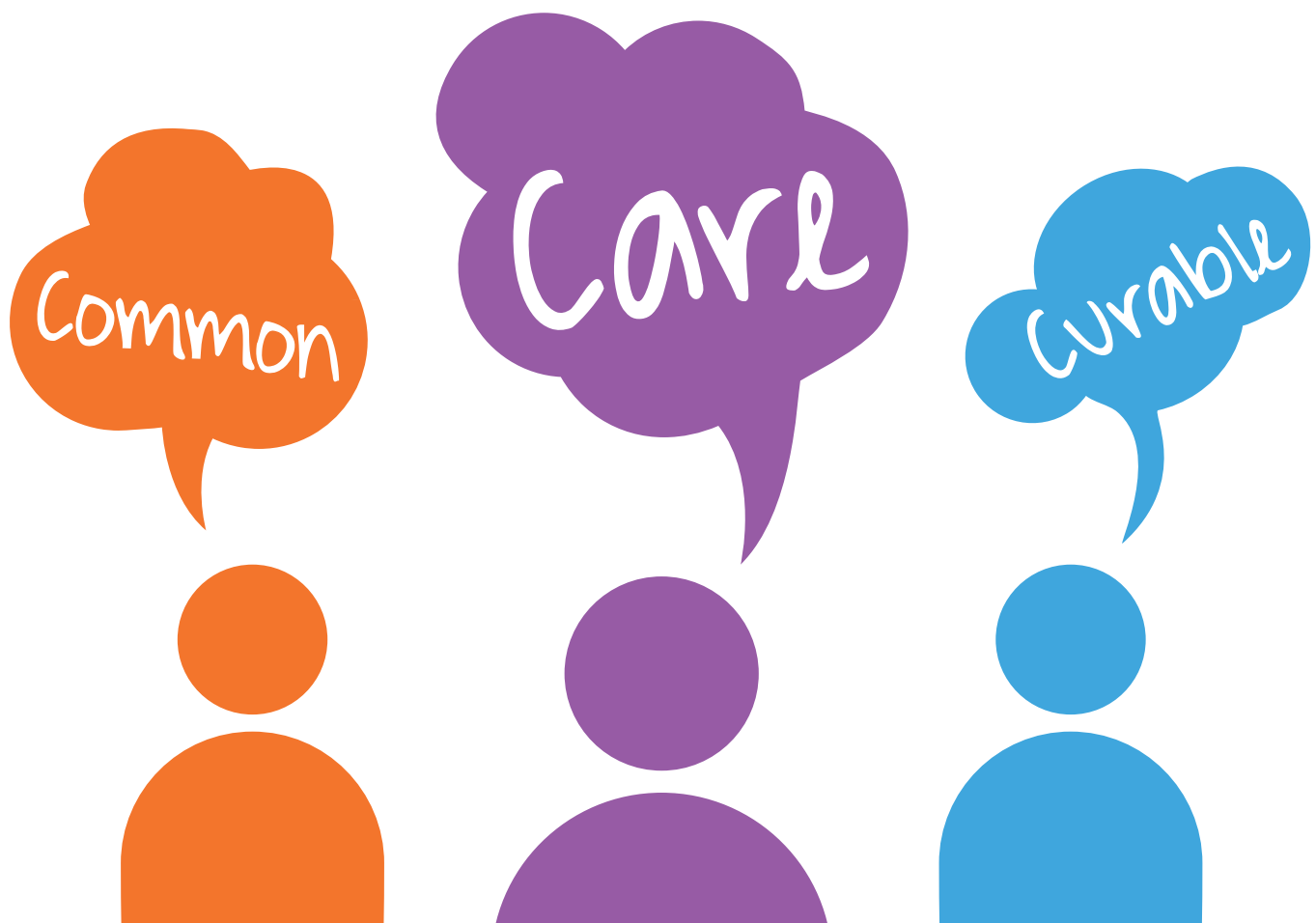


Safe, Effective Treatment for Patients and Their Sexual Partners



EXPEDITED PARTNER THERAPY: PHARMACIST 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.

Pharmacists can legally fill EPT prescriptions for treatment of partners exposed to STDs without including the name of the person for whom the medication is intended. A prescription for EPT that does not include the patient's name must include an indication that the prescription is for the purpose of EPT, or equivalent.

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 customers and their partners. We recognize that you may be concerned about filling prescriptions without the name of the person for whom the medication is intended. 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 FAQs for Pharmacists in Washington, D.C., for *chlamydia trachomatis*

What is Expedited Partner Therapy (EPT)?

EPT is a strategy for treating the sexual partners of patients diagnosed with a sexually transmitted disease (STD). A doctor can give medication or a prescription to a patient, who brings it to his or her partner.

When is a partner eligible for EPT?

People are eligible for EPT when their sexual partner has a laboratory-confirmed or suspected clinical diagnosis of chlamydia infection, and they are unable or unlikely to see a doctor for testing or treatment.

How do pharmacists fill prescriptions for EPT?

Pharmacists fill EPT prescriptions as they would any other prescription. Prescriptions must be labeled according to D.C. Code § 7-2081.02 (2014) with the partner's name, if known, or the words "Expedited Partner Therapy," or "EPT."

What consultation must be provided with EPT?

Pharmacists must provide consultation in accordance with the rules of the pharmacy examining board. In addition, pharmacists must ask whether the partner is allergic to the prescribed medication and advise discontinuing the medication if the partner has a known allergy or develops signs of an allergic reaction after taking the medicine.

How many prescriptions can I fill for one person?

Limit prescriptions to the number of a patient's known sexual partners in the previous 60 days (or the most recent sexual partner if there are none in the previous 60 days).

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)
eptdc.doh@dc.gov
www.dctakesonstds.com

Additional questions can be directed to:

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HIV/AIDS, Hepatitis, STD and TB Administration
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