

CORRECTED JANUARY 30, 2009
Expedited Partner Therapy for Partners of Patients with Gonorrhea or Chlamydia:
Report for Pilot Program Activities, 2008

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, 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 on September 7, 2007, and the STD clinics began to offer this partner service to eligible patients. A programmatic review last year focusing on the first 4 months of this service concluded that the program had a high level of patient acceptance and that there was no evidence of irregular use, abuse, or adverse safety events. Given insufficient time to observe patient follow-up in 2007, there was insufficient data to assess the impact of the EPT program on repeat infection rates over time. A review of accumulated data and follow-up during 2008 now allows for analysis of the impact on reinfection rates over time, in addition to providing an update on other process outcomes.

Level of Patient Acceptance. For 2008, Druid and Eastern STD clinics combined have given 1758 partner packs in 1046 different patient encounters. These encounters represented 696 cases of gonorrhea and 350 cases of chlamydia. Policy allows each patient to take up to 3 packets for partner services. Most women asked for a partner pack for 1 partner, while most men requested packs for 2 partners. On 487 occasions, EPT was refused by an eligible patient treated for gonorrhea or chlamydia. The reasons for refusal varied, but most commonly the patient said they were unable to deliver packs to partners (out of state residence or incarcerated), or that they wished to not see that person again. EPT was also commonly refused because they knew that the partner had been treated already.

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 or irregular events reported with EPT in 2008. We also contacted health officials in California, where EPT is allowed more broadly in public and private sectors, for reports of adverse occurrences with similar procedures in gonorrhea and chlamydia partner treatment. They reported none.

Repeat infections. Prevention of reinfection of the original patient is the strongest public health argument for EPT as a partner management strategy. In 2008 we used our electronic clinic records and city-wide surveillance to assess repeat infection rates in a sample of patients diagnosed with gonorrhea or chlamydia who elected to use any EPT as a partner management strategy. We compared their rates of repeat infection three months after initial treatment to historical rates observed in STD clinic patients 1 year prior to implementation of EPT services. A control sample of STD clinic patients in 2007 (no EPT) had repeat gonorrhea or chlamydia at a rate of 3.9% at 3 months (26/661 cases). This compared to a reinfection rate of 2.3% (15/643 cases) in patients managed with EPT between 10/07 through 7/08). This 41% reduction in reinfection rates is not statistically significant at the standard 0.05 level ($p=0.098$). However, the difference is large enough to warrant for further evaluation.

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 (84%) selecting the EPT option only request 1 or 2 packs. A significant number also refuse the option altogether for reasons that are sound. Thus, there is little evidence to date to suggest that abuse of the EPT program by STD clinic patients is widespread.

Summary. During its second year of operation, the Baltimore City Health Department has proven 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. The availability of EPT services was associated with a non-statistically significant but substantial reduction in reinfection rates of patients treated with gonorrhea or chlamydia infection.

NOTE: This is corrected as of January 30, 2009.