

7/06/2019

State Development, Natural Resources and Agricultural Industry Development Committee Parliament House George Street, Brisbane Qld 4000

Email: sdnraidc@parliament.qld.gov.au

Dear Secretary,

Re: Patient delivered partner therapy (PDPT) for uncomplicated genital chlamydia infection

I am writing to you on behalf of the members of the Sexual Health Society of Queensland, health practitioners from across the state representing psychiatry, psychology, social work, sexual health medicine, general practice, nursing and primary health. One of the SHSQ's primary objectives is to advocate for the improvement of all aspects of sexual health for Queenslanders and we wish to seek clarification regarding the position of the Medicines and Poisons Bill 2019 in respect to Patient Delivered Partner Therapy (PDPT) for genital chlamydia infection.

Our members are bound by a commitment to provide the best possible evidence informed care to Queenslanders diagnosed with sexually transmissible infections such as genital chlamydia. Access to effective mechanisms for early detection, treatment and prevention of onward transmission to their sexual partners is also considered essential.

Australian clinical guidelines recommend that sexual partners of those diagnosed with genital chlamydia infection should be treated to minimise ongoing transmission and the risk of developing reproductive complications associated with infection. Patient Delivered Partner Therapy (PDPT), the provision of an additional azithromycin prescription for a patient diagnosed with uncomplicated genital chlamydia infection to give to their sexual partner(s) without the partner(s) consulting a doctor, is increasingly being used within Australia as a means of treating sexual partners who may not have otherwise accessed treatment.

Our submission is calling for the clarification of whether Patient Delivered Partner Therapy (PDPT) is allowable under the Act. This submission has been informed by and is in full support of a submission led by Professor Jane Hocking and Dr Jane Goller from University of Melbourne, Melbourne School of Population and Global Health who are collaborating on the NHMRC funded chlamydia management project called MoCCA and relates specifically to:

- <u>Chapter 2, Part 2, Division 3, Subdivision 3, 33 Content of prescriptions other than medication chart prescriptions:</u> that specifies the information that must be included on the prescription for the supply of medicine including the prescriber's qualifications and contact details, details of the medication being prescribed, and, if the medicine is for a patient—the patient's contact details.
- <u>Chapter 2, Part 2, Division 5, 58, Records of dispensed medicines:</u> that specifies the information a dispenser must keep in a record after dispensing a medicine to a patient including:
 - o the name of the dispenser and the prescriber;
 - o the name and address of the patient;
 - o details of the medicine dispensed (name, form, strength and amount dispensed);
 - o date of the prescription; and
 - o a unique identifier given to the prescription for the medicine by the dispenser.



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If PDPT is not allowable, we strongly advocate on the basis of public health need, for amendment to the Act or Regulations to allow for prescription of azithromycin in the manner as described.

PDPT has been shown to be effective in treating partners who may not have otherwise accessed treatment, thereby preventing re-infections and treating more partners per index patient than patient-initiated notification. Prevention of reinfection is a priority, because chlamydia reinfection increases the risk of complications. For women, reinfection poses a four-fold higher risk of her developing pelvic inflammatory disease that can lead to infertility. The provision of PDPT for the sexual partner(s) of a patient with genital chlamydia infection can be viewed as falling within a health professional's duty of care to their patient by reducing their patient's risk of a reinfection.

In Australia, PDPT for uncomplicated genital chlamydia infection is not uniformly available. Some jurisdictions have undertaken regulatory change or provided clinical guidance.

- In the Northern Territory, Section 89 of the *Medicines, Poisons and Therapeutic Goods Act*^{iv} provides the legal basis for PDPT, stating it is for the medical condition of chlamydia and Regulation 12^v provides the basis for prescribing including that the patient (index case) must have been diagnosed with chlamydia, the sexual partner is at risk of contracting chlamydia and the prescription is only for Azithromycin.
- In Victoria, the Victorian Department of Health and Human Services provided guidance for PDPT for chlamydia via a Clinical Guideline^{vi}. This Clinical Guideline includes an explanation of how use of PDPT in accordance with the Clinical Guideline would satisfy the requirements of the Drugs, Poisons and Controlled Substances Regulations 2006 regulation 8(2) and regulation 9(2).^{vii}
- In New South Wales, the Poisons and Therapeutic Goods Regulation 2008^{viii} (amended 2017^{ix}) provide the legal basis for PDPT. Part 3, Division 3, Clause 35 states that a prescription for a restricted substance must include the issuing date, the treatment it is for, and the name and address of the patient. Clause 35 also specifies that where the treatment is for a patient's partner and the prescription is for azithromycin for the treatment of chlamydia—that the name and email address or mobile phone number of the partner can be recorded in lieu of the full address.

Should you require any further information or wish to discuss any aspect of sexual health care including PDPT, please do not hesitate to contact us. On behalf of the Sexual Health Society of Queensland, we would like to sincerely thank you for your time in considering the important issues we have raised. We look forward to ongoing collaboration to secure a healthier Queensland for every person.

Yours sincerely

Dr Judith Dean

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Mobile:

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Queensland Sexual Health Society Vice President





¹ Althaus CL, et al. *Effectiveness and cost-effectiveness of traditional & new partner notification technologies for curable STIs.* Health Technology Assessment 2014. **18**(2) p. 1-100, vii-viii.

vii Victorian Government. Drugs, Poisons and Controlled Substances Regulations 2006 S.R. No. 57/2006

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viii New South Wales Government (2019). Poisons and Therapeutic Goods Regulation 2008.

https://www.legislation.nsw.gov.au/#/view/regulation/2008/392/full Accessed 3rd June 2019.

New South Wales Government (2017). Health Practitioner Regulation (New South Wales) Amendment (Records of Partners) Regulation 2017. Published LW 8 Dec 2017 (2017 No 687)

 $\underline{\text{https://www.legislation.nsw.gov au/regulations/2017-687.pdf}} \ \ \text{Accessed 3}^{\text{rd}} \ \text{June 2019}.$



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^{II} Davies B., et al. *Heterogeneity in risk of PID after chlamydia infection: a population-based study in Manitoba, Canada*. J Infectious Disease, 2014. **210**(Suppl 2):S549-55. Doi 10.1093/infdis/jiu483

iii Price MJ, et al. The natural history of Chlamydia trachomatis infection in women: a multiparameter evidence synthesis. Health Technology Assessment 2016. **20**(22):1-250.

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https://legislation.nt.gov.au/en/Legislation/medicines-poisons-and-therapeutic-goods-regulations-2014 Accessed 3rd June 2019

vi Department of Health and Human Services. Patient delivered partner therapy clinical guidelines. State Gov of Victoria; 2015. https://www2.health.vic.gov.au/about/publications/policiesandguidelines/pdpt-clinical-guidelines Accessed 3rd June 2019.