



National Collaborating Centre
for Infectious Diseases

Centre de collaboration nationale
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Internet Partner Notification (IPN) for Sexually-transmitted Infections (STIs)

Partner notification is an essential public health intervention for the control of STIs. Ideally, when patients are diagnosed with an STI, their sexual partners are notified of exposure as well as invited for testing and, if necessary, treatment. Partner notification helps to ensure that affected individuals get treatment and also helps to reduce the further spread of STIs. Partner notification is an important practice for all STIs, but it may be especially critical for diseases that are often asymptomatic, such as Chlamydia, and for high-risk populations.

Traditionally, in-person conversations, the telephone, and mail have been used for partner notification, but these methods may not work when individuals meet sexual partners through the internet and do not exchange complete contact information. Sometimes, intimate partners are known only by an email address or an on-line “handle” (electronic name). In such cases, internet partner notification (IPN), through websites, internet forums, blogs, social media, email and text-messaging, may be the only way to contact individuals exposed to an STI.

While the growing popularity of the internet has posed challenges for partner notification, it has also created new avenues for communication. Historically, men who have sex with men (MSM) have had high rates of anonymous sex and prior to the advent of the internet it was virtually impossible to contact all of their intimate partners.



IPN enables patients and public-health practitioners to reach out to anonymous partners. Reports of the effectiveness of IPN vary widely – from 26 per cent to 80 per cent – but even the lowest rates are better than no notification at all, which would have been the case with anonymous partners in the pre-internet era.

When it comes to notifying intimate partners of an STI, patients tend to favour face-to-face conversations and communication by mail or telephone over electronic communication. Traditional methods of notification are seen as caring, respectful, and courageous while IPN is seen as impersonal and insensitive. This preference is evident with all STIs, but seems especially pronounced in the case of more serious conditions, such as HIV. Patients also worry that IPN is more vulnerable to breaches of privacy and that internet, email, and text messages will not be taken as seriously as in-person or telephone communications.

At the same time, patients recognize that electronic communication has its place in partner notification. IPN is generally more acceptable

in the case of brief or casual relationships, relationships that end badly or have a risk of violence, and for partners who are hard-to-reach. Certain populations may also be more open than others to IPN.

Youth, in particular, appreciate the convenience, privacy, and ready access of on-line notification methods. MSM also tend to support the use of IPN, perhaps because of high rates of anonymous partners. Text notification is more acceptable to males under 25 years of age with access to a cell phone and higher education.

Despite the apparent promise of IPN, its use can be complicated, especially for public health agencies. For example, public health interventions are not always welcome on specific websites, blogs, or internet forums. In some cases, public health agencies have resorted to creating fictitious profiles to undertake partner notification through the internet. Similarly, partner notification websites, such as InSpot and Let Them Know, are not used consistently and it is not known how much they contribute to increases in testing and treatment.

In general, evidence about the effectiveness and cost-effectiveness of IPN as compared with traditional methods of patient notification is limited. Without this kind of information, it may be difficult to make decisions about where to invest scarce resources. But, working on the premise that some notification is better than none, public health agencies should consider using IPN when traditional methods are not possible or are not working. Patient-initiated IPN, in particular, would require few, if any, additional resources from public health agencies and it has the added benefit of empowering patients.

Successful partner notification is a key element of STI control efforts. Further study is needed to assess the costs and benefits of IPN, particularly in the Canadian context. But the continuing spread and growing popularity of technology suggests that public health agencies may want to explore IPN as a supplement to traditional approaches to patient notification for STIs.

More information: www.nccid.ca/partner-notification



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