Patient delivered partner therapy for chlamydia – views of Australian general practitioners

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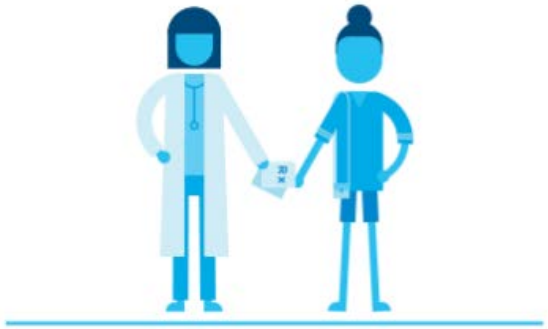
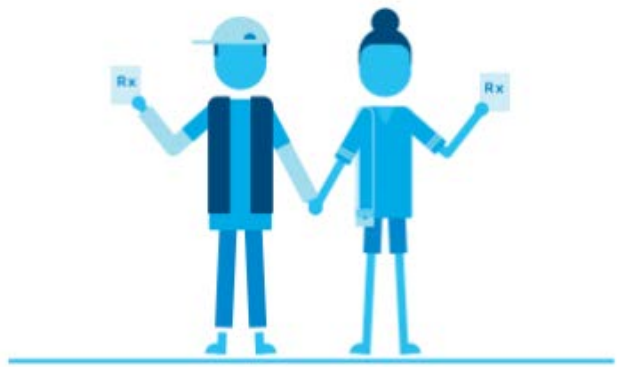
Patient delivered partner therapy

- Antibiotic treatment prescribed or provided for an index case & their sexual partner(s) without the partner being directly examined by a health provider[1]
- Option to treat partner(s) who may not access treatment
- Effective compared with patient referral[2]
  - Treats more partners per index case
  - Reduced reinfections in index case



Patient with STI receives prescription or medication for self & their partner(s)[3]

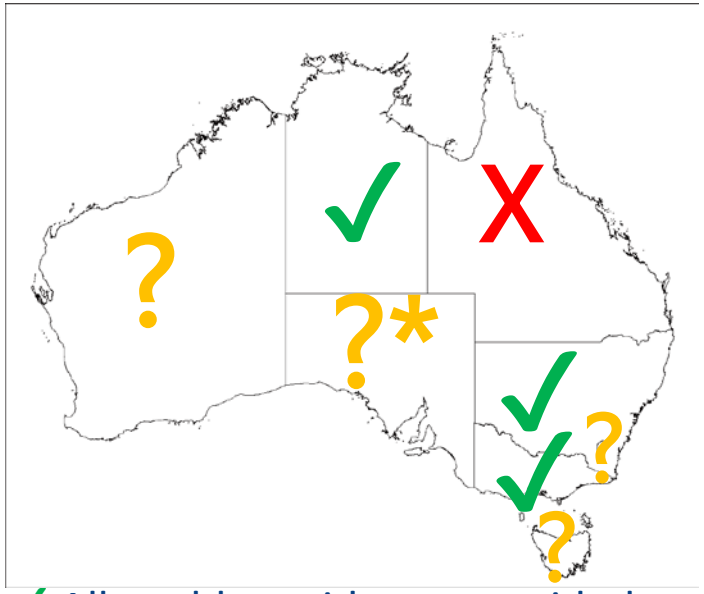


Patient directly gives their partner(s) the prescription or medication

1. *Australasian contact tracing guidelines, http://contacttracing.ashm.org.au. 2. Althaus C, et al. Health Technol Assess 2014;18:1-100 3. Policylab https://policylab.chop.edu/sites/default/files/pdf/publications/Expedited_Partner_Therapy_In_Pennsylvania.pdf*

PDPT in Australia

- Recommended treatment – oral azithromycin 1g[4,5]
- Option for heterosexual index patients with:
  - Laboratory diagnosed chlamydia
  - Partners unable or unlikely to seek timely clinical care
  - Repeat infection
- GPs have expressed medico-legal concerns[6]
- PDPT guidance from 3 State governments[7]
- PDPT offer was acceptable to patients in sexual health and family planning clinics[8,9]
- Limited recent evidence about GP use and views toward PDPT



✓ Allowable, guidance provided
? Potentially allowable*
X Not allowable

**Not recommended in SA STI strategy*

4. Vic Dept of Health and Human Services; 5. NSW STI programs unit, 6. Pavlin N et al. BMC Infect Dis. 2010,10.. 7. Goller JL, et al, Sexual Health. 2020 17:321-9.; 8. Lorch R. et al. Sexual Health. 2019;16:332-9.; 9. Woodward S, et al. Sexual Health. 2020;17:381-3

Aim

To investigate the use of and perceptions toward PDPT among general practitioners (GPs) working in Australia

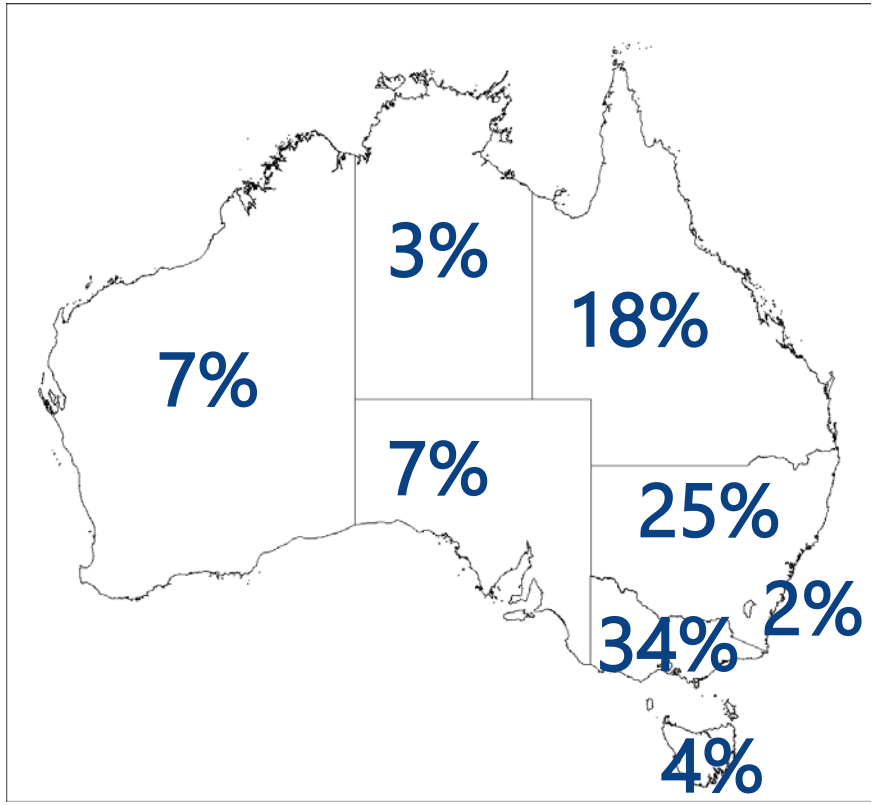
Methods

- Online survey (2019) of GPs working in Australia about chlamydia management
- Likert scale item about frequency of offering PDPT for uncomplicated chlamydia
- Free text items asking about supportive and inhibitory factors for PDPT
- Descriptive statistics to examine factors associated with offering PDPT
- Thematic analysis applied to qualitative data

Results – GP characteristics

Survey respondents N=323

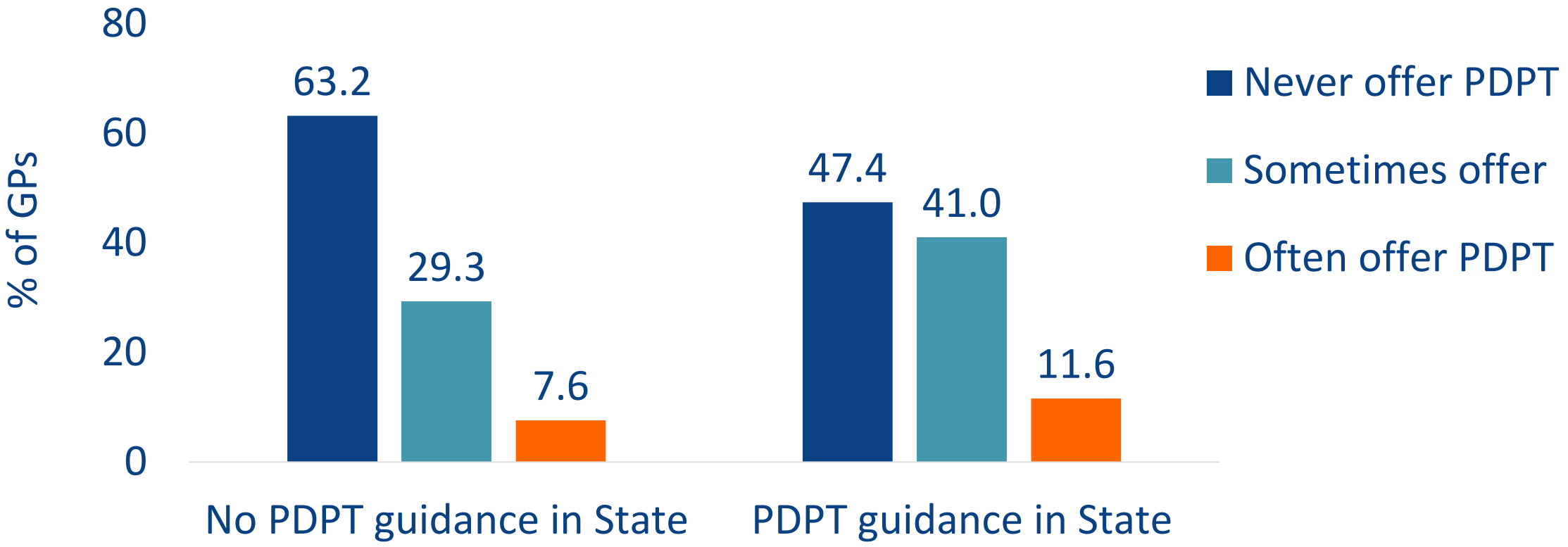
87% (n=282) provided 648 free-text comments about PDPT



- 72% female
- Median age 43 years
- Australian medical degree 71%
- Works in metropolitan clinic 68%
- Years as GP in Australia – 10.6
- Extra SRH skills or training 32%

Frequency of offering PDPT when managing a patient with uncomplicated chlamydia

47% surveyed GPs said they offer PDPT



GPs who offered PDPT were

More likely to work in a ……

- Non-metropolitan clinic (AOR 2.23, 95% CI 1.33-3.93)
- Jurisdiction with PDPT guidance (AOR 2.20, 95% CI 1.30-3.71)

Adjusted for GP gender, age and extra SRH training

GPs were asked when they might offer PDPT, they said……..

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It was important to understand the index patient and partner's

- Social circumstances
- Health literacy
- Type of relationship

Patients who are in a safe, stable relationship with their partner/s and there is a low risk of violence or harm to the patient when they have the discussion. I am guided by the patient's confidence and desire to do this, and always give the patient a clear option this is a choice and their partner/s can be notified in other ways.

GP287 (F, not-metro, no extra SRH training, no PDPT guidance)

GPs were asked when they might offer PDPT, they said……..

they might offer it to ……

- female patients
- patients with a reinfection
- partners with difficulty accessing healthcare

Rural or remote or severely disadvantaged individual(s) who may have SEVERE trouble in accessing good quality healthcare.

GP99 (M, metro, extra SRH, PDPT guidance)

GPs were asked when they might offer PDPT, they said……..

There are no situations in which I would be happy to do this

GP283 (F, not-metro, no extra SRH training, no PDPT guidance)

GPs saw the benefits of PDPT.....

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- Timely treatment for partners
- Reduce reinfection risk and transmission
- Improved patient outcomes and public health benefits

When patient's partners will refuse to come in and have risky behaviors supporting immediate management to mitigate risk of transmission.

GP263 (M, metro, no extra SRH training, no PDPT guidance)

GPs gave reasons they would not offer or provide PDPT.....

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- Best practice is for partner(s) to attend healthcare

That this [PDPT] *would negate sexual partners seeking formal medical attention and reduce opportunities for safe sex and preventive care discussion.*
GP99 *(M, metro, extra SRH training, PDPT guidance)*

GPs gave reasons they would not offer or provide PDPT……

- Medico-legal concerns
- Concern about allergies or drug interactions
- Uncomfortable if don't know the partner

I am unsure of where I'd stand medicolegally prescribing for a partner, especially if I had not met them. What if something went wrong (drug allergy etc)? I can imagine I might prescribe for a partner if they were already a patient of mine and I had at least spoken to them over the phone and ensured informed consent for treatment.

GP274 (M, metro, extra SRH training, no PDPT guidance)

GPs gave reasons they would not offer or provide PDPT……

… on a case specific basis

- Patient lacks contact details or doesn't want to see partner
- Domestic violence concerns
- Complex patient or high risk of other STIs

If the partner had complex health conditions/ needs or was high risk for other STI - I would suggest an appointment in person, if the partner had intellectual disability or NESB I would want to meet in person to make sure I had adequately communicated the circumstance….

GP71 (F, not-metro, extra SRH training, PDPT guidance)

GPs gave ways PDPT could become a routine option……

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- Professional and regulatory guidance
- Changes to Medicare (e.g. phone consult item number)
- Changes to PBS (e.g. PDPT packs)

Better understanding of the medico-legal factors. Guidelines from Health department, MSHC, ASHM or Australian STI Management Guidelines….

GP93 (M, metro, extra SRH training, PDPT guidance)

Free medication from PBS so I can give the medication to the patient not just a script and rely on them filling it.
GP287 (F, not-metro, no extra SRH training, no PDPT guidance)

GPs gave ways PDPT could become a routine option……

- Peer support, education, resources for GPs
- Patient/partner resources (hard copy and web based)
- Involve practice nurse

Inclusion in electronic therapeutic guidelines, local education to GPs from the college [RACGP]

GP236 (F, not-metro, no extra SRH training, no PDPT guidance)

Written handout - like an information pack to give to the partner INCLUDING the script

GP186 (F, metro, no extra SRH training, no PDPT guidance)

Key findings (1)

- Almost half of surveyed GPs reported they sometimes or often offered PDPT for uncomplicated chlamydia
- GPs in non-metropolitan areas and jurisdictions with PDPT guidance were more likely to offer PDPT
- GPs identified patient/partner circumstances they considered were suited or that contra-indicated a PDPT offer. These were consistent with PDPT eligibility criteria in contact tracing and PDPT guidelines.

Key findings (2)

- Concern about allergies, medication interactions, medico-legal issues and practicalities of doing PDPT are consistent with other studies
- Professional support and education and jurisdictional guidance for what is allowable and how to do PDPT were viewed as crucial to PDPT uptake

Conclusion

- PDPT is an option for management of the sexual partners of patients with genital chlamydia infection
- Clinical guidance for PDPT within a standard of care is needed while remaining cognisant of State and Territory specific considerations
- Expansion of Telehealth in the context of COVID-19 may offer an opportunity to address some barriers to PDPT
- Education and resources for clinicians and patients/partners are crucial to support partner notification discussions and for patients to make informed choices about the most suitable options for informing their partners

Acknowledgments

DISCLAIMER: Please note that the work presented here has not yet been published. Please do not share or distribute this presentation without the consent of the first author.
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MOCCA
Management of Chlamydia Cases in Australia

QUESTIONS?