Table 18.1A. GRADE evidence profile comparing assisted partner notification (contract referral) to passive referral

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http://journals.lww.com/aidsonline/fulltext/2017/08240/Improving_HIV_test_uptake_and_case_finding_with.12.aspx
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Question: Should assisted partner notification services (provider referral) be implemented as part of HIV testing services?

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Assisted partner notification (contract referral) versus passive referral	Control	Relative (95% CI)	Absolute		
Uptake of HIV testing among partners (assessed with: Return to clinic using all identified partners as denominator)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	reporting bias[3]	42/94 (44.7%)	20/93 (21.5%)	RR 2.08 (1.33 to 3.25)	232 more per 1000 (from 71 more to 484 more)	⨁◯◯◯ VERY LOW	CRITICAL
Uptake of HIV testing among partners (assessed with: Return to clinic using all locatable partners as denominator)												
1	randomised trials	serious[1]	no serious inconsistency[4]	no serious indirectness	serious[2]	reporting bias[3]	45/88 (51.1%)	20/82 (24.4%)	RR 2.1 (1.36 to 3.23)	268 more per 1000 (from 88 more to 544 more)	⨁◯◯◯ VERY LOW	CRITICAL
Uptake of HIV testing among male partners (assessed with: Visiting clinic for counseling and testing)												
1	randomised trials	serious[1]	no serious inconsistency[4]	no serious indirectness	serious[5]	reporting bias[3]	-	-	Adjusted RR 3.40 (1.63 to 7.11)	-[6]	⨁◯◯◯ VERY LOW	CRITICAL
Uptake of HIV testing among female partners (assessed with: Visiting clinic for counseling and testing)												
1	randomised trials	serious[1]	no serious inconsistency[4]	no serious indirectness	serious[5]	reporting bias[3]	-	-	Adjusted RR 1.40 (0.81 to 2.42)	-[6]	⨁◯◯◯ VERY LOW	CRITICAL
Uptake of HIV testing among main partners (assessed with: Visiting clinic for counseling and testing)												
1	randomised trials	serious[1]	no serious inconsistency[4]	no serious indirectness	serious[5]	reporting bias[3]	-	-	Adjusted RR 2.00 (1.30 to 3.09)	-[6]	⨁◯◯◯ VERY LOW	CRITICAL
Uptake of HIV testing among casual partners (assessed with: Visiting clinic for counseling and testing)												
1	randomised trials	serious[1]	no serious inconsistency[4]	no serious indirectness	serious[5]	reporting bias[3]	-	-	Adjusted RR 4.30 (0.58 to 31.65)	-[6]	⨁◯◯◯ VERY LOW	CRITICAL
Proportion of partners who tested for HIV and were diagnosed HIV positive using all identified partners as denominator												
1	randomised trials	serious[1]	no serious inconsistency[4]	no serious indirectness	serious[5,7]	reporting bias[3]	27/94 (28.7%)	14/93 (15.1%)	RR 1.91 (1.07 to 3.4)	137 more per 1000 (from 11 more to 361 more)	⨁◯◯◯ VERY LOW	CRITICAL
Proportion of partners who tested for HIV and were diagnosed HIV positive using all locatable partners												
1	randomised	serious[1]	no serious	no serious	serious[7]	reporting bias[3]	27/88	14/82	RR 1.8 (1.02 to 3.18)	137 more per 1000 (from 3	⨁◯◯◯	CRITICAL

	trials		inconsistency[4]	indirectness			(30.7%)	(17.1%)		more to 372 more)	VERY LOW	
Adverse events assessed with Intimate Partner Violence or abandonment												
1	randomised trials	serious[1]	no serious inconsistency[4]	no serious indirectness	very serious[8]	reporting bias[3]	0/88 (0%)	1/82 (1.2%)	RR 0.31 (0.01 to 7.52)	8 fewer per 1000 (from 12 fewer to 80 more)	□□□□ VERY LOW	IMPORTANT

[1] Risk of Bias: Down-graded once. The risk of performance bias was high due to a lack of blinding of staff and participants. Detection bias may be present as it is not clear if the coded cards given to index patients to give to their partners when returning to the clinic identified their allocation group. If so, the staff may have been influenced by this knowledge when recording the outcome. Attrition was low.
[2] Imprecision: Down-graded once. The 95% Confidence interval is wide and the event rate is low (62)..
[3] The results are from a single trial and have not been replicated elsewhere. As such, they should be treated with caution.
[4] Inconsistency: Not downgraded but noted that this is a single study only and consistency is not applicable.
[5] The results are from a sub-group of a single trial and the event rate is low and 95% CI are very wide.
[6] Cannot be calculated as adjusted estimate entered using the generic inverse variance data option.
[7] Imprecision: Down-graded once. The 95% CI is wide and the event rate is low.
[8] Imprecision: Down-graded twice. The event rate = 1 and is very low with a very wide 95% CI.