## PUTTING THE PATIENT BACK INTO PATIENT-DELIVERED PARTNER THERAPY (PDPT): EXPLORING YOUNG PEOPLE'S VIEWS TOWARDS PDPT FOR CHLAMYDIA

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**Background:** Partner notification (PN) is a crucial component of chlamydia control. Patient-delivered partner therapy (PDPT) is more effective than patient referral at reducing re-infection for sexually transmitted infections, expedites time to partner treatment and increases likelihood of partner treatment. Despite supportive PDPT legislation and guidance in some Australian states, uptake has been low, and little research has been conducted with young people. Therefore, we aimed to examine the views of young people on PDPT.

**Methods:** The views of 18-30-year-olds towards PDPT were examined using semistructured telephone interviews. Participants were asked to provide their views from the perspective of both an index patient and partner. Data were analysed thematically.

**Results:** 22 people were interviewed (13 female, 9 male; 12 metropolitan, 10 rural; age range 18–30). All had positive views towards PDPT and thought it should be widely available. Participants were willing to give PDPT to their sexual partners in situations where trust and comfort had been established, regardless of partner type. Protection of their partners' privacy was essential, with participants not wanting to provide their partners' contact details to a doctor without consent. Beyond logistical benefits, participants perceived PDPT as a facilitator to PN conversations by offering partners a potential solution. However, most would consult with a healthcare professional (GP or pharmacist) before taking PDPT medication. When navigating a chlamydia diagnosis, legitimacy of information was viewed as crucial and the most legitimate was deemed to be from health care providers.

**Conclusion:** Young people would appreciate the option of PDPT for notifying their partners about chlamydia. Even though PDPT is unlikely to fully replace partners' interactions with healthcare providers, it may facilitate PN conversations and provide partners greater choice on how, when and where they are treated. More work is needed to increase awareness of PDPT as a PN option.

## **Disclosure of Interest Statement:**

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