Expedited Partner Therapy for Partners of Patients with Gonorrhea or Chlamydia: 2011 Report for Pilot Program Activities

Baltimore City Health Department
Sexually Transmitted Diseases Clinics

Background

On July 1, 2007, the Expedited Partner Therapy (EPT) Pilot Program [Md. HEALTH-GENERAL Code Ann. § 18-214.1 (2007)] took effect. After policies consistent with the Center for Disease Control and Prevention’s (CDC) guidance were developed and reviewed, antibiotic packs containing materials (medication and instructions) that met required standards were purchased from a local pharmacy vendor. These “partner packs” became available in the Baltimore City STD clinics on September 7, 2007, and the STD clinics began to offer this partner service to eligible patients in October 2007. Programmatic reviews have been conducted after each year of operation of the EPT program. With each successive review, we have concluded that the program has had a high level of patient acceptance with minimal evidence of irregular use, abuse, or adverse safety events. We report here on operational data compiled through November 1, 2011, as well as on the results of an analysis of EPT’s impact on gonorrhea and chlamydia reinfection rates in Baltimore City over time.

Level of Patient Acceptance

Since October 2007, Druid and Eastern STD clinics combined have given 2726 partner packs during 2188 different patient encounters. These encounters represented 1282 confirmed cases of gonorrhea and 880 confirmed cases of chlamydia. Policy allows each patient to take up to 3 packets for partner services. Most women asked for only a single partner pack, while most men asked for 2 partner packs. A qualitative study of patients’ use of EPT was conducted by Elizabeth Temkin and colleagues in the Baltimore City Health Department STD clinics in 2010 and the results were published this year (Sexually Transmitted Diseases July, 2011; Volume 38,
issue 7, pages 651-656). In-depth interviews were conducted with 31 patients 1 week to 3 months after they had accepted EPT to bring to their partners. Most frequently, Participants were innovative about how to get medication to their partners and indicated a deep sense of concern and responsibility for their partners' health. Most EPT packets reached the intended partners. On 1458 occasions since October 2007, EPT was refused by a patient treated for gonorrhea or chlamydia. The study by Temkin elucidated some of the reasons for refusal. These included: (1) partners having been treated elsewhere (2) not knowing how to locate an ex-partner or (3) thinking treatment was unnecessary for partners with whom they consistently used condoms.

Adverse or Irregular Events with EPT
We actively polled all STD clinicians and physicians for reports, either direct or indirect, of problems with EPT that they may have received from their patients. We relied upon passive reporting systems for reports from private sector clinicians. Instructions provided within the packet cautioned those with a history of allergies to related antibiotics to call or come in to the STD clinics for evaluation if there were questions or concerns. There were no occasions of adverse clinical events reported with EPT since the program's inception.

Repeat infections
Preventing reinfection is the strongest public health argument for EPT. We combined data from our electronic clinic records and city-wide surveillance to compare gonorrhea and chlamydia repeat infection rates between October 1, 2007 and November 1, 2011. We compared reinfection rates between patients who accepted EPT for gonorrhea and/or chlamydia and those who did not. For chlamydia, there were 11% fewer reinfections among patients who accepted EPT compared to those who refused. For gonorrhea, there were 18% fewer reinfections among patients who accepted EPT compared to those who refused.
Evidence for EPT “Abuse”

An original concern regarding EPT is that it can foster antibiotic abuse in the community if patients take extra packs and hoard them to self-treat future infections. In our program, up to 3 packs are allowed but 77% of patients only request 1 pack. A significant number also refuse the option altogether for reasons that are sound. In the Temkin study, only 1 of 41 packs of EPT was distributed “haphazardly”. The vast majority of EPT packs were delivered directly to partners. Thus, there is little evidence to date to suggest abuse of the EPT program by STD clinic patients.

Summary

In its fifth year of operation, the Baltimore City Health Department has demonstrated that EPT is an acceptable partner management option for most patients diagnosed with gonorrhea or chlamydia infection. It is not associated with abuse and is safe for this community. An analysis of our EPT services suggest improved gonorrhea and chlamydia reinfection rates among patients who use EPT compared to those who do not.