

Expedited Partner Therapy (EPT) for Sexually Transmitted Diseases

Protocol for Health Care Providers in Oregon

Oregon Health Authority
Center for Public Health Practice
HIV/STD/TB Section



Principles of Expedited Partner Therapy for Sexually Transmitted Diseases

- **Patient's diagnosis must be:** *Neisseria gonorrhoeae* or *Chlamydia trachomatis* infection.
- **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:**
 - ◆ Partners of patients diagnosed with chlamydia:
 - Azithromycin (Zithromax*) 1 gram (4 x 250 mg, 2 x 500 mg, or 1 x 1000 mg) orally, once
 - ◆ Partners of patients diagnosed with gonorrhea
 - Cefixime (Suprax*) 400 mg (4 x 100 mg, 2x 200 mg or 1 x 400 mg) orally, once

AND

 - Azithromycin (Zithromax*) (1 gram 4 x 250 mg, 2 x 500 mg, or 1 x 1000 mg) orally, once
- **Patients with gonorrhea and their partners who are seen in-person should be treated with the first line recommended treatment: ceftriaxone** (250 mg intramuscularly) in addition to azithromycin. The second line treatment, cefixime, is recommended for EPT because it is taken orally.
- **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, including pharmacists. Sexually transmitted infections in adults aged 65 years and older, or in children aged less than 12 years (and up to age 18 years under some circumstances) may indicate sexual abuse. See http://www.oregon.gov/DHS/abuse/pages/mandatory_report.aspx for additional information on mandatory reporting.

**Use of trade names is for identification only and does not imply endorsement.*

Introduction

Expedited Partner Therapy (EPT), also known as Patient-Delivered Partner Therapy (PDPT), is the practice of treating sex partners of persons with sexually transmitted diseases (STD) without an intervening medical evaluation or professional prevention counseling. The goal of EPT is to increase partner treatment rates and thus to reduce re-infection rates of the index cases.

The Sexually Transmitted Disease Program of the Oregon Health Authority's Center for Public Health Practice recommends the judicious incorporation of EPT into a comprehensive STD program for controlling chlamydia and gonorrhea.

This document is intended to provide guidance for providers who wish to prescribe or dispense antibiotic therapy for the sex partners of patients infected with *Neisseria gonorrhoeae* or *Chlamydia trachomatis*.

Background

To prevent repeat infections, sex partners of patients with bacterial STDs must be provided timely and appropriate antibiotic treatment. However, because infected partners are often asymptomatic, they are unlikely to seek medical treatment. Even when doctors and other health practitioners counsel patients about the need for partner treatment, some sex partners have limited or no access to medical care or choose not to seek care.

Data from three randomized controlled clinical trials indicate that EPT is a useful option to facilitate partner management in heterosexual men and women with chlamydial infection.⁽¹⁻³⁾ The most important outcome among those treated with EPT was reduced rates of re-infection. Other benefits included equivalent or improved success in notifying partners and increased belief that partners were treated.

In May of 2005, the Centers for Disease Control and Prevention (CDC) sent out a "Dear Colleague" letter to care providers across the United States, concluding that EPT is a useful option to facilitate partner management and encouraging states and local health departments to work together to remove operational barriers to EPT.⁽⁴⁾ That letter was followed in 2006 by release of a formal review of the evidence and guidance for implementation.⁽⁵⁾ A 2012 update to the CDC 2010 STD Treatment Guidelines reiterated the recommendation to consider EPT for gonorrhea or chlamydia for partners of heterosexual patients in whom timely evaluation and treatment is unlikely.⁽⁶⁾

In June of 2009, the Oregon Legislature passed House Bill 3022, allowing the State's health professional regulatory boards to adopt rules permitting health care practitioners to prescribe treatment for sex partners of patients with certain sexually transmitted diseases without examining the partner. The legislation stipulated that a prescription issued in the practice of expedited partner therapy be valid even if the name of the patient for whom the prescription is intended is not written on the prescription.

The EPT legislation further directed the Oregon Health Authority to formulate guidance on the practice of EPT in Oregon and to specify the diseases for which the practice of

EPT should be permitted. This document is intended to serve as the statutorily required guidance.

A Comprehensive Model of Control of STDs

Specific guidelines for the treatment of STDs have been updated for 2010 by the Centers for Disease Control and Prevention (available at: <http://www.cdc.gov/std/treatment/>).⁽⁷⁾ A comprehensive model for controlling STDs should include:

- Collection of sexual history for all patients of reproductive age
- General STD prevention education and risk reduction counseling
- Appropriate screening and diagnostic testing for STDs
- Adequate treatment for diagnosed cases and their partners
- Reporting of notifiable conditions to local public health authorities

Infections for which EPT can be used in Oregon

Chlamydia trachomatis

Neisseria gonorrhoeae

Basic principles to consider in the practice of EPT

- Health care practitioners must be responsible for making reasonable attempts to assure treatment of the sex partners of their STD-infected patients.
- EPT is not intended to be the first or best choice of treatment for partners of individuals diagnosed with chlamydia or gonorrhea. A medical examination of sex partners of STD patients with testing for sexually transmitted disease followed by treatment for presumed infection remains the preferred approach to assuring treatment of exposed partners.
- If a patient diagnosed with chlamydia or gonorrhea is accompanied by sex partner(s) at the time of their clinic visit for treatment of the STD, the health care provider should ensure that these partner(s) are examined, tested and treated during that visit.
- EPT can serve as a useful alternative when the health care practitioner judges that one or more sex partners of the diagnosed patient are unlikely to seek or successfully obtain timely medical evaluation and treatment.
- The most appropriate patients for EPT are the male partners of women with a laboratory-confirmed diagnosis of chlamydia or gonorrhea. Clinicians may also choose to provide EPT for female partners of male patients with Chlamydia. Male index patients (the patient with the original diagnosed case) should be informed that it would be best for their female partners to have a medical evaluation, but the clinician may opt to provide EPT, unless the partner is known to be pregnant.
- Medications should generally not be provided for pregnant partners; refer pregnant women to their prenatal care provider or another medical provider.
- Use of EPT for sexual partners of men who have sex with men is discouraged because of the relatively high prevalence of undiagnosed HIV infection among male partners of men with a sexually transmitted infection.
- EPT should not be used in Oregon to treat partners of women with trichomoniasis, or men and women with etiologically undefined clinical syndromes such as non-gonococcal urethritis, mucopurulent cervicitis, or pelvic inflammatory disease

without specific laboratory confirmation of *Chlamydia trachomatis* or *Neisseria gonorrhoeae*.

- By law, licensed health practitioners (including pharmacists), public health employees, and others must report suspected sexual abuse in the adults aged 65 years or more and in children aged less than 12 years (and up to age 18 years under some circumstances) to authorities. Sexually transmitted infections in children and the elderly can be a sign of abuse. See http://www.oregon.gov/DHS/abuse/pages/mandatory_report.aspx for additional information on mandatory reporting.

Specific Guidance on Expedited Partner Therapy in Oregon

- If the partner (or partners) are not present at the time of the infected patient's clinic visit, the provider should inform the patient that it would be best to have all partners thought to have been exposed during the previous 60 days come into a clinic for examination, testing and treatment. However, if treatment is not otherwise assured, the patient should be provided prescriptions for antibiotics, or dispensed the antibiotics, for their partner(s).
- EPT should not be used for the partners of the partners to the index case. Additional partners of a partner who is given EPT should be encouraged to seek medical evaluation, especially if they are experiencing symptoms of an STD.
- Prescriptions or medications for EPT must include appropriate written information for the intended partner.
- If possible and practical, telephone contact should be made with the sexual partner(s) to explain the reason for providing EPT, to ask about other symptoms of STDs or complications that would indicate a need for medical evaluation (such as sores, ulcers, discharge, testicular pain, or abdominal pain), and to answer questions. Female partners should be asked if they are pregnant or breastfeeding. Partners should be advised to abstain from intercourse for seven days after taking the medication.
- Health care providers should document all EPT-related actions, including the number of partners who are being provided with EPT, the medication(s) and dosage prescribed or provided, whether or not the partners are known to be allergic to any medications, and the information sent along for the partner(s). Opinions differ on whether names of the partners, if known, should be documented in the patient's chart. The Sexually Transmitted Disease Program is not aware of any specific state or federal regulations or professional standards that specifically and definitively address this question. Determinations about whether to record partner names in patient medical records should be made at the facility or provider level in consultation with practitioner boards and legal counsel, if necessary.
- EPT may consist of either a prescription for antibiotics or provision of the appropriate antibiotic, along with relevant allergy and education information for the patient to give to his/her partners. The information provided to partners should specify that if they want to determine if they are infected, they must have a test for the disease before taking the treatment. Informational handouts for partners (in English and Spanish) are available on the STD Program website at <http://www.healthoregon.org/std>.

- The health practitioner can request assistance for sex partner follow-up from their local health jurisdiction b) the patient is unable or unwilling to contact one or more partners; c) the patient has had 2 or more sex partners in the last 60 days; or d) the patient is a man who has had sex with other men (MSM). (Because over 14,000 reported cases of chlamydia occur in Oregon annually, local health authorities don't typically offer individual case or partner follow-up for most cases of chlamydia and for some cases of gonorrhea.)

Medication for EPT may be provided in the following ways:

- Medications may be provided to the index patient to take to his or her partner(s).
- Separate prescriptions may be written for the index patient and his or her partner(s).
- If the index patient is unwilling or unable to identify the partner(s) by name, the provider may write a prescription for an “[name of original patient]—Partner” (e.g., “Jane Doe—Partner” or “EPT Partner.”)
- EPT prescriptions not containing the name of the partner must be annotated with the phrase ‘for EPT,’ or “EPT Prescription” or equivalent to alert the pharmacist that the prescription can be filled without a name under the EPT laws.

Key counseling messages when implementing EPT

- 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 re-infecting the index patient.
- Partners should seek a complete STD evaluation as soon as possible.
- Partners who have allergies to the prescribed/dispensed class of antibiotics, 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 three to four months after treatment.

Recommended Treatments

For chlamydia:

Partners of patients with chlamydia should be treated with azithromycin 1 gram PO, unless the partner is allergic to macrolide antibiotics. In this situation, consult the MMWR STD Treatment Guidelines 2010 or contact a consulting physician for further instructions. Empiric co-treatment for gonorrhea is not recommended.

Although doxycycline might be the best option for treatment of a patient with chlamydia, the Sexually Transmitted Disease Program does not recommend its use for EPT for several reasons. Use of doxycycline for EPT has not been studied. Partner treatment of chlamydia infection with doxycycline requires a multi-dose, multi-day regimen compared with single dose treatment with azithromycin, and completion of EPT would be expected to be reduced. Doxycycline presents the potential for more frequent and potentially more significant

adverse events than azithromycin including fetal risks in the event of inadvertent treatment during pregnancy. Because of the potential for greater quantities of unused medicine with a multi-dose regimen, doxycycline probably presents a greater risk than azithromycin for adverse ecological outcomes.

For gonorrhea:

Partners of patients with gonorrhea treated by EPT should be treated with cefixime 400 mg orally, once and azithromycin 1 gram orally once at the same time as cefixime, unless the partner is allergic to cephalosporins or macrolide antibiotics. If the partner is allergic to either class of antibiotics, EPT is discouraged; the partner should be advised to seek timely evaluation and treatment in person.

Patients with gonorrhea and their partners who are seen in-person should be treated with the first line recommended treatment: ceftriaxone (250 mg intramuscularly) in addition to azithromycin. The second line treatment, cefixime, is recommended for EPT because it is taken orally.

Although doxycycline might be the best option for supplemental treatment of a patient with gonorrhea, the Sexually Transmitted Disease Program does not recommend its use for EPT for several reasons. Use of doxycycline for EPT has not been studied. Partner treatment with doxycycline requires a multi-dose, multi-day regimen compared with single dose treatment with azithromycin, and completion of EPT would be expected to be reduced. Doxycycline presents the potential for more frequent and potentially more significant adverse events than azithromycin including fetal risks in the event of inadvertent treatment during pregnancy. Because of the potential for greater quantities of unused medicine with a multi-dose regimen, doxycycline probably presents a greater risk than azithromycin for adverse ecological outcomes.

Payment for partner medications

At present, most partners will need to purchase medications prescribed through EPT. Presently, retail cost for a gram of generic azithromycin is \$5–\$20. EPT prescriptions may be covered by some health insurance plans. Patients, partners or health care providers should check with the partner’s health insurance provider if the partner is insured.

Some STD clinics, community health centers, family planning clinics, school-based health centers and other settings might have medicines available to give directly to patients to give to partners. Partners to index patients diagnosed outside of one of the above settings may seek treatment in one of these settings, but should be clinically evaluated before medications are provided.

Additional Resources

Information regarding these recommendations should be directed to the STD Program in the at Oregon Public Health Division, 800 NE Oregon St., Ste. 1105, Portland, OR, 97232. Telephone 971-673-0153.

References

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- 6 Centers for Disease Control and Prevention. Update to CDC's Sexually transmitted diseases treatment guidelines, 2010: oral cephalosporins no longer a recommended treatment for gonococcal infections. *MMWR Morb Mortal Wkly Rep*. 2012 Aug 10;61(31):590-4.
- 7 Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2006. *MMWR*. 2006;55(No. RR-11).

Revision History

February 2010. Original publication.

September 2012. Revision removed gonorrhea from the list of conditions for which EPT recommended and removed allusions to use of EPT for gonorrhea. Changes were made in response to concerns about increasing minimum inhibitory concentrations of cephalosporins for gonorrhea isolates and recommendation by Centers for Disease Control and Prevention that injectable ceftriaxone be the sole preferred medication for treatment of gonorrhea.

July 2014. Revision replaced gonorrhea among conditions for which EPT recommended. Changes were made amidst historic increases in gonorrhea incidence, reiteration of CDC recommendations for use of cefixime for EPT in gonorrhea cases despite retraction in 2012 of recommendation for cefixime as alternative treatment to ceftriaxone for index cases. In addition, gonococcal isolate surveillance continues to indicate that sensitivity to cefixime remains high in Oregon.

February 2015. Formatting update.