

Overview of CDC Recommendations for Expedited Partner Therapy (EPT)

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Expedited Partner Therapy:
Challenges & Opportunities for Effective Implementation
May 19, 2011

Outline

- ❑ **Recommendations**
- ❑ **Tools and resources**
- ❑ **Examples of successful implementation**

EPT RECOMMENDATIONS

CDC Guidance

- ❑ **2006 Review and Guidance document: Expedited Partner Therapy in the Management of Sexually Transmitted Diseases**
 - <http://www.cdc.gov/std/ept/default.htm>
- ❑ **2008 Recommendations for Integrated Partner Services**
 - <http://www.cdc.gov/nchhstp/partners/>
- ❑ **2010 STD Treatment Guidelines**
 - <http://www.cdc.gov/std/treatment/>
- ❑ **PDPT=patient-delivered partner therapy**

Clinical Guidance

- ❑ **EPT: “...does not replace other interventions...”**
- ❑ **Consider EPT for heterosexual men and women with uncomplicated gonorrhea or chlamydial infection**
 - With written instructions and demonstrable counseling
- ❑ **More caution for trichomoniasis (weaker efficacy in 2006 RCT)**
- ❑ **More caution for MSM (fewer data, higher HIV comorbidity)**
- ❑ **Last resort for syphilis**



Programmatic Guidance

MMWR[™]

Morbidity and Mortality Weekly Report
www.cdc.gov/mmwr

Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection

- ❑ **Treat partners according to CDC treatment guidelines**
- ❑ **For STDs for which single-dose oral therapy is feasible (i.e., gonorrhea and chlamydial infection), consider PDPT for partners who will not be notified via provider referral**
- ❑ **Programs should be sure that all appropriate parties are consulted to ensure that any EPT strategy in the jurisdiction is medically and legally sound**

* CDC. Recommendations for partner services programs for HIV infection, syphilis, gonorrhea, and chlamydial infection. *MMWR* 2008. (pp. 37-9).

EPT Recommendations: 2010 Treatment Guidelines

- ❑ **Heterosexual patients with chlamydia or gonorrhea:**
 - If partners are unlikely to seek care, PDPT, a form of EPT, can be offered
 - PDPT packages should include treatment instructions, medication warnings, general health counseling, and statement advising partners to seek personal medical evaluation
- ❑ **NGU and MPC: EPT and patient referral are alternative approaches to treating partners**
- ❑ **MSM: EPT not routinely recommended**

TOOLS AND RESOURCES

Resources: www.cdc.gov/std/ept

State protocols, professional organization statements, regular updates

The screenshot shows a Windows Internet Explorer browser window with the address bar displaying <http://www.cdc.gov/std/ept/>. The page title is "EPT Resources from States". The main content area lists several resources:

- [Illinois Department of Health EPT Resources](#) (January 28, 2010)
- [Texas Department of State Health Services EPT Resources](#) (August 1, 2008)
- [Guidelines for Expedited Partner Therapy](#) - from New Mexico Department of Health (April 2, 2008)
- [Background and Recommendations for Incorporating Patient Delivered Partner Therapy \(PDPT\) by Health Care Providers](#) - from Washington State Department of Health (February 20, 2008)
- [Expedited Partner Therapy \(EPT\) for Chlamydia and Gonorrhea Infections](#) - from Washington State Department of Health (February 20, 2008)
- [Patient-Delivered Partner Therapy for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*: Guidance for Medical Providers in California](#) - California Department of Health Services STD Control Branch, March 27, 2007

Below the state resources, there is a section titled "Other Resources" with the following items:

- [Expedited Partner Therapy Webinar](#) - Presenter Mathew Hogben PhD (February 10, 2010)
- [A Position Paper of the Society for Adolescent Medicine](#) (January 28, 2010)
- [Expedited Partner Therapy Toolkit](#) - Region 8 Infertility Prevention Project. (December 10, 2008)
- [American Bar Association resolution supporting removal of legal barriers to the provision of EPT](#) (August 15, 2008)
- [Battling a Silent Enemy](#) (see pages 28-31) - An article on expedited partner therapy in the March edition of *State News*, a publication of CDC partner, The Council of State Governments. (March 22, 2007)
- [American Medical Association Update on Expedited Partner Therapy \(Patient-delivered Partner Therapy\)](#), June 2006

At the bottom of the page, there are links for "Email", "Print", and "Share". A "File Formats Help:" section is also visible, providing information on how to view different file formats (PDF, DOC, PPT, MPEG) on the site. The page footer indicates it was last reviewed on November 2, 2010, and last updated on January 31, 2011. The browser's taskbar at the bottom shows the Windows Start button, several open applications, and the system clock displaying 5:46 PM.

The information presented here is not legal advice, nor is it a comprehensive analysis of all the legal provisions that could implicate the legality of EPT in a given jurisdiction.

Legal Status of Expedited Partner Therapy - Windows Internet Explorer provided by ITSO

http://www.cdc.gov/std/ept/legal/default.htm

Legal Status of Expedited Partner Therapy

DEIOW.

Contact Us

Legal Status	Count
EPT is permissible in	27 states
EPT is potentially allowable in	15 states
EPT is prohibited in	8 states

Trusted sites 100%

start Inbo... Legal... Micro... \\cdc... \\cdc... Table... 3:07 PM

Basic Guidelines for Action (Includes Tips from Your Colleagues)

- ❑ **The first rule is patience, the second rule is perseverance, and the third is partnerships**
 - We often speak of legal *barriers*, but the law (and its practitioners!) is going to be your friend and your partner
 - Find the champions and approach the reluctant parties
 - Find out *why* the reluctant parties are reluctant first!
- ❑ **Gather a consortium of everyone who is part of the process**
 - Providers who prescribe
 - Pharmacists (and anyone else) who dispense
 - Public health agents who devise specific policy and regulation
 - Public authorities who set broad law or policy
 - Legislators, state attorneys-general



Legal/Policy Toolkit for Adoption and Implementation of Expedited Partner Therapy

*Prepared by the Arizona State University, Sandra Day O'Connor College of Law
in Collaboration with The Centers for Disease Control and Prevention*

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of STD Prevention



□ Resources for those seeking to make policy around EPT

- Sample state legislative language on liability
- Discussion around practitioners' liability for harms
- Health information privacy
- Considerations for drafting legislation and policy

Disclaimer: This Toolkit is not designed to provide specific legal guidance or advice and does not represent the official legal positions of federal, state, or local governments. The contents of the Toolkit should be discussed with the assistance of official state and local legal counsel.

EXAMPLES OF SUCCESSFUL IMPLEMENTATION

EPT Legal Status in Colorado

- ❑ **No legal impediments to provide EPT**
- ❑ **EPT specifically endorsed by:**
 - Colorado State Board of Medical Examiners
 - Colorado State Board of Pharmacy
- ❑ **Example:**
Denver Metro Health Clinic



Streamlining Clinic Processes

Registration

Triage

- Identify symptoms
- Interest in FP Services

New Pt Visit

- Sexual history
- STD testing
- Physical exam
- FP, if applicable
- NP, RN

STD Follow-up

- STD follow-up
- Physical exam prn
- FP, if applicable
- NP, RN, LPN

Express Visit

- Sexual history
- STD screening
- FP, if applicable
- LPN, HCP, RN, NP

FP Visit Only

- FP only
- NP, RN

EPT Utilization Process : Denver Metro Health Clinic

- ❑ **Patients are counseled to encourage partners to come to clinic/see their PCP to be tested and treated for STDs**
 - If partner(s) not willing/able to be evaluated, offered EPT
- ❑ **Standing order used for EPT**
 - All patients (except MSM) with lab-confirmed gonorrhea or chlamydia should be offered EPT
 - Diagnosis: positive Gram stain, NAAT, or culture
 - Patients may be offered up to 3 partner packs
 - Packs contain appropriate medication, information about medication, how to take it, general information on GC and/or CT

Partner Packs

- **Chlamydia: 1 gm azithromycin sachet**
- **Gonorrhea: 1 gm azithromycin and 400mg cefpodoxime**



Partner Pack: Chlamydia

EPT Utilization Process Denver Metro Health Clinic

- ❑ Patients counseled to tell partners that it is important to read information contained in pack before taking medication**
- ❑ EPT not recommended for MSM, patients with STDs other than GC/CT, or STD-associated syndromes (i.e., PID, NGU, MPC)**

EPT Documentation: Denver Metro Health Clinic

- ❑ Both done in electronic medical record (EMR) system HealthDoc[®] and in the STD Medication Log book**
- ❑ Documentation includes if EPT offered, accepted, and number and type of partner packs dispensed**

Person #: 95612 **Med Rec #:** 1044808 **County:** Denver

Gender: Female

Updated By: Staley, Sharon On 10/10/08 10:42 AM

- Gender
- Reason
- Reason Detail
- Symptoms
- Treatment
- HIV
- OB/GYN
- Physical Exam
- Signature
- Follow-Up
- Partner Services

Partner Services (Read-Only)

DIS Name:

Expedited Partner Therapy Given?
 Yes
 No

Reasons EPT Not Given (Check all that apply):
 Partner treated
 Partner will be notified
 Anonymous partner/Unable to contact partner
 Declined
 Other

Other Reason EPT Not Given:

Number of Partner Packs Given:
 NA 1 2 3

Help Validate Save Complete Check-in << Previous Next >>

Form Info Delete Form

Created By: Conversion, Data On 3/18/05 12:00 AM

Updated By: Staley, Sharon On 10/10/08 10:42 AM

- 10/10/08
 - Eligibility Items
 - Visit Forms
 - Detail Medical Chart
 - Add a Department/Service
 - Add Telephone Counseling
 - STD Clinic
 - Print a Label
 - Clinical Visit
 - Forms
 - Add a Form
 - Follow-Up Visit Form-87
 - Lab Orders
 - DX
 - Add a DX
 - CT
 - TX
 - Add a TX
 - Azithromycin
 - EPT Azithromycin
- 10/1/08
- 5/6/99

Log #: 76	Visit Date: 10/10/2008	Visit Status: Processing
STD Clinic/Clinical Visit	Main Reason: Y	Service Status: Pending Physician Review
Requested Time: 10:43 AM	Requested By: krietmeijer	Reg Type: Appointment

Treatment Detail: CT

Treatment:* EPT Azithromycin 1 gram oral susp #1

Other Treatment Description:

Dose#/Packets:*

Dispensed:*

Script Given:* **Refills:***

Current: true

Reported To State:

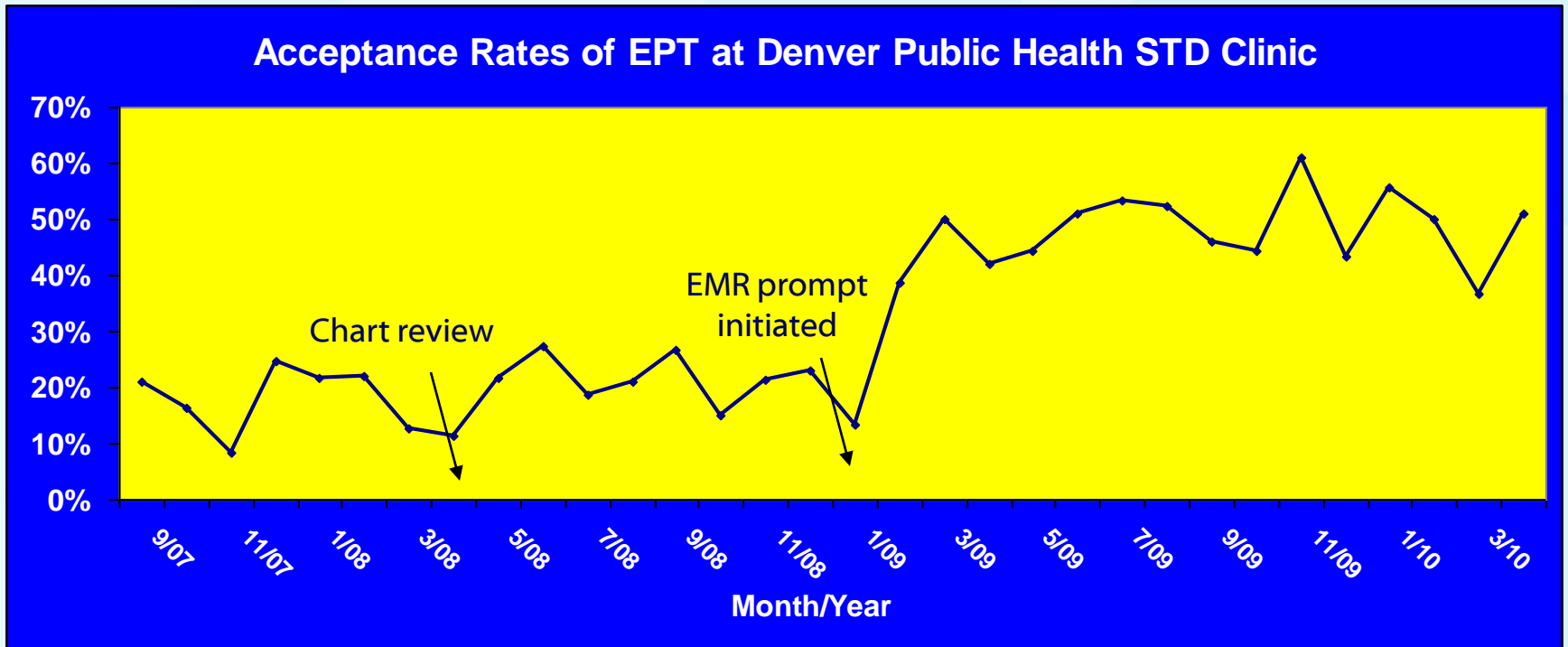
Created By: Staley, Sharon
Last Modified: 10/10/2008

This information is private and confidential...

EPT in the Denver STD Clinic: From 9/1/2007 to 4/30/2010

- ❑ **1869 heterosexual patients eligible for EPT**
 - 563 (30.1%) received EPT
- ❑ **More females (38.4%) than males (25.6%) accepted EPT**
- ❑ **Similar rates of acceptance among various racial/ethnic groups**
- ❑ **Acceptance of EPT greater with nurse (36.9%) vs. LPN/HCP (19.1%)**

Acceptance Rates of EPT at the DMHC



Average acceptance rates increased from 18% to 48% after implementing EMR prompt

Baltimore EPT Implementation

- ❑ **Implementation (as of Jan 2009): STD clinics**
 - Medications dispensed for gonorrhea/chlamydia
 - 3 extra dose maximum
- ❑ **Evaluation**
 - Uptake = 1046/1533 (68%)
- ❑ **Active assessment of adverse events in STD clinics + passive reporting from other providers**
 - No adverse events (again)
- ❑ **Repeat infection rate = 2.3% in 2008 (compared to 3.9% in 2007 w/o EPT, $p = .10$)**
 - 41% reduction, has been further followed up

Thanks!

- **Matthew Hogben**
- **Judith Shlay**
- **Steven Shapiro**
- **Sami Gottlieb**
- **Raul Romaguera**

For more information please contact Centers for Disease Control and Prevention

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

