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Bulletin No. 1 January 12, 2011

Expedited Partner Therapy Recommendations for Alaska Providers

Background

Expedited partner therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with chlamydial infection (CT) or gonococcal infection (GC) without the health care provider first examining the partner. Based on scientific evidence gleaned from numerous studies, the US Centers for Disease Control and Prevention (CDC) has concluded that EPT is a useful option to facilitate partner treatment and should therefore be available to health care providers as an additional strategy for partner management.¹ Several EPT models are currently practiced nationwide, including patient-delivered partner therapy (where patients deliver medication or a prescription to their sex partners) and field-delivered partner therapy (where a public health worker delivers medication to partners in a non-clinical setting).²

While prior Alaska state law did not explicitly prohibit nor condone EPT, in September 2010, the State Medical Board modified regulation 12 AAC 40.967 to sanction EPT use in Alaska. Specifically, the new regulation states that “Unprofessional conduct includes the following: (29) prescribing, dispensing, or furnishing a prescription medication to a person without first conducting a physical examination of that person, unless the licensee has a patient-physician or patient-physician assistant relationship with the person; *this paragraph does not apply to prescriptions written or medications issued (A) for use in emergency treatment; (B) for expedited partner therapy for sexually transmitted diseases [italics added].*”³

During 2009, a dramatic increase in gonorrhea infections in Alaska prompted the Section of Epidemiology (SOE) to request assistance from CDC to help identify control methods.^{4,5} Given the substantial challenges of identifying and treating sex partners, particularly those living in remote areas of Alaska, SOE and CDC staff examined EPT as a potential control method by 1) determining the knowledge, attitudes, and practices of EPT among policy makers, health care providers, patients, and other stakeholders; and 2) developing a plan for implementing EPT. The investigative team administered surveys and conducted interviews with providers, patients, and other stakeholders.

A complete description of this investigation is detailed in a companion *Recommendations and Reports*.⁶ The findings from this assessment indicated that 1) EPT is an acceptable partner management tool for the prevention and control of CT and GC in Alaska; and 2) EPT may be a particularly effective partner management tool for specific Alaska populations (e.g., patients unwilling or unable to participate in timely partner services), for specific geographic areas where partners services are not available, and when program resources may need to be redirected (e.g., during outbreak response or due to budget changes).

Recommendations

1. Health care providers should consider using EPT to treat sex partners of patients diagnosed with CT or GC infection, particularly when other management strategies are unavailable, impractical, or unlikely to be successful.
2. Health care providers should formulate policies and procedures for the use of EPT. Suggested components of EPT protocols, policies, and standing orders are provided here (see Box). Informational documents for patients and providers are available at the Alaska HIV/STD Program’s EPT website.⁷

3. Symptomatic partners receiving EPT should be encouraged to seek medical attention. This should be accomplished through providing written materials that accompany medication, by counseling the index case, and through personal counseling by a pharmacist or other qualified personnel.
4. Health care providers should work with their agency’s pharmacy and therapeutics committee to ensure that EPT medications are available through their supply chain.
5. Providers are required by law (7 AAC 27.005) to report confirmed and suspected CT and GC infections to SOE within 5 working days by calling 907-561-4234 or 1-800-478-1700 if outside Anchorage, or by faxing information to 907-561-4239. Reporting forms are available at: <http://www.epi.alaska.gov/pubs/conditions/frmlnfect.pdf>

Box. Suggested Components of EPT Protocols, Policies, and Standing Orders for Alaska Providers

- EPT drug regimens:
 - Partners exposed to *CT only*:
Azithromycin 1 g orally in a single dose
 - Partners exposed to *GC only or both GC and CT*:
Cefixime 400 mg orally in a single dose **PLUS**
Azithromycin 1 g orally in a single dose
- Limit EPT to the number of known sex partners identified in the previous 60 days (or most recent sex partner if none in the previous 60 days).
- Provide written materials to accompany EPT medication(s) that include the following information:
 - An overview of CT and GC, including signs and symptoms of illness;
 - A recommendation to seek medical care if the person receiving medication is experiencing symptoms;
 - A list of local health care resources;
 - Potential adverse reactions to the medication(s);
 - A telephone number to report adverse reactions to the medication(s); and
 - Counseling on abstinence until 7 days after treatment **and** 7 days after partners have been treated.
- Document in the index patient’s medical record the number (but not names) of partners who are being provided with EPT.

References

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3. Alaska Medical *Statutes and Regulations*. DCCED. Regulation 12 AAC 40.967(29)(B). November 2010. Available at: <http://www.dced.state.ak.us/occ/pub/MedicalStatutes.pdf>
4. Section of Epidemiology *Bulletin*. Statewide Increase in Gonococcal Infection—Alaska, 2009. No. 6; March 9, 2010. Available at: http://www.epi.alaska.gov/bulletins/docs/b2010_06.pdf
5. Section of Epidemiology *Bulletin*. Could Expedited Partner Therapy Work in Alaska? A Call for Health Care Provider and Patient Input. No. 15; June 11, 2010. Available at: http://www.epi.alaska.gov/bulletins/docs/b2010_15.pdf
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7. Alaska HIV/STD Program EPT webpage. Available at: <http://www.epi.alaska.gov/hivstd/ept/>