



CLINICAL ADVISORY:

UTILIZING EXPEDITED PARTNER THERAPY (EPT) FOR CHLAMYDIA INFECTION IN MASSACHUSETTS

AUGUST 29, 2011
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Recent legislation (Chapter 131, Section 62, of the Acts of 2010) authorizes certain healthcare providers to prescribe or dispense antibiotics to treat chlamydia infection in the sex partners of patients with chlamydia infection. Expedited partner therapy (EPT) is the practice of treating the sex partners of people diagnosed with chlamydia infection without first examining or testing the partner. EPT helps interrupt the spread of disease by getting treatment to people who might otherwise remain untreated. **The regulations governing EPT in Massachusetts are 105 CMR 700.003(J) and 105 CMR 721.000.** The authorization for EPT applies only to chlamydia infection.

Background on Chlamydia Infection and EPT

Chlamydia infection is the most common reported sexually transmitted infection (STI) in the United States. In Massachusetts, the number of reported cases has more than doubled in ten years, from 8,725 in 1999 to 18,811 in 2009. In 2009, the incidence of reported chlamydia infection in Massachusetts among adolescents (ages 15-19) and young adults (ages 20-24) exceeded 1,300 per 100,000. This contrasts with the overall Massachusetts chlamydia infection rate of 296 per 100,000.¹

Despite its prevalence, chlamydia infection is usually undiagnosed because infected individuals are asymptomatic. Patients with chlamydia infection are at increased risk for reinfection after treatment if their sex partners are not also treated. EPT helps prevent reinfection by increasing the likelihood that sex partners are effectively treated, even if they are unwilling or unable to seek medical care on their own. This is particularly true for adolescents, who may be afraid to seek medical care or disclose their infection to their parents.

EPT has been shown to be safe and effective in the treatment of sex partners. Research has demonstrated that EPT is more effective in reducing persistent and recurrent chlamydia infection than traditional partner notification (Golden 2005). In addition, the use of azithromycin was not associated with adverse events in two large studies involving patients without contraindications. Several states with long-standing EPT programs also have had no reports of adverse events.

Standard Treatment Protocol²

The standard treatment for chlamydia infection is one oral dose of 1g of azithromycin. This is the recommended first line treatment for both patients with known chlamydia infection and their sex partners; adults and adolescents. The single dose enhances adherence with directly observed and unobserved therapy.

¹ Massachusetts STD, HIV/AIDS and Viral Hepatitis Surveillance Report: 2009.

² CDC, *Sexually Transmitted Diseases Treatment Guidelines*, MMWR 59 (RR12) 45, (Dec. 17, 2010).

In the event that second line treatment is necessary, the recommended option is 100mg of doxycycline, twice a day for seven days, for both adults and adolescents. Although this option is just as effective in treating chlamydia infection, it is not optimal for EPT because of the number of doses and potential for poorer adherence. Although a seven-day course of doxycycline is safe and effective, it is associated with more adverse events than single-dose azithromycin.

Implementation Options

There have been no published studies demonstrating the efficacy of EPT in the treatment of chlamydia infection in the male sex partners of males with chlamydia infection. Therefore, current Centers for Disease Control and Prevention (CDC) guidelines for the treatment of sexually transmitted infections recommend EPT for use in heterosexual men and women with chlamydia infection.

MDPH recommends three options for the physician, physician assistant, nurse practitioner, or nurse midwife implementing EPT:

1. The clinician provides a written prescription for a named sex partner(s) of the infected patient;
2. The clinician provides a written prescription using, in place of the partner's name and address, "Expedited Partner Therapy," "E.P.T." or "EPT," which the partner can have filled at any Massachusetts pharmacy; or
3. The clinician dispenses the medication directly, one dose to be taken immediately by the patient, and an additional dose or doses to be delivered by the patient to the sex partner(s). A separate, properly labeled container is to be used for the dose(s) for each sex partner.

If an electronic medical record (EMR) or other e-prescribing system does not permit an electronic prescription for "Expedited Partner Therapy," "E.P.T." or "EPT," an information sheet listing fields required by 105 CMR 721.000 is available online to assist prescribers with generating a written prescription [General Drug Control Policies - Health and Human Services](#) (see Elements of a Written Prescription). Providers may also wish to consider contacting a prescription form vendor to obtain blank prescription forms.

Pharmacists

A prescription with "Expedited Partner Therapy," "E.P.T." or "EPT" in place of a name and address may be filled based on these regulatory changes. A partner information sheet (described below) should be provided to patients whenever possible if not already provided by the prescriber.

Patient Counseling and Information for Partners

Patients with chlamydia infection should be counseled to abstain from sex for seven days after completion of therapy, notify their sex partners about their infection, and avoid future infection by using condoms during sex.

Regardless of which EPT implementation option the physician, physician assistant, nurse practitioner, or nurse midwife chooses, the written prescription or medication for the partner should be accompanied by a partner information sheet (whenever possible). An example of such a document is attached, and contains information about exposure to chlamydia, the need for treatment, instructions about treatment and potential allergic reactions, and the need for abstaining from sex for seven days following treatment.

Conclusions

Successful EPT programs in other states have demonstrated that EPT is both safe and effective for preventing reinfection in female patients with chlamydia infection. The use of EPT is entirely voluntary and MDPH continues to encourage all sex partners to seek clinical care regardless of whether EPT is

used. However, MDPH recommends that physicians, physician assistants, nurse practitioners, and nurse midwives use EPT when, in their clinical judgment, it would be beneficial for both the patient and the sex partner(s).

References and Resources for Clinicians

1. CDC, Expedited Partner Therapy in the Management of Sexually Transmitted Diseases: Review and Guidance (2006). <http://cdc.gov/std/treatment/EPTFinalReport2006.pdf>
2. American Medical Association, Expedited Partner Therapy (Patient-delivered Partner Therapy): An Update (2006). <http://www.ama-assn.org/ama/no-index/about-ama/16410.shtml>
3. American Bar Association, resolution supporting removal of legal barriers to the provision of EPT (August 15, 2008). Available at <http://cdc.gov/std/ept/>
4. Matthew R. Golden, et al., *Effect of Expedited Treatment of Sex Partners on Recurrent or Persistent Gonorrhea or Chlamydial Infection*, N Eng J Med, 2005;352:676-85.
5. Matthew R. Golden, *Expedited Partner Therapy: Moving from Research to Practice*, Sex Transm Dis, 2008;35:320-22.
6. Julia A. Schillinger et al., *Patient-Delivered Partner Treatment with Azithromycin to Prevent Repeated Chlamydia trachomatis Infection Among Women*, Sex Transm Dis, 2003;30:49-56.
7. K. McBride, et al., *Formative Design and Evaluation of Patient-Delivered Partner Therapy Informational Materials and Packaging*, Sex Transm Infect, 2009;85:150-155.
8. James G. Hodge, et al., *Expedited Partner Therapy for Sexually Transmitted Diseases: Assessing the Legal Environment*, Am J Public Health, 2008;98(2): 238–243.
9. Patricia Kissinger, *Considering the Patient in Patient-Delivered Partner Therapy*, Sex Transm Inf, 2009;85:80-81.
10. *Expedited Partner Therapy for Adolescents Diagnosed with Chlamydia or Gonorrhea: A Position Paper of the Society for Adolescent Medicine*, J Adol Health, 2009;45:303-309. (Supported by the American Academy of Pediatrics.)



A Message for Partners about Chlamydia Expedited Partner Therapy (EPT)

From the Massachusetts Department of Public Health August 29, 2011

Important information about your sexual health: Please read both sides of this sheet carefully.

If you have any questions about the medicine for chlamydia, please contact your doctor or nurse.

For more information about chlamydia and other sexually transmitted diseases (STDs), visit the Massachusetts Department of Public Health website at www.mass.gov/dph/cdc/std.

Why am I getting medicine or a prescription for medicine?

Your sex partner has recently been treated for a sexually transmitted disease (STD) called **chlamydia**. You may have it too. That's why your sex partner is bringing you a prescription or medicine to treat chlamydia. You should take this medicine as soon as possible.

What is chlamydia and what are the signs and symptoms?

Chlamydia is a very common infection that both men and women can get from having vaginal, anal, or oral sex. For most people, there are no symptoms. But if you have the infection, even if there are no symptoms, you can still pass it on to anyone you have sex with.

Women with signs or symptoms might have:

- *Yellow or white discharge from the vagina*
- *Pain or bleeding during or after sex*
- *Bleeding between periods*
- *Burning or pain when you pee*
- *Lower belly pain, cramps and back pain*
- *Nausea*
- *Fever*

Men with signs or symptoms might have:

- *Yellow or white discharge (drip) from the penis*
- *Burning or pain when you pee*
- *Burning or itching at the opening of the penis*
- *Pain or swelling in the testicles (balls)*

What is the cure for chlamydia?

Chlamydia is usually cured with one dose of an antibiotic called azithromycin. This dose of medicine does not treat other STDs like syphilis or gonorrhea.

Today you are being given one dose of azithromycin, or a prescription to get it from the drug store. Before you take this medicine, please read all of the following information carefully.

1. If you have any of these problems, you must see a doctor or nurse as soon as possible because you may need stronger medicine.

- *Belly pain*
- *Nausea*
- *Fever*
- *Cramps*
- *Throwing up*
- *Pain in the testicles (balls)*

2. Do not take this medicine before checking with your own doctor or pharmacist if:

- You are allergic to any medicines
- You have serious health problems, such as kidney, heart, liver disease, or seizures

If you cannot take this medicine because of other health problems or allergies, see your doctor or nurse as soon as possible to get the best chlamydia treatment for you.

3. How do I take this medicine?

- Take *all* the medicine at once by mouth.
- If you throw up in the hour after taking the medicine, you will need to get more medicine from your clinic, doctor, or nurse because the medicine did not have time to work.
- Do not share this medicine with anyone else.

4. What if I am pregnant, or think I may be pregnant?

Azithromycin will not hurt your baby. Chlamydia can be passed from a mother to her baby during pregnancy and can cause health problems for the baby. If you are pregnant, take the medicine and see your doctor or nurse as soon as you can. Tell them you were treated because your sex partner has chlamydia.

5. What should I do after taking this medicine?

- **Do not have vaginal, anal, or oral sex for at least seven days after you AND any of your sex partner(s) have taken this medicine.** It takes seven days for this medicine to cure chlamydia. You can get chlamydia again if you have sex before waiting for the medicine to work on you and your partner(s).
- **Get checked for other STDs.** This medicine does not treat other STDs. Even if you take this medicine, it is important to get tested for other STDs because people can have more than one at a time. Get checked by your doctor or nurse for gonorrhea, syphilis, and HIV.

6. What might happen if I don't take this medicine?

Chlamydia that is not treated can lead to infertility (not being able to have children). In women, untreated chlamydia can cause Pelvic Inflammatory Disease (PID), which can be very painful. In men, chlamydia that is not treated can cause infection and pain in the testicles.

7. What are the common side effects of this medicine?

Some side effects of azithromycin include diarrhea, nausea, belly pain, headache, and throwing up. Remember that if you throw up in the hour after taking your medicine, you need to get more medicine.

8. What if I have an allergic reaction after taking this medicine?

Very serious allergic reactions are rare, but can happen.

If you have any of these problems after taking this medicine, call 911 or go to the emergency room:

- | | |
|---|--|
| <ul style="list-style-type: none">• Trouble breathing/chest tightness• Closing of the throat | <ul style="list-style-type: none">• Swelling of the lips or tongue• Hives (bumps on the skin that itch) |
|---|--|

If you had an allergic reaction: when you feel better, send an e-mail to ept@state.ma.us so that the Department of Public Health can find out how many people had problems with the medicine.

How can chlamydia be prevented?

The only way to avoid chlamydia and other STDs including HIV, is not to have sex. If you do have sex, using a condom correctly EVERY TIME you have any kind of sex can lower the chances of you getting an STD. Getting screened for STDs at least once a year is also a great way to stay healthy.