

Steps in Contact Tracing

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All contact tracing should be undertaken whilst respecting the individual patient's sensitivities and needs and should not result in harm. The approach in contact tracing may vary depending on the population involved. Refer to the Specific Populations section for additional information if required.

STEP 1. Introduce the reasons for contact tracing

Patients should be informed about the following:

- Asymptomatic infection: Sexual contacts may be asymptomatic and unaware of their infection.
- potential for serious complications: If partners are not informed, tested and treated.
- risk of reinfection: if partners remain untreated.

STEP 2. Help identify who needs to be notified

- Discuss mode of transmission and likely duration of infection.
- Trace back contacts from the relevant time periods for the particular

Table 1 in *How far back to trace*, summarises how far back in time patients should be advised to contact partners. These are also shown for each individual infection in the Conditions section.

To optimise contact tracing, the GP should collect information on their patient's sexual history in chronological order, starting with the most recent contact and then working backwards. For example, state 'sex includes oral, vaginal or anal sex' then ask 'When did you last have sex, and with whom?' and 'When did you last have sex with a different person before them?'. Then ask about details such as condom use, type of sex (e.g. oral, vaginal and insertive or receptive anal) and drug use for each partner. It is helpful to ask about the patient's relationship with the partner/s- were they regular, casual or anonymous, and did the sexual encounter occur locally, interstate or overseas? During a discussion of partners, the health care provider and the patient can discuss whether contacts are likely to be contactable and how the patient feels about personally contacting them. The health care provider can also offer resources for contact tracing.

Considerations when taking the history:

- The index patient may have had casual or anonymous partners and not know their identities or contact details.
- It may not be necessary to exhaustively enquire about every detail for every partner; however, in the case of more serious infections, for example, HIV, a more detailed partner history is warranted.
- More detailed enquiry might include explicit information about the relationship with contacts, specific sexual practices, condom use and physical location, for example, brothel or sex on-premises venues.
- In the case of blood-borne infections, ask about blood donation, receipt of blood products, and sharps exposure.

STEP 3. Explain the methods available and proceed to contact trace

- Contacts can be notified by patient-initiated or provider-initiated contact tracing.
- Work with the patient and follow your local guidance around deciding the most appropriate method for each of their

Patient or Provider-initiated contact tracing?

Patient-initiated contact tracing

- The index patient notifies their contact(s) either in person, anonymously or via an external resource such as social media or partner notification app *The Drama Down Under*, *Let Them Know*, or *Better To Know*.
- Ensure that the index patient informs the contact(s) as to what infection they have been diagnosed with.
- The health care provider provides the information to be imparted by the index patient to the partner(s). The patient then provides the information to the partner and may do this in person or use an anonymous web-based service.

Advantages

- Individuals may prefer to notify contacts.
- Quicker and easier for the patient to notify anonymous contacts they met through social media or dating apps.

Disadvantages

- Less or compromised confidentiality in comparison to provider-initiated contact tracing.
- There is the chance that the index patients may not follow through and contact their partner(s).
- They may not disclose the correct or all infections to their partner(s).

Provider-initiated contact tracing

- The health care provider directly advises the contact(s) or uses another agency (for example, sexual health service, public health unit or health department contact tracer) to ensure that contacts are notified.
- The health care provider must have the consent of the index patient and ensure they do not divulge the index patient's details.
- In certain situations, such as HIV infection, it is important the clinician follows up with the index patient as to how the contact tracing has gone and offers assistance and support if required.

Advantages

- Confidentiality is maintained for the index
- Provides protection from violent or stigmatizing reactions through anonymity, and for certain situations and conditions (for example, blood transfusion-related infections, when contact will involve sex workers or a vulnerable person)

Disadvantages

- More time- and resource-intensive.
- The index patient may not disclose all their contacts to the clinician.

STEP 4. Notification

Public health notification requirements differ between conditions. Most laboratories will automatically notify the public health unit when a notifiable condition is detected. Public health notification can also be clinician-initiated.

Consider local public health notification requirements such as databases for localized epidemics.

Ensure thorough completion of notification data, submitting all requested parameters where information is available. Local public health services can assist with completing notification if required.

More information on public health notification requirements can be sought from your Australian state or territory health department website, or the New Zealand Ministry of Health website.

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