CLINICAL ADVISORY:

EXPEDITED PARTNER THERAPY (EPT) FOR CHLAMYDIA AND GONORRHEA INFECTION IN CONNECTICUT

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CONNECTICUT DEPARTMENT OF PUBLIC HEALTH (CDPH)

Expedited partner therapy (EPT) is the practice of treating the sex partners of persons diagnosed with chlamydia or gonorrhea infection without first examining or testing the partner. EPT helps interrupt the spread of disease by getting treatment to people who might otherwise remain untreated. As of October 1, 2011, Public Act 11-242 authorizes prescribing practitioners to prescribe or dispense antibiotics to treat chlamydia and/or gonorrhea infection in the sex partners of patients with chlamydia and/or gonorrhea infection. A practitioner who prescribes or dispenses antibiotics in this manner does not violate the practitioner's standard of care. The law defines a "prescribing practitioner" as a physician, dentist, podiatrist, optometrist, physician assistant, advanced practice registered nurse (APRN), nurse-midwife, or veterinarian licensed in Connecticut to prescribe medicine within his or her scope of practice

Background on Chlamydia and Gonorrhea Infection and EPT

Chlamydia and gonorrhea infections are the most common reported sexually transmitted diseases (STD) in the United States. In Connecticut in 2013, there were 12,957 chlamydia infections and 2,933 gonorrhea infections reported. The incidence of reported chlamydia and gonorrhea infections in Connecticut among adolescents (ages 15–19) and young adults (ages 20–24) was 1,825 and 295 per 100,000 respectively.

Despite their prevalence, chlamydia and gonorrhea infections are often undiagnosed because infected individuals are asymptomatic. Patients with chlamydia and gonorrhea infection are at increased risk for reinfection after treatment if their sex partners are not also treated. EPT helps prevent reinfection by increasing the likelihood that sex partners are effectively treated, even if they are unwilling or unable to seek medical care on their own. This is particularly true for adolescents, who may be afraid to seek medical care or disclose their infection to their parents or their regular primary care provider.

EPT has been shown to be safe and effective in the treatment of sex partners. Research has demonstrated that EPT is effective in reducing reinfection of index case-patients infected with chlamydia or gonorrhea. Based on these findings, the Centers for Disease Control and Prevention (CDC) has recommended the use EPT in the treatment of heterosexual partners of patients with chlamydia or gonorrhea when those partners are unlikely to be evaluated and treated in a timely manner. Several states with long-standing EPT programs have had no reports of adverse events from the use of EPT.

Concerns for Gonorrhea Antibiotic Resistance

In 2013, CDC named *Neisseria gonorrhoeae* as an urgent public health threat because of increasing resistance to multiple types of antibiotics. Recent data has shown increasing resistance to several antibiotics used to treat gonorrhea including cephalosporins, tetracycline and azithromycin. These findings prompted a change in the recommendation for first line treatment of gonorrhea in 2012. Oral cephalosporins are no longer recommended for routine treatment of gonorrhea; dual treatment with Ceftriaxone 250mg IM and Azithromycin 1 gram orally or Doxycycline 100mg orally twice daily for 7 days is the current recommended treatment, regardless of chlamydia co-infection.

Despite these changes, it is recognized that not all partners exposed to gonorrhea can or will be treated in a timely manner. EPT is still an acceptable alternative strategy for the treatment of partners exposed to patients diagnosed with gonorrhea who cannot access timely evaluation and treatment as the harm of not treating possible gonorrhea infection outweighs the risk of EPT in this situation. All partners treated for

gonorrhea with EPT should be advised to have a test of cure at least one week after taking their medication.

Treatment Protocol[1]

The recommended treatment for chlamydia and gonorrhea infection when using EPT are the following:

- For chlamydia infection, one oral dose of 1g of azithromycin
- For gonorrhea infection, one oral dose of 400mg of cefixime ***and*** one oral dose of 1g of azithromycin
- For chlamydia and gonorrhea infection, one oral dose of 400mg of cefixime ***and*** one oral dose of 1g of azithromycin

This is the recommended treatment for both adults and adolescents when using EPT. The single dose enhances adherence with directly observed and unobserved therapy.

Because second line treatments for these infections often require multiple doses of medication over several days and can be associated with more adverse events, they are not recommended for EPT.

Implementation Options

There have been no published studies demonstrating the efficacy of EPT in the treatment of chlamydia or gonorrhea infection in the male sex partners of males with these infections. Therefore, current CDC guidelines for the treatment of sexually transmitted infections recommend EPT for use in heterosexual men and women with chlamydia or gonorrhea infection only.

CDPH recommends either of the following option for the prescribing practitioner implementing EPT:

- Provide a written prescription for a named sex partner(s) of the infected patient; OR
- Dispense the medication directly, one dose to be taken immediately by the patient, and an additional dose or doses to be delivered by the patient to the sex partner(s). A separate, properly labeled container is to be used for the dose(s) for each sex partner.

Patient Counseling and Information for Partners

Patients with chlamydia and/or gonorrhea infection should be counseled to abstain from sex for seven days after completion of therapy, notify their sex partners about their infection, and avoid future infection by using condoms during sex.

Regardless of which EPT implementation option the practitioner chooses, the written prescription or medication for the partner should be accompanied by a partner information sheet (whenever possible). Patient information sheets should contain information about exposure to chlamydia and/or gonorrhea, the need for treatment, instructions about treatment and potential allergic reactions, and the need for abstaining from sex for seven days following treatment. Patient information sheets are available at http://www.ct.gov/dph/std.

Conclusions

Successful EPT programs in other states have demonstrated that EPT is both safe and effective for preventing reinfection in patients with chlamydia or gonorrhea infection. The use of EPT is entirely voluntary and CDPH continues to encourage all sex partners to seek clinical care regardless of whether EPT is used. However, CDPH recommends that health care providers use EPT when, in their clinical judgment, it would be beneficial for both the patient and the sex partner(s).

[1] CDC, *Sexually Transmitted Diseases Treatment Guidelines*, MMWR 59 (RR12) 45, (Dec. 17, 2010).

References and Resources for Health Care Providers

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