

Frequently Asked Questions Patient Delivered Partner Therapy (PDPT)

What is PDPT?

Patient-delivered partner treatment (PDPT) is an alternative strategy for ensuring that the exposed sex partners of patients diagnosed with a sexually transmitted disease (STD) get needed medication. Specifically, medical providers give medication to the patient, who in turn delivers the medication to his or her sex partner(s).

What is the evidence for PDPT?

The 2015 California Patient-Delivered Partner Therapy (PDPT) Guidelines cite several research studies, including randomized clinical trials, have demonstrated that expedited partner treatment (EPT), including PDPT is safe and as effective as other partner management strategies in facilitating partner notification and reducing recurrent infection among index cases. EPT is the general term for the practice of treating sex partners of patients diagnosed with an STD without an intervening medical evaluation.

Is PDPT legal in California?

Yes, patient-delivered partner therapy (PDPT) is legal. Since 2001, California law has allowed medical providers the option of using PDPT for treatment of sex partners of patients diagnosed with chlamydia. In 2007, California legislation was expanded to permit the use of PDPT for gonorrhea and trichomonas well. PDPT is allowed through California Health and Safety Code §120582.

Could I lose my medical license for prescribing medication for patients I have not seen or examined?

No. The above mentioned legislation (Section §120582 of the Health and Safety Code) provides an exception to the Medical Practice Act, which states that the prescribing, dispensing, or furnishing of dangerous drugs as defined, without good-faith prior examination and medical indication, constitutes unprofessional conduct. As long as the licensee acts within accordance of the law when providing PDPT, they have not committed unprofessional conduct.

Could I lose my nursing license for dispensing medication for patients I have not seen or examined?

No. The above mentioned legislation (Section §120582 of the Health and Safety Code) provides an exception to the Medical Practice Act, which states that the prescribing, dispensing, or furnishing of dangerous drugs as defined, without good-faith prior examination and medical indication, constitutes unprofessional conduct. As long as the licensee acts within accordance of the law when providing PDPT, they have not committed unprofessional conduct.

For reportable STDs, what am I required to do by law?

All sexual contacts within sixty days from onset of symptoms or diagnostic test results need to be treated. For reportable STDs in California, physicians are required by law to:

- 1) Endeavor to discover the source of infection, as well as any sexual or other intimate contacts that the patient made while in the communicable stage of the disease (California Code of Regulations, Title 17, Section 2636)
- 2) Make an effort, through the cooperation of the patient, to bring these persons in for examination, and if necessary, treatment (California Code of Regulations, Title 17, Section 2636)
- 3) Report cases to the local health officer (California Code of Regulations, Title 17, Section 2500).

I have a personal belief that I don't give medication to people I have not seen or evaluated.

Medical and Nursing Policies and Procedures Policy 503 states that PDPT is an alternative partner management strategy for patients for whom prompt medical evaluation and treatment cannot otherwise be ensured. Refusal to dispense PDPT, when indicated per Policy 503, will be considered a violation and subject to review by the Area Medical Director.

Will PDPT contribute to antibiotic resistance at the population level?

Currently, there is no evidence to suggest that patient-delivered partner therapy (PDPT) leads to increased microbial resistance. However, PDPT, should only be used for individuals who are unable or unlikely to be treated within a clinical setting.

I am worried that the index patient will sell the antibiotics rather than give them to their partner(s)

Given the small quantity of antibiotics provided to the index patient, there is minimal concern for diversion of antibiotics. As antibiotics are not controlled substances, the black market value is extremely low. The benefits of providing PDPT packs far outweighs the risk of diversion.

I am concerned patients may have an adverse reaction when taking this medication as I was unable to obtain their allergy history. What can I do?

Both the index patient and the partner receive written instructions warning of the risk of the adverse reaction, if partner is allergic to the PDPT medicine. It is a PDPT policy requirement that the partner is able to read the written instructions. Written instructions are provided in both English, Spanish, and a variety of other languages. **To date, the California Department of Health STD Control Branch has not received any reports of adverse to PDPT medications.**

What about adverse/allergic reactions (potentially life threatening) for generally non-life threatening condition?

To date, the California Department of Health STD Control Branch has not received **any** reports of adverse reactions to PDPT medications.

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

Current legislation allowing PDPT for sexually transmitted diseases (STDs) does not protect healthcare providers from lawsuits resulting from adverse outcomes related to the practice. *However, this liability is no different from the liability of any other action by a health care provider.* It is reassuring that, as of January 2016, the California STD Control Branch had not received a single report of a lawsuit related to the practice of providing PDPT.

Why can't my patient just refer their partner(s) to the clinic for testing and treatment?

Compared to PDPT, relying on patients to notify their own partners is not as effective in terms of partner outcomes (e.g., notification, evaluation and treatment) and biological outcomes (e.g., re-infection rates).

Why can't I just ask the PHI's to notify the partner(s) of their possible infection and need for treatment?

This method has been found to have limited effectiveness. PHI's may not have the capacity to assist with all the partner follow-up requests related to chlamydia and gonorrhea due to large caseloads.

What about the health providers' inability to track the "treated" partner(s)?

PDPT partner information material explicitly instructs the partner to be re-tested for re-infection in 3 months and provides clinic information.

Which organizations currently support PDPT/EPT?

PDPT/EPT is supported by many federal, legal, and professional healthcare organizations, including:

- American Academy of Family Physicians
- American Bar Association
- American Congress of Obstetricians and Gynecologists
- American Medical Association
- Centers for Disease Control and Prevention
- Council of State Governments
- Society of Adolescent Medicine

Is PDPT recommended for partners who are pregnant?

PDPT is not contraindicated when a patient reports that his female partner may be pregnant but every effort should be made to contact the pregnant partner to ensure enrollment in or referral to prenatal care. All recommended PDPT regimens (azithromycin, cefixime and metronidazole) are considered safe in pregnancy however doxycycline is absolutely contraindicated for use in pregnancy. If PDPT is given to a pregnant partner, she will need a test of cure 3 weeks after taking the medication for CT and a re-test within 3 months for GC.

Is PDPT recommended for MSM?

PDPT should be offered to patients regardless of the gender of their sex partner(s).

If I give PDPT, wouldn't it be a missed opportunity to screen the partner for HIV and other co-infections?

There is a risk of missing concurrent STD and HIV infections but the risk of missing new HIV infections may be less in areas with easy access to HIV screening. As contracting multiple STDs is a risk factor for HIV acquisition, STD control is an important strategy in HIV prevention. The PDPT package includes medication, informational materials and a clinic referral which may bring partners in for STD/HIV screening.

If I give PDPT, wouldn't it be a missed opportunity to link people to PrEP and other clinical care?

The PDPT package includes medication, informational materials and a clinic referral which may bring partners in for STD/HIV screening, PrEP and other clinical care options.

I am hesitant to give PDPT to MSM because I worry about co-infection with HIV as well as the missed opportunity to screen for HIV and other co-infections.

There is a risk of missing concurrent STD and HIV infections but the risk of missing new HIV infections is lower in the MSM population seen in the DPH STD clinics per LAC data measuring HIV co-infection with CT/GC. Contracting multiple STDs is a risk factor for HIV acquisition, hence STD control is an important strategy in HIV prevention. The PDPT package includes medication, informational materials and a clinic referral which may bring partners in for STD/HIV screening.

I don't have time to add one more thing to my already packed day.

Dispensing of PDPT is a team effort. PHNs and PHIs can identify possible PDPT candidates during STD Intake and partner elicitation and can inform the provider who can then prescribe PDPT. PHNs and PHIs can then dispense PDPT packets as appropriate. PDPT has been shown to lower health care costs and productivity losses.

Will PDPT really lower the re-infection rate?

EPT reduces re-infections and is considered clinical best practice. CDC STD Treatment Guidelines recommend offering PDPT to patients with partner(s) that are unable or unlikely to access treatment on their own. Since repeat infections are often due to untreated partners, ensuring that all recent partners have been treated is a core aspect of the clinical management of patients diagnosed with chlamydia or gonorrhea.

I thought EPT was only available for chlamydia and gonorrhea. Trichomoniasis has been added too?

Medical providers have had the option of using PDPT for the sex partners of patients diagnosed with Chlamydia trachomatis since 2001 and in 2007, this legislation was expanded to include Neisseria gonorrhoeae and other sexually transmitted infections (as determined by the California Department of Public Health) which includes Trichomoniasis.