

Prevention of sexual transmission of human immunodeficiency virus



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Counselling, in conjunction with testing for HIV antibodies, provides a person at risk of HIV infection with the information and support needed to permit him or her to take the appropriate decisions to avoid infection or, if infected, to avoid transmitting HIV to others, and to seek appropriate medical advice. Early diagnosis of HIV infection may enable a person to obtain prophylactic treatment against infection with such opportunistic organisms as *Mycobacterium tuberculosis*, more timely diagnosis, treatment, and prophylaxis for diseases such as *Pneumocystis carinii* pneumonia and, in some areas, access to antiretroviral therapy. People who have information regarding their health status are better able than those who do not to take decisions regarding their own management. Thus HIV antibody testing, in association with pretest and post-test counselling, can play an important role in HIV/AIDS prevention.

Partner notification

Partner notification covers public health activities in which sexual partners or individuals with HIV infection and those sharing drug injection equipment with them are notified, counselled about their exposure, and offered services.

The potential benefits of partner notification include the possibility of helping to prevent HIV transmission and to reduce the morbidity and mortality associated with HIV infection. However, unless confidentiality is assured, partner notification may inflict individual and social harm and thereby detract from other AIDS prevention and control activities. In the context of a comprehensive AIDS prevention and control programme, therefore, the objectives of partner notification must be clearly defined, the underlying principles rigorously observed, and the key methodological issues given due attention.

Partner referral guidelines should be based on the following considerations:

1. It is primarily the responsibility of HIV-infected people to notify their own past and current sexual partners so that those partners can seek appropriate medical and counselling services.
2. All HIV-infected persons should be informed about the assistance available to help them notify and refer their partners, i.e., support if they choose to do it themselves, and the offer to do it for them with guaranteed confidentiality.
3. Assistance should be made available to HIV-infected persons who choose to take the sole responsibility for notifying and referring their sexual partners. Assistance should also be given to other HIV-infected persons who choose or need to involve a third party for partner notification because of logistics, sensitivity, or anticipated fear of an adverse reaction.
4. Confidentiality and appropriate management of the records are of paramount importance.
5. Partner notification and referral undoubtedly help limit the spread and complication of some sexually transmitted diseases, such as syphilis, and the prevention of such disease may also be of value in limiting the sexual transmission of HIV.
6. The knowledge that one is infected may be an important motivating factor in altering risk behaviour, but it may also have a major adverse psychological and social impact. A tactful approach is needed in informing individuals that they are infected, and provision should be made for any psychological and social support that may be required.

- People infected with HIV should be urged to take the necessary measures to avoid transmitting the virus to others; they should be supported in doing so.
- People infected with HIV should be urged to inform their sexual partners about the need for medical evaluation and counselling. Appropriate support services for partner notification should be provided when indicated, and the quality of the services should be regularly monitored.

Consensus statement from the WHO Consultation on Partner Notification for Preventing HIV Transmission

Partner notification is similar to “contact tracing”, the practice of identifying, counselling and treating sexual partners of people with STD as a component of STD control programmes. However, HIV infection differs in important ways from many other STDs.

Partner notification programmes should be considered within the context of a comprehensive AIDS prevention and control programme. However, partner notification raises serious medical, logistic, social, legal and ethical issues. Partner notification has potential benefits and risks; these include the potential to help prevent HIV transmission and reduce the morbidity and mortality of HIV infection, but also the potential to produce individual and social harm and detract from other AIDS prevention and control activities. In addition, the costs and contribution of partner notification programmes to AIDS prevention and control objectives in a given population and area may vary considerably and are difficult to document. Therefore, in the context of a comprehensive AIDS prevention and control programme, the objectives and underlying principles of partner notification, as well as a series of key variables and critical methodological issues must be carefully and explicitly considered before a decision is taken on whether or not to implement partner notification. Partner notification programmes that fail to take these issues into consideration may be individually harmful and counter-productive to AIDS prevention and control. The following description of objectives, principles, variables and methodological issues is intended as a guide to the critical issues for those considering the development of partner notification activities within a comprehensive AIDS prevention and control programme.

Objectives

Partner notification can contribute to two objectives of the global AIDS strategy, i.e. prevention of HIV transmission and reduction of morbidity and mortality associated with HIV infection, by identifying individuals who have been exposed to HIV infection sexually or by sharing injection equipment, and informing them of the risks to which they have been exposed, so that they can be offered counselling and other services.

Principles

Partner notification, as a part of a comprehensive AIDS prevention and control programme, is acceptable only if the following principles are adhered to. Partner notification should:

- (a) be in accordance with the Global AIDS Strategy and national AIDS programme goals;
- (b) respect the human rights and dignity of the index person and his or her partners;
- (c) be a balanced part of a comprehensive AIDS prevention and control programme and be coordinated in the context of primary health care with other public health activities, such as programmes on STD, maternal and child health, family planning and prevention of substance abuse;
- (d) be voluntary¹ and not coercive; index persons and their partners should have full access to available services whether or not they are willing to cooperate with partner notification activities;
- (e) be confidential; this applies to written records, information on the whereabouts of partners, and, in provider referral, the identity of the index person. Occasionally, however, in provider referral, the identity of the index person may be able to be inferred, e.g., where the contact has had only a single partner.
- (f) be undertaken only when appropriate support services are available to index persons and partners; the minimum requirements are counselling on the implications of having been exposed to infection, the availability of voluntary, confidential HIV testing with pre- and post-test counselling and appropriate health and social services; the quality of these services should be assured and regularly monitored.

¹ In certain situations, when an index person refuses to notify or permit notification of a partner known to the health care provider, the provider will be required to make a decision consistent with medical ethics and relevant legislation.