

# Kentucky Department for Public Health

## About Us



**Kentucky Public Health**

Prevent. Promote. Protect.

The Department for Public Health (DPH) is dedicated to improving health and safety of Kentuckians through *prevention, promotion, and protection*.

As a major component of the Cabinet for Health and Family Services, DPH provides guidance and support for health departments in all 120 counties.

Serving as Kentucky's dedicated public health resource, DPH is responsible for identifying and allocating resources to communities and public health institutions in an effort to prevent and protect against diseases, outbreaks, hazards statewide.

# Expedited Partner Therapy (EPT) Update

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Public Health Nursing (PHN) Webinar

August 15, 2019



**Kentucky Public Health**

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# What is Expedited Partner Therapy?

- Expedited Partner Therapy (EPT) is 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*.



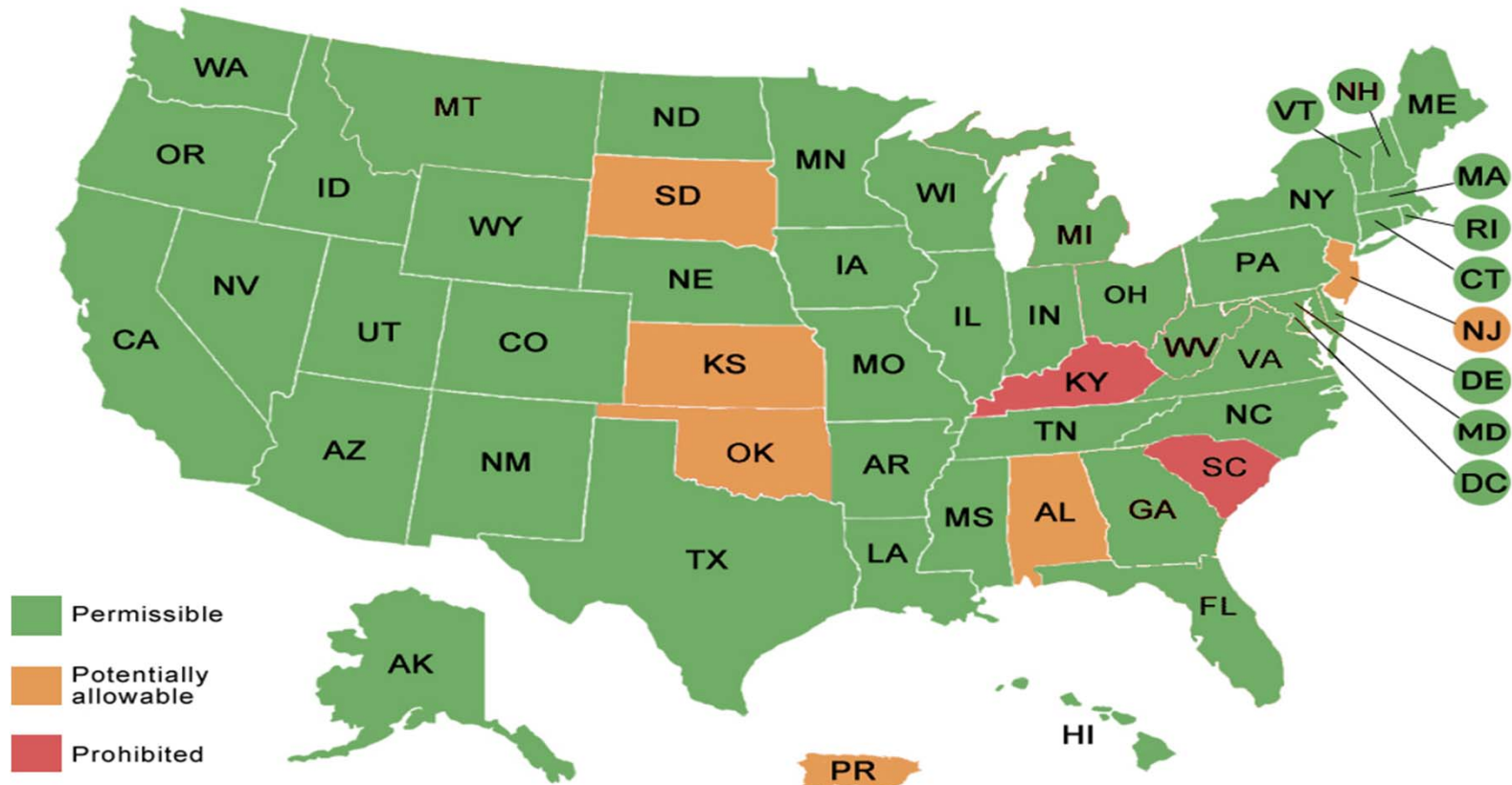
# Why Expedited Partner Therapy?

- CDC estimates that only 29 – 59% of patients with an STD are told to notify their partner(s) actually do that
- Because of limited staffing, partners of patients with gonorrhea or chlamydia are less likely to be contacted and treated
- Studies show that EPT is an effective option to:
  - Treat partners
  - Prevent re-infection of an index patient
  - Slow/stop the transmission to other uninfected partners
  - Saves \$ to reduce treating more advanced disease
- Partner are considered those that the index patient has had sexual contact in the last 60 days

# STD Re-Infection is common

- Re-infection rates among women treated for CT<sup>1</sup>:
  - 15% re-infected within 6 months
  - 30% re-infected within 12 months
- Re-infection rates among women treated for GC<sup>2</sup>:
  - 14% re-infected within 6 months
  - 27% re-infected within 12 months
- Re-infection rates among men with CT & GC<sup>3</sup>:
  - 15% re-infected at 6 months
  - 21% re-infected at 8 months

Kentucky will become green as of July 1, 2019.



# Special Populations and EPT

- Adolescents have the highest rates of infections of all age groups – they are PRIORITY
- MSM patients should have full STD exams because of likelihood of prevalence of co-morbidities (i.e., HIV and other STDs). Therefore, EPT is not recommended for MSM patients.
- Pregnant women need to avoid re-infection
  - Rescreening for chlamydia after 3-4 weeks important in pregnancy

# Missed Opportunities when using EPT

- Inability to diagnose and treat co-infections
- Missing complicated infection (e.g., Pelvic inflammatory disease (PID), pregnancy, testicular pain, abdominal pain, fever, etc.)
- Lack of risk reduction counseling
- Inability to evaluate the risk of sexual abuse



# Cost of STDs

- STDs cost the U.S. health care system an estimated \$16 billion annually
- A single oral pill for treatment of *Chlamydia trachomatis* infection costs \$10/\*patient while treatment for infertility can cost thousands of dollars per patient
- A single oral pill for treatment of gonorrhea costs \$18/\*patient while treating PID costs over \$2000 per patient

# Cost of EPT

- Kentucky STD Prevention Program will supply LHDs with medication for EPT
- LHD may provide written prescription for the index patient to take to the partner (prescription will be written with the partner's name)
- Disease Investigation Specialists (DIS) may deliver medication to partners under certain circumstances

## **Summary of CDC's Guidance for Expedited Partner Therapy in the Management of Sexually Transmitted Diseases**

- EPT was effective in reducing persistent or recurrent infections due to chlamydia and gonorrhea
- EPT was associated with higher likelihood of partner notification and partner treatment
- Preliminary economic analysis suggest that EPT is a cost-saving and cost-effective partner management strategy
- EPT represents an additional strategy for partner management that does not replace other strategies

## Partner treatment:

- Gonorrhea – Cefixime, 400 mg **AND** Azithromycin 1 gm
- Chlamydia – Azithromycin 1 gm

# Documentation for partners in the index patient chart

- Name(s) of partners
  - Document the medication or prescription given
  - Pregnancy status
  - Any known allergies
- 
- Also add this information to the LHD medication log

**Appropriate changes have been made to the  
PROTOCOLS FOR TREATMENT OF COMMON  
SEXUALLY TRANSMITTED DISEASES**

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