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Recommendations on Expedited Partner Therapy for Sexually Transmitted Infections

In order to expand the treatment and reduce the spread of the most common sexually transmitted infections, the Connecticut Public Health Association (CPHA) supports ***H.B. 5450, An Act Concerning Expedited Partner Therapy for Sexually Transmitted Diseases***. This act would allow licensed healthcare professionals to prescribe antibiotic treatment for the partners of individuals diagnosed with Chlamydia or gonorrhea.

Background

Expedited Partner Therapy (EPT) for sexually transmitted infections (STIs) refers to treatment of a patient's sexual partner by a licensed medical practitioner without requiring a clinical exam. [1] Usually EPT entails "patient delivered treatment" in which the patient delivers medicine or a prescription to his or her partner [1]. **HB 5450** would allow medical providers in Connecticut to utilize EPT for treatment of Chlamydia or gonorrhea infections in hard-to-reach individuals. In 2002 the Centers for Disease Control and Prevention (CDC) recommended exploring EPT as an alternative method to mandated partner notification in order to control the spread of STIs. Mandated partner notification methods are problematic and not effective enough in stopping the spread of STIs. [2] After years of randomized trials and monitoring of EPT programs, the CDC, the American Academy of Pediatrics (AAP), the American Medical Association (AMA) and the Society for Adolescent Medicine (SAM), now have specific guidelines recommending the use of EPT among heterosexual males and females who are not likely or able to access treatment for Chlamydia or gonorrhea infections through other means [1] In addition, the American Bar Association along with the AAP and SAM, support the removal of legal and policy barriers to allowing EPT in all states. [1]

Timely diagnosis, reporting and treatment of STIs are essential for stopping the spread of these diseases. [2] Chlamydia and gonorrhea remain the two most common STIs and infections are rising--females 15-19 years old represent the largest proportion of reported cases. [2] Chlamydia and gonorrhea infections in females can lead to complications such as pelvic inflammatory disease, ectopic pregnancy and infertility. [2] Infection in pregnancy can cause severe effects on the fetus, newborn and for the mother. [2] African Americans are also disproportionately affected by both of these diseases, comprising 48% of Chlamydia cases and 70% of gonorrhea cases in the U.S. in 2007--rates that are nine and nineteen times that of whites. [3]

The spread of Chlamydia and gonorrhea present persistent public health challenges for adolescents. [1] Currently, adolescent STI rates continue to rise in CT and nationally. Adolescents are at increased risk due to higher rates of unprotected sex and barriers to obtaining health care.[2] Re-infection is also of particular concern in these populations, with many re-infected within 3-6 months of initial treatment because their sexual partners did not receive treatment [1]. EPT provides a way to reach teens who have been missed or who do not have access to their own treatment [1]. Adolescents also prefer EPT to partner notification, with 89% of 14-25 year olds in one study preferring this method versus 7% who preferred partner notification. [1] As 70% of Chlamydia cases and 55% of gonorrhea cases in Connecticut in 2006 occurred in individuals aged 10-24, it is all the more important that young people have access to treatment. In Connecticut adolescents can consent to testing and treatment for STIs. [4]

Expedited partner therapy for STIs has been found to reduce rates of Chlamydia and gonorrhea infection and to be at least as effective as patient referral of the sexual partner in reducing re-infection rates. [1] Specific guidelines for EPT include providing patient education and counseling regarding STI prevention. Chlamydia and gonorrhea are easily treated with antibiotics, and serious adverse and allergic effects are rare with the

recommended treatments for these infections. [1] In fact, in EPT programs monitored since 2001, no adverse drug effects or lawsuits have occurred. [1] A physician may also place an order on the prescription for the pharmacist to screen for drug allergies in the patient as well as provide instructions regarding potential side effects. [1] Many states have enacted legislation allowing EPT over the past few years, and 22 states now allow it, compared with only 12 out of 53 states and territories in February of 2008. [5,6]

Recommendation

CPHA supports the use of expedited partner therapy for STIs by licensed health care professionals, according to CDC and AMA guidelines. **H.B. 5450, An Act Concerning Expedited Partner Therapy for Sexually Transmitted Diseases** would help to stem the spread of STIs in Connecticut and will likely have the greatest effect in the most disproportionately affected populations--young women and African Americans. EPT is a safe and cost-effective method to decrease the spread of sexually transmitted infections.

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