What is patient delivered partner therapy (PDPT)?

Patient delivered partner therapy (PDPT) describes the practice in which treatment is prescribed for the sexual partner(s) of an index patient diagnosed with a sexually transmissible infection, as well as the index patient. The patient then delivers a prescription, or the treatment, to their partner(s).

PDPT aims to target those partners who are unwilling, unlikely or unable to consult a health professional in a timely manner.

Why should PDPT be used?

Chlamydia is the most frequently reported notifiable infection in Australia. In 2014 there were 86,024 diagnoses nationally and 19,994 cases reported in Victoria. Treating the sexual partners of people diagnosed with a sexually transmissible infection (STI) reduces reinfection rates and is considered important in reducing the rates of infection in the population.

Who are the most appropriate patients for PDPT?

PDPT is recommended for partners of patients diagnosed with uncomplicated genital infection with *Chlamydia trachomatis*. In general the use of PDPT should be restricted to situations where other means of partner notification have failed or are considered highly likely to fail.

PDPT is most appropriate for:

- partners who refuse to attend a health service;
- partners unable or unwilling to attend a health service due to travel or commitment during regular work hours; and
- patients with repeat infections whose partner(s) have not been treated.

Is PDPT safe?

Several research studies, including randomized clinical trials, have demonstrated that PDPT is safe and is as effective as or more effective than other partner management strategies in facilitating partner notification and reducing recurrent infection among index cases.

Who should not be given PDPT medication?

PDPT should generally NOT be used for:

- patients diagnosed with more than one STI
- patients whose partners are pregnant
- partners at high risk of HIV infection such as men who have sex with men.

What about partners who are pregnant?

Azithromycin is safe in pregnancy but pregnant women and their partners should see their doctor first to have other STIs excluded.

How is PDPT medication given to patients?

PDPT involves providing the patient with a prescription for 1 gram of azithromycin written in the partner’s name (or supplying 1 gram of azithromycin) along with instructions to deliver to the partner. Information (preferably written) should also be given including consumer medication information about azithromycin, and information about chlamydia, as well as the means to seek health care and the contact details of the clinic providing the prescription. A patient factsheet is available online at [www.health.vic.gov.au](http://www.health.vic.gov.au/)

PDPT can be supplied to named individuals by means of a written prescription, or by the practitioner. It must be prescribed, administered
How should PDPT use be documented?

The use of PDPT, including number of prescriptions provided (or doses supplied), should be documented in the patient’s medical record. The nature of the information provided to patients to relay to their partners should also be documented in each patient’s record.

A written prescription (or dose supplied) must be documented in the name of each partner. This should be stored along with a record of any other relevant medical information known about the partner at the time of the consultation.

In the event the partner is a patient of the clinic this may be documented in their existing medical record.

Where the partner is not an existing patient of the clinic the prescription and medical information should be stored in a secure location that enables the information to be accessed should the need arise. For example a new medical record could be created for the partner or PDPT script could be kept in a dedicated file.

Is there a limit to the number of doses of PDPT that can be dispensed / prescribed to a patient?

There is no limit to the number of partners for whom PDPT can be used. PDPT could be supplied for any partner with whom unprotected sexual intercourse occurred in the past 6 months.

Is PDPT appropriate as a first-line treatment approach?

PDPT is not appropriate as a first-line treatment approach. PDPT is intended to benefit individuals who would not otherwise seek timely clinical care.

Will PDPT contribute to antibiotic resistance at the population level?

Currently, there is no evidence to suggest that PDPT leads to increased microbial resistance. However, PDPT should only be used for individuals who are unlikely to be treated within a clinic setting.

Will I be held liable if a partner receiving PDPT has an adverse reaction to the drugs I provide?

Azithromycin is a safe and well tolerated antibiotic. The most commonly reported adverse effects include mild diarrhoea, nausea, vomiting, abdominal pain and dyspepsia. There is a low risk of adverse reaction which may be mitigated by providing written material for partners that includes product information and encourages visiting a health care provider.

In Victoria the supply of Schedule 4 poisons (Prescription Only Medicines), including azithromycin, to a patient by a health practitioner is governed by the Drugs, Poisons and Controlled Substances Act 1981 and the Drugs, Poisons and Controlled Substances Regulations 2006.

Under these regulations medical practitioners (regulation 8) and nurse practitioners (regulation 9) must not administer, prescribe, sell or supply a Schedule 4 poison unless that poison is for the medical treatment of a person under his or her care; and that he or she has taken all reasonable steps to ensure a therapeutic need exists for that poison.


This includes a requirement that the practitioner takes all reasonable steps to ensure a therapeutic need exists for azithromycin and to assess the partner’s symptom status, particularly symptoms indicative of a complicated infection; pregnancy status; and risk for severe medication allergies.

A practitioner’s compliance with these guidelines will generally reduce any legal risk posed by use of PDPT. These guidelines should not be considered as legal advice. In the case of doubt seek independent legal advice.

Click here for further information on the key legislative requirements for nurse practitioners.

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