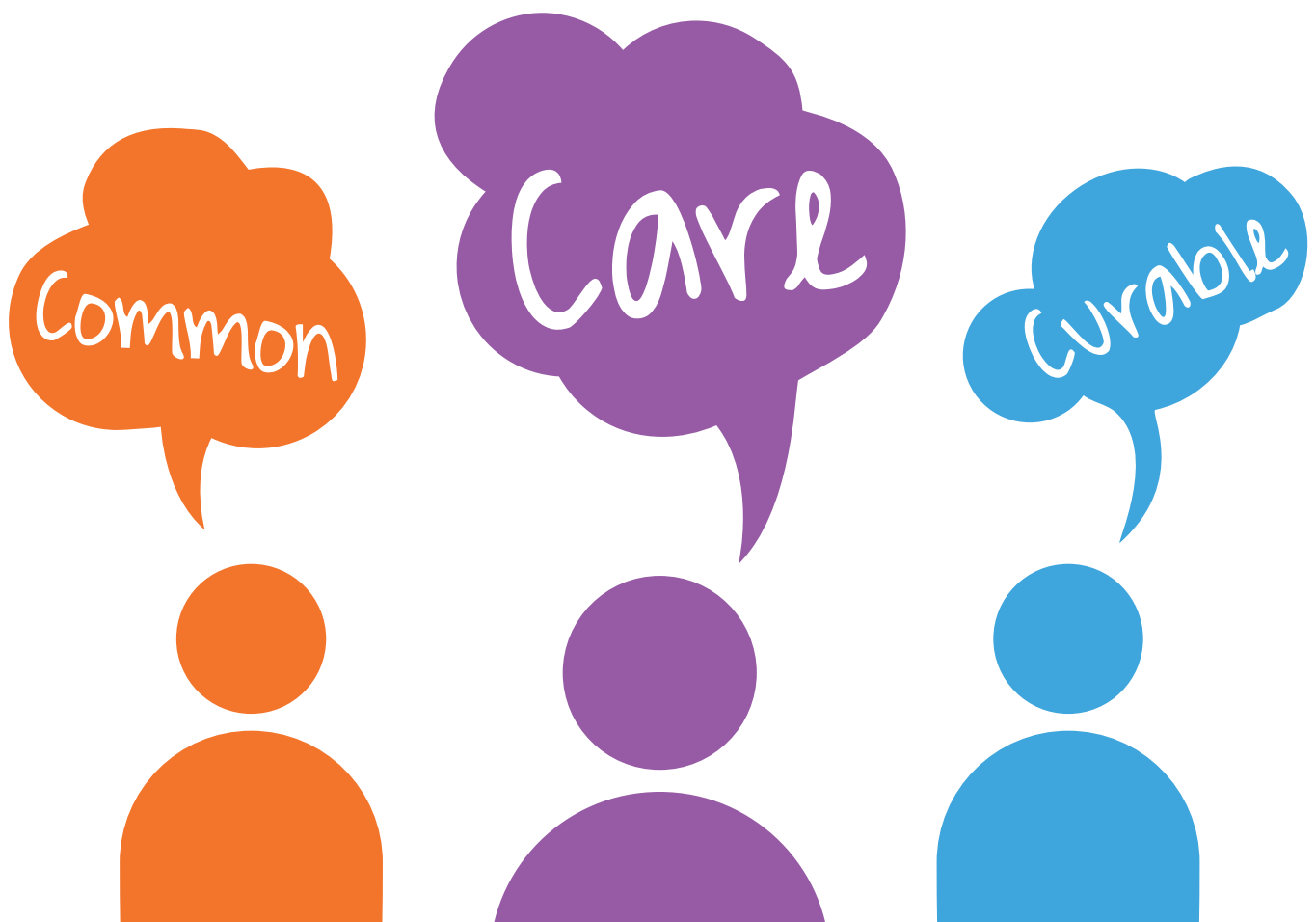


Safe, Effective Treatment for Patients and Their Sexual Partners



EXPEDITED PARTNER THERAPY: PROVIDER GUIDE





STOPPING THE SPREAD OF STDs

In 2014, the District of Columbia joined 35 states in adopting Expedited Partner Therapy (EPT) to stop the spread of sexually transmitted diseases (STDs) and improve the health of District residents. The new law permits health care providers who diagnose chlamydia, gonorrhea, or trichomoniasis to prescribe antibiotics for patients' sexual partner(s) for treatment of the infection. The provider does not have to examine the partner for the prescription. The easier and faster delivery of a prescription and treatment to the patient's partner(s) interrupts further transmission of the STD.

The District of Columbia Department of Health prepared this guidance for providers and informational materials for patients and pharmacists on EPT. The Department of Health will be disseminating this guidance and materials to prescribing providers in the District, and promoting the availability of EPT to D.C. residents.

EPT is safe. In 2001, California became the first state to legalize EPT, and no adverse effects were reported over the last 13 years of use. Nearly half of nurses and physicians in California report using EPT. The Centers for Disease Control and Prevention endorses EPT and recommends that states and jurisdictions adopt the practice.

The District of Columbia Department of Health has decided to focus its efforts on chlamydia, although the law includes gonorrhea and trichomoniasis. Chlamydia, the most common diagnosed bacterial STD, is often called "the silent disease" because it is usually asymptomatic. Undetected and untreated chlamydia may lead to pelvic inflammatory disease and infertility. Untreated chlamydia and gonorrhea also increase the risk of acquiring HIV by as much as five times. These serious health conditions speak to the need for EPT, which has been proven across the country to safely and successfully treat chlamydia among exposed partners and reduce re-infection.

STDs in Washington, D.C.

There is a serious epidemic of STDs in Washington, D.C. In the most recent available statistics from 2012, there were 7,258 reports of chlamydia, which is a 10 percent increase from 2011. There were 2,605 cases of gonorrhea. The District does not record the number of diagnoses of trichomoniasis.

From 2008 to 2012, the District received 32,836 reports of chlamydia infection. Approximately two-thirds of reported cases were in women (65.1 percent) and African-Americans (64.3 percent), and more than two-thirds (69.7 percent) were among people ages 15 to 24. Between 2008 and 2012, the District received 12,451 reports of gonorrhea infection. Unlike chlamydia, the sex of reported cases was divided almost equally between men and women (52.8 percent and 47.1 percent, respectively). Over two-thirds of reported cases were among African-Americans (68.6 percent), and more than half (61.2 percent) were among those ages 15 to 24.



Repeat chlamydial infections occur in up to 13 percent of patients within 20 weeks after treatment. To prevent repeat infections, lessen complications in individuals, and reduce further transmission of infection in the community, sexual partners of infected patients must be provided timely and appropriate antibiotic treatment.

Health and Well-Being of Patients and Partners

The Department of Health shares your concern for the health and well-being of your patients and their partners. We recognize that you may be concerned about conducting a medical practice, such as prescribing medications, without seeing the patient. However, there is well-established public health precedence for medical procedures without examinations of patients. During an epidemic or outbreak, rapidly intervening without a medical examination has long been the most successful tenet of communicable disease control. In cases of tuberculosis (TB) infection, the public health practice is to conduct TB tests of people with exposure risk without a medical examination. In meningococcal meningitis outbreaks, the public health practice is to administer medications and/or vaccinations without examinations.

In addition, prescriptions for chlamydia and gonorrhea are for antibiotics that are commonly used to treat a variety of infections. These antibiotics have minimal side effects or other health consequences.

Our goal is to reduce the number of chlamydia, gonorrhea, and trichomoniasis infections in the District of Columbia. EPT has proven effective in avoiding many of these infections and is particularly effective in reducing repeat infections. Studies show that patients who receive EPT reduce their chances of becoming re-infected. By delivering prescriptions and/or antibiotics to the sexual partner or partners who may have been the source of their infection, patients increase the likelihood that their partner will be treated and prevent their re-infection. With EPT, the District will substantially reduce new infections of chlamydia, gonorrhea, and trichomoniasis and make sure people can live healthy lives.

We look forward to working with you during the implementation of EPT in the District.



Expedited Partner Therapy Guidelines for Health Care Providers in Washington, D.C., for *chlamydia trachomatis*

1. **Diagnosis:** Clinical or laboratory diagnosis of chlamydia, gonorrhea, or trichomoniasis.
2. **Expedited Partner Therapy (EPT) Eligibility:** Partners of a patient diagnosed with chlamydia, gonorrhea, or trichomoniasis infection.
3. **Not Recommended for:** Partners with concurrent infection of syphilis and/or HIV.
4. **EPT Prescription:** The health care provider shall write the following on the prescription form:
 - “EPT” above the name of the medication and dosage for all prescriptions issued
 - Name, address, and birthdate of the sexual partner, if available (but not required)
5. **EPT Reporting:** On the Department of Health STD Case Report form, in the additional comments section, the health care provider shall report whether the patient was offered EPT and the number of prescriptions issued.
6. **Recommended Treatment Regimen:**
 - Chlamydia: Azithromycin (Zithromax) 1 gram (250 mg tablets x 4) orally once
 - Gonorrhea: Cefixime (Suprax) 400 mg orally once **plus** azithromycin (Zithromax) 1 gram (250 mg tablets x 4) orally once
 - Trichomoniasis: Metronidazole (Flagyl) 2 grams (500 mg tablets x 4) orally once
7. **Prescription Recommendation:** Limit to the number of known sexual partners in the previous 60 days (or most recent sexual partner if none in the previous 60 days).
8. **Informational Materials:** The health care provider gives a patient the prescription (or antibiotics) and informational materials to give to his or her sexual partner. The Department of Health provides prepared partner information material. The health care provider counsels the patient to inform his or her sexual partner(s) of the importance of reading the information contained in the materials before taking the medication.
9. **Patient Counseling:** Sexual abstinence until seven days after treatment and until seven days after partners have been treated.
10. **Patient Testing:** The health care provider advises the patient to have STD and HIV screening in three months and recommends the same for sexual partners.
11. **Adverse Events:** Report any EPT-related adverse events to:
DC Department of Health
HIV/AIDS, Hepatitis, STD and TB Administration
Division of STD/TB Control
899 N. Capitol St. NE, Fourth Floor, Washington, DC 20002
(202) 671-4900 • (202) 671-4860 (Fax)
epfdc.doh@dc.gov
www.dctakesonstds.com

D.C. Code § 7-2081.02
DISTRICT OF COLUMBIA OFFICIAL CODE
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*** Current through laws effective as of May 19, 2014, and through D.C. Act 20-306 ***

DIVISION I. GOVERNMENT OF DISTRICT
TITLE 7. HUMAN HEALTH CARE AND SAFETY
SUBTITLE I. PROTECTION AND CARE SYSTEMS
CHAPTER 20B. TREATMENT FOR SEXUAL PARTNERS

D.C. Code § 7-2081.02 (2014)

§ 7-2081.02. Expedited Partner Therapy (EPT).

(a) (1) Health care practitioner who diagnoses a chlamydia, gonorrhea, or trichomoniasis infection in a patient may prescribe and dispense antimicrobial drugs to the patient's sexual partner for treatment of that sexually transmitted infection (STI) without an examination of the sexual partner.

(2) Director of Department of Health may add to the STIs covered under this chapter by rule-making.

(b) (1) Health care practitioner providing EPT shall designate, in writing, on the prescription form:

(A) Abbreviation "EPT" above the name of the medication and dosage for all prescriptions issued; and

(B) Name, address, and birthdate of the sexual partner, if available.

(2) If the name, address, and birthdate of the sexual partner are not available, the written designation "EPT" shall be sufficient for the pharmacist to fill the prescription.

(3) Health care practitioner shall report to the Department of Health the number of prescribed EPT prescriptions issued, in addition to existing STI reporting requirements.

(c) Health care practitioner that provides a patient with antimicrobial drugs or a prescription in accordance with this chapter shall give the patient informational materials for the patient to give to his or her sexual partner. The health care practitioner shall counsel the patient to inform his or her sexual partner of the importance of reading the information contained in the materials before the sexual partner takes the medication. The materials shall:

(1) Encourage the sexual partner to consult a health care practitioner for a complete STI evaluation as a preferred alternative to EPT;

(2) Explain the risk of potentially adverse drug reactions, including allergic reactions, that the antimicrobial drugs could produce and the possibility of dangerous interactions between the antimicrobial drugs and other medications that the sexual partner may be taking;

- (3) Inform the sexual partner that he or she may be affected by other STIs that may be left untreated by the delivered antimicrobial drugs;
- (4) Tell the sexual partner that if symptoms of a more serious infection are present (such as abdominal, pelvic, or testicular pain; fever; nausea; or vomiting) he or she should seek medical care as soon as possible;
- (5) Explain that a sexual partner who is or could be pregnant should consult a health care practitioner as soon as possible;
- (6) Encourage the sexual partner to abstain from sexual activity for at least seven days after treatment to decrease the risk of recurrent infection;
- (7) Inform a sexual partner who is at high risk of co-morbidity with HIV infection that he or she should consult a health care practitioner for a complete medical evaluation, including testing for HIV and other STIs; and
- (8) Let the sexual partner know how to prevent repeated chlamydia, gonorrhea, or trichomoniasis infections.

STOPPING THE SPREAD OF STDs

Sample STD Case Report

The highlighted portion is where you would mark whether you offered the patient EPT services.

GOVERNMENT OF THE DISTRICT OF COLUMBIA		DEPARTMENT OF HEALTH	
STD CASE REPORT			
Please Complete All Demographic and Medical Information & fax to STD Surveillance at 202-727-4934			
HEALTH PROVIDER INFORMATION		REQUEST DATE: _____	
REPORTING FACILITY		TESTING LABORATORY	
ATTENDING PHYSICIAN			
TELEPHONE	FAX	REPORTING OFFICIAL	HEALTH FACILITY ADDRESS
PATIENT DEMOGRAPHIC INFORMATION			
LAST NAME		FIRST NAME	AGE: _____
MEDICAL RECORD NUM		DATE OF BIRTH (mo/day/yr)	
NUMBER AND STREET ADDRESS		APT. NUM.	CITY
STATE		ZIP CODE	
Tel () _____		Work/Cell () _____	
Emer. Contact: _____		Tel () _____	
GENDER: <input type="radio"/> Male <input type="radio"/> Female	RACE: <input type="radio"/> White <input type="radio"/> African Amer. <input type="radio"/> Asian/Pac. Islander <input type="radio"/> Amer. Indian <input type="radio"/> Other/Unknown		
MARITAL STATUS: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widow(er) <input type="radio"/> Other	ETHNICITY: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic <input type="radio"/> Unknown		
PATIENT MEDICAL HISTORY			
DATE AND REASON FOR EXAM (Chief Complaint or Type of Visit): _____			
DIAGNOSIS	<input type="radio"/> GONORRHEA <input type="radio"/> CHLAMYDIA <input type="radio"/> HERPES <input type="radio"/> SYPHILIS* <input type="radio"/> OTHER: _____ *Syphilis Stage: <input type="radio"/> Primary (Lesion) <input type="radio"/> Secondary (Rash) <input type="radio"/> Early Latent (asymptomatic < 1yr) <input type="radio"/> Late Latent (asymptomatic > 1yr) <input type="radio"/> Late (neurological or other manifestations) <input type="radio"/> Congenital <input type="radio"/> Other: _____		
SYMPTOMS (Clinical manifestations, Onset date and Duration)			
LABORATORY TEST and TREATMENT INFORMATION			
DATE OF TEST	TYPE OF TEST		
Is patient Pregnant? <input type="radio"/> Yes # Wks _____ <input type="radio"/> No			
Is patient compliant? <input type="radio"/> Yes <input type="radio"/> No			
DATE OF TREATMENT	Was follow up by DOH Partner Services discussed with patient? <input type="radio"/> Yes <input type="radio"/> No		
Was patient offered Chlamydia-expedited partner therapy (EPT)? <input type="radio"/> Yes <input type="radio"/> No			
Number of prescriptions for Chlamydia treatment given for partners: _____			
ADDITIONAL COMMENTS: _____			
ALL DEMOGRAPHIC AND MEDICAL INFORMATION. STD reporting requirements are listed in the DC Code of Regulations. Upon completion, the information contained in this form must be treated in accordance with federal HIPAA and District confidentiality laws. Please submit reports by facsimile transmission to the STD Information Coordination Team at 202-727-4934. Questions regarding reporting criteria and requirements should be addressed to Surveillance Coordinator at Tel #202-442-4774. DCSID Form 050102, rev. 2014_01			
INSTRUCTIONS: PLEASE COMPLETE ALL INFORMATION. This form is subject to the District of Columbia Municipality Regulation, Public Health & Medicine Department confidentiality laws. Please submit reports by reporting criteria and requirements should be addressed to Surveillance Coordinator at Tel #202-442-4774.			
ADDITIONAL COMMENTS: _____			

Additional questions can be directed to:

DC Department of Health
HIV/AIDS, Hepatitis, STD and TB Administration
Division of STD/TB Control
899 N. Capitol St. NE, Fourth Floor, Washington, DC 20002
(202) 671-4900 • (202) 671-4860 (Fax)
eptdc.doh@dc.gov
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