Contacting and notifying partners is a fundamental part of the management of STIs. The choice of how to notify partners can have implications for both the management of the index case and the notification of other potential cases. The decision whether or not to notify partners can be influenced by a variety of factors, including the type of partnership or infection, the perceived or actual risk of re-infection, and the socio-cultural, religious, and legal frameworks governing sexual and needle-sharing partnerships.

Abstract O5-S3.03 Figure 1  Steps involved in syphilis case detection by partner notification and selective screening and cost associated in each method. Partner notification: A- cost for phlebotomy B- cost of tests C- cost for surveillance D- cost for case management including travel. Selective screening: 1- cost for phlebotomy, 2- cost of tests, 3- cost to contact infected patients including phone call and letter or field visit related supplies and travel.

O5-S3.05 PARTNER NOTIFICATION FOR STI AND HIV: PATIENTS’ VIEWS AND EXPERIENCES OF NOTIFYING PARTNERS

doi:10.1136/sextrans-2011-050109.167

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Background Partner notification (PN) involves contacting the sexual and needle-sharing partners of patients diagnosed with STI/HIV. Effective PN can prevent onward STI/HIV transmission. However, little is known about the socio-cultural factors affecting PN. We synthesised qualitative literature on views and experiences of PN among people recently diagnosed with STI/HIV and their contacts.

Methods We conducted a systematic search of electronic databases for PN literature from 1990 to August 2009. Meta-ethnography was used to synthesise data from the 16 studies that met our inclusion criteria. We identified key metaphors and themes from individual studies and compared them and their explanations with other studies to enable further interpretations. We then examined the emerging concepts that have implications for STI/HIV PN policy and programs.

Results Our synthesis revealed that PN is influenced not only by type of partnership or infection but also by the socio-cultural, religious, and legal framework governing sex and sexuality. Paradoxically while PN is perceived as altruistic, and as a moral responsibility towards partners, it is also feared as ‘social suicide’. ‘Breaking the bad news’ is perceived as a difficult and potentially troublesome task; however, patient referral is preferred to provider referral. STI/HIV diagnosis invokes ‘embodied shame’ which can result in non-disclosure, or selective disclosure, or confronting and blaming the partner, especially a main current partner. While the experience of notifying partners is typically not as bad as expected, it occasionally results in violence against women. Injecting drug users felt less able to notify drug-using partners due to legal implications. Provider-led