



May 11, 2005

Dear Colleague,

Effective clinical management of patients with treatable sexually transmitted diseases (STDs) requires treatment of the patients' current sex partners to prevent reinfection and curtail further transmission. The standard approach to partner treatment has included clinical evaluation in a health care setting, with partner notification accomplished by the index patient, by the provider or an agent of the provider, or a combination of these methods. Provider-assisted referral is considered the optimal strategy for partner treatment, but is not available to most patients with gonorrhea or chlamydial infection because of resource limitations.<sup>1</sup> The usual alternative is to advise patients to refer their partners for treatment.

In recent years, research supported by CDC has evaluated expedited partner therapy (EPT), an approach whereby partners are treated without an intervening clinical assessment. EPT typically is accomplished by patients delivering either medications or prescriptions to their partners.<sup>2-5</sup> Although used by many clinicians in the U.S.,<sup>6</sup> EPT has not been generally recommended as a partner management strategy. With the assistance of representatives from the public and private health care sectors assembled in two advisory consultations, CDC recently reviewed the available evidence concerning EPT for gonorrhea and chlamydial infection, including three published or in-press randomized controlled trials.<sup>2-4</sup> The review considered the effect of EPT on reinfection rates among patients and on patient and sex partner behaviors expected to reduce reinfection. The review also examined the existing barriers to EPT implementation.

CDC has concluded that EPT is a useful option to facilitate partner management, particularly for treatment of male partners of women with chlamydial infection or gonorrhea. Although ongoing evaluation will be needed to define when and how EPT can be best utilized, the evidence indicates that EPT should be available to clinicians as an option for partner treatment. EPT represents an additional strategy for partner management that does not replace other strategies such as provider-assisted referral, when available. Along with medication, recipients of EPT should also receive information about the desirability of clinical evaluation in addition to EPT. This is particularly important when EPT is provided for female recipients and for men with symptoms. There is no experience with EPT for gonorrhea or chlamydial infection among men who have sex with men.

In the coming months, CDC will release documents that review the evidence concerning EPT efficacy, describe promising practices and limitations, and provide recommendations for implementation. In addition, CDC guidance regarding the practice

and application of EPT strategies will be incorporated into the coming revision of the STD Treatment Guidelines.

At present, recommendations to employ EPT are not feasible in many settings because of several operational barriers, including the uncertain legal status of EPT in some states.<sup>7</sup> Therefore, CDC strongly encourages individuals, local and state health departments, and other organizations interested in STD prevention to work together to resolve such barriers. To maximize the STD prevention impact of EPT, public health programs, managed care organizations, professional associations, private health care providers, and other clinicians should seek opportunities to work with policy makers and other stakeholders to identify and address legal and administrative barriers to its use.

Sincerely,

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### References

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