Background Sex-partner type influences sexually transmitted infection (STI) risk. Evaluating partner notification (PN) outcomes by sex-partner type could facilitate effective targeting of resources for PN for STIs. To inform development of PN outcomes for bacterial STIs, we reviewed PN guidelines and randomised control trials (RCTs) for sex-partner type characterisation and its impact on PN outcomes.

Methods We searched online/via experts for PN guidelines worldwide and systematically reviewed RCTs of PN for bacterial STIs in PubMed to December 2018. We extracted data on PN recommendations and outcomes by sex-partner type.

Results We found PN guidelines from United Kingdom (UK), United States of America (USA), Canada, Australasia, Australia, and New Zealand (NZ). They recommend collecting sex-partner data using terms such as: ‘regular/’main’/primary’/casual’/past’/anonymous’, without providing definitions. Australasian, NZ, Australian, and USA guidelines recommend prioritising PN based on factors that can enhance STI risk (e.g. having multiple partners), and emphasise PN of ‘regular’ partners to prevent index case re-infection. Only Australian guidelines outline auditable PN outcomes accounting for sex-partner type: index-reported number of treated ‘current regular partners’ or ‘all past partners (includes current casual partners)’. Ten of 28 RCTs reported study participants’ baseline data on sex-partner type (e.g. ‘steady’/‘regular’)/’main’/’long-term’/’casual’/’one-time’), without defining them. Three RCTs reported PN outcomes by sex-partner type. Two RCTs reported higher chlamydia/gonorrhoea/trichomoniasis treatment rates for ‘main’ than ‘casual’ partners using expedited-partner-therapy (EPT) vs. patient-referral. Another RCT reported no difference in chlamydia re-infection rates in EPT vs. self-referral among women with a single ‘steady’ partner than women in overall trial.

Conclusion Current PN guidelines do not define sex-partner type nor address public health benefits of notifying different sex-partners. Sex-partner type definitions should be developed and integrated in clinical practice. RCTs should examine the effect of sex-partner types on PN outcomes. PN guidelines should account for sex-partner type based on evidence from RCTs.

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