

February 2011

## Department of Health Guidelines for Expedited Partner Therapy (EPT) of Sexually Transmitted Diseases

In January 2007, the New Mexico Medical Board amended rules to allow health professionals to offer EPT to partners of patients with STDs under guidelines developed by the New Mexico Department of Health (NMDOH). The guidelines follow:

### **Background:**

Expedited Partner Therapy (EPT) is the practice of treating the sex partners of persons with sexually transmitted diseases (STD) without the partners receiving an intervening medical evaluation. Expedited Partner Treatment is a mechanism for providers to treat patients with whom they have not established a therapeutic relationship, in order to prevent re-infection of an index patient. Heterosexual patients with uncomplicated gonorrhea and chlamydial infections have lower rates of re-infection when their sexual partners are provided with EPT, according to published research supported by the Centers for Disease Control and Prevention (CDC).

A “Dear Colleague” letter dated May 11, 2005 from Dr. John M. Douglas Jr., Director of the CDC Division of STD Prevention, stated that the “CDC has concluded that EPT is a useful option to facilitate partner management, particularly for treatment of male partners of women with chlamydial infection or gonorrhea.” Dr. Douglas’s letter urged state health departments to work toward removing legal and administrative barriers that prevent use of EPT.

A complete review of the studies and recommendations were published in 2006 by the CDC in “Expedited Partner Therapy in the Management of Sexually Transmitted Diseases: Review and Guidance.” The report is available online:

<http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>

### **Expedited Partner Therapy Guidelines:**

These guidelines are to assist clinicians in deciding when to offer EPT and procedures to follow when choosing this option.

### **General Principles:**

The best approach is for the partner(s) of a patient diagnosed with any sexually transmitted disease (STD) to be evaluated, examined, tested, counseled, and treated by a medical provider. The index patient who is diagnosed with an STD should be counseled to have their sexual partner(s) evaluated by their own primary care provider or at a public health clinic, and not to resume sexual intercourse with that partner until the partner has been adequately treated. Ideally, a written referral is provided to every

patient with an STD that states the diagnosis, the treatment provided, and where the partner may obtain medical care. (Referral forms are available from the New Mexico Department of Health STD Program).

Patients diagnosed with gonorrhea, chlamydia, or trichomoniasis should be encouraged to notify all of the people with whom they have had sexual contact within the past two months. Partner(s) should be told the specific infection that they may have been exposed to and offered a written referral. The patient may be offered EPT if the patient believes that their partner(s) will refuse to seek care or will not be able to obtain medical care.

Medication for EPT should be provided for all sexual partners within two months prior to diagnosis or onset of symptoms. If there were no partners in the past two months, then the most recent sexual partner should be treated. **Medications should not be provided to treat other sexual partners of 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.

#### **EPT for Female Partners:**

**The most appropriate patients for EPT are the male partners of women with a laboratory-confirmed diagnosis of gonorrhea, chlamydia, or trichomoniasis.**

Clinicians do have the option of providing EPT for female partners of patients with gonorrhea, chlamydia, or trichomoniasis infections. Heterosexual male patients with gonorrhea or chlamydia should be informed that it would be best for their female partners to have a medical evaluation. If they feel that their partner is unwilling or unable to seek care, then EPT may be provided **unless the partner is known to be pregnant. Medications should not generally be provided to pregnant partners. Refer pregnant women to their prenatal care provider or to another medical provider.**

#### **Men Who Have Sex with Men:**

There are no studies demonstrating the effectiveness of EPT for men who have sex with men (MSM). MSM who are contacts to gonorrhea or chlamydia should be examined and tested for other STDs, such as syphilis and HIV, and therefore male partners of MSM should be encouraged to be evaluated whenever possible.

**EPT should not be used for syphilis cases or for MSM with chlamydia or gonorrhea.**

#### **Making Contact with Partners and Documentation:**

A note in the patient's medical chart should document the number of partners who are being provided with EPT, the medication and dosage being provided, and whether the partner is known to be allergic to any medications. It is recommended that the names of partners receiving EPT not be written in the index patient's chart. Sexual partners do not require a medical chart in order to be provided with EPT.

Whenever possible, telephone contact should be made with the sexual partner(s) to explain the reason for providing EPT, to ask about allergies to medications, medical problems, medications being taken, to ask about other symptoms of STDs (such as whether there are sores, ulcers, discharge, testicular pain, or abdominal pain that need medical evaluation), and to answer questions. Female partners for EPT should be asked if they are pregnant or breastfeeding, and if they have any symptoms such as abdominal pain that will require immediate medical evaluation. Partners and patients should be advised to abstain from intercourse for seven days after taking the medication.

Gonorrhea and chlamydia are reportable diseases. Clinicians are required to report infections to the NMDOH. Reporting forms are available on the NMDOH website ([http://nmhealth.org/IDB/std\\_prevention.shtml](http://nmhealth.org/IDB/std_prevention.shtml)). The index patient and their named partners may be contacted for purposes of contact tracing by NMDOH staff. Contact your NMDOH Regional Office or the STD Program for further information.

**Medication may be provided in the following ways:**

The New Mexico Medical Board and Board of Pharmacy adopted language to permit EPT under NMDOH Guidelines on Oct. 29, 2007.

- 1) Medication may be provided to the index patient to take to his or her partner(s).
- 2) Separate prescriptions may be written for the patient and his or her partner(s).
- 3) If the index patient will not, or is not able to, identify the partner(s) by name, the provider may write a prescription for an “unnamed partner.”

**Recommended Treatments:**

**For chlamydial infection**

Partners of patients with chlamydial infection should be treated with **azithromycin 1-gram orally as a single dose** unless the partner is allergic to macrolide antibiotics. In this situation, consult the most current CDC Sexually Transmitted Diseases Treatment Guidelines (see below) or contact a consulting physician for further instructions.

**For gonorrhea**

Partners of patients with gonorrhea should be treated with **cefixime (*Suprax*) 400 mg orally as a single dose PLUS azithromycin 1 gram orally as a single dose**

***Please Note:*** Quinolone antibiotics (i.e. ciprofloxacin, levofloxacin, ofloxacin) are no longer recommended for the treatment of gonorrhea in the United States. High rates of ciprofloxacin resistant gonorrhea have been found in New Mexico.

Based on updated 2010 CDC STD Treatment Guidelines, ALL cases of gonorrhea should be treated with dual antibiotic therapy (i.e. a cephalosporin PLUS azithromycin) regardless of chlamydia infection status.

***Please note:*** Pharyngeal gonorrhea should not be treated with oral

cephalosporin antibiotics due to the potential for low cure rates with oral agents. Recommended therapy for known pharyngeal infection is with parenteral (injectable) Ceftriaxone 250 mg IM as a single dose combined with azithromycin 1 gram orally as a single dose. Consult the treatment references or consulting physicians listed below for any questions regarding recommended treatments.

### **Trichomoniasis:**

The CDC does not recommend routine use of EPT in the management of male partners of women with trichomoniasis because their male partners are at high risk of having other STDs (especially gonorrhea and chlamydia). It is best for male partners of women with trichomoniasis to undergo a complete evaluation. However, EPT remains an option in this situation when treatment of partners can not otherwise be assured.

When using EPT for trichomoniasis use metronidazole (Flagyl) 2-grams orally as a single dose.

***Please note: Partners should be informed that metronidazole should not be taken if any alcohol has been consumed within the previous 12 hours and to abstain from all alcohol for 24 hours following treatment.***

### **Other STDs:**

These guidelines are only for treatment of gonorrhea, chlamydia, and trichomoniasis. There is limited evidence to support this intervention with any other STDs at this time

### **Written Information for Partners:**

Every patient should be provided with a Department of Health information sheet (available in English and Spanish) for each partner who will receive EPT. The information sheet includes information that encourages partners to be clinically evaluated after receiving their EPT, informs them of symptoms that need immediate evaluation, warns not to take the medication if allergic, discusses common side-effects, and provides telephone numbers to call for information. The index patient should be counseled to tell their partner(s) that it is important to read the information contained in the partner information sheet before taking the medication.

### **Re-testing and Tests-of-Cure:**

Tests-of-cure are not routinely recommended for non-pregnant patients who are treated for gonorrhea, chlamydial infection, or trichomoniasis, nor are they recommended for sexual partners who receive EPT. However, because of high rates of re-infection, the CDC recommends that all men and women with gonorrhea or chlamydial infection be retested 3 months after treatment. If the patient is not retested in 3 months, providers are encouraged to test these men and women with prior infections whenever they next seek medical care within the 3-12 months following treatment, regardless of whether the patient believes that his or her sex partner(s) were treated.

**References:**

“Expedited Partner Therapy in the Management of Sexually Transmitted Diseases: Review and Guidance,” Centers for Disease Control and Prevention (CDC), 2006. The report is available online at: <http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>

“Dear Colleague” Letter from Dr. John M. Douglas Jr., Director of the Division of STD Prevention, Centers for Disease Control, May 11, 2005.

Current STD Treatment Guidelines, Centers for Disease Control and Prevention (CDC) Available online at: <http://www.cdc.gov/std/treatment/>

**Consultations:**

For questions about EPT contact:

- a. Linda Gorgos, MD, Medical Director, Infectious Disease Bureau, New Mexico Department of Health; Office: 505-476-3668
- b. Elaine Thomas, MD, Professor of Infectious Diseases, University of New Mexico Health Sciences Center; PALS Line: 505-272-2000
- c. Regional Health Officers or other designated clinicians in each NM Department of Health, Public Health Region

**Reporting Adverse Events:**

Report any adverse events that result from EPT to the NM Department of Health STD Program: 505-476-1778.