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| PDPT clinical flowchart Implementation steps for health practitioners |
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This document outlines steps health practitioners should take when considering and prescribing PDPT as treatment for chlamydia for a patient attending their clinic with a positive chlamydia result. The document serves as an alternative to the PDPT clinical flowchart PDF.

## Step 1: Discuss notifying and managing sexual partners and suitability for PDPT

* Partners from the past six months need to be notified and seek testing and/or treatment
* Health practitioners should discuss options for how to inform partner/s (for more partner notification information, see [Australasian Contact Tracing Manual](http://contacttracing.ashm.org.au/) <http://contacttracing.ashm.org.au/>).
* PDPT can be supplied for any partner with whom unprotected sexual intercourse occurred in the past six months.
* Consider if PDPT is appropriate for the patient, recommend or not recommend based upon the following:

### PDPT recommended (go to Step 2a)

* Heterosexual patients diagnosed with uncomplicated oropharyngeal or anogenital chlamydia whose partner/s are unable or unlikely to seek timely chlamydia testing and/or treatment
* Heterosexual patients diagnosed with repeat infection

### PDPT not recommended (go to step 2b)

* Patients diagnosed with chlamydia AND other STI
* Patients whose partners are pregnant (note: azithromycin is safe in pregnancy, but pregnant people and their partners should see their doctor first to have other STI excluded)
* Patients who have experienced recent sexual assault or may be at risk of partner violence
* Patients or partners who may be at increased risk of HIV or other STI (e.g. men who have sex with men)
* Partners with any genital symptoms

## Step 2a: Offer PDPT

* Explain and offer PDPT to the patient
* Record PDPT offer in the medical record
* If PDPT accepted, go to Step 3
* If PDPT not accepted, go to Step 2b

## Step 2b: Do NOT offer PDPT and continue with other partner management options

* Make a note in the patient’s medical record that partner management was discussed
* Consider other options as per the Australasian Contact Tracing Manual
* Specialist clinical support is available via Health Pathways and Melbourne Sexual Health Centre
* Go to Step 4

## Step 3: Prescribe and document PDPT

* Provide the patient with either a prescription for 1 gram azithromycin for the partner/s OR supply them with additional doses of 1 gram azithromycin to give to their partner/s.
* Provide information for patients and partner/s that summarises information about azithromycin, chlamydia, PDPT, contact details of the clinic providing the prescription and the means to seek healthcare (see FAQs for patients and partners on the [main PDPT page](https://www.health.vic.gov.au/publications/patient-delivered-partner-therapy-clinical-guidelines) <https://www.health.vic.gov.au/publications/patient-delivered-partner-therapy-clinical-guidelines>).
* Document PDPT in the patient’s medical notes. Record:
	+ patient accepted PDPT for their sexual partner/s
	+ number of partners PDPT was accepted for, each partner’s name and address, and PDPT method (prescription or supply)
	+ PDPT information provided for patient and their partner/s
	+ advice given that antibiotics should be taken immediately and to abstain from sex for seven days after taking the antibiotics.
* If the partner is a patient of the clinic the prescription can be stored in the partner’s medical record. If the partner is not a patient of the clinic the prescription can be handwritten or generated via a template in the index patient’s electronic medical record. See Appendix 2 of the PDPT Clinical Guidance document for a prescription template.

## Step 4: Patient review

* Review in one week to confirm patient adherence with treatment and partner notification
* A test of cure is not routinely recommended, unless the patient is pregnant or has rectal chlamydia
* Recall and retest patients in three months to detect reinfection. Consider testing for other STI and HIV.
* Consider asymptomatic STI checks for people in accordance with the revised Australian STI Management Guidelines (see [Standard Asymptomatic Check-Up](https://sti.guidelines.org.au/standard-asymptomatic-checkup/) < https://sti.guidelines.org.au/standard-asymptomatic-checkup/>).

To receive this document in another format, email the Prevention and Population Health Branch, <bbvsti.information@health.vic.gov.au>.

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