prevention and control of infectious disease


Patient Delivered Partner Therapy for Chlamydia

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