2019 Expedited Partner Therapy Report

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Executive Summary

Sexually transmitted disease (STD) rates have risen over the past five years in Virginia and nationally. In 2017, a record number of new cases of chlamydia and gonorrhea, the most common STDs, were reported in the United States. STDs can cause serious health problems if untreated. Some individuals with STDs do not have symptoms and therefore may not be motivated to seek treatment. Expedited Partner Therapy (EPT) is an important public health intervention to help control the spread of STDs in the community.

EPT is the clinical practice of prescribing medication, without evaluation by a practitioner, to sex partners of patients diagnosed with chlamydia and/or gonorrhea. While a clinical evaluation is the preferred method when partners need treatment, EPT is an important option if a practitioner determines prompt evaluation and treatment of partners is not otherwise likely or feasible. The Centers for Disease Control and Prevention (CDC) recommends EPT as an evidence-based option, particularly for treatment of male partners of women with chlamydia or gonorrhea (CDC, 2006 and 2015). An amendment to the Code of Virginia (Code), § 54.1-3303, became effective July 1, 2018, and a further amendment became effective July 1, 2019, to allow health department practitioners to provide EPT consistent with CDC recommendations. Unless the General Assembly extends this authority, the statute is set to expire July 1, 2020. The General Assembly could consider extending the authority to allow VDH additional time to more fully evaluate this public health intervention as a way to control the spread of STDs.

As of March 31, 2019, Virginia Department of Health (VDH) practitioners in nine health districts used EPT to treat a total of sixteen persons. VDH practitioners report challenges to administering EPT, due to requirements that the practictioner speak to each sex partner prior to

prescribing or dispensing EPT medication. To improve utilization of EPT and decrease rising rates of chlamydia and gonorrhea, the General Assembly could also consider amendments to EPT laws.

Introduction

Section 54.1-3303 of the Code requires practitioners to establish a bona fide practitioner-patient relationship before prescribing medications. A bona fide practitioner-patient relationship exists if the practitioner has (i) obtained or caused to be obtained a medical or drug history of the patient; (ii) provided information to the patient about the benefits and risks of the drug being prescribed; (iii) performed or caused to be performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; and (iv) initiated additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects. Effective July 1, 2018, the Code was amended to remove the requirement for an examination in cases in which the practitioner is an employee of VDH and is providing EPT consistent with the recommendations of the CDC. The Code was subsequently updated, effective July 1, 2019, to also allow VDH contractors and practitioners of locally administered health departments in Virginia (i.e. Arlington and Fairfax) to prescribe EPT. This report provides information on the initial implementation of EPT in the Commonwealth including findings and recommendations.

Background

Chlamydia and gonorrhea are the most commonly reported STDs. Chlamydia and gonorrhea diagnoses in Virginia have increased by 22% and 71%, respectively, from 2013 to

2017. This mirrors national trends; CDC reported a 22% increase in chlamydia cases and 67% increase in gonorrhea cases in the same period (CDC, 2018). In 2017, a record number of new cases of chlamydia and gonorrhea were reported in the United States. In Virginia in 2017, 41,357 cases of chlamydia (488.3 cases per 100,000) and 12,137 cases of gonorrhea (143.3 cases per 100,000) were reported (VDH, 2018).

EPT is an important public health intervention to help control the spread of STDs in the community. It is the clinical practice of treating the sex partners of patients diagnosed with chlamydia and/or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider evaluating the partner (CDC, 2019). While a clinical evaluation is the preferred method when partners need treatment, EPT is an alternative if a practitioner determines that prompt evaluation and treatment of partners is not otherwise likely or feasible. CDC recommends that practitioners offer EPT when the provider cannot confidently ensure that all of a patient's sex partners from the prior sixty days will seek medical attention and get treated (CDC, 2015). If left untreated, chlamydia and gonorrhea infections can have serious health consequences including, but not limited to, infertility, ectopic pregnancy, and a higher risk for acquiring or transmitting HIV.

EPT is an evidence-based practice to prevent reinfection and reduce transmission of these infections (CDC, 2019). Three clinical trials and a meta-analysis found that when patients are offered EPT, more partners receive treatment. In these trials, reductions in prevalence at follow-up were approximately 20% for chlamydia and 50% for gonorrhea (CDC, 2015).

EPT is widely recognized as a useful intervention for treating partners when traditional approaches are not practical or successful. Multiple organizations, including the American

Academy of Family Physicians, American Osteopathic Association, American College of Obstetricians and Gynecologists, Society for Adolescent Medicine, American Academy of Pediatrics and the American Bar Association support access to EPT, consistent with CDC recommendations for its use.

Expedited Partner Therapy Options in Virginia

Legislative adoption of EPT has grown nationally since the 1990s. EPT is permissible in 43 states and the District of Columbia and potentially allowable in five states and Puerto Rico. In Virginia, EPT became permissible in limited circumstances through legislatiion (HB1054) enacted by the 2018 General Assembly. The legislation allowed practitioners employed by VDH to offer EPT to partners of their patients without examining the partner. Effective July 1, 2019, all health department practitioners in Virginia will be permitted to do so following the enactment of HB1914 by the 2019 General Assembly.

However, health department practitioners are still required to obtain or cause to be obtained a medical and drug history, provide information about the benefits and risks of the drug being prescribed, and initiate follow-up care, if indicated, before prescribing EPT. VDHstaff analysis and interpretation of HB1054 as introduced was that under its provisions a pharmacist at the point of dispensing would obtain a drug history, provide benefits and risks of the drug being prescribed, and withhold medication if contraindications existed or follow-up care was indicated. However, upon enactment of HB1054 and based on further discussions with the Department of Health Professions (DHP), DHP indicated that according to the provisions of the statute those steps are required to be completed prior to the drug being prescribed by the practitioner. This requirement significantly hinders the practice of prescribing EPT.

Preparation for Implementation in Virginia

In 2018, VDH developed clinical guidelines for EPT, which include contacting the sex partner of the case prior to prescribing EPT. VDH conducted a series of statewide trainings for LHD practitioners, nurses and other STD program staff, including disease intervention specialists who perform STD epidemiological investigations and notify partners of their exposure to STDs. Recordings of trainings and written guidance documents are available on the internal VDH website so all staff statewide can access them.

Findings

Utilization of Expedited Partner Therapy

As of March 31, 2019, fifteen patients diagnosed with chlamydia were provided EPT for sixteen of their recent sex partners. No patients diagnosed with gonorrhea were provided EPT for their recent sex partners. Current gonorrhea treatment guidelines recommend a regimen of ceftriaxone administered via intramuscular injection. This likely impacts the utilization of EPT for this infection. All patients were female, with an average age of twenty-three years. EPT medication was dispensed by the health department pharmacy for fifteen out of sixteen partners. A prescription for EPT medication was provided for one partner. No adverse reactions have been reported from any partners, which is consistent with other research (Golden et al., 2015, Schillinger et al., 2003). Preliminary Virginia data indicate approximately 3,325 cases of chlamydia and 1,195 cases of gonorrhea were diagnosed by health department practitioners between July 1, 2018 and March 31, 2019. Of these, 51% (n=1,687) of chlamydia cases and 31% (n=375) of gonorrhea cases were among reproductive-age women (15-44 years).

Practitioner Feedback

In April 2019, VDH surveyed practitioners on their experiences with EPT, any barriers or challenges encountered when dispensing or prescribing EPT, and suggestions for improvements to the clinic protocols. Preliminary survey data collected as of April 12, 2019 (n=49) indicate 74% of practitioners would be likely to offer EPT to health department patients in the future. The survey results also show 75% of practitioners found the requirement to speak to each partner prior to dispensing/prescribing EPT medication was either somewhat or very challenging. The majority of practitioners had seen the EPT resources posted on the VDH internal website and 46% were interested in receiving additional training on EPT utilization.

Of the practitioners who responded to the survey, 32% had provided EPT since July 1, 2018. The majority (67%) of practitioners found the process to be easy/very easy and 20% found the process to be difficult. Reasons practitioners provided for not using EPT included: sex partners being able to come into the clinic for treatment, not seeing any eligible patients, EPT taking too much time, and the Code not allowing contracted clinicians to provide EPT (an amendment effective July 1, 2019 will remedy this).

Conclusion

STD rates are increasing in Virginia, as they are nationwide. Individuals face serious health challenges from STDs if they are not treated. EPT is an important evidence-based public health intervention to help prevent the spread of STDs in the community. VDH will work with practitioners and other stakeholders to improve access to EPT. VDH recommends that the authority provided by § 54.1-3303 be extended until July 1, 2022 to allow time for a more comprehensive evaluation of this intervention and identification of additional changes needed.

To improve utilization of EPT and decrease rising rates of chlamydia and gonorrhea, the General Assembly could consider amendments to EPT laws and extending the statutory authority to allow VDH additional time to more fully evaluate EPT as a public health intervention.

References

Centers for Disease Control and Prevention (2006). Expedited partner therapy in the management of sexually transmitted diseases. Atlanta, GA; US Department of Health and Human Services. Available online at: https://www.cdc.gov/std/treatment/eptfinalreport2006.pdf

Centers for Disease Control and Prevention (2019). Expedited partner website. Atlanta, GA; US Department of Health and Human Services. Available online at: https://www.cdc.gov/std/ept/default.htm

Centers for Disease Control and Prevention (2015). 2015 Sexually Transmitted Diseases Treatment Guidelines. Retrieved April 12, 2019 from: https://www.cdc.gov/std/tg2015/default.htm

Centers for Disease Control and Prevention (2018). 2017 STD Surveillance Report. Retrieved from CDC website: https://www.cdc.gov/std/stats17/default.htm

Centers for Disease Control and Prevention (2018). Legal status of expedited partner therapy (EPT). Retrieved April 25, 2019 from: https://www.cdc.gov/std/ept/legal/

Golden MR, Kerani RP, Stenger M, et al (2015). Uptake and population-level impact of expedited partner therapy (EPT) on Chlamydia trachomatis and Neisseria gonorrhoeae: the Washington State community-level randomized trial of EPT. PLoS Med. 2015 Jan 15; 12(1):e1001777.

Hosenfeld CB, Workowski KA, Berman S, et al (2009). Repeat infection with Chlamydia and gonorrhea among females: a systematic review of the literature. Sexually Transmitted Diseases 2009; 36:478-89.

Satterwhite CL et al (2008), Sexually transmitted infections among US women and men: prevalence and incidence estimates. STD 2013 Mar; 40(30):187-93.

Schillinger JA, Kissinger P, Calvet H, et al (2003). Patient-delivered partner treatment with azithromycin to prevent repeated Chlamydia trachomatis infection among women: a randomized, controlled trial. Sexually transmitted diseases. Jan 2003; 30(1):49-56.

Virginia Department of Health (2018). Virginia STD Surveillance Report. Table 1CT. New Chlamydia Diagnoses. Retrieved from the VDH website: http://www.vdh.virginia.gov/content/uploads/sites/10/2018/09/CT_2017.pdf

Virginia Department of Health (2018). Virginia STD Surveillance Report. Table 1GC. New Gonorrhea Diagnoses. Retrieved from the VDH website: http://www.vdh.virginia.gov/content/uploads/sites/10/2018/09/GC_2017.pdf