Contact Tracing team for regional management of syphilis and HIV

1.0 CNS FTE: Monday to Friday 0900 - 1730

Our Purpose: Why we do it

Syphilis case numbers in Canterbury and the wider South Island have been increasing since 2009. This resurgence is a global phenomenon which primarily affects the men who have sex with men (MSM) community.

The recent increase of syphilis cases among heterosexuals, especially females, is disproportionately among those living in areas of high deprivation and reflects a complex overlap of wider social determinants, structural issues and risky behaviour. Risk-taking behaviours, including substance use and high-risk sex, are predicted by adverse childhood and youth experiences including family and sexual violence. Socio-economic adversity, substance abuse, incarceration, inadequate access to healthcare and lack of support are additional factors known to drive sexually transmitted infection (STI) outbreaks amongst more vulnerable communities.

Christchurch Sexual Health has dedicated funding to support HIV and syphilis contact tracing across the upper half Te Waipounamu Waitaha Canterbury and Community and Public Health in Southern DHB has dedicated funding for the wider South Island. This document describes the role of the contact tracing team in relation to the whole of the South Island.

The Team: What we do

The Christchurch Sexual Health Centre (SHC) is a specialist hospital outpatient service that provides confidential and specialised management of sexually transmitted infections, HIV and sexual health related concerns. We are a community service for people over the age of 13 years, needing tests, treatments and follow-up for sexually transmitted infections, and associated genital or urinary problems. We have strong links with infection Management Service, Community and Public Health and various NGO's.

The Role: Where you fit in

Lead the HIV and syphilis contact tracing role alongside CNS team.

CNS contact tracing role specifics:

- Maintaining and organising FU appointments post syphilis treatments
- Following up on completion of contact tracing
- Supporting Drs clinics with treatments
- Contact tracing discussion following treatment.
- Emergency Departments Syphilis, HIV and STI results and making sure they have had appropriate referral/treatment.
- Completing follow up bloods and checking results alongside SMO team.

- Outreach in the community for at risk positives or at-risk contacts
- Supports the CNS for Infection Management Service support.
- Education and liaison support for community services

Home visits and treatment in the home

- If patient DNAs appointment. Make contact with patient via phone/text/face book. If unable to make contact, then explore option of contacting next of kin or other whānau through information on RCP from GP. If recent medication dispensed contact pharmacy to obtain updated address/contact details. Leave message with next of kin. Obtain list of potential addresses to home visit. If no one at home leave calling card/letter.
- Case discussion with contact tracing team plan for home visits – risk assessment, decision whether to home visit alone or in a pair. Check for clinical alerts, ambulance summaries to check for potential safety. Check property on arrival for loose dogs. Use, 'get home safe' app.
- If patient has difficulty in attending for second/third benzathine benzylpenicillin then home visit to administer. All first benzathine benzylpenicillin injections are given in clinic. Results checked prior to home visit and management of other STIs as appropriate. In addition, provision of sexual testing and treatment in the home of any contacts for other STIs.

Community liaison work

HIV and Syphilis contact tracing teamwork with community health teams.

- Email contact with health team manager to inform them of named syphilis contacts and arrange testing and treatment. If query, then prison doctor can phone registrar. Note – useful to create template of management plan for prison health team.
- Midwife – positive antenatal serology (community testing only) will be sent via email. Contact midwife and arrange plan for informing patient and management plan. Booking with doctor. Initiate contact tracing discussions at start to arrange treatment of partner in timely fashion in conjunction with index case.
- Organise community POC testing when appropriate**,** most useful for those in the community who have not had a blood test, decline blood tests, are at increased risk (e.g. diagnosed with another bacterial STI, pregnant etc) but agree to finger prick test. Failed venepuncture – offer rapid test or transport to lab tests.

Supporting and liaising with IMS CNS

- Outreach treatments and contact tracing services when referred/appropriate.
- Support with prison /community visits and testing.
- ED results process and education to primary care.

Adherence and contact tracing

After patients are treated for syphilis and HIV at CSHS they are followed up by the HIV and Syphilis Contact Tracing team.

Tasks may include but not, limited to:

- Phone patient same/next day to follow up with contact tracing depending on look back period (dependant on stage of syphilis).
- Check if patients have informed contacts, collect contact details (names etc).
- Follow up contacts results. Ideally if phone number available contact the contacts directly to ensure correct testing and treatment if appropriate.
- If results are negative, phone to inform of negative result and provide rationale for treatment as a contact.
- Book asymptomatic contacts (or symptomatic if Dr/NP in clinic) with Syphilis contact tracing nurses for examination, testing and treatment.
- If contact tests positive i.e., becomes a case, case discussion with Dr/NP and document treatment plan.
- Social Media: Facebook (messenger) profiles used for contact tracing and Instagram profiles. Exploration of presence on Grindr.
- If a contact is not responding – leave final text. Contact GP vis HCS.

Recalls

- Team enters all 3, six and twelve month recalls daily on patient management system.
- Phone/text patient to inform them that their blood test is due.
- If blood test still due – contact patient phone/text/Facebook/Instagram.
- Explain to patient why the blood test is important.
- Offer STI check in clinic or arrange blood test at labs.

If patient fails to attend for blood test. Patient is contacted again via phone/text/etc. If not responding to one person, then the other attempts to make contact. If still no response letter sent to home. If no response in two weeks, then case discussion and planned home visit. If not at home leave letter/calling card. Engage with whanau to encourage contact. If at home offer to take blood test in the home.

Appendix and clinic CT flow chart

Contact identification:

- Index case has been confirmed with a positive syphilis serology or DFA/PCR.
- Contacts are identified by the index case following enquiry by the clinician about their sexual contacts over the 3-6 months prior to their syphilis diagnosis.
- All persons identified are recorded as contacts. All efforts are made to ensure the identified contacts are informed of the index cases status, what this means

for them, actions to follow, and the importance of receiving early care and intervention even if no symptoms have occurred.
- Contacts are provided with information on infection prevention and an appointment made or facilitated for the assessment and treatment of a syphilis infection.
- Index cases are not identified to the contacts unless the index case has given permission for this.

Contact tracing definitions:

- **Contact:** A person who has had sexual contact with shared injecting equipment with or has had some other high-risk exposure to the index case.

- **Sexual contact**: Contact may be oral, vaginal, anal or some other form of sexual contact e.g., sharing sex toys/implements with the index case during the period when there was risk of transmission of infection.

- **Index case:** The original person identified with an infection. The index case may or may not have infected other persons but represents a starting point for the process of contact tracing.

- **Contact tracing or partner notification:** Contact tracing or partner notification is the process of identifying relevant contacts of a person identified with an infectious disease so they can be informed about their exposure and be offered a physical examination, clinical investigations and treatment and serology follow up to ensure treatment success.

CLINIC CT PROCESS

Referral received

GP, ED results, SHC testing, Community services POC,

Book with Appropriate clinician

- SMO – All
- MO – All
- CNS – Contact of

Seen by Clinician

- CT discussed and screening tool started
- Inform Pt of treatment and FU plan
- Document plan on daily record and add to NUR template and arrive

Consult with treating RN

- CT discussed at time of treatment and bloods, fill out screening tool if needed
- Highlight yes or no who needs CT and further support, eg at risk Pt or contacts, provider referrals needed, high number of contacts

No

- Check FU bloods have been tasked
- Check FU treatment appt

Yes

- Put on syphilis task list for CT team to