Expedited Partner Therapy (EPT) To Reduce the Spread of Chlamydia and Gonorrhea in Utah

Introduction
In 2009, the Utah State Legislature passed House Bill 17 (Expedited Partner Therapy Treatment) which amended the Pharmacy Practice Act in the Division of Occupational and Professional Licensing Act. Effective May 12, 2009, the bill provides health professionals prescribing exceptions for expedited partner therapy for the treatment of chlamydia and gonorrhea (sexually transmitted diseases).

This bill excludes from the definition of unprofessional conduct and unlawful conduct under issuing a prescription by a physician, of an antibiotic, to an unnamed sexual partner of a person who has been diagnosed with chlamydia, gonorrhea, or both. This bill provides immunity to a practitioner from medical malpractice action. This bill DOES NOT mandate the use of EPT; it only provides the practitioner with the option of using EPT.

What is Expedited Partner Therapy?
The Centers for Disease Control and Prevention defines EPT as “the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.”

Guidance for the use of Expedited Partner Therapy
A provider should always discuss partner notification and testing options with a patient diagnosed with a sexually transmitted disease. If the patient expresses concerns about a partner’s unwillingness or inability to get tested and treated, the option to use EPT should then be discussed. The most appropriate use of EPT should only include those partners who are unable or unlikely to seek timely treatment. Any provider in Utah may prescribe a single dose of an oral antibiotic to a sexual partner(s) or sexual contact(s) of a patient diagnosed with chlamydia or gonorrhea without examining the partner(s). The number of doses should be limited to the number of known sex partners in the previous 60 days or to the most recent sex partner if none identified within the previous 60 days. Proper educational materials about the contracted sexually transmitted disease should also be provided for the patient and for each sexual partner. Recommendations for re-testing three months after treatment should be discussed with the infected patient.

Chlamydial and gonorrheal infections in women:
EPT can be used to treat partners when other management strategies are impractical or unsuccessful. Symptomatic male partners should be encouraged to seek medical attention, in addition to accepting therapy.

Chlamydial and gonorrheal infections in men:
EPT can be used to treat partners when other management strategies are impractical or unsuccessful. Symptomatic female partners should be strongly encouraged to seek medical attention, in addition to accepting therapy.

Chlamydial and gonorrheal infections in men who have sex with men:
At this time, EPT should not be considered a routine partner management strategy among this population, because data are lacking in the efficacy of treatment for this population, and because of a high risk of co-morbidity, especially undiagnosed HIV infection, in partners. EPT should be used selectively, and with caution, when other partner management strategies are impractical or unsuccessful.

How to Write a Prescription:
Issuing a prescription for a drug to treat a sexual partner of a patient infected with a sexually transmitted disease can be done in the following ways:

- write “partner of (patient name)” on the prescription order and give the partner’s prescription to the patient for use by the partner(s)
- dispense a drug sample to the patient for use by the partner(s)
Background
Chlamydia and gonorrhea are reportable diseases in Utah and the United States. Recent dramatic increases in both diseases have initiated new tools in addition to the traditional interventions. Upon diagnosis of a sexually transmitted disease (STD), the case is reported with high confidentiality to the Utah Department of Health by the diagnosing laboratory. Each case is then managed and interviewed by a Disease Intervention Specialist (DIS) at the patient’s local health department who use methods of partner referral to ensure all sexual contacts have been tested and/or treated. Currently, the provider referral method (partner is notified by health department or private provider), the patient referral method (original patient notifies his/her partner), and the contract referral method (provider or health department allows the original patient a short amount of time to notify partners before they are notified by the provider) are used throughout Utah.

EPT is a newly approved tool for providers to treat those partners unwilling or unable to be examined, which is accomplished by allowing the original patient to distribute the antibiotics or prescription. While the prevention methods provided in the DIS interview are extremely important, some individuals are difficult to reach for testing; EPT allows access to treatment for the sexual partners who would otherwise not be contacted.

EPT has been shown in several studies to reduce re-infection rates (EPT Resources). Due to the stigmatization of being diagnosed with a sexually transmitted disease, EPT offers a last resort in getting partners treated who are unwilling or unable to be seen by a health care provider.

Why EPT is Important
Chlamydia is the most frequently reported communicable disease in Utah. Between 2003 and 2007, the number of reported cases of chlamydia has increased by 47% and between 2003 and 2006, the number of reported gonorrhea cases increased by 116%, the largest percent increase in the nation (UDOH). Those at highest risk are adolescents and young adults between 15 and 29 years of age. Each year, more chlamydial infections are diagnosed in women as compared to men, and women often experience more severe health consequences as a result of untreated infections. These health consequences occur due to the asymptomatic nature of chlamydia and gonorrhea. Approximately 75% of women infected with chlamydia experience no symptoms, and if left untreated 40% of women develop pelvic inflammatory disease (PID). Also, 18% of women develop chronic pelvic pain and scarring, and 20% of women will have fertility problems. Men experience similar health consequences when left untreated, such as epididymitis and sterility issues (Untreated).

Additional Resources
HB17

EPT Resources
http://www.cdc.gov/std/ept/
http://www.region8ipp.com/eptoolkit/eptindex.htm
http://www.cdphe.state.co.us/dc/hivandstd/EPT/evidence.html


UDOH

Untreated
http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm

CDC Treatment Guidelines
http://www.cdc.gov/std/treatment/