Interventions to Identify HIV-positive People Through Partner Counseling and Referral Services

Summary Evidence Table

Sample, setting, and study conditions from studies included in the analyses.

Study	Sample	Setting Location Study period	Study condition notes[1]
MMWR, 1988	**N = 230** (59% of 387 patients returning for test results). No demographic information on index cases; infected partners were 72% gay or bisexual; 15% IDU.	STD clinics Virginia 1986–1987	**Program evaluation:** Numbers of partners elicited from index cases is unknown.
Crystal, 1990	**N = 99** (8% of 1218 reported cases). No demographic information on cases; partners 60% male; 38% IDU; 58% Black; 29% White.	Statewide New Jersey 1988–1989	**Program evaluation:** Completely voluntary PCRS with client satisfaction ratings. Note low uptake.
Rutherford,1991	**N = 51** (35% of 145 eligible cases reported: 42 had died, 25 out of jurisdiction). 88% male; 61% White; mean age 38 years.	Public health department San Francisco, California 1985–1987	**Program evaluation:** Principally conducted with index cases who had AIDS (HIV was not then reportable). Only sex partners traced; only opposite-sex partners included in analysis.
Wykoff, 1991	**N = 42** persons identified as HIV+ not through partner notification. No index case demographics; partners 83% male and 75% gay or bisexual.	Health district (6 counties, rural) South Carolina 1986–1990	**Program evaluation:** PCRS for partners dating back up to 3 years, implicit patient permission to contact needed. Some partners tested up to 3 times over 12 months. Interviews include partners of partners (second generation partners).

Landis, 1992	**N = 74** people returning for HIV test results (46% of 162 eligible). 69% male; 87% Black; 76% gay or bisexual.	3 public health departments, (predominantly rural) North Carolina 1988–1990	**RCT:** Patient referral versus provider referral (study counselor as provider) Participants in provider referral could self-notify partners, if desired.
Spencer, 1993	**N = 190** reporting unsafe behaviors (84% of 226 interviewed, 226 were 98% of 231 assigned for interview). 85% male; 70% White; 55% gay; 20% bisexual. **91** asked for provider referral.	Public health department and other testing sites (except Colorado Springs) Colorado 1988	**Program evaluation:** Patients offered the choice of contract or provider referral if they named partners, and patient referral counseling if they did not. Referral offered as a priority to those reporting unsafe sexual behaviors.
Hoffman, 1995	**N = 401** persons (81% of 493 people not identifed through partner notification). No demographic information	Statewide (13 confidential testing sites and one anonymous site) Colorado	**Program evaluation:** All cases assigned for provider referral. The proportion of HIV+ cases among partners was higher at confidential (16/215) than at anonymous (4/142) sites. Testing efforts made for partners not previously counseled or who reported unsafe behavior.
Toomey, 1998	**N = 1070** patients offered provider referral (76% of 1399 referred for partner notification). 47% 25–34 years; 74% Black; 63% male; 24% MSM.	STD clinic patients and referrals Ft. Lauderdale and Tampa, Florida; Paterson, New Jersey 1990–993	**Program evaluation:** Originally an RCT that failed because of unintended crossover.
MMWR, 2003	**N = 1379** persons located (87% of 1603 case reports) 71% Black; 18% White.	Statewide North Carolina 2001	**Program evaluation:** DIS assigned to conduct PCRS and conduct partner notification.

[1]Eligiblity for partners for referral includes sex and needle-sharing unless otherwise noted.

DIS, disease intervention specialist; IDU, injection drug user; MSM, men who have sex with men