Partner notification services of the Sexually Transmitted Disease clinics in Sri Lanka

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This study was done to understand the knowledge, attitudes and practices of health care workers on partner notification, factors associated with compliance with partner notification, and level of partner notification at selected sexually transmitted disease (STD) clinics.

Study had 3 components. Component 1 was a cross sectional descriptive study that used a self administered questionnaire among 22 medical officers and 10 public health workers attached to 5 STD clinics in Sri Lanka to assess knowledge, attitudes and practices on partner notification. Component 2 was a retrospective descriptive study to describe the burden of partner notifiable STDs in the same study setting and a case control study among 229 patients with partner notifiable STDs to determine factors associated with compliance at STD clinic, Colombo. The component 3 was a secondary data analysis to evaluate partner notification services at above 5 clinics.

All knew that gonorrhoea, syphilis and Chlamydia are partner notifiable infections. However, only 86.2% and 96.8% respectively knew that vaginal candidiasis and bacterial vaginosisare not partner notifiable. Only 83.3% and 90% knew that look back period is not relevant to genital herpes and genital warts respectively.

Being married/co-habitant, NGI, last sexual exposure with marital/ regular partner and coitarche ≥ 19 years of age were significantly associated with compliance. Only 30.7% index cases have been interviewed at least once for partner notification and 8.05% of index cases had documented outcomes for all contacts. Contacts infected index for gonorrhoea, syphilis and NGIs were 8.1%, 6.5% and 9.1% respectively.

References

1. Guidelines for maintaining registers; 2014; National STD/AIDS Control Programme, Sri Lanka
2. BASHH statement for partner notification in sexually transmissible infections. 2012
3. STD surveillance report; 2014; CDC
4. Anna Buchsbaum, Maria F. Gallo, Maura K.Whiteman, CarrieCwiak, Peggy Goedken, JoanMarie Kraft, Denise J. Jamieson, Melissa Kottke; Sexually Transmitted Disease Partner Notification among African-American, Adolescent Women; Infectious Diseases in Obstetrics and Gynaecology ;Volume 2014, Article ID 619632, 9 pages
5. Darlene Taylor, RN MSC PhD(C), British Columbia Centre for Disease Control: outcomes related to STI partner notification: October, 2013
6. European Centre for Disease Prevention and Control; Technical report: Public health benefits of partner notification for sexually transmitted infections and HIV; 2013
7. Sexually Transmitted Infections Case Initiated Partner Notification: Best Approaches in Winnipeg, Manitoba; April, 2011
8. Partner notification of STIs in New South Wales: Burnet Institute: June 2010

Biography

Dr. D. N. Wijayawickrama is a consultant venereologist in STD/AIDS control programme in Sri Lanka. She obtained diploma and MD Venereology from postgraduate Institute, Colombo and post MD training at St. Mary's Hospital, Portsmouth, UK. She actively manages STI, HIV cases and leads the main HIV clinic in southern province of the country and teaches undergraduate and postgraduate medical trainees. She was the president of Sri Lanka college of Sexual Health and HIV medicine (SLCoSHH) in 2017 and was the chief organizer of the annual scientific sessions of SLCoSHH held in collaboration with International union against STIs (IUSTI –Asia Pacific).

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I certify that above study is original and there is no conflict of interest. The details mentioned in my biography are true.

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