



Talking Points:

Expedited Partner Therapy for Sexually Transmitted Diseases

✓ What Is EPT?

Expedited partner therapy (EPT) is an innovative treatment option for people diagnosed with the sexually transmitted diseases chlamydia or gonorrhea. EPT has been proved to increase treatment rates and decrease the number of people who are reinfected. With EPT:

- Patients deliver either medications or prescriptions to their sexual partners.
- The doctor does not examine the partner.

In 2005, the Centers for Disease Control and Prevention (CDC) recommended using EPT as an option for treating patients diagnosed with chlamydia or gonorrhea.

✓ How Is EPT Different Than Traditional Treatment Practices?

There are several different traditional ways to get a patient's sexual partners treated, including:

- Direct contact by the doctor with a patient's sexual partner(s);
- A patient encouraging his/her partner(s) to visit a doctor; or
- A patient providing the name(s) of his/her partner(s) to public health officials to contact.

But the high number of cases, combined with decreased financial and personnel resources in public health programs, caused researchers to investigate other options to assure partners received treatment to prevent reinfection of the original patient and to prevent the further spread of the disease.

✓ Chlamydia and Gonorrhea Are the Two Most Commonly Reported Notifiable Diseases

- Almost 1 million cases of chlamydia were reported in 2005, an increase of 5.1 percent from the previous year.¹
- Almost 340,000 cases of gonorrhea were reported in 2005.¹

✓ Both Diseases Can Be Costly

- It costs an estimated \$763 million (2006 dollars) to treat chlamydia and gonorrhea every year.⁴
- If untreated, nearly 40 percent of chlamydia cases can develop into a more serious infection called pelvic inflammatory disease (PID), resulting in additional treatment costs of \$1,167 per patient (1998 dollars).² Gonorrhea also is a common cause of PID.³
- Both chlamydia and gonorrhea increase a person's chances they will contract HIV if exposed.^{3,5}



What Disparities Are Associated with Chlamydia and Gonorrhea?

In 2005:

- About 68 percent of the gonorrhea cases reported to CDC were among African–Americans. That was 18 times higher than among whites.¹
- The gonorrhea rate for Hispanics was two times higher than whites.¹
- Almost 42 percent of all chlamydia cases occurred among African–Americans.¹
- The rate of chlamydia among African–American females was more than seven times higher than among white females. The rate of chlamydia among African–American males was more than 11 times higher than among white males.¹



How Well Does EPT Work?

In one study involving patients diagnosed with gonorrhea or chlamydia in King County, Wash., patients who received EPT were:

- Significantly more likely to report that all of their sexual partners were treated than those who were told to refer their partners for treatment;
- Less likely to report having sex with an untreated partner; and
- Less likely to be diagnosed with another infection at a follow–up visit.⁶



What Can State Legislators Do?

EPT can be a challenging topic for policymakers, since each state has different laws and regulations regarding medical practice. In some states, regulations by medical boards prohibit doctors prescribing medicine to patients they haven't seen. In others, laws may stand in the way. A tool on the CDC's Web site (available at <http://www.cdc.gov/std/ept/legal/default.htm>) can help legislators begin to understand the legal landscape in their state. In addition, state legislators can:

- **Learn more.** Talk to your state's STD director to discuss what statutory or regulatory barriers stand in the way of implementing EPT.
- **Become an advocate.** Educate other policymakers and the public about how many people are infected with chlamydia and gonorrhea and the consequences that can result from persistent infections.
- **Take action.** If statutes stand in the way of implementing EPT, consider legislation that will remove the roadblocks. If regulations are the problem, begin a discussion with the state medical board about the issue.

If you would like more information, references, or to explore this topic in greater depth, please:

- send your inquiry to <http://www.healthystates.csg.org/> (keyword: inquiry) or
- call the CSG Health Policy Group at (859) 244–8000.

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Sources:

- ¹ Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance, 2005". Atlanta, GA: U.S. Department of Health and Human Services, November 2006.
- ² Rein, D.; Kassler, W.; Irwin, K., et al. "Direct medical cost of pelvic inflammatory disease and its sequelae: decreasing, but still substantial." *Obstetrics and Gynecology* 2000; 95(3):397–402.
- ³ Centers for Disease Control and Prevention. "Gonorrhea – CDC Fact Sheet." Accessed from <http://www.cdc.gov/std/Gonorrhea/STDFact-gonorrhea.htm> March 1, 2007.
- ⁴ Chesson, H.W.; Blandford, J.M.; Gift, T.L.; Tao, G.; Irwin, K.L. "The estimated direct medical costs of STDs among American youth, 2000." Abstract P075. 2004 National STD Prevention Conference. Philadelphia, PA. March 8–11, 2004.
- ⁵ Centers for Disease Control and Prevention. "Chlamydia – CDC Fact Sheet." Accessed from <http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm#complications> March 1, 2007.
- ⁶ Golden, Matthew R., et al. "Effects of Expedited Treatment of Sex Partners on Recurrent of Persistent Gonorrhea or Chlamydia Infection." *The New England Journal of Medicine*, 2005; 352:7, 676–85.
- ⁷ Kissinger, Patricia, et al. "Patient-Delivered Partner Treatment for Male Urethritis: A Randomized, Controlled Trial." *Clinical Infectious Diseases*, 2005; 41:623–9.