

European Collaborative Clinical Group (ECCG) report on the European management of partner notification

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Background

- Partner notification (PN)
- European Collaborative Clinical Group (ECCG)
 - Network 120 clinicians across Europe
 - Under the umbrella of International Union against Sexually Transmitted Infections (IUSTI)
 - Conduct service evaluations to inform guideline development

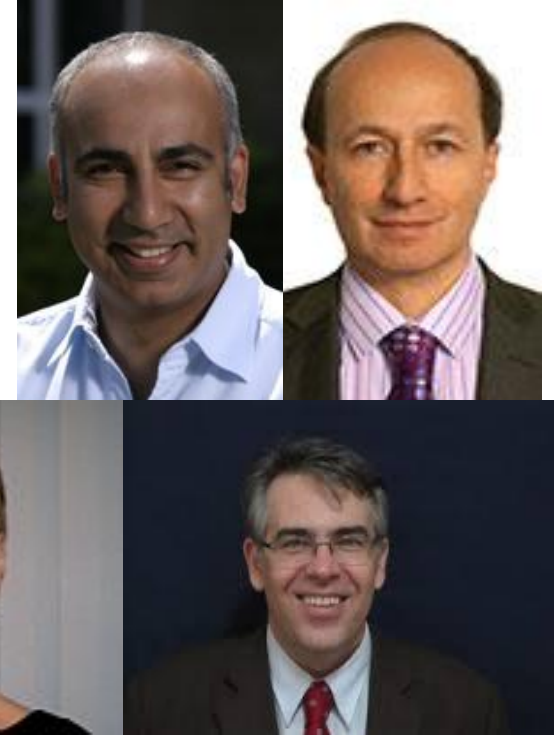
Aims

- The service evaluation is aimed to measure the extent of variation across Europe in the management of partner notification.
- Evaluate the consistency of the management of partner notification against published guidelines

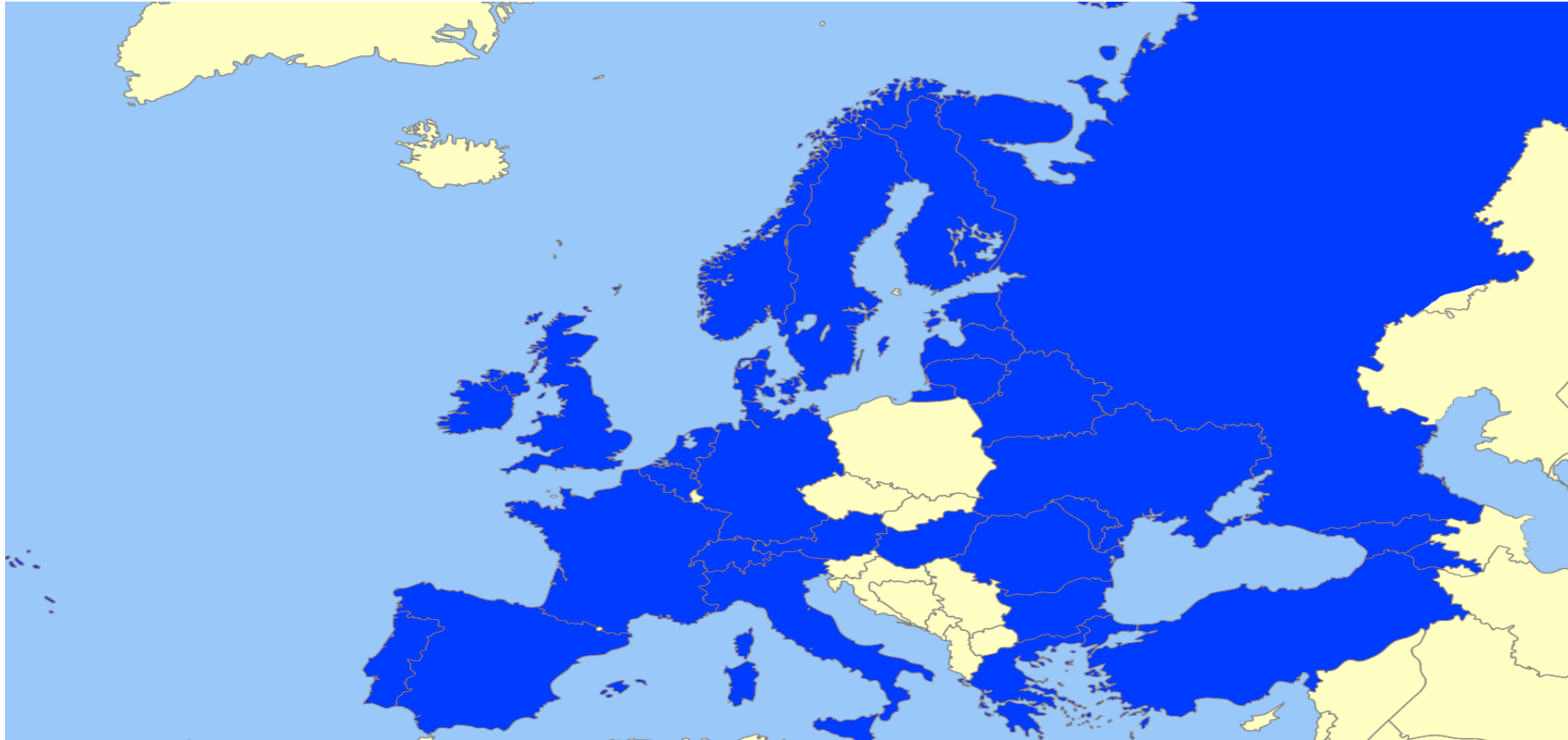


Method

- ✓ Form a core-steering group
- ✓ Three clinical scenario-based questions on PN
- ✓ Circulated to ECCG members



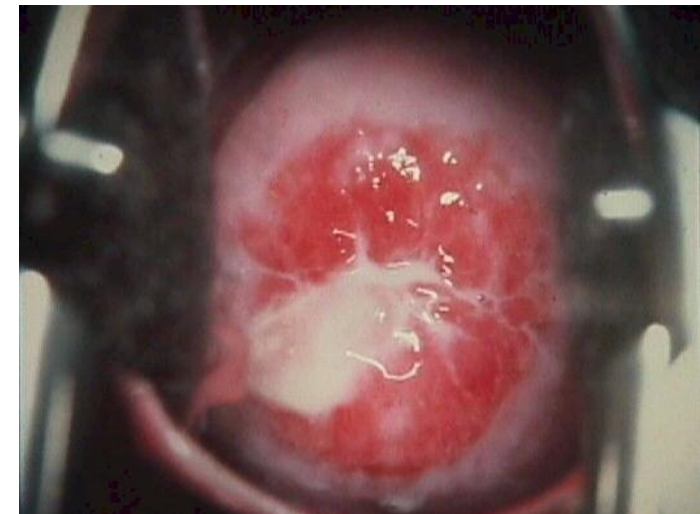
General Information



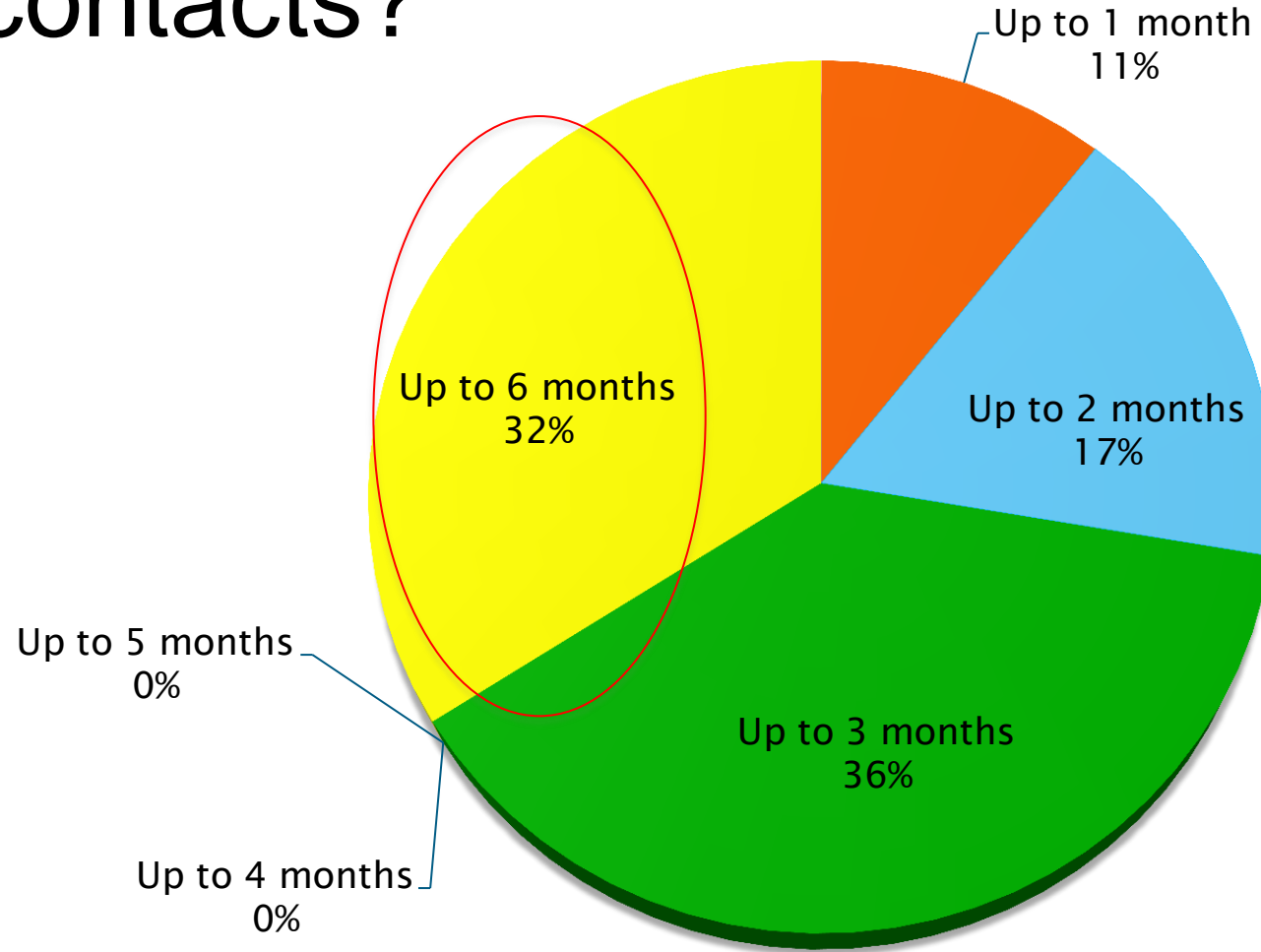
- 50 responses across 29 countries
- Government funded
- IUSTI guidelines
- BASHH

Case One

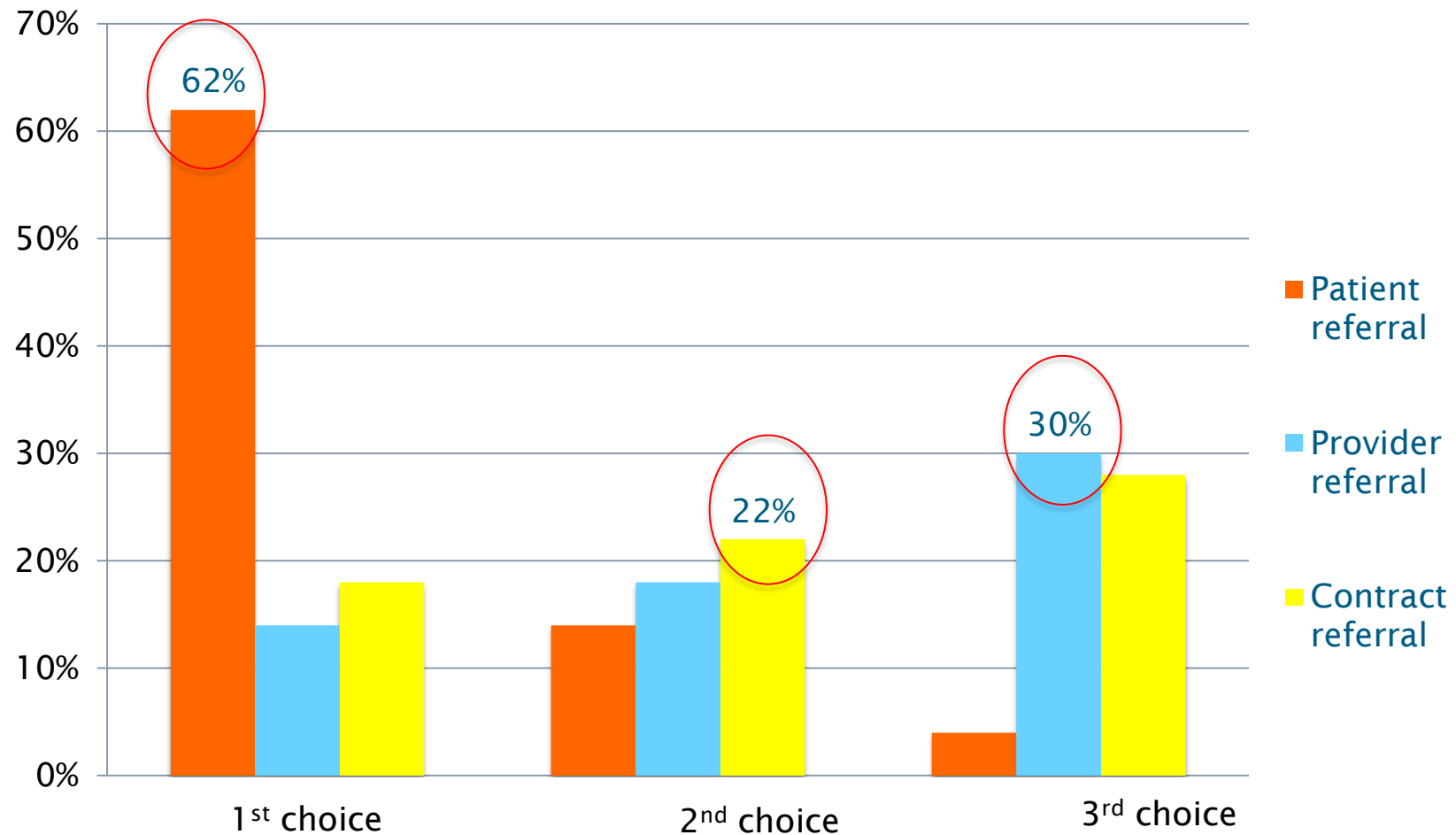
- Constructed to test look-back periods and the preferred contact tracing method
- 18-year old sexually active female with post coital bleeding and change in vaginal discharge.
- Diagnosed with **Chlamydia**



How far back would you trace her contacts?



Which method of referral would you offer to the patient in order of preference?



Case Two

- Created to review the provision and range of counselling
- A 23-year-old heterosexual male presented with **Gonorrhoea**, but negative for Chlamydia, Syphilis and HIV.



What key areas would be discussed with the index patient?

92% would discuss practicing safer sexual intercourse

86% of the participants would provide information about sexual risks such as the transmission of HIV and inform patients about severe complications from STI's.

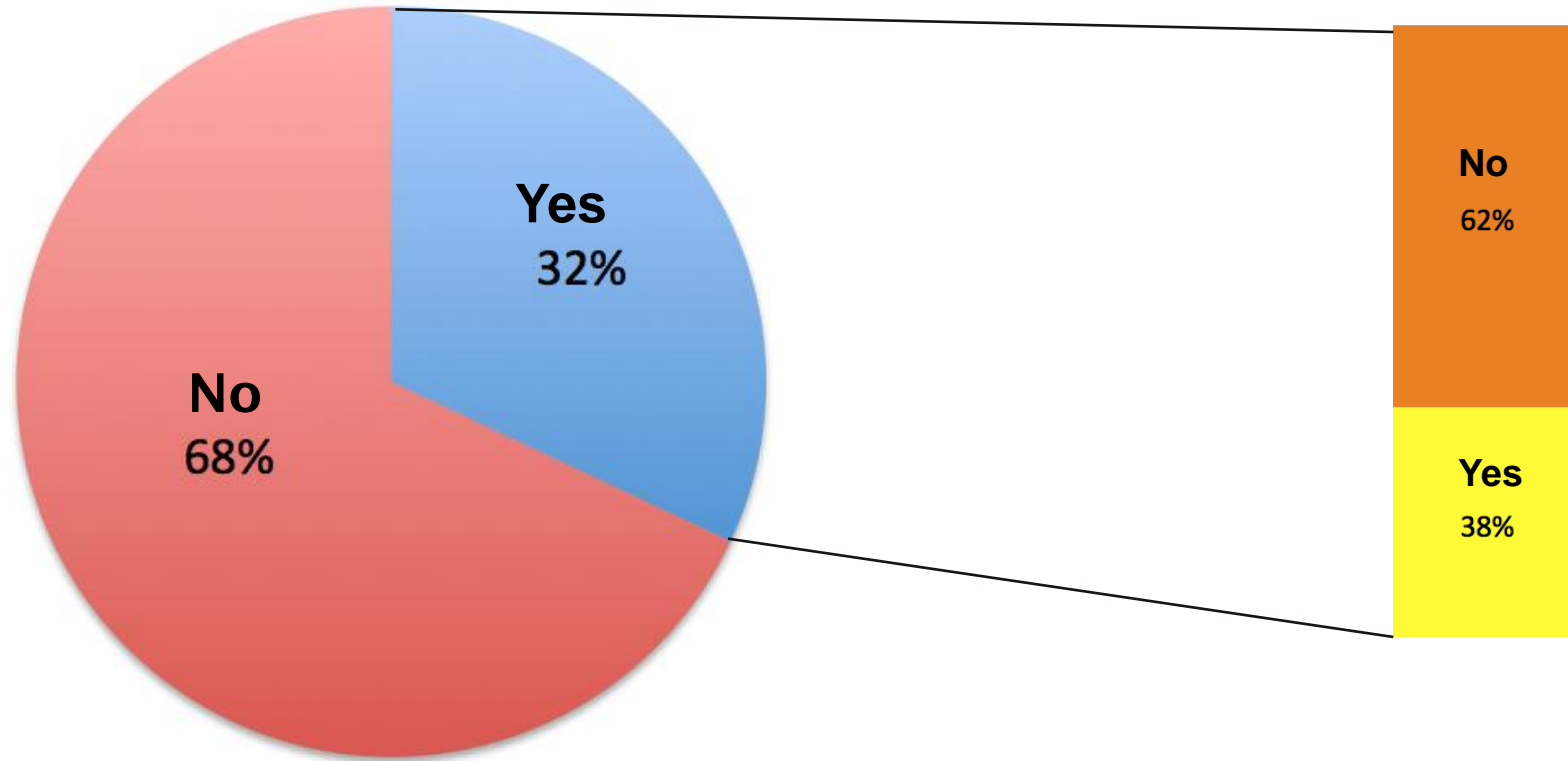
50% of respondents would inquire about the nature of the sexual relationship

10% would not provide any counseling to the index patient.

Case Three

- This question was designed to test whether national targets for Chlamydia were set in European countries and if so, were they met





Are there standards set for Chlamydia PN?

Do you meet these targets?

Conclusion

- Despite the guidelines being clear about the look-back periods clinical practice is inconsistent.
- Counseling patients that require PN still remains variable, with opportunities to limit onward transmission being missed when acute STIs are managed.
- Many countries across Europe did not have explicit standards in regards to PN rates – this may be helpful to focus practice

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Questions ?