Most bacterial STI patients informed their partners face-to-face or by telephone

Contact tracing is a fundamental component of public health efforts for controlling sexually transmissible infections. Notifying the sexual partners of persons diagnosed with an STI encourages them to obtain testing and treatment that reduces the re-infection risk and the population burden of sexually transmitted infections.

There is limited evidence about the methods used by patients to inform their partners about a possible STI infection. Understanding the methods used by clients to inform their partners would assist in refining patient referral contact tracing.

This study sought to investigate the methods used by patients with a bacterial sexually transmitted infection to inform their partners during contact tracing.

Methodology
A retrospective, cross-sectional analysis of the contact methods used by bacterial STI patients to inform their partners was conducted at a large Australian sexual health clinic between March and May 2010.

The study bacterial STI were limited to gonorrhoea, chlamydia, and infectious syphilis. Data also included number of sexual partners, methods used by the patient to contact their partners, and known healthcare seeking behaviour by sexual partner.

Outcomes of the Study
During the study period, 224 patients were diagnosed with one or more of the three STI. 172 of these patients were able to be contacted one week after treatment and formed the sample. Major findings include:

• Of the 172 study patients, 123 (72%) had a diagnosis of chlamydia, 39 (23%) gonorrhoea, 4 (2%) had syphilis and 6 (3%) were co-infected with more than one STI.
• 163 (95%) of the 172 patients chose patient referral, 2% chose provider referral, and 3% could not contact any of their sexual partners.
• 91% of partners were successfully informed: telephone (37%) and face-to-face (22%) were the most commonly used contact methods.
• Predictors of using face-to-face contacting were age <30 years, fewer than 2 sexual partners, and speaking a language other than English.
• The single predictor of using interactive contact methods (face-to-face and telephone) was reporting fewer than 2 sexual partners.
• People diagnosed with syphilis were significantly less likely to use an interactive contact tracing method.
• Non-face-to-face methods were used predominately by men who have sex with men and people diagnosed with syphilis.
• Electronic communication methods were more popular for people with more sexual partners and those with syphilis.

Implications for Prevention
This investigation found that the people diagnosed with bacterial STI were able to inform the majority of their contractible partners, mostly by using telephone and face-to-face methods.

Effective contact tracing requires access to a range of methods to inform their partners.

SOURCE:
YMSM intervention increased condom self-efficacy

About one-half of new HIV infections in the U.S. are among young men who have sex with men (YMSM). Most condom-use programs for youth and young men have had mixed results and often require intensive resources.

This study piloted tested the efficacy of a brief, novel, theory-driven, self-guided, home-based intervention designed to promote condom use among YMSM. 30 YMSM from a large, Midwestern public university participated.

Forty-five percent of men reported a reduced frequency of unprotected insertive penile-anal intercourse in the past 30 days compared to baseline. Consistency of condom use improved, as did motivation to use condoms correctly, condom use self-efficacy, and condom-related attitudes. Participants indicated that they were glad to have participated in the program.

This pilot study supports an expanded trial of this intervention.


One-third of MSM engaged in AI without condom

This study examined anal intercourse (AI) without condoms with HIV-negative or unknown serostatus partners (“at-risk partners”) among 1319 HIV-positive adult male members of a sexual networking Web site for MSM.

About 25% had been HIV diagnosed 12 months or less before the study enrollment. 32% engaged in AI without condoms with at-risk partners. Similar rates of insertive and receptive AI without condoms with at-risk partners were observed.

Higher rates of insertive AI without condoms with at-risk partners were found among men who had HIV diagnosis within the previous 12 months, reported multiple male sex partners, reported substance abuse during sexual activity, and used PDE5 inhibitors.

Higher rates of receptive AI without condoms with at-risk partners were found among men aged 19-24 years, residing outside large cities, engaging in AI with multiple male partners, or reporting substance abuse during sex.


Black HIV+ persons experience higher death rates

Data from the National HIV Surveillance System for 2008-2012 were used to determine deaths among persons living with HIV aged ≥13 years at time of death. Black persons living with HIV experienced higher rates (28% vs 22% for all persons) and numbers of death during 2008-2012 than any other race/ethnicity. The number and rates of death declined consistently during the same period.


About one-half adults tested for HIV

During 2007-2010, 48% of U.S. women and 41% of men aged 18-59 years reported having ever been tested (outside of blood donations) for HIV infection. An increase in lifetime sexual partners increased the likelihood of testing.