

PATIENT DELIVERED PARTNER THERAPY – COULD THIS BE AN OPTION WITHIN ROUTINE PARTNER MANAGEMENT FOR CHLAMYDIA IN AUSTRALIA?

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Background: Notification and treatment of the sexual partners of people diagnosed with a sexually transmissible infection (STI) is a crucial part of STI management and control. Patient delivered partner therapy (PDPT) is a notification method whereby antibiotic treatment is prescribed or provided to the index case for their sexual partner/s without the partner needing a consultation. PDPT has been shown to be effective in expediting time to partner treatment and reducing reinfections. In Australia, PDPT for uncomplicated genital chlamydia infection is not uniformly available and only some jurisdictions have provided guidance for practitioners. We reviewed the regulatory and operational environment for PDPT in Australia and consider how PDPT could become a routine partner management option.

Methods: We conducted semi-structured telephone interviews with 10 representatives across 6 Australian jurisdictions from organisations relevant to chlamydia control or medication regulation and reviewed relevant regulations and guidelines. Data were managed in NVivo 12 and interview transcripts and documents were thematically analysed.

Results: A framework for PDPT via regulations or a clinical guideline to the regulations exists in three jurisdictions (Victoria, New South Wales, Northern Territory). Regulatory change was viewed as necessary for PDPT use in one jurisdiction and, in others, the regulations were 'silent' on PDPT. Establishment of clinical guidance for PDPT within a standard of care was viewed as crucial for PDPT uptake, irrespective of the regulatory framework. Concern regarding antimicrobial stewardship precluded PDPT inclusion in South Australian strategy, something raised in other jurisdictions. Barriers to PDPT were largely procedural (e.g. how to document PDPT) or resource related (e.g. workforce issues).

Conclusion: Clinical guidance for PDPT as part of best practice for partner management is needed while remaining cognisant of relevant regulations and concerns about antimicrobial stewardship. Education and support tools for clinicians and strategies to remove barriers are essential to promote uptake.

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