

Recommendations to Increase Testing and Identification of HIV-Positive Individuals Through Partner Counseling and Referral Services

Task Force on Community Preventive Services

Partner counseling and referral services (PCRS) are one aspect of care available to HIV-positive people and the partners with whom they have sex and/or share hypodermic needles. The goal of referral (providing the names of these partners) is to notify partners of their potential exposure to HIV. Notified partners are urged to be tested for HIV: If they test negative they can receive prevention counseling and, if they test positive, they can enter into treatment. Partner notification (or “contact tracing”), a key aspect of PCRS, can be done by the infected individual; this is known as patient referral, client referral, or self-referral. When notification is done by a public health professional, it is known as provider referral. Referral can also be handled jointly by the infected individual and his or her healthcare provider.

The United States Preventive Services Task Force has previously issued a strong recommendation for HIV screening for all adolescents and adults at increased risk of infection. This includes people who have been exposed to the virus as well as those who receive health care in a high-prevalence or high-risk clinical setting.¹ (High-prevalence settings are defined by the Centers for Disease Control and Prevention [CDC] as those known to have a 1% or greater prevalence of infection among the patient population being served.)¹ Moreover, the CDC has recently recommended expansion of HIV testing at least once for all adults and adolescents in healthcare settings.² The availability of highly active antiretroviral therapy (HAART), a potentially effective HIV treatment, makes it all the more important to identify infected individuals as early as possible.

The accompanying systematic review³ found sufficient evidence, according to *Guide to Community Preventive Services* rules,⁴ that provider referral partner notification identifies a high-prevalence target population for HIV screening. The Task Force on Community Preventive Services therefore recommends the use of provider-referral partner notification—in which a healthcare provider

or other public health professional contacts and notifies partners who have been identified by an infected individual—on the basis of sufficient evidence of effectiveness in increasing HIV testing and identification of previously undiagnosed HIV-positive individuals. The effectiveness of patient or contact referral could not be determined, because too few studies of adequate quality were available. No evidence for harms as a result of PCRS were found in the literature, but the paucity of evidence in this area requires continued attention to harms such as partner violence, both from clinical and research perspectives.

In addition to the recommendation for use of provider referral partner notification, the Task Force on Community Preventive Services has also recommended the use of individual-, group-, or community-level person-to-person interventions to change sexual behaviors associated with HIV or sexually transmitted disease (STD) transmission among men who have sex with men, such as unprotected anal intercourse.^{5,6} Systematic reviews are currently in progress to determine the effectiveness of group- and community-level behavioral interventions for adolescents to reduce sexual risk behaviors and increase protective behaviors associated with sexual transmission of HIV, and the results of those reviews will appear in a future issue of this journal.

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References

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