

California Project Area (CPA)¹

Chlamydia and Gonorrhea (CT/GC)

Patient-Delivered Partner Therapy (PDPT) Distribution Program

Background

Sexually transmitted chlamydia (CT) and gonorrhea (GC) infections are a significant public health problem. To prevent repeat infection from untreated partners, all sex partners of patients diagnosed with CT/GC must be provided timely and appropriate antibiotic treatment.

Research has demonstrated that expedited partner treatment (EPT), the practice of treating sex partners of patients diagnosed with an STD without an intervening medical evaluation, significantly reduces the risk of persistent or recurrent infection compared with patient referral alone.² Patient-Delivered Partner Therapy (PDPT) is the most common type of EPT and is allowed through California Health and Safety Code §120582.³

Program Overview

Essential Access Health's (Essential Access) CT/GC PDPT Distribution Program (www.essentialaccess.org/pdpt) is designed to ensure that exposed sex partners of patients diagnosed with a CT and/or GC infection receive timely treatment. PDPT is not intended as a first-line partner management strategy, however, it is an evidence-based alternative for treating partners who are unable or unlikely to seek care. This program is intended for partners of uninsured or underinsured patients.

Through the CT/GC PDPT Distribution Program, local health jurisdictions (LHJs) and eligible clinics are supplied with free treatment medication to give, when appropriate, to their patients diagnosed with CT and/or GC, who in turn deliver the medication to their sex partners without the partners needing to be examined or evaluated by a clinician prior to treatment. Additionally, LHJs implementing Expedited Partner Therapy (EPT) programs outside of a clinical setting may provide the free medication to index patients and/or their sex partners through field-delivered treatment (FDT).

Eligibility

To be eligible to participate in the free CT/GC PDPT Distribution Program, each LHJ or clinic site is required to meet all of the following criteria:

- Be located in California
- Serve a population that is at risk for STDs
- Serve a population that is uninsured or underinsured. This may be demonstrated by meeting one or more of the following criteria:
 - Affiliation with a local health jurisdiction (LHJ)
 - Designation as a Federally Qualified Health Center (FQHC), FQHC Look-Alike, or Rural Health Clinic (RHC)
 - Member of a community clinic consortium
 - Participation in the 340B Drug Pricing Program
 - Receipt of Ryan White funding
 - Receipt of Title X funding
- Meet at least one of the following index patient treatment requirements:
 - Direct Onsite Dispensing - Provide onsite dispensing of CT and GC medication to index patients for their own treatment in the clinical setting. In this case, medication from the CT/GC PDPT Distribution Program would be provided to the index patient by clinic staff.

¹ The CPA covers all California health jurisdictions except San Francisco and Los Angeles.

- Onsite Pharmacy - Provide CT and GC medication to index patients for their own treatment via an onsite pharmacy. In this case, medication from the CT/GC PDPT Distribution Program would be distributed by the pharmacist when filling the index patients' treatment.
- Field-Delivered Treatment – Provide medication from the CT/GC PDPT Distribution Program to index patients and/or their sex partners through field-delivered treatment (FDT). This option is only available to LHJs.

Enrollment

Each LHJ or clinical agency must designate one program point-person to create an account and register eligible sites by clicking on the “Register/Sign-In” button on www.essentialaccess.org/pdpt.

Participation Requirements

Participating LHJs and clinic sites are required to:

- Distribute medication from the CT/GC PDPT Distribution Program to patients who have received a positive CT/GC diagnosis for provision only to partners (a) who they believe are unable or unlikely to seek prompt clinical services, and (b) who they believe to be uninsured/underinsured.
- Distribute medication from the CT/GC PDPT Distribution Program only at the participating LHJ or clinic site that requested the medication. Medication ordered by LHJs for FDT can only be used for FDT.
- Dispense PDPT medication in conjunction with education material and a clinic referral.
- Ensure that the point-person and site contact(s) watch the Essential Access PDPT webinar at least once + when an updated version is published. These staff agree to be responsible for keeping all clinical staff informed about the appropriate uses of PDPT and applicable program requirements.
- Keep a log (“medication log”) of all dispensed doses from the CT/GC PDPT Distribution Program at each participating LHJ or clinic site. A PDPT medication log template is available at the following link: <http://www.essentialaccess.org/pdpt/resources>. The medication log serves as a data collection tool so that each LHJ or clinic site can provide the required data to Essential Access in aggregate form. Alternate PDPT medication log formats are acceptable provided that all of the required data elements are included.

Medication Ordering

The point-person for the registered entity can log into www.essentialaccess.org/pdpt and order medication through the “Request Medication” button. While there is currently no cap on the amount of medication that can be ordered for clinical sites at one time, we recommend ordering a six months’ supply based on estimates from dispensing history or STD positivity rates. Essential Access processes CT/GC PDPT Distribution Program medication orders the first week of every month and medication will be delivered to sites within approximately 30 days of Essential Access’ order placement. The medication will be sent to the address provided for the clinic. Fulfillment of orders is subject to the availability of project supplies.

Questions

Please direct any PDPT questions to stdprograms@essentialaccess.org.

Sources

1. Patient-Delivered Partner Therapy (PDPT) for Chlamydia, Gonorrhea, and Trichomoniasis: Guidance for Medical Providers in California. California Department of Public Health, STD Control Branch, January 2016. <http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-PDPT-Guidelines.pdf>. Accessed October 2016.
2. Trelle S, Shang A, Nartey L, Cassell JA, Low N (February 2007). "[Improved effectiveness of partner notification for patients with sexually transmitted infections: systematic review](#)". *BMJ* **334** (7589): 354. doi:10.1136/bmj.39079.460741.7C. PMC 1801006. PMID 17237298.
3. Summary of Regulations Related to STD Prevention and Control Efforts in California. California Department of Public Health, STD Control Branch, February 2012. <http://www.cdph.ca.gov/programs/std/Documents/CDPH-STD-Regulations-Digest.pdf>. Accessed June 2014.