FIGURE 1. Logic model for partner services programs for human immunodeficiency virus (HIV) infection, syphilis, gonorrhea, and chlamydial infection

- Health department staff members
- Funding
- Training and technical assistance
- Partners and stakeholders:
  - CDC
  - HIV prevention community planning groups
  - Sexually transmitted disease (STD) program advisory bodies
  - Clinical care providers
  - Community-based organizations
  - Providers of training and technical assistance

HIV or STD (i.e., syphilis, gonorrhea, and chlamydial infection) case reported to health department and identified as index case*

- Index patient interviewed and counseled
- Partners elicited†

Previous HIV positive or syphilis positive§

Partners notified¶

Potential adverse outcomes of notification**

Prevention counseling††

Presumptive STD treatment§§

New HIV/STD infection positive***

High-risk patient, test negative†††

Treatment or linkage to medical care¶¶¶

Referral to other services****

Referral to prevention services*****

Outcome

- Short term
  - Improved patient health
  - Reduced infectiousness
  - Positive behavior changes
- Intermediate
  - Decreased STD/HIV morbidity and mortality
  - Decreased STD/HIV transmission
  - Increased public health knowledge of transmission networks
- Long term
  - Reduced STD/HIV incidence
  - Reduced costs
  - Improved public health

Input

Activity

Cases may be reported to the health department surveillance unit by clinical providers (including STD and other health department clinics), counseling and testing providers, or laboratories. Cases may be reported to the partner services program through the surveillance unit or directly by providers or laboratories.

Demographic and risk information obtained from interviews can be provided back to the health department surveillance unit through the Health Department Partner Services Program.

Cases of serofast syphilis (i.e., low and stable titers) are closed at this point.

Partners may be notified of exposure via provider referral, third-party referral, self-referral, contract referral, or dual referral.

Adverse outcomes of partner notification include intimate partner violence or relationship dissolution.

Client-centered prevention counseling should be available for partners.

Treatment for bacterial STDs (e.g., syphilis, gonorrhea, or chlamydial infection) administered presumptively should be available for partners.

HIV/STD testing should be available for partners.

Laboratory results confirm new HIV case, STD case, or both.

Laboratory results are negative for HIV, STDs, or both, but person is at high risk for HIV or STDs.

Clients who test positive for bacterial STDs (e.g., syphilis, gonorrhea, or chlamydial infection) who were not treated presumptively are treated or referred for treatment.

Clients who test positive for HIV are linked to medical care, which includes STD screening, hepatitis B vaccination, and other medical services.

Clients are referred or directly linked to other services, such as mental health treatment and social services such as housing, case management, and support groups.

Clients are referred or directly linked to prevention services, such as comprehensive risk counseling and services and group-level interventions.