Patient delivered partner therapy (PDPT) for chlamydia

Frequently asked questions for health practitioners

What is patient delivered partner therapy (PDPT)?

Patient delivered partner therapy (PDPT) is when treatment is prescribed or supplied for the sexual partner/s of a patient diagnosed with genital chlamydia infection (the index patient). The index patient then delivers a prescription or treatment to their partner/s.

Why should PDPT be used?

Chlamydia is the most frequently reported sexually transmissible infection (STI) in Australia and the most commonly diagnosed bacterial STI worldwide.

Over the past three decades, chlamydia notifications have dramatically increased in Victoria. In 2019, cases peaked and were 33 times higher than cases notified in 1991.From 2016 to 2021, a total of 137,587 chlamydia cases were notified in Victoria.

Notifying and treating the sexual partner/s of people diagnosed with a STI helps to reduce the duration of infection for treated partners, the risk of reinfection for the patient, and chlamydia associated complications for both patient and partner/s.

PDPT is one of a range of options for informing and treating the sexual partner/s of a patient with genital chlamydia.

Health practitioners should discuss a range of partner notification options with their patient (including PDPT) to ensure it is the correct option for patient and partner/s.

Is PDPT safe?

Clinical trials have shown that PDPT with a single 1 gram dose of oral azithromycin for chlamydia is a safe and effective method of treating sexual partner/s of people with chlamydia. There have been no serious adverse effects reported from azithromycin associated with PDPT.

Who are the most appropriate patients for PDPT?

PDPT aims to expedite the time to treatment for partners.

PDPT is suitable for heterosexual patients with laboratory diagnosed oropharyngeal or ano-genital chlamydia and with:

- partners who are unable or unlikely to seek chlamydia testing and treatment in a timely manner
- repeat infections and partner/s who have not been treated.

It is recommended that partners who receive PDPT should attend their doctor to get tested for other STI and HIV.

Who should not be given PDPT medication?

PDPT is not recommended for:

- patients diagnosed with chlamydia **and** another STI
- patients who have experienced recent sexual assault or whose safety may be at risk
- patients or partners at high risk of HIV infection, such as men who have sex with men
- patients who have partners with any genital symptoms including symptoms of pelvic inflammatory disease or epididymitis
- partners who are pregnant.

What about partners who are pregnant?

Azithromycin is safe in pregnancy, but pregnant women and their partners should see their doctor first to have other STI excluded.

How is PDPT provided to partners?

PDPT involves health practitioners providing the patient with:

- a prescription or supply of 1 gram of azithromycin for named partner/s
- instructions to deliver the prescription or dose to the partner/s
- written information for each partner for whom PDPT is provided that includes information about:
  - azithromycin
  - chlamydia
  - the means to seek health care
  - the contact details of the health practitioner and clinic providing PDPT.

Patients and their partner/s should abstain from sex until seven days after they and all their partners have been treated.

PDPT must be prescribed, administered or supplied in accordance with the *Drugs, Poisons and Controlled Substances Regulations 2017* <https://www.legislation.vic.gov.au/in-force/statutory-rules/drugs-poisons-and-controlled-substances-regulations-2017/006>.

- When prescribing, the regulatory requirements are those that are required for any Schedule 4 medicine. These requirements are detailed in the *Criteria for lawful prescriptions (in Victoria)* <https://www.health.vic.gov.au/publications/criteria-for-lawful-prescriptions-in-victoria>.
- When supplying, the health practitioners who are authorised to supply are responsible for ensuring that each container of a medicine is labelled in accordance with the specifications for ‘dispensed medicines’

contained in the Poisons Standard (adopted under section 27A of the Act) plus the provisions of regulation 72 (where applicable). This responsibility cannot be delegated to another person.

These regulatory requirements are those that apply for any Schedule 4 medicine. They are detailed in Supply, administration and recording (S4 and S8 poisons) <https://www.health.vic.gov.au/publications/supply-administration-and-recording-s4-and-s8-poisons>.

How should PDPT use be documented?

The use of PDPT should be documented in the patient's medical record and include:

- that PDPT was offered
- if the patient accepted PDPT
- the number of partners PDPT was accepted for, and each partner's name and contact details / address
- the PDPT method (prescription or supply)
- if the PDPT information sheet was provided for the patient and partner/s
- any relevant medical information known about the partner/s at the time of the consultation (this could be supported by a phone call to the partner/s)
- the method of writing the prescription (that is, if it was generated from electronic medical record [if a patient of the clinic], handwritten, or letter template).

In the event the partner is a patient of the clinic this may be documented in their existing medical record.

Refer to Supply, administration and recording (S4 and S8 poisons) <https://www.health.vic.gov.au/publications/supply-administration-and-recording-s4-and-s8-poisons> for details required to be contained in records of supply, which include:

- the name and address (or location) of the person to whom the Schedule 4 poison or Schedule 8 poison is **supplied**
- the date of the transaction
- the name, form, strength and quantity of the poison or controlled substance
- the name of the person carrying out the **supply**.

Patient review/recommendations

Patients may be reviewed in one week to confirm patient adherence to treatment and partner notification. And support offered for partner management, if necessary.

A test of cure is not routinely recommended unless the patient is pregnant or the case has rectal chlamydia. Refer to relevant clinical guidelines in these instances.

As reinfection is common, patients should be recalled and retested in three months to test for reinfection. Testing for other STI and HIV should also be considered if not undertaken at first presentation.

It is also recommended that patients with a history of an STI or a known exposure to any STI within the past 12 months also have a standard asymptomatic check-up (<https://sti.guidelines.org.au/standard-asymptomatic-checkup/>) in accordance with the Australian STI Management Guidelines for Use in Primary Care. Condoms prevent the transmission of most STI, as well as pregnancy.

Is there a limit to the number of doses of PDPT that can be dispensed / prescribed to a patient?

There is no limit to the number of partners for whom PDPT can be used. PDPT could be supplied for any partner with whom unprotected sexual intercourse occurred in the past six months.

Will PDPT contribute to antibiotic resistance at the population level?

Currently, there is no evidence to suggest that PDPT leads to increased microbial resistance. However, PDPT should only be used for individuals who are unlikely to be treated within a clinic setting.

Will I be held liable if a partner receiving PDPT has an adverse reaction to the drugs I provide?

Azithromycin is a safe and well tolerated antibiotic. The most commonly reported adverse effects include mild diarrhoea, nausea, vomiting, abdominal pain and dyspepsia. There is a low risk of adverse reaction which may be mitigated by providing written material for partners that includes product information and encourages visiting a health care provider.

Compliance aspects of PDPT in Victoria

In Victoria the supply of Schedule 4 poisons (Prescription Only Medicines), including azithromycin, to a patient by a health practitioner is governed by the *Drugs, Poisons and Controlled Substances Act 1981* and the *Drugs, Poisons and Controlled Substances Regulations 2017*. The Regulations do not prevent the prescribing or supply of PDPT.

Under the Regulations medical practitioners and nurse practitioners must not administer, authorise administration, prescribe, sell or supply a Schedule 4 poison unless that poison is for the medical treatment of a person under his or her care; and that he or she has taken all reasonable steps to ensure a therapeutic need exists for that poison.

The Department of Health provides guidelines, *All reasonable steps and other key terms - requirements for health practitioners* <https://www.health.vic.gov.au/publications/all-reasonable-steps-and-other-key-terms-requirements-for-health-practitioners>, to assist practitioners in complying with the Regulations. The *All reasonable steps* information note explains that medical practitioners and nurse practitioners who prescribe or supply azithromycin for PDPT for microbiologically confirmed chlamydia infection in accordance with PDPT clinical guidance (<https://www.health.vic.gov.au/publications/patient-delivered-partner-therapy-clinical-guidelines>) will be considered to have satisfied the requirement to take all reasonable steps. (Regulations 17(c), 20(c), 36 (b) or 39(b)).

The guidelines include the requirement that the practitioner takes all reasonable steps to ensure a therapeutic need exists and to assess the partner's symptom status, particularly symptoms indicative of a complicated infection; pregnancy status; and risk for severe medication allergies. Practitioners should provide the patient with written information for the partner (see the Frequently asked questions for patients and partners documents on the main PDPT page <https://www.health.vic.gov.au/publications/patient-delivered-partner-

therapy-clinical-guidelines>). This information should include consumer information about azithromycin, information about chlamydia, the means to seek health care and the contact details of the clinic providing the prescription. All other legislative requirements regarding the supply of a Schedule 4 poison should be met.

These guidelines should not be considered as legal advice. In the case of doubt the health practitioner should seek independent legal advice.

To receive this document in another format, email the Prevention and Population Health Branch <bbvsti.information@health.vic.gov.au>.

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Available at the Department of Health website <https://www.health.vic.gov.au/publications/patient-delivered-partner-therapy-clinical-guidelines>.