HIV Partner Services And Seropositive Notification

Chapter 3

Partner notification, the process of informing persons exposed to certain communicable diseases for the purpose of referral, testing and treatment, has been a component of public health practice in the United States for over 50 years. Partner notification permits public health employees to fulfill their obligation to inform sex and needle-sharing partners, many of who may be unaware of their personal risk of possible exposure to HIV/STDs. The informed partners then have the chance to adopt risk reduction behaviors to avoid becoming infected if they are currently free of infection. For those already infected, early identification gives them the opportunity to participate in intervention services that may maintain or improve their health and decrease their infectiousness to others. These intervention and monitoring services are most advantageous when started at the earliest possible time. In addition, prevention counseling helps infected persons change high-risk sexual/drug-use behaviors, thereby preventing re-infection and transmission to others.

Provider notification, also known as health department referral, is the surest and the preferred method of informing sex and/or needle sharing partners that they might have been exposed to HIV infection. Individual client or partner circumstances make client referral an acceptable option for some partners, but provider notification is the best method to assure that sex/needle sharing partners are notified of their risk.

HIV partner notification efforts begin with a private, structured partner elicitation discussion between an HIV infected (original) client and an HIV Risk Reduction Specialist or Disease Intervention Specialist (DIS). This discussion should occur during the initial counseling session where test results are shared (after attending to the more immediate needs of the client), or at any subsequent time.

3.1 Public Health Rationale for Partner Services

Sex and needle-sharing partners of HIV-infected persons are at highest risk for HIV infection and they have a right to know they may have been exposed. Partner notification gives the exposed person the opportunity to:

- Test for HIV and other STDs

- Initiate and sustain behavior changes designed to reduce the risk of reinfection, and sexual or perinatal transmission (if positive)
- Benefit from social and psychological support services
- Seek effective drug therapies and prophylactic regimens
- Make informed reproductive decisions
- Initiate and sustain behavior changes designed to reduce the risk of re-exposure (if negative)

Many persons at risk of HIV underestimate, misunderstand, or deny their own or their partners' risks. If not informed of their exposure status, some may transmit HIV to other persons with the added potential for exposing unborn children through infected women.

Partner notification benefits society by:

- Decreasing the transmission of HIV/STD within communities
- Saving costs associated with new cases
- Decreasing physical and emotional suffering for the potentially infected partner, his/her spouse, partner(s), dependents, relatives, care givers, etc.
- Extending the health and productive life of infected individuals
- Allowing intervention efforts to be targeted to those clearly at highest risk (e.g., those who have had sex or shared needles with someone who has HIV)

3.2 Models for Providing Partner Services

Partner services consist of two integrated services: partner elicitation and partner notification. Partner elicitation is the process by which the Risk Reduction Specialist or DIS elicits from the HIV-positive client (also known as the original client) information about sex and needle sharing partners or others who may be at risk for infection. The DSHS guidelines for approaching the partner elicitation session are found later in this section. Partner notification is the process of locating elicited sex and needle sharing partners to inform them of their possible exposure and offer counseling, testing, and referral services. There are two approaches to partner notification: provider notification and client notification.

3.2.1 Provider Notification

Provider notification (also called health department referral) occurs when a health department DIS assumes the responsibility of confidentially notifying the HIV-infected client's sex and/or needle-sharing partner(s) in person, of their possible

exposure to HIV. No information leading to the identity of the original client is revealed to the partner(s). The DIS may also conduct HIV prevention counseling and venipuncture for confidential testing at the time of the notification. Provider referral relies on the original client providing accurate information regarding partners' names, identifying features and locating. Provider referral is the preferred method.

Only an experienced DIS, employed by the state, region or a local health department, may conduct HIV partner and seropositive notifications. An experienced DIS is a professional who has a combination of training and experience in conducting partner notification activities for HIV and other STDs sufficient to handle problematic notifications skillfully and effectively. HIV Risk Reduction Specialists and outreach workers provide a valuable service in eliciting information from original clients regarding their partners; they then provide this information to the local/regional STD Program Manager.

3.2.2 Client Notification

Client notification relies on the HIV-infected client assuming primary responsibility for locating and referring a partner. The provider is still responsible for assuring notification of all elicited partners. At a minimum, the provider is also responsible for coaching the HIV-infected client on how to notify and refer, and for developing a contract with the HIV-infected client for follow up to assure partners are notified.

Combinations of the two methods for notification are acceptable. For example, a client may decide to inform his/her steady partner(s) and choose provider/health department referral for others, especially partners who live out-of-town.

3.3 Critical Elements of Partner Services

Several principles are key to the success of a partner services program.

- Confidentiality
- Client Participation
- Accessibility
- Quality Assurance

3.3.1 Confidentiality

The sensitive and highly personal nature of HIV information requires strict confidentiality in the course of activities. Maintaining confidentiality means more than not revealing names. All client and partner information is confidential, whether the client is tested confidentially, anonymously, or declines testing. To maintain confidentiality, no information will be divulged to unauthorized persons

that could lead to the identity of the client. The Risk Reduction Specialist is bound by rules and laws regarding confidentiality specified by his/her employing agency, as well as by those of the State of Texas and of the local jurisdiction in which work is performed.

Violation: A person who breaches an individuals' confidentiality commits a Class A misdemeanor according to *HSC §81.103*, punishable by up to one year in jail and fines of up to $10,000. Violation of confidentiality is also a civil offense that may result in liability for damages plus fines.

3.3.2 Client Participation

Partner notification is a service that must be discussed and encouraged with every HIV positive client. Clients will not be judged, chastised, or excluded from other services if they do not participate.

3.3.3 Accessibility

Risk Reduction Specialists and DIS will encourage all persons with laboratory confirmed HIV seropositive status to utilize partner notification services, regardless of whether testing was anonymous or confidential or conducted at a public or a private agency. All questions regarding other HIV tests should be directed to the DSHS Regional Medical Director or the Chief of the Health Promotion Unit.

3.3.4 Quality Assurance

In order to improve or increase the effectiveness of partner notification programs, supervisors will routinely assess and monitor both partner elicitation and notification activities. The DSHS Prevention Services Group will perform periodic assessment and evaluation of elicitation and notification activities. The following is the time frame for direct observation of a Risk Reduction Specialist/DIS by the supervisor:

(A) Monthly during the first six months of performing elicitation or notification services

(B) Bimonthly for the second six months

(C) Quarterly for over one year's experience

3.4 Special Circumstances and Requirements for Partner Services

3.4.1 Spousal Elicitation and Notification Requirements

The federal Ryan White CARE Act requires all states to make a good faith effort to notify a spouse of a known HIV-infected client that he/she may have been

exposed to HIV and should seek HIV counseling and testing. A spouse is defined as "any individual who is the marriage partner of a HIV-infected patient, or who has been the marriage partner of that client at any time within the 10-year period prior to the diagnosis of HIV infection" (*42 USC 300ff-27a*). If two persons consider themselves as married and so represent themselves to the outside world, they are considered married, whether by common law or marriage license. Therefore, when discussing partners in a counseling session, every HIV-infected client will be asked questions such as:

- Who have you considered yourself married to in the last 10 years?
- How many people have you been married to since (10 years before the testing HIV positive)?
- Who are you married to?
- Who were you married to before that?

Programs that fail to fulfill this requirement will put their program and the State of Texas in jeopardy of losing *Ryan White CARE Act* grant funds. At minimum, spousal elicitation efforts will be documented in case notes.

If a program has sufficient locating information to contact the spouse of a HIV infected person, the program will notify the local/regional STD program. The local/regional STD program will then notify the spouse.

Private physicians, or their designee, may notify spouses or partners of HIV infected clients or may seek assistance from the local/regional STD Program. The physician will provide to the STD Program written confirmation that the client tested HIV positive on a repeated HIV screening test such as the ELISA and on a follow-up test such as the Western Blot, Indirect Immunofluorescence Assay (IFA), or an antigen test such as the Polymerase Chain Reaction (PCR) or DNA branch.

3.4.2 Special Partner Notification Situations

STD Partner notification programs have the responsibility for notifying the partner(s) of a person confirmed to have HIV infection, of a possible exposure to HIV. Exposure includes any sexual or needle-sharing contact that has been demonstrated to transmit HIV. An example of a special situation could be that of a client who was diagnosed, treated, and interviewed for syphilis. The client admitted to three sexual partners and agreed to health department notification of their partners' exposure to syphilis. The client returns for the HIV test result, which is positive, but then states he/she does not want any of the three previously named partners notified of their HIV exposure. In this situation, when an HIV-infected person has already provided names of partners, explicit consent is not required.

HSC §81.051 authorizes health care providers to notify their local/regional partner notification program when the provider knows the HIV seropositive status of a client and has actual knowledge of possible exposure to a third party. "Actual knowledge of possible exposure" means the health care provider has received the information directly from the HIV-infected client or from a self-named partner (sexual and/or needle sharing) who admitted exposure to the HIV-infected client. STD programs will accept information on possible exposure of HIV to a third party as long as it meets the above criteria. Non-DSHS contracted health care providers will be required to provide proof of the original client's HIV status in order for the STD Program to accept the exposure information and provide notification services to the partner(s). Feedback regarding the success or failure of the notification attempts may be relayed to the referring health care provider in a manner deemed appropriate by the STD Program Manager, and is consistent with state and local policy regarding release of such information. Other special partner notification situations should be managed in consultation with the DSHS, Health Promotion Unit.

3.4.3 Referral of HIV Positive Clients who Fail to Return for Results

HIV-positive clients who test confidentially and do not return for results will be notified of their need to return. The possibility of follow-up if the client fails to return should be discussed with each client at the time of testing. The statement to the client should be general enough to include anyone who does not return and not just those with positive results (for example, "A health department representative may get in touch with you if you do not return for your HIV test results.").

If the HIV-positive client does not return within seven (7) days after receipt of the positive result, the contractor will telephone their local/regional STD Program Manager or designee, to initiate the notification/follow-up process. The contractor may request that the client be referred back to their facility or, if this is not a consideration, request a disposition (whether or not the client was located and counseled) from the STD program. If the client is not within the jurisdiction of the STD Control Program, the STD Program Manager will contact the appropriate in-state STD Manager, or for out-of-state clients, will contact the DSHS Interstate Communication Control Record (ICCR) staff in Austin at (512) 490-2552. The ICCR system is used to exchange HIV/STD information intrastate and interstate. Extraordinary precautions are taken with this program to safeguard the confidentiality of all clients. The ICCR staff and supervisors maintain accountability at all levels for proper handling of this information with recognition of its sensitivity and importance.

3.4.4 Conducting the Partner Elicitation (PE) Session

For the purpose of disease intervention, the Risk Reduction Specialist conducts partner elicitation with individuals who have acquired HIV. The Risk Reduction Specialist conducts these PE sessions in person and confidentially, as part of a

HIV positive results giving session, or subsequent sessions. Every HIV-positive client, whether the client has tested anonymously or confidentially, will be given the opportunity to participate in the PE process (*HSC §81.109*). When a HIV infected person will not come into the office for a session to receive an HIV positive result, or in the event the client is unable to discuss partners at the time results are given, the Risk Reduction Specialist will notify the local health department for assignment to a DIS. Sessions for sharing test results and/or obtaining information to conduct partner services are incomplete unless the following four standards for giving test results are met (assess client's readiness to receive test result, interpret/explain result, renegotiate or reinforce risk reduction plan, discuss partners).

The Risk Reduction Specialist performs pre PE analysis by:

(A) Reviewing available medical and case information to:

(1) Establish the reason for the initial visit;

(2) Establish possible history of HIV/STD infection; and

(3) Establish an interview time frame

(B) Reviewing available socio-sexual information and attempting to verify address, living situation and employment

(C) Assembling necessary materials and supplies, including:

(1) Visual aids;

(2) Writing materials;

(3) Business cards;

(4) Pamphlets;

(5) Referral forms and envelopes;

(6) Local map(s); and

(7) Phone book and/or cross directory

The Risk Reduction Specialist initiates the PE session to foster productive dialogue by:

- Explaining the purpose of the session
- Emphasizing the confidential nature of the PE session and its relevance to the client's situation

The Risk Reduction Specialist maintains a client-centered exchange throughout the PE session by:

- Communicating at the client's level of understanding
- Using open-ended questions
- Using appropriate nonverbal communication
- Using positive reinforcement
- Soliciting feedback
- Listening effectively
- Using plain paper to record interview notes (never take standard forms into the PE session)

The Risk Reduction Specialist conducts PE sessions with an HIV infected client with the primary objective of helping the client manage his/her infections by identifying the client's sex/needle sharing partners, and other members of the client's social network who may benefit from PCPE, during a specified *interview period*. Risk Reduction Specialists are required to pursue information on sex and needle sharing partners at least as far back as one year prior to the client's HIV-positive test result. Partner elicitation should include partners farther back than 12 months if there is good locating and descriptive information and reason to believe exposure was possible. The time frame may be shortened to three months prior to a previous negative HIV test. For purposes of elicitation and notification of spouses, Risk Reduction Specialists will use a 10-year time frame.

The Risk Reduction Specialist elicits (or confirms) all information required to complete the *PCPE Interview Record (IR)*. The IR is completed after the session. When discussing partners, the Risk Reduction Specialist will elicit names and exposure information for all partners before discussing locating and descriptive information on any one partner. The Risk Reduction Specialist will then seek locating and descriptive information on each partner. If the client wants to notify a partner, the Risk Reduction Specialist will coach the client and assess the likelihood of the client success as outlined in item number 6 below. If client success seems improbable, health department notification should be encouraged. The following information will be pursued:

(A) The partner's first and last name, plus the partner's nickname and Jr./Sr, etc., if known

(B) Exposure data, including first exposure date, frequency, (such as two times a week-2 x wk., or; three times a month-3 x month) and last exposure date

(C) Gender and age

(D) Race/ethnicity

(E) Physical description, such as height, weight, hair color/style, and other distinguishing features, such as glasses, scars, moles, tattoos, jewelry, missing limbs/teeth, etc …

(F) At least two means of contact in order for the health department to conduct notification

(1) Home address

(2) Home phone/pager number

(3) Work/school address and/or phone number

(4) Parent's or contact person's (e.g., friend, relative) address and/or phone number

(5) Full directions to house, including house color, description, cross streets, and landmarks

(6) Other information which may be helpful in locating the partner, such as the best time and place to encounter the partner alone, type of car parked in front of the house, hangouts, and knowledge about complicating factors such as the partner's living with a spouse, parent, or roommate. The partner's date of birth and/or Social Security number is helpful if the partner is in a correctional facility

(G) If the seropositive client chooses to notify a partner(s), the Risk Reduction Specialist must coach and/or role-play the following for each partner to be notified by the client

(1) WHEN to do the notification - encouraging the client to notify partners promptly

(2) WHERE to perform the notification - encouraging a private setting

(3) HOW to tell the partner - coaching the client to avoid blame by stating in simple terms the original client has tested HIV positive, and because he/she cares about the partner, he/she is encouraging the partner to seek counseling and testing. The original client should be given information on accessing a counseling/testing site convenient to each partner (Note: Pamphlets on partner services are available from the HIV/STD Comprehensive Services Branch, Capacity Building Group). A list of counseling/testing sites is available in the *Texas HIV/STD Community Resource Directory*

(4) REACTION – asking the client how he/she thinks the partner will react, or has reacted to difficult news in the past. Help the client anticipate potential problems

(5) Additionally, the Risk Reduction Specialist should take the following steps to assist the client in a successful notification

(a) Document the client's plan, time-line for telling each partner, and contracted agreement. The Risk Reduction Specialist will document all client responses to discussion above

(b) Make sure the client knows how to reach the Risk Reduction Specialist if he/she encounters a problem

(c) Make a contract with the client that addresses how the Risk Reduction Specialist will follow up with the client to assure that the partner(s) are notified and referred. It should also contain the date when the health department referral of partners will be initiated if, for any reason, the client fails to notify partners and make referrals

(H) The Risk Reduction Specialist will actively seek feedback from the supervisor on the self-referral contract. The supervisor's feedback will be documented

(I) The Risk Reduction Specialist recognizes and addresses problem indicators through a process of:

(1) Analysis

(2) Timely uses of appropriate motivations, such as mode of transmission, confidentiality, asymptomatic nature of disease, risk of other STD infection, complications and consequences, and social responsibility

(3) Assertive confrontation (without alienation)

(4) Tactful persistence

3.4.5 Documenting the Partner Elicitation Session

The Risk Reduction Specialist should document the results of PE sessions on the IR and other required forms at the first reasonable opportunity (not to exceed one workday). The Risk Reduction Specialist should not complete the IR or other forms in the client's presence. Case files containing all required documents should be made available for supervisory review within one working day, unless otherwise stated in local program standards. The supervisor will review the case documents and return written comments to the Risk Reduction Specialist within two working days. The Risk Reduction Specialist should document the results of follow-up sessions in the case file at the first reasonable opportunity (not to exceed one workday). At a minimum, the documentation addresses informational needs previously established for the follow-up session and documents. The updated case file should be made available for supervisory review at the earliest reasonable time following documentation.

3.4.6 Initiating a Health Department Referral

Prevention contractors should call their local or regional STD Program Manager with the information required to initiate follow-up on any partner/seropositive

person, whether or not this person or partner lives in the local area. The *Partner Information Guide* should be used to document information on all partners. If the partner/seropositive person lives out of the local area, the STD Program Manager will transfer responsibility for the follow up to the appropriate local/regional STD Program or the DSHS ICCR staff in Austin at (512) 490-2552. DIS or Risk Reduction Specialists will not notify or contact clients/partners outside of their area of jurisdiction. The health department and the DSHS ICCR staff will call dispositions (located or not located) back to the initiating area when requested. Notifications dispositioned "unable to locate" will be transmitted back to the ICCR staff with an accompanying reason such as "unknown at address," "moved with no forwarding address," or "quit job and whereabouts unknown."

3.4.7 Recommendations on Additional Counseling Sessions

To enhance the success of partner notification, a second counseling session is recommended with the HIV-infected person one to two weeks after the initial session in which test results are given. This additional counseling follow-up provides an opportunity to:

- Assess the client's health and emotional status
- Assess how the client's risk reduction plan is working and reinforce/revise as necessary
- Determine how referral services are being utilized
- Evaluate whether the client has been successful with notifying those partners he/she chose to inform. If the partner(s) has not been notified, health department referral should be again offered and encouraged
- Elicit additional at risk partners possibly forgotten or omitted during the previous session
- Review the client's progress on obtaining additional information on partner(s) for whom locating information was previously vague or unknown

3.5 Record Keeping and Release of Information

Proper maintenance and disposition of records is crucial in maintaining the confidentiality of persons involved in the notification process. Records will be stored in locked files in locked rooms that are convenient to authorized staff but inaccessible to unauthorized persons. Records needed by staff will be removed from desktops and filed in locked desk or file drawers when not in use or when access cannot be monitored.

The DSHS suggests records be retained for a period of two years. Records may NOT be discarded until the information on them has been rendered permanently irretrievable. This includes all copies and carbon paper. This is best accomplished by using a mechanical shredding device. Please consult *Chapter*

2, HIV Counseling and Testing Documentation, and *Chapter 8, HIV/STD Surveillance*, for further information on steps to follow when documenting HIV/STD.

All information and records relating to reportable diseases are confidential. Providing information to a DIS for the purposes of assisting in disease notification is not a breach of confidentiality. Test results or other information that could identify a client may not be released or made public. HIV testing information may be released only under the following circumstances as outlined in *HSC §81.103*.

- To the local health authority, regional public health director, or to the Texas Department of State Health Services in accordance with regulations for disease reporting
- As statistical information, but only if individuals cannot be identified in the information
- Under strict and legally defined conditions when a possible exposure has occurred, as determined by legal counsel on a case-by-case basis
- Directly to the client and/or with the client's written consent

For further information see *Chapter 2, HIV Counseling and Testing Documentation* regarding the use of form *L-30*, Authorization to Release Confidential Information.

3.6 Minimum Standards for HIV Partner Services and Seropositive Notification

(A) A provider is responsible for providing the HIV-infected client who chooses to notify his/her partners with coaching on how to do notification and referral, and for developing a contract with the HIV-infected client for follow up to assure partners are notified

(B) Partner notification is a service that MUST be discussed and encouraged with every HIV positive client

(C) Risk Reduction Specialists and DIS will encourage all persons with laboratory confirmed HIV seropositive status to utilize voluntary partner notification services, regardless of whether testing was anonymous or confidential or conducted at a public or a private agency

(D) When discussing partners in a counseling session, every HIV-infected client will be asked questions such as:

(1) Who have you considered yourself married to in the last 10 years?

(2) How many people have you been married to since (10 years before the testing HIV positive)?

(3) Who are you married to?

(4) Who were you married to before that?

(E) Spousal elicitation efforts will be documented in case notes

(F) HIV-positive clients who tested confidentially and do not return for results will be notified of their need to return

(G) If the HIV-positive client does not return within seven (7) days after receipt of the positive result, the contractor will telephone their local/regional STD Program Manager to initiate the notification/follow-up process

(H) Every HIV-positive client, whether the client has tested anonymously or confidentially, will be given the opportunity to participate in the partner elicitation process

(I) Risk Reduction Specialists are required to pursue information on sex and needle sharing partners at least as far back as one year prior to the client's HIV-positive test result

(J) Case files containing all required documents should be made available for supervisory review within one working day, unless otherwise stated in local program standards