Optimising chlamydia partner therapy in Western Australia

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Importance of partner therapy\textsuperscript{1-4}

- To treat positive partners
- To break cycle of further transmission and re-infection of index
- To decrease the incidence of long-term health implications
- Decrease prevalence
Accelerated Partner Therapy (APT) \(^5\text{-}^8\)

**STANDARD THERAPY**
- Index patient diagnosed and treated
- Partner makes appointment with health clinic
- Partner attends appointment, gets tested
- If positive, partner makes new appointment with health clinic
- Partner attends appointment, gets prescription for treatment
- Partner takes prescription to pharmacy for dispensing
- Partner treated

**PATIENT-DELIVERED PARTNER THERAPY (PDPT)**
- Index patient diagnosed, treated and given extra antibiotic for partner
- Index patient notifies partner and provides them with an antibiotic
- Partner treated

**EXPEDITED PARTNER THERAPY (EPT)**
- Index patient diagnosed, treated and given extra prescription for partner
- Index patient notifies partner and provides them with the prescription
- Partner takes prescription to pharmacy for dispensing
- Partner treated
Legal in UK, US (not all states), Sweden...

Legal in Victoria, Northern Territory

Western Australia (WA)???
Research Questions

- Barriers and facilitators to
  - Standard partner therapy
  - Accelerated partner therapy

- Investigate potential role of community pharmacist
Methods

Ethics approval

Semi-structured interview schedule developed

Participant recruitment

Metropolitan
- 10 Pharmacists
- 12 Prescribers

Regional/ Remote
- 9 Pharmacists
- 10 Prescribers

Transcription

Deductive thematic analysis
# Results for standard partner therapy

<table>
<thead>
<tr>
<th></th>
<th>STANDARD PARTNER THERAPY</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>METRO ONLY</td>
<td>BOTH STUDIES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>REGIONAL ONLY</td>
</tr>
<tr>
<td></td>
<td>Sexual partner is not motivated to seek testing</td>
<td>Prescriber doesn’t have enough information to contact trace</td>
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<tr>
<td></td>
<td>Index refuses to name the partner</td>
<td>Prescriber not allowed to see partner due to known intimate partner violence</td>
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<tr>
<td></td>
<td>Partner has no mobile phone</td>
<td>Other more pressing conditions</td>
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<tr>
<td></td>
<td>Partner is part of a mobile community</td>
<td>Restrictive work hours</td>
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<tr>
<td></td>
<td>Time taken to get diagnosis</td>
<td>No dedicated sexual health staff/clinic available in their area</td>
</tr>
<tr>
<td></td>
<td>Able to test for other sites of infection</td>
<td>Service provision without Medicare card</td>
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<tr>
<td></td>
<td>Able to assess sexual partner</td>
<td>Disguising partner treatment as routine annual screening</td>
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<td></td>
<td>Able to provide education</td>
<td>Living/working in a small community</td>
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<tr>
<td></td>
<td></td>
<td>Good rapport with the community</td>
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<td></td>
<td>Offering empirical treatment</td>
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</table>
Barriers

- Partner is not motivated to seek testing and treatment
- Prescriber can’t contact the partner
- Process barriers in regional and remote: time for test results, more pressing conditions
- Lack of time & staff

“What can be a barrier, is that some of our staff are related to community members. So, then you’ve got people that don’t feel comfortable…they feel like confidentiality is not going to be maintained” Prescriber 1
Facilitators

• Partner is motivated to seek testing and treatment

• Prescriber’s relationship with the community

• Empirical treatment

«Standard partner therapy» does not exist in regional and remote WA!
A. Test and treat on the same day: Prescribers have reported to go directly out into the community with the azithromycin once they had been given a name of a partner

B. They will give an extra dose of azithromycin to the index for the partner

C. Prescribers will give a prescription marked with a repeat for azithromycin

“…we just do it in the community. We go to their house with a bottle of water and the azithromycin and make sure they’ve taken their medication and do contact tracing there too.”

Prescriber 2
<table>
<thead>
<tr>
<th>Barriers</th>
<th>Facilitators</th>
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</thead>
<tbody>
<tr>
<td><strong>METRO ONLY</strong></td>
<td><strong>Provision of chlamydia self-test kits</strong></td>
</tr>
<tr>
<td>Prescribing for unseen partner - Lack of opportunity to educate/consult - Empirical treatment</td>
<td>Discreet prescription annotation</td>
</tr>
<tr>
<td>Lack of remuneration</td>
<td>Utilisation of pharmacist to check appropriateness of azithromycin &amp; provide education</td>
</tr>
<tr>
<td>Lack of pharmacy staff</td>
<td>Extra staff</td>
</tr>
<tr>
<td>Lack of privacy in a pharmacy</td>
<td></td>
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<tr>
<td>Too accessible</td>
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<tr>
<td><strong>REGIONAL ONLY</strong></td>
<td><strong>Financial remuneration</strong></td>
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<tr>
<td>Potential for antibiotic resistance</td>
<td>Prescriber-led telephone consultation with partner prior to APT</td>
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<tr>
<td>No local pharmacy</td>
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<td>Repercussion from doctor’s groups</td>
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<tr>
<td>Lack of time in pharmacy</td>
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<tr>
<td>No access to medical history</td>
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<tr>
<td>Potential for intimate partner violence</td>
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<tr>
<td>Potential for medication tampering</td>
<td></td>
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<tr>
<td>Ethical dilemma</td>
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<tr>
<td><strong>BOTH STUDIES</strong></td>
<td><strong>Confidential consultation</strong></td>
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<tr>
<td>Inability for further testing/follow up care</td>
<td>Pharmacist training</td>
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<td>Medicare subsidisation/funding</td>
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</table>
Barriers and facilitators to accelerated partner therapy in regional and remote WA

Barriers

- No local pharmacies
- Repercussions from doctor’s groups
- No access to medical history
- Potential for intimate partner violence
- Ethical dilemma

“We don’t have a community pharmacy. The closest one is 2-3 hours away” Prescriber 3

Facilitators

- Pharmacist can check for allergies, provide education
Pharmacist’s role in partner therapy

• Pharmacists are willing to take on a role in partner therapy

• Provide testing, treatment, fill out a pathology request form, educate the partner

BUT…
  - Self-test kit
  - Guidelines
  - Restrictions
  - Training
So what?

- Various models already in place
- Legislation needed
- More staff/ dedication to partner therapy
Future research

• More research with patients and partners
• Dr. Lewis Marshall

• Pharmaceutical Care Research Group, University of Basel in Switzerland


