



Patient-Delivered Partner Therapy: A Counseling Guide for Providers

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Introduction

Patient-delivered partner therapy (PDPT) is the clinical practice of treating the sex partners of patients diagnosed with a sexually transmitted disease (STD), such as chlamydia, gonorrhea, or trichomoniasis, without the health care provider first examining the partner(s). PDPT involves providing the patient with a prescription or medication, which the patient delivers to their partner(s). This practice prevents reinfection by ensuring the exposed sex partners of patients diagnosed with an STD who are unable or unlikely to visit a health center receive timely treatment. PDPT has been allowable in California since 2001 (California Health & Safety Code §120582) and is safe, effective, and acceptable to patients and partners. For the legal status of PDPT in other states, please visit the [Centers for Disease Control and Prevention \(CDC\) website](https://www.cdc.gov).

This document is a resource designed to enhance providers' knowledge, skills, and comfort in effectively counseling patients about PDPT. It was developed by Essential Access Health in partnership with the California Department of Public Health, STD Control Branch and with input from clinicians. The key counseling messages outlined in this guide are intended to be used as educational aids and can be tailored for use in various clinical settings. While PDPT is allowable in California for treatable STDs, Essential Access Health's PDPT Distribution Program provides medication to prevent reinfection of chlamydia and gonorrhea. Learn more about the PDPT Distribution Program at essentialaccess.org/pdpt.

PDPT Counseling Checklist

- ☐ Ask about likelihood of partner(s) coming to clinic for testing + treatment
- ☐ Assess patient safety in notifying partner(s) of STD status
- ☐ Explain how PDPT works
- ☐ Ask patient about number partner treatment packs desired
- ☐ Ask about partner(s) pregnancy status
- ☐ Ask about partner(s) allergies to antibiotics
- ☐ Inform patient of need to test for other infections
- ☐ Inform patient about pharyngeal gonorrhea and limitations of PDPT curing pharyngeal GC
- ☐ Advise avoidance of sexual activity or use of barrier methods* until 7 days after all partners have been treated
- ☐ Advise to return for retesting 1-3 months after treatment
- ☐ Remind patient that condoms and barriers are the only method that prevent STDs, even if partner(s) are using another birth control method
- ☐ Offer condoms and/or barrier methods
- ☐ Give health education materials for patient to deliver to partner(s)
- ☐ Encourage patient to call clinic with any questions
- ☐ Prepare patient to have conversation with partner(s)
- ☐ Give patient appropriate number of doses based on number of partner(s) that are a good fit for PDPT

*Barrier methods include finger cots, gloves, dental dams, internal (female) condoms, and external (male) condoms which prevent the exchange of fluids between partners, preventing STDs.

Quick Start – PDPT Counseling Essentials

For a full list of counseling suggestions, refer to the next page. If you have only a few minutes to talk about PDPT, here are the key questions you should ask:

Sample PDPT Overview

Provider: Even though you are getting treated for chlamydia/gonorrhea, your partner(s) could pass it back to you if they don't get treated too. It's important for your partner to come into the clinic to get tested and treated for this infection, and tested for other STDs. If your partner(s) can't come into the clinic, we can give you a prescription or medication that you can bring to your partner(s). Bring this medication to your partner(s) and tell them to follow the guidelines in the handout we give you or call the clinic if they have any questions.

How likely do you think it is that your partner(s) will come into the clinic to get tested and treated?

If partner is not able to come in, encourage PDPT

Provider: How do you think your partner(s) will react when you tell them about test results and treatment?

If there are any concerns about the patient's safety, then PDPT is not right for them.

Keep in mind:

- Patients can be an appropriate candidate for PDPT regardless of gender, sexual orientation, or relationship status
- PDPT is not appropriate for cases of suspected child abuse, sexual assault, intimate partner abuse, or situations in which the patient's physical and emotional safety is in question
- PDPT is a last resort for pregnant partners and every effort should be made to contact the pregnant partner and ensure appropriate care—if it is not possible to get them into the clinic, all recommended PDPT regimens are considered safe in pregnancy
- Avoid the following when speaking to your patient about PDPT:
 - Expressing judgment about their need for PDPT
 - Assuming they only have one partner
 - Assuming sexual orientation or gender of patient/partners
- Use gender neutral pronouns like “they/them/their” and mirror the language the patient uses for their partner(s)





In-Depth PDPT Counseling Recommendations

Determining if PDPT is Right for Your Patient

Provider: How likely do you think it is that your partner(s) will come into the clinic to get tested and treated?

- If they don't think the partner(s) will come into the clinic, tell them about PDPT
- If the partner would be willing to come in, let the patient know what the partner(s) should do to get tested and treated for chlamydia/gonorrhea and other infections

Note for providers regarding PDPT for gonorrhea: PDPT for gonorrhea is unique in that the medications provided via PDPT (cefixime 400mg plus azithromycin 1g) are different than the recommended treatment regimen provided in a clinic setting (ceftriaxone 250 mg IM plus a single dose of azithromycin 1 g orally). Still, guidelines state that while every effort should be made to ensure that a gonorrhea-positive patient's sex partners from the past 60 days are evaluated and treated with the recommended treatment regimen in a clinic setting, providers should consider PDPT for partners of patients diagnosed with gonorrhea who are unlikely to access timely evaluation and treatment. See the [2015 CDC STD Treatment Guidelines](#) and [2016 CDPH PDPT California Clinical Guidelines](#) for more information.

Provider: Would you feel unsafe for any reason telling your partner(s) that you were diagnosed with chlamydia/gonorrhea or encouraging your partner(s) to get treated?

- If they mention or allude to abuse, assault, or any questions about a patient's safety, PDPT may not be an appropriate option
- Follow your clinic's protocols for addressing reports of abuse

Available Resources: National Domestic Violence Hotline: thehotline.org or 1-800-799-SAFE (7233); National Sexual Assault Hotline - created by RAINN (Rape, Abuse & Incest National Network): online.rainn.org or 1-800-656-HOPE (4673); Love is Respect: loveisrespect.org, text "love is" to 22522 or call 1-866-331-9474.

Provider: It's OK if you don't think your partner(s) will be able to come in. The reason we ask is that without treatment, your partner(s) could pass the STD back to you even if you have been treated. Many people with chlamydia and gonorrhea have no signs or symptoms, so your partner may have the STD and not know it. If left untreated, chlamydia and gonorrhea can cause serious health problems.

If your partner(s) won't be able to come into the clinic for their own treatment, we can give you free medication that you can bring to your partner(s).

Here is how it works:

- We will give you medication to take with you so you can give it to your partner(s)
- Make sure your partner(s) reads through the handout before taking the medication
- After you take the medication:
 - Avoid having any sexual activity without a condom or barrier for at least 7 days after both you and all of your partners have been treated to prevent reinfection
 - Come back to the clinic and get retested 1-3 months after getting treatment to be sure you were not reinfected
 - Remember that if you are having sex, the only way to protect against getting STDs is by using a condom, even if you or your partners are using another birth control method (offer condoms, if possible)
- Call us if you have any questions



Provider: Is your partner(s) pregnant?

- If so, are they receiving pregnancy services or prenatal care?
- Every effort should be made to contact the pregnant partner and ensure appropriate care and PDPT should only be used as a last resort
- Need of a test-of-cure (TOC) for chlamydia/gonorrhea should be emphasized

Provider: Do you know if your partner(s) has allergies to antibiotics?

- If YES, then PDPT may not be an appropriate option for that partner
- If NO or unknown, let the patient know that these medications are commonly used to treat a variety of infections and are considered safe—allergic reactions are rare—however, if your partner(s) tell you they have allergies when you provide them the PDPT, they should see a provider before taking it

Provider: Inform the patient about the need for testing to identify and treat other infections.

- Although this medication will treat chlamydia/gonorrhea infections, it will not treat other STDs, such as HIV or syphilis
- If your partner(s) could have also been exposed to other types of STDs, they should come into the clinic for testing

Provider: Inform the patient about pharyngeal gonorrhea.

- If your partner(s) could have been exposed to gonorrhea in the throat, called pharyngeal gonorrhea, through oral sex, they should be informed that oral PDPT medications may not cure pharyngeal gonorrhea in all patients and that they should be seen by a medical provider

Note for providers: According to [CDC guidelines](#), caution should be exercised if providing PDPT for gonorrhea to men who have sex with men (MSM) who have indicated oral exposure risk. If provided in this circumstance, the need for a gonorrhea a test-of-cure (TOC) two weeks after treatment should be emphasized. See the [2015 CDC STD Treatment Guidelines](#) and [2016 CDPH PDPT California Clinical Guidelines](#) for more information.

Supporting Patient-Partner Communication About PDPT

Provider: What might it look like for you to tell your partner(s) about your chlamydia or gonorrhea diagnosis and that they might have it too? What would you say?

If the patient seems nervous, follow-up questions to continue the conversation:

- How do you think your partner(s) would respond?
- Would practicing the conversation help you?
- What are you most worried about?

Possible responses:

- Partner reactions
- Embarrassed/ashamed feelings

Possible solutions:

- Role play with patient on situations that may arise
- Validate and affirm the fact that they came in to get tested (ie: “it’s great that you took the initiative to get tested” or “it’s great that you came today to protect your health”)
- Brainstorm with the patient a way to tell their partner(s): “I have chlamydia and just got treated, and you may have it too. I brought you medication so that you can get treated. It is a good idea to go get tested too.”
- Destigmatize infection by sharing how common chlamydia and gonorrhea are and that many people do not experience symptoms.



Identifying the Need for PDPT: Number of Recent Partner(s)

Provider: I ask this to all of my patients regardless of relationship status - how many sex partner(s) have you have had in the past 2 months? This is so I know how many doses of medication I should give you for your partner(s).

You may need to clarify for your patient what you mean by sex. Sex can include partner(s) of the same or opposite gender, and vaginal, anal, and oral sex.

Providers Should Avoid:

- Expressing judgment
- Assuming they only have one partner
- Assuming sexual orientation of patient/partner(s)
 - Providers should use gender neutral pronouns like “they/them/their”
 - Providers should use same pronouns or descriptive words the patient may use when describing their partner(s)



Key Takeaways

- Counseling patients on the importance of getting their partner(s) treated and providing PDPT when appropriate is crucial to preventing reinfection
- Determining if PDPT is right for the patient includes assessing the likelihood of the partner(s) getting tested and treated in a clinic as well as ensuring the patient feels safe disclosing their diagnosis to the partner(s)
- Preparing the patient to talk with their partner(s) can involve discussing possible partner reactions, role playing patient-partner conversations, and reflecting on and problem solving around patient concerns
- Supporting patient-partner communication about PDPT improves the quality of care for the patient and may increase the PDPT acceptance rate among partners

Resources

Essential Access Health CT/GC PDPT Distribution Program: essentialaccess.org/pdpt

Provides a free supply CT/GC medication for patient-delivered partner therapy to eligible clinics in California.

Essential Access Health PDPT Resource Library: essentialaccess.org/pdpt/resources

Provides key resources for implementing PDPT including:

- **Patient-Delivered Partner Therapy (PDPT) for Chlamydia, Gonorrhea, and Trichomoniasis: Guidance for Medical Providers in California**
- **Standard of Care for Patients with Chlamydia and Gonorrhea: Expedited Partner Therapy**
- **Tips from the Field**
- **Partner Education Materials**
- **PDPT Webinar**
- **Sample Medication Log**

Domestic Violence/Sexual Assault Links:

- **Love is Respect**
- **National Domestic Violence Hotline**
- **National Sexual Assault Hotline**

Questions?

Email Essential Access Health at stdprograms@essentialaccess.org for specific questions, technical assistance, and ordering PDPT promotional materials.

