PARTNER COUNSELING AND REFERRAL SERVICES

DESCRIPTION

Partner Counseling and Referral Services (PCRS) is a public health strategy to control and prevent the spread of HIV and other sexually transmitted diseases. Evidence suggests that a substantial number of new HIV infections in the United States originate from HIV-infected persons not yet aware of their infection.[1] PCRS helps HIV-infected persons notify their partners of exposure to HIV. It is part of a comprehensive array of services that begin when a person seeks HIV counseling and testing and continue after the client begins receiving care.

In most jurisdictions, health departments (local, state, or both) are legally responsible for ensuring the public health through the control of infectious diseases; PCRS is a strategy that most health departments use to fulfill this responsibility. For this reason, CBOs that wish to provide PCRS are required to collaborate with their health departments (local, state, or both). In some jurisdictions, state or local laws and regulations limit or prohibit PCRS being done outside the health department.

CDC is revising its guidelines for PCRS. The revised guidelines will replace the Partner Counseling and Referral Services guidelines published in 1998. Publication of the revised guidelines is expected in 2007. The guidance provided in this document may change, depending on the results of the guideline revision process; however, until that time, the recommendations in this document should be adhered to.

Goals

Voluntary PCRS, which includes partner notification, aims to identify HIV-infected persons and link them to medical, prevention, social, and other services as soon as possible after they become infected.[2–4] It also aims to inform current and past partners of HIV-infected persons of their risk so that they can seek HIV counseling, testing, and referral services, as appropriate.

How It Works

A key element of PCRS is informing current and past partners that a person who is HIV infected has identified them as a sex partner or partner who shares injection drug paraphernalia and advising them to seek HIV counseling and testing. Notified partners, who may not have suspected their risk or who may deny their risk, can then choose whether to be tested for HIV.

- **Those who choose to be tested and are found to be HIV infected** should receive early medical evaluation, treatment, social, and prevention services, including risk-reduction counseling and PCRS.
- **Those who choose to be tested and are found to be HIV negative** have the opportunity to receive primary HIV prevention interventions.

- **PCRS is confidential.** Partners are not told who reported their name or when the reported exposure occurred, and information about partners is not reported back to the original HIV-infected person.
- **PCRS is voluntary.** The infected person decides which names, if any, to reveal to the interviewer.

Research Findings

Evidence suggests that more than half of new HIV infections in the United States originate from HIV-infected persons who are not yet aware of their infection (unpublished data). PCRS has been shown to be an effective tool for reaching persons at very high risk for HIV infection. In studies of HIV PCRS, 8% to 39% of partners tested were found to have previously undiagnosed HIV infection.[5] However, a recently published survey found that, in 22 jurisdictions with HIV reporting, health departments interviewed only 32% of 20,353 persons with newly reported HIV.[6] Health department program data submitted to CDC also indicate that PCRS is highly underutilized (CDC, unpublished data). Surveys of persons seeking HIV testing, of HIV-infected persons, and of notified partners indicate acceptability of PCRS.[7–9] PCRS has been found to be cost-effective.[10–12]

In terms of which PCRS strategy is more effective, 1 observational study suggested that health department specialists were more successful than physicians at interviewing patients and locating partners.[13] Furthermore, results from a randomized trial showed that notification by health department staff was substantially more effective than notification by the infected person.[14]

CORE ELEMENTS, KEY CHARACTERISTICS, AND PROCEDURES

Core Elements

Core elements are those parts of an intervention that must be done and cannot be changed. **Core elements are essential and cannot be ignored, added to, or changed.**

PCRS has the following 6 core elements:

- Ensure that all services are voluntary and confidential.
- Identify and contact all persons with HIV (index clients) to offer them PCRS. Index clients may be persons with a new diagnosis of HIV or persons with a previous diagnosis of HIV who have ongoing risky sexual and injection drug use behaviors.
- Interview index clients who accept PCRS to elicit names of and locating information for sex partners and partners who share injection drug paraphernalia.
- Locate named partners, notify them of their exposure to HIV, provide HIV prevention counseling, and recommend HIV testing.
- Provide HIV counseling and testing to partners and ensure that they receive their test results.
- Link partners, especially those whose test results are positive, to appropriate medical evaluation, treatment, prevention, social, and other services.

Key Characteristics

Key characteristics are those parts of an intervention (activities and delivery methods) that can be adapted to meet the needs of the CBO or target population.

PCRS has the following key characteristics:

- Deliver PCRS through provider referral, client referral, or combined referral. (See Procedures for descriptions of referral types.)
- Deliver PCRS in a continuum of care that includes the capacity to refer sex partners and partners who share injection drug paraphernalia to HIV counseling, testing, and treatment, as well as to other services (e.g., treatment for sexually transmitted diseases, family planning, violence prevention, drug treatment, social support, housing).
- Provide client-centered counseling for HIV-infected persons and their partners to potentially reduce behavioral risks for acquiring or transmitting HIV infection. Client-centered counseling will also help the provider understand the readiness of the index client to notify partners and will enable the provider to offer services to help the index client successfully notify partners without adverse consequences.
- Offer PCRS as an ongoing service. PCRS should be offered as soon as an HIV-infected person learns his or her HIV status and should be made available throughout that person's counseling and treatment. If new partners are later exposed, PCRS should again be made available. HIV-infected persons should be able to access PCRS whenever needed.

Procedures: Procedures are detailed descriptions of some of the above-listed elements and characteristics.

Procedures for PCRS are as follows:

Collaborating with Health Departments

PCRS is usually done by health departments; therefore, a CBO planning to provide any or all of PCRS should collaborate closely with its health department (state, local, or both) to avoid duplication of services and to ensure that all CBO procedures are consistent with health department policies and procedures. A written agreement with the health department outlining the roles and responsibilities of the CBO and the health department must be in place before a CBO implements PCRS. However, in some jurisdictions, state or local laws and regulations limit or prohibit PCRS being done outside the health department.

Addressing Core Elements

CBOs planning to provide PCRS must fully address all core elements or, if not possible, maintain formal written agreements with other agencies, organizations, or providers that will deliver the other elements. In addition, because most HIV diagnoses are made by private medical providers, CBOs should consider working with private providers as well as with other agencies and organizations involved in the care of persons living with HIV to improve their understanding of the value of PCRS and to integrate PCRS into their other services. At a minimum, CBOs providing PCRS should ensure that information about their services is easily accessible by health care providers in the public and private sectors and by other agencies and organizations responsible for providing diagnoses or services to persons living with HIV.

Interviewing Index Clients

During the interview, the PCRS provider should establish a plan for notifying partners and, if appropriate, arranging for follow-up to determine if contact was made. PCRS should be an ongoing process for index clients who have new sex partners or partners who share injection drug paraphernalia; therefore, index clients who remain sexually active or continue to use injection drugs should be counseled regarding self-disclosure of HIV status and provided opportunities to develop their disclosure skills.

Interviewing serves several functions.

- Providing client-centered HIV prevention counseling and information to the index client
- Assessing the index client's need for other services
- Making appropriate referrals
- Eliciting names of and locating information for sex partners and partners who share injection drug paraphernalia or children or infants who may have been exposed perinatally or through breastfeeding.

PCRS programs should have explicit procedures, developed in close collaboration with their health department(s), with regard to eliciting partner information, including, but not limited to

- determining the interview period (i.e., how far back in time, before the index client's diagnosis, to go to attempt to identify partners)
- following special considerations with regard to spouses
    - For example, federal legislation and related state laws and regulations may require that a good-faith effort be made to notify spouses.
    - Establish an approach for index clients who will not give consent and who will not allow the provider to notify current or past marriage partner(s).
- establishing an approach for index clients who decline to disclose partner names
- explaining to index clients all available options for notifying their partners (e.g., client referral, provider referral, contract referral, or dual referral), including advantages and disadvantages of each
- assessing and addressing potential for partner violence
    - PCRS workers should be aware of the potential for partner violence and be prepared to make appropriate referrals.
    - If the provider suspects a potentially violent situation for the index client or others, the provider must
        - make an assessment prior to notifying the partner
        - seek expert consultation before proceeding
        - comply with relevant state laws and local regulations
- Making plans for notifying partners of their exposure, including if, how, and when specific partners will be informed of their risk of exposure

Notifying Partners

Locating and notifying named partners should begin as soon as possible after the diagnosis of HIV in the index client. Partners should be informed of their possible exposure to HIV; provided with accurate information about transmission and prevention of HIV; informed of the benefit of knowing one's HIV status; assisted in accessing counseling, testing, and referral services; and cautioned about the possible negative consequences of disclosing one's own or another's HIV status.

PCRS workers should help index clients determine, from the following, the best strategy for notifying each partner named. Regardless of which approach is chosen, the PCRS provider should ensure the partners are actually informed of the exposure.

Provider referral. The medical care provider, health department staff, or other PCRS provider, with permission from the index client, informs the partner or partners, and refers them to counseling, testing, and other support services. Provider referral has been shown to be more effective than client referral.

Patient or client referral. The HIV-infected person accepts full responsibility for informing his or her partners of their possible exposure to HIV and for referring them to HIV counseling and testing services. Index clients should receive information and coaching regarding

- the best way to inform their partners
- how to deal with the psychological and social effects of HIV status disclosure
- how to deal with partner reactions (including violence)
- how and where partners can access counseling and testing

Although some persons initially prefer to inform their partners themselves, many often find this more difficult than anticipated.

Combined Referral. Two strategies of combined referral include elements of each above strategy.

Contract referral. The index client has a specified number of days to notify partners. If, by the contract date, the partners have not come for counseling and testing, they are contacted by the PCRS provider.

Dual referral. The index client and the provider inform the partner together. Some reports of partner violence after notification suggest a need for caution, but violence seems to be rare.[15,16]

Many states and some cities or localities have laws and regulations about informing partners of their exposure to HIV. Some health departments require that even if an index client declines to report a partner, the PCRS provider must report to the health department any partner of whom he or she is aware. Some states also have laws requiring disclosure by providers to third parties known to be at significant risk for future HIV transmission from clients known to be infected. This is called duty to warn.[17] CBOs that choose to implement PCRS should familiarize themselves with local, state, and federal regulations about informing partners of potential exposure as well as potential duty to warn. Finally, the Ryan White Comprehensive AIDS Resource Emergency Reauthorization Act requires that health departments receiving Ryan White funds show good-faith efforts to notify marriage partners of HIV-infected persons.

Offering Services to Partners

All partners notified should receive appropriate client-centered counseling and should be offered anonymous or confidential testing (if not already known to be HIV infected) and referral services. Testing may be done at the time of notification (rapid testing and collection of specimens other than blood can facilitate this type of testing) or may be accomplished by escorting or referring the partner to a counseling and testing site. For partners who choose testing methods other than rapid testing, detailed locating information should be obtained to ensure that they receive their results; for those partners who were referred, follow-up should be arranged to

ensure that they received counseling and testing. Regardless of how testing is accomplished, all aspects of counseling and testing should follow CDC's guidelines[18] and must be in accordance with federal, state, and local laws, regulations, and policies, including the Clinical Laboratory Improvement Amendment. PCRS workers should also maintain referral agreements and up-to-date resource guides to provide appropriate referrals.

Prioritizing PCRS Activities

Because PCRS may place a substantial burden on resources, CBO program managers may need to develop policies for prioritizing PCRS activities, such as the order in which persons living with HIV are offered PCRS or the order in which partners are located and offered counseling, testing, and referral and PCRS. These policies should be developed in close collaboration with the appropriate health department(s). The PCRS Guidance[18] suggests that the following partners be considered high priority:

- The partner who is most likely to transmit HIV to others (highest priority)
- Partners of a recently infected client who had contact in the prior 6 months (most likely to have been exposed)
- Partners who are unlikely to be aware of their exposure to HIV
- Current partners, who may be at continued risk for infection
- Partners with a history of other sexually transmitted diseases
- Partners of clients with resistant strains of HIV

RESOURCE REQUIREMENTS

People

PCRS staffing requirements vary according to the design of the program (e.g., 1 worker may perform all 3 components [eliciting, locating, notifying], or components may be divided among workers) and the number of clients to be served.

- CBOs could serve as many as 5 to 7 new clients per week for each full-time (or equivalent) PCRS provider on staff.
- A full-time (or equivalent) supervisor (per 5 to 7 PCRS providers) will be required to
    - oversee staff
    - maintain accurate records (ensuring that all clients are reached and partners are notified and provided with, or referred to, counseling, testing, and referral
    - work with the health department to coordinate delivery of services

Depending on the needs of the CBO and the skill level of the staff, 1 or more staff member will be needed to

- work with the HIV-infected client
- locate and notify partners, with time needed depending on
    - the number of partners to contact
    - the extent and accuracy of the locating information provided
    - whether counseling and testing will be provided on site
    - the type of referrals that the client wishes to pursue
- provide other services (e.g., counseling, testing, and referral services)

- Elicitation of partner information may be done at the time of counseling for clients whose HIV test results are positive; however, elicitation will significantly increase the amount of time required for counseling.
- If the client is not ready or if asking about partners does not fit within the logistics of the counseling, testing, and referral service, partner information can be elicited later; however, these clients may be lost to follow-up, thereby diminishing the success of PCRS as a prevention strategy.

Space

PCRS needs space for client interviews and partner notification.

Client interviews for PCRS can be done in several places, as long as the client is assured confidentiality and privacy.

- The CBO's office or clinic is the safest and most convenient space. The office location allows for greater control over the interview process and permits access to additional personnel and materials, including medical records.
- Clients' homes will be most comfortable for them and may facilitate the process; clients may have information at home (e.g., address books, photos) to help them remember and find partners.
- Other places (crack houses, bars, housing projects, cars) may be dangerous for staff members.
- Telephone interviews may be done when efforts to meet with a client in person have been unsuccessful or when the client is not in the same city as the PCRS worker. Telephone interviews do not allow client observation and should be used with discretion and in accordance with CDC's guidelines[18] and state and local policies and procedures. When interviewing by phone, certain privacy issues must be taken into account. Interviewers must be sure
  - they are speaking directly to the client
  - cellular phones are not being used
  - no one else is on the line

Partner notification should take place at the time and place that is most convenient to the partner being notified, while still assuring confidentiality and safety.

- **Notification in person** should be done whenever possible.
- **Notification by mail** may be acceptable in certain circumstances, but should always be followed by personal contact.

If a CBO is providing rapid testing with its PCRS services, the location should accommodate the requirements for rapid testing.

RECRUITMENT

Potential index clients may be identified from among persons already served by the CBO or may be identified by other agencies, organizations, or providers and referred to the CBO for PCRS.

CBOs planning to provide PCRS should have clearly defined strategies for identifying potential index clients, such as

- all persons with a new diagnosis of HIV
- other HIV-infected persons who in the past were not offered PCRS
- HIV-infected persons who now have new sex or drug-injecting partners
- persons with previously diagnosed HIV infection who are now seeking services for sexually transmitted diseases, substance abuse (injection drug use), or family planning
- HIV-infected persons who are receiving ongoing HIV medical care or other HIV prevention or care services and are identified as having new sex or drug-injecting partners or new sexually transmitted diseases
- persons who in the past declined or only partially participated in PCRS but have now decided to participate fully

Index clients should be offered PCRS at the earliest possible opportunity. However, for persons with a new diagnosis of HIV, reactions to learning that they are infected will vary and personal circumstances will differ. PCRS workers should recognize and accommodate clients who need to resolve other issues before they will be ready to participate in PCRS. CBOs providing PCRS should have clear guidelines for these situations to avoid inappropriate delays.

Two major sources of recruitment for PCRS are health care providers (who report HIV cases to the health department according to state regulations) and counseling and testing sites. CBOs can assist with referral into PCRS by helping health care providers understand the benefits of PCRS and by ensuring that all counseling sessions delivering HIV-positive test results at counseling and testing sites include referral to PCRS.

CBOs accepting referrals for PCRS from other agencies, organizations, or providers should do so only under a formal, written agreement (e.g., memorandum of agreement, contract) that clearly describes the roles and responsibilities of each party. Such agreements should be reviewed and approved by the health department and should ensure that appropriate consents for release of information have been signed by the referred client, to allow exchange of necessary information between the CBO and the referring entity.

CBOs providing PCRS should have explicit procedures for contacting potential index clients and offering them PCRS, including, but not limited to, the following:

- How to contact them (e.g., in person, by telephone, by mail)
- What steps to take before contacting them (e.g., ensuring that the person or organization making the diagnosis of HIV knows of, and agrees with, the CBO's plan to contact their client for PCRS)
- When to contact them (i.e., the intervals between identifying the client, initiating contact, and establishing contact)
- What to do and say when contacting them
- What to do if unable to locate them or if they decline PCRS when it is offered (e.g., notifying the health department of the situation)

Review Recruitment in this document for any additional recruitment strategies that might be appropriate for the target population.

POLICIES AND STANDARDS

Before a CBO attempts to implement PCRS, the following policies and standards should be in place to protect clients, the CBO, and the PCRS provider:

Confidentiality and Voluntary Participation

A system must be in place to ensure that confidentiality is maintained for all participants in the program. Before sharing any information with another agency to which a client is referred, signed informed consent from a client or his or her legal guardian must be obtained. In addition, persons testing anonymously must not be required to disclose their identity to receive PCRS. Finally, participation in PCRS is always voluntary, and PCRS providers should ensure that clients are aware of their right to refuse or delay participation in PCRS.

Cultural Competence

CBOs must strive to offer culturally competent services by being aware of the demographic, cultural, and epidemiologic profile of their communities. CBOs should hire, promote, and train all staff to be representative of and sensitive to these different cultures. In addition, they should offer materials and services in the preferred language of clients, if possible, or make translation available, if appropriate. CBOs should facilitate community and client involvement in designing and implementing prevention services to ensure that important cultural issues are incorporated. The Office of Minority Health of the Department of Health and Human Services has published the *National Standards for Culturally and Linguistically Appropriate Services in Health Care,* which should be used as a guide for ensuring cultural competence in programs and services. (Please see Ensuring Cultural Competence in the Introduction of this document for standards for developing culturally and linguistically competent programs and services.)

Data Security

To ensure data security and client confidentiality, data must be collected, managed, and reported according to CDC requirements.

Informed Consent

All clients tested at CDC-funded testing sites should be informed at the earliest opportunity that PCRS services are available. CBOs must have a consent form that carefully and clearly explains (in appropriate language) the CBO's responsibility and the client's rights as well as options for serving partners. Individual state laws apply to consent procedures for minors; but at a minimum, consent should be obtained from each client and, if appropriate, a legal guardian if the client is a minor or unable to give legal consent. For anonymously tested clients a signature is not required, but documentation that the client's rights were explained must be maintained in the client's record.

Legal and Ethical Policies

PCRS is an intervention that deals with disclosure of HIV status, and PCRS workers must review with the client the legal and ethical reasons for informing partners. CBOs must know their state

laws regarding disclosure of HIV status to sex partners and needle-sharing partners; CBOs are obligated to inform clients of the potential duty to warn and the CBO's responsibility, especially with regard to a spouse. PCRS workers should help the HIV-infected client prioritize partners to be notified on the basis of the likelihood of past or future transmission. CBOs also must inform clients about state laws regarding the reporting of domestic violence, child abuse, sexual abuse of minors, and elder abuse.

Referrals

CBOs must be prepared to refer clients and partners, as needed. For clients who need additional assistance in decreasing risk behavior, providers must know about referral sources for care, counseling and testing, and prevention interventions such as comprehensive risk counseling and services and health department and CBO prevention programs for persons living with HIV.

QUALITY ASSURANCE

The following quality assurance activities should be in place when implementing PCRS.

Providers

Training is critical for successful PCRS. Training for PCRS workers is provided by CDC and includes

- initial training plus periodic updates on standards, objectives, and specific guidelines for PCRS
- knowledge of HIV infection, transmission, and treatment
- cultural competence with regard to eliciting information about partners
- client-centered counseling
- protecting persons' rights to privacy
- how to use scientific information for prioritizing partners
- how to administer HIV tests
- how to defuse potentially violent situations involving clients, partners, or staff
- understanding local, state, and federal laws regarding PCRS as well as health care issues, including the right to privacy and confidentiality

Quality assurance methods should be in place to ensure that appropriate standardized methods are used for

- counseling HIV-infected clients about notification of their partners
- developing a PCRS plan with HIV-infected clients
- prioritizing which partners are to be reached
- locating and informing those partners of their possible exposure to HIV
- providing immediate counseling and testing services to informed partners, referring them to other service providers, or both
- collecting, analyzing, using, and storing PCRS data

These methods should include

- written job descriptions
- periodic direct observation of PCRS workers
- peer review of selected cases
- consumer satisfaction surveys

Clients

Clients should be assured of their right to privacy and that PCRS is always voluntary.

MONITORING AND EVALUATION

At this time, specific guidance on the collection and reporting of program information, client-level data, and the program performance indicators is under review and will be distributed to agencies after notification of award.

General monitoring and evaluation reporting requirements for the programs listed in the Procedural Guidance will include the collection of standardized process and outcome measures as described in the Program Evaluation and Monitoring System (PEMS). PEMS is a national data reporting system that includes a standardized set of HIV prevention data variables, web-based software for data entry and management, data collection and evaluation guidance and training, and software implementation support services.

Funded agencies will be required to enter, manage, and submit data to CDC using PEMS. Furthermore, agencies may be requested to collaborate with CDC in the implementation of special studies aimed at assessing the effect of HIV prevention activities on at-risk populations.

KEY ARTICLES AND RESOURCES

CDC. Advancing HIV prevention: interim technical guidance for selected interventions. Available at: http://www.cdc.gov/hiv/partners/Interim-Guidance.htm.

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