

# Partner notification outcomes for men who have sex with men diagnosed with syphilis referred to partner notification officers, Melbourne, Australia

## notification officers, Melbourne, Australia

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### Background

Internationally, there has been a growing epidemic of infectious syphilis among men who have sex with men (MSM) with cases overrepresented among HIV-positive MSM. The prevalence of syphilis among male sexual partners of men with early syphilis is likely to be substantial: 15-49% of male sexual contacts of MSM with primary or secondary syphilis were infected<sup>1,2</sup>.

### Aim

We aimed to evaluate the value of intensifying partner notification for MSM diagnosed with syphilis by referring men to services offered by the department's Partner Notification Officers (PNOs).

### Methods

From October 2013 to March 2015, Melbourne Sexual Health Centre implemented an intervention where all MSM diagnosed with syphilis were routinely offered a referral to a PNO to assist them with informing recent sexual partners. We examined the proportion of men who: (1) had documented counselling on partner notification; (2) accepted a referral to a PNO; (3) were successfully contacted by the PNO; (4) provided contact details for a sexual partner; and (5) had at least one partner notified by the PNO.

### The opt in-PNO service

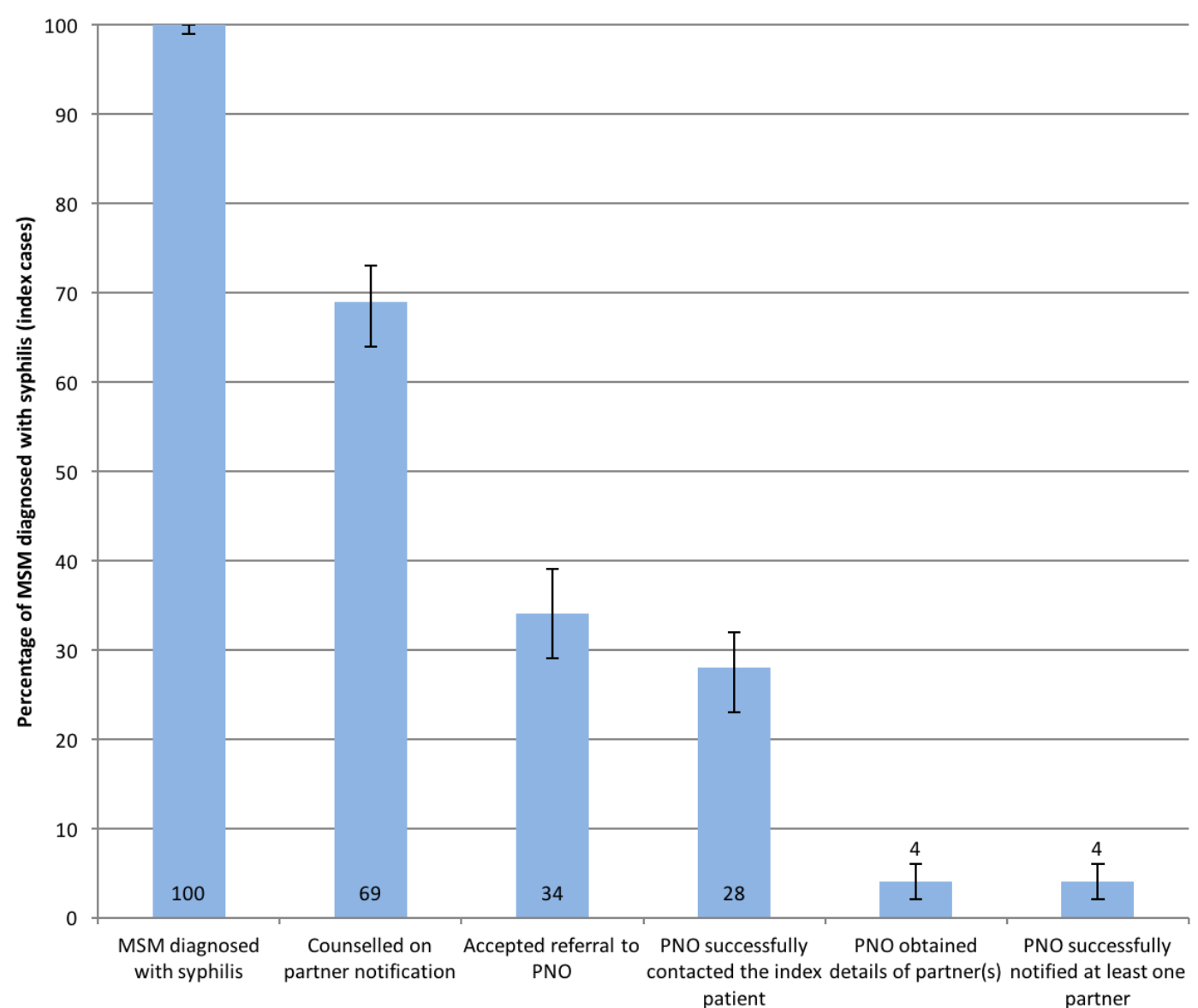
- If the patient agreed for PNO assistance, the referral was made by the clinician to the PNOs, who were located within the same building as the clinic.
- Once this referral was received, a PNO attempted to contact the patient within 24 hours via telephone, text message or email depending on the contact details provided. At least three attempts were made to contact each patient.
- The PNO would first conduct an interview with the index patient to obtain information on the number of sexual contacts at risk and details of sexual practices with each partner. Index patients were asked to provide contact details of sexual partners for the PNO to contact partners.
- The officers usually contacted partners via telephone, but also used any other methods of contact provided by the index patient, such as via internet chat room sites, phone applications used to meet partners, email, letters, and occasionally face to face meetings.
- Partners notified by the PNO were advised of their risk of syphilis and the need for syphilis testing and treatment. In addition, the PNOs provided education about syphilis, safe sex and partner notification strategies to both index patients and their partners.
- The PNO did not undertake syphilis testing or treatment nor were the results of partner testing obtained.

### Results

During the study period there were 380 MSM diagnosed with syphilis. The mean age of men was 37 years and 36% were men living with HIV. A minority (9%) of men reported sex with a partner known to have syphilis. The men had primary (35%), secondary (17%), early latent syphilis (43%) and latent syphilis of unknown duration (5%).

Altogether, men with primary and secondary syphilis reported a total of 813 partners (median of 3 per index patient) during the prior 3 months. Men with early latent syphilis reported a total of 1400 partners (median of 8 per index patient) during the prior 12 months.

### The syphilis cascade



### Discussion/Conclusions

- **Alternative, patient initiated methods for improving partner notification for syphilis among MSM utilizing newer communication technologies are required.** Despite offering an effective PNO service in our centre, ultimately only 4% of MSM with syphilis had at least one partner notified by the PNO with patients declining the PNO service and anonymous partners posing the major barriers.
- **Offering an opt out approach may be a preferable strategy to increase partner notification.** Our experience with syphilis contrasts to that for MSM diagnosed with HIV in the same setting where opt-out referral to a PNO had high uptake (85%) compared with the opt in period where only 24% of men used the PNO service<sup>3</sup>.

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<sup>1</sup> Schober PC, Gabriel G, White P, Felton WF, Thin RN. How infectious is syphilis? Br J Vener Dis. 1983;59(4):217-9.

<sup>2</sup> Weerakoon AP, Fairley CK, Read TR, et al. Syphilis infection among homosexual men reporting contact with syphilis: a case control study. BMJ Open. 2012;2(4).

<sup>3</sup> Rane V, Tomnay J, Fairley C, et al. Opt-Out Referral of Men Who Have Sex With Men Newly Diagnosed With HIV to Partner Notification Officers: Results and Yield of Sexual Partners Being Contacted. Sex Transm Dis. 2016;43(6):341-5.