

Effective Interventions Suggested References

Expedited Partner Therapy

Updated: January 24, 2014

Reference	Abstract
<p>Cramer, R., et al. (2013). "The legal aspects of expedited partner therapy practice: do state laws and policies really matter?" <i>Sex Transm Dis</i> 40(8): 657-662.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/23859917</p>	<p>BACKGROUND: Expedited partner therapy (EPT) is a potential partner treatment strategy. Significant efforts have been devoted to policies intended to facilitate its practice. However, few studies have attempted to evaluate these policies. METHODS: We used data on interviewed gonorrhea cases from 12 sites in the STD Surveillance Network in 2010 (n = 3404). Patients reported whether they had received EPT. We coded state laws relevant to EPT for gonorrhea using Westlaw legal research database and the general legal status of EPT in STD Surveillance Network sites from Centers for Disease Control and Prevention's Web site in 2010. We also coded policy statements by medical and other boards. We used chi tests to compare receipt of EPT by legal/policy variables, patient characteristics, and provider type. Variables significant at P < 0.10 in bivariate analyses were included in a logistic regression model. RESULTS: Overall, 9.5% of 2564 interviewed patients with gonorrhea reported receiving EPT for their partners. Receipt of EPT was significantly higher where laws and policies authorizing EPT existed. Where EPT laws for gonorrhea existed and EPT was permissible, 13.3% of patients reported receiving EPT as compared with 5.4% where there were no EPT laws and EPT was permissible, and 1.0% where there were no EPT laws and EPT was potentially allowable (P < 0.01). Expedited partner therapy was higher where professional boards had policy statements supporting EPT (P < 0.01). Receipt of EPT did not differ by most patient characteristics or provider type. Policy-related findings were similar in adjusted analyses. CONCLUSIONS: Expedited partner therapy laws and policies were associated with higher reports of receipt of EPT among interviewed gonorrhea cases.</p>
<p>Golden, M. R., et al. (2007). "Evaluation of a population-based program of expedited partner therapy for gonorrhea and chlamydial infection." <i>Sex Transm Dis</i> 34(8): 598-603.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/17413683</p>	<p>OBJECTIVE: To evaluate a partner notification program for gonorrhea and chlamydial infection that involves communitywide access to free patient-delivered partner therapy (PDPT) and use of case-report forms to triage patients to receive partner notification assistance. METHODS: We evaluated program components in randomly selected cases and compared outcomes before and after program institution. RESULTS: Following institution of the program, the percentage of cases who received PDPT from their diagnosing clinician increased from 5.6% to 16% (adjusted OR 3.2, 2.5-4.1). Among randomly selected cases, those referred to the health department via the case-report form were significantly more likely than nonreferred cases to have untreated sex partners (76% vs. 35%, OR 6.0, 95% CI 4.5-8.0), to accept PDPT from the health department (36% vs. 14%, 3.3, 95% CI 2.4-4.7), and to request that health department staff notify a partner for them (11% vs. 3%, OR 3.5, 95% CI 1.8-6.7). The percentage of cases classified as having all of their partners treated increased from 39% to 65% concurrent with institution of the program. CONCLUSIONS: A public health program that promotes routine use of PDPT and referral of selected patients for partner notification assistance appears to have improved partner notification outcomes.</p>
<p>Introcaso, C. E., et al. (2013). "Expedited partner therapy in federally qualified health centers--New York City, 2012." <i>Sex Transm Dis</i> 40(11): 881-885.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/24113414</p>	<p>BACKGROUND: Management of patients' sex partners is a critical element of sexually transmitted disease (STD) control. Expedited partner therapy (EPT), a practice in which patients deliver medication or a prescription directly to their partners, is one option for partner management. As of 2009, New York State law specifically allows EPT for chlamydial infection. Federally qualified health centers (FQHCs) in New York City (NYC) care for patients at risk for STDs. We describe the policies and practices surrounding EPT and other STD management in NYC FQHCs. METHODS: In 2012, we surveyed medical directors at all NYC FQHC parent entities and clinicians at a sample of their corresponding clinical sites about written policies and actual practices regarding EPT for chlamydial infection and other STD management. RESULTS: Twenty-two entities (22/29; 76%) and 51 sites (51/72; 70%) responded to the survey. More than half of entities have a written policy permitting EPT, and 80% of sites provide EPT. Most entity policies allow EPT for, and most sites provide EPT to, adolescents and adults with both opposite-sex and/or same-sex partners. Most sites use electronic health records and provide EPT by prescriptions, and one third of sites do not provide educational materials with EPT. CONCLUSIONS: Our results indicate widespread EPT provision by NYC FQHCs; however, areas for improvement exist, specifically in following guidelines that recommend providing educational materials with EPT and do not recommend EPT for men with male partners. The use of prescriptions for EPT and electronic health records were identified as potential barriers to EPT provision.</p>

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Reference	Abstract
<p>Mickiewicz, T., et al. (2012). "Implementation and effectiveness of an expedited partner therapy program in an urban clinic." <u>Sex Transm Dis</u> 39(12): 923-929.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/23169171</p>	<p>BACKGROUND: Partner notification of exposure to gonorrhea or chlamydia is traditionally conducted by the index case or a disease intervention specialist. However, a significant proportion of partners remain untreated and thus are at risk for continued transmission. Expedited partner therapy (EPT) obviates the requirement for a health care visit by the partner: the index case delivers medications to the partner. Although shown to be efficacious in randomized control trials, effectiveness studies of delivering EPT in real-world situations are needed. We describe the implementation, patient characteristics, and clinical impact of an EPT program at the Denver Metro Health Clinic (DMHC). METHODS: We identified 2578 patient visits eligible for EPT (heterosexual men or women diagnosed as having chlamydia or gonorrhea) from November, 2006, to April, 2011. We examined EPT acceptance rates over clinical process improvements. To measure clinical impact, we assessed the association between initial acceptance of EPT and infection status among 351 patients who returned for retesting. RESULTS: Requiring complete documentation of EPT in the clinic electronic medical record increased EPT acceptance from 20% to 48%. Expedited partner therapy acceptance was associated with a reduced risk of chlamydial reinfection (odds ratio, 0.7; 95% confidence interval, 0.3-1.6) and a reduced risk of gonorrheal reinfection (odds ratio, 0.5; 95% confidence interval, 0.2-1.4); however, these changes were not statistically significant. CONCLUSIONS: Expedited partner therapy at the DMHC was substantially enhanced by process changes in the clinic and may be associated with a decreased risk of reinfection.</p>
<p>Yu, Y. Y., et al. (2011). "Chlamydia partner services for females in California family planning clinics." <u>Sex Transm Dis</u> 38(10): 913-918.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/21934563</p>	<p>BACKGROUND: Prompt treatment of exposed partners is critical for preventing further transmission of chlamydia, reinfection, and sequelae among females. Patient-delivered partner therapy (PDPT) has been allowable in California since 2001; however, few data are available regarding PDPT use and treatment outcomes. METHODS: Eight family planning clinics participated in a partner services evaluation from 2005 to 2006. Females aged 16 to 35 years with chlamydia were interviewed to determine the partner service received and partner treatment outcomes; a subset of partners was also interviewed. Determinants of reported partner treatment were assessed using multivariate logistic regression. Selected medical records were reviewed to assess reinfection rates. RESULTS: Overall, 743 female patients disclosed 952 partners; 58% of whom were identified as steady partners. Reported partner services included concurrent patient-partner treatment visits (15% of partners), PDPT (19%), patient referral (55%), health department referral (0.1%), and no partner management (11%). On the basis of patient report, 82% of partners were notified and 54% received treatment. Of the 166 (17%) partners interviewed, 139 (84%) reported that they had received treatment, which correlated well with patient report. Reported partner treatment was higher for concurrent treatment visits and PDPT (79% and 80%, respectively) compared to patient referral (44%, $P < 0.0001$). Adjusted for clinic and relationship status, partners managed with concurrent treatment visits or PDPT were more likely to receive treatment compared with partners managed with patient referral (adjusted odds ratios, 3.5; 95% confidence interval, 2.1-5.8 and adjusted odds ratios, 4.3; 95% confidence interval, 2.6-7.2, respectively). Among the patients retested within 6 months after treatment, 18% were reinfected; reinfection rates did not differ by type of partner service. CONCLUSIONS: Although overall rates of reported partner treatment were low, concurrent patient-partner treatment visits and PDPT were associated with significantly higher rates of partner treatment. However, these methods may be underutilized in California family planning settings.</p>