

STD Partner Services: Introduction and Future Objectives

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Outline

- ❑ **Background: Why partner services now?**
- ❑ **Overview of partner services**
 - Traditional patient or provider referral
 - Expedited partner therapy (EPT)
 - Bring your own partner (BYOP)
- ❑ **Partner services efforts to date**
- ❑ **Future needs and objectives**

Why partner services, why now?

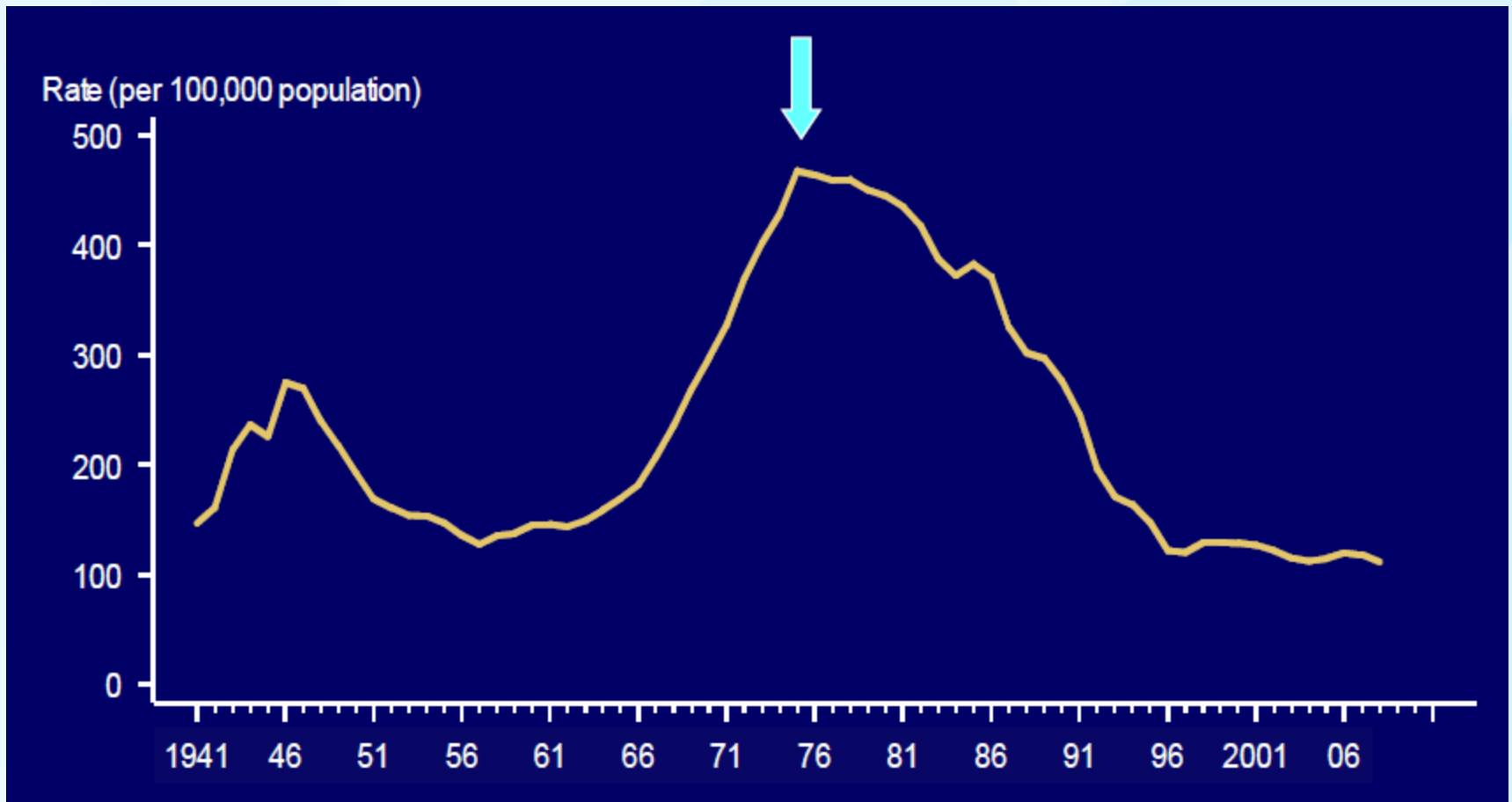
- ❑ **Renewed emphasis on innovative partner services related to chlamydia “mid-life crisis”**
- ❑ **Chlamydia screening recommendations have been in place for 18 years**
 - How successful has this been?
 - What are the next steps for program improvement?



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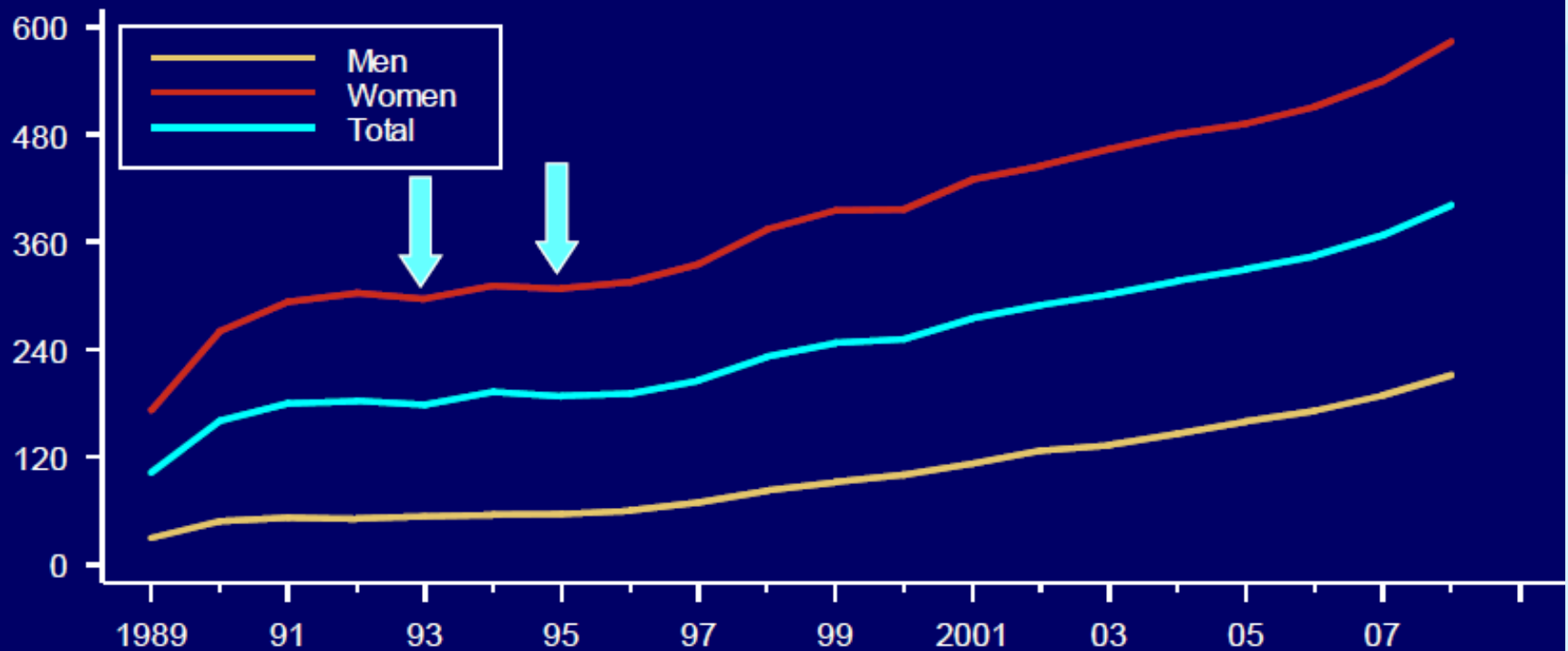


What we expected: Gonorrhea rates, United States, 1941-2008



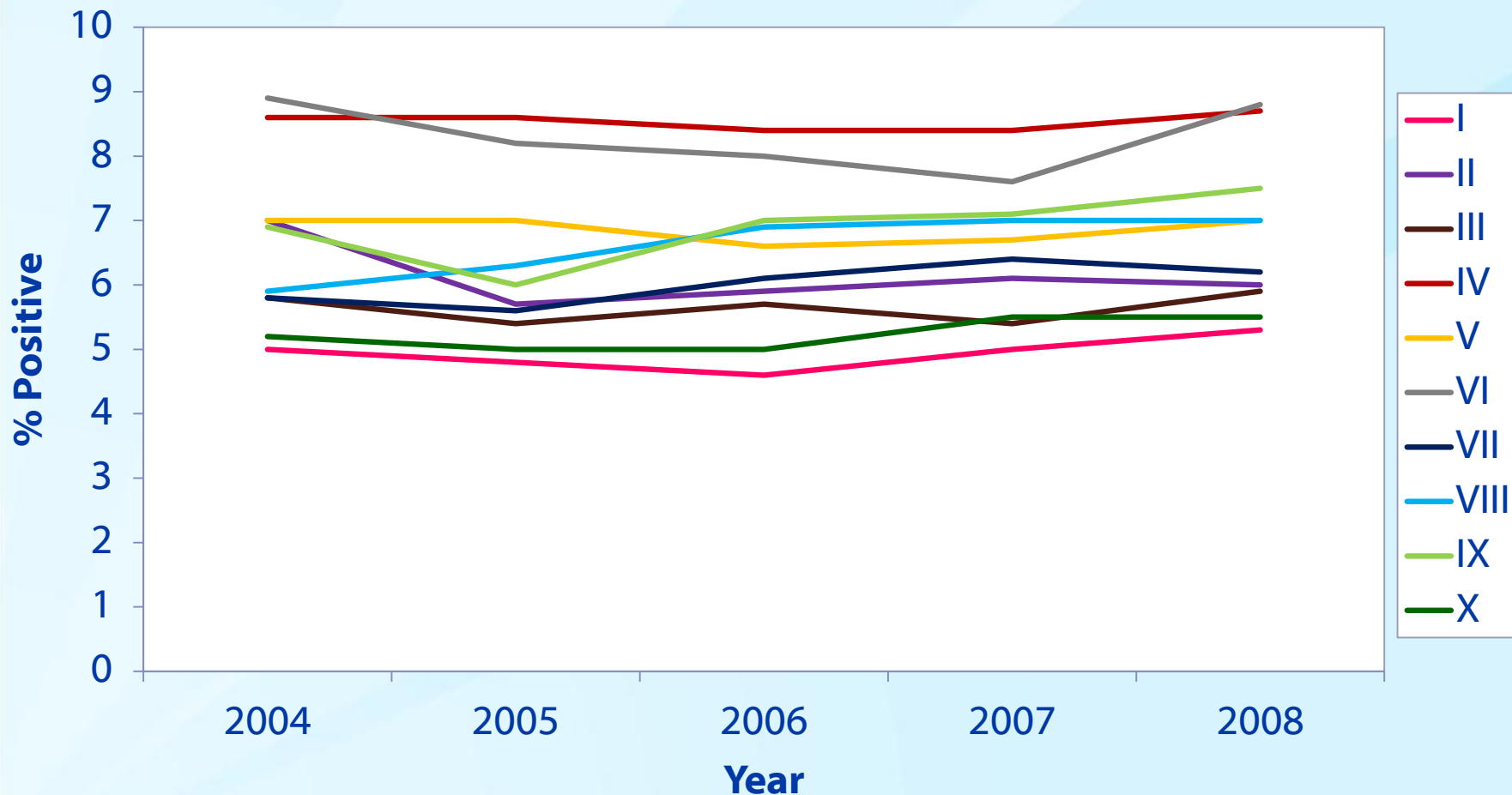
What we observed: Chlamydia rates, United States, 1989–2008

Rate (per 100,000 population)



Note: As of January 2000, all 50 states and the District of Columbia had regulations requiring the reporting of chlamydia cases.

Chlamydia positivity* among women aged 15-24 years who attended family planning clinics reporting data to IPP, by region, 2004-2008



*Mean clinic-specific values

Chlamydia mid-life crisis?

- ❑ **Data suggest PID rates and prevalence in some populations decreasing**
- ❑ **Have not seen dramatic, continuing declines in chlamydia infection with control efforts**
- ❑ **So what is the next step?**
- ❑ **Clearly room for improvement in screening coverage**
 - In many settings, coverage of eligible women low
 - Very few women are getting screened every year
- ❑ **But is expanding screening enough?**
 - How important are other strategies, such as partner notification and treatment?

Modeling: Effect of prevention strategies on chlamydia prevalence

- ❑ **Three strategies optimally reduced prevalence**
 - Increasing screening of women from 20% to 65% (25% partner treatment)
 - Increasing partner treatment from 25% to 55% (20% screening coverage)
 - **Increasing screening coverage from 20% to 35% and partner treatment from 25% to 40%**
- ❑ **Combined approach may be more effective and best use of resources**

Partner treatment interrupts transmission and is a critical component of chlamydia prevention

Kretzschmar M, Satterwhite C, Leichliter J, Berman S. Effects of screening and partner notification on chlamydia prevalence in the U.S.: A modeling study.

Partner treatment strategies

- ❑ **Traditional patient referral**
 - Patient informs partner; up to partner to access treatment
- ❑ **Provider-assisted referral**
 - Provider or public health staff contacts partner for treatment
 - Usually impractical for chlamydia and gonorrhea due to low staffing vs. very large number of cases
- ❑ **Expedited partner therapy (EPT)**
 - Patient-delivered partner therapy (PDPT)
 - Field-delivered partner therapy
- ❑ **“BYOP” – bring your own partner**

One size does not fit all: A combination of strategies may be needed and may vary by clinical setting

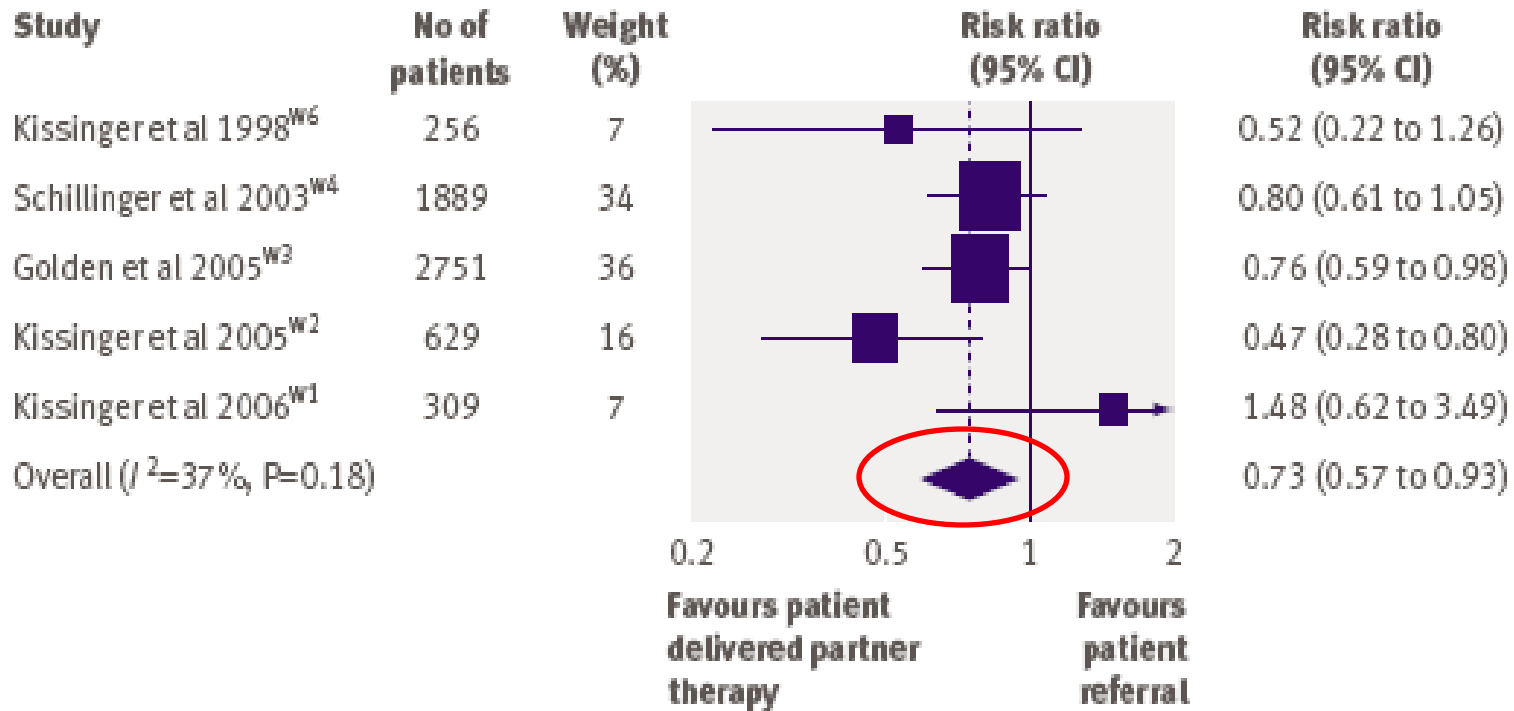
Expedited partner therapy (EPT)

- ❑ **EPT = treating the sex partners of people with STIs without an intervening clinical evaluation of the partners**

- ❑ **Core elements**
 - An STI that is treatable with oral medication
 - A point of origin in which medications or prescriptions can be disbursed
 - A mechanism through which meds/scrips can be brought to sex partners of infected people

EPT can reduce repeat infections

Persistent or recurrent infections

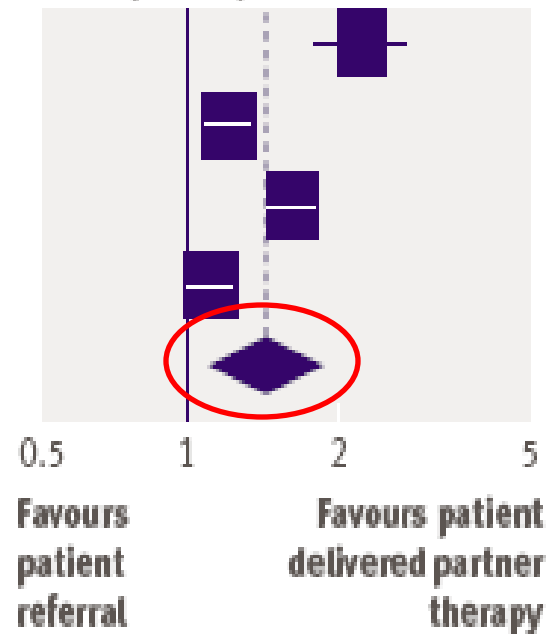


Trelle et al, *BMJ* 2007

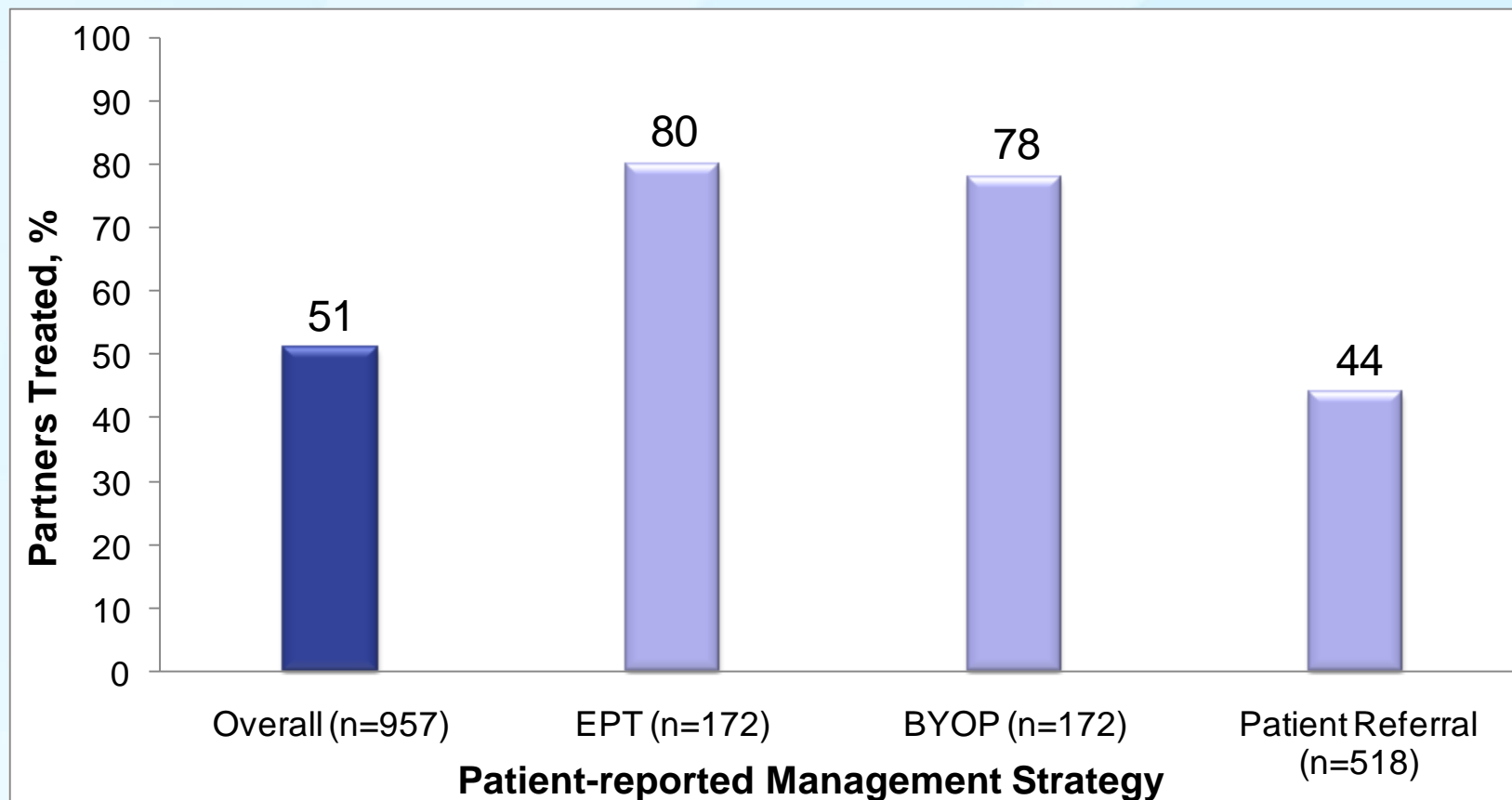
EPT can increase partners treated

Partners treated per elicited partner

Study	No of patients	Weight (%)	Risk ratio (95% CI)	Risk ratio (95% CI)
Nuwaha et al 2001 ^{W5}	383	23		2.20 (1.81 to 2.67)
Golden et al 2005 ^{W3}	2751	27		1.19 (1.12 to 1.27)
Kissinger et al 2005 ^{W2}	629	25		1.59 (1.40 to 1.81)
Kissinger et al 2006 ^{W1}	309	25		1.08 (0.95 to 1.24)
Overall ($I^2=94%$, $P<0.001$)				1.44 (1.12 to 1.86)



BYOP: Patient-reported percentage of partners treated, by partner management strategy, 8 family planning clinics, California 2005-06



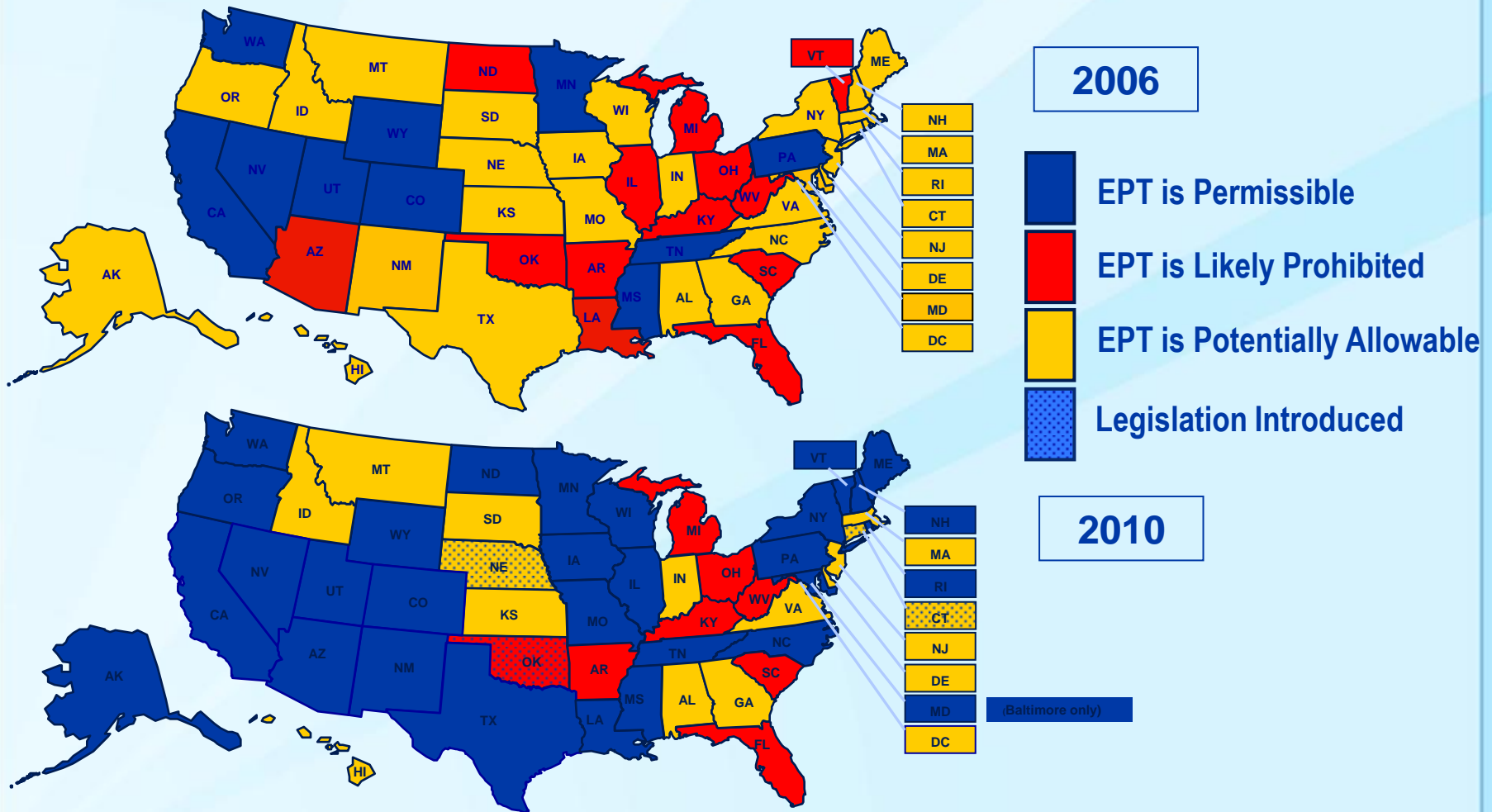
BYOP = "bring your own partner"

Yu Y, Frasure J, Bolan G, et al. STD Prev Conf, Chicago 2008.

CDC and EPT

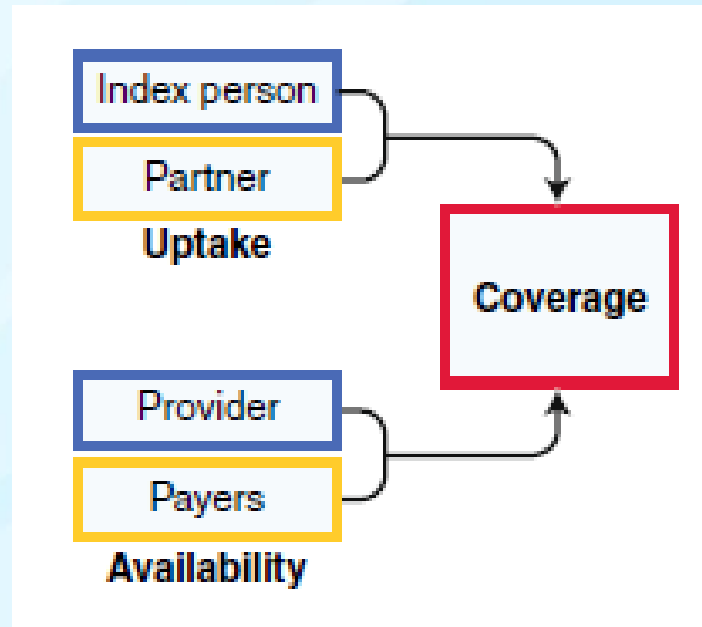
- ❑ **CDC has endorsed EPT as a useful component of comprehensive partner services**
 - To prevent re-infection and curtail further transmission
- ❑ **May be the most practical, cost effective strategy to increase partner treatment for chlamydia/gonorrhea**
- ❑ **To date, CDC's efforts have focused primarily on the legality of EPT**

Evolving landscape of EPT: Legal status at the state level



EPT implementation and coverage

- ❑ Where EPT is legal, how much is it being used?
- ❑ Data are limited, but suggest overall coverage still low outside of isolated settings
 - Many providers have used EPT in past, but few do so frequently



Source: Kissinger and Hogben, *Curr Inf Dis Rep* 2011.

Future needs

- ❑ **Now that EPT is legal in a majority of states...**
- ❑ **Need to focus more on the best way for programs to increase implementation of EPT and other services**
 - In the context of improving overall partner treatment

Project objectives

- ❑ **Assess barriers to EPT use and opportunities to improve efficiency of EPT and other partner services in a range of real-world, clinical settings**
- ❑ **Develop strategies and practical tools to improve acceptance, utilization, and feasibility of EPT (and BYOP) in the context of existing clinical systems**
- ❑ **Developing accurate measures of partner service coverage, including EPT uptake, is an essential project component**

Goal is to increase number of partners treated, quickly and efficiently, not just to “increase EPT”!

Thanks!

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