



Treating Partners of Patients with Sexually Transmitted Chlamydia and Gonorrhea

Introduction

The Washington Medical Commission (Commission) recognizes that when sexually transmitted chlamydia and gonorrhea are identified in a patient, the adequate treatment and prevention of recurrence in the patient often depends on the treatment of the partner or partners who may not be available or agreeable to direct examination.

The Commission recognizes that it is a common practice for health care practitioners to provide antibiotics for the partner(s) without prior examination. While this is not ideal for the diagnosis and control of sexually transmitted diseases, this is often the only reasonable way to gain access to and to treat the partner(s) and impact the personal and public health risks of continued or additional chlamydial and gonorrheal infections.

Guideline

The Commission recommends that when treating partners of patients with sexually transmitted chlamydia and gonorrhea, physicians and physician assistants follow the current “Sexually Transmitted Diseases Treatment Guidelines” issued by the Centers for Disease Control and Prevention.¹ The Commission urges physicians and physician assistants to use all reasonable efforts to assure that appropriate information and advice is made available to the partner(s) of a patient with chlamydia and gonorrhea.

In order to assure widespread access to patient delivered partner therapy (PDPT), the Commission recognizes that clinical providers and public health agencies will need to allow staff to provide PDPT according to a special prescribing protocol. Physicians and physician assistants should review and approve all prescriptions within seven days. Public health staff providing PDPT should undergo training to be defined by the local health officer.

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¹ <http://www.cdc.gov/std/tg2015/tg-2015-print.pdf>