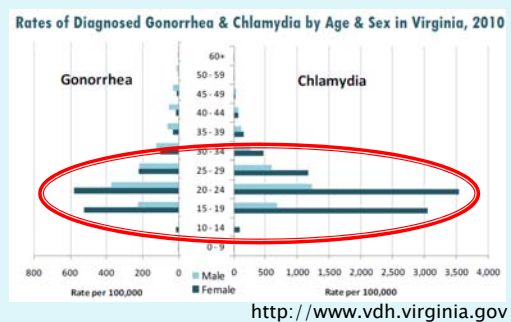


Expedited Partner Therapy: An Innovative Strategy

Robin L. Hills, MS, WHNP-BC, CNE
Clinical Assistant Professor, VCU School of Nursing
Doctoral Student – University of Virginia
Women's Health Nurse Practitioner

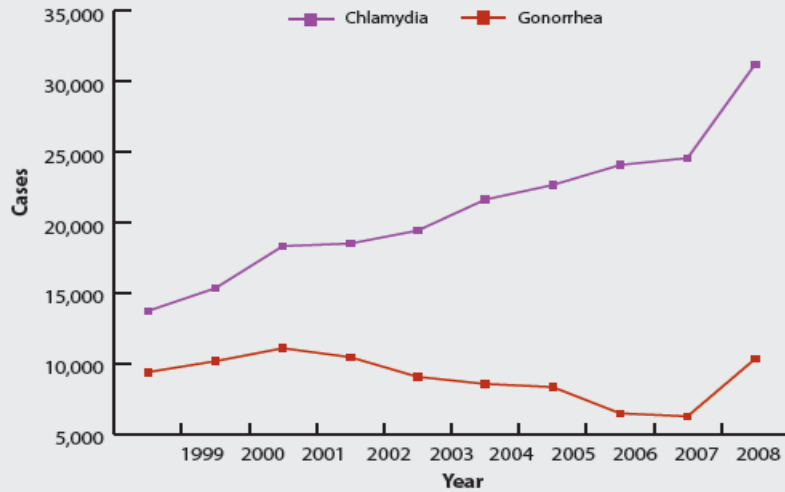
The Silent Enemy

- ▶ Gonorrhea and Chlamydia affect women and men
- ▶ Serious conditions
 - female infertility
 - tubal pregnancy
 - chronic pelvic pain



**EFFECTS ARE MORE CLOSELY LINKED TO
REINFECTION THAN TO INITIAL INFECTION**

Chlamydia and Gonorrhea Cases, 1999–2008, Virginia



http://www.cdc.gov/nchhstp/stateprofiles/pdf/virginia_profile.pdf

Chlamydia

Rank*	State	Cases	Rate per 100,000 Population
1	Alaska	6,019	961.7
2	Mississippi	21,417	725.9
3	Louisiana	29,151	648.9
4	New Mexico	11,706	582.5
5	South Carolina	26,223	381.3
6	Alabama	27,061	374.3
7	Arkansas	15,424	333.8
8	New York	99,920	311.3
9	Delaware	4,464	304.3
10	Michigan	48,478	296.3
11	Texas	118,872	283.7
12	Illinois	80,672	269.9
13	Hawaii	6,013	264.4
14	Maryland	26,192	259.6
15	Georgia	43,147	259.3
16	Tennessee	26,327	246.9
17	North Carolina	42,048	248.2
18	Ohio	51,150	243.1
19	Missouri	52,070	230.5
20	Wisconsin	13,236	412.9
21	Arizona	26,861	407.2
22	California	130,443	407.0
23	Florida	74,744	403.2
24	South Dakota	2,192	292.9
25	Virginia	30,787	390.7
26	Wyoming	2,113	388.2
27	Oklahoma	14,302	387.9
28	Colorado	19,447	387.0
29	Kentucky	16,376	379.6
30	Pennsylvania	41,515	377.0
31	North Dakota	2,404	371.7
32	Nevada	9,666	363.7
33	Connecticut	12,649	339.5
34	Indiana	22,523	335.4
35	Iowa	10,542	332.5
36	Kansas	9,601	340.6
37	Rhode Island	3,480	330.4
38	Oregon	12,352	322.9
39	Washington	21,348	320.3
40	Massachusetts	21,080	318.7
41	Montana	3,082	318.1
42	New Jersey	26,142	300.2
43	Minnesota	15,294	290.4
44	Nebraska	9,114	284.6
45	Idaho	4,205	272.2
46	Utah	6,890	240.3
47	West Virginia	3,876	213.0
48	Vermont	1,237	202.2
49	Maine	2,596	196.2
50	New Hampshire	2,482	189.9

Gonorrhea

Rank*	State	Cases	Rate per 100,000 Population
1	Mississippi	6,155	205.9
2	Louisiana	8,912	198.4
3	Alaska	1,273	182.3
4	South Carolina	7,970	174.7
5	Alabama	7,959	168.5
6	Arkansas	4,789	165.0
7	Georgia	15,892	161.3
8	North Carolina	14,111	150.4
9	Ohio	16,496	142.9
10	Michigan	13,627	136.7
11	Maryland	7,413	130.1
12	Texas	31,788	128.3
13	Illinois	18,777	122.2
14	Missouri	7,139	119.6
15	Oklahoma	4,369	118.9
16	Delaware	1,020	114.1
17	Tennessee	7,121	113.1
18	Florida	20,163	108.8
19	Pennsylvania	12,883	102.2
20	Indiana	4,406	101.1
21	California	4,741	100.9
22	Virginia	7,402	93.9
23	New York	18,220	93.7
24	Wisconsin	1,091	90.0
25	Kansas	2,084	73.9
26	Connecticut	2,569	73.0
27	California	26,441	71.5
28	New Jersey	5,872	67.4
29	Nebraska	1,187	66.1
30	Nevada	1,728	65.4
31	New Mexico	1,228	61.2
32	Iowa	1,803	59.9
33	Hawaii	799	58.6
34	South Dakota	462	57.6
35	Colorado	2,787	55.5
36	Arizona	3,249	49.3
37	Washington	2,864	43.0
38	Minnesota	2,119	40.2
39	Massachusetts	2,469	37.1
40	West Virginia	979	31.8
41	North Dakota	204	31.5
42	Oregon	1,076	28.1
43	Rhode Island	291	27.6
44	Idaho	162	13.2
45	New Hampshire	151	11.4
46	Utah	310	11.1
47	Montana	102	10.5
48	Idaho	147	9.9
49	Vermont	58	9.9
50	Wyoming	40	7.3

2010 Ranking

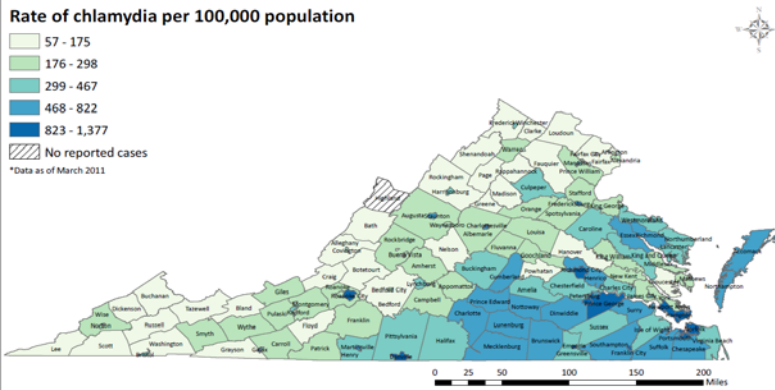
U.S. Incidence Rate

Virginia Incidence Rate

<http://www.cdc.gov/std/stats10/tables/2.htm>

Chlamydia, 2010

Rate of chlamydia diagnoses in Virginia, 2010



VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment
www.vdh.virginia.gov

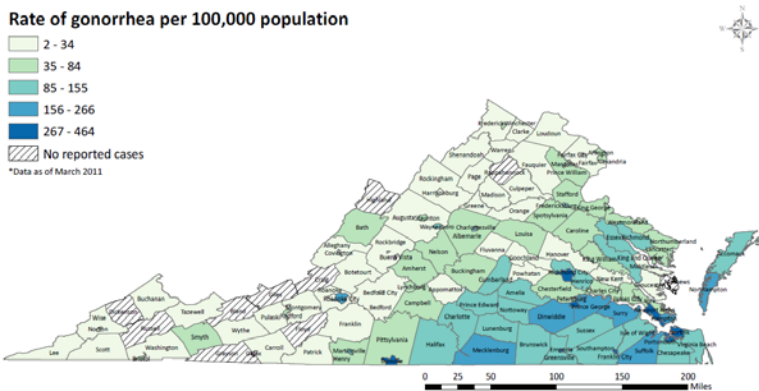
Prepared by: Division of Disease Prevention, Virginia Department of Health, March 2011
For further information please contact: ashley.carter@vdh.virginia.gov

<http://www.vdh.virginia.gov>

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Gonorrhea, 2010

Rate of gonorrhea diagnoses in Virginia, 2010



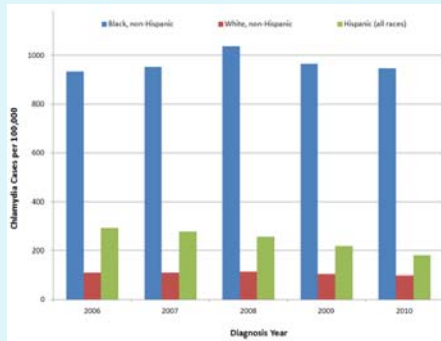
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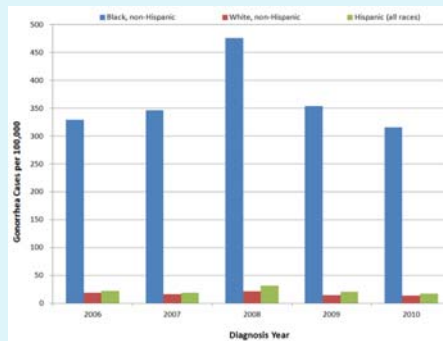
<http://www.vdh.virginia.gov>

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Chlamydia Incidence
by Race in Virginia




Gonorrhea Incidence
by Race in Virginia



<http://www.vdh.virginia.gov>

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Standard Partner Referral

- ▶ **Standard partner referral approach**
 - treat the index patient with the appropriate antibiotic regimen and ask the patient to notify his or her sexual partner so that the partner can seek treatment
- 
INADEQUATE
- ▶ This is an ineffective approach because male partners are less likely to seek treatment due to stigma and/or denial
 - men are often asymptomatic and, therefore, less likely to believe they need treatment

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EPT Defined

Expedited Partner Therapy

- ▶ the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner

Patient-Delivered Partner Therapy

www.cdc.gov/ept

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2007 Systematic Review

- ▶ Reviewed randomized trials to examine the effectiveness of any intervention supplementing simple patient referral
- ▶ In all 4 studies of patients diagnosed with gonorrhea or chlamydia:
 - more partners were treated when EPT was used compared to simple patient referral
 - persistent or recurrent infection rate was lower when EPT was used compared to simple patient referral

Trelle, 2007

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CDC 2006 Recommendation

CDC has concluded that EPT is a useful option to facilitate partner management among heterosexual men and women with chlamydial infection or gonorrhea. The evidence indicates that [EPT should be available to clinicians as an option for partner management](#)

. . . EPT represents an additional strategy for partner management that does not replace other strategies, such as standard patient referral or provider-assisted referral, when available. Along with medication, EPT should be accompanied by information that advises recipients to seek personal health care in addition to EPT.

<http://www.cdc.gov/std/DearColleagueEPT5-10-05.pdf>₁₁

National Organizational Support

Supporting Opinions from:

- ▶ American Medical Association
- ▶ American College of Obstetricians & Gynecologists
- ▶ Society for Adolescent Medicine
- ▶ American Bar Association

Other States are Taking Action

- ▶ 2006 → only 10 states permitted EPT
- ▶ 2012 → 32 states permit EPT as an option for partner management

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Concerns to Address

- ▶ Medicolegal concerns regarding liability
- ▶ Potential adverse effects of medications
 - Allergy/Side Effect profile is low
 - Chlamydia: Azithromycin 1000mg in a single dose
 - Gonorrhea: Cefixime 400mg in a single dose
- ▶ Funding
 - Additional dispensing costs for VDH

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

Prepared by the Arizona State University, Sonoma State University 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

<http://www.cdc.gov/std/ept/legal/LegalToolkit.htm>

Legislative Options Used in Other States

- ▶ Medical Board Policy Statement
- ▶ Regulatory Revisions
- ▶ Statute Amendments

State	Type of Law	Effective Date
Alaska	Regulation	9/9/2010
Arizona	Statute	9/25/2008
Connecticut	Statute	10/1/2011
Idaho	Statute	7/1/2012
Illinois	Statute	1/1/2010
Indiana	Regulation	10/28/2011
Iowa	Statute	7/1/2008
Louisiana	Statute	6/25/2008
Maine	Statute	7/12/2010
Massachusetts	Statute	7/1/2011
Missouri	Statute	8/28/2010
	Medical Board Policy	
New Hampshire	Statement	4/7/2004
New York	Statute	1/23/2009
	Medical Board Policy	
North Carolina	Statement	1/1/2009
North Dakota	Regulation	1/1/2009
Oregon	Regulation	2/8/2010
Rhode Island	Statute	6/25/2010
	Medical Board Policy	
South Carolina	Statement	2/1/2011
Texas	Regulation	6/24/2009
Vermont	Statute	7/1/2009
Wisconsin	Statute	5/26/2010

<u>Medical Board Policy Statement</u>	<u>Regulation Change</u>	<u>Statute Change</u>
<p>SOUTH CAROLINA 2/1/2011</p> <p>It is the position of the South Carolina Board of Medical Examiners that Expedited Partner Therapy treatment of STDs should be used "in accordance with the most current established guidelines as published by these organizations, even in the absence of a previously-established patient-physician relationship." South Carolina Board of Medical Examiners Post Exposure Prophylaxis Policy: The "Post Exposure Prophylaxis Policy" states that EPT is "recommended by numerous medical professional and public health organizations . . . to protect specific persons from acquiring contagious/ communicable diseases from close contact with infected persons."</p>	<p>TEXAS 6/24/2009</p> <p>Notwithstanding the provisions of this subparagraph, establishing a professional relationship is not required for: (I) a physician to prescribe medications for sexually transmitted diseases for partners of the physician's established patient, if the physician determines that the patient may have been infected with a sexually transmitted disease 22 Tex. Admin. Code §190.8(1)(L)(iii)</p> <p>"An advanced practice registered nurse may prescribe medications for sexually transmitted diseases for partners of an established patient, if the advanced practice registered nurse assesses the patient and determines that the patient may have been infected with a sexually transmitted disease. Nothing in this subsection shall be construed to require the advanced practice registered nurse to issue prescriptions for partners of patients." 22 Tex. Admin. Code § 222.4(e)</p>	<p>LOUISIANA 6/25/2008</p> <p>"Any physician or any advanced practice registered nurse . . . may prescribe, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners absent a doctor-patient relationship or absent an advanced practice registered nurse-patient relationship and without examination . . . of that patient's sexual partner or partners." La. Rev. Stat. Ann. § 40:1064.1.</p> <p>"If expedited partner therapy is chosen as an alternative by a physician, advanced practice registered nurse or physician assistant, the patient with a case of gonorrhea or chlamydia will be given an informational document that the patient agrees to give to his or her sexual contact. Additionally, any pharmacist licensed to practice pharmacy in this state may recognize a prescription authorized by this section as valid, notwithstanding any other provision of law or administrative rule to the contrary." La. Admin. Code tit. 51 Part II Chapt. 1 § 117 (H)</p> <p>The Louisiana Board of Pharmacy issued a bulletin, to notify pharmacies and pharmacists of La. Rev. Stat. Ann. § 40:1064.1 so they will "recognize prescriptions for antibiotics issued under Expedited Partner Therapy as legitimate prescriptions."</p>

Conclusion

The evidence presented today was the basis for

- ▶ H.B. 2083 – Del. Herring
- ▶ S.B. 1317 – Sen. McEachin
- ▶ H.J. 147 – Del. Herring

- ▶ It is my hope that actions will be taken to permit Virginia providers to implement EPT as a partner treatment option