

Optimising chlamydia partner therapy in Western Australia

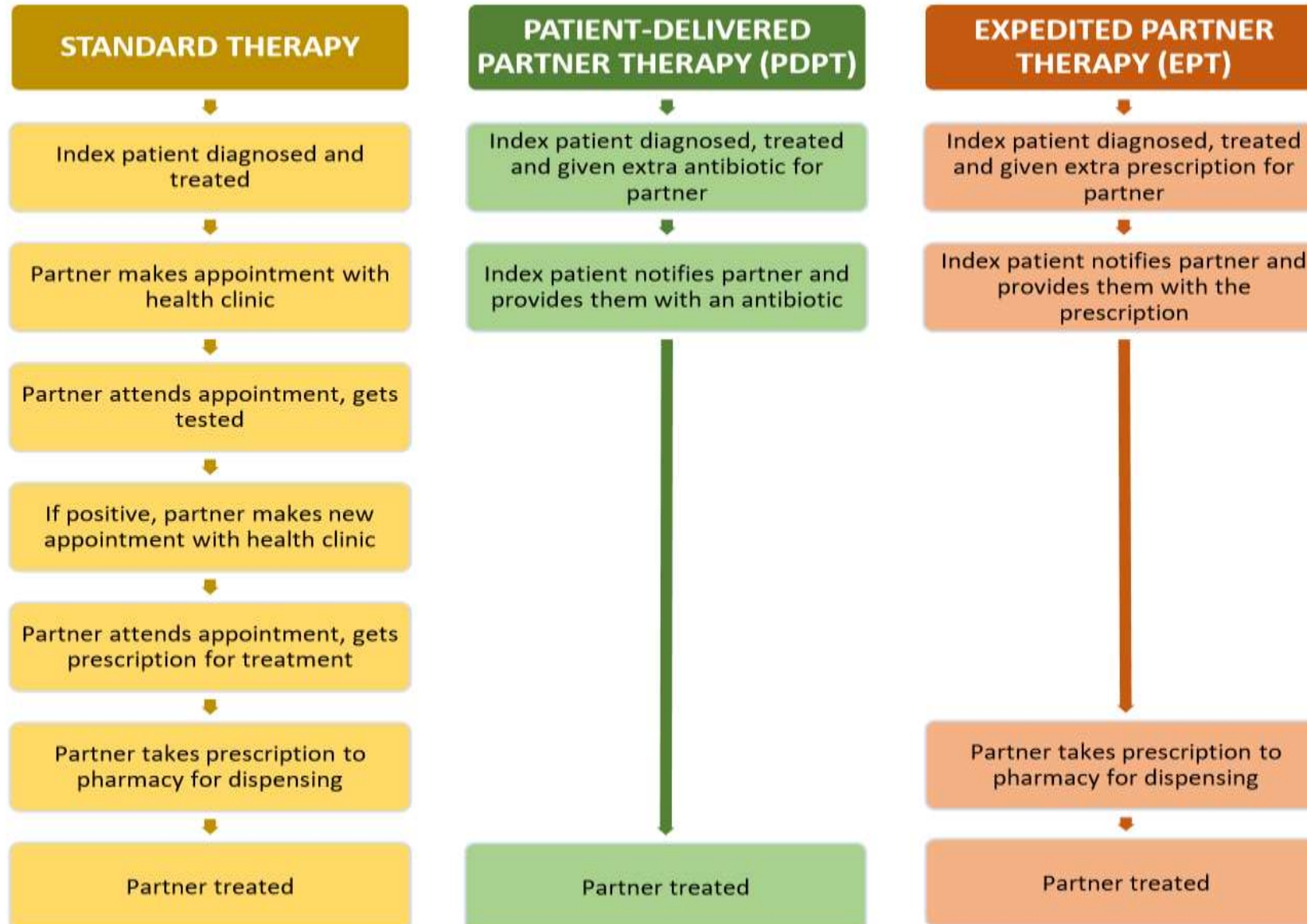
Noëlle Blum, Helen Wood, PhD Candidate, Prof. Rhonda Clifford, PD Dr. Isabelle Arnet
and Dr. Sajni Gudka

Pharmaceutical Care Research Group, University of Basel, Switzerland
School of Allied Health, University of Western Australia

Importance of partner therapy¹⁻⁴

- 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

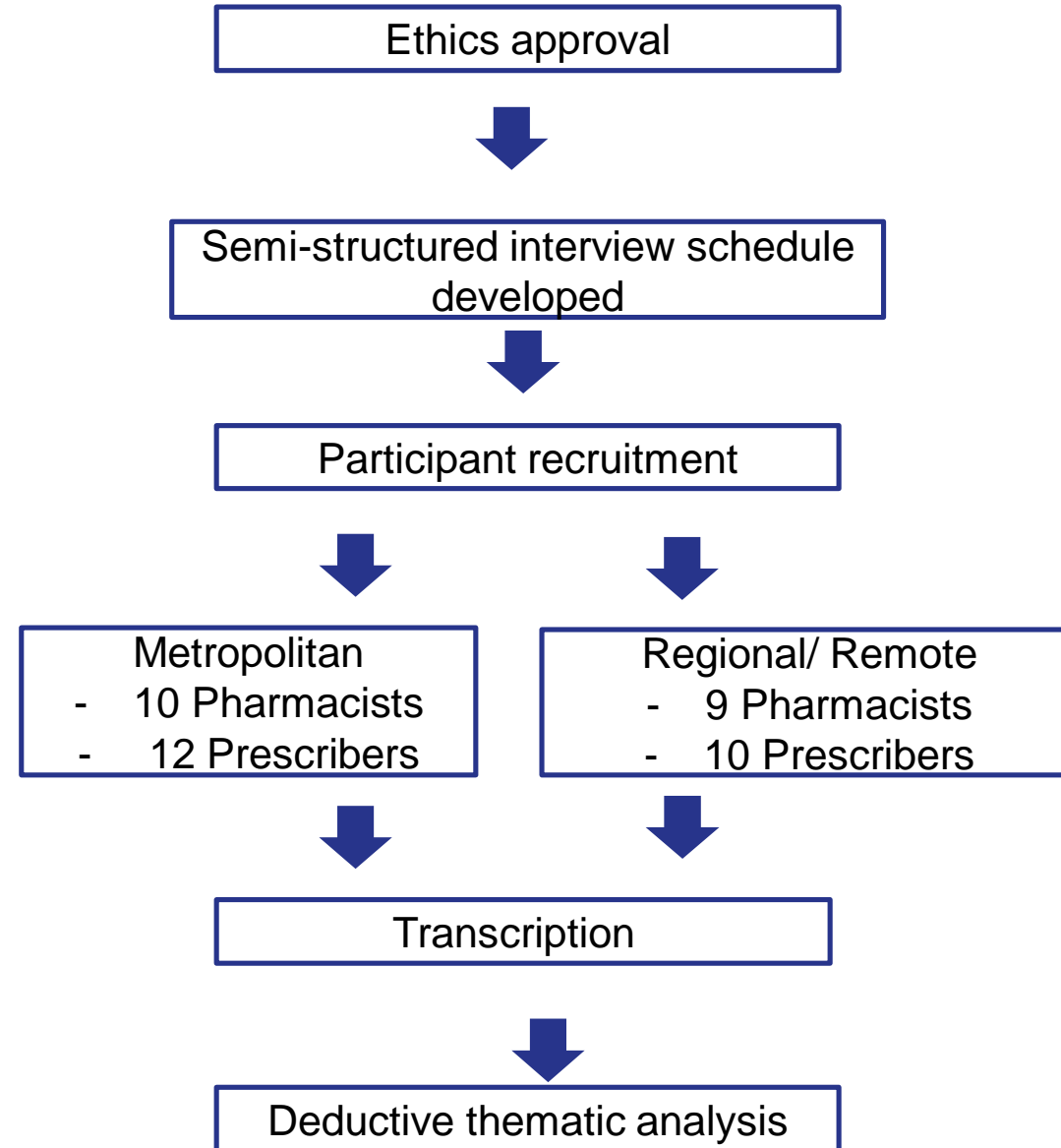
Accelerated Partner Therapy (APT)⁵⁻⁸



- Legal in UK, US (not all states), Sweden...
- Legal in Victoria, Northern Territory
- Western Australia (WA)???

- Barriers and facilitators to
 - Standard partner therapy
 - Accelerated partner therapy
- Investigate potential role of community pharmacist

Methods



Results for standard partner therapy¹⁰



STANDARD PARTNER THERAPY			
	METRO ONLY	BOTH STUDIES	REGIONAL ONLY
Barriers		Sexual partner is not motivated to seek testing	Prescriber doesn't have enough information to contact trace
			Index refuses to name the partner
			Partner has no mobile phone
			Partner is part of a mobile community
			Time taken to get diagnosis
			Prescriber not allowed to see partner due to known intimate partner violence
			Other more pressing conditions
			Restrictive work hours
			No dedicated sexual health staff/clinic available in their area
	Facilitators	Able to test for other sites of infection	
Able to assess sexual partner			Disguising partner treatment as routine annual screening
Able to provide education			Living/working in a small community
			Good rapport with the community
			Offering empirical treatment

Barriers and facilitators to standard partner therapy in regional and remote WA

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!

»Standard partner therapy» 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

Results for accelerated partner therapy

ACCELERATED PARTNER THERAPY			
	METRO ONLY	BOTH STUDIES	REGIONAL ONLY
Barriers	Prescribing for unseen partner - Lack of opportunity to educate/consult - Empirical treatment	Potential for antibiotic resistance	No local pharmacy
	Lack of remuneration	Inability for further testing /follow up care	Repercussion from doctor's groups
	Lack of pharmacy staff	Potential for adverse drug reactions	Lack of time in pharmacy
	Lack of privacy in a pharmacy		No access to medical history
	Too accessible		Potential for intimate partner violence
		Potential for medication tampering	
Facilitators	Provision of chlamydia self-test kits	Discreet prescription annotation	Ethical dilemma
	Financial remuneration	Prescriber-led telephone consultation with partner prior to APT	Utilisation of pharmacist to check appropriateness of azithromycin & provide education
	Confidential consultation	Pharmacist training	Extra staff
		Medicare subsidisation/funding	

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?

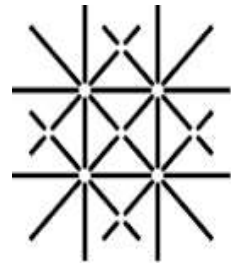
- Various models already in place
- Legislation needed
- More staff/ dedication to partner therapy

.....Future research

- More research with patients and partners

Acknowledgements

- Dr. Lewis Marshall
- Pharmaceutical Care Research Group, University of Basel in Switzerland



**Universität
Basel**

References

1. Kellie Mitchell CG, Byron Minas. The Epidemiology of Notifiable Sexually Transmitted Infections and Blood- Borne Viruses in Western Australia 2016- Appendix. Perth, Western Australia: The Department of Health WA; 2016. Available from: http://ww2.health.wa.gov.au/Articles/A_E/Epidemiology-of-STIs-and-BBVs-in-Western-Australia
2. Shain RN, Perdue ST, Piper JM, Holden AE, Champion JD, Newton ER, et al. Behaviors changed by intervention are associated with reduced STD recurrence: the importance of context in measurement. *Sex Transm Dis.* 2002 Sep;29(9):520-9.
3. James J. Champoux FCN, W. Lawrence Drew, James J. Plorde. *Medical Microbiology: An Introduction to Infectious Disases.* The McGraw- Hill Companies Inc.; 2004. p. 937.
4. Marrazzo J. Clinical manifestations and diagnosis of Chlamydia trachomatis infections. UpToDate; 2018 [updated Jan 17, 2018; cited 2018 22.1]. Available from: https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-chlamydia-trachomatis-infections/print?sectionName=DIAGNOSIS%20OF%20CHLAMYDIAL%20INFECTIONS&anchor=H22688671&source=see_link
5. Balfe M, Brugha R, O'Connell E, McGee H, O'Donovan D, Vaughan D. Why don't young women go for Chlamydia testing? A qualitative study employing Goffman's stigma framework. *Health, Risk & Society.* 2010 2010/04/01;12(2):131-148.
6. Rose SB, Smith MC, Lawton BA. "If everyone does it, it's not a big deal." Young people talk about chlamydia testing. *N Z Med J.* 2008 Apr 4;121(1271):33-42.
7. Kissinger P, Hogben M. Expedited Partner Treatment for Sexually Transmitted Infections: An Update. *Current Infectious Disease Reports [journal article].* 2011 April 01;13(2):188-195.
8. Cameron ST. Patient-delivered partner therapy for chlamydia: a realistic public health measure in the UK. *Bjog.* 2009 Feb;116(3):345-6.
9. Victoria State Government. Patient Delivered Partner Therapy Clinical Guidelines. 2015 [cited 2018 9 April]. Available from: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/pdpt-clinical-guidelines>
10. Helen Wood CH, Emma Ioppolo, et al.,. Barriers and facilitators to partner treatment of chlamydia: a qualitative investigation with prescribers and community pharacists: The University of Western Australia 2017.