PARTNER NOTIFICATION FOR BACTERIAL STIs AMONG GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN (GBM) IN VANCOUVER, TORONTO AND MONTRÉAL

Why did we research this topic?

- Partner notification is an effective means of finding and treating people with sexually transmitted infections (STIs);
- It constitutes an essential element of prevention and control programs;
- Canadian population-based data on partner notification process are limited.

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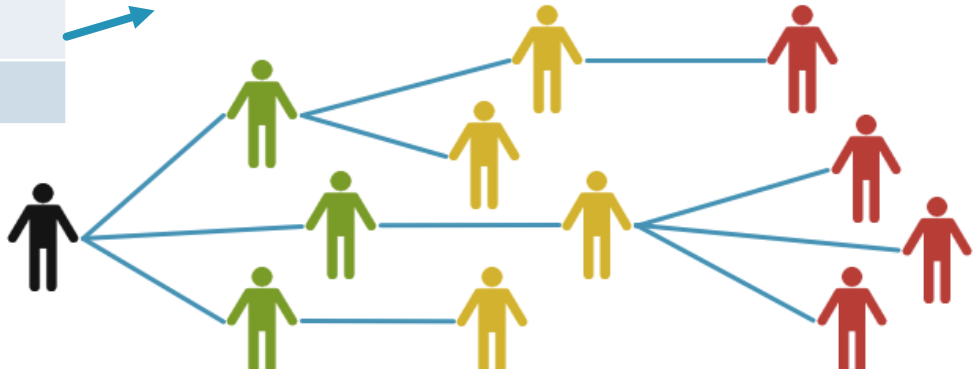
How did we research this?

- We used baseline data (02-2017 to 08-2019) from the **Engage study**
- Through Respondent-Driven Sampling (**RDS**), Engage recruited gay, bisexual and other men who have sex with men (**GBM**), who are ≥16 years of age and sexually active in **Montreal**, **Toronto**, and **Vancouver**

Participants who reported having at least one bacterial sexually transmitted infection (either chlamydia, gonorrhea, syphilis or lymphogranuloma-venereum) diagnosis in the past 6 months were selected.

Optimal partner notification was assessed using the following question:

Did you contact yourself any sexual partner you had within the 2 months before you were told they had an STI to tell them to get tested or treated?	
I contacted only my main partner	→ Optimal partner notification (if participant reported having only 1 sexual partner)
I contacted less than half of my recent sexual partners	
I contacted most of my recent sexual partners	→ Optimal partner notification
I contacted all of my recent sexual partners	→ Optimal partner notification
No, I did not contact any recent sexual partners	



- All analyses are RDS-adjusted

What did we learn?
1. Partner notification process

	Montreal	Toronto	Vancouver	
	RDS-a % (95% CI)	RDS-a % (95% CI)	RDS-a % (95% CI)	*p*
Among all participants				
	(n=1179)	(n=517)	(n=753)	
Self-reported having had received a bacterial STI diagnosis in the past 6 months	**11.5 (8.3-14.7)**	**8.5 (4.9-12.1)**	**13.0 (9.4-16.7)**	
Among participant who self-reported a bacterial STI diagnosis P6M				
	(167)	(81)	(116)	
Encouraged by a healthcare provider to engage in partner notification	**80.0 (69.4-90.7)**	**85.0 (69.8-100.0)**	**89.2 (77.4-100.0)**	0.03
Offered by healthcare/public health staff to notify their partners	**36.3 (23.2-49.4)**	**56.3 (38.2-74.4)**	**57.9 (41.5-74.3)**	0.008
Among those who self-reported a bacterial STI diagnosis and did not provide information to a healthcare provider to notify partners				
	(158)	(79)	(104)	
Optimal Partner notification	**61.7 (47.9-75.5)**	**62.1 (44.2-80.1**	**53.4 (35.9-70.9)**	0.17

What did we learn?
2. Factors associated with optimal partner notification

Among participants who reported a diagnosis of a bacterial STI in the past 6 months and did not provide any contact information for a healthcare provider-based partner notification (n=341[2])

	Univariable Unadjusted OR (95% CI)	Multivariable[3] Adjusted OR (95% CI)
Age (continuous)	1.00 (0.98- 1.02)	1.01 (0.98- 1.03)
Has a main partner for the past 6 months	2.84 (1.77 - 4.62)	**2.23 (1.34- 3.74)**
Number of sexual partners in the past 6 months (continuous)	0.99 (0.98- 1.00)	0.99 (0.98 - 1.00)
Encouraged by a healthcare provider for him to notify his partners	3.03 (1.70- 5.51)	**2.81 (1.48- 5.45)**

Factors exhibiting similar relationships in each city and associated with OPN at p<0.2 are presented. Other variables were considered : **sociodemographic characteristics :** born or moved in Canada, education, income; **sexual behavioural** in the past 6 months: engaged in group sex, attended a bathhouse, engaged in chemsex; **biological characteristics :** self-reported HIV status, nature of STI diagnosis in the past 6 months (chlamydia, gonococcal infection or syphilis), **and psychosocial characteristics** symptoms of depression, symptoms of anxiety, problematic alcohol use) and other characteristics (sexual altruism scale, collective self-esteem scale, experience of ever been notified by a sexual partner).

Among the participant who reported having a main partner during the past 6 months, 78% had more than 1 partner during this period. Participants who gave contact information to healthcare/public health staff for them to notify partners (23 out of 364 GBM) were excluded from this analysis. Univariate regression analysis were conducted to identify potential correlates and multivariable logistic regression analysis using a quasi binomial distribution were conducted on significant correlates (p<0.2). The final model was adjusted for city.

What are the implications of these findings?

1. Optimal partner notification for bacterial STIs was reported by 50 to 60 % of GBM across the three cities.

2. Encouragement from health professionals to undertake partner notification appears an important factor.

3. GBM not having a main sexual partner may need additional support.

Limitations

Representativity of a sample obtained through RDS, cross sectional study design (causality); social desirability.

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