

Interrupting the Spread of HIV:

A Guide For Working With HIV+ Persons To Notify Their Partners

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INTRODUCTION

Partner Counseling and Referral Services (PCRS)

Partner Counseling and Referral Services (PCRS), sometimes referred to as Partner Notification (PN), is an important public health strategy to curtail the spread of HIV. Its underpinning is that sex and needle sharing partners of HIV infected persons who are notified can benefit from testing and (if necessary) early intervention. By knowing their HIV statuses, those partners can then take the measures necessary to prevent the spread of infection to the next generation.

HIV is a lifelong infection. The responsibilities of PCRS involve a delicate mix of social sensitivity and persistence. For each HIV infected individual, PN begins at the time of diagnosis and needs revisiting throughout an HIV infected person's life. Community based organizations and other providers can address PCRS with HIV infected clients at every opportunity over time.

The public health importance of PCRS in stopping the spread of HIV is further supported by the June 2000 New York State HIV Reporting and Partner Notification Law, which mandates that the provider of HIV Counseling and Testing discuss partner notification issues with each newly diagnosed patient.

This manual is meant to serve as a model to assist providers of HIV counseling, testing, and services to HIV infected individuals. It is a framework for providers and organizations to develop procedures for partner elicitation, and it provides a variety of options and resources to notify partners of potential exposure to HIV.

We specifically outline the New York City Department of Health and Mental Hygiene's availability for technical assistance to providers interested in understanding and performing partner elicitation and notification, as well as direct assistance to HIV infected individuals, free of charge and without regard to age, immigration status, or risk.

UNDERSTANDING PARTNER COUNSELING AND REFERRAL SERVICES (PCRS) IN NEW YORK STATE

The Evolution and Goals of PCRS

The term "Contact Tracing" was once used to define the practice of contacting and notifying the partners of individuals known to have contracted a serious sexually transmitted infection, so that the partners could then be tested and treated before disease is spread any further. In the 1930's the US Surgeon General first advocated this practice as a method to reduce the spread of syphilis. Over the years the concept was expanded to include other sexually transmitted infections such as gonorrhea and HIV. In contrast to syphilis and gonorrhea, however, HIV is not curable with antibiotics. Many people who are HIV infected do not have recognizable symptoms and may not otherwise seek care. These individuals with undiagnosed HIV may engage in behaviors that unknowingly continue to spread HIV.

Although the concept of contact tracing remains unchanged, its name has changed over time: first to “Partner Notification (PN)”, and more recently to Partner Counseling and Referral Services (PCRS), to reflect the full range of social consciousness involved in the fight against the spread of HIV and other sexually transmitted infections. The terms PN and PCRS will be used interchangeably throughout this document.

The goal of partner notification is to alert sex and needle sharing partners of individuals diagnosed with HIV of their potential exposure. These individuals who may have been exposed to HIV deserve to know, and deserve support and encouragement, so that they learn their own HIV status and take action to protect themselves (i.e. staying healthier longer) and others (by stemming further spread of disease). When discussing partner notification with HIV infected individuals, providers should include the need to inform at-risk partners of potential exposure to, and the importance of testing for HIV. For partners who are HIV infected, taking action is often referred to as early intervention – which includes behavioral counseling and may include antiretroviral therapy.

Benefits of PCRS to at-risk partners include:

- ❖ Awareness of possible exposure to HIV
- ❖ Information about availability of anonymous or confidential HIV testing free of charge
- ❖ Opportunity to access the latest treatment if HIV infected
- ❖ Information about prevention whether status is HIV seropositive or HIV negative
- ❖ Behavior modification to avoid infection or prevent transmission to others
- ❖ Providing assistance with any subsequent partner notification
- ❖ Educating HIV infected individuals about their power to help others through partner notification
- ❖ Providing appropriate referrals to at-risk partners
- ❖ Other Supportive Services

The New York State HIV Reporting and Partner Notification Law

The New York State HIV Reporting and Partner Notification Law was implemented in June 2000. The reporting component enables monitoring of the HIV epidemic for use in planning and in policy development. The partner notification component of the law requires that medical providers discuss the need to inform sex and needle sharing partners of their potential exposure to HIV and the importance of getting tested. Disclosure of partner information is voluntary. All partner notification options should be discussed with HIV infected individuals to allow an opportunity to make an informed decision about notifying each partner.

Discussing PCRS Options

Partner notification is the most direct way to stop the spread of HIV through specific interventions. The strategy is aimed at notifying at-risk partners of their potential

exposure to the virus. When working with HIV+ clients, the provider is expected to discuss each of the following partner notification options listed below. The advantages and disadvantages of each should be addressed, so that each client can make an informed decision as to which option best fits each of his/her partners as different options can be used with different partners. For example, the client may feel comfortable disclosing to a spouse but prefer assistance with the notification of other partners.

Options for partner notification include:

1) Patient Delivered – This method is used when an infected individual is able and chooses to personally notify partner(s). In this situation, the role of the provider is to offer information and support. The HIV infected individual may also choose to call CNAP for information, support, and guidance before and/or after they have notified their partner.

2) Provider Assisted Notification – An HIV infected individual chooses to personally notify a partner with the assistance of his/her provider. The partner notification takes place in the presence of the provider who is immediately available to provide information and support to both patient and partner.

3) Conditional Referred (Contracted Notification) – While an HIV infected individual may want to personally notify a partner, he or she may be apprehensive. A contract can be agreed to in which the index client will notify the partner within a specific time frame. If the infected individual has not been able to follow through with the notification, the agreement allows the provider to proceed, with the HIV infected individual's permission, to directly notify the partner(s). The provider may choose to proceed on his/her own or request assistance from CNAP to notify the partner.

4) Contact Notification Assistance Program (CNAP) – This method may be used when the infected individuals are sure that they wish to remain anonymous to the partner(s) notified. CNAP is available to notify partners at the request of the HIV+ individual or his/her medical provider (or representative, i.e. social worker, case manager, etc.).

5) Combined CNAP/Provider Assisted Notification - In addition to the above options, the law allows a medical provider to notify at-risk partner(s) known to him/her with or without patient consent. The provider must be reasonably certain that the patient cannot, or will not, notify at-risk partner(s). Upon request from the medical provider, CNAP will be contacted to assist the provider in notifying any known, at-risk partner(s) or will notify the partner for them.

CNAP is a resource to assist providers and infected persons in NYC with PCRS activities. CNAP involvement can range from assessment of PCRS needs to actual face-to-face partner notification of any at-risk partner at the request of HIV infected individuals or their provider. HIV infected individuals should be made aware that they would be contacted by CNAP when locating information for the partner is insufficient or inaccurate. CNAP will contact the provider and/or the HIV infected person directly to

obtain the necessary information in order to proceed with the notification of the at-risk partner. The HIV status of an individual who chooses to call CNAP directly is verified with the provider before CNAP proceeds with the partner notification.

Physicians and other medical care providers (i.e. nurse practitioners, physician assistants and midwives) who administer HIV tests are now required to complete and submit a Provider Report Form (PRF) within 21 days of an initial diagnosis of HIV infection.¹ The report should indicate whether or not an HIV post-test session has been done. In addition to the providers' obligation to report newly diagnosed HIV to the Health Department – identifying information, demographics and risk information – the case report asks the provider to list known, at-risk sex or needle-sharing partner(s), spouses, and persons who may have been exposed in an occupational setting, and to note whether or not each partner has been notified and whether any further assistance is required to notify those partners.

Since providing partner information is voluntary, there are no penalties for individuals who choose not to participate in partner notification activities. While the names of infected individuals are kept in the New York State HIV/AIDS Registry, the identities of partners are not. In New York City, the Department of Health and Mental Hygiene policy is to keep partner names for up to three months to ensure that they have been notified.

GROUND RULES FOR PROVIDERS INVOLVED IN PCRS

Engagement

Partner Counseling and Referral Service (PCRS) is based on the client's willingness to share personal information regarding past and/or present sex partners and/or needle-sharing contacts. While successful partner notification depends on elicitation of this information, it is important to remember that partner notification is voluntary. Readiness to participate varies from person to person and may change over time. Clients should not feel coerced.

Counselors should always C.A.T.E.R. to the needs of their clients. That is:

- ❖ Create an Atmosphere of Trust
- ❖ Ask, Don't Demand
- ❖ Treat Clients and Partners with Respect

¹ HIV reporting is done on an HIV specific reporting form, the Provider Report Form (PRF). In New York City, health care providers can request forms from the New York City Department of Health and Mental Hygiene HIV Epidemiology Program. Within 21 days of the initial HIV diagnosis, the provider must complete the report and should call the HIV Epidemiology Program at (212) 442-3388 (listed on the front of the form) and arrange for pick-up of completed reports. Unlike other case reports, these are picked up in person by New York City Department of Health and Mental Hygiene staff. For bulk orders providers can obtain report forms by calling the New York State Department of Health at (518) 474-4284 (listed on the front of the form).

- ❖ Encourage, but Don't Intimidate
- ❖ Remain Non – Judgmental

Confidentiality

By NYS law, providers must maintain strict confidentiality with regard to PCRS as well as HIV C&T. For PCRS, information regarding each individual partner must always be kept separately from that of the infected (or *index*) person. When informing known partner(s), information about the HIV infected individual should never be shared. This includes never referring to the HIV infected individual by:

- ❖ Name or
- ❖ Gender or
- ❖ Physical description or
- ❖ Type of exposure or
- ❖ Dates of exposure or
- ❖ Location.

In addition, State law requires that for each partner named, the provider must review the potential for domestic violence toward the infected person or his/her loved ones, as a result of notification.

These confidentiality and personal safety protections must be made clear to the patient by the provider. The client must understand that:

- ⇒ When CNAP assistance is requested, DOHMH will notify partners without identifying the HIV infected individual (index case).
- ⇒ The HIV test results of partners who agree to test via the Department of Health and Mental Hygiene (DOHMH) will be kept confidential.
- ⇒ Names of partners given to DOHMH are not kept long term; they are destroyed after 3 months or upon completion of the notification or whichever happens first.
- ⇒ Notification will be deferred for any partner posing a risk of violence.

WORKING WITH THE CLIENT

Introducing partner notification

The relationship forged between the medical or social service provider and client is crucial to the success of the PCRS process. Clients are likely to be more willing to volunteer information if they feel comfortable with the professional in front of them. It is important, therefore, to create an atmosphere of trust.

When to introduce the topic of PN?

Practitioners should begin the discussion of PCRS at the earliest appropriate time. Ideally, the topic should be introduced in the pre-test session. The introduction should include a statement of the public health importance of notifying partners and an overview of ways to do the notification.

Once a positive HIV test result is available (either preliminary or confirmatory), the individual should be encouraged during that session to name sex partners and/or needle sharing contacts who will need to be notified. This list of partners should be revisited upon sharing confirmatory HIV+ results. PN may require additional follow-up sessions depending on client reaction and ability to engage in the process.

After the client responds to the introductory questions on the topics above, begin to discuss PCRS. It should be common practice to create a plan for notifying partners of their potential exposure to the virus. Remember to express concern about the client as well as his or her partner(s). The client should always know that you are available to help with partner notification.

After addressing immediate concerns and questions presented by the client, the provider can now begin to discuss the importance of partner notification. This should be done before eliciting partners. Appropriate topics for discussion within the context of partner notification include the following:

Benefits to at-risk partner:

- ❖ Provides an opportunity to be tested for HIV and learn HIV status
- ❖ If HIV+, partner(s) may benefit from early treatment options
- ❖ If HIV-, partner(s) can work toward maintaining their HIV negative status

Benefits to the community:

- ❖ Increase the number of individuals who know their own status
- ❖ Decrease the transmission of HIV with behavioral counseling and behavior modification
- ❖ Improve the health of the community, as early detection can lead to earlier treatment

Introducing the Topic

The discussion about partner notification should begin in a manner that encourages trust and moves to productive dialogue by:

- Explaining the goal and purpose of partner notification
- Explaining the importance of notifying the HIV infected individual's sex or needle sharing partners
- Defining confidentiality and how it relates to the individual situation
- Emphasizing the confidential nature of the discussion

Readiness Assessment

A two-way client/patient centered communication should be maintained throughout the discussion about notifying at-risk partners. It is important to:

- Communicate at the HIV infected person's level of understanding
- Use open-ended questions
- Use appropriate nonverbal communication
- Use positive reinforcement
- Solicit feedback
- Listen effectively
- Patients may feel their privacy is better protected if plain paper is used (rather than an office form) to document notes of the conversation.

Concerns

The HIV infected individual's concerns or misconceptions about or reluctance to engage in the process of partner notification should be:

- Identified
- Clarified
- Addressed during the discussion

Concerns may include:

Fear and Embarrassment

Fear and embarrassment are common initial reactions people have when learning their HIV+ status. The embarrassment of others knowing their status, coupled with fear, push many to lead anonymous lives. Sources of the fear and embarrassment may include:

- Fear of being judged or labeled
- Fear of abandonment by loved ones
- Fear of violence from their partner(s) toward themselves or loved ones
- Fear of losing their families, shelter, employment and support systems
- Embarrassment about the diagnosis of HIV
- Embarrassment about the behaviors that led to acquiring HIV

Reassuring the client of the maintenance of strict confidentiality throughout the partner notification process is important and may be especially helpful when your client presents with these feelings. This can be done by simply stating:

“Information about the infected individual (i.e. your information) is never shared with the partner(s) being notified.”

Eliciting Partner Information

The elicitation of valid locating information for each at-risk sex partner or needle-sharing contact is the next step. This discussion should include a definition of the relationship with each partner: marriage or primary partner, multiple sex partners (concurrent or sequential), safer sex practices, and needle sharing behaviors. This includes anyone with whom the client has had unsafe sex or shared needles in the past ten years, or since the infected individual's last negative HIV test, whichever period is shorter. Although uncommon, this could also include persons placed at risk due to occupational exposure (i.e. needle sticks). The following information should be obtained for each at-risk individual:

- 1) Name (legal or street name)
- 2) Home address and telephone number
- 3) Living situation (who else lives in this household?)
- 4) Employment address and telephone number
- 5) Any other points of contact, such as cell phone or pager numbers, email addresses or websites and 'handles'
- 6) Detailed physical description of person to be notified; if possible include age, DOB, race, gender, and distinguishing characteristics such as a scar, tattoos, hairstyle, eyeglasses, etc.
- 7) Style of dress
- 8) Risk (i.e. unprotected sex or needle sharing)
- 9) Last exposure date
- 10) Type of vehicle driven (if any)

Using the Risk Timeline to Set Priorities

Providers should make a good faith effort to notify existing or past partners of the client, going back to his or her last HIV negative test, or as far as 10 years if the individual was never tested for HIV. Beyond this, decisions should be made on a case-by-case basis. Things to consider include information related to a client's risk and possible infection date.

It might be helpful to create a time line with the client. Highlighting significant events in the recent past may assist clients in remembering their at-risk partner(s) during the time period in question (i.e. Christmas of last year, birthday, etc.).

As part of the PCRS plan, consideration must be given to the order in which partners are contacted. This is largely due to the fact that resources may be limited, and in some cases it may not be possible for all partners to be contacted. The goal is to reach the people with the highest risk of spreading infection first. Priorities should be determined based on the following:

- ❖ A woman who is, or may be, pregnant
- ❖ Spouse or ongoing partners – especially those who are most recently exposed

- ❖ Multiple sex partners or needle-sharing contacts of any HIV infected person

DOMESTIC VIOLENCE

Identifying and Working with Victims of Domestic Violence

The New York State Office for the Prevention of Domestic Violence uses a broad definition of domestic violence: “Domestic violence is a pattern of coercive behavior which can include physical, sexual, economic, emotional, and/or psychological abuse exerted by an intimate partner, over another with the goal of establishing and maintaining power and control”.

Given the nature of domestic violence, many victims will be afraid to disclose information about their circumstances. Fear of retaliation from their abusers, or potential abusers, may keep a victim silent. It is also possible that an individual may be so emotionally devastated by the news of an HIV diagnosis that he/she may not be cognizant of imminent danger. It is important, therefore, that providers be adept in the conduct of effective domestic violence screening.

Introducing the Topic

Domestic violence is a difficult issue. Many individuals will not voluntarily discuss the subject and may reluctantly respond to questions when asked. The discussion may be initiated by the provider with the following questions or statements.

Has any of your partners ever:

- Used fear and intimidation or threatened to use violence against you?
- Forced you to have sexual intercourse or forced you to participate in sexual activities?
- Physically attacked or used aggressive behavior toward you or someone you care about?
- Called you names that were derogatory or used violence while around you such as punching a door or throwing objects?
- Followed you or harassed you?

Domestic Violence Screening

Domestic violence screening must be conducted as it relates to **each named partner** to be notified. The risk of domestic violence should be assessed during the HIV pre-test counseling session and reassessed during the HIV post-test counseling session. In practice, it’s a good idea for the provider to always remain alert and sensitive to this important issue and to explore the issue thoroughly. Domestic violence screening is a **requirement** of the New York State HIV Reporting and Partner Notification Law. Not all clients are comfortable discussing the threat of existing or potential domestic violence

from an at-risk partner. It is important to screen for the existence or the potential for domestic violence as a proactive measure during HIV post-test counseling.

Types of questions or statements used to screen at this level include the following:

- What response would you anticipate from this partner if he/she were notified of possible exposure to HIV?
- Are you afraid of what might happen to you or someone close to you, for example your children, if this partner were notified?
- Are you or have you ever been afraid of your partner (ex-partner)?
- Has your partner (ex-partner) currently or ever:
 - pushed, grabbed, slapped, hit, choked, or kicked you?
 - forced you to have sex or made you do sexual things when you didn't want to?
 - threatened to hurt you, your children or someone close to you?
 - stalked, followed or monitored you?
 - said things that made you afraid?

If a client answers “yes” to questions regarding domestic violence and negative effects, the notification of that partner should be deferred, and the index patient should be referred to a licensed domestic violence service provider. When the medical provider has deferred partner notification due to concerns about domestic violence, public health staff will follow-up with the diagnosing provider in 30-120 days upon receipt of the Provider Report Form (PRF), which indicates the existence of, or potential for, domestic violence. The purpose of this contact is to assess the current domestic violence status and to determine if it is safe to proceed with partner notification. During this period there will be no public health follow-up with the HIV-infected individual or the partners/contacts posing domestic violence risks. Public health staff will contact the provider at the end of the 120-day deferral period to determine if it is now safe to proceed with notification of the partner posing domestic violence risk. When CNAP has been requested to notify the partner, CNAP staff will check with the provider periodically up to 120 days to ensure it is safe prior to proceeding with partner notification.

The New York State HIV Reporting and Partner Notification Law requires the responsible provider to make the decision whether or not partner notification should proceed. This decision should involve an evaluation of the benefits of partner notification with the risks of domestic violence for the index client and his or her loved ones. The provider conducts follow-up when he/she has made a referral to a domestic

violence service provider and has a signed release of information form from the HIV+ individual. This decision should be made by the public health official, in consultation with the HIV infected client's provider, the infected individual, and where appropriate, a domestic violence service provider. Remember, safety is the primary concern!

Domestic Violence Referrals and Release of Information

The New York State HIV Reporting and Partner Notification Law requires the HIV infected client to sign a release of information form in order to follow-up directly with the protected individual and/or his or her licensed domestic violence service provider. The HIV+ person is not required by law to participate in partner notification or accept a referral to a licensed domestic violence service provider. If he/she does, the information is strictly confidential and can only be shared with his/her permission via the signed release of information form specific to partner notification activities.

If notification is deferred based on the threat or potential of violence, and the infected individual refuses to accept a referral, he or she should be encouraged to follow up with the New York City Department of Health and Mental Hygiene (NYC DOHMH) Contact Notification Assistance Program (CNAP) when it has been determined that it is safe to proceed with partner notification activities.

For information about domestic violence services programs call:

- NYS Domestic Violence Hotline: 1-800-942-6906
- NYC Domestic Violence Hotline: 1-800-621-HOPE (24 hours)
- Violence Intervention Program (Spanish and English): (212) 410-9080
- Arab-American Family Support Center: (718) 643-8000
- New York Asian Women's Center: (212) 732-5230 or 1-888-888-7702
- SAKHI for South Asian Women: (212) 714-9153
- NYC Gay and Lesbian Anti-Violence Project: (212) 807-0197
- 311 Call Center: 311 (Central access number for all non-emergency NYC government services)
- LIFENET: 1-800-LIFENET
- Help for Abusers: 1-800-621-HOPE (4673) or 311

REFERRALS TO THE CONTACT NOTIFICATION ASSISTANCE PROGRAM

Locating Partner(s)

Referrals to CNAP must include verification of the infected individual's HIV status and locating information for each partner identified. The following information should be obtained for each partner:

- ❖ Name (legal or street name)
- ❖ Home address and telephone number
- ❖ Living situation (who else lives in this household?)

- ❖ Employment address and telephone number
- ❖ Any other points of contact, such as cell phone or pager numbers; email addresses or websites and 'handles'
- ❖ Detailed physical description of person to be notified; if possible include age, DOB, race, gender, and distinguishing characteristics such as a scar, tattoos, hairstyle, eyeglasses, etc.
- ❖ Risk
- ❖ Last exposure date
- ❖ Style of dress
- ❖ Type of vehicle driven (if any)

The information gathered from the questions above should provide a good starting point for locating the partner. If the information provided by the client is inconclusive, CNAP will contact the provider or the infected individual for additional or updated information.

SPECIAL POPULATIONS AND CIRCUMSTANCES

Cultural Issues

An awareness of and sensitivity to cultural norms will enhance the ability to deliver effective health services. Understanding cultural norms and cultural taboos is important when providing PCRS. Being familiar with a community and its culture can prevent potential conflicts. For example, in some cultures it may not be appropriate for women to talk to a male provider about past sexual practices. Members of some communities interact more closely than in others and news may travel quickly. It is important to be extra cautious so as not to disrupt the community or more importantly, cause an invasion of privacy.

Needle Sharing Partners

Sharing of needles, syringes, and other paraphernalia used for drugs and/or tattoos has a high transmission rate for the spread of the HIV. The risks associated with identifying and working with this population requires special care and consideration. Some considerations might be:

- Difficulty when talking with an at-risk partner, if his or her judgment is impaired by current drug use.
- The need to address safety concerns of staff during office encounters with clients who are under the influence of substances.

Given the social and legal ramifications associated with drug use, it is often difficult to get people to talk openly about their own involvement, let alone that of friends or associates. For this reason, it is important to stress that any information is obtained in the strictest of confidence and with no other goal than to prevent the spread of HIV. The risks associated with transmission and the availability of referral services to help people cope with a variety of issues should be stressed.

Adolescents

The confidentiality of partner notification extends to adolescents as well as adults. For all intents and purposes adolescents are treated as adults with respect to what they are told and what is asked of them. Therefore, if an adolescent is named as a contact, he or she is notified. The parents may be involved but **only** at the request of the adolescent being notified. Due to the sensitivity and the countless social and legal issues surrounding minors, providers working in this area should undergo special training. They should become acquainted with effective techniques of communication so that they can obtain valuable information, detect signs of trouble, and direct the adolescent to needed services and attention. Providers should explore and find appropriate training based on the needs of the youth population being served.

Referral Resources:

- **Bronx**
Adolescent REP program
Children's Hospital at Montefiore
(718) 882-0023
- **Brooklyn**
Health and Education Alternatives
for Teens (HEAT) - (718) 467-4446
- **Manhattan**
 - Project STAY at Columbia
(212) 342-3208
 - Mt. Sinai Adolescent Health Center
(212) 423-2978
 - NYU Bellevue Hospital Center TOPS
(212) 263-8973
 - William F. Ryan Community Health Center
SHOUT (212) 769-7269
 - St. Vincent's Adolescent Program
(212) 228-8000
 - Hetrick Martin Institute for Gay and Lesbian
Youth (212) 674-2600
- **Queens**
 - Elmhurst - Queens Health Network
(718) 334-3834
- **Staten Island**
 - Staten Island University Hospital
(718) 226-6532
- 311 Call Center: dial 311 (Central access number for all non-emergency NYC government services)
- Youthline: 1-800-246-4646
- Contact Notification Assistance Program (CNAP)
(212) 693-1419

Referral Resources Outside NYC:

- PNAP (Partner Notification Assistance Program): 1-800 541-AIDS

Partners Outside NYC

The names of at-risk partners who reside outside of the city jurisdiction should be forwarded to the DOHMH CNAP for partner notification. Procedures exist for notifying partners outside of New York City by CNAP working in collaboration with the appropriate public health officials in the designated region.

Prison Populations

DOHMH CNAP can notify at-risk partners who are incarcerated. Locating information should include the correctional facility in which they are housed and should be forwarded to DOHMH CNAP for partner notification. Procedures exist for notifying partners in the correctional system outside of New York City by CNAP working in collaboration with the appropriate public health officials in the designated region.

Immigrants

DOHMH CNAP provides partner notification services anonymously, regardless of immigration status. Information forwarded to CNAP is held in strict confidence and is never shared with the Department of Immigration.

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