

Acceptability of online resources for STI partner notification: who would use what in the toolkit?

Travis Hottes,^{1,4} Mark Gilbert,^{1,2,3,4} Stanley Wong,¹ Devon Haag,¹ Bobbi Brownrigg,¹ Jason Wong,^{1,2} Gina Ogilvie^{1,2}

1. BC Centre for Disease Control, Vancouver, British Columbia, Canada
2. University of British Columbia, Vancouver, British Columbia, Canada
3. Ontario HIV Treatment Network, Toronto, Ontario, Canada
4. University of Toronto, Toronto, Ontario, Canada

BACKGROUND:

- People diagnosed with sexually transmitted infections (STI) have diverse social characteristics, sexual networks and behaviors, and technology usage.
- Effective partner notification strategies—i.e., strategies in which people diagnosed with STI are *willing* to participate—must also be diverse.
- ‘Alternative’ partner notification services contribute to this diversity and include:
 - Web-based email or text message notification services, such as inSPOT (North America)¹, LetThemKnow (Australia)², and Suggest-a-Test (Netherlands)³
 - Sample letters/emails that people with an STI can use to notify partners
 - Advice, tips, or instructional videos on how to talk to partners about STI
- While these services may be used by a minority of those diagnosed with STI,^{4,6} if these individuals would not otherwise notify partners they offer an important addition to the standard partner notification toolkit⁷⁻⁸.

OBJECTIVES:

- To describe acceptability of alternative partner notification services among STI clinic clients, and characteristics associated with intention to use specific services

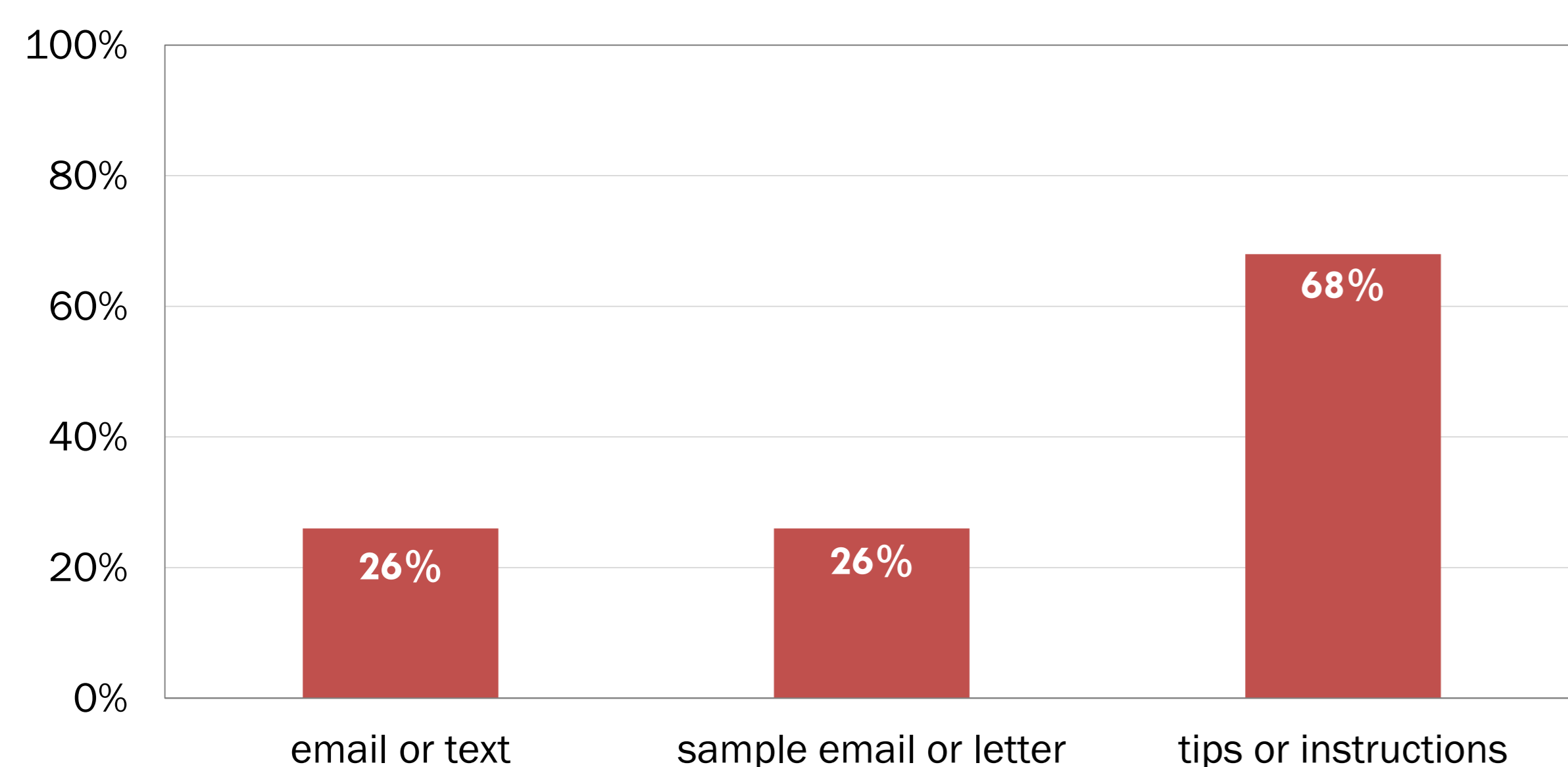
METHODS:

- An anonymous waiting room survey was conducted over 8 months (2014-2015) at a large urban STI clinic in Vancouver, British Columbia, Canada.
- Participants answered a paper questionnaire with questions related to preferences for various enhanced STI clinic services—including the following alternative partner notification services:
 1. Send a **text message or email** to a sex partner through a website (with option to send notification anonymously)
 2. Use a **sample letter/email** from a website to self-notify partners
 3. Read or view **tips or instructions** (text or video) about how to talk to partners about STI
- Intention to use each of these services was measured with a 5-point Likert scale.
- For analysis, we dichotomized each of these 3 outcomes as likely/unlikely to use the service.
- Multivariable logistic regression was used to identify statistically significant ($p < 0.05$) associations between each outcome and potential explanatory variables.
- Ethics approval for this study was obtained from the University of British Columbia.

RESULTS:

- N=1539 clients completed the survey, who were predominantly male (61%), 30+ years of age (56%), and caucasian (63%). 13% of participants were men who had sex with men.

Figure 1: Intention to use different types of alternate partner notification services (N=1539 STI Clinic Clients)



- Participant characteristics associated with intention to use varied by type of service in question (Table 1A-C).
- **Intention to use...**
 - ... reflected preferences for partner notification in general (in person, by text/email).
 - ... the email/text service was highest among those preferring a ‘mixed’ approach to partner notification (i.e., client tells some partners, nurse tells some partners).
 - ... the sample letter was generally low (<35%) across all subgroups; intention to use tips/instructions was generally high (>50%)
 - ... alternative strategies was generally higher in those with multiple sexual partners.
 - ... had few differences by gender and ethnicity or technology usage.
 - ... was not associated with age or sexual orientation in any model.

Table 1: Client characteristics associated with intention to use

Only characteristics that were statistically significant ($p < 0.05$) in full multivariable models are shown.

A. Online email/text message service

Characteristic	% intend to use	Adjusted Odds Ratio (95% CI)
Number of sex partners		
0-1	21%	Reference
2-4	23%	1.03 (0.71, 1.49)
5+	36%	1.53 (1.01, 2.32)
Comfort talking to partners about STI (0-10 pt scale)		1.10 (1.04, 1.16)
Partner notification preferences:		
Notify all partners myself	21%	Reference
Nurse notifies some (‘mixed’ approach)	62%	5.24 (3.43, 8.00)
Nurse notifies all	42%	2.05 (0.84, 5.03)
Prefer to tell partners in-person or by phone	24%	0.43 (0.25, 0.74)
Prefer to tell partners by text or email	42%	1.71 (1.21, 2.44)
Gender		
Female	28%	Reference
Male	24%	0.69 (0.51, 0.94)
Transgender	37%	0.73 (0.18, 2.96)

B: Sample letter / email

Characteristic	% intend to use	Adjusted Odds Ratio (95% CI)
Likelihood of telling nurse about all sex partners		
Unlikely	16%	Reference
Likely	28%	1.88 (1.26, 2.81)
Prefer to tell partners in-person or by phone	26%	1.97 (1.09, 3.55)
Prefer to tell partners by text or email	28%	2.19 (1.56, 3.08)
Use internet at home	29%	1.46 (1.09, 1.96)

C. Tips or instructions about how to talk to partners about STI

Characteristic	% intend to use	Adjusted Odds Ratio (95% CI)
Number of sex partners		
0-1	62%	Reference
2-4	70%	1.44 (1.05, 1.99)
5+	72%	1.84 (1.26, 2.69)
Likelihood of telling nurse about all sex partners		
Unlikely	55%	Reference
Likely	71%	1.99 (1.44, 2.75)
Prefer to tell partners in-person or by phone	70%	2.14 (1.33, 3.45)
Ethnicity		
Caucasian	72%	Reference
Asian	58%	0.21 (0.05, 0.97)
Other	64%	0.33 (0.11, 0.96)
Use internet at home	76%	1.86 (1.35, 2.57)
Use smart phone	71%	1.46 (1.07, 2.01)

CONCLUSIONS:

- Acceptability of alternative partner notification services was high among our sample of STI Clinic clients, with at least 1 in 4 clients intending to use if available.
- Intention was highest (2 in 3 clients) for reading or viewing tips/instructions on telling partners about STI.
- Intention to use did vary by type of service, which may reflect appeal to different subgroups of patients.
- Alternative partner notification services may effectively supplement existing approaches to partner notification for some clients—notably those with multiple partners, and those preferring STI nurses to notify only some of these partners on their behalf.
- To determine the added value of alternative partner notification services, researchers should move beyond a narrow definition of all-or-none ‘effectiveness’ and further explore sub-groups of clients who are likely to use these additional services.

REFERENCES:

1. Levine D, et al. inSPOT: the first online STD partner notification system using electronic postcards. *PLoS Med* 2008;5(10):e213.
2. Huffam S, et al. Facilitating partner notification through an online messaging service: Let Them Know. *Sex Health* 2013;10(4):377-9.
3. Gotz H, et al. Initial evaluation of use of an online partner notification tool for STI, called Suggest A Test: A cross sectional pilot study. *Sex Transm Infect* 2014;90:195-200.
4. Rietmeijer CA, et al. Evaluation of an online partner notification program. *Sex Transm Dis* 2011;38:359-64.
5. Plant A, et al. Evaluation of inSPOTLA.org: an internet partner notification service. *Sex Transm Dis* 2012;39:341-5.
6. Kerani RP, et al. A randomized, controlled trial of inSPOT and patient-delivered partner therapy for gonorrhoea and chlamydia infection among men who have sex with men. *Sex Transm Dis* 2011;38:941-6.
7. Hottes TS, Gilbert M. Evaluation of online partner notification services like inSPOT requires starting with the client, not the clinic. *Sex Transm Dis* 2011;39:348.
8. Gilbert M, Hottes TS. Alternative strategies for partner notification: a missing piece of the puzzle. *Sex Transm Infect* 2014;90(3):174-5.

FOR MORE INFORMATION:

To talk during/after the conference please email mgilbert@ohtn.on.ca. To find out more about our research projects including this one please visit our website www.lovebytesresearch.ca