



HHS Public Access

Author manuscript

Sex Transm Dis. Author manuscript; available in PMC 2024 August 01.

Published in final edited form as:

Sex Transm Dis. 2023 August 01; 50(8): 553–554. doi:10.1097/OLQ.0000000000001824.

Additional Public Health Benefits of HIV Partner Services and More Opportunities for Improvement

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To the Editor:

As leaders of the Beyond AIDS Foundation,¹ a strong supporter of HIV partner services (including contact tracing, partner notification and testing, result-specific follow-up, and other appropriate services), we applaud the article by Williams et al.²

The article highlighted partner services as a means of detecting undiagnosed HIV infections. We would like to point out four additional public health benefits of HIV partner services, not mentioned in that article:

1. Most identified partners of a newly diagnosed person with HIV infection are likely not only to be undiagnosed but also to be recently infected. Initiating treatment for such individuals can both provide the earliest opportunity to prevent additional infections, and achieve the best clinical outcomes.³
2. One of the contacts may be the source of infection, likely an undiagnosed and untreated person with a high viral load, and capable of causing further infections. Testing and treating such an individual is a high priority for prevention.
3. Contacts who test negative for HIV infection have been exposed and may continue to be, without intervention. They, too, are a high priority for prevention. Increased attention to at-risk HIV-uninfected individuals, including safer sex counseling and referrals for PrEP, is consistent with CDC's new "status neutral" initiative.⁴

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Conflict of Interest and Sources of Funding: None declared.

4. Partner services can also be expanded or linked with other services for newly-diagnosed persons with HIV infection. Those individuals can be guided through the HIV Care Continuum aimed at viral suppression,⁵ and assisted to achieve other beneficial outcomes. An example is a pilot project in four counties of North Carolina. “Disease intervention specialists” went beyond usual partner services and linkage to care for persons testing positive for HIV or syphilis, by assisting access to primary care, housing assistance, Medicaid navigation, food insecurity, and other needs.⁶ Such expanded services could be implemented nationwide.

The Beyond AIDS Foundation conducted a survey of U.S. state and territorial HIV/AIDS directors or their designees found substantial discrepancies among jurisdictions in methods, content, and consistency of outreach for partner services and linkage to care.⁵ As the Williams article noted,² partner services activities are currently required for all CDC-funded health departments, applying the shared guidelines for HIV, syphilis, gonorrhea, and chlamydia.⁷ However, our survey suggests that CDC does not monitor jurisdictions for details on whether and how this is done. We have recommended that uniform standards for public health outreach after newly reported diagnoses be established and written into CDC grant requirements, with appropriate compliance monitoring.⁵ CDC could require that a portion of grant funds be specifically designated for partner services.

State requirements can supplement federal grant stipulations. In New York State, for example, a law authored by one of our founding officers, the late Nettie Mayersohn, has required since 1998 that the names of any known sexual or needle-sharing partners be included as a part of reporting of new HIV diagnoses, and that local health departments perform contact tracing and partner notification along with HIV education, which may also be done by physicians.^{8,9} Other states could consider similar legislation.

California, the state with the highest number of new HIV diagnoses in 2020,¹⁰ is missing from the Williams article because of incomplete data. That state delegates most public health functions to 58 counties and to 3 cities with public health departments. Some of the counties are rural with small populations and limited resources for partner services. Our unpublished 2013 survey, representing 95% of California’s public health jurisdictions, found that 5% were not performing any partner services for HIV or other STIs, and 66% were performing them but not for all four designated diseases.⁷ Then-current CDC guidelines were not being followed by 39%, and 27% were receiving no specific funding for the performance of partner services.

State public health departments have a responsibility to assure that essential public health programs, including partner services, are available and adequately maintained in all cities and counties. Partner services are valuable components of HIV prevention with multiple benefits, and policy changes could improve their uniformity, quality, and impact.

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