WISCONSIN AIDS/HIV PROGRAM NOTES

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Expedited Partner Therapy: Wisconsin's Newly Enacted STD Partner Management Strategy

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Background

On May 11, 2010, Governor Doyle signed into law 2009 Wisconsin Act 280. This legislation became effective May 26 and it enables medical providers to prescribe, dispense or furnish medication for sexually transmitted diseases (STDs) to partners of patients diagnosed with the STDs trichomoniasis, gonorrhea, and chlamydial infection without conducting a medical assessment of the partner. This STD treatment strategy, known as "expedited partner therapy" (EPT), allows a patient to deliver oral medication or a prescription to a sexual partner without the partner first undergoing a medical evaluation.

While standard care for treating STDs includes testing, clinical evaluation and counseling by a clinician,[1] EPT is an alternative when a partner is unable or unlikely to seek care. The federal Centers for Disease Control and Prevention (CDC) concluded that EPT is a useful option to facilitate partner management, particularly for treatment of male partners of women with chlamydial or gonorrhea infection.[2] The CDC recommends the use of EPT to prevent persistent or recurrent infection when other management strategies are impractical or unsuccessful.

Act 280 does not pre-empt the requirement for local health departments in Wisconsin to conduct epidemiologic interviews and investigations of reportable STD cases.

Public health implications of chlamydial infection, gonorrhea, and trichomoniasis

Chlamydial infection, gonorrhea, and trichomoniasis are significant public health problems. The number of bacterial STDs reported in Wisconsin exceeds the number of all other reportable communicable diseases combined. In 2009, Wisconsin had more than 20,890 cases of chlamydial infection and over 5,200 cases of gonorrhea.[3] The CDC estimates that approximately half of all new chlamydial infections and gonorrhea occurring each year are undiagnosed and unreported.

Chlamydial or gonorrhea recurrent infection is associated with increased risks for pelvic inflammatory disease (PID), chronic pelvic pain, ectopic pregnancy, fetal death, and preventable infertility in women.[4] Untreated infections increase the risk for acquiring or transmitting HIV.[5] Within six months after treatment, persistent or recurrent infections occur in up to 11 percent of women and men treated for gonorrhea[6,7] and in up to 13 percent of patients treated for chlamydial infection.[8]

Trichomoniasis is an STD that is frequently asymptomatic and undiagnosed. It is the most common curable STD in young, sexually active women in the U.S. An estimated 7.4 million new cases occur each year in men & women.[9] Trichomoniasis can cause reproductive health and obstetric complications and can facilitate the transmission of HIV infection. In men, it may cause as much as 5-10% of nongonococcal urethritis. Trichomoniasis often coexists with gonorrhea.[10]

Importance of partner treatment

To prevent repeat infections and other health complications associated with STDs, as well as further transmission of infection in the community, sex partners of infected patients must be provided timely and appropriate treatment.

The main cause of recurrent STD infections results from continued sexual contact with an infected partner. Patients with STDs have reduced risk for recurrent infection when their sexual partners are properly treated or are treated concurrently with the index patient.[11]

Public health efforts to notify and treat sex partners is fundamental for syphilis control.[12] Because of the high burden of infection and limited public health resources for partner notification or provider referral, it is difficult for local health departments to provide proper or consistent investigation and partner notification for cases of gonorrhea and chlamydial infection.[13] One alternative approach is patient (self) referral, where a health care provider counsels a patient about partner treatment and advises the patient to inform partners about their need for treatment.

There are several limitations to the effectiveness of patient (self) referral, including the patient's choice in notifying a partner and the partner's choice in seeking treatment. Asymptomatic partners often fail to seek care because they have no signs or symptoms of infection and they incorrectly assume they are not infected. Additionally, some partners may be uninsured and have limited access to medical care. These limitations require strategies other than patient referral to ensure appropriate therapy for sex partners.

In most cases, treatment of sex partners should occur when partners are tested rather waiting until test results are available. A cornerstone of STD control is prophylactic treatment of sex partners who were exposed in the 60 days prior to the original (index) patient's positive test or onset of symptoms for gonorrhea or chlamydial infection.

Effectiveness of EPT

Compared to patient (self) referral, EPT is associated with a higher likelihood of sexual partners being notified of their need for treatment and of patients reporting that all sexual partners were treated.[11]

Several research studies demonstrate that EPT is effective in facilitating partner notification and reducing recurrent chlamydial and gonorrheal infections among index cases:

- A meta-analysis that included five clinical trials found reduced recurrent chlamydial and gonorrhea infections in patients receiving EPT compared with patients receiving standard partner treatment methods.[12]

- A randomized trial demonstrated that EPT was more effective than standard referral in reducing recurrent infection among patients with gonorrhea (3 percent versus 11 percent, $p = 0.01$), compared with those with chlamydial infection (11 percent versus 13 percent, $p = 0.17$).[14]

- A study of men with urethritis showed that EPT resulted in a reduction of recurrent infection rates from 43 percent to 23 percent when compared to patient self referral.[15]

- A study of women with chlamydial infection found EPT reducing recurrent infection rates from 15 percent to 12 percent (p = .10).[16]

2009 Wisconsin Act 280 includes the option of using EPT for trichomoniasis. The CDC has not found sufficient evidence to support routine use of EPT for trichomoniasis and suggests cautionary use in managing women with trichomoniasis. The CDC recommends that EPT be an option when treatment of partners cannot otherwise be ensured.[11]

Summary provisions of 2009 Wisconsin Act 280
Major provisions of the recently enacted EPT legislation include the following:

1. Act 280 explicitly allows physicians, physician assistants, and certified nurse prescribers to dispense, furnish, or prescribe medication for EPT and pharmacists may dispense medication for EPT.

2. Liability for medical providers and pharmacists is limited as long as EPT is provided in accordance with the Act.

3. A prescription may be written in the partner's name (preferred) or with "Expedited Partner Therapy" or "EPT" in place of a name when the patient does not know or is unwilling to give the partner's name.

4. The Department of Health Services is required to develop written materials which are to be distributed to patients by medical providers and for use by the partner(s) receiving EPT. Materials will contain facts about trichomoniasis, gonorrhea, and chlamydial infection; treatment of these STDs; risk of drug allergies; and contact information for questions. To be in compliance with the Act, the information sheet must be distributed by the medical provider along with the EPT medication or prescription.

A copy of 2009 Wisconsin Act 280 is available at:
http://www.legis.state.wi.us/2009/data/acts/09Act280.pdf

A Wisconsin Legislative Council Act Memo which summarizes 2009 Wisconsin Act 280 is located on the web at http://www.legis.state.wi.us/lc/publications/act/2009/act280-sb460.pdf.

Tools for implementing EPT
The Wisconsin STD Program is developing EPT information sheets and guidance for providers, pharmacists, and local health providers. These resources will be available soon at on the website of the STD Program at http://dhs.wisconsin.gov/communicable/STD/EPT/EPT.htm.

In 2006, the CDC released the document *Expedited Partner Therapy in the Management of Sexually Transmitted Diseases; Review and Guidance.*[11] This and several other resources are available on the CDC website at www.cdc.gov/std/ept.

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