Expedited Partner Therapy (EPT) for STD Control in Arizona: Use, Efficacy, and Future Directions

Melanie Taylor MD, MPH
CDC/NCHHSTP/DSTDP
Arizona Department of Health Services

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Case: Erica

- **Erica is a 22-year-old female who presents with dysuria.**
- Erica informs you that she has had several episodes of unprotected sex in the last few weeks with 1 male partner.
- **Her diagnostic tests return positive for chlamydia and gonorrhea**

Erica: Case Continued

- Erica informs you that her partner denies symptoms.
- She reports that her partner has no insurance and is unwilling to come to clinic.
- What is Erica's risk for re-infection?
- What complications can occur for Erica with repeat infection?
- What options do you have to treat her partner?

What is Expedited Partner Therapy?

- Prescribing or dispensing medication for the patient to deliver to their sexual partner for empiric treatment of chlamydia and/or gonorrhea

Chlamydia Treatment

Azithromycin
1 g orally x 1

Doxycycline
100 mg twice daily x 7 days

When available, single-dose treatment preferable

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

Gonorrhea Treatment

Ceftriaxone 250 mg IM in a single dose

ALTERNATIVE
if injection not an option:

Cefixime 400 mg orally in a single dose

PLUS

Azithromycin 1 g orally
OR
Doxycycline 100 mg BID x 7 days

CDC 2010 STD Treatment Guidelines
www.cdc.gov/std/treatment

What to prescribe for EPT

- **For partners of chlamydia cases:**
  - Azithromycin 1 gram PO X 1 dose
- **For partners of gonorrhea cases**
  - Cefixime 400 mg PO X 1 dose
  - PLUS Azithromycin 1 gram PO X 1 dose

- **Medication or prescriptions should be accompanied by partner information sheets**

CDC EPT Recommendation (2005)

- CDC concluded that EPT is a useful option to facilitate partner management, particularly for treatment of male partners of women with chlamydial infection or gonorrhea.
- Use of EPT has been shown to reduce re-infection among women.
- EPT represents an additional strategy for partner management.
- EPT is not recommended for men who have sex with men due to the risk of missing concurrent infections such as HIV.

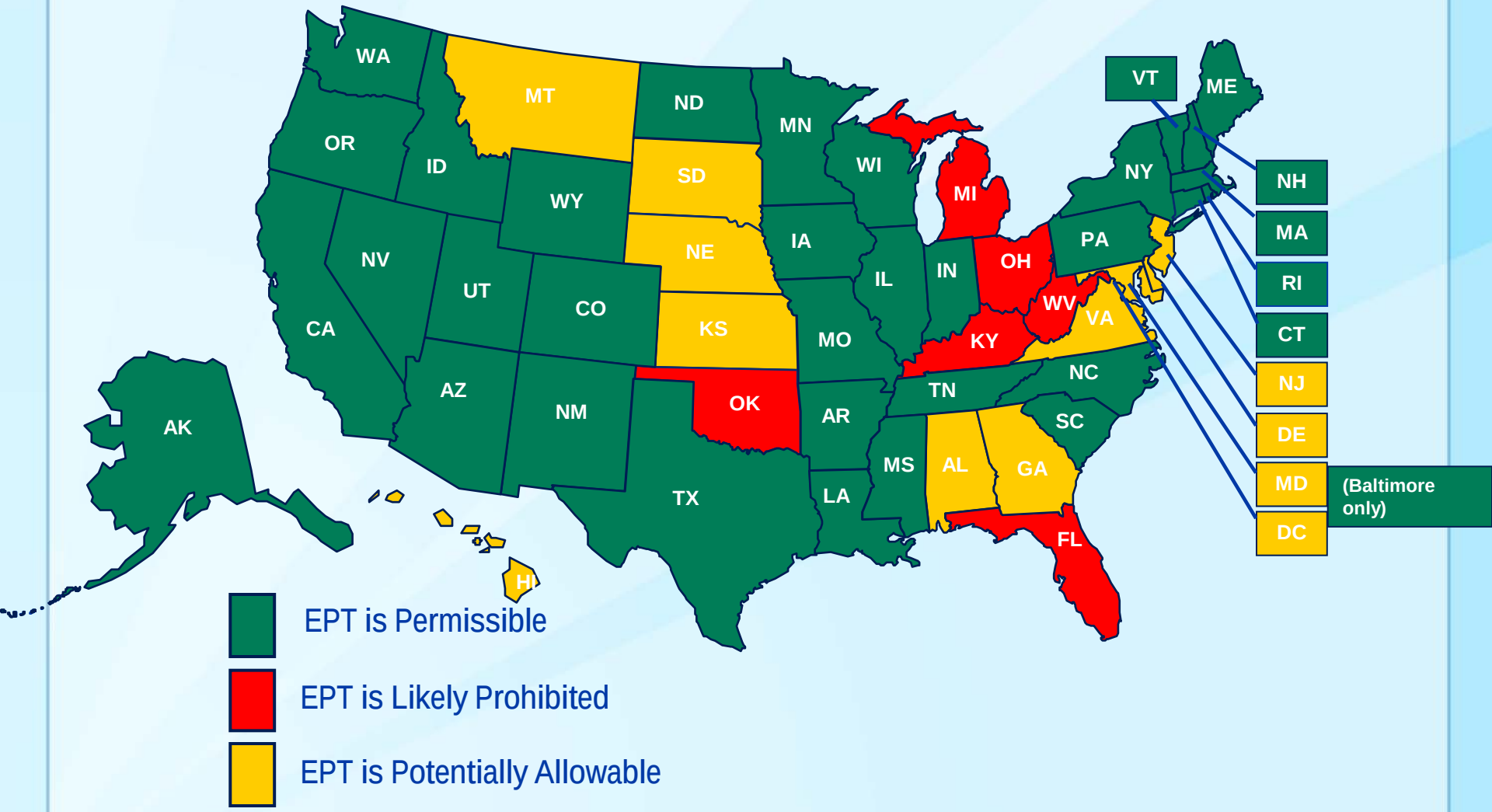
http://www.cdc.gov/std/DearColleagueEPT5-10-05.pdf

Patient-Delivered Partner Therapy (Passed April 2008)

- 2008 Arizona Senate Bill 1078:
- A.R.S. 32-1401.27 allows providers to dispense antimicrobial treatment to persons in contact with someone with a communicable disease without a physical exam including STDs.

Arizona Department of Health Services
EXPEDITED
PARTNER Therapy
IN ARIZONA
Chlamydia and Gonorrhea
YOU CAN TREAT THE PARTNERS

Expedited Partner Therapy Legal Status as of July 2013



Use of EPT in Maricopa County, 2010

- Survey study
- Obstetrics providers/offices representing 32,768/62,667 (57%) of infant deliveries in Maricopa county in 2008. Private practices represented 88%.
- Use of EPT was reported by 47% of 146 survey respondents
- Receiving information about EPT was significantly associated with the use of EPT (67% vs 41%) ($p = 0.008$)

Taylor MM, Collier MG, Winscott MM, Mickey T, England B. *Int J STD AIDS.* 2011 Aug;22(8):449-52.

Reticence to Prescribe EPT

- **The most common reasons for not using EPT were:**
  - Unable to obtain partner's allergy history (24%)
  - No perceived barriers to use (13%)
  - Concern for malpractice/liability (11%)
  - Clinic does not prescribe for non-clinic patients (11%)
  - Concern for adverse or allergic events in partner (8%)
  - Partner should be seen by PCP (8%)
  - Think practice is illegal/not aware of law (7%)
  - Patients have too many or unknown partners (4%)

Taylor MM, Collier MG, Winscott MM, Mickey T, England B. I*nt J STD AIDS.* 2011 Aug;22(8):449-52.

What about adverse events?

- Allergies to azithromycin (CT) and cefixime (CT and GC) are rare.
- Since 2001, the state of CA has staffed an EPT adverse events (AE) hotline. To date, there have been no reports.
- Some GI upset with azithromycin is common.
- Fact sheets should accompany patients/prescriptions.
- Patients should be aware of signs of adverse event.

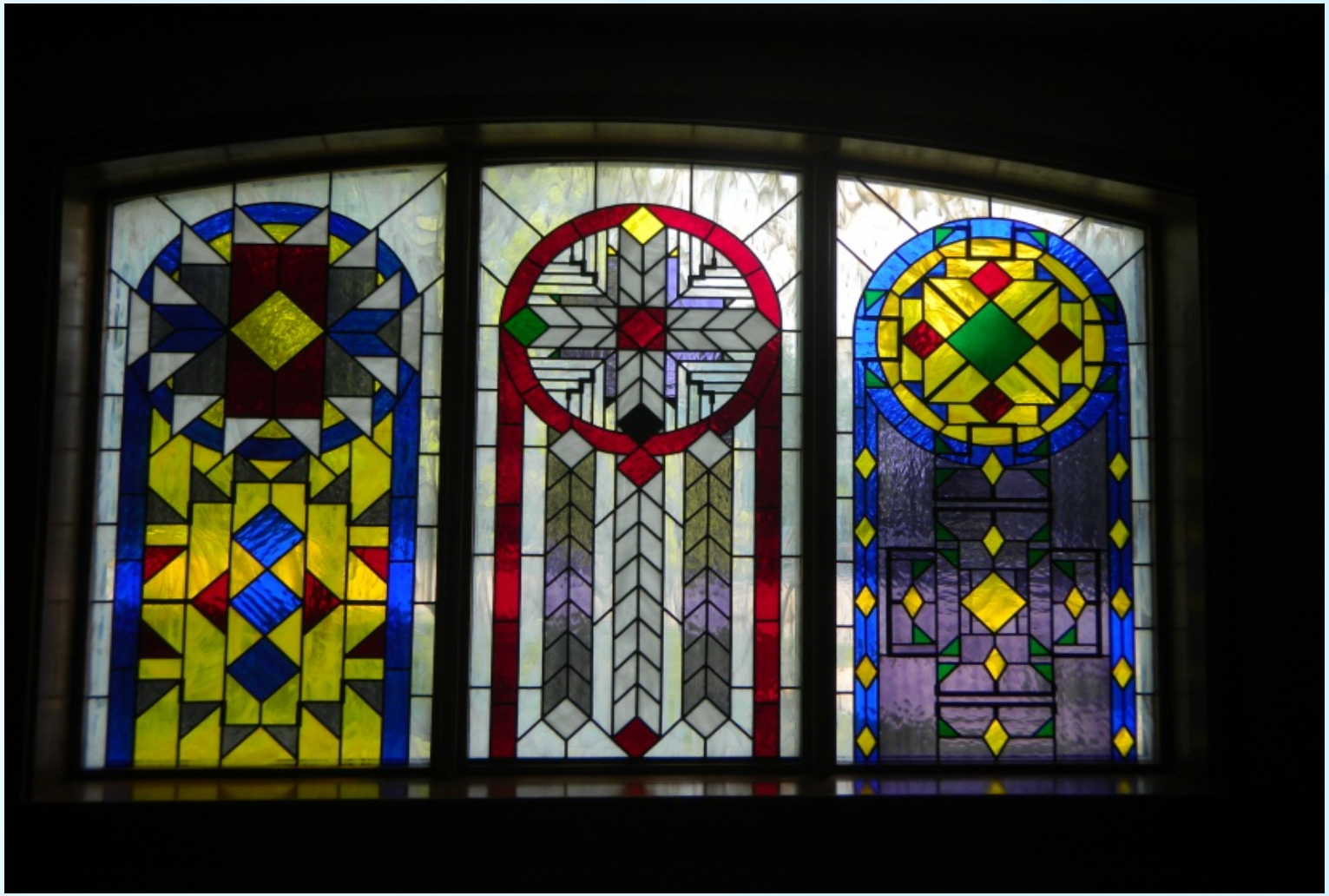
Arizona Department of Health Services EPT Fact Sheets

- EPT Fact Sheet for Patients and Partners
  - Chlamydia – English/Spanish
  - Gonorrhea – English/Spanish
- EPT Guidelines for Prescribing Providers
- EPT Guidelines for Pharmacists
- EPT Frequently Asked Questions (FAQs) for Medical Professionals
- EPT Public Health Update

http://www.azdhs.gov/phs/oids/std/provider_info.htm

Expedited Partner Therapy

IHS/ PIMC



EPT and the Indian Health Service (IHS)

- Agency-wide recommendation for control of chlamydia and gonorrhea
- Included in IHS STD/HIV testing and treatment protocols
- IHS-specific patient and partner fact sheets
- Multiple large IHS service units have implemented EPT to enhance STD control.
- http://www.ihs.gov/epi
  - click on STD Program

Patient Information

http://www.ihs.gov/epi

Patient Delivered Partner Treatment

Why am I getting extra medicine (or an extra prescription)?

You have Chlamydia or Gonorrhea, diseases that are transmitted by having sex, and you and your partners need to be treated. **If Chlamydia and/or Gonorrhea are not treated, your partner(s) can develop serious health problems, re-infect you, or infect other sex partners.**

How do I tell my sex partner(s) I have an STD?

Telling a sex partner that you have a sexually transmitted disease (STD) like Chlamydia or Gonorrhea can be difficult, but it is the right thing to do. By offering your partner treatment, you are showing them that you care enough to help.

The best way to tell your partner is by being open and honest. You could say: **"This medicine is to treat an STD called Chlamydia (or Gonnorhea), and you should take it because I have it, and you may have it, too.** You should read the information that came with the medicine and get checked for other STDs."

Some things make it harder to tell a partner. Sometimes people who find out they have an STD feel:

These are all normal feelings to have. Your partner may have these feelings when you tell them.

What do I need to do?

1. **Get treated.**
2. **Tell your sex partner(s)** you are being treated for an STD called Chlamydia or Gonorrhea and that they may have been infected, too.
3. **Give your partner(s) the medicines** or prescription.
4. Encourage them to **read the information** you give them.
5. Encourage them to **visit a doctor, nurse or clinic** to get tested for other STDs, even if they take the medicine.

Avoiding STD Infections

STDs are common - a lot of people get infections each year. Even if you had Chlamydia or Gonorrhea before, you can still get it again. The only way to completely avoid STDs, including HIV, is to not have sex. If you do have sex, **Use a latex condom every time for every kind of sex - oral anal, and vaginal sex.**

You can reduce your chances of getting Chlamydia, Gonorrhea and other STDs, including HIV, by limiting the number of people you have sex with. The more sex partners you have, the higher your risk of getting an STD.

What if I don't give the medicine to all of my sex partner(s)?

If you don't give the medicine to all of your sex partner(s), please return it to the doctor, nurse or clinic who gave it to you. Do not save or share any medicine that was given to you for your sex partners. Your partner needs to take all of the medicine given to him or her for it to work.

What if my sex partner blames me?

A lot of people worry about their partner blaming them for giving them an STD like Chlamydia or Gonorrhea. You may never know where the Chlamydia or Gonorrhea came from. Remember, Chlamydia and Gonorrhea don't always have symptoms so people can have it for a long time and not know it. The important thing is telling your partner about the infection, taking steps to get healthy, and avoiding future STDs. If your partner blames you and you experience domestic or partner violence, please call 1-800-621-HOPE or 311 for more information. If you are in danger, call 911.

What if my sex partner is pregnant, or thinks she may be pregnant?

If your sex partner is pregnant or thinks she may be pregnant, it is okay for her to take this medicine. Azithromycin and/or Cefixime will not hurt the baby but she should see a doctor or other health care provider as soon as possible to be tested for other STDs, which can be passed on from a mother to her baby during pregnancy and delivery.

Partner Information

Partner Treatment for Gonorrhea

Why am I getting this medicine (or an extra prescription)?

Your sex partner has Gonorrhea, a disease that is transmitted by having sex, and you need to be treated. A health care provider has given your partner medicine or a prescription to give to you to make sure you get treated.

What if I don't think I have an STD?

Many STDs don't have symptoms. You can have a sexually transmitted disease (STD) like Gonorrhea even if you don't think that anything is wrong. You are getting treatment because you had sex with someone who has Gonorrhea, and you may have it, too.

Is it important to see a doctor?

Yes. We encourage you to see a doctor or nurse or go to the clinic so that you can get checked for other STDs, even if you take this medicine.

What is this medicine?

The medicines you are getting are antibiotics called Cefixime and Azithromycin. These medicines will only cure Gonorrhea and Chlamydia. They will not cure other STDs.

DO NOT TAKE this medicine if:

- You are having lower belly pain, cramps, pain during sex, vomiting/ throwing up, pain in the testicles (balls), or fever.
- You are allergic or have ever had a bad reaction, rash, or allergy to any antibiotics.
- You have any serious health problems like kidney, heart or liver disease, seizures, or are currently taking blood thinners.

If any of the above is true, you should not take this medicine, and you should see a health care provider as soon as possible. Also, if you are allergic to Cefixime or Azithromycin, a health care provider can recommend the best Gonorrhea treatment for you.

How should I take the medicine?

- Take all the pills at one time, by mouth. Do not share the medicine. You need all of it for it to work.
- Take it on an empty stomach (at least one hour before eating or two hours after eating).
- If you throw up in the hour after taking the medicine, you will need to get more medicine, because the medicine did not have time to work.

Avoiding STD Infections

STDs are common – a lot of people get infections each year. Even if you had Gonorrhea before, you can still get it again. The only way to completely avoid STDs, including HIV, is to not have sex. If you do have sex, **Use a latex condom every time** and for every kind of sex – **oral, anal, and vaginal sex.**

You can reduce your chances of getting Gonorrhea and other STDs, including HIV, by limiting the number of people you have sex with. The more sex partners you have, the higher your risk of getting an STD.

What should I do after taking the medicine?

DO NOT HAVE SEX (vaginal, oral, or anal) for at least 7 days after both you and your sex partner(s) have been treated. **The medicine takes 7 days to work.** You can get Gonorrhea again if you have sex before the medicine cures you and your partner(s).

Get checked for other STDs (including HIV). Even if you take the medicine, it is important to get tested for other STDs because people can have more than one STD at a time and this medicine does not cure all of them; it only cures Gonorrhea. We strongly recommend that you visit your health care provider.

What if I decide not to take the medicine?

If you decide not to take the medicine, you should visit a health care provider to get STD testing as soon as possible. Gonorrhea that is not treated can lead to serious health problems such as infertility (not being able to have children) and Pelvic Inflammatory Disease (PID). PID can be very painful and can affect the uterus, fallopian tubes, and ovaries and may lead to pregnancy in the fallopian tubes (ectopic pregnancy).

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What if I don't think I have an STD?

Many STDs don't have symptoms. You can have a sexually transmitted disease (STD) like Chlamydia even if you don't think that anything is wrong. You are getting EPT because you had sex with someone who has Chlamydia, and you may have it, too.

Is it important to see a doctor?

Yes. We encourage you to see a doctor or nurse or go to the clinic so that you can get checked for other STDs, even if you take this medicine.

What is this medicine?

The medicine you are getting is an antibiotic called Azithromycin. This medicine will only cure Chlamydia. It will not cure other STDs.

DO NOT TAKE this medicine if:

- You are having lower belly pain, cramps, pain during sex, vomiting/ throwing up, pain in the testicles (balls), or fever.
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If any of the above is true, you should not take this medicine, and you should see a health care provider as soon as possible. Also, if you are allergic to Azithromycin, a health care provider can recommend the best Chlamydia treatment for you.

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http://www.ihs.gov/epi

Expedited Partner Therapy

Phoenix Indian Medical Center

- **492 patients with chlamydia, 246 (52%) received EPT**
- **In MV analysis, re-infection was less common among patients receiving EPT.** (13%v 27%)(OR 0.5, 95%CI 0.3-0.9)
- **EPT was more likely to be received by:**
  - Women
- **EPT was less likely to be received by:**
  - Patients receiving diagnosis through the emergency department or urgent care
    - Symptomatic presentation
    - Same-day empiric treatment
    - No follow-up

Taylor MM, Use of Expedited Partner Therapy (EPT) among Chlamydia Cases Diagnosed at an Urban Indian Health Center, Arizona. *International Journal of STD & AIDS*. June, 2013

Expedited Partner Therapy

Phoenix Indian Medical Center

- **Reduces Risk of Re-infection**
- **Ideal settings**
  - Women's Clinic
  - Primary care medical clinics
  - STD clinics
- **Challenges**
  - Follow-up of empirically treated cases
    - Urgent care
    - ER

Taylor MM, Use of Expedited Partner Therapy (EPT) among Chlamydia Cases Diagnosed at an Urban Indian Health Center, Arizona. *International Journal of STD & AIDS*. June, 2013

CDC Changes to Gonorrhea Treatment (Nov 2012): Can we still use EPT?

- Every effort should be made to ensure that a patient's sex partners are evaluated and treated with a recommended regimen.
- Providers can still consider EPT for heterosexual partners of patients diagnosed with gonorrhea who are unlikely to access timely evaluation and treatment.
- Now, with the new CDC recommendations, instructions for partners should also include a recommendation that the partner receive a test-of-cure approximately one week after finishing their medication.

http://www.cdc.gov/std/ept/GC-Guidance.htm

Gonorrhea Treatment

Ceftriaxone 250 mg IM in a single dose

ALTERNATIVE
if injection not an option:

Cefixime 400 mg orally in a single dose

PLUS

Azithromycin 1 g orally
OR
Doxycycline 100 mg BID x 7 days

CDC 2010 STD Treatment Guidelines
www.cdc.gov/std/treatment

Thank you

EPT References

- 1. **Golden MR,** Hogben M, Handsfield HH, et al. Partner notification for HIV and STD in the United States: low coverage for gonorrhea, chlamydial infection and HIV. *Sex Transm Dis* 2003;30:490-6.
- 2. **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. *Sex Transm Dis* 2003;30:49-56.
- 3. **Golden MR,** Whittington WLH, Handsfield HH, et al. Effect of expedited treatment of sex partners on recurrent or persistent gonorrhea or chlamydial infection. *New Engl J Med* 2005;352:676-85.
- 4. **Kissinger P,** Mohammed H, Richardson-Alston G, et al. Patient-delivered partner treatment for male urethritis: a randomized controlled trial. *Clin Infect Dis* 2005.

MDT7@CDC.GOV

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: http://www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.