

09-02

## STATEMENT OF POLICY

### Expedited Partner Therapy

#### Policy

The National Association of County and City Health Officials (NACCHO) supports:

- Legislation that allows medical practitioners licensed to prescribe and dispense prescription medication to prescribe antibiotic therapy for the partners of persons infected with *Chlamydia trachomatis* or *Neisseria gonorrhoeae* without examination, a practice known as expedited partner therapy (EPT);
- The consideration of EPT as an option for partner management of heterosexual male or female patients with chlamydia and/or gonorrhea when other partner management strategies with in-person evaluation are impractical or unsuccessful;
- The public health community leading the implementation of EPT in both the public and private sector, encouraging medical practitioners licensed to prescribe antibiotic therapy to support EPT to limit the spread of disease and thus prevent re-infection, pelvic inflammatory disease, ectopic pregnancy, and other serious potential outcomes of untreated chlamydia and gonorrhea infections; and
- Additional research to determine the effectiveness of EPT among men who have sex with men (MSM) and other vulnerable populations.

#### Justification

Over 1 million cases of chlamydia and over 358,000 cases of gonorrhea, the two most commonly reported notifiable diseases, were reported in the United States in 2006.<sup>1</sup> Few local health departments have the resources to contact all persons diagnosed with these sexually transmitted infections (STIs) to identify and refer sexual partners for evaluation and treatment. Few medical providers attempt to contact their patients' partners directly<sup>2</sup>.

EPT has been demonstrated to be more effective at preventing re-infection of gonorrhea by 73 percent and chlamydia by 15 percent as compared to standard partner management methods.<sup>3</sup> EPT has also been reported to be cost-saving.<sup>4</sup> Effective EPT includes not only the medication, but information that encourages recipients to seek individual medical evaluation in addition to taking the medication as directed.<sup>5</sup>

A primary barrier to implementing EPT is its uncertain legal status. In many states, EPT legal status is not specifically addressed in state statutes or medical practice guidelines.<sup>6</sup> In states where EPT has been specifically legalized, providers' perception that the practice is illegal becomes a challenge.<sup>7</sup> Other challenges to implementation include covering the cost of antibiotics prescribed for partners, either by the provider or the patient; co-morbidity of other common STIs; incomplete treatment due to resistant *N. gonorrhoeae* strains; lack of partner follow-up examination and education opportunities; and liability risks for potential complications of dispensing antibiotics to a partner who has not been evaluated by the prescribing provider.<sup>8</sup>



The treatment of all partners of patients diagnosed with STIs is critical to preventing re-infection and limiting the spread of disease. EPT has been evaluated and found to be an effective strategy to meet this objective, at least as effective as traditional methods of partner management, such as provider referral.<sup>8</sup> In addition, concerns regarding adverse effects and/or antimicrobial resistance are not supported by data. As of January 2007, the State of California Department of Public Health had received no reports of adverse effects of EPT, misuse of antimicrobial medications, or of any increase in antimicrobial resistance since it began implementation in 2001.<sup>9</sup>

The use of EPT is recommended with heterosexual cases of chlamydia and gonorrhea as supported by the literature and may be a particularly important tool for local health departments with high rates of gonorrhea and chlamydia infection and/or those with limited resources for other partner notification methods.<sup>10,11,12</sup> Research to date does not support the use of EPT for persons diagnosed with other STIs, including syphilis and human immunodeficiency virus (HIV) and is insufficient to support the use of EPT with MSM.<sup>14</sup>

### **Record of Action**

*Approved by NACCHO Board of Directors  
March 11, 2009*

<sup>1</sup> Centers for Disease Control and Prevention, Division of STD Prevention. (2007). *Sexually transmitted disease surveillance, 2006*. Retrieved July 1, 2008 from <http://www.cdc.gov/std/stats06/toc2006.htm>.

<sup>2</sup> Centers for Disease Control and Prevention, Division of STD Prevention. (2006). *Expedited partner therapy in the management of sexually transmitted diseases*. Retrieved July 1, 2008 from <http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>.

<sup>3</sup> Golden, M., Whittington, W., Handsfield, H., Hughes, J., and Stamm, W. et al. (2005). Effect of expedited treatment of sex partners on recurrent or persistent gonorrhea or chlamydial infection. *New England Journal of Medicine* 352(7): 676-685. Retrieved July 1, 2008 from <http://content.nejm.org/cgi/content/full/352/7/676>.

<sup>4</sup> Centers for Disease Control and Prevention, Division of STD Prevention. (2006). *Expedited partner therapy in the management of sexually transmitted diseases*. Retrieved July 1, 2008 from <http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>.

<sup>5</sup> State of Washington Department of Health. (2004). *Washington State Department of Health background and recommendations for incorporating patient-delivered partner therapy (PDPT) by health care providers*. Retrieved July 1, 2008 from <http://www.doh.wa.gov/cfh/STD/Pub/DOHPDPTGuidelines2004.pdf>.

<sup>6</sup> Centers for Disease Control and Prevention, Division of STD Prevention. (2007). *Legal Status of Expedited Partner Therapy*. Retrieved July 1, 2008 from <http://www.cdc.gov/std/ept/legal/default.htm>.

<sup>7</sup> American Medical Association. (2005). *Council on Scientific Affairs: Expedited partner therapy (patient delivered partner therapy)*. Retrieved July 1, 2008 from <http://www.ama-assn.org/ama/pub/category/15334.html>.

<sup>8</sup> *Ibid.*

<sup>9</sup> California Department of Public Health, STD Control Branch. (2007). *Patient-delivered partner therapy for Chlamydia trachomatis and Neisseria gonorrhoeae: Guidance for medical providers in California*. Retrieved July 1, 2008 from <http://ww2.cdph.ca.gov/healthinfo/discond/Documents/Chlamydia-PDPT-Guidelines-Ptnr-Info.pdf>.

<sup>10</sup> *Ibid.*

<sup>11</sup>Centers for Disease Control and Prevention, Division of STD Prevention. (2006). *Expedited partner therapy in the management of sexually transmitted diseases*. Available at <http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>.

<sup>12</sup> *Ibid.*

<sup>13</sup> *Ibid.*

<sup>14</sup> Golden, M., Whittington, W., Handsfield, H., Hughes, J. and Stamm, W. et al. (2005). Effect of expedited treatment of sex partners on recurrent or persistent gonorrhea or chlamydial infection. *New England Journal of Medicine* 352(7): 676-685. Available at <http://content.nejm.org/cgi/content/full/352/7/676>.