Contact tracing and other dilemmas in sexual health.

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Content.

- Contact tracing – now known as partner notification.

- Case studies – dilemmas in sexual health:

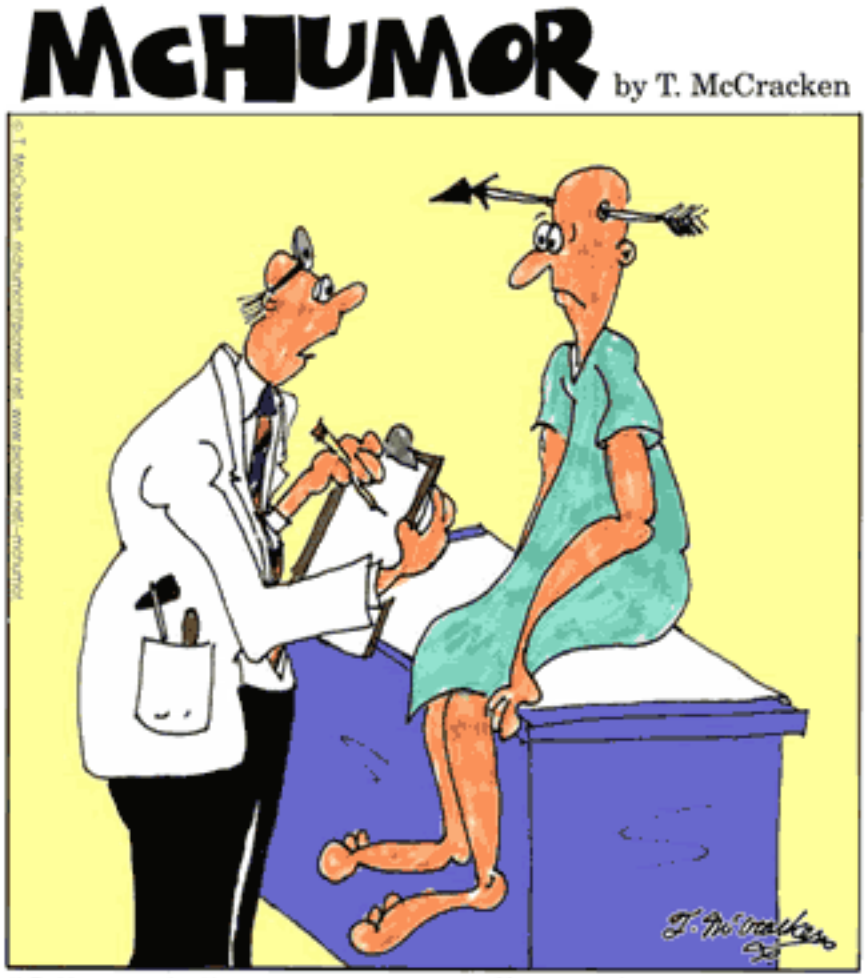
1. Herpes and the need to know
2. Sexual assault, regret sex and alcohol
3. HIV, Hep C and health professionals
4. Age of consent – ethical/legal issues.

What we are good at:

- Testing and treating the patient in front of us

What we are not so good at:

- Managing the peripheral stuff



"Off hand, I'd say you're suffering from an arrow through your head, but just to play it safe, I'm ordering a bunch of tests."

Who shot the arrow?

- If we don't do the peripheral stuff well, waste of time to test and treat the patient in front of us.

Partner Notification = contract tracing.

- Aids (not HIV) and acute Hep B and C = notifiable – no others. Venereal Disease regs. – seldom used– out of date.

- How far back in time should contacts be notified?

- Whose role is it to tell partners?
  - The patient?
  - The doctor or nurse doing the test?
  - The practice nurse?
  - The local sexual health clinic staff?
  - Public Health nurse?

And the buck stops with --

- The person who ordered the test:

-- consent to do the test not enough
-- implications if positive (or negative)
-- agree beforehand how patient will get results
-- agree who and how partners will be told
-- provide specific information where partners can seek treatment

- Pragmatic approach – patient-delivered partner treatment.
- Part of taking responsibility for their health and their partner's.
- Usually get the patient to do it
  -txting, social networking

- Exception – patient afraid of their partner

Words patients can use.

- “The doctor says I have Chlamydia and we both need to be treated at the same time.’’
- “The doctor says he can’t say when or where I got it – what’s important is that we both get treated. Either of us could have had it and given it to the other.”
- Encourage people not to apportion blame or accept blame – normalise and help them work out how they can tell partner/s.

If you do have to contact a partner:

- Protect your patient's privacy
- Persuade to come in for testing or treatment – avoid confrontation or being drawn into a blame game
- Be neutral and professional no matter what
- Balance between being honest and tactful

Words to use

- “Hello, is that Jim? My name is xx, nurse at yyy, I am phoning to ask you to come in to be checked as we think you may have an infection that needs treating..

“No, I am sorry I can’t tell you why I think so, or who gave me your name but what is important is that you get treated properly.

“When can you come in?

“I understand this is difficult. If you would prefer to go somewhere else, your options are…..”

Bottom line:

- Not always going to be successful
- Written info about the infection they have or at least name written down
- Can only do what you can….

- Dilemmas from the frontline.

Herpes.

- Woman in her 30's wanting a blood test to see if she has herpes because has found out husband has been "cheating on her"
- Unwilling to have tests for other STIs

- Do you do the test?
- How do you interpret it?
- Will it solve her quest?
- What happened…..

Sexual Assault.

- Who gets raped?
- When?
- Role of alcohol.

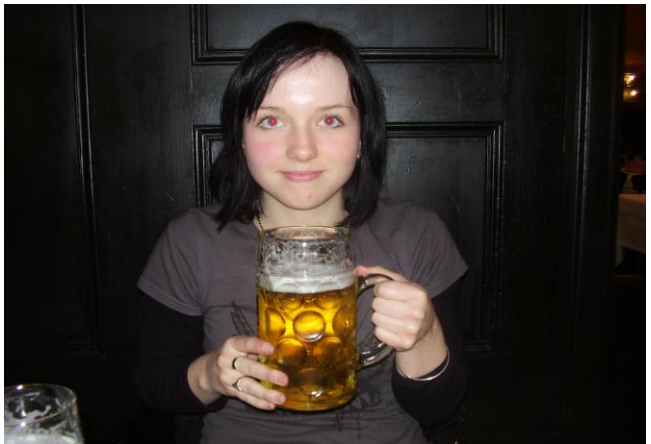
Rape is not about sex – it is about power, control and violence.

Gray areas.

- Regret sex
- Can't remember sex
- When does persuasion become coercion
- One person's word against another
- IHC and mentally unwell patients
- Jury perceptions of responsibility and alcohol – perpetrator less culpable and victim less credible.

Dunedin cases–past 20 yrs

- 153 forensic sexual assault examinations
- 99% victims =female, all perpetrators = male
- 75% < 25 yrs, 16–19 years single largest group
- 17% < 15 yrs, age range 8–85
- 56% occurred midnight to 8am
- 80% of victims had some social interaction with assailant.
- 60% involved alcohol +++.



Outcomes.

- 10% -- allegation withdrawn
- 15% -- case still pending.
- 15% -- plead guilty.
- 5% -- plead not guilty and acquitted.

- 65% – not prosecuted – not enough evidence, can't find assailant, issues of consent, witness reliability, "regret sex" etc

Scenario.

17 year old who comes in late one afternoon to get the ECP…..tearful, can't remember what happened the night before, if she had sex, who with.

Woke up with no clothes on with a strange man in her bed who left immediately.

Friend tells her she met him in a pub and they all came home together, knows his first name

Choices.

- She will need to be guided through her option:

1. Call the police – talk to them them and together they can decide if DSAC examination to be done
2. Buy time – Rx her immediate needs – ECP, Chlamydia and gono prophylaxis; get her back the next day.
3. Can you preserve any evidence in case she changes her mind?

What if she changes her mind?

- No time limit to lay charges
- Can withdraw charges (usually)
- Police like to know about assaults even if no charges laid – may be part of a pattern
- Does her age make a difference?
- What victim wants may not be possible eg to fill in the blanks.

Forensic (DSAC) examinations:

- Do as soon as practically possible, preferably within hours and before the victim has eaten, urinated, washed, changed clothes etc.
- Best within 72 hours.
- Max = a week – after that very little chance of getting evidence.

Time-limited examination:

- Sperm lasts about 3-5 days and can be hard to find

- Vagina self-cleans in about a week so unlikely to find much DNA evidence after this.

What DSAC examinations can and can't do (but DNA might):

- Can't tell if someone is a virgin
- Can't tell if sex occurred
- Can't tell if sex was consenting
- Can't tell when sex occurred
- Can't tell how many assailants
- Can't tell if penile, digital, objects used
- Can give careful documentation of injuries eg bruises, scratches, vaginal tears, strangulation signs, what's normal.
- Take care of the victim and minimize damage – give back control and start the recovery.

Limits of forensic examinations:

- Up to 80% of rape victims have a normal examination ie no injuries evident
- Presence of injuries does not mean rape occurred – absence does not mean it didn't.
- Whether injuries occur depends on a range of factors: age, degree of relaxation, use of force, object used, skin condition, position, pre-existing illness etc.

DNA – the holy grail.

- Now a 1000 x more sensitive than 10 years ago
- Juries put enormous store by DNA

- Challenge is to get the DNA and protect its integrity

-- lessons from Aussie: the Vincent Report

Extra time cleaning rooms, meticulous attention to detail.

Who to go to for advice:

- DSAC doctors and nurses in your area:

Wanaka – Suzie Meyer and Lucy O'Hagen (Aspiring)

Queenstown – Kathryn Smith and RN Sharon Fyfe

Gore– Glenys Weir and Lynley Brown

Invercargill – Sandra Rhind and Caroline Corkill + RNs Judith Wilson and Sue Ballam (Victoria Med Centre)

Dunedin great area: Penny Kagan, Annemarie Tangney, Jackie Hughes and Jill McIlraith (Aurora Health Centre)

Also:

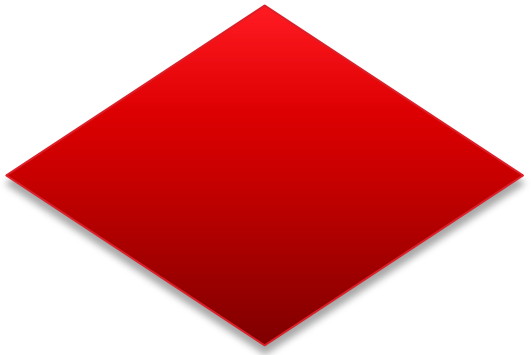
- Your local police
- Christchurch SAATS service – 24 hour advice – 03 366 0067.
- Dunedin Sexual Health Clinic 03 470 9780
- Dunedin DSAC roster – held at Dunedin CIB police (03 471 4800) and Dunedin Urgent Doctors(03 479 2900)
- Children ie prepubertal – contact Paeds at Dunedin Hospital.

Age of consent:

- Large gap between the law and reality.
- Prime directive: Look after the adolescent
- So- will it help her to involve CYFS, police, child protection team?
- Will she cooperate?
- Was she coerced?
- How old was the partner?
- Consult colleagues.

HIV and Hep C – balancing the right to privacy with the right to know.

- Patient = man in his 40's, HIV +ve, Hep C neg.
- Was asked by his dentist what his status was – said was neg.
- Wanted my opinion on what he should do next. Tell his dentist he lied? Keep quiet?
- What advice would you give?
- Would it be different if he was Hep C positive?



Hymens and virgins.

- Request from a new husband to “just snip his wife’s hymen”
- Request from a young man to examine his future wife and tell us whether she was a virgin or not.

Unintended consequences.

Discussion and questions.