Standard of Care for Patients with Chlamydia and Gonorrhea: **Expedited Partner Therapy (EPT)**

Expedited partner therapy (EPT) is the clinical practice of treating sex partners of patients diagnosed with a treatable STD without the healthcare provider first examining the partner.[1] EPT usually involves the implementation of **patient delivered partner therapy (PDPT)**, in which the patient delivers the medication or a prescription to his or her partner. While evaluating the partner and providing other needed health services would be ideal, it is often not feasible. EPT is effective, safe, and acceptable to patients and partners. Since 2001, EPT has been allowable in California (California Health & Safety Code § 120582) and has become a standard of care in many clinical settings.

Chlamydia and gonorrhea are major public health problems

- Chlamydia and gonorrhea are the two most commonly reported infectious diseases in California.[2]
- In 2014, there were almost 175,000 chlamydia cases and 45,000 gonorrhea cases reported in California.[3] That amounts to 25 new chlamydia or gonorrhea cases every hour or one new case every two and a half minutes.
- Young people and women are most severely affected by STDs. In California, over half of all chlamydia cases are diagnosed in 15-24 year olds. The female chlamydia rate is about twice the rate in males; however, the rate in males has increased by 24% since 2010 while the female rate has remained fairly stable.[3]
- Untreated chlamydia and gonorrhea infections in women are associated with serious adverse health outcomes including pelvic inflammatory disease (PID), ectopic pregnancy, tubal infertility, perinatal infections, chronic pelvic pain, and increase the risk for HIV and other STDs.[4,5]

The re-infection rate among females is high & has serious consequences

- Nearly 14% of women with chlamydia and 12% of women with gonorrhea become re-infected within months of treatment, often due to untreated partners.[6]
- Women with repeat chlamydial infections are at a higher risk for developing ectopic pregnancy and PID compared to women with first time chlamydial infections.[7]

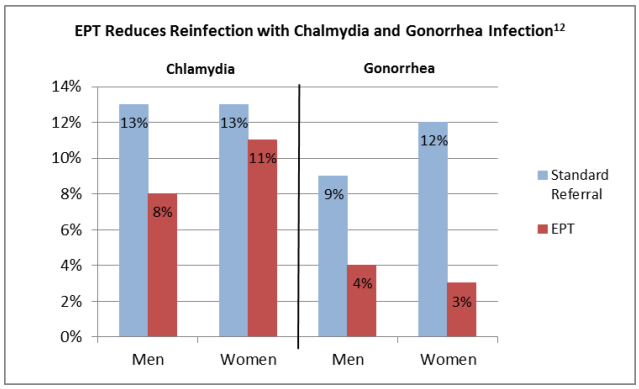
Health department follow up for chlamydia and gonorrhea is rare and patients referring their own partners is not very effective

- In most areas of the U.S., partner notification services by health department or clinical staff for chlamydia and gonorrhea are rarely carried out due to limited resources and the high rates of infection.[8]
- Compared to EPT, relying on patients to notify their own partners is not as effective in terms of partner outcomes (e.g., notification, evaluation, and treatment) and biological outcomes (e.g., reinfection rates).[9]

EPT reduces reinfections and is considered clinical best practice

- CDC STD Treatment Guidelines recommend offering EPT to patients with partner(s) that are unable or unlikely to access treatment on their own.[10]
- Since repeat infections are often due to untreated partners, ensuring that all recent partners have been treated is a core aspect of the clinical management of patients diagnosed with chlamydia or gonorrhea.[10]

- Patients who are provided EPT are less likely to get re-infected compared to patients who only receive standard referral. [11,12] EPT for chlamydia and/or gonorrhea has been studied in five randomized trials.[13]
- EPT is supported by many legal and professional healthcare organizations, including:
  - American Academy of Family Physicians[14]
  - American Congress of Obstetricians and Gynecologists[15]
  - Society for Adolescent Medicine[16]
  - American Medical Association[17]
  - American Bar Association[18]
  - Council of State Governments[19]
- Despite demonstrated effectiveness, EPT is underutilized. Increasing provider's uptake and offer of EPT is a critical step to improving STD partner management.[20]



There are no special liability concerns with EPT in California

- Liability for providing EPT in California is no different from the liability of any other action taken by a healthcare provider, including prescribing or dispensing medicine for any medical condition.[1]

EPT is cost-effective

- Cost-effectiveness analyses show that EPT lowers both health care costs and productivity losses.[21]

Medications are safe and effective

- Researchers conducting multisite randomized trials and community-level trials of EPT for chlamydia and gonorrhea received no reports of anaphylaxis or other major adverse drug reactions. [22,23]
- In the past 15 years, no adverse events related to EPT have been reported to the California Department of Public Health.[1]
- For partners unlikely to seek medical treatment, the best alternative treatment for gonorrhea is dual treatment with cefixime and azithromycin. (The first-line treatment for gonorrhea is intramuscular ceftriaxone plus azithromycin taken orally.)[10]

EPT can be provided to both males and females

- EPT can be provided regardless of the patient's gender or sexual orientation.[1]
- Due to the emergence of gonococcal isolates with decreased susceptibility to cephalosporins, particularly among men who have sex with men (MSM) in California, EPT for MSM with gonorrhea should not be a first line strategy for partner treatment.[1]

Options for providing EPT medications

- Currently, EPT is not a covered benefit of the California Family Planning, Access, Care, and Treatment (Family PACT) or Medi-Cal programs.
- Providers can give patients written prescriptions for EPT to be filled at their local pharmacy.[1]
- Eligible clinics can receive free chlamydia and gonorrhea partner treatment medications from California Family Health Council. For eligibility criteria, visit: www.cfhc.org/pdpt.

With limited public health resources to address the high infection and re-infection rates of chlamydia and gonorrhea and negative consequences from re-infection, it is crucial to employ evidence-based partner management strategies such as EPT to reduce re-infection, ensure treatment of partners, and prevent ongoing transmission. Additional training and patient education materials produced by California Family Health Council are available online: www.cfhc.org/pdpt/resources

References

[1] California Department of Public Health. Patient-Delivered Partner Therapy (PDPT) for Chlamydia, Gonorrhea, and Trichomoniasis: Guidance for Medical Providers in California. http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-PDPT-Guidelines.pdf Accessed July 8, 2016.

[2] California Health and Human Services Agency. Open Data Portal, Infectious Disease Cases by County, Year and Sex, 2001-2014. https://chhs.data.ca.gov/Diseases-and-Conditions/Infectious-Disease-Cases-by-County-Year-and-Sex-20/jf5m-3fs6. Accessed July 8 2016.

[3] California Department of Public Health. All STD Tables in California 2014. http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-All-STDs-Tables.pdf. Accessed July 8 2016.

[4] Chlamydia – CDC Fact Sheet (Detailed). Centers for Disease Control and Prevention Web Site. http://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm. Updated April 22, 2016.

[5] Gonorrhea – CDC Fact Sheet (Detailed). Centers for Disease Control and Prevention Web Site. http://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea-detailed.htm. Updated November 17, 2015.

[6] Hosenfeld CB, Workowski KA, Berman S, et al. Repeat infection with Chlamydia and gonorrhea among females: a systematic review of the literature. Sexually transmitted diseases. Aug 2009;36(8):478-489.

[7] Hillis SD, Owens LM, Marchbanks PA, Amsterdam LF, Mac Kenzie WR. Recurrent chlamydial infections increase the risks of hospitalization for ectopic pregnancy and pelvic inflammatory disease. American journal of obstetrics and gynecology. Jan 1997;176(1 Pt 1):103-107.

[8] Golden MR, Hogben M, Handsfield HH, St Lawrence JS, Potterat JJ, Holmes KK. Partner notification for HIV and STD in the United States: low coverage for gonorrhea, chlamydial infection, and HIV. Sexually transmitted diseases. Jun 2003;30(6):490-496.

[9] Hogben M. Partner notification for sexually transmitted diseases. Clinical infectious disease :An official publication of the Infectious Diseases Society of America. Apr 1 2007;44 Suppl 3:S160-174.

[10] Workowski, KA and Bolan, GA. Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR Recomm Rep 2015; 64(No.3). http://www.cdc.gov/std/tg2015/tg-2015-print.pdf. Accessed July 8 2016.

[11] Hogben, M, Collins, D, Hoots, B, O'Conner, K. Partner Services in Sexually Transmitted Disease Prevention Programs: A Review. Sexually transmitted diseases. Feb 2016;43(s1):S53-S62.

[12] Golden MR, Whittington WL, Handsfield HH, et al. Effect of expedited treatment of sex partners on recurrent or persistent gonorrhea or chlamydial infection. The New England Journal of Medicine. Feb 17 2005;352(7):676-685.

[13] Trelle S, Shang A, Nartey L, Cassell JA, Low N. Improved effectiveness of partner notification for patients with sexually transmitted infections: systematic review. BMJ (Clinical research ed.). Feb 17 2007;334(7589):354.

[14] American Academy of Family Physicians (AAFP) Position Statement on Expedited Partner Therapy. 2012. http://www.aafp.org/about/policies/all/partner-therapy.html. Accessed July 8, 2016.

[15] Committee opinion no 632: expedited partner therapy in the management of gonorrhea and chlamydial infection. Obstetrics and gynecology. Jun 2015;125(6):1526-1528. http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Expedited-Partner-Therapy-in-the-Management-of-Gonorrhea-and-Chlamydial-Infection. Accessed July 8, 2016.

[16] Burstein GR, Eliscu A, Ford K, et al. Expedited partner therapy for adolescents diagnosed with chlamydia or gonorrhea: a position paper of the Society for Adolescent Medicine. The Journal of adolescent health: An official publication of the Society for Adolescent Medicine. Sep 2009;45(3):303-309.

[17] Schneider JF. Expedited Partner Therapy (Patient-delivered Partner Therapy): An Update. 2006. http://www.ama-assn.org/resources/doc/csaph/a06csaph7-fulltext.pdf.

[18] American Bar Association. Recommendation No. 116A. Adopted by the House of Delegates August 11-12, 2008. http://www.abanet.org/leadership/2008/annual/adopted/OneHundredSixteenA.doc.

[19] Ginn, J. Battling a silent enemy: Expedited partner therapy can be useful in treating chlamydia. Council of State Governments. *State News.* March 2007; 50(3):p28. http://www.csg.org/pubs/Documents/SN0703.pdf.

[20] Schillinger, JA, Gorwitz, R, Rietmeijer, C, Golden, MR. The Expedited Partner Therapy Continuum: A Conceptual Framework to Guide Programmatic Efforts to Increase Partner Treatment. Sexually transmitted diseases. Feb 2016;43(s1):S63-s75.

[21] Gift TL, Kissinger P, Mohammed H, Leichliter JS, Hogben M, Golden MR. The cost and cost-effectiveness of expedited partner therapy compared with standard partner referral for the treatment of chlamydia or gonorrhea. Sexually transmitted diseases. Nov 2011;38(11):1067-1073.

[22] Schillinger JA, Kissinger P, Calvet H, et al. Patient-delivered partner treatment with azithromycin to prevent repeated Chlamydia trachomatis infection among women: a randomized, controlled trial. Sexually transmitted diseases. Jan 2003;30(1):49-56.

[23] Golden MR, Kerani RP, Stenger M, et al. Uptake and population-level impact of expedited partner therapy (EPT) on Chlamydia trachomatis and Neisseria gonorrhoeae: the Washington State community-level randomized trial of EPT. *PLoS medicine.* Jan 2015;12(1):e1001777.