

OREGON PUBLIC HEALTH DIVISION • DEPARTMENT OF HUMAN SERVICES

NEW! EXPEDITED PARTNER THERAPY FOR CHLAMYDIA AND GONORRHEA IN OREGON

In 2008, 10,862 cases of chlamydia, and 1,258 cases of gonorrhea were reported in Oregon. Standard procedure is to refer the patient's sexual partners for screening and treatment. However, there are situations when an in-person examination of the partner is unlikely or impractical. This issue of *CD Summary* reviews recent and impending changes in Oregon law making it permissible to treat sex partners of patients with some sexually transmitted diseases (STD) without an intervening medical evaluation, a practice known as expedited partner therapy (EPT).

RECENT HISTORY

In 2007 the Oregon Medical Board issued a statement of philosophy recognizing that expedited partner therapy is "often the only reasonable way to access and treat the partner(s) and impact the personal and public health risks of continued, or additional chlamydial and gonorrheal infections." This statement placed EPT by Oregon physicians within the standards of care for treating uncomplicated chlamydia and gonorrhea in situations when the partner was unlikely to come in to the clinic. During its 2009 session, the Oregon Legislature authorized other health licensing boards to write administrative rules permitting EPT (House Bill 3022).^{*} Beginning in early 2010 physicians, nurse practitioners with dispensing privileges and other licensed nurses in county health departments and family planning clinics registered with the Board of Pharmacy will be permitted to provide extra medicine to patients with uncomplicated chlamydia or gonorrhea for delivery to their sexual partners. In addition, pharmacists will be able to fill prescriptions for medications to treat chlamydia and gonorrhea for sex partners of patients with one

or both these infections if the prescription indicates that it is for EPT, even if the prescription does not include the intended recipient's name.

BURDEN OF DISEASE

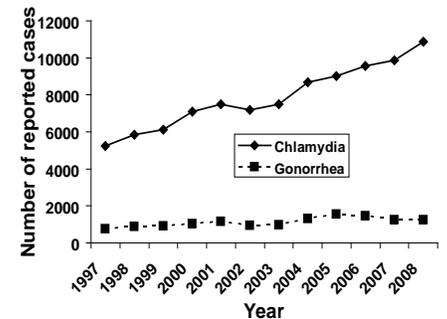
In uncomplicated cases, EPT reduces reinfection by approximately 25%,¹⁻³ increases the likelihood that a patient will inform sexual partners and that partners will be treated, and might actually reduce the likelihood that the patient will engage in sex with new or untreated partners.⁴

Reducing reinfections by 20%–25% would put a sizable dent in the annual number of cases of chlamydia and gonorrhea. People with chlamydia experience approximately 23 reinfections and people with gonorrhea experience over 4 reinfections per 100 person-years, most of these within the first few months after initial diagnosis and treatment.^{5,6} In Oregon at least 6% of reported cases of chlamydia and 4% of reported cases of gonorrhea in Oregon occur in people who have had the same disease within the previous 12 months. These rates are WAY higher (read 20 to 130-fold) than the 0.3 cases of chlamydia and 0.03 cases of gonorrhea per 100 people per year in Oregon's general population. Chlamydia, in particular, is a very common infection; approximately 10,000 incident cases will be reported this year (see figure). An additional 1,100 cases of gonorrhea will likely be reported. So, a 25% reduction in reinfection rates will likely result in at least 200 fewer cases of chlamydia and 11 fewer cases of gonorrhea in Oregon each year.

EPT 101, OREGON STYLE

In addition to authorizing licensing boards to permit EPT, House Bill 3022 directed the Department of Human Services to determine which sexually transmitted diseases are appropriately addressed with expedited partner therapy and to make informational material about EPT available for prac-

Figure Reported cases of chlamydia and gonorrhea, Oregon, 1997–2008.



tioners to distribute to patients. As we write, a workgroup composed of representatives of the Public Health Division local health departments, community women's health providers and the Oregon Boards of Pharmacy and Nursing is drafting the rules needed to permit EPT practice, guidelines for practice, and patient materials. We provide a sneak preview here. The final, complete version of Oregon's EPT guidelines will be available on the STD program website (<http://oregon.gov/DHS/ph/std/index.shtml>) in early January along with links to informational materials about EPT for patients and partners and a link to send reports of any adverse consequences of EPT or comments about the guidelines.

EPT WHAT-IFS

- *If I write additional prescriptions for antimicrobials for patients I haven't examined, will I be contributing to emerging antimicrobial resistance?* Probably not meaningfully. About 55 million prescriptions for azithromycin and other macrolides are written annually in the US. Even if azithromycin could be successfully administered to one sex partner for each of 3 million estimated annual US incident cases of chlamydia, the increment in macrolide prescriptions would approximate 5%.
- *Will my liability for adverse reaction in an EPT recipient be increased?* The new rules do not protect providers from

^{*}www.leg.state.or.us/09/reg/asures/hb3000.dir/hb3022.en.html.



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potential liability in the event of errors in diagnosis, treatment or management that result in patient harm. However, risk of successful litigation increases when a treatment is inconsistent with accepted standards of care. These changes help to place EPT within the accepted standards of care.

- **What happens if an EPT recipient suffers a severe adverse reaction?** Fortunately, severe adverse reactions to drugs used most commonly for EPT, such as azithromycin and oral cephalosporins including cefixime, are rare. And, of course, under typical (non-EPT) circumstances, patients are not observed by a health professional when taking a prescribed medication. Whenever medications are prescribed or dispensed, doctors, nurses, pharmacists, and other practitioners should inform the intended recipient about contraindications to taking the prescribed medication, possible adverse reactions and what to do should an adverse reaction occur. The new laws require all practitioners to provide written information covering these issues with each EPT prescription dispensed.[†]

REFERENCES

1. 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.
2. Golden MR, Whittington WL, Handsfield HH, et al. Effect of expedited treatment of sex partners on recurrent or persistent gonorrhea or chlamydial infection. *N Engl J Med* 2005;352:676–85.
3. Kissinger P, Mohammed H, Richardson-Alston G, et al. Patient-delivered partner treatment for male

[†] See <http://oregon.gov/DHS/ph/std/index.shtml> for patient and partner information sheets in early January 2010.

Principles of Expedited Partner Therapy for Sexually Transmitted Infections

- **Patient's diagnosis must be:** *Chlamydia trachomatis* or *Neisseria gonorrhoeae*.
 - **First-choice partner management strategy** is to attempt to bring partners in for complete clinical evaluation, STD testing, counseling, and treatment.
 - **The most appropriate patients for EPT** are patients with partners who are unable to come in to be examined and treated or whom the clinician judges are unlikely to seek timely clinical services
 - **EPT drug regimens:**
 - Patients diagnosed with chlamydia, but not gonorrhea:
 - ◇ Azithromycin (Zithromax*) 1 gram (250 mg tablets x 4) orally once
 - Patients diagnosed with gonorrhea but not chlamydia:
 - ◇ Cefixime (Suprax*) 400 mg orally once
 - PLUS:
 - ◇ Azithromycin (Zithromax*) 1 gram (250 mg tablets x 4) orally once
 - Patients diagnosed with both gonorrhea and chlamydia:
 - ◇ Cefixime (Suprax*) 400 mg orally once,
 - PLUS:
 - ◇ Azithromycin (Zithromax*) 1 gram (250 mg tablets x 4) orally once
 - **Number of partners that can be prescribed medication for EPT** should be limited to the number of known sex partners in previous 60 days (or most recent sex partner if none in the previous 60 days).
 - **Informational materials** must accompany medication and must include clear instructions, warnings, and referrals.
 - **Patients should be counseled** to remain abstinent from sexual intercourse until seven days after treatment and until seven days after partners have been treated
 - **Patient re-testing** for gonorrhea and chlamydia is recommended three months after treatment.
 - **By law, suspected sexual abuse must be reported** by licensed health practitioners and pharmacists. Sexually transmitted infections in the elderly and in children aged less than 12 years (and up to age 18 years under some circumstances) may indicate sexual abuse. See www.oregon.gov/DHS/abuse/mandatory_rport.shtml for additional information on mandatory reporting.
- *Use of trade names is for identification only and does not imply endorsement.

- urethritis: A randomized, controlled trial. *Clin Infect Dis* 2005;41:623–9.
- 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.
- Mehta SD, Erbeling EJ, Zenilman JM, Rompalo AM. Gonorrhoea reinfection in heterosexual std clinic attendees: Longitudinal analysis of risks

for first reinfection. *Sex Transm Infect* 2003;79:124–8.

6. Rietmeijer CA, Van Bemmelen R, Judson FN, Douglas JM, Jr. Incidence and repeat infection rates of *Chlamydia trachomatis* among male and female patients in an std clinic: Implications for screening and re-screening. *Sex Transm Dis* 2002;29:65–72.