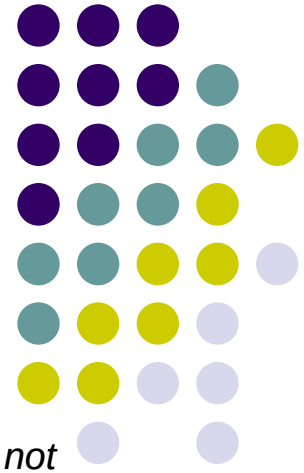
# Expedited Partner Therapy

National STD Prevention Conference 2012
*Minneapolis, MN*

*Mar 12, 2012*

*The findings and conclusions in this presentation are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention*

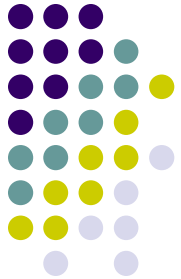


# Guidance for Use of EPT

- Heterosexual males and females
  - Gonorrhea and chlamydial infection
  - Accompany with written instructions
    - How to take meds, allergies, seek evaluation
- Men who have sex with men
  - More caution (fewer data, more HIV comorbidity)
- Trichomoniasis, syphilis

  Much more caution, “last resort”

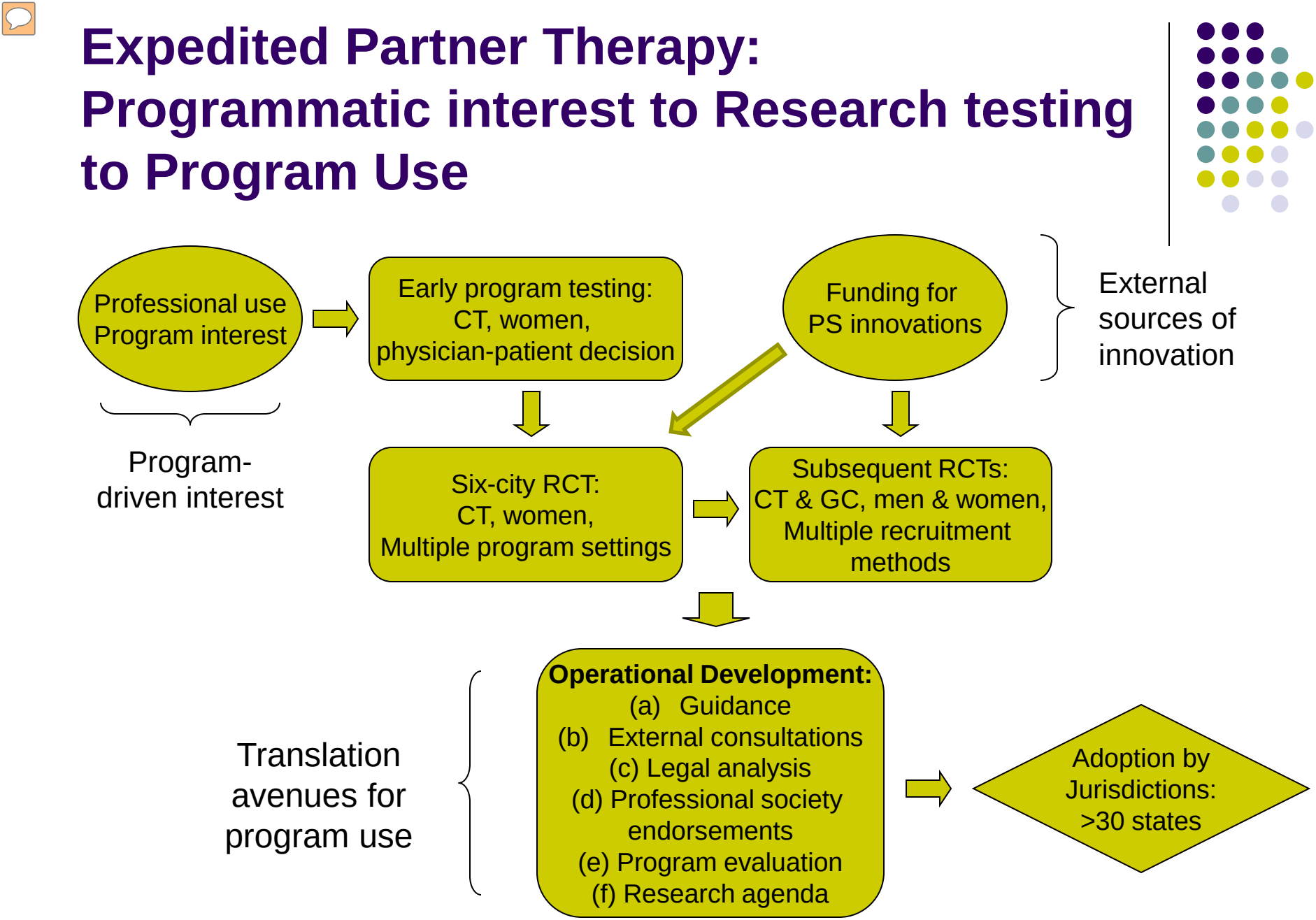
# Program Recommendations

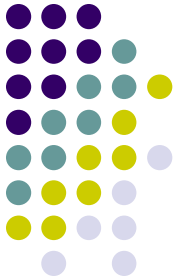


- Program managers should ensure that partners are treated according to CDC treatment guidelines as soon as possible after notification.
- Programs should consider field-delivered therapy for gonorrhea and chlamydial infection when partners are notified via provider referral.
- For STDs for which single-dose oral therapy is feasible (i.e., gonorrhea and chlamydial infection), programs should consider patient-delivered partner therapy for partners who will not be notified via provider referral.
- Programs should be sure that all appropriate parties are consulted to ensure that any EPT strategy in the jurisdiction is medically and legally sound.

Recommendations MMWR 2008

# Expedited Partner Therapy: Programmatic interest to Research testing to Program Use





# Key Issue: Coverage

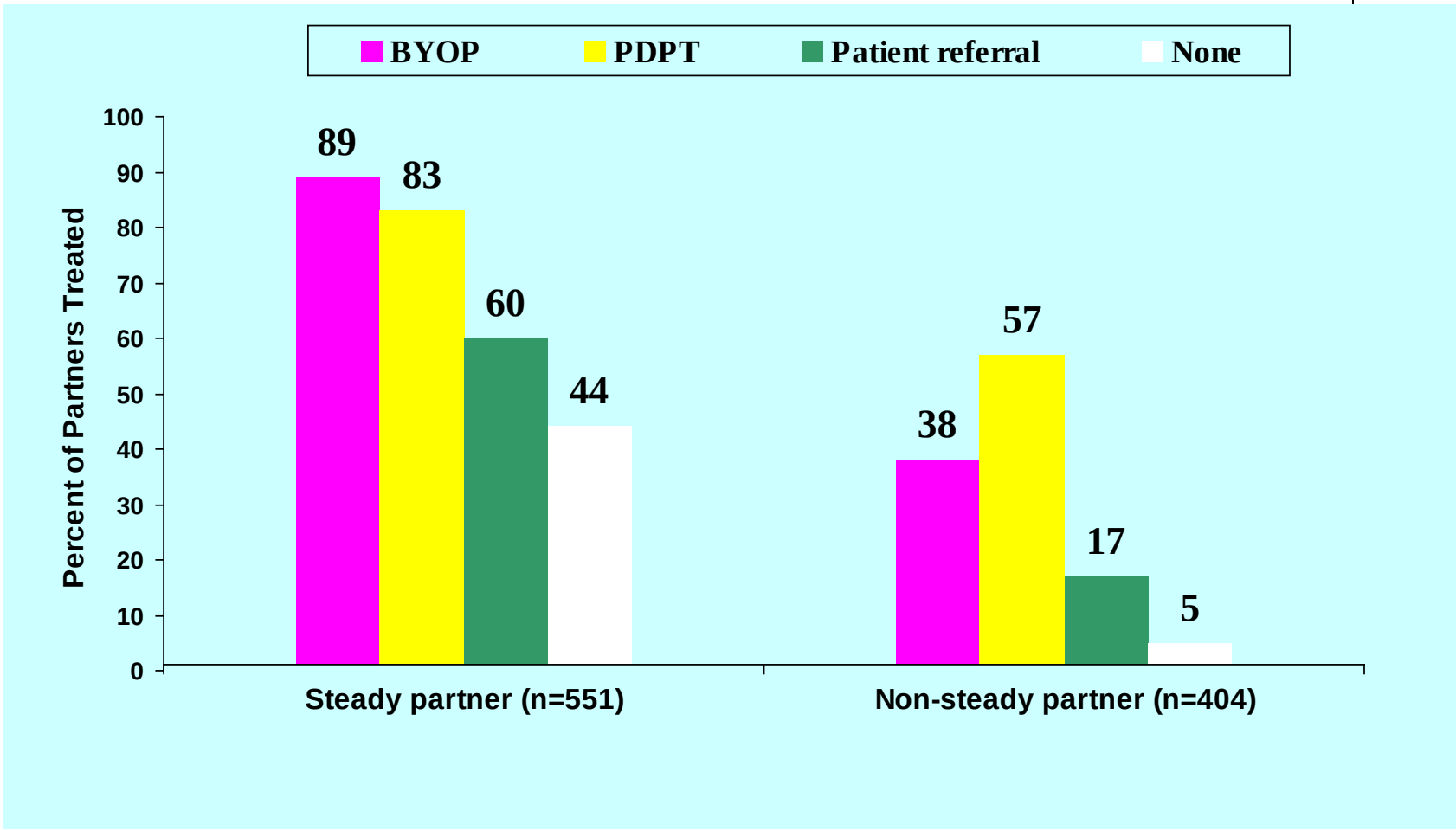
# Coverage as Uptake: Baltimore implementation

Implementation (as of Jan 2009)

- STD clinics, Medications, GC/CT (3 extra doses maximum)

- Evaluation
  - Uptake = 1046/1533 (68%)
  - Modal extra doses: women = 1; men = 2
  - Active assessment of adverse events in STD clinics + passive reporting from other providers
    - No adverse events (again)
  - Repeat infection rate = 2.3% in 2008 (compared to 3.9% in 2007 w/o EPT)
    - 41% reduction, p = .10, has been further followed up
    - That further follow-up (2010 STD Conference)
      - ~35% reduction, p = .05

# Coverage as uptake: part of an intervention mix (data from California)



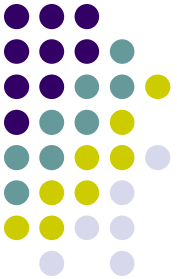

Yu et al. 2008 (STD Prevention Conference)

# Association of Treatment Outcome with Management Strategy by Relationship Type

| Partner Management Strategy | Steady Partner (n=551) | Non-steady Partner (n=404) |
|---|---|---|
| | OR (95%)* | OR (95%CI)* |
| BYOP | **3.6 (1.8-7.4)** | 3.5 (1.7-7.0) |
| PDPT | 2.8 (1.4-5.4) | **6.0 (3.3-10.8)** |
| Patient referral | 1.4 (0.7-2.6) | 2.0 (1.2-3.3) |
| None | 1.0 | 1.0 |

*OR adjusted for patient's age and race/ethnicity

# One size does not have to fit all



- EPT in the United Kingdom
  - A model designed to fit UK partner referral contingencies
    - Initial discussion with a sexual health advisor
    - Follow-up phone call with index patient
  - “Accelerated” partner therapy (APT)
    - Model 1:Immediate phone-based assessment (patient then takes meds to partner)
    - Model 2: Pharmacy-based assessment and treatment based on referral card

Estcourt IJ STD AIDS 2009; Sutcliffe IJ STD AIDS 2009

# Contact information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