



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

**Washington State Department of Health
Background and Recommendations for Incorporating
Patient Delivered Partner Therapy (PDPT) by Health Care Providers**

Many interventions have been used by public health to control and prevent the spread of sexually transmitted diseases and reduce their burden on Washington State residents. These interventions have included: screening for asymptomatic infection to detect disease early and minimize transmission to uninfected persons; development of single-dose therapy to assure sufficient therapeutic doses are achieved; and referral of sex partners of diagnosed cases for testing and treatment in order to prevent further transmission and re-infection of treated individuals.

The gold standard for interrupting the chain of transmission of STDs is to examine, perform diagnostic testing and appropriately treat all sex partners of persons diagnosed with a sexually transmitted disease. Recently, an intervention called “patient delivered partner therapy (PDPT)” has been demonstrated to be efficacious in accomplishing the last part of this standard for treatment of sex partners. Using this method, the health care provider and patient assess how likely it is that the sex partner of a patient diagnosed with chlamydia or gonorrhea will visit a health care provider for evaluation and/or treatment. If the partners are deemed unlikely to access health care themselves, either a prescription for antibiotics or a regimen of the appropriate antibiotic, and relevant allergy and educational information on the medication, is given to the patient to give to her/his sex partner(s).

In light of the importance of partner treatment as an STD control measure, the observed safety of PDPT in controlled studies and the continuing burden of STDs on the health of Washington residents, the Washington State Medical Quality Assurance Commission adopted the following policy on November 21, 2003, on treating partners of patients with sexually transmitted chlamydia and gonorrhea:

“The Medical Quality Assurance Commission recognizes that it is a common practice for health care practitioners to provide antibiotics for the partner(s) without prior examination. While this is not ideal in terms of the diagnosis and control of chlamydia and gonorrhea, the Medical Commission recognizes that this is often the only reasonable way to access and treat the partner(s) and impact the personal and public health risks of continued, or additional, chlamydial and gonorrheal infections. The Medical Commission urges practitioners to use all reasonable efforts to assure that appropriate information and advice is made available to the absent treated third party or parties.”

Since the number of reported cases of sexually transmitted infections in Washington State has been steadily increasing over the last several years, the Department of Health recommends the judicious incorporation of patient delivered partner therapy (PDPT) into a comprehensive STD control model for controlling chlamydial and gonorrheal infections. This model should include:

collection of sexual history for all patients of reproductive age; general STD prevention education and risk reduction counseling; appropriate screening and diagnostic testing for STDs; adequate treatment for diagnosed cases and their partners; and reporting of notifiable conditions to local public health authorities.

Providers are responsible to make reasonable attempts to assure treatment of the sex partners of their STD-infected patients. Specific recommendations for incorporating PDPT into the control of chlamydial infection and gonorrhea in clinical settings include:

- If a patient diagnosed with gonorrhea or chlamydia is accompanied by sex partner(s) at the time of their clinic visit for treatment of the STD, the health care provider should ensure that these partner(s) are examined, tested and treated during that visit.
- If the partner (or partners) are not present at time of the infected patient's clinic visit, the provider should inform the patient that it would be best to have all partners exposed during the previous 60 days come into a clinic for examination, testing and treatment. However, if treatment is not otherwise assured, the patient should be provided antibiotics for their partner(s). These medications must include appropriate written information for the treated third party. The provider should document all PDPT actions (e.g., written information, type of prescription or actual medication, number of prescriptions) in the patient's medical record.
- PDPT may consist of either a prescription for antibiotics or provision of regimen(s) of the appropriate antibiotic, along with relevant allergy and education information for the patient to give to his/her partners. The information provided to partners should specify that if they want to determine if they are infected, they must have a test for the disease *before* taking the treatment.
- The health care provider should request assistance for sex partner follow-up from their local health jurisdiction (where resources are available) if: a) the patient is unable or unwilling to contact one or more partners; b) the patient has had 2 or more sex partners in the last 60 days; or c) the patient is a man who has had sex with other men (MSM).

Information regarding these recommendations should be directed to the Washington State STD Program at PO Box 47842, Olympia, WA 98504-7842 (telephone number 360-236-3460).