

January 2008

New Mexico Department of Health Guidelines for Expedited Partner Treatment (EPT) of Sexually Transmitted Diseases (STDs)

On Jan. 10th, 2007 the New Mexico Practice Act was amended to allow for Expedited Partner Treatment for sexually transmitted diseases.

Background:

Expedited Partner Treatment (EPT) 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 or chlamydia 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>.

The New Mexico Medical Board amended the Medical Practice Act 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:

Expedited Partner Treatment Guidelines:

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

General Principles:

The best approach is for the partner(s) of a patient diagnosed with any 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 NMDOH 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. The partner(s) should be told the specific infection that they 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, but 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 seek medical evaluation whenever possible.

Making Contact With Partners and Documentation:

A note in the index 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, or abdominal pains 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 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://www.health.state.nm.us/std.html>). The index patient and their named partners may be contacted for purposes of contact tracing by NMDOH staff. Contact the NMDOH Regional Office or the STD Program for further information.

Medication may be provided in the following ways: (The New Mexico 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 index 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 PO unless the partner is allergic to macrolide antibiotics. In this situation, consult the STD Treatment Guidelines, 2006 (see below) or contact a consulting physician for further instructions.

For gonorrhea

Partners of patients with uncomplicated gonorrhea should be treated with cefpodoxime

(Vantin) 400mg or cefuroxime (Ceftin) 1 gram PO.

Please Note: Quinolone antibiotics (i.e. ciprofloxacin, levofloxacin, ofloxacin) are no longer recommended for the treatment of gonorrhea in the United States, as reported in the MMWR, April 13, 2007.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5614a3.htm?s_cid=mm5614a3_e

High rates of ciprofloxacin resistant gonorrhea have recently been found in New Mexico. Suspected pharyngeal gonorrhea should not be treated with oral cephalosporin antibiotics. Consult the Current Updated Recommended Treatment Regimens for Gonorrhea Infections and Associated Conditions – US, 2007.

<http://www.cdc.gov/STD/treatment/2006/updated-regimens.htm> or a consulting physician for alternative treatments.

Partners of patients with gonorrhea should be co-treated for chlamydia unless the index case has a negative chlamydia test result using a nucleic acid amplification test (NAAT) technology such as a PCR, LCR, or TMA. All chlamydia tests performed on urine specimens are NAATs. Use azithromycin 1-gram PO to co-treat for chlamydia. It is not recommended that patients with chlamydia be co-treated for gonorrhea.

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). When possible, it is best for male partners of women with trichomoniasis to undergo a complete STD evaluation. When using EPT for trichomoniasis, use metronidazole (Flagyl) 2-grams orally in a single dose.

Please note: Partners should be informed not to take metronidazole if they have consumed alcohol in 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. For further information on treatment of STDs refer to: STD Treatment Guidelines, 2006 Centers for Disease Control and Prevention (CDC) MMWR 2006; 55 (No. RR-11). Available online: <http://www.cdc.gov/std/treatment/>

Written Information For Partners:

Every patient should be provided with a NMDOH medication sheet (available in English and Spanish) for each partner who will receive EPT. The medication 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 medication 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, chlamydia, or trichomoniasis, nor are they recommended for the sexual partners who receive EPT. However, because of high rates of re-infection, especially in women, the CDC recommends that all women with gonorrhea or chlamydia be re-tested 3 months after treatment. If the patient is not re-tested in 3 months, providers are encouraged to test whenever the patient next seeks medical care within the following 3-12 months, regardless of whether the patient believes that her sex partners were treated.

Consultations:

For questions about EPT contact:

- a. Bruce Trigg, MD Medical Director, NM Department of Health STD Program, Regions 1 and 3
Office: 505-841-4112 or cell phone: 505-239-9074
- b. Steve Jenison, MD Medical Director for Infectious Diseases, New Mexico Department of Health Office: 505-476-3668 or Answering Service: 505-260-7922.
- c. Elaine Thomas, MD Professor of Infectious Diseases, University of New Mexico Health Sciences Center
PALS Line: 505-272-2000
- d. Regional Health Officers or other designated clinicians in each Department of Health Region

Reporting Adverse Events:

Report any adverse events that result from EPT to the NM Department of Health STD Program: 505-476-3611.