

# Expedited Partner Therapy (EPT) in NM

Bruce G. Trigg, MD

Medical Director, STD Program  
Regions 1 and 3

New Mexico Department of Health

# What would you do?

- 28 year old male released from prison March 2010 is diagnosed with GC
- Reports “six or seven” female sexual partners in past two months
- Is not sure if partners are using contraception
- Should this patient be given EPT for his female partners?

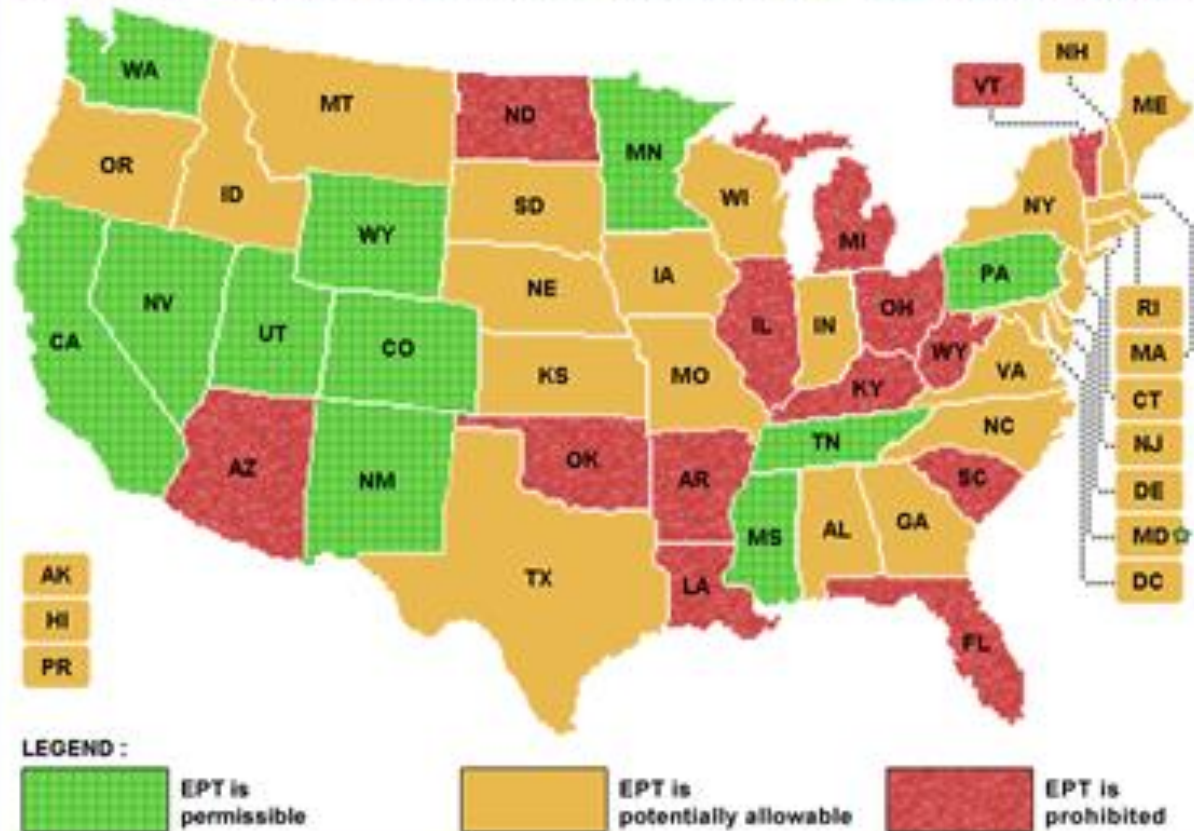
# Expedited Partner Therapy

- Practice of treating the sex partners of persons with an STD without an intervening clinical assessment
- Usually implemented through patient-delivered partner therapy (PDPT) where patient delivers medication to partners
- Other options such as patients who deliver prescriptions to partners or providers phone in prescriptions

EPT is permissible in 11 states.

EPT is potentially allowable in 28 states.

EPT is prohibited in 13 states.



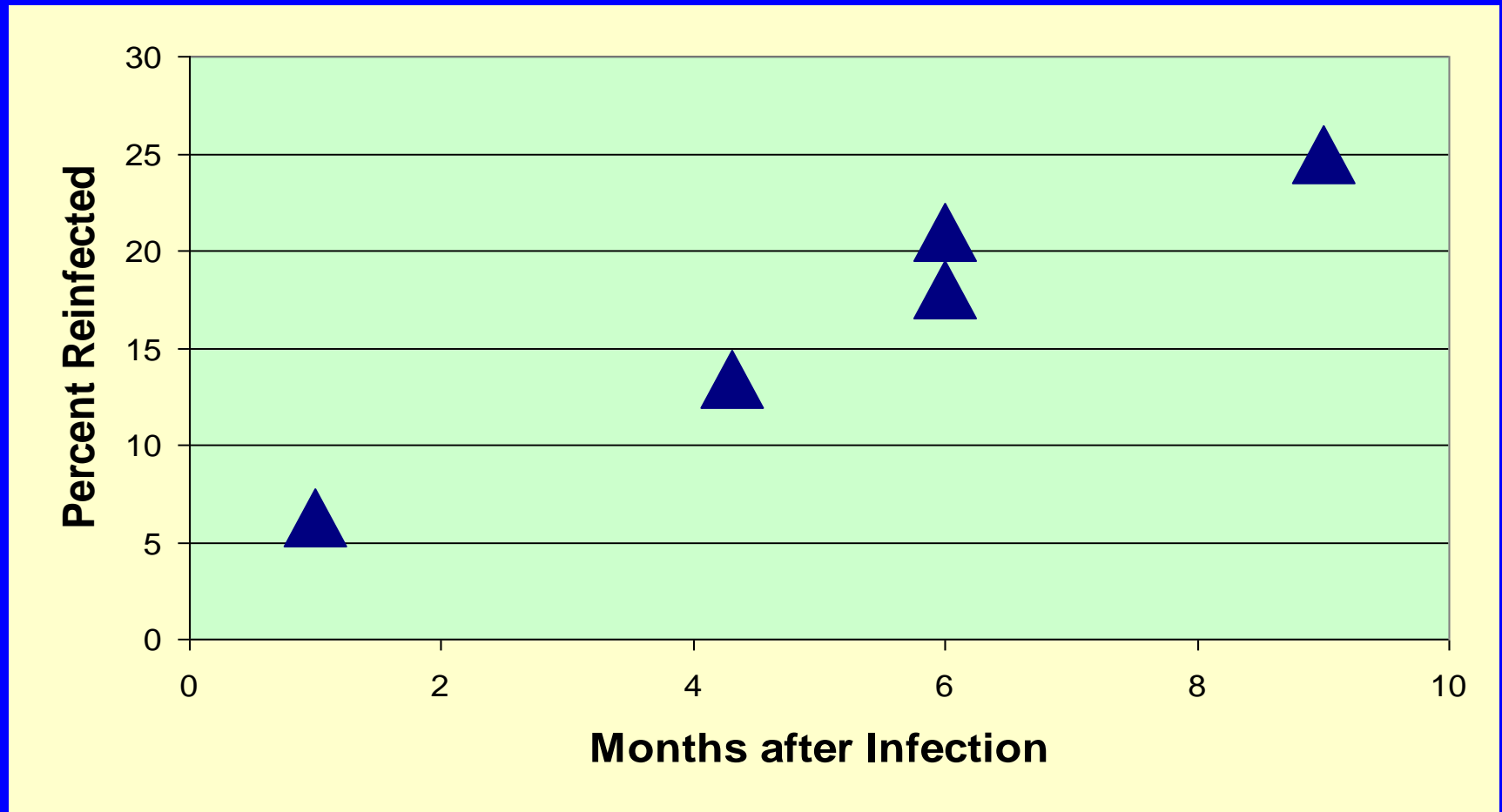
# Patient Follow-up for GC & CT

- Test- of- cure not recommended if recommended treatment used, unless symptoms persist, re-infection suspected, or in pregnancy
- But DO retest men and women with GC or CT 3 months after treatment

# Recurrent chlamydia and gonorrhea

- Increases risk of PID, ectopic pregnancy, infertility and chronic pain
- Many women are re-infected by an untreated partner
- New strategies for partner management are necessary

# Chlamydia Reinfection Rates



*Whittington et al. 2001; Fortenberry et al. 1999; Blythe et al. 1992*

# Problems with Partner Referral

- Studies of chlamydia demonstrate that only 25-40% of named male partners were treated.
- Partners
  - Not told
  - Refuse to come for testing/Rx
  - “swabophobia”

# Challenges to Treating Partners

- Uninsurance – 1 in 4 New Mexicans
- Unaffordable co-pays
- Limited clinic hours
- Medical specialties may not provide care for partners
- Geographic, language, cultural barriers
- Managed care predominance – barrier for partners not in same Managed Care plan

# Methods of Partner Management

- Provider referral
- Patient (or self) referral
- Conditional (or contract) referral

# Obstacles to Partner Management

- Confidentiality issues
- Expensive and time consuming
- Volume too high for staff to handle
  - Approx. 9500 cases of chlamydia and 1000 cases of gonorrhea reported in NM 2009
- Not all partners are named
- Hard to find partners
- DPS staff prioritizing HIV and syphilis
- Poor coordination with private sector

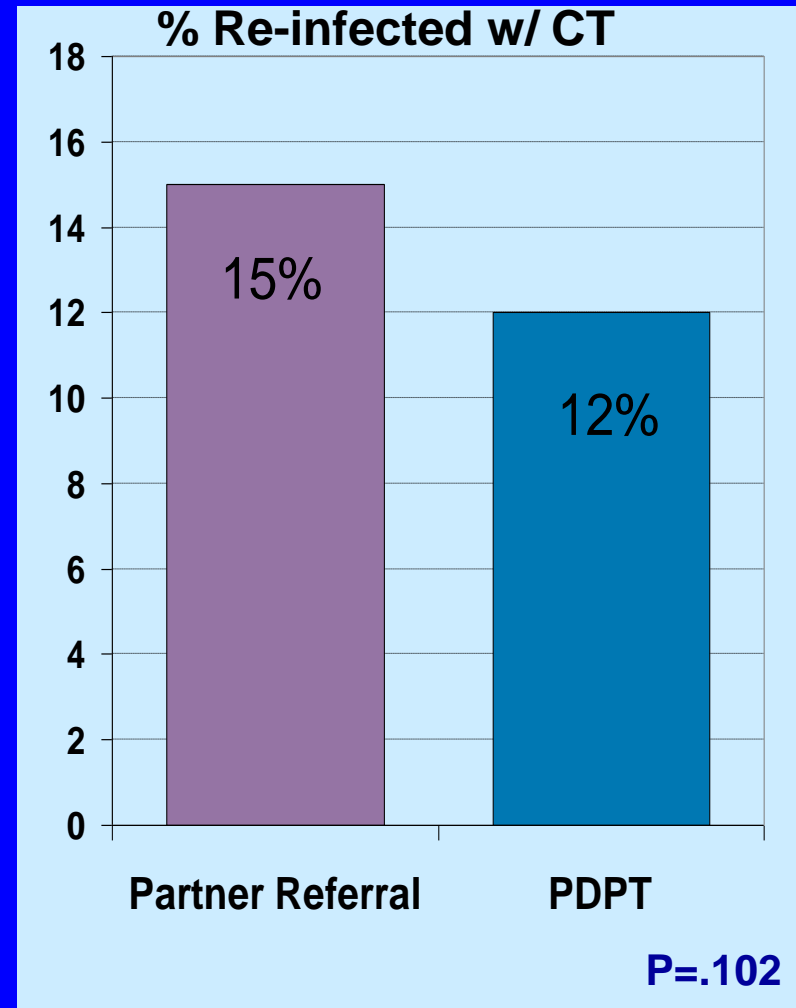
# Empirical data supports PDPT

- Randomized multi-site study (Golden et al. N Engl J Med 2005;352:676-85)
- Retrospective cohort in New Orleans (Kissinger et al., Sex Trans Inf 1998; 74:331-333)
- Correlational in Sweden (Ramsted et al 1991: 2:116-118)
- Cross-sectional in San Francisco (Hammer et al. National STD Conf; Wisconsin)
- Cross-sectional in Washington (Golden et al. STD 1999; 26:543-547)

# PDPT Clinical Trial: Reinfection Rates by Study Arm

- Multi-center multi-venue randomized clinical trial
- 728 women with uncomplicated CT randomized to PDPT; 726 to patient referral
- Rate of reinfection 20% lower in PDPT group (12% vs 15%,  $p=.102$ )

*Schillinger et al., STD 2003 30:49-56*



ORIGINAL ARTICLE

# Effect of Expedited Treatment of Sex Partners on Recurrent or Persistent Gonorrhea or Chlamydial Infection

Matthew R. Golden, M.D., M.P.H., William L.H. Whittington, A.B.,  
H. Hunter Handsfield, M.D., James P. Hughes, Ph.D., Walter E. Stamm, M.D.,  
Matthew Hogben, Ph.D., Agnes Clark, B.S., Cheryl Malinski, B.S.,  
Jennifer R.L. Helmers, B.S., Katherine K. Thomas, M.S.,  
and King K. Holmes, M.D., Ph.D.

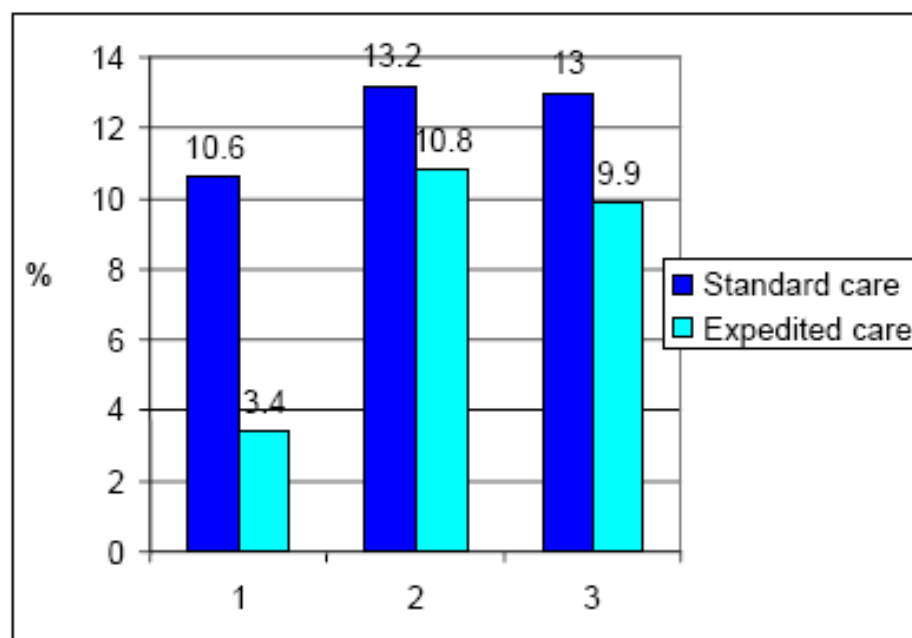
# Effect of EPT on Recurrent or Persistent GC or CT Infections

- Randomly assigned women and heterosexual men with GC or CT to
  - EPT (meds provided by partners or staff)Or
  - Standard referral for partners

Golden MR, Whittington AB, Handsfield HH, et al.  
N Engl J Med 2005;352:676-85.

Figure 3

*Infection Rates at Follow-up in Seattle Randomized, Controlled Trial of Expedited Partner Therapy*



*Note.* Data are drawn from Golden, et al. *NEJM* 2005;352:676-685.

1 = GC infections only,  $P = .02$  ( $N = 358$ ); 2 = CT infections only,  $P = .17$  ( $N = 1595$ ); 3 = GC or CT infections,  $P = .04$  ( $N = 1860$ ).

# Results

- EPT was more effective than standard referral in reducing persistent or recurrent infection
- GC 3 vs. 11% (73% reduction)
- CT 11 vs. 13% (15% reduction)

# Conclusion

- “EPT patients were more likely to report all their partners were treated and significantly less likely to report having sex with untreated partners.”
- “EPT reduces rates of persistent or recurrent GC or CT infections.”

# Problems with Partner Treatment

- Safety
  - Allergies
  - Pregnant women
- Legal and Liability Issues
  - Physician
  - Nurses
  - Institutions
- Fear of uncontrolled antibiotic use
  - Fear of selling medication
  - Fear of stocking up on medicines
- Is this a “slippery slope?”

# NM Administrative Code

Medical Practice Act Section 61-6-15,D,(29),  
“unprofessional or dishonorable conduct”  
includes, but is not limited to, the following:

*prescribing drugs or medical supplies to a patient when there is no established physician-patient relationship, which would include at a minimum an adequate history and physical examination and informed consent, except for on-call physicians.*

# Exception:

- (5) the provision of treatment for partners of patients with sexually transmitted diseases when this treatment is conducted in accordance with the expedited partner therapy guidelines and protocol published by the New Mexico department of health; and

# Pharmacy Board Regs

- (16) Dispensing a prescription for a dangerous drug to a patient without an established practitioner-patient relationship:
- (a) except for the provision of treatment of partners of patients with sexually transmitted diseases when this treatment is conducted in accordance with the expedited partner therapy guidelines and protocol published by the New Mexico department of health;

# EPT in NM

- CDC Dear Colleague letter (May 2005)
- NM Medical Society endorsed EPT (2006)
- NM Clinical Prevention Initiative (CPI) endorsed EPT (2006)
- NM Medical Board voted to allow exemption to Medical Practice Act for EPT (2006)
- Regulation change went into effect (1/07)
- NM Pharmacy Board changed regulations to allow for EPT (10/07)
- NM DOH EPT Guidelines issued Jan. 2008

# EPT Guidelines for NM

- Guidelines for partners of persons with a confirmed diagnosis of GC, CT, or trichomoniasis
- Best way to manage partners:
  - clinician evaluation
- Best choice of partner to treat with EPT:
  - male partner of female patient

# NM EPT Guidelines

- Discourages use in MSMs and if pregnant
- Medications to provide or prescribe:
  - cefpodoxime or cefixime 400 mg for GC
  - azithromycin 1 gm. for CT
  - metronidazole 2 grams for trichomoniasis
- Requires providing DOH info sheet (English and Spanish) for partner (preferably also oral instructions via phone), encourages seeking personal medical evaluation if sx's of STD or PID, and warnings not to take meds if allergic or pregnant.

# CPI EPT Survey (5/10)

- 71 NM providers
  - 66% physicians, 21% NPs, 10% other
- How often for GC? - 63% use
  - Never 37%, Usually 30%, Always 17%, Sometimes 16%
- CT - 69% use
  - Never 21%, Usually 38%, Always 17%  
Sometimes 20%, ½ Time 4%
- Trichomoniasis - 67% use

# CPI EPT Survey (5/10)

- Reasons for “Never” or “Sometimes”
- 31% believe patients should come to clinic
- 26% not aware legal in NM
- 17% feel license could be at risk
- 15% do not trust patients or partners to take meds correctly

# In Conclusion

Should patient with GC have been given medication for his “six or seven” female partners?

What would you have done?

# NM EPT Guidelines

<http://www.nmhealth.org/pdf/EPT%20Guidelinesfinal.pdf>



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