

HIV PARTNER COUNSELING AND REFERRAL SERVICES (PCRS)

PARTNER Counseling and Referral Services (PCRS) are a comprehensive set of activities that have been conducted for several decades by public health departments for the control of sexually transmitted diseases (STDs). Most notably, PCRS include partner notification, a process wherein sex partners of patients who have an STD are informed of their potential exposure to infection and of the need to seek medical evaluation.¹

In its 2003 document “Advancing HIV Prevention: The Science Behind the New Initiative,” the federal Centers for Disease Control and Prevention (CDC) references a considerable body of evidence suggesting that persons who learn about their HIV infection reduce their risk of transmitting it to others. Moreover, studies cited by CDC found that a high proportion (8%–39%) of partners of persons with HIV infection who were contacted through PCRS had previously undiagnosed HIV infection.²

Many PCRS programs, including that in Oregon, have integrated HIV into their existing framework of STD PCRS. In 1998, CDC published its guidance to assist state and local health departments in planning, implementing, and evaluating PCRS provided to People Living With HIV/AIDS and to their sex and needle-sharing partners.³ CDC emphasized the use of PCRS to prevent transmission of HIV in conjunction with HIV counseling, testing, sexual health promotion, and social marketing of condoms. With the 2003 announcement of its “Advancing HIV Prevention” initiative, CDC renewed its nationwide emphasis on providing HIV PCRS

to people living with HIV and to their recently exposed partners, while ensuring the availability of voluntary HIV testing for partners.²

A national study found that many physicians may not be aware of the value of partner notification services or have the resources to fully address the sexual health needs of their patients.⁴ However, in a 2002 survey, most people living with HIV, including men who have sex with men, voiced their support for universal provision of confidential and voluntary public health partner notification services.⁵ Proponents of PCRS suggest that it is an important service that can reach individuals (i.e., partners) at risk who might not otherwise receive counseling and testing services.⁶

HOW HIV PCRS WORKS

According to guidelines published by CDC in 1998, “PCRS begins when persons seek...HIV prevention counseling and testing...and clients [understand] their responsibility, if their HIV test results are positive, for ensuring that their partners are informed of their possible exposure...”³ As described in these guidelines, individuals who test positive for HIV may choose to participate in PCRS, and together with a PCRS provider, plan to inform sex and needle-sharing partners of their possible exposure to the virus. A key responsibility of the PCRS provider is to skillfully guide a confidential process in which the patient voluntarily discloses the names and locating information about these partners so that they may be contacted and offered HIV counseling and testing.

PCRS providers work with the patient to decide how best to inform partners of their potential HIV exposure. Patients may inform partners on their own or opt for *provider referral*—whereby a PCRS provider notifies the partners without revealing the name or identity of the new positive patient. Research suggests that provider referral reaches a higher proportion of partners than can be achieved by asking patients to assume sole responsibility for informing their own partners.⁷ Partners who are successfully notified of their possible exposure can then get help in accessing HIV testing, counseling and other services.²

HIV PCRS IN OREGON

We recently completed an evaluation of the HIV PCRS system in Oregon. The objectives included describing current PCRS practices among HIV service providers; and analyzing organizational, system-wide and cultural competence barriers that prevented PCRS from reaching newly diagnosed HIV-positive patients. Twenty-eight interviews were conducted with PCRS providers, case managers and other public-sector HIV service providers in Oregon. Following is a selection of key findings from this evaluation.

Current HIV reporting regulations require medical providers to report new HIV infections to HIV program staff within one day. Once a newly diagnosed case of HIV infection is reported, an HIV program staff member calls the reporting medical provider to confirm the case and to ask if assistance is needed with partner notification. If so, one of our disease intervention



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specialists (DIS) follows up with the medical provider. DIS are specifically trained in providing PCRS, are employed by DHS or local health departments, and conduct nearly all of Oregon's HIV PCRS. In some local health departments, including Multnomah County's, DIS provide the initial post-test counseling for HIV-positive patients and from there can move seamlessly to PCRS for these public-sector patients. In contrast, patients in other counties or in the private sector might see a delay in provision of PCRS stemming from the reporting and case-confirmation processes.

According to DIS, a typical PCRS session with a newly diagnosed HIV-positive patient follows CDC guidelines and accomplishes a number of objectives. First, the patient, if not aware of their HIV diagnosis, is given the unfortunate news. The patient has time to ask questions regarding HIV and is counseled in how to prevent its transmission. Second, the DIS works with the patient to ensure access to medical services. Next, the DIS discusses options for notifying current and past partners and which notification procedure the patient would be most comfortable with. The "client-centered" approach employed by DIS, coupled with the seriousness of an HIV diagnosis and other patient priorities, often inhibits a patient's ability

to talk about sexual partners. Therefore, the conversation about partner notification usually takes place at the very end of the first session or in a second session.

A MAJOR CHALLENGE TO OREGON'S PCRS SYSTEM

The evaluation indicated that DIS were able to provide HIV PCRS to HIV patients in the private sector only when the medical provider formally requested such services through DHS' HIV program staff. According to 2002 data, a substantially lower proportion of HIV-positive patients from the private sector received referrals to DIS-initiated PCRS than patients seen in local health department clinics. We have no way to evaluate private medical providers' follow-up with partner notification support for HIV-positive patients, and the frequency or quality of partner notification services facilitated by private medical providers is therefore unknown.

To increase the number of newly diagnosed HIV positive patients who are offered HIV PCRS, we encourage private medical providers to work closely with DIS at the time each HIV case is reported. In addition to timely case assignment to DIS, we are exploring the possibility of DIS being primary contacts for those of you who dutifully report HIV cases. In this way, DIS can address your concerns about patient confidentiality, make their

services available to you and to your patients, and relieve you of the burden of having to discuss the sensitive subject of partner notification at the time when you're trying to explain the HIV diagnosis to your patient and come up with a treatment plan. We believe that partners becoming informed of their potential exposure to HIV or other STDs will encourage them to seek appropriate services and thus contribute to the overall health of Oregon.

For more information on this HIV PCRS evaluation, please contact the DHS HIV Prevention Program at 503/731-4029.

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