



Rhode Island Department of Health

Division of Infectious Diseases and Epidemiology

STD (Sexually Transmitted Disease) PROGRAM

Expedited Partner Therapy (EPT) for STDs Guidance for Medical Providers in Rhode Island

Introduction: Rhode Island medical providers have a new option for ensuring effective partner treatment for the sexual partners of patients diagnosed with chlamydia. This document is intended to provide guidance and empower clinical practitioners to implement this new RI law which allows medical providers to prescribe or dispense antibiotic therapy for the sex partners of patients infected with genital chlamydia infection. This process is termed Expedited Partner Therapy (EPT) or patient delivered therapy. Note that though the law allows EPT for any STD, it is of greatest utility for treating asymptomatic partners of cases with Chlamydia infection, and may be used for selected cases of Gonorrhea, when all attempts to bring the partner in have failed. Optimal treatment for gonorrhea requires injectable medication and syphilis should never be treated by EPT. EPT is also not recommended as a strategy for MSM (men who have sex with men) because of the higher prevalence of co-morbidities with other STDs and HIV.

Text of Law in RI Effective July 1, 2010:

23-11-20. Expedited partner therapy. – (a) Notwithstanding any other provision of law to the contrary, a physician licensed under chapter 37 of title 5, a physician assistant licensed under chapter 54 of title 5 or a certified registered nurse practitioner licensed under chapter 34 of title 5 who is authorized to prescribe and dispense prescription drugs, and who diagnoses a sexually transmitted disease in an individual patient, may prescribe prescription drugs to the patient's sexual partner or partners for the treatment of the sexually transmitted disease without an examination of the sexual partner or partners.

(b) A licensed physician, licensed physician assistant or certified registered nurse practitioner who reasonably and in good faith prescribes prescription drugs to a patient's sexual partner or partners for the treatment of a sexually transmitted disease in accordance with this section shall not be subject to civil or criminal liability or be deemed to have engaged in unprofessional conduct.

Justification (Epidemiology): Genital chlamydia infection is a significant public health problem. Almost three and a half thousand (3480) cases of chlamydia were reported in Rhode Island 2010 making it the most common reportable disease. Because

the majority of infections are asymptomatic and undiagnosed, and because of underreporting; it is estimated that the real number is even higher. Adolescent and young females (age 15-24 years) have the highest risk of infection. In fact, an estimated 5 to 10% of sexually active adolescent females are currently infected in RI. Chlamydia is a leading cause of pelvic inflammatory disease, chronic pelvic pain, ectopic pregnancy and preventable infertility in women. Patients with chlamydia are also at increased risk of acquiring sexually transmitted HIV. The risk of adverse reproductive health complications of chlamydia infection increases significantly with repeat infections. Repeat infections are estimated to occur in 15-30% of young women within six months of treatment because their partners are not treated successfully at the same time.

To prevent repeat infections, partners must be provided timely and appropriate antibiotic treatment. However, because infected partners, and indeed most patients, are generally asymptomatic, they are unlikely to seek medical treatment. Even when providers counsel patients about the need for partner treatment, some partners have limited or no access to medical care or choose not to seek care.

Evidence suggests that repeat chlamydia infections place women at a significantly increased risk of developing upper genital tract complications, and infertility. The single most important risk factor associated with recurrent chlamydia infection (re-infection) in women is failure of partner treatment. Research has also demonstrated that providing medication to male partners of infected women can reduce rates of reinfection among the women. A recent multi-site randomized controlled trial of patient-delivered therapy funded by the Centers for Disease Control and Prevention demonstrated that patient delivered therapy reduced reinfection by 20%, from 15% to 12%. Although not formally evaluated in the trial, patient-delivered therapy should result in reducing infertility as well as healthcare costs associated with treating PID and infertility. Adverse reactions beyond mild to moderate gastrointestinal distress to single-dose azithromycin are extremely rare. Unlike penicillins, macrolides are a class of antibiotics with very few allergic reactions.

Guidance For Patient Delivered Therapy: The patient delivered option for the delivery of therapy for chlamydia is not intended as the first and optimal choice of treatment for partners of individuals diagnosed with chlamydia, however, this therapy delivery system can serve as a useful alternative when the partner is unlikely to seek care or cannot easily get a timely evaluation or diagnosis. Providers should use their best judgment to determine whether partners will or will not come in for treatment, and decide whether or not to dispense to the index patient while available.

Patients diagnosed with chlamydia infection cannot be considered adequately treated until all their recent partners have been treated. All sexual contacts within the past 60 days from the onset of symptoms or diagnostic test results need to be treated.

Suggested actions for physicians treating a confirmed case of chlamydia infection:

- 1) Interview the index patient to identify and name all sexual contacts that the patient had in the 6 months prior to diagnosis
- 2) Through the cooperation of the patient, try to bring these persons in for examination and, if necessary, treatment
- 3) Report the index case to the STD Program, Center for Epidemiology and Infectious Disease using the prescribed form, see:
<http://www.health.ri.gov/disease/communicable/std/reporting.php>
- 4) Dispense or prescribe EPT when the evaluation suggests that partners are unlikely to come in for care and fit criteria below.

Use the most current CDC STD Treatment Guidelines to treat patients:

<http://www.cdc.gov/std/treatment/>

Recommended Patient Selection Criteria for EPT:

The following guidelines provide information on the most appropriate patient selection criteria, medication prescription and/or dispensing practices and counseling procedures recommended to maximize patient and public health benefit while minimizing risk.

- First-choice strategy: Attempt to bring partners in for evaluation and treatment
- Most appropriate patients: Females with male partners.

Exclude partners known to be symptomatic (fever, pelvic/groin /testicular/abdominal pain)

Exclude MSM, partners must be tested for Syphilis and HIV.
- Diagnosis: Laboratory-confirmed genital chlamydia infection without coinfection with gonorrhea or other complications
- Most appropriate partners: Males who are uninsured or unlikely to seek medical services
- Medication: Recommended prescription is Azithromycin (Zithromax*)1 gram (250 mg strength tablets x 4 tabs) orally once for treatment of chlamydia.
*Use of trade names is for identification only and does not imply endorsement.
- Number of doses are limited to cover the number of known sex partners in past 60 days.

- Education materials must accompany medication
- Patient counseling: Abstinence from sexual intercourse with partner until 7 days after treatment of patient and until 7 days after partner has been treated
- Evaluation: Recommend re-test patients for chlamydia three to four months after Treatment
- Adverse reactions : Law does not protect provider from liability, as is the case for any medical treatment. Report adverse events to 1-866-556-3730 (toll-free)

Treatment/Dispensing Options: The recommended medication for patient-delivered therapy is single-dose azithromycin tablets (1 gram orally once). While somewhat more expensive than the azithromycin powder (sachet) formulation, tablets are easier to deliver and facilitate compliance. Although doxycycline is an effective treatment for chlamydia infection, it requires dosing twice daily for seven days. Patients may be provided with the number of doses necessary to treat each of their known exposed partners with whom they've had sexual relations in the last sixty days.

The partner medication may be prescribed and/or dispensed in one of three ways.

- 1) The physician dispenses medication for the partner in clinical setting with instructions and education for the partner.
- 2) A separate prescription is written in the name of the partner (s), to take to a pharmacy for dispensing.
- 3) In the event the patient will not or can not name the partner(s), the provider may write extra doses on a prescription in the name of the index patient to be taken "as directed".

In all situations thorough chart documentation of doses prescribed and documentation that thorough patient education/counseling regarding medication must be conducted. A prescription must have a name on it, or else it will not be dispensed.

Ideally the medications and educational material should be given to the patient to deliver to the partner. If a prescription is used, then the provider should give both the educational material and the prescription, and encourage the patient to deliver both the medication and accompanying educational material to the partner. Cost issues have to be discussed and managed on a case by case basis.

Counseling: An example of partner therapy instructions and information, in English and Spanish is attached. Providers should address three key counseling messages when prescribing patientdelivered therapy:

- Patients and partners should abstain from sex for at least seven days after treatment and until seven days after all partners have been treated, in order to decrease the risk of reinfecting the index patient.
- Partners should seek a complete STD evaluation as soon as possible.
- Partners who have allergies to erythromycin, azithromycin or other similar macrolides, have kidney failure, liver disease, heart disease, or any other serious health problems, should **not** take the medication and should see a healthcare provider. If partners are unsure about any possible medication allergies or other health problems, they should consult a healthcare provider. To ensure the effectiveness of patient delivered therapy, providers should schedule the patient to return for re-testing chlamydia three to four months after treatment.

RESOURCES

1. Centers for Disease Control and Prevention, EPT webpage: <http://www.cdc.gov/std/ept/>
2. Centers for Disease Control and Prevention. *Expedited partner therapy in the management of sexually transmitted diseases. Review and Guidance*, Atlanta, GA: US Department of Health and Human Services, **2006**. Contributors: H. Hunter Handsfield, M.D., Matthew Hogben, Ph.D., Julia A. Schillinger, M.D., M.Sc., Matthew R. Golden, M.D., M.P.H., Patricia Kissinger, Ph.D., P. Frederick Sparling, M.D. <http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>
3. Centers for Disease Control and Prevention. **2010 Guidelines for Treatment of Sexually Transmitted Diseases.** <http://www.cdc.gov/std/treatment/>
4. Trelle S, Shang A, Nartey L, Cassell J, Low N. Improved effectiveness of partner notification for patients with sexually transmitted infections: systematic review. Sven Trelle, BMJ, doi:10.1136/bmj.39079.460741.7C (published 19 January 2007)
5. GOVERNMENT, POLITICS, AND LAW
Expedited Partner Therapy for Sexually Transmitted Diseases: Assessing the Legal Environment. James G. Hodge Jr, JD, LLM, Amy Pulver, MA, MBA, Matthew Hogben, PhD, Dhruvajyoti Bhattacharya, JD, MPH, and Erin Fuse Brown, JD, MPH <http://www.cdc.gov/std/ept/legal/default.htm>

**URGENT and PRIVATE
IMPORTANT INFORMATION ABOUT YOUR HEALTH
DIRECTIONS FOR SEX PARTNERS FOR TAKING
AZITHROMYCIN**

PLEASE READ THIS VERY CAREFULLY

Your sex partner has recently been treated for *Chlamydia*. *Chlamydia* is a curable bacterial infection you can get from having sex with a person who already has it. Many people with *Chlamydia* do not know they have it because they have no symptoms and feel fine. Others may develop pain in their pelvis or testicles, pain when urinating, or during sex. However, if you do not take medicine to cure it, you can get very sick. If you have unprotected sex with your partner, you could also reinfect them. Women can become unable to have children if they don't get treated.

You could have *Chlamydia*. It is important that you get treated. We want to be sure that you get the medicine you need as soon as possible. The best way to take care of yourself is to see a doctor or come to: _____ Telephone: _____ for a check-up and medicine. If you are not able to see a doctor within 1 week, you should take the medicine enclosed or prescribed as soon as possible.

Before you take the medicine, please read the following:

The medicine is very safe. However, **DO NOT TAKE if any of the following are true (YOU MUST SEE A DOCTOR FIRST):**

- ◆ You are female and having lower belly pain, pain during sex, vomiting, or fever.
- ◆ You are pregnant.

Please turn over -----

- ◆ You are male and having pain or swelling in the testicles (balls) or fever.
 - ◆ You ever had a bad reaction, rash, or allergy to the following antibiotics: Azithromycin (“Zithromax”), Erythromycin, Clarithromycin (“Biaxin”).
 - ◆ You have a serious long-term illness like kidney, heart or liver disease.
 - ◆ You are currently taking another prescription medication.
- If any of these circumstances exist, you should talk to your healthcare provider as soon as possible.

Some people get a mild upset stomach or diarrhea after taking this medicine. Others may develop dizziness, fatigue, or headache; a vaginal yeast infection; a rash; or become more sensitive to sunlight. These won’t last long. If you experience any other side effects or an allergic reaction, call your healthcare provider immediately. There can be other, more serious side effects, but these are extremely rare.

Don’t share or give this medicine to anyone else.

Do not have sex for the next 7 days. It takes 7 days for the medicine to cure *Chlamydia*. If you have unprotected sex during the 7 days after taking the medicine, you could still pass the infection to your sex partners. While condoms are effective, the safest way to make sure you don't pass the infection on to anyone is to not have sex for 7 days.

If you have any questions about the medicine or *Chlamydia*, please call: _____.

All calls are confidential. No one will ask for your name.