COMMENTARY

Moving partner notification into the mainstream of routine sexual healthcare

Claudia Estcourt, Lorna Sutcliffe

The National Institute for Health and Clinical Excellence (NICE) recently published important, evidence-based guidance on one-to-one interventions to reduce the transmission of sexually transmitted infections (STIs).¹ Not only does this highlight that one of our core specialty functions is of major importance to public health, but it also challenges us to implement partner notification in more effective and innovative ways. The evidence base for the recommendations comes from a systematic review of effectiveness in partner notification, including methods to improve patient referral,² the most commonly used and preferred method.³

The recommendations emphasise that assisting patients with STIs to get their partners tested and treated is an essential element of patient care, irrespective of the healthcare setting. Raising the profile of this part of STI care to non-specialists could, in itself, improve outcomes of partner notification. The recommendation to health service commissioners to ensure that partner notification services are in place increases the chances of achieving this goal. Primary care trusts will need to support healthcare professionals across the range of specialist and non-specialist settings at which patients with STIs present, through ensuring appropriate staff training accompanied by audit and monitoring. In addition, supported by the recommendation that we should provide patients with disease-specific information to give to sexual partners, we can reject ineffective cryptic contact slips (such as those mentioning only KC60 codes) in favour of clear, unambiguous literature, more aligned to a specialty at the forefront of service modernisation.

It is perhaps surprising that the NICE guidelines have not considered providing the patient with a prescription and/or medication for their sexual partner(s). Large, well-conducted, randomised controlled trials from the USA show that

fewer index cases have repeat or persistent infections when patient-delivered partner therapy is compared with standard patient referral,^{4,5} and patient-delivered partner therapy is now included in the 2006 Centers for Disease Control recommendations in certain situations.⁶ The omission of advice on these methods of partner notification may reflect important differences in "good practice" principles in prescribing medicines between the USA and the UK, which are likely to prevent importation of these approaches in an unmodified form into routine UK practice. The General Medical Council (GMC) states that appropriate and responsible prescribing requires "an appropriate dialogue with the patient".⁷ Patient-delivered partner therapy as practised in the USA does not routinely include any assessment of the sexual partner by a healthcare professional, and therefore would not be defensible in the UK. However, the NICE guidelines advocate that support for partner notification should be tailored to meet the individual patient's needs; this could mean that when providing rapid treatment for a sexual partner is in the patient's best interests, it may be appropriate to use a telephone or other medium that does not require face-to-face contact. The GMC supplies clear guidance on good practice in this situation.

The vast majority of evidence supporting the NICE recommendations is from outside the UK, and this reflects the paucity of research into partner notification in UK settings at the time of the review. The recommendations do call for more UK-based research in this area. One current UK study is testing new models of rapid partner notification, which the researchers have named accelerated partner therapy (<http://nrr.nhs.uk/viewdocument.asp?ID=N0205182160>). This term, the definition of which includes the need for assessment of the sexual partner by an appropriately qualified healthcare professional, but not

necessarily attendance at a sexual health or other primary care service, was coined to distinguish it from US practice.

The NICE recommendations on partner notification have provided us with formal, evidence-based guidance on the most effective ways to reduce the transmission of STIs at service and primary care trust level. We can use these guidelines to our advantage, by changing our practice in line with the evidence, making our local commissioners aware of their responsibilities, and determining and implementing the most effective partner notification solutions in various healthcare settings.

ACKNOWLEDGEMENTS

We are very grateful to members of the accelerated partner therapy research team for their helpful comments during preparation of this manuscript.

Sex Transm Infect 2007;**83**:169.
doi: 10.1136/sti.2007.025056

Authors' affiliations

Claudia Estcourt, Institute of Cell and Molecular Science, Barts and the London Queen Mary's School of Medicine and Dentistry, London, UK; c.s.estcourt@qmul.ac.uk

Correspondence to: Claudia Estcourt, Institute of Cell and Molecular Science, Barts and the London Queen Mary's School of Medicine and Dentistry, Newark St, Whitechapel, London, E12AT, UK; c.s.estcourt@qmul.ac.uk

Funding: Lorna Sutcliffe is funded by DoH and MRC Project Grant 73254.

Competing interests: there are no competing interests

REFERENCES

- 1 National Institute for Health and Clinical Excellence. Public Health Intervention Guidance PH1003. Preventing sexually transmitted infections and reducing under-18 conceptions: Guidance, 27 February 2007. <http://nice.org.uk/page.aspx?o=410627> Accessed 5 March, 2007.
- 2 Trelle S, Shang A, Nartey L, et al. Improved effectiveness of partner notification for patients with sexually transmitted infections: systematic review. *BMJ* 2007;**334**:354-7.
- 3 Apoola A, Radcliffe KW, Das S, et al. Patient preferences for partner notification. *Sex Transm Infect* 2006;**82**:327-9.
- 4 Golden MR, Whittington WL, Handsfield HH, et al. Effect of expedited treatment of sex partners on recurrent or persistent gonorrhoea or chlamydia infection. *New Engl J Med* 2005;**352**:676-85.
- 5 Kissinger P, Mohammed H, Richardson-Alston G, et al. Patient-delivered partner treatment for male urethritis: a randomised controlled trial. *Clin Infect Dis* 2005;**41**:623-9.
- 6 Centers for Disease Control and Prevention. Sexually Transmitted Disease Guideline 2006. *MMWR* 2006;**55**:7-8.
- 7 General Medical Council. Good practice in prescribing medicines (2006). http://gmc-uk.org/guidance/current/library/prescriptions_faqs.asp Accessed 21.207.