

Expedited Partner Therapy for Partners of Patients with Gonorrhea or Chlamydia:
Report for Pilot Program Activities, 2007

Baltimore City Health Department
Sexually Transmitted Disease Clinics

On July 1, 2007, the Expedited Partner Therapy (EPT) Pilot Program [Md. HEALTH-GENERAL Code Ann. § 18-214.1 (2007)] took effect. EPT practice standards and policies consistent with CDC guidance were developed, and then reviewed by Maryland Department of Health and Mental Hygiene as well as the Baltimore City Solicitor's office. Antibiotic packs containing materials (medication and instructions) that met these standards were purchased from a local pharmacy vendor. These "partner packs" became available in the Baltimore City STD clinics (Druid and Eastern) on September 7, 2007, and the STD clinics began to offer this partner service to eligible patients.

Level of Patient Acceptance. From the time that this partner service option began, Druid and Eastern STD clinics combined have provided 589 partner packs to patients in 363 different patient encounters. Of these, 273 patients were diagnosed with gonorrhea infection and 91 with chlamydial infection. Policy allows each patient to take up to 3 packets for partner services (Table 1). Most women asked for a partner pack for 1 partner, while most men asked for partner packs for 2 partners. On 110 occasions, the patient, who was being treated for gonorrhea or Chlamydia, refused EPT. The reasons for refusal varied. Most commonly, the patient said they were unable to deliver packs to partners (out of state residence or incarcerated), or that they did not wish to see that person again. EPT was also commonly refused because the patient knew that the partner had already received treatment for his/her sexually transmitted disease.

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.

On 2 occasions, the partner who received a pack did come in without taking the medication. One had concern for an allergy. The other discussed the medication with the index patient and realized that the medicine was different than they had received; when they came to clinic to inquire, it was discovered that the clinician had given the antibiotic pack for the wrong infection and the situation was corrected. These incidents provide preliminary evidence that the instructions in the EPT packs are being read by patients. In both cases, the clinicians were counseled.

Repeat infections. The strongest public health argument for EPT as a partner management strategy is its role in reducing the likelihood of reinfection for the original patient. While measuring the reinfection rate at three months is the most common and valid timepoint for assessing reinfection with a sexually transmitted disease, we are deferring measurement of this indicator due to the recent advent of the program (September 2007). We will report on this outcome in our 2008 EPT program report.

Evidence for EPT "abuse." One concern raised regarding EPT is that it can foster antibiotic abuse in the community when patients take extra packs and hoard them to self-treat in future infections or exposures. In our program, up to 3 packs are allowed but the vast majority of patients (78.5%) selecting the EPT option only request 1 or 2 packs. Since the rationales provided by patients for a significant number of EPT refusals have been sound, we do not believe that there is widespread abuse of the EPT program by STD clinic patients. We will continue to monitor the proportion of EPT packs requested by our patients.

Summary. During its first three months of operation, the EPT program of Baltimore City Health Department has demonstrated that EPT is an acceptable partner management option for many patients diagnosed with gonorrhea or chlamydia infection and also appears to be safe for this community. We will evaluate additional outcomes that require longer periods of patient follow-up, such as individual reinfection rates, in the next annual report.

Table 1. Summary of patients dispensed expedited partner therapy at BCHD STD Clinics, September 7 - December 17, 2007.

			EPT – 1*	EPT – 2**	EPT – 3***	Totals
DRUID STD CLINIC	FEMALES	Chlamydia	31	10	3	44
		Gonorrhea	7	6	3	16
	MALES	Chlamydia	3	2	3	8
		Gonorrhea	40	56	42	138
EASTERN STD CLINIC	FEMALES	Chlamydia	25	8	3	36
		Gonorrhea	13	6	3	22
	MALES	Chlamydia	0	2	0	2
		Gonorrhea	30	46	21	97
	Totals			149	136	78

Druid STD Clinic as of 12/17/07: **382 EPT Packs Dispensed**

Eastern STD Clinic as of 12/17/07: **273 EPT Packs Dispensed**

* EPT – 1: One partner pack dispensed

** EPT – 2: Two partner packs dispensed

*** EPT – 3: Three partner packs dispensed