

Standard of Care for Patients with Chlamydia and Gonorrhea: Expedited Partner Therapy (EPT)

Expedited partner therapy (EPT) is the clinical practice of treating sex partners of patients diagnosed with a treatable STD without the healthcare provider first examining the partner.¹ EPT usually involves the implementation of **patient delivered partner therapy (PDPT)**, in which the patient delivers the medication or a prescription to his or her partner. While evaluating the partner and providing other needed health services would be ideal, it is often not feasible. EPT is effective, safe, and acceptable to patients and partners. Since 2001, EPT has been allowable in California (California Health & Safety Code § 120582) and has become a standard of care in many clinical settings.

Chlamydia and gonorrhea are major public health problems

- Chlamydia and gonorrhea are the two most commonly reported infectious diseases in California.²
- In 2014, there were almost 175,000 chlamydia cases and 45,000 gonorrhea cases reported in California.³ That amounts to 25 new chlamydia or gonorrhea cases every hour or one new case every two and a half minutes.
- Young people and women are most severely affected by STDs. In California, over half of all chlamydia cases are diagnosed in 15-24 year olds. The female chlamydia rate is about twice the rate in males; however, the rate in males has increased by 24% since 2010 while the female rate has remained fairly stable.³
- Untreated chlamydia and gonorrhea infections in women are associated with serious adverse health outcomes including pelvic inflammatory disease (PID), ectopic pregnancy, tubal infertility, perinatal infections, chronic pelvic pain, and increase the risk for HIV and other STDs.^{4,5}

The re-infection rate among females is high & has serious consequences

- Nearly 14% of women with chlamydia and 12% of women with gonorrhea become re-infected within months of treatment, often due to untreated partners.⁶
- Women with repeat chlamydial infections are at a higher risk for developing ectopic pregnancy and PID compared to women with first time chlamydial infections.⁷

Health department follow up for chlamydia and gonorrhea is rare and patients referring their own partners is not very effective

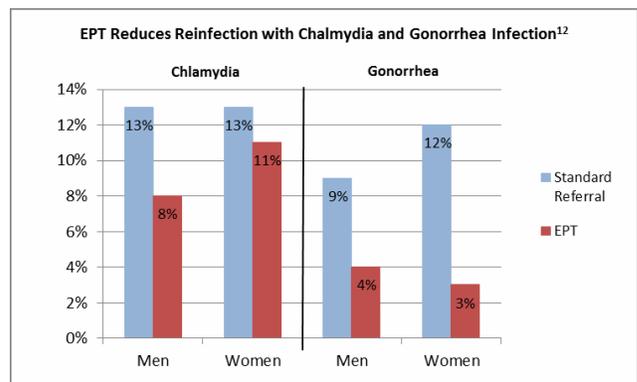
- In most areas of the U.S., partner notification services by health department or clinical staff for chlamydia and gonorrhea are rarely carried out due to limited resources and the high rates of infection.⁸
- Compared to EPT, relying on patients to notify their own partners is not as effective in terms of partner outcomes (e.g., notification, evaluation, and treatment) and biological outcomes (e.g., reinfection rates).⁹

EPT reduces reinfections and is considered clinical best practice

- CDC STD Treatment Guidelines recommend offering EPT to patients with partner(s) that are unable or unlikely to access treatment on their own.¹⁰
- Since repeat infections are often due to untreated partners, ensuring that all recent partners have been treated is a core aspect of the clinical management of patients diagnosed with chlamydia or gonorrhea.¹⁰
- Patients who are provided EPT are less likely to get re-infected compared to patients who only receive standard referral.^{11,12} EPT for chlamydia and/or gonorrhea has been studied in five randomized trials.¹³



- EPT is supported by many legal and professional healthcare organizations, including:
 - American Academy of Family Physicians¹⁴
 - American Congress of Obstetricians and Gynecologists¹⁵
 - Society for Adolescent Medicine¹⁶
 - American Medical Association¹⁷
 - American Bar Association¹⁸
 - Council of State Governments¹⁹
- Despite demonstrated effectiveness, EPT is underutilized. Increasing provider's uptake and offer of EPT is a critical step to improving STD partner management.²⁰



There are no special liability concerns with EPT in California

- Liability for providing EPT in California is no different from the liability of any other action taken by a healthcare provider, including prescribing or dispensing medicine for any medical condition.¹

EPT is cost-effective

- Cost-effectiveness analyses show that EPT lowers both health care costs and productivity losses.²¹

Medications are safe and effective

- Researchers conducting multisite randomized trials and community-level trials of EPT for chlamydia and gonorrhea received no reports of anaphylaxis or other major adverse drug reactions.^{22,23}
- In the past 15 years, no adverse events related to EPT have been reported to the California Department of Public Health.¹
- For partners unlikely to seek medical treatment, the best alternative treatment for gonorrhea is dual treatment with cefixime and azithromycin. (The first-line treatment for gonorrhea is intramuscular ceftriaxone plus azithromycin taken orally.)¹⁰

EPT can be provided to both males and females

- EPT can be provided regardless of the patient's gender or sexual orientation.¹
- Due to the emergence of gonococcal isolates with decreased susceptibility to cephalosporins, particularly among men who have sex with men (MSM) in California, EPT for MSM with gonorrhea should not be a first line strategy for partner treatment.¹

Options for providing EPT medications

- Currently, EPT is not a covered benefit of the California Family Planning, Access, Care, and Treatment (Family PACT) or Medi-Cal programs.
- Providers can give patients written prescriptions for EPT to be filled at their local pharmacy.¹
- Eligible clinics can receive free chlamydia and gonorrhea partner treatment medications from Essential Access Health. For eligibility criteria, visit [their website with information on PDPT](http://www.essentialaccess.org/pdpt) (www.essentialaccess.org/pdpt).

With limited public health resources to address the high infection and re-infection rates of chlamydia and gonorrhea and negative consequences from re-infection, it is crucial to employ evidence-based partner management strategies such as EPT to reduce re-infection, ensure treatment of partners, and prevent ongoing transmission. Additional training and patient education materials produced by Essential Access Health are available on their online [PDPT Resources page](http://www.essentialaccess.org/pdpt/resources) (www.essentialaccess.org/pdpt/resources).



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