

|  |
| --- |
| Partner notification officers |
|  |

Contents

[Who are Partner Notification Officers? 1](#_Toc131584274)

[How are partner/s notified by PNOs? 1](#_Toc131584275)

[How do PNOs help manage people with HIV who are placing others at risk? 1](#_Toc131584276)

[What kind of questions will a PNO ask? 1](#_Toc131584277)

[Where does this information go and what happens next? 2](#_Toc131584278)

[Partner Notification Officer contacts 2](#_Toc131584279)

# Who are Partner notification officers?

Partner notification officers (PNOs) are registered nurses who work in the Office of the Chief Health Officer of the Department of Health. They have expertise and experience in sexual health, mental health, and drug and alcohol issues.

PNOs have two major roles:

1. To notify on request, the sexual partners of people diagnosed with a sexually transmissible infection (STI), including HIV.
2. To help manage people living with HIV and to minimise risk.

# How are partner/s notified by PNOs?

Notifying the sexual partner/s of people diagnosed with an STI is a vital part of the public health management of these infections. Once partners know they have been exposed to an STI, they can receive medical advice and treatment, protect their health, and limit the spread of the infection.

Notifying sexual partner/s is usually done by the doctor who makes the diagnosis, or by the patient themself. However, sometimes doctors or patients find it difficult or are unable to advise partner/s and may ask PNOs to assist.

A PNO contacts the partner/s. This is done discreetly. They inform them of the diagnosis and recommend they seek medical care, such as testing or treatment. The PNO will explain that they have credible information about the partner’s exposure to an STI and will recommend the partner be tested or seek medical advice. Although most partners ask PNOs about the identity of the person with the recently diagnosed STI (index case), PNOs are unable to answer this question because they are required to maintain confidentiality of the index case.

# How do PNOs help manage people with HIV who are placing others at risk?

The second role of PNOs is to investigate allegations of people living with HIV and the possible risk of transmission that are made to the department. Most people living with HIV are careful to avoid exposing others to the risk of HIV infection. However, a small number of people continue to pose a risk of transmission – this may be due to psychiatric, drug and other substance use, disabilities or complex lifestyles. These clients are managed in line with the *Victorian guidelines for managing HIV transmission risk behaviours* (the guidelines) <https://www.health.vic.gov.au/publications/victorian-guidelines-for-managing-hiv-transmission-risk-behaviours>. PNOs will explain and provide written information about the processes in the guidelines, including support, confidentiality and reviews.

# What kind of questions will a PNO ask?

A PNO will first assess the validity and integrity of an allegation by interviewing the person making the allegation.

If the allegation is assessed as reasonable and legitimate, the PNO will carry out a discreet interview with the sexual partner/s involved and, if required, the client at the centre of the allegation. They ask a range of questions, including sexual practices (having safe sex or not), other partners, the use of alcohol or drugs, and the psychological wellbeing of those involved. The aim is to ensure all HIV positive people are aware of, and comply with, the expectation that they take all reasonable steps to eliminate or reduce the risk of any other person contracting HIV from them and feel supported during this process. PNOs can also assist people living with HIV to access appropriate supports and counselling services if required.

# Where does this information go and what happens next?

PNOs report their findings to the Medical Advisor of the Partner Notification and Support Unit, and the Chief Health Officer. The Chief Health Officer then directs the PNOs in line with the guidelines. PNOs implement these directions, which may include educating the client about legal requirements, arranging counselling and supports, and maintaining contact to ensure risk behaviours have ceased.

In some cases, and if required, the Chief Health Officer may send a letter of warning to a client who places others at risk.

If risk behaviour persists, the Chief Health Officer may make legally binding orders that could include a requirement to meet or receive visits from PNOs, to participate in education or counselling, to undergo psychiatric or cognitive assessments, to refrain from certain activities/behaviours, to refrain from visiting specified places, to reside at a specified place, to notify the Chief Health Officer if the person changes their name or address or, in extreme cases, to be detained and/or isolated from other members of the community.

PNOs are involved in serving and monitoring these orders and reporting compliance and progress to the Chief Health Officer. Failure to comply with a public health order is an offence which carries a penalty of up to 120 penalty units (currently $19,826.00). All matters undertaken by PNOs are managed with the highest level of professionalism and confidentiality. And all patients are treated with respect and given access to resources for support.

# Partner notification officer contacts

Partner notification officers Tel: 03 9096 3367

Email: contact.tracers@dhhs.vic.gov.au

|  |
| --- |
| To receive this document in another format, phone 9096 3367, using the National Relay Service 13 36 77 if required, or email Contact Tracers team email, <contact.tracers@dhhs.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, April 2023 |