

ARE WE READY FOR EXPEDITED PARTNER THERAPY FOR CHLAMYDIA IN AUSTRALIA?

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Background: Timely partner management is the cornerstone for preventing both re-infection of the index patient and new infection in subsequent partners. This study aimed to understand views, barriers and facilitators to traditional partner management model and Expedited Partner Therapy (EPT) model for chlamydia.

Methods: A survey was developed using patient-focused barriers and facilitators found in the literature. It was piloted and refined with stakeholder involvement and made available online to all University of Western Australia students between the 8-24th of September 2015.

Results: Of the 180 participants, the median age was 22 (range 17-54) years. 59% (n=107) were female. 32% (n=57) had prior experience with traditional partner management. Of them, 21% (n=12) said a barrier was requiring time off from work/studies for the doctor's appointment. 60% (n=34) said it was easy to make that appointment. Of the 68% (n=123) with no experience, 37% (n=45) thought they would feel awkward asking a doctor for a chlamydia test and had concerns about someone finding out about the test. Yet, 57% (n=70) thought they would feel comfortable requesting a chlamydia test from a doctor. The most common barrier to EPT was taking antibiotics without a chlamydia diagnosis (35%, n=63), while the most common facilitator was ease of access to a pharmacy for treatment (60%, n=109).

Conclusion: Several of the identified barriers for traditional partner management were facilitators for EPT, and vice versa. EPT could introduce treatment choice for partners of chlamydia-positive patients who face barriers to current methods.