



May 20, 2008

Dear Colleague,

Patients treated for gonorrhea or chlamydia infections are at high risk for re-infection with these pathogens because their sex partners are not treated. Insufficient partner notification and treatment is a crucial factor in sustaining the dual chlamydia and gonorrhea epidemics in this country.

Expedited partner therapy (EPT) is the practice whereby sex partners of patients with gonorrhea or chlamydia are treated without an intervening clinical assessment, for example, by giving extra medication or prescriptions to patients to give to their partners. This approach has been taken informally by many practitioners in the past, in particular to assure treatment of partners who themselves have trouble accessing the health care system. Until recently, however, there have been no formal recommendations in favor or against this practice.

To evaluate the potential utility of EPT, a number of randomized controlled trials have been conducted recently that have demonstrated significant reductions in re-infections among patients infected with gonorrhea and/or chlamydia that were given EPT.<sup>1-3</sup> Subsequently, the Centers for Disease Control formally endorsed EPT as a useful option to facilitate partner management, recognizing that EPT may not be feasible in states where the legal status of EPT is uncertain or prohibitive.<sup>4,5</sup>

In Colorado, there are no legal impediments to the practice of EPT. Moreover, both the Colorado Board of Medical Examiners and the Colorado Pharmacy Board have adopted policy statements that endorse the use of EPT.<sup>6,7</sup> At the Denver Metro Health (STD) clinic, a demonstration project initiated in the fall of 2006, has shown that EPT can be given to patients effectively and safely and no adverse effects have been reported to date from this site or from other sites in the country where EPT has been offered.

In line with the CDC recommendations and our experiences at Denver Public Health, we recommend that EPT should be considered for partners of heterosexual patients with documented gonorrhea and/or chlamydia infections. EPT is not recommended for men who have sex with men and is also not recommended for infections other than gonorrhea or chlamydia. Specifically, while informal EPT has been given to women diagnosed with trichomoniasis, this practice is not endorsed by the recommendations.

Recommended EPT regimens are as follows:

- EPT for chlamydia: azithromycin, 1 gram in a single oral dose
- EPT for gonorrhea: cefixime 400 mg OR cefpodoxime 400 mg in a single oral dose PLUS Azithromycin, 1 gram in a single oral dose.

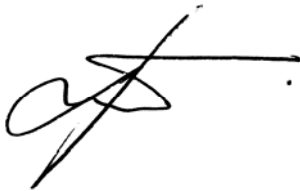
It is important that partners receive treatment information, including contra-indications and side effects, along with the medication. Partner information sheets used by the Denver Metro Health Clinic, as well as more information about the use of EPT are available at our website:

<http://www.denverstdclinic.org/>

(Click “For Providers” and then “Expedited Partner Therapy”)

Questions can be directed to the email address listed below.

Sincerely,



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## References

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