

## **Sexual Health Advisers and Partner Work**

Within this protocol the term SHA refers to Sexual Health Advisers and nurses with sexual health advising competencies.

### **The Role of the Sexual Health Adviser**

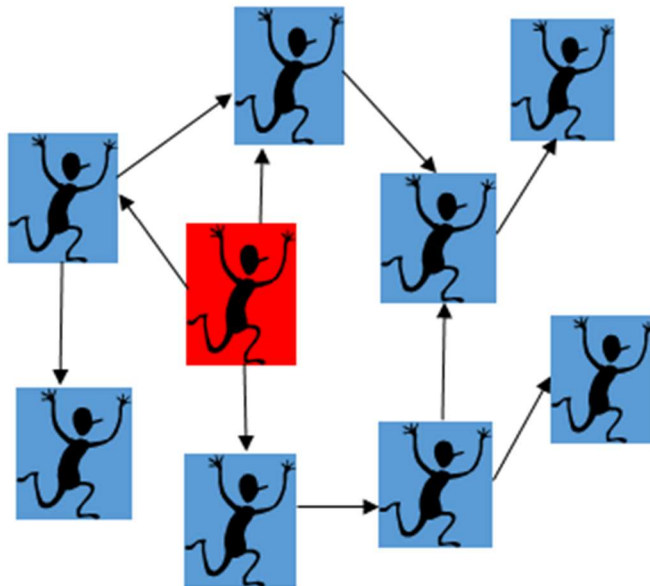
The core role of the SHA is:

- To provide support for individuals who have been diagnosed with a sexually transmitted infection, facilitating treatment and management of the infection, including partner notification input for the prevention of onward transmission of an infection.
- To provide support to staff members within Sandyford and in other health care settings in carrying out partner notification.

Public Health activities include:

- Supporting the effective management of bacterial sexually transmitted infections, HIV and Hepatitis B for Sandyford services and other testing sites within NHS GGC.
- Responding to requests and enquiries regarding partner notification issues from other services in NHS GGC involved in the care and management of STI/ BBV testing.
- Providing training and education to other health professionals and to students undertaking sexual health training.
- Outreach work within populations known to be vulnerable and/ or at higher risk of infection.

### Sandyford Partner Notification Work



**Partner Notification** is the practice of notifying the sexual partner of a person, known as the “index case”, who has been newly diagnosed with a sexually transmitted infection that they may have been exposed to the infection. It is a kind of contact tracing and is considered a partner service.  
(WHO and European Centre for Disease Control)

Partner Notification is a preventative intervention, aimed at breaking the chain of infection transmission and reducing the incidence of infection through:

- Helping to identify contacts of infection and facilitating testing and treatment as required.
- Providing education on and promoting sexual health and safer sex on an individual basis.

The underlying principle of partner notification is partner participation, and the preferred method of achieving this is patient referral. Where this is not possible, provider referral should always be offered.

- **Patient referral** is the approach whereby the index patient with an infection is encouraged to notify partner(s) of their possible infection without the direct involvement of the sexual health adviser.
- **Provider referral** is the approach whereby the sexual health adviser will notify any partner(s). The index patient provides the clinician with contact details for any partners who can then confidentially contact and inform partners directly.

For patient referrals, contact letters are an additional option for those who would prefer some help in clarifying the information that needs to be passed on. These letters name the infection and the options for treatment and are available in clinical rooms.

Partner notification should be available for all clients with a diagnosis of an acute STI/ BBV and should be discussed at the time of treatment. **All Sandyford staff have an important role to play in its successful provision by:**

- Discussing PN with patients who are receiving treatment for a diagnosed infection, or as a contact of infection.
- Documenting PN information in the NaSH PN summary page. (If information is declined or not known, this should be noted in the PN detail).
- Referring all patients diagnosed with the infections listed for health adviser follow up.

Patients who should have a PN discussion, with outcomes documented as part of their management include all clients with a diagnosis of:

- Chlamydia
- Syphilis
- LGV
- Gonorrhoea
- TV
- Hepatitis B
- *M.genitalium*
- HIV
- Hepatitis C

Patients diagnosed with PID or epididymo-orchitis should be considered high risk of having an STI and while formal documentation of PN is not required for those diagnosed with PID, NSU or HSV, this should still be discussed and current partners advised to access treatment and testing if indicated.

Partner notification should be non-coercive and confidential and not be seen or perceived as punitive in any way.

### **Referring patients for SHA follow up**

Integral to effective infection management is confirmation that treatment has been taken as advised. The SHA team will monitor all patients who require further tests following treatment to ensure this is facilitated and call all patients who have been treated for an STI for follow up regarding treatment compliance and PN.

- **SC HA Virtual Diary** is the NaSH tab for the diary to confirm patients have booked or attended appointments for a test of cure or follow up test.
- **SC HA Telephone** is the NaSH tab for the telephone clinic to arrange a routine call to follow up treatment.
- **SC SHA Referral** is the NaSH tab for more complex presentations including symptomatic patients requiring follow up, GP referrals requiring SHA input and patients who have attended for syphilis treatment. A flowchart for managing syphilis follow up has been included in Appendix 2.

Details of partner notification procedures and principles can be found in the Society of Sexual Health Advisers (SSHA) Partner Notification Guidelines (2004). [http://ssha.info/wp-content/uploads/ha\\_manual\\_2004\\_complete.pdf](http://ssha.info/wp-content/uploads/ha_manual_2004_complete.pdf).

## Appendix 1 - STI Partner Management Guidelines

	Chlamydia	Gonorrhoea	Syphilis	NGU	<i>M.genitalium</i>	Notes
<b>Partner management overview</b>	Book GRAB appt.  Treat empirically if future sex predicted.	Current/ Occasional Partner: UC Appt for tests (including cultures) and treatment.  Previous/ One off Partner: GRAB Appt 3 weeks after last sex with index.	Either arrange repeat test outwith WP or treat empirically following risk assessment and discussion with contact.	<b>Current partner only:</b> Book GRAB appt.  Treat empirically.	<b>Current partner only:</b> Book GRAB appt. For empirical treatment only as last resort.  The staff in the SHA office are happy to support the management of <i>M.genitalium</i> contacts. [Ext. 38634]	<b>See individual flow charts for detail</b>
<b>First line Rx</b>	1 week oral Doxycycline	IM Ceftriaxone stat  BUT If sensitivities show ciprofloxacin would be effective in all sites tested oral treatment should be given at F2F appointment.	IM Benzathine - duration according to stage	1 week oral Doxycycline	1 week of Doxycycline Followed by: 3 days of Azithromycin [Azithromycin resistance not predicted or unknown] or 10 days of Moxifloxacin [Azithromycin resistance Predicted]	Non-routine: discuss with GUM consultant
<b>Pregnancy</b>	3 days oral Azithromycin	No change.	No change: IM Benzathine - duration according to stage	3 days oral Azithromycin	Please discuss with GUM consultant.	Critical that care of pregnant women with STIs is unchanged and PN is comprehensive

	<b>Chlamydia</b>	<b>Gonorrhoea</b>	<b>Syphilis</b>	<b>NGU</b>	<b><i>M.genitalium</i></b>	<b>Notes</b>
<b>ToC / Follow Up</b>	TOC (Rectal +ve) - minimum of 3 weeks after completion of treatment.  Book GRAB appt and add note re TOC in comment box.	TOC – minimum of 3 weeks after treatment.  Book GRAB appt and add note re TOC in comment box.	Repeat RPR at 3, 6 and 12 months after treatment.  Appts booked by SHA office in GRAB clinic or combined with PrEP care.		TOC – Ideally 5 weeks after starting treatment but not less than 3 weeks.  Book GRAB appt and add note re TOC in comment box.	
<b>Pregnancy Follow Up</b>	TOC – minimum of 3 weeks after completion of treatment and at 36 weeks gestation to exclude reinfection. Book GRAB appt and add note re TOC in comment box.	TOC – minimum of 3 weeks after treatment and at 36 weeks gestation to exclude reinfection.  Book GRAB appt and add note re TOC in comment box.	No change (usual serology follow up intervals).		As per pregnancy management note.	

Contacts of **Trichomoniasis vaginalis**: book urgent care appointment for examination and sample for wet prep if possible – syndromic management.

Contacts with symptoms of complicated infection should be booked in urgent care for examination

## Appendix 2 - Partner Notification Trace Period

Infection	Acceptable for Patient Referral	Acceptable for Provider Referral	Trace Period [Sx – Symptomatic; ASx – Asymptomatic]
Chlamydia	Yes	Yes	Sx males – 4 weeks ASx males & all females – 6 months or last partner if longer
Gonorrhoea	Yes	Yes	Sx males – 2 weeks ASx males & all females – 3 months or last partner if longer
<i>M.genitalium</i>	Yes	No	Current partner only
Syphilis (early)	Yes	Yes	Primary – 12 weeks Secondary/ Early Latent – Up to 2 years
Syphilis (late)	Yes	Yes	Symptoms of: Gummata – 2 years Cardiovascular – 2 years Neurological – 15 years Consider possible vertical transmission
TV	Yes	No	Current Partner only
HIV	Yes	Yes	Depends on thorough risk assessment and previous testing results Consider PEPSE for any partners where indicated
LGV	Yes	Yes	Sx males – 4 weeks ASx males – 6 months or last partner if longer
Hepatitis B	Yes	Yes	2 Weeks prior to onset of jaundice and until HBs Ag negative. Risk Assessment for ASx cases.
Hepatitis C	Yes	Yes	2 Weeks prior to onset of jaundice. Risk Assessment for ASx cases.
NSU/ Epididymo-orchitis	Yes	No	4 weeks

<b>Infection</b>	<b>Acceptable for Patient Referral</b>	<b>Acceptable for Provider Referral</b>	<b>Trace Period</b>
PID	Yes	No	Current male partners only
HSV	No	No	No

(Adapted from Society of Sexual Health Advisers Manual (2004) Available at [http://ssha.info/wp-content/uploads/ha\\_manual\\_2004\\_complete.pdf](http://ssha.info/wp-content/uploads/ha_manual_2004_complete.pdf).)



### Appendix 3 – NaSH Screenshot Examples of PN details

Priority data required for audit:

- 1) Date of positive test
- 2) Infection diagnoses [where more than one infection has been diagnosed, a PN summary is require for each infection]
- 3) Number of Eligible Contacts
- 4) Number of Traceable Contacts

**Special Forms**

Partner Notification Summary NaSH v0.3

Record No \* 1

Partner Notification Summary

Episode STISS Clinical Coding Prescription History

Infection Type  Chlamydia  Gonorrhoea  Hepatitis B  Hepatitis C  HIV  HSV  Monkeypox  Mycoplasma Genitalium  Negative  NSGI (Non Specific Genital Infection (Non Chlamydia))  Other(Specify)

Date of Positive Test  11/05/2022

Period of Infection Concern 6 Measure of Time Month(s)

No. of Eligible Contacts 3 No. of Traceable Contacts 2

**Partner Notification Details**

Show Records:  Active  Inactive  Both

Contact Na...	Dt Partner Notif Closed	Partner Contact St...	Partner Inf Status	Partner Notif Ag...	Partner Test
Declined	24/05/2022	Contact Informed		Yes	
Daniel Cleaver	19/05/2022	Contact Informed	Not known	Yes	No
Mark Darcy	19/05/2022	Contact Informed	Same Infection	Yes	Yes

5) Each Traceable Contact should have any information added to the PN Detail.

**Example A**

Special Forms

Partner Notification Details NaSH v0.3

Record No. \* 1

Partner Notification Details Partner Notification Summary

**Notification Status**

Responsible member of Staff: Shona Galbraith  Other Clinician

Contact Name: Mark Darcy NaSH Number: AN12349876

Age: 59 Yrs Address: Downhill

Telephone Number: Mobile Telephone:

Relationship: 10 Established

Partner Notification Agreement: Yes

Infection Disclosure Agreement: Yes Partner Notification Mode: Patient Referral Without Contact Slip

Contact Informed Status: Contact Informed

Partner Notif. Outcome: Contact attended clinic for testing/treatment

Date Partner Notification Closed:  19/05/2022 Source of Information: Healthcare Professional

Verification: Verified

Partner Testing and Treatment Status

**Example B**

Special Forms

Partner Notification Details NaSH v0.3

Record No. \* 2

Partner Notification Details Partner Notification Summary

**Notification Status**

Responsible member of Staff: Shona Galbraith  Other Clinician

Contact Name: Daniel Cleaver NaSH Number: [ ]

Age: [ ] Yrs Address: Merchant City

Telephone Number: [ ] Mobile Telephone: [ ]

Relationship: 12 Occasional

Partner Notification Agreement: Yes

Infection Disclosure Agreement: Yes Partner Notification Mode: Patient Referral Without Contact Slip

Contact Informed Status: Contact Informed

Partner Notif. Outcome: Unable to establish outcome.

Date Partner Notification Closed: 19/05/2022 Source of Information: Index/Contact

Verification: Unverified

**Example C**

Special Forms

Partner Notification Details NaSH v0.3

Record No. \* 3

Partner Notification Details Partner Notification Summary

**Notification Status**

Responsible member of Staff: Shona Galbraith  Other Clinician

Contact Name: Declined NaSH Number: [ ]

Age: [ ] Yrs Address: Edinburgh

Telephone Number: [ ] Mobile Telephone: [ ]

Relationship: 13 One-off

Partner Notification Agreement: Yes

Infection Disclosure Agreement: Yes Partner Notification Mode: Patient Referral Without Contact Slip

Contact Informed Status: Contact Informed

Partner Notif. Outcome: Unable to establish outcome.

Date Partner Notification Closed: 24/05/2022 Source of Information: Index/Contact

Verification: Unverified

**Appendix 4 - Managing Syphilis Follow up**

