

OREGON PUBLIC HEALTH DIVISION • DEPARTMENT OF HUMAN SERVICES

NEW! EXPEDITED PARTNER THERAPY FOR CHLAMYDIA AND GONORRHEA

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, sometimes an in-person examination of the partner is unlikely or impractical. This issue of *CD Summary* reviews 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 and clinical nurse specialists with prescriptive authority, 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 sex partners of patients if the prescription indicates that it is for EPT, even if

the prescription does not include the intended recipient's name.

BURDEN OF DISEASE

Chlamydia is the most common reportable disease in Oregon, and case reports have almost doubled during the past decade (Figure). Gonorrhea cases have also been gradually increasing. People with chlamydia experience approximately 23 reinfections and people with gonorrhea experience more than 4 reinfections per 100 person-years, most of these within the first few months after diagnosis and treatment.^{1,2} Many cases of gonorrhea and chlamydia are asymptomatic and go undiagnosed and unreported. Men are less likely to be diagnosed than women. Only about 30% of reported chlamydia occurs in men.

ANTICIPATED IMPACT OF EPT

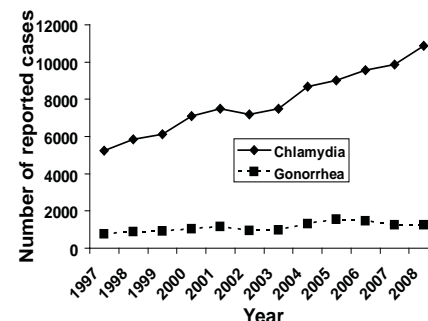
EPT reduces reinfection by approximately 25%, probably by effecting treatment of male cases that would otherwise go undiagnosed.³⁻⁵ EPT might also increase the likelihood that a patient will inform sexual partners and that partners will be treated. In addition, it might actually reduce the likelihood that the patient will engage in sex with new or untreated partners.⁶

Reducing reinfections by 20%–25% would put a sizable dent in the annual number of cases of chlamydia and gonorrhea. At least 6% of reported cases of chlamydia and 4% of reported cases of gonorrhea in Oregon occur in people who have been treated for 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. 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 order to implement House Bill 3022 the Public Health Division in conjunction with licensing boards, is

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



drafting the rules needed to permit EPT practice, guidelines for practice, and patient materials. We provide a sneak preview here. The 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 (in English and Spanish) 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 significantly. 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 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

* www.oregon.gov/OMB/TOI/Expedited_Partner_Therapy.shtml

† www.leg.state.or.us/09/reg/measures/hb3000.dir/hb3022.en.html.



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Principles of Expedited Partner Therapy for Sexually Transmitted Infections⁶

- **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
 - **EPT is strongly discouraged** for partners of men who have sex with men and women with etiologically undefined clinical syndromes such as non-gonococcal urethritis, pelvic inflammatory disease without specific laboratory confirmation of chlamydia or gonorrhea, or mucopurulent cervicitis.
 - **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 7 days after their treatment and until 7 days after their 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.

[†]Derived from CDC Guidelines; see reference 6,

**If cefixime is not available, cefpodoxime (Vantin) 400 mg may be substituted.

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

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.[‡]

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

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 ordinary circumstances, patients are not observed by a health professional when taking a prescribed medication. Whenever medications are prescribed