



Partner Services

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Health & Human Services

What is Partner Services?

The term “partner services” refers to a continuum of clinical evaluation, counseling, diagnostic testing, and treatment designed to increase the number of infected persons brought to treatment and to reduce transmission among sexual networks. This continuum includes efforts of health departments, medical providers, and patients themselves. The term “public health partner services” refers to efforts by public health departments to identify the sex and needle-sharing partners of infected persons to ensure their medical evaluation and treatment. Health departments are increasingly incorporating referral to additional services, as indicated, into the partner services continuum. Aside from the general benefit to patients and partners, service referrals and linkage can mitigate the circumstances that increase risk for future STI and HIV acquisition.

What is Partner Services?

- To put it short, partner services is an essential/core function of Public Health (and healthcare providers) to ensure that disease spread is stopped/slowed
- Partner Services has been a core function of Public Health, long before the COVID-19 pandemic, in which Contact Tracing became a household name

Partner Services

- **Core Elements/Foundation for providing Partner Services:**
 - Client centered.
 - Confidential.
 - Voluntary and non-coercive.
 - Free.
 - Evidence based.
 - Culturally, linguistically, and developmentally appropriate.
 - Accessible and available to all.
 - Comprehensive and integrative.

Partner Services

- As with some other infectious diseases, standard STD partner services practices include the identification, location, and notification of sex partners (and drug-using partners for HIV and some hepatitis infections) of infected persons, and the referral of those partners to evaluation, treatment, and care
- Partner notification and risk reduction counseling for both patient and partner is an important part of treatment and follow-up
- Partner Services is **MOST** effective when done in the healthcare setting
 - Important to report that information to HHS as it may complete the puzzle or provide more of picture of what is going on in your region/state
- Partner services is a component of taking a successful sexual health history

Partner Services

- An analysis of partner services in North Dakota found that it is also most effective when the provider lets the patient know that someone from the Health Department will be following up
- Don't make assumptions that patient, if married or in relationship, is in monogamous relationship
 - Interview patient confidentially without partner present
- In North Dakota, Patients over the age of 13 (14 and older) should be privately interviewed without parents present. Patient needs to give permission to share STI related care with parental units

Partner Services

- Partner services is not just treating a patient's partner, it also involves counseling and education of the positive patient
 - Educate patient about risk reduction
 - Educate patient about risks of STIs and how it can impact them in the future
 - Can help stop transmission cycle and even more importantly prevent serious sequelae such as congenital syphilis or serious outcomes from AIDS
 - Can also prevent infertility or sterility later in life
 - Counsel patient on services in the community and how they can access them
 - Syringe Services Programs, Food Banks, Mental Health Practitioners, etc

Partner Services

- Some scenarios or persons in which partner services plays an especially important role
 - Partners who patients are unlikely to notify
 - Partners who are likely to be key to transmission
 - Clusters (hidden infections and epidemiologically useful)
 - Network investigations can be useful in real time and increase the effectiveness of partner notification, especially over time
 - Partners who may need referrals to specialty providers or linkage to HIV care

Partner Services

Some tips to encourage your patient to be open and honest with you and/or their partner.

1. Imagine that your roles are reversed
2. It is best to be direct
3. It is best to be honest
4. Let the conversation proceed naturally
5. Don't push your partner to make decisions about sex or your relationship right away
6. Encourage your partner to ask questions

Partner Services

PARTNER TYPES FOR CLINICAL PRACTICE



When to use: This grid may be used in any setting to support discussions about sexual partners and relationships. It may be particularly useful for STI partner notification and contact tracing and to discuss people's sexual networks. However, in cases of sexual assault, alternatives may be more appropriate.

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PARTNER TYPE		Established partner	New partner	Occasional partner	One-off partner	Sex worker
CHARACTERISTICS	Risk of transmission to others	↓	↔	↔	↑↑	↔
	Emotional connection	↑↑	↑	↔	×	↔
	Likelihood of sex with index patient again	↑↑	↑	↑	×	↔
	Sexual Exclusivity	↑	↑	↑	×	×
	Time-frame	↑ has a significant past & anticipating a future	↑ Anticipating a future	↔	×	↔
	Degree of sexual mixing across diverse networks	↓	↔	↑	↑	↑
	Contactability*	✓	✓	✓	↔	↔

***Definition:** When an index patient is able and willing to contact the sex partner by one or more means of communication (e.g. telephone, messaging, online, mail), and/or to supply those details to the health care professional.

Established partner: This could be a primary partner (e.g. spouse/civil partner, wife/husband) or a secondary partner (e.g. a long-term affair). There is often a high likelihood of this being a stable relationship, characterised by some or all of the following features: a significant past, regular sex, future-oriented, highly developed romantic emotional connection, co-habiting.

New partner: This could be a person with whom the index patient is likely to have had sex on more than one occasion. Their relationship may be characterised by some or all of the following features: little/no past, growing romantic emotional connection and intentions to form a stable relationship in the future.

Occasional partner: This could be a person with whom the index patient has had sex on more than one occasion and with whom there is an expectation of sex again, on a sporadic or regular basis. Their relationship may be characterised by some or all of the following features: no or low anticipation of a stable partnership forming, no or minimal romantic emotional connection, sex for pleasure. It is likely that the partner/index patient is also engaging in concurrent sex with other partners/other partner types.

One-off partner: This could be a person with whom the index patient has had sex on one occasion only, most likely for pleasure or recreation. Characteristics which might help identify this type of partner include: no past and no future, no anticipation of sex again, little/no romantic emotional connection.

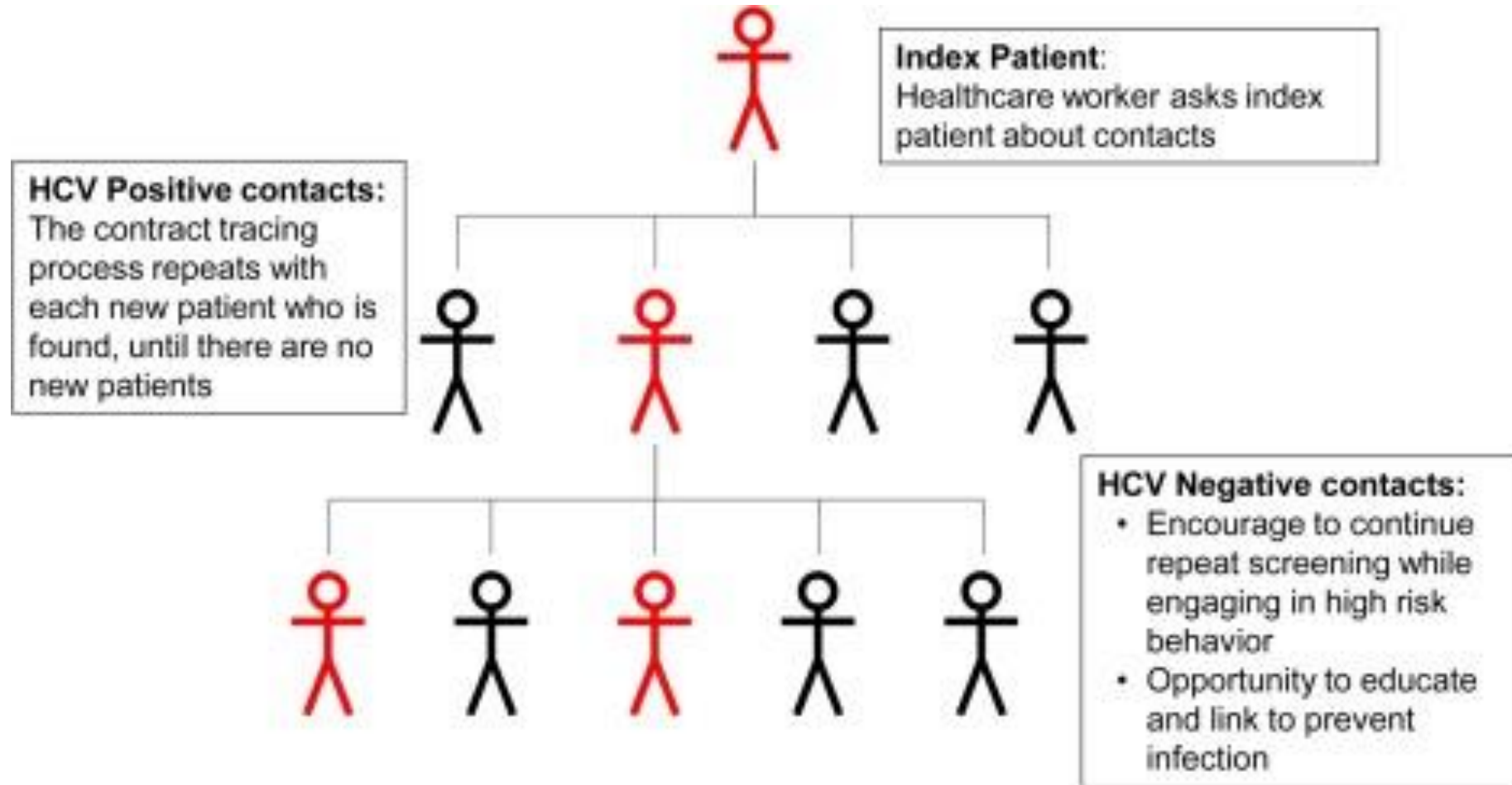
Sex worker: This could be a person to whom the index patient has provided money or goods in direct exchange for sexual services. The term sex worker encompasses a wide range of types of sex work with variable risks of STI & HIV transmission. Partners identified as sex workers by index patients may share characteristics with those suggested for one or more alternative partner types.

- KEY**
- Very high ↑↑
 - High ↑
 - Low ↓
 - Variable ↔
 - Yes ✓
 - No ✗

Contact Tracing (ie Partners Services)

- Health departments use it to identify and notify people who have been exposed to someone with an infectious disease.
- Exposed persons are notified that they been in close contact with an infected person and to give them information and support.
- Contact tracing has been used for decades to fight the spread of infectious diseases like measles, tuberculosis, syphilis, and HIV/AIDS.

How Does Contact Tracing Work?



Benefits of Contact Tracing

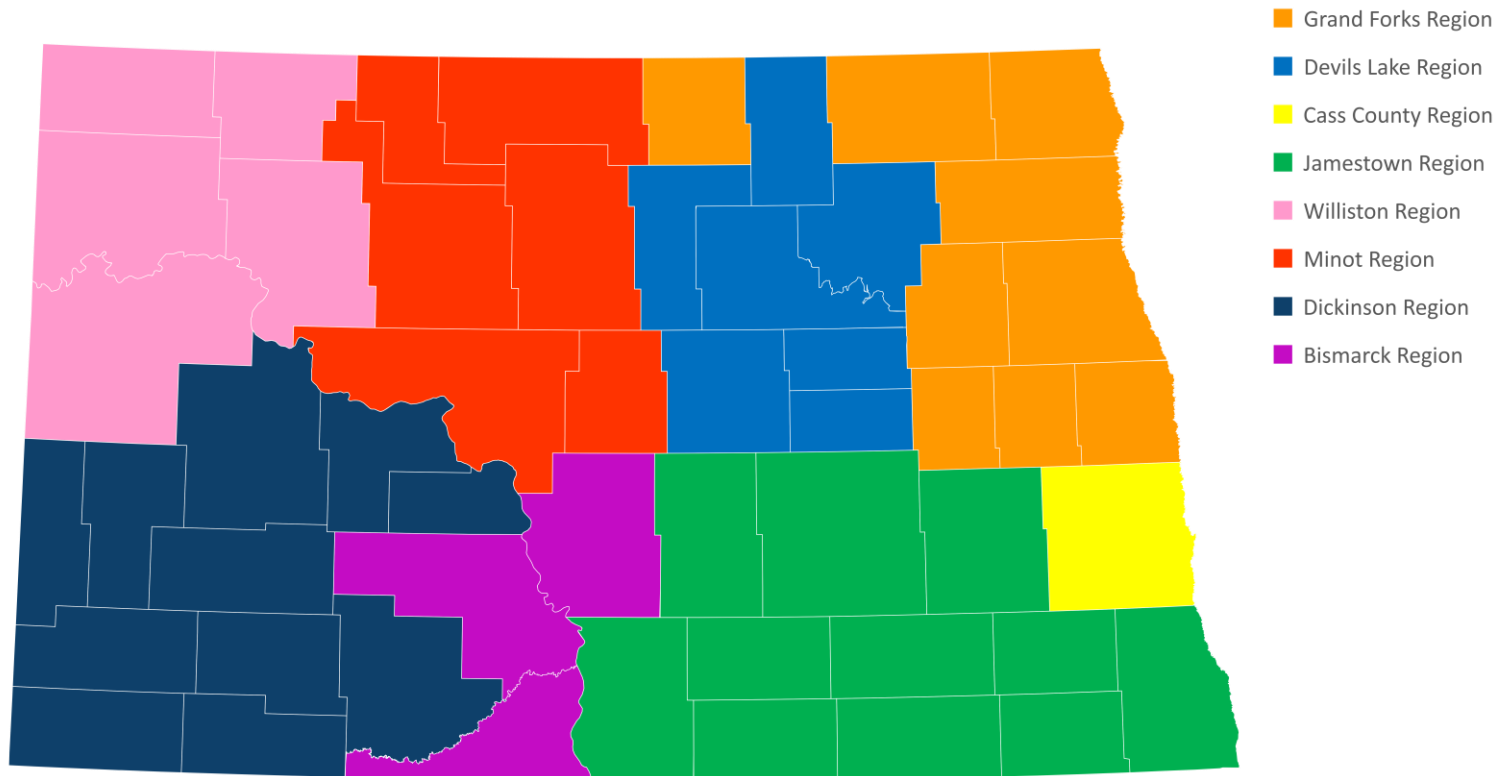
- Breaks transmission cycle, resulting in less disease burden in the community
- Able to provide support and care to contacts, while serving as a referral point for contacts
- Build a relationship with the contact, so if they are positive, they are more inclined to speak to us about their experiences



Partner Services in North Dakota

- 8 Regional Field Epidemiologists, assigned to a specific geographic location
- Also known in other areas as Disease Intervention Specialists (DIS)
- Highly skilled in motivational interviewing and disease education

Field Epidemiologists Regions in North Dakota



- Grand Forks – Rachel Goebel
- Devils Lake – Crystal Duncan
- Cass County – Jenna Beilke
- Jamestown – Mary Bruns
- Williston – Samantha Janecek
- Minot – Linda Larson
- Dickinson – Heather Kontz
- Bismarck – Gino Jose

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Partner Services in North Dakota



- Field Epidemiologist Follow-up Priority for STI Interviews
 - Syphilis in females – Assess Pregnancy
 - HIV
 - Primary and secondary (Infectious) Syphilis
 - All other syphilis
 - Gonorrhea
 - Chlamydia (complicated)
 - People with 3 or more infections in a year
 - Person HIV co-infected
 - People under 14
 - People known to be pregnant
- All other STI Infections, it is the responsibility of healthcare provider to conduct
 - Providers ARE able and ENCOURAGED to conduct partner services interviews on all patients diagnosed with and STI

Partner Services in North Dakota

- How far back should you ask for partners?
 - Gonorrhea/Chlamydia – 60 days
 - HIV – Minimum of 1 year or about 60 days prior to your last negative test (if administered within the last year)
 - Interviews best conducted in-person by field staff often in collaboration with RW Coordinators
 - Syphilis – Most complicated when it comes to partner services
 - Primary (presence of chancre) – 90 Days
 - Secondary (rash) – 6 Months
 - Early Latent/Latent – 1 Year

Partner Services in North Dakota

- Online platforms can help notify your partners
 - <https://tellyourpartner.org/>
 - Endorsed by many STI organizations as a method of notifying your partner
 - Anonymous and confidential
 - An analysis of online partners services in ND, found that CT was the most common condition in which online partner services was used
 - Better than nothing if patient adamantly refuses to give partner information

	Disease	State
1.	chlamydia	North Dakota
2.	herpes	North Dakota
3.	gonorrhea	North Dakota
4.	syphilis	North Dakota
5.	HIV	North Dakota

Partner Services in North Dakota

- Binx Boxes (imaware)
 - Assures that we are meeting people where they are at
 - Confidential and can be done in the comfort of their own home
 - Available to ND residents because of multiple grants working together to benefit our citizens
 - <https://nddhhs.mybinxhealth.com/>

SEXUALLY TRANSMITTED INFECTION (STI) **HOME TESTING**

Find Your Tests.

All North Dakota residents age 14 and older are eligible for free STI kits. Place your order and checkout, free of charge.

Receive Your Discreet Box.

A licensed clinician will review, and if appropriate, approve your order. We will send everything you need to collect your samples from home.

Get Your Results.

A licensed clinician will review your results and recommend appropriate treatment. You can expect to receive results about 1-2 weeks after sending in your sample.



SCAN THIS QR CODE TO
ORDER YOURS TODAY

Tests Available

Chlamydia
Gonorrhea
Hepatitis C
HIV
Syphilis
Tests to start HIV PrEP



**83% OF NON-U.S.
BORN NORTH DAKOTA
RESIDENTS LIVING WITH
HIV ARE BEING TREATED,
PREVENTING THE SPREAD
OF HIV.** (2021)



701.328.2378



nddoh.mybinxhealth.com



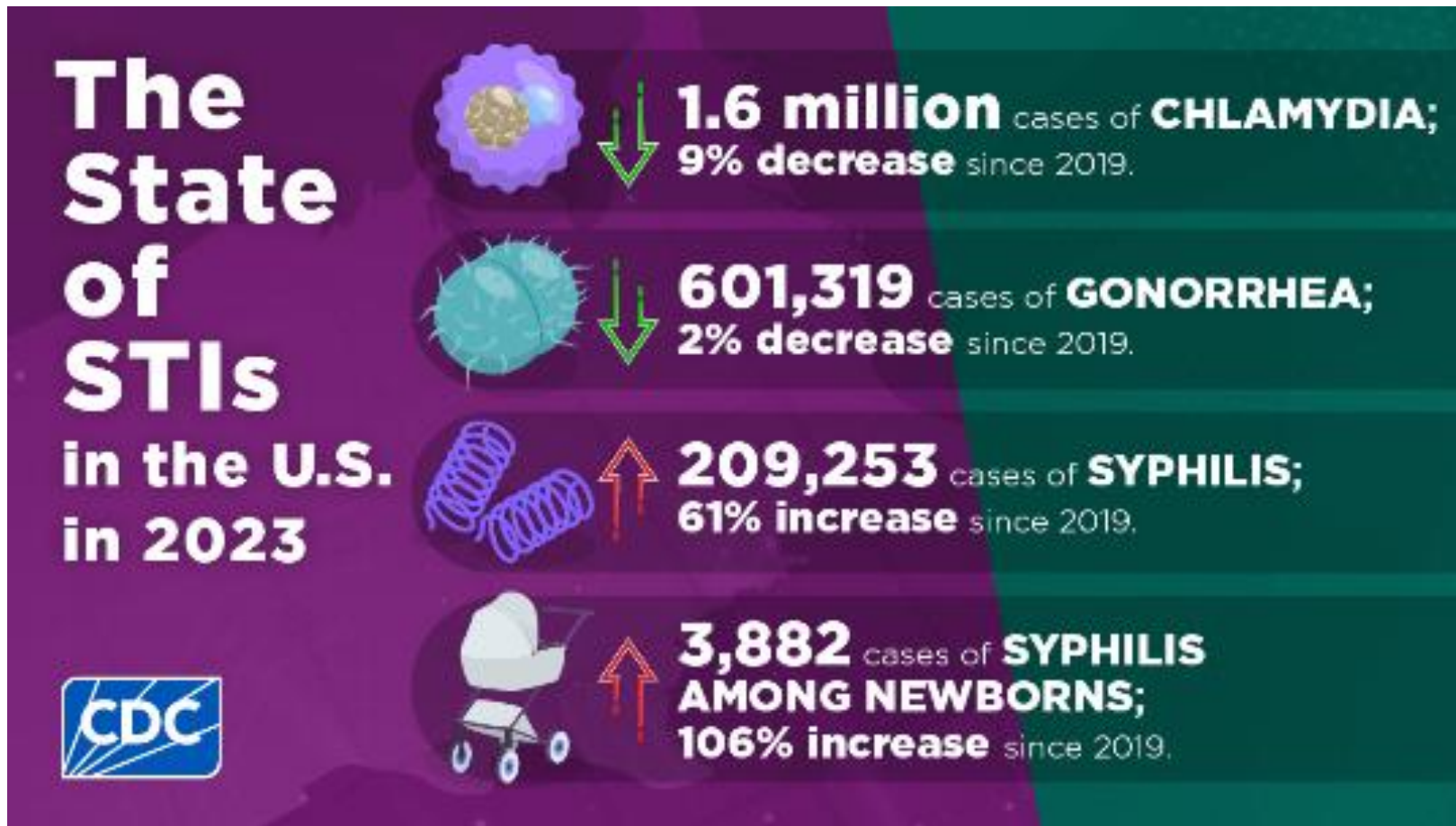
Public Health Division

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Be Inspire

Partner Services in North Dakota

- The way in which people are communicating changes how you effectively reach and notify individuals
- We need to start meeting people where they are at vs. doing what we have always done in the past
 - HHS can help notify contacts even if all they know is a profile on Snapchat, Facebook or even online dating platforms (Grindr, Tindr, Scruff, etc.)
 - Reach out to your local field epidemiologist on what information is needed to notify those contacts

Why do we need Partner Services?



Tools Available to Aid in Partner Services

- Online Reporting
 - <https://www.hhs.nd.gov/health/diseases-conditions-and-immunization/STI/report>

CHLAMYDIA/GONORRHEA PATIENT INTERVIEW
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
SFN 61113 (02/2021)

You are being tested and/or treated for a sexually transmitted infection (STI). It is important for your health that your sexual partners are also treated for this infection. Sex partners and people infected with STIs may not know they are infected because many time people do not have symptoms, or only mild symptoms. It is important that ALL of your current and former sex partners are treated to prevent you from becoming reinfected, and to protect others from being infected.

Your name will never be used if the North Dakota Department of Health or your healthcare provider refers your partners in for testing and treatment. Your information is strictly confidential. Please list all of the people you have had sex with in the last 3 months. If you have not had sex in the last 3 months, list your last sex partner. Please provide as much information as you can.

It is essential you wait seven (7) days after you and your partner(s) have been treated before you have sex again. Do not have sex again with your current partner until they have been treated.

Patient Information:

First Name:	Last Name:	Date of Birth:
Street Address:	City:	State:
Telephone Number:	Assigned sex at birth:	ZIP Code:
Current Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Unspecified <input type="checkbox"/> Another Gender <input type="checkbox"/> Declined to Answer		
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Refused		
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Refused		
Pregnancy Status: <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Pregnant <input type="checkbox"/> NA		

Risk History Information:

Do you have a history of previous STI infections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a resident/staff of correctional facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever used intravenous/injection drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever used non-injection drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had sex while high/intoxicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had sex with an injection drug user?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever traded sex for drugs or money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had sex with an anonymous sex partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever met sexual partners on the internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of sex partners in the last 12 months:	
Number of Female Partners	
Number of Male Partners	
Number of Transgender Partners	
What types of sex have you had?	<input type="checkbox"/> Vaginal <input type="checkbox"/> Oral, receive <input type="checkbox"/> Anal, top <input type="checkbox"/> Oral, unspecified <input type="checkbox"/> Anal, bottom <input type="checkbox"/> Oral, perform <input type="checkbox"/> Anal, unspecified
How frequently do you use condoms during sex?	<input type="checkbox"/> Always (100%) <input type="checkbox"/> Half the time (50%) <input type="checkbox"/> Never (0%) <input type="checkbox"/> Most of the time (75%) <input type="checkbox"/> Not that Often (25%)

SYPHILIS CASE REPORT
NORTH DAKOTA DEPARTMENT OF HEALTH
DISEASE CONTROL SECTION
SFN 61082 (02/2021)

The North Dakota Department of Health (NDDoH) Disease Control Section requires the following information to be reported on all syphilis cases. This form shall be used for all newly diagnosed syphilis cases.

Required Patient Demographic Information:

First Name	Last Name	Date of Birth
Street Address	City	State
Telephone Number	Assigned sex at birth:	ZIP Code
Current Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Unspecified <input type="checkbox"/> Another Gender <input type="checkbox"/> Declined to Answer		
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Refused		
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Refused		
Pregnancy Status: <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Pregnant <input type="checkbox"/> NA		
If Pregnant, Due Date:		
Was case tested for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes: Collection Date:		Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
Was case tested for Chlamydia? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specimen Sources (Check All That Apply): <input type="checkbox"/> Urine <input type="checkbox"/> Cervix/Vaginal <input type="checkbox"/> Rectum <input type="checkbox"/> Pharyngeal		Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
If Yes: Collection Date:		Positive Source(s):
Was case tested for Gonorrhea? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specimen Sources (Check All That Apply): <input type="checkbox"/> Urine <input type="checkbox"/> Cervix/Vaginal <input type="checkbox"/> Rectum <input type="checkbox"/> Pharyngeal		Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
If Yes: Collection Date:		Positive Source(s):

Stage of Diagnosis

What is Patient's Diagnosed Stage of Syphilis?

- Primary Syphilis (Characterized by the presence of one or more ulcerative lesions (e.g. chancres)
- Secondary Syphilis (Characterized by localized or diffuse mucocutaneous lesions (e.g. rash), often with generalized lymphadenopathy)
- Early Syphilis (No symptoms present, initial infection must have occurred within the previous 12 months)
- Latent Syphilis (No symptoms present, initial infection must have occurred greater than 12 months previously)

Current and Past Symptoms

Did the patient have or ever had any of the following symptoms:	Onset Date	Observed By Healthcare Provider	Duration (# of Days)	Additional Description
Chancres <input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sore/lesion <input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Skin Rash <input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Alopecia <input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Condyloma lata <input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mucous Patches <input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Manifestations: <input type="checkbox"/> Neurological <input type="checkbox"/> Ocular <input type="checkbox"/> Otic	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Symptoms:	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No		



TAKING A SEXUAL HISTORY

THE 5 "P"s OF SEXUAL HEALTH



Partners

Number, sex, gender identify of partners



Practices

Types of sex — oral, vaginal, anal and high risk behaviors such as injecting drugs, having sex while intoxicated or having anonymous sex partners



Protection from STIs and HIV

Use of condoms, other barrier methods, HIV PrEP or PEP



Past History of STIs and HIV

Previous STI diagnoses, history of STI and HIV testing and partners history of STI diagnoses



Prevention of Pregnancy

Desire for pregnancy and/or use of prevention methods

Best Practices for Taking a Sexual History

- Ensure a safe patient environment
- Assure confidentiality
- Be nonjudgmental
- Be sensitive, and matter-of-fact
- Avoid assumptions
- Use normalizing language
- Utilize open-ended questions
- 6th 'P': Prevention

“It Is Important We Discuss Your Sexual Practices. I Speak With All Of My Patients About Many Different Aspects Of Their Lives.”

How to be effective at Partner Services

- Be non-judgemental
- Include it as a part of your daily practice
 - Talk to patients about their partners every time they come in, do not assume that they only have one partner or that their practices have not changed
- Use Open-ended questions

Non-Judgemental

- Ask each and every patient their preferred pronouns and utilize them, do not assume
- Be aware of cultural differences, do not assume that your patients customs and practices are the same as yours
- Treat each and every patient with respect
- Do not make judgements or change your tone based on what your patient tells you – May cause patient to shut down
- Make them feel comfortable and welcome

Open-Ended Questions

- Open-ended questions allow a client to tell their story without them giving a single word answer.
- Open ended questions also allow you to ask further questions based on their answers. It also shows that you care and that you genuinely want to make a difference.
- It is important for the provider to engage in active listening to avoid them shutting down
- Examples of closed vs open ended questions include:
 - Are you sexually active (closed) vs. when was the last time you engaged in sexual activity (open)
 - Do you use protection when with a new partner (closed) vs. what type(s) of protection do you use when engaging in sexual activity with a new partner (open)
 - Do you meet your partners at the bar (closed) vs. where do you typically meet your partners (open)

Open Ended Questions

- How to successfully get partner information
 - What is your partner's name, so that I can make a note in his/her chart if they come in for treatment?
- Once again, be open and honest with patient and educate them on the importance of getting partner treated
 - Helps to avoid health impacts for BOTH partner and patient

Tips to treat partner

- The cycle won't end unless both the patient and the partner have been treated correctly
- If patient has not been treated, offer to set up appointment for both patient and partner at the same time
 - Interview patients separately and if possible room them away from one another
- Offer expediated partner therapy (EPT)
- If partner is not in community, take the time to find clinics or resources in their community for the patient to give to their partner
- If anyone comes into your clinic and states that they have been exposed, treat them accordingly, especially if they are symptomatic. Do not wait for test results.

Patient Follow-up

- Test of Cure
 - This is usually done around 14 days from when patient was treated. If it is done too soon, you may get a false positive result
 - It is typically use in pregnant females and oral CT/GC Infections
- Test of Re-infection
 - Test done at 3-6 months post treatment
 - Be creative in bringing patients back in (Lab Only/Incentives)
 - Make appointment at time of diagnosis and push to their mobile apps
 - If patient is continually positive, we may be missing an opportunity to treat a partner. This would be a good opportunity to offer EPT

Partner Services Scenario

- 32 year old married male presents to you clinic with complaints of a sore on his anus
- Male is married to female and reports that he last had intercourse with her 3-4 months ago as she is pregnant. Male also reports no other partners and reports that he is heterosexual
- Provider tests male for HPV, herpes and syphilis. Test comes back positive for syphilis with a positive IgG/IgM and a RPR of 1:256

Partner Services Scenario

- Patient is interviewed by nurse at time of treatment and appears nervous/anxious.
- How can we get patient to open up?
- What sort of questions should we ask him about his partners?

Partner Services Scenario

- Who should be tested?
 - Although unlikely – Wife should be retested as she is pregnant.
 - Why is she unlikely source?
 - What do we risk if we do not test the wife?
 - Does ND have testing requirements for syphilis during pregnancy?
 - What are NDHHS recommendations for testing during pregnancy?
 - At least one other 'unknown' partner
 - How can we work with patient to feel comfortable enough provide information on this partner?

Partner Services Scenario

- Patient after some reassurances that his name and information will be kept confidential and realizing that he is in a safe space agrees to letting the health department notify his one-time male partner
- Patient was also educated and coached on how to tell his wife about his infection. DIS will follow-up with the patient in about a weeks time to ensure that his wife is aware and getting tested.

Partner Services Scenario

- Male partner did end up testing positive for syphilis and the cycle continued. DIS reached out to all his partners until a likely source was found.
- Female partner did test negative, but out of an abundance of caution was still treated as a contact.

Limitations of Partner Services

- Anonymous Contacts
 - Dating apps, contacts met at bars
- Expensive
- Time Consuming
 - A study in Washington (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6636340/>) found that DIS spent an average of 6-28 hours on each syphilis case to ensure proper follow up occurred. The same study found that DIS spent an average of 1.5-3 hours on each CT/GC case.
 - Locating client, helping to coordinate care, proper follow up to ensure contacts/patient were properly treated
- Distrust of Government
 - Result of the pandemic
- Bad Contact Info
 - Important to remember to verify address/phone number at each and every visit

Thanks!

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- Additional Resources

- <https://pubmed.ncbi.nlm.nih.gov/33927009/#&gid=article-figures&pid=figure-2-uid-1>
- <https://www.cdc.gov/std/training/webinars.htm>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6636340/>