In 2009, a total of 102 IPS investigations were conducted, 115 (71%) for partners to STD and 47 (29%) for partners to HIV. Of the 102 investigations, 61 (59%) involved a conventional disposition and 101 (62%) had an L disposition (Figure 1). Among those 61 IPS investigations with a conventional disposition, 46 (76%) were medically evaluated (28 HIV and 18 STD) and 15 (24%) were handled under an other disposition (e.g., refused to participate). The 101 L dispositions could be categorized into two groups, those who were informed of their exposure, accounting for 46 (45%) partners, and those who were not informed, accounting for 55 (54%) partners. Of the 46 who were informed, six (13%) claimed preventive treatment, two (4%) claimed to have refused preventive treatment, one (2%) claimed previous treatment, 11 (24%) claimed to be non-infected, and 26 (56%) acknowledged their exposure with no additional information. Of the 55 who were not informed, four (7%) blocked their name, 11 (20%) logged in but did not read the DSN e-mail, four (7%) did not log in, five (9%) had an unknown e-mail address, and 17 (30%) were not informed with no reason given for the failed contact.

Discussion
Adaptation of IPS to include IPS has led to notification of partners who previously would not have been contacted for prevention or treatment. Although we have not yet assessed the impact of another 46 who were informed of their specific STD/HIV exposure, our experience indicates that additional IPS investigations are initiated via the Internet and may be initiated for individuals who have not had previous contact with health departments for the purpose of implementing partner notification through SNS such as websites, chat rooms, or instant messaging or other online services used to locate online sexual contacts. In response, the New York State Department of Health (NYSDOH) Bureau of STD Control (BSTDC) established an Evidence Based Action Plan (EBAP) to assess the success of IPS investigations with a conventional disposition as that information might facilitate additional targeting of IPS activities.

Results
IPS involved the use of a number of different online venues. Figure 2 displays the number of IPS investigations by websites. By disease, sexual networking sites such as Myspace and Facebook accounted for over 30% of gonorrhea IPS and over 50% of Chlamydia IPS, whereas social networking sites such as Facebook and MySpace accounted for over 90% of Chlamydia IPS and over 50% of gonorrhea IPS (data not shown). IPS investigations conducted in 2009 were included in the analysis.

Methods
Dis conducted IPS for partners and donors to STD and HIV for whom the only identifying information was a screen name or e-mail address. Dis used log sheets to collect data on number of attempts, exposure disease, frequency and date of notification method, DIS worker number, disposition and date. In addition to conventional disposition codes, the L disposition code was adapted for local use in tracking Internet based IPS investigations (see Appendix). Log sheets were submitted on a monthly basis for data entry. Table 1 represents the disposition report of ADIPS and the L disposition subcategories. In order to document the outcome of IPS efforts to the fullest extent possible and attempt to correlate these outcomes with disease trends in the future.