
Patient Delivered Partner Therapy for
Treatment of Chlamydia in Eligible Patients:

CLINIC PATHWAY IN PUBLICLY FUNDED SEXUAL HEALTH SERVICES¹



Intended study sites:

Illawarra Sexual Health Centre

Liverpool Sexual Health Centre

Sydney Sexual Health

Western Sydney Sexual Health Centre

¹ Publicly Funded Sexual Health Services are public NSW Health facilities under the clinical governance of the relevant Local Health District.

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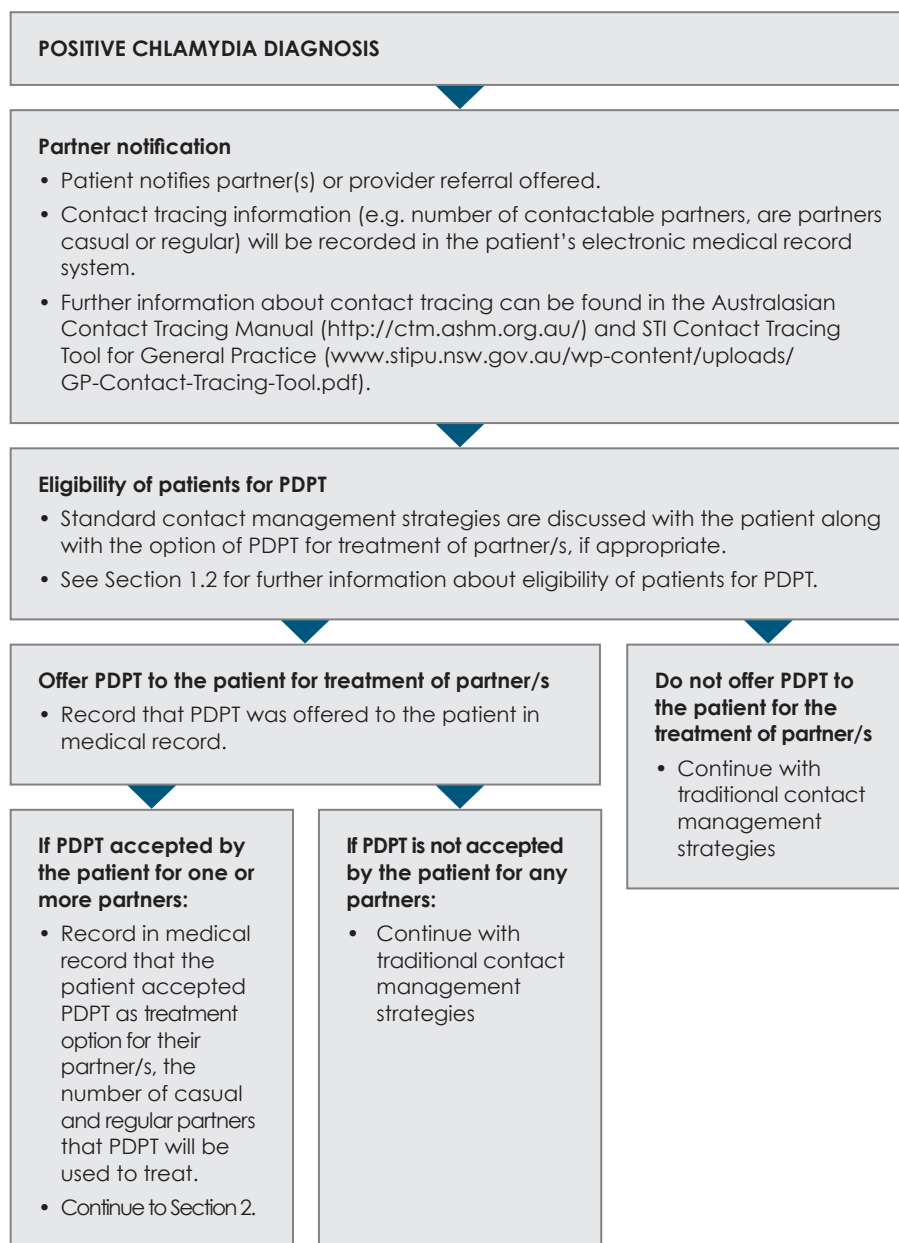
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SECTION 1. Assessing patients for chlamydia PDPT eligibility

1.1 Flow chart



1.2 Eligibility of patients for PDPT

A range of partner notification options should be explored, including PDPT, to ensure it is the correct decision for the patient and their partner.

Patients eligible for PDPT

- Only patients with a laboratory diagnosis of oral-pharyngeal or ano-genital chlamydia.
- Heterosexual patients with partners who are unable or unlikely to seek clinical services in a timely manner.
- Heterosexual patients with repeat infections whose partner has not been treated.

PDPT for the following clients is not recommended:

- Men who have sex with men (MSM)
- Patients who have been concurrently diagnosed with another STI
- Patients who have partners with symptoms of PID or epididymo-orchitis.
- Partners who may have rectal chlamydia infection
- Patients who have experienced recent sexual assault.
- Where the patient's safety may be at risk.

SECTION 2. Providing medication for PDPT

2.1 Flow chart

PROVIDE MEDICATION FOR THE PATIENT FOR TREATMENT OF CHLAMYDIA

Provide medication for the partner

- Recommended antibiotic for chlamydia is azithromycin 1 gram given orally as a single dose with food.
- One dose of treatment should be provided for each partner that the index patient is able to contact.
- There is no limit to the number of partners for which PDPT can be used.
- Medication for PDPT should be provided using one of the following methods:
 - **METHOD 1: Clinician provides medication to the patient for the partner and provides it to the patient to give to the partner**
 - **METHOD 2: Clinician provides clinic prescription for each partner for supply of medication to the patient by the co-located or hospital pharmacy**
 - **METHOD 3: Clinician provides private prescription for supply of medication for each partner by a community pharmacist**
- See detailed information about each of these methods in Boxes 1 to 3.

Recording partner details

- For each partner for which medication is provided by any of the three methods above, the clinician must record:
 - ~ First and last name and contact details (address, and/or mobile number and/or email).
 - ~ And other relevant information as stipulated in Schedule 2 of the NSW Health Practitioner Regulation (2010) – see Appendix D for more details.
 - ~ **If the last name cannot be provided, the partner is excluded from eligibility for PDPT**
- Partner details must be recorded in one of the following locations by the clinician:
 - ~ Patient file (paper based or electronic)
 - ~ Separate log detailing contacts for which medication was provided (linked to patient details/file)

4.2 Clinician's duty of care to the partner/s of patients

Advice from NSW Ministry of Health

It is an established law that a health professional owes a duty of care to their patients. This duty extends to partners of patients for whom they are providing / prescribing medication. This does not mean the partner must become a patient of the clinician as the clinician does not need to have a traditional patient relationship with the partner in order to owe the partner a duty of care.

The content of the duty of care to the partner, or what the clinician must do in order to discharge that duty of care is unclear.

In general terms, in order to discharge any duty owed, it would be prudent for the person writing the prescription, or providing the medication, to:

- Ensure that the patient present is advised of all relevant information (i.e. dose, side effects)
- Provide the patient with written information to pass on to the partner about these issues.
- Try to encourage the partner to seek medical assistance directly (either by making a recommendation to the patient present, or attempting to contact the partner by telephone etc);
- Form a view, based on their clinical judgment, that the risk to the patient of re infection posed by not providing medication for the partner is greater than any potential risks associated with providing the medication for the partner.

2.2 Medication supply

- Storage of medication for PDPT should be as per the Policy Directive titled "Medication Handling in Public Health Facilities" (See Section 5.1 Responsibility; Section 5.3.1 Medication Security and Access; and Section 5.3.3 General Medication Storage Requirements).

SECTION 3. Follow up of patients and partners

Further information about following up patients with chlamydia can be found in the NSW Health Sexual Health Services Standard Operating Procedures Manual (C3 – Contact Tracing).

<http://stipu.nsw.gov.au/wp-content/uploads/NSW-Sexual-Health-Standards-of-Practice-Manual.pdf>

SECTION 4. Further advice and support on PDPT

4.1 Support for patients, partners and health care providers

Verbal advice and support on PDPT is available for patients, partners and health care providers by NSW Sexual Health Infolink (SHIL). The phone number of SHIL will be supplied on the patient and partner PDPT information sheet.

The patient and partner PDPT information sheets (Appendix A,B) will also be available on the Playsafe website (<http://playsafe.health.nsw.gov.au/treatment/PDPT>) and the pharmacist information sheet (Appendix C) will be available on the NSW STIPU website (<http://stipu.nsw.gov.au/>)

BOX 1 – METHOD 1: Clinician provides medication for the partner and provides it to the patient

Dispensing the medication

- If the PDPT consultation is being carried out by a nurse, a doctor must prescribe the medication in the patient's medical record.
- Medication should be stored in the standard way for each clinic (see Section 2.2 Supply of medication)
- Medication is to be supplied for each partner in a single dose box.
- Medication is to be labelled in accordance with Poisons and Therapeutic Goods Regulation 2008 (see Appendix E). The first and last name of partner, dose and date dispensed should be handwritten by dispensing doctor.

Providing PDPT information resources

- The clinician must provide the patient with a PDPT patient information sheet (Appendix A) and PDPT partner

information sheet (Appendix B) when medication is provided and must instruct the patient to give the PDPT partner information sheet to each partner for which Azithromycin is dispensed.

- The name and contact details of the clinician dispensing the medication must be written on the PDPT partner information sheet

PDPT packs

- Clinics may choose to provide clinicians with PDPT packs which will contain a single dose box of medication for the partner, patient PDPT information sheet and partner information.
- Prepared PDPT packs must be stored where the medication is stored in accordance with NSW Health Policy Directive Medication Handling in Public Health Facilities.

- Medication will need to be removed from pack, and must be labelled (as described above) and replaced in the pack before giving it to the patient for their partner/s.

Recording the dispensing of Azithromycin for PDPT

- The clinician must record in the index patient's file the following information:
 - o That the medication was given to the patient to give to the partner/s (include number of partners that medication was provided for)
 - o The name and dose of medication
 - o Quantity
 - o Date of dispensing
 - o First and last name of each partner the medication is intended for
 - o Partner/s address or mobile number or email address.

BOX 2 – METHOD 2: Clinician provides clinic prescription for supply of medication to the patient for each partner by the co-located or hospital pharmacy

- A clinic script is given to the patient prescribing medication for patient (as per standard of care) AND for each partner for which the medication is intended, with each partner's first and last name, and address, or mobile phone, or email address provided on the prescription and other information in accordance with the relevant section of the Poisons and Therapeutic Goods Regulation 2008 (see Appendix F).
- Prescription taken by patient to the co-located or hospital pharmacy where medication is supplied by the pharmacy to the patient for themselves and to deliver to each partner for which a prescription has been written.

- A single dose box will be provided by the pharmacy for each partner.

Providing information resources

- The PDPT patient information sheet (Appendix A) and PDPT partner information sheet (Appendix B) to be provided to the patient when the prescription is given to the patient by the clinician.
- Pharmacist information leaflet (Appendix C) to be attached to the prescription.
- The name and contact details of the clinician dispensing the medication must be written on the PDPT partner information sheet.

Recording PDPT:

- In the patient medical notes (paper based or electronic) record that a clinic prescription was written for supply of medication by co-located or hospital pharmacy for the partner/s (include number of partners that medication was provided for, medication name and dose) and other relevant information as stipulated by the Health Practitioner Regulation (New South Wales) Regulation 2010 (see Appendix D).

BOX 3 – METHOD 3: Clinician provides private prescription for supply of medication for each partner by a community pharmacist

- A private prescription for supply of medication for each partner is given to the patient.
- One single prescription is written for each partner.
- The prescription must have the following:
 - o Medication name and dose
 - o First and last name of partner
 - o Partner contact details – either address or mobile number or email address
 - o Other standard elements of a prescription in accordance with Clause 35 of the Poisons and Therapeutic Goods Regulation 2008 (see Appendix F).

- Prescription taken by patient or partner to a community pharmacy where medication is supplied.

Providing information resources

- The PDPT patient information sheet (Appendix A) and PDPT partner information sheet (Appendix B) to be provided to the patient when the prescription is given to the patient by the doctor.
- Pharmacist information leaflet (Appendix C) to be attached to the prescription.
- The name and contact details of the clinician dispensing the medication must be written on the PDPT partner information sheet.

Recording PDPT:

- In the patient medical notes (paper based or electronic) record that a private prescription was given to the partner for supply of medication by a community pharmacy for the partner/s (include number of partners that medication was provided for, medication name and dose) and other relevant information as stipulated by the Health Practitioner Regulation (New South Wales) Regulation 2010 (see Appendix D).

APPENDIX A. Patient PDPT Information Sheet

NSW PFSHS

chlamydia treatment for your partner **PATIENT INFORMATION**



Why do my partners need treatment for chlamydia?

So they don't get serious health problems, give the infection back to you or pass it on to other people.

Chlamydia treatment for your partner is also known as Patient Delivered Partner Therapy (PDPT) and is a quick and easy way to get sexual partners treated for chlamydia without them having to see a doctor.

How does PDPT work?

Your doctor has given you the medication (drug), azithromycin, to give to any sexual partner/s from the past six months.

What should I do next?

1. Take your medication yourself.
2. Do not have sex for 7 days after you take the medication.
3. Tell all your sexual partners from the last six months.
4. Give each of your sexual partners from the last 6 months the PDPT medication to take, and the partner information sheet.
5. Encourage them to visit a doctor or clinic to get tested for other STIs.
6. Visit a doctor in 3 months to get retested for chlamydia.

How do I tell my sexual partner/s I was treated for chlamydia?

Explain that you've been diagnosed and treated for an infection called chlamydia. It is passed on during sex so they may have it too.

Encourage all partners to read the 'partner information' you give to them.

Need help to prepare?

Check out ways to 'Talk to your partner' here www.playsafe.health.nsw.gov.au/treatment/PDPT

Will the medication treat all STIs?

No. This medication will ONLY treat chlamydia. That's why it is important that your partner/s also visit a doctor to be tested for other STIs, including HIV.

What if my partner is pregnant or thinks she may be pregnant?

Before taking the medication, your partner should talk with a doctor. She should see a doctor as soon as possible to be tested for other STIs, which may be passed on during pregnancy and delivery.

What should I do after giving my partner/s this medication?

Do not have any sex (oral, vaginal or anal sex) until 7 days after both you and your current partner/s have been treated. You can get chlamydia back again if you have sex before this time.

Get re-tested in 3 months for chlamydia to ensure you haven't caught it again. It's very common to get infected again soon after your first chlamydia infection.

What if a partner doesn't want to take the medication?

Let the partner know that not getting treated could result in serious health problems.

They can see their doctor as soon as possible to be tested and treated for chlamydia and other STIs or call the number below for advice. They should not have sex or should use a condom until they have been tested and treated for chlamydia.

What if I can't get the medication to all of my sexual partners from the last 6 months?

Let your doctor know so they can offer help with contacting your partners.

For more information or help, please call 1800 451 624 or visit www.playsafe.health.nsw.gov.au/treatment/PDPT

nswsti
PROGRAMS UNIT

adopt
australian development and
operationalisation of partner therapy

Prescribing Doctor:

Name: _____
Clinic: _____
Phone: _____

APPENDIX B. Partner PDPT Information Sheet

NSW PFSHS

chlamydia treatment for you **PARTNER INFORMATION**



What is chlamydia?

Chlamydia is an infection passed on through sexual fluids during oral, vaginal and anal sex.

People who have chlamydia, especially women, usually have no symptoms.

If there are symptoms, they can include:

- pain/burning when you pee
- bleeding after sex
- pus/discharge from the penis, vagina and/or anus.

Why do I need treatment for chlamydia?

So you don't get serious health problems, give it back to your partner/s or pass it on to other people. If you've had sex with someone who has chlamydia then you will likely have it too.

A doctor has given your sexual partner medication (drug), azithromycin, to give to you. This is an easier way for you to be treated for chlamydia as soon as possible and is also known as Patient Delivered Partner Therapy (PDPT).

What is this medication?

It is an antibiotic called azithromycin; it will treat chlamydia but will not treat other infections passed on during sex.

You still need to see a doctor to get tested for other STIs (sexually transmitted infections).

DO NOT TAKE this medication if you have any of the following:

If you are allergic to any antibiotics, have a serious, long-term health condition or have any concerns about taking this medication.

Please refer to the leaflet that comes in the medication packet or speak with your doctor before taking the tablets.

If you have pain in the lower part of your stomach, cramps, pain during sex, pain in the testicles, a fever or you are throwing up (vomiting), see a doctor immediately.

What if I am pregnant or think I may be pregnant?

Before taking the medication, talk with your doctor.

You should see a doctor as soon as possible to be tested for other STIs, which may be passed on during pregnancy and delivery.

Tell the doctor you were treated because your sexual partner had chlamydia.

How should I take the medication?

Take all of this medication (2 tablets together) right away (by mouth). Do not share the medication; you need to take both tablets for it to work.

Take it with food - you are less likely to get an upset stomach.

If you throw up (vomit) within 2 hours of taking the medication, it will not work and you will have to get more from your doctor.

Does the medication cause side effects?

Azithromycin is tolerated by most people if taken as directed above.

Some people get an upset stomach (diarrhoea, nausea, stomach ache, throwing up/vomiting).

People rarely experience serious allergic reactions. **If you have any serious health concerns after taking this medication, call 000 immediately or go to the nearest hospital emergency department.**

What should I do next?

1. Do not have sex (vaginal, oral or anal) for at least 7 days after you and your current sexual partner/s have been treated. You can get chlamydia back again if you have sex before this time.
2. See a doctor and get tested for other STIs.
3. If you have other sexual partners to the person who gave you this medication, let them know they need to be tested for chlamydia and other STIs

For more information please call 1800 451 624 or visit www.playsafe.health.nsw.gov.au/treatment/PDPT



adopt
australian development and
operationalisation of partner therapy

Prescribing Doctor:

Name: _____

Clinic: _____

Phone: _____

APPENDIX C. Pharmacist Information Leaflet

patient delivered partner therapy
(PDPT) for the treatment of chlamydia

INFORMATION FOR NSW PHARMACISTS

The attached prescription has been provided as part of the Australian Development and Operationalisation of Partner Therapy (ADOPT) project. ADOPT is evaluating a model for the delivery of PDPT treatment of chlamydia in selected Family Planning and Sexual Health clinics in NSW.

What is PDPT?

PDPT is a strategy for treating the sexual partners of persons diagnosed with chlamydia. PDPT allows doctors to provide patients with a prescription to deliver to their sexual partner(s) without prior medical evaluation or clinical assessment.

What are the benefits of PDPT?

Research shows that PDPT increases the proportion of sexual partners treated for chlamydia and decreases rates of reinfection.

What is the recommended treatment for chlamydia using PDPT?

The recommended treatment for chlamydia is 1gm of azithromycin in a single oral dose.

What is the prescription format for providing PDPT?

The prescription format for PDPT is the same as any other medication and must include: (1) name and address of the doctor/establishment in which it was dispensed; (2) date of issue; (3) name and dosage of the medication; (4) directions for the use of the medication; (5) number of refills ("zero"); (6) name and address of the person for whom the medication is prescribed.

Who will pay for the sexual partner's medication?

The medication will be paid for by the person who picks it up from the pharmacy.

What if a sexual partner is allergic to azithromycin?

If the sexual partner is known to be allergic to either azithromycin, erythromycin, clarithromycin, or any macrolide or ketolide, azithromycin should not be given and they should be instructed to see a doctor for alternative treatment.

What if the sexual partner is taking a medication that might interact with azithromycin?

They should be referred to a doctor for an alternative treatment option.

How should pharmacists conduct patient record keeping for PDPT prescriptions?

PDPT prescriptions should be documented/filed like any other prescriptions.

What health education resources are given to patients provided with PDPT?

Patients provided with PDPT will also be provided with an information leaflet by their doctor to deliver to their sexual partner(s). The leaflet contains information about PDPT and advises the partner to refer to the Consumer Medication Information leaflet that accompanies the medication and addresses contraindications, allergic reactions and potential side effects of azithromycin.

Please confirm with the person picking up the medication that the sexual partner prescribed the medication has received the PDPT information leaflet.

For further information please call the NSW Sexual Health Infolink on 1800 451 624 or go to stipu.nsw.gov.au

APPENDIX D. Health Practitioner Regulation (New South Wales) 2010

Schedule 2 Records kept by medical practitioners and medical corporations in relation to patients¹

1 Information to be included in record

(1) A record must contain sufficient information to identify the patient to whom it relates.

(2) A record must include the following:

(a) any information known to the medical practitioner who provides the medical treatment or other medical services to the patient that is relevant to the patient's diagnosis or treatment (for example, information concerning the patient's medical history, the results of any physical examination of the patient, information obtained concerning the patient's mental state, the results of any tests performed on the patient and information concerning allergies or other factors that may require special consideration when treating the patient),

(b) particulars of any clinical opinion reached by the medical practitioner,

(c) any plan of treatment for the patient,

(d) particulars of any medication prescribed for the patient.

(3) The record must include notes as to information or advice given to the patient in relation to any medical treatment proposed by the medical practitioner who is treating the patient.

(4) A record must include the following particulars of any medical treatment (including any medical or surgical procedure) that is given to or performed on the patient by the medical practitioner who is treating the patient:

(a) the date of the treatment,

(b) the nature of the treatment,

(c) the name of any person who gave or performed the treatment,

(d) the results or findings made in relation to the treatment.

(5) Any written consent given by a patient to medical treatment (including any medical or surgical procedure) proposed by the medical practitioner who treats the patient must be kept as part of the record relating to that patient.

2 General requirements as to content

(1) In general, the level of detail contained in a record must be appropriate to the patient's case and to the medical practice concerned.

(2) A record must include sufficient information concerning the patient's case to allow another medical practitioner to continue management of the patient's case.

(3) All entries in the record must be accurate statements of fact or statements of clinical judgment.

3 Form of records

(1) An abbreviation or shorthand expression may be used in a record only if the abbreviation or expression is generally understood in the medical profession in the context of the patient's case or generally understood in the broader medical community.

(2) Each entry in a record must be dated and must identify clearly the person who made the entry.

(3) A record may be made and kept in the form of a computer database or other electronic form, but only if it is capable of being printed on paper.

4 Alteration and correction of records

A medical practitioner or medical corporation must not alter a record, or cause or permit another person to alter a record, in a way that obliterates, obscures or renders illegible information that is already contained in the record.

5 Delegation

If a person is provided with medical treatment or other medical services by a medical practitioner in a hospital, the function of making and keeping a record in respect of the patient may be delegated to a person other than the medical practitioner, but only if:

(a) the record is made and kept in accordance with the rules and protocols of the hospital, and

(b) the medical practitioner ensures the record is made and kept in accordance with this Schedule

APPENDIX E. Poisons and Therapeutic Goods Regulation 2008

Labelling of therapeutic substances²

1 General

(1) All details, words and other information that a label on a container of a therapeutic substance must carry must be in the English language (although it may also be in another language).

(2) All symbols, numbers and words on a label must be in durable characters.

(3) The label on a container of a therapeutic substance must contain the following details:

(a) the name and address of the dealer supplying the substance,

(b) the approved name, strength and quantity of the substance,

(c) the substance's proprietary name (unless the substance is a preparation compounded in accordance with the dealer's own formula),

(d) adequate directions for use,

(e) the words "KEEP OUT OF REACH OF CHILDREN" in red on a white background,

(f) if the substance is intended for external use only, the word "POISON", or the words "FOR EXTERNAL USE ONLY", in red on a white background,

(g) if the substance is intended for the treatment of a person, the [first and last] name of the person,

(h) if the substance is supplied in the circumstances referred to in clause 45 or 48, the words "EMERGENCY SUPPLY".

2 Additional labelling requirements for certain substances

(1) The label on a container of a therapeutic substance that is supplied on prescription must also bear:

(a) the prescription reference number, and

(b) the date on which the prescription was supplied (unless that date is clear from the prescription reference number), and

1 Available from: <http://www.legislation.nsw.gov.au/fragview/inforce/subordleg+333+2010+sch.2+0+N?tocnav=y>

2 Available from: <http://www.legislation.nsw.gov.au/fragview/inforce/subordleg+392+2008+app.a+0+N?tocnav=y>

(c) the directions for use set out in the prescription.

(2) The label on a container of a restricted substance that is supplied in the circumstances referred to in clause 45 or 48 must also bear:

(a) the unique reference number recorded under clause 57 with respect to the supply, and

(b) the date on which the substance was supplied, and

(c) the directions given by the pharmacist for the use of the substance.

APPENDIX F. Poisons and Therapeutic Goods Regulation 2008

Clause 35 Form of Prescription³

(1) A prescription for a restricted substance must include the following details:

(a) the date on which it is issued,

(b) the name and address of the patient,

(c) the name, strength (if not readily apparent) and quantity of the substance to be supplied,

(c1) the route of administration (if not readily apparent) of the substance to be supplied,

(d) adequate directions for use,

(e) the maximum number of times the substance may be supplied on the prescription,

(f) in the case of a prescription for a special restricted substance, the

intervals at which the substance may be supplied on the prescription,

(g) if the prescription is issued at a hospital, the name and designation of the person by whom it is issued and the name, address and telephone number of the hospital,

(h) if the prescription is issued elsewhere than at a hospital, the name and designation of the person by whom it is issued and the address and telephone number of the premises at which it is issued.

(1A) As an alternative to complying with subclause (1), a medication chart prescription authorising the supply of a substance that is not a special restricted substance or a substance listed in clause 37 must include the following details:

(a) the date on which it is issued,

(b) the name and address of the patient,

(c) the name and form (if not readily apparent) of the substance to be supplied,

(d) the strength (if not readily apparent) of the substance to be supplied,

(e) the route of administration (if not readily apparent) of the substance to be supplied,

(f) adequate directions for use,

(g) the frequency or times at which the substance is to be administered or used,

(h) the period during which the substance is to be used or administered (being a period that ends on a date that is no more than 4 months from the date of first use of the relevant chart for the resident),

(i) the name and designation of the person by whom it is issued,

(j) the name, address and telephone number of the relevant residential care facility.

(2) The details referred to in subclause (1A) (b) and (j) can be made out by any person.

(2A) The details referred to in subclause (1) or (1A) (a) or (c)–(i) must be made out:

(a) in the handwriting of the person by whom the prescription is issued, or

(b) in such other manner as may be approved for the time being by the Director-General.

(2B) A prescription must be signed by the person by whom it is issued (whether it complies with subclause (1) or (1A)).

(3) The person by whom the prescription is issued must confirm any dose that could be regarded as being dangerous or unusual by underlining the part of the prescription that specifies the intended dose and by initialling the prescription in the margin.

(4) A person who issues a prescription for a restricted substance must ensure that the prescription complies with the requirements of this clause.

(5) The Director-General may, by order in writing, exempt any person or restricted substance, or any class of persons or restricted substances, from any or all of the requirements of this clause.

(6) Such an exemption may be given unconditionally or subject to conditions.

³ Available from: <http://www.legislation.nsw.gov.au/fragview/inforce/subordleg+392+2008+pt.3-div.3-sec.35+0+N?tocnav=y>

Further contacts:

ADOPT Project Coordinator Rebecca Lorch
rlorch@kirby.unsw.edu.au
Ph 02 9385 0988