

# Information for Teens: Staying Healthy and Preventing STDs

## If you choose to have sex, know how to protect yourself against sexually transmitted diseases (STDs).



### What are sexually transmitted diseases (STDs)?

STDs are diseases that are passed from one person to another through sexual contact. These include chlamydia, gonorrhea, genital herpes, human papillomavirus (HPV), syphilis, and HIV. Many of these STDs do not show symptoms for a long time. Even without symptoms, they can still be harmful and passed on during sex.

### How are STDs spread?

You can get an STD by having vaginal, anal or oral sex with someone who has an STD. Anyone who is sexually active can get an STD. You don't even have to "go all the way" (have anal or vaginal sex) to get an STD. This is because some STDs, like herpes and HPV, are spread by skin-to-skin contact.

### How common are STDs?

STDs are common, especially among young people. There are about 20 million new cases of STDs each year in the United States. About half of these infections are in people between the ages of 15 and 24. Young people are at greater risk of getting an STD for several reasons:

- Young women's bodies are biologically more prone to STDs.
- Some young people do not get the recommended STD tests.
- Many young people are hesitant to talk openly and honestly with a doctor or nurse about their sex lives.
- Not having insurance or transportation can make it more difficult for young people to access STD testing.
- Some young people have more than one sex partner

### What can I do to protect myself?

- The surest way to protect yourself against STDs is to not have sex. That means not having any vaginal, anal, or oral sex ("abstinence"). There are many things to consider before having sex. It's okay to say "no" if you don't want to have sex.

- If you do decide to have sex, you and your partner should get tested for STDs beforehand. Make sure that you and your partner use a condom from start to finish every time you have oral, anal, or vaginal sex. Know where to get condoms and how to use them correctly. It is not safe to stop using condoms unless you've both been tested for STDs, know your results, and are in a mutually monogamous relationship.
- Mutual monogamy means that you and your partner both agree to only have sexual contact with each other. This can help protect against STDs, as long as you've both been tested and know you're STD-free.
- Before you have sex, talk with your partner about how you will prevent STDs and pregnancy. If you think you're ready to have sex, you need to be ready to protect your body. You should also talk to your partner ahead of time about what you will and will not do sexually. Your partner should always respect your right to say no to anything that doesn't feel right.
- Make sure you get the health care you need. Ask a doctor or nurse about STD testing and about vaccines against HPV and hepatitis B.
- Girls and young women may have extra needs to protect their reproductive health. Talk to your doctor or nurse about regular cervical cancer screening, and chlamydia and gonorrhea testing. You may also want to discuss unintended pregnancy and birth control.
- Avoid mixing alcohol and/or recreational drugs with sex. If you use alcohol and drugs, you are more likely to take risks, like not using a condom or having sex with someone you normally wouldn't have sex with.



Centers for Disease Control and Prevention  
National Center for HIV/AIDS,  
Viral Hepatitis, STD, and  
TB Prevention

## If I get an STD, how will I know?

Many STDs don't cause any symptoms that you would notice. The only way to know for sure if you have an STD is to get tested. You can get an STD from having sex with someone who has no symptoms. Just like you, that person might not even know he or she has an STD.

## Where can I get tested?

There are places that offer teen-friendly, confidential, and free STD tests. This means that no one has to find out you've been tested. Visit [gettested.cdc.gov](http://gettested.cdc.gov) to find an STD testing location near you.

## Can STDs be treated?

Your doctor can prescribe medicine to cure some STDs, like chlamydia and gonorrhea. Other STDs, like herpes, can't be cured, but you can take medicine to help with the symptoms.

If you are ever treated for an STD, be sure to finish all of your medicine, even if you feel better before you finish it all. Ask the doctor or nurse about testing and treatment for your partner, too. You and your partner should avoid having sex until you've both been treated. Otherwise, you may continue to pass the STD back and forth. It is possible to get an STD again (after you've been treated), if you have sex with someone who has an STD.

## What happens if I don't treat an STD?

Some curable STDs can be dangerous if they aren't treated. For example, if left untreated, chlamydia and gonorrhea can make it difficult—or even impossible—for a woman to get pregnant. You also increase your chances of getting HIV if you have an untreated STD. Some STDs, like HIV, can be fatal if left untreated.

## What if my partner or I have an incurable STD?

Some STDs, like herpes and HIV, aren't curable, but a doctor can prescribe medicine to treat the symptoms.

If you are living with an STD, it's important to tell your partner before you have sex. Although it may be uncomfortable to talk about your STD, open and honest conversation can help your partner make informed decisions to protect his or her health.

## If I have questions, who can answer them?

If you have questions, talk to a parent or other trusted adult. Don't be afraid to be open and honest with them about your concerns. If you're ever confused or need advice, they're the first place to start. After all, they were young once, too.

Talking about sex with a parent or another adult doesn't need to be a one-time conversation. It's best to leave the door open for conversations in the future.

It's also important to talk honestly with a doctor or nurse. Ask which STD tests and vaccines they recommend for you.

## Where can I get more information?

CDC

How You Can Prevent Sexually Transmitted Diseases

[www.cdc.gov/std/prevention/](http://www.cdc.gov/std/prevention/)

Teen Pregnancy

[https://www.cdc.gov/](https://www.cdc.gov/teenpregnancy/teens/index.htm)

[teenpregnancy/teens/index.htm](https://www.cdc.gov/teenpregnancy/teens/index.htm)

CDC-INFO Contact Center

1-800-CDC-INFO

(1-800-232-4636)

Contact [www.cdc.gov/dcs/](http://www.cdc.gov/dcs/)

[ContactUs/Form](http://www.cdc.gov/dcs/ContactUs/Form)

HealthFinder.gov

STD Testing: Conversation Starters

[https://healthfinder.gov/](https://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters)

[HealthTopics/Category/health-](https://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters)

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[hiv-and-other-stds/std-testing-](https://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters)

[conversation-starters](https://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters)

American Sexual Health Association

Sexual Health and You

[http://www.iwannaknow.org/](http://www.iwannaknow.org/teens/sexualhealth.html)

[teens/sexualhealth.html](http://www.iwannaknow.org/teens/sexualhealth.html)





# Prioritizing the Health of MSM: Extragenital STD Screening Call-To-Action

By The Gay Men's Health Equity Work Group

The Gay Men's Health Equity Work Group is a collaboration of members from the National Coalition of STD Directors and NASTAD with expertise in the sexual health of gay, bisexual, and other men who have sex with men.

### **Executive**

### **Summary:**

Though many sexually transmitted diseases remain undiagnosed and unreported, 2016 was the third consecutive year in which national increases were seen in reported chlamydia, gonorrhea, and syphilis infections. Gay, bisexual, and other men who have sex with men (MSM) are disproportionately impacted by these STDs<sup>1</sup>. STD screening of MSM, specifically of the throat and rectum, needs to improve. This is a call to action for health departments and medical providers to normalize extragenital STD screening, also known as 3-site testing.

### **Background:**

Total combined cases of chlamydia, gonorrhea, and syphilis reported in 2016 reached the highest number in 20 years - there were ~1.6 million chlamydia cases; 468,514 gonorrhea cases; and 27,814 primary and secondary (P&S) syphilis cases reported. The largest increase in cases from 2015 to 2016 occurred in gonorrhea (18.5%), followed by P&S syphilis (17.6%) and chlamydia (4.7%). MSM accounted for the majority of new P&S syphilis cases (80.6% of male cases with known gender of sex partner). Data from the STD Surveillance Network (SSuN) also suggest gonorrhea rates have increased among MSM for the last five years. Antibiotic-resistant gonorrhea is also a concern and may be increasing among MSM. Syphilis rates are at levels not seen since 1992 and disproportionately impact Black and Latino gay men. Gay, bisexual, and other men who have sex with men (MSM) continue to face the highest rates of syphilis and HIV coinfection<sup>1</sup>.

### **Scope of the Problem:**

It has been well established that urethra only screening for chlamydia and gonorrhea in MSM misses most infections<sup>2-6</sup>. The U.S. Centers for Disease Control & Prevention (CDC) recommends screening sexually active MSM at least annually for urethral and rectal chlamydia and for urethral, rectal and pharyngeal gonorrhea<sup>7</sup>. Unfortunately, nucleic acid amplification tests (NAATs) have not been cleared by the Food and Drug Administration (FDA) for the diagnosis of extragenital chlamydia or gonorrhea. However, laboratories may validate their FDA-cleared NAATs for use on rectal and oropharyngeal specimens<sup>8</sup>.

In a national survey of US physicians, fewer than one-third routinely screened patients for STDs<sup>9</sup>. In a large, urban HIV care clinic, extra-genital STD testing was low (29-32%) even though the frequency of syphilis testing was high (72%)<sup>10</sup>. HIV primary care providers lacked testing and treatment knowledge (25-32%) and cited lack of time (68%), discomfort with sexual history taking and genital exam (21%), and patient reluctance (39%) as barriers to increased STD testing<sup>10</sup>. Even among STD clinics, extragenital STD screening was common, but many MSM were not tested<sup>5</sup>.

The Gay Men’s Health Equity Work Group offers these recommendations for extragenital STD screening to health departments, encouraging them to engage and collaborate with medical providers, laboratories, community-based organizations, and MSM themselves.

### **Health Department Recommendations:**

1. Add anatomical site of chlamydia and gonorrhea infections to case report forms and surveillance summaries to ensure data are available to drive resource allocation.
2. Prioritize and monitor STD screening of MSM in Ryan White care, especially of extragenital sites<sup>10</sup>. Inclusion of nonsyphilis STD measures in Ryan White care audits can be an effective monitoring tool for quality STD screening in those settings.
3. Encourage health plans and provider groups to adopt quality improvement measures that include extragenital STD screening rates.
  - a. Screen for rectal chlamydia and gonorrhea infection in men who had receptive anal intercourse in the past year.
  - b. Screen for pharyngeal gonorrhea infection in men who had receptive oral intercourse in the past year. CDC does not recommend testing for pharyngeal chlamydia infection, but most providers use combination tests for both chlamydia and gonorrhea.
  - c. Promote MSM standards of care and regularly elicit risk-based sexual histories<sup>5</sup>.
  - d. Implement effective strategies for improving screening rates in clinic settings, including standing orders for STD testing that includes extragenital specimens, and self-collection of rectal and pharyngeal specimens when a full exam is not feasible<sup>12-14</sup>.
  - e. Discuss and offer or refer for initiation of Pre-Exposure Prophylaxis (PrEP) for HIVnegative men with rectal chlamydia or gonorrhea<sup>11</sup>.
  - f. Prioritize STD screening of sexually active MSM at least every 3 months - including extragenital sites.



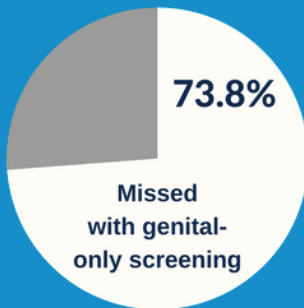
5. Work with laboratories to
  - a. Internally validate NAAT for diagnosis of extragenital chlamydia and gonorrhea infections. If this is not feasible, work with the Association of Public Health Laboratories (APHL) to identify and link clinical providers to laboratories that have already validated rectal and pharyngeal specimens for chlamydia and gonorrhea testing.
6. Work with MSM-focused community-based organizations (CBOs) to
  - a. Facilitate STD testing of MSM who may not be accessing testing elsewhere. Many CBOs offer HIV-only testing, which is a missed opportunity for identifying new STD infections<sup>7</sup>.
  - b. Educate and promote extragenital testing as an essential sexual health practice.
7. Encourage MSM constituents to demand regular risk-based extragenital STD screenings from their healthcare providers. For resources to help implement these recommendations, please visit the NCS D extragenital webpage, which will be updated on an ongoing basis. NCS D and NASTAD and the National Network of STD Clinical Prevention Training Centers produced the MSM Sexual Health Standards of Care as a toolkit for providers to improve health services for gay, bisexual, and other MSM.

## Citations

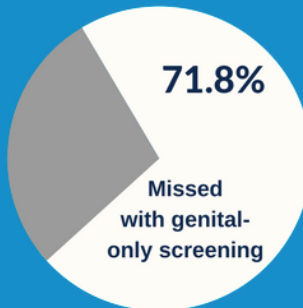
1. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2016. Atlanta: U.S. Department of Health and Human Services; 2017.
2. CharlotteK, Chaw J, et al. "Prevalence of Rectal, Urethral, and Pharyngeal Chlamydia and Gonorrhea Detected in Clinical Settings among Men Who Have Sex with Men: San Francisco, California, 2003." *Clinical Infectious Diseases*. 2005;41:67-74.
3. Koedijk FD, Van Bergen JE, et al. "The Value of Testing Multiple Anatomic Sites for Gonorrhoea and Chlamydia in Sexually Transmitted Infection Centres in the Netherlands, 2006-2010." *Int J STD AIDS*. 2012;23(9):626-31.
4. Barbee, LA, Dombroski JC, Kerani R, Golden MR. "Effect of Nucleic Acid Amplification Testing on Detection of Extragenital Gonorrhea and Chlamydial Infections in Men Who Have Sex with Men Sexually Transmitted Disease Clinic Patients." *Sex Transm Dis*. 2014;41(3):168-72.
5. Patton M, Kidd S, et al. "Extragenital Gonorrhoea and Chlamydia Testing and Infection Among Men Who Have Sex With Men – STD Surveillance Network, United States, 2010-2012." *Clinical Infectious Diseases*. 2014;58(11):1564-1570.
6. Chan PA, Robinette A, et al. "Extragenital Infections Caused by Chlamydia trachomatis and Neisseria gonorrhoeae: A Review of the Literature." *Infect Dis Obstet Gynecol*. 2016;2016:8561645.
7. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. *MMWR Recomm Rep*. 2015;64(No. RR-3): 1-137.
8. Centers for Disease Control and Prevention. Clinic-based Testing for Rectal and Pharyngeal Neisseria Gonorrhoeae and Chlamydia Trachomatis Infections by Community-Based Organizations – Five Cities, United States, 2007. *MMWR Morb Moral Wkly Rep*. 2009;58(26):716-719.
9. St Lawrence JS, Montano DE, et al. "STD Screening, Testing, Case Reporting, and Clinical and Partner Notification Practices: a National Survey of US Physicians." *Am J Public Health* 2002;92(11):1784-1788.
10. Barbee LA, Dhanireddy S, Tat SA, and Marrazzo JM. "Barriers to Bacterial STI Testing of HIV-Infected Men Who Have Sex with Men Engaged in HIV Primary Care." *Sex Transm Dis*. 2015;42(10):590-594.
11. Bernstein KT, Marcus JL, et al. "Rectal Gonorrhea and Chlamydia Reinfection Is Associated With Increased Risk of HIV Seroconversion." *J Acquir Immune Defic Syndr*. 2010;53:537–543.
12. Moncada J, Schachter J, et al. "Evaluation of Self-Collected Glans and Rectal Swabs from Men Who Have Sex with Men for Detection of Chlamydia trachomatis and Neisseria gonorrhoeae by Use of Nucleic Acid Amplification Tests." *J Clin Microbiol*. 2009;47(6):1657-1662.
13. Freeman AH, Bernstein KT, et al. "Evaluation of Self-collected Versus Clinician-collected swabs for the detection of Chlamydia trachomatis and Neisseria gonorrhoeae Pharyngeal Infection Among Men Who Have Sex with Men." *Sex Transm Dis*. 2011;38(11):1036-1039.
14. Sexton ME, Baker JJ, et al. "How Reliable is Self-testing for Gonorrhea and Chlamydia Among Men Who Have Sex with Men?" *J Fam Pract*. 2013;62(2):70-78.

## FOR PROVIDERS: DID YOU KNOW?

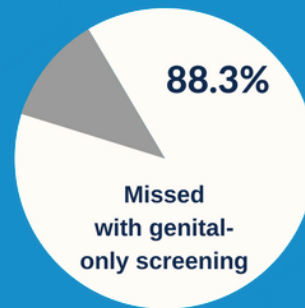
Pharyngeal Gonorrhea



Rectal Gonorrhea



Rectal Chlamydia



STD Surveillance Network, July 2010- June 2012, STD clinic data for 11 SSuN jurisdictions. Patton, et al. Clin Infect Dis. March 2014.



## MAKE EXTRAGENITAL TESTING A PRIORITY

STD screening of gay men/MSM, specifically of the throat and rectum, needs to improve. This is a **call to action** for health departments and medical providers to normalize 3-site testing.





# EPT Information

This section will detail Expedited Partner Therapy (EPT) and provide guidance and recommendations on EPT use.

### **EPT Infographic**

An infographic for providers that explains EPT and emphasizes the legality of EPT

### **EPT Brochure**

A brochure that explains Partner Services and how providers can utilize DIS in patient follow-up

### **EPT Guidance for Indiana Healthcare Professionals**

The Indiana State STD Prevention Program's comprehensive guide to EPT

### **EPT Frequently Asked Questions**

The main questions providers have asked about EPT

# EXPEDITED PARTNER THERAPY

EPT

EPT is the practice of treating sex partners of patients who are positive with chlamydia and/or gonorrhea without a medical evaluation.



## ATTENTION PROVIDERS:

Treatment: Examining and treating a partner in your office is preferred. If this cannot be done, the following may be prescribed to the patient to give to exposed partners.

**Chlamydia:** 1g Azithromycin

**Gonorrhea or Gonorrhea/Chlamydia Co-Infection:** 400mg Cefixime AND 1g Azithromycin

Per the CDC, studies have shown that patients whose partners receive EPT were **29% less likely to be reinfected** than those who simply told their partners to visit the doctor.



EPT IS **LEGAL** ✓

Indiana Administrative Code 844 1AC 5-4-2 allows EPT and protects physicians from civil/professional liability.

EPT IS **SAFE** ✓

Adverse reactions to single-dose Cefixime and Azithromycin are extremely rare.

EPT IS **EFFECTIVE** ✓

Four randomized clinical trials found EPT to be equivalent or higher in efficacy to standard partner management.\*



## STD PREVENTION

For more information, please visit <https://www.in.gov/isdh/17440.htm>

\*Source: Centers for Disease Control and Prevention, Expedited partner therapy in the management of sexually transmitted diseases Atlanta, GA: US Department of Health and Human Services, 2006, ext



Indiana State  
Department of Health

## WHAT ARE THE ROLES OF DISEASE INTERVENTION SPECIALISTS IN PARTNER SERVICES?

Partner Services is a confidential service available to people who have syphilis or HIV (and for some who have gonorrhea) and need to inform their sex partners of exposure. Partner services allows a person to be confidentially informed of their exposure, and treated if necessary.

In the United States, disease intervention specialists (DIS) are specially trained workers who focus on sexually transmitted diseases (STD) and HIV. In Indiana, they work from local offices to stop the spread of STDs and HIV through confirming adequate treatment of patients with syphilis, gonorrhea, chlamydia, and referring HIV positive patients to care. DIS also are skilled at providing risk reduction information to patients and assisting them with the informing of their exposed partners so testing and treatment may be provided to them. DIS operate under Indiana Administrative 410 Code IAC 1-2.5-26 (under IC Authority 16-19-3-4; IC 16-41-2-1) which gives them legal authority to conduct case investigations. Each year in Indiana about 4,000 people are referred for DIS services.

## RESOURCES

**Link to Expedited Partner Therapy**  
[https://www.in.gov/iscdh/files/13-EPT\\_Brochure\\_webonly/FINAL.pdf](https://www.in.gov/iscdh/files/13-EPT_Brochure_webonly/FINAL.pdf)  
[https://www.in.gov/iscdh/files/EPT\\_Guidance\\_Document.pdf](https://www.in.gov/iscdh/files/EPT_Guidance_Document.pdf)

**Link to Indiana State Department of Health STD Program Website**  
<https://www.in.gov/iscdh/17440.htm>

**Link to online Communicable Disease Reporting Code for Indiana**  
[http://www.in.gov/iscdh/files/Final\\_Rule\\_USA\\_.pdf](http://www.in.gov/iscdh/files/Final_Rule_USA_.pdf)

**2015 Sexually Transmitted Disease Treatment Guidelines**  
<https://www.cdc.gov/std/g2015/default.htm>

## Find Disease Intervention Specialists in your area

### DISTRICT 1

Counties: Jasper, Lake, Laporte, Newton, Porter, Pulaski, Starke  
**Gary City Health Department**  
 1145 W. Fifth Ave., Gary, IN 46402  
 Ph: (219) 239-2318  
 Fax: (219) 881-1396

### DISTRICT 2

Counties: Cass, Dekalb, Fulton, Kosciusko, LaGrange, Marshall, Miami, Noble, St. Joseph, Steuben, Whitley  
**Northern Indiana Maternal Child Health Network - 413 W. McKinley Ave. Ste D, Mishawaka, IN 46545**  
 Ph: (574) 318-4095, Fax: (574) 387-4047

### DISTRICT 3

County: Allen  
**Allen County Health Department**  
 4813 New Haven Ave., Fort Wayne, IN 46803  
 Ph: (260) 449-3021  
 Fax: (260) 449-3507

### DISTRICT 4

Counties: Benton, Carroll, Clinton, Fountain, Howard, Montgomery, Tippecanoe, Tipton, Warren, White  
**Tippecanoe County Health Department**  
 629 N. Sixth St., Suite A, Lafayette, IN 47901  
 Ph: (765) 423-9222, x 2226  
 Fax: (765) 423-9797

### DISTRICT 5

Counties: Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Shelby  
**Ball Flower Clinic at Eskenazi Health**  
 640 Eskenazi Ave, Indianapolis, IN 46202  
 Ph: (317) 221-8347  
 Fax: (317) 221-8301

### DISTRICT 6

Counties: Miami, Wabash, Huntington, Wells, Adams, Grant, Blackford, Jay, Madison  
**Madison County Health Department**  
 206 E. Ninth St., Anderson, IN 46016  
 Ph: (765) 641-9523  
 Fax: (765) 646-9208

### DISTRICT 7

Counties: Bartholomew, Brown, Clay, Greene, Lawrence, Monroe, Owen, Parke, Putnam, Sullivan, Vermillion, Vigo  
**Monroe County Health Department**  
 119 W. Seventh St., Bloomington, IN 47404  
 Ph: (812) 349-2829  
 Fax: (812) 349-7346

### DISTRICT 8

Counties: Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick  
**Vanderburgh County Health Department**  
 420 Mulberry St., Evansville, IN 47713  
 Ph: (812) 435-5683  
 Fax: (812) 435-5041

### DISTRICT 9

Counties: Clark, Crawford, Dearborn, Floyd, Harrison, Jackson, Jefferson, Jennings, Ohio, Orange, Ripley, Scott, Switzerland, Washington  
**Clark County Health Department**  
 1201 Wall Street, Jeffersonville, IN 47130  
 Ph: (812) 288-2706,  
 Fax: (812) 288-1474

### DISTRICT 10

County: Elkhart  
**Elkhart County Health Department**  
 608 Oakland Ave., Elkhart, IN 46516  
 Ph: (574) 523-2125  
 Fax: (574) 389-3153

### DISTRICT 11

Counties: Delaware, Randolph, Henry, Wayne, Rush, Fayette, Union, Decatur, Franklin  
**Meridian Health Services**  
 240 N. Tiltonson Ave., Muncie, IN 47304  
 Ph: (765) 288-1928  
 Fax: (888) 389-9810



**HIV/STD/VIRAL HEPATITIS**  
 Indiana State Department of Health

## WHAT HEALTH CARE PROVIDERS NEED TO KNOW ABOUT STD/HIV PARTNER SERVICES



LET'S WORK TOGETHER TO REDUCE SEXUALLY TRANSMITTED DISEASES  
**STD PREVENTION**



**HIV/STD/VIRAL HEPATITIS**  
 Indiana State Department of Health





## WHAT INFECTIONS ARE COVERED BY PARTNER SERVICES?

- New syphilis cases (all cases must have an investigation completed by a DIS if infectious syphilis less than one year's duration is suspected).
- New cases of HIV diagnosed within the past year, after the health care provider submits a case report form to Indiana State Department of Health.
- Gonorrhea and chlamydia cases may be investigated depending on availability of staff and morbidity of the area.

## HOW IS MY PATIENT'S CONFIDENTIALITY PROTECTED?

Confidentiality is the main priority of the disease intervention specialist (DIS). They receive specialized training coordinated by the Centers for Disease Control and Prevention so they can inform exposed sex or needle-sharing contacts to STD or HIV infections without giving any information to the partner that may allow them to identify the person who referred them to the DIS. Therefore, nothing pertaining to age/sex/race of patient, when the exposure occurred, type of exposure, residence of patient, etc., is ever given to the partner being referred to testing or treatment.

## WHAT DOES THE DIS DISCUSS DURING PARTNER SERVICES?

The DIS will talk with the patient about a number of topics pertaining to their STD or HIV infection. The DIS will identify the patient's understanding of the disease and medication, discuss risks associated with the infection, suggest behavioral changes to avoid future infections, and decide the best ways to inform partners who have been exposed to this infection. All of these topics are patient-centered and focus on patient's needs based on his or her situation. DIS are trained to be culturally and socially sensitive to all patients and to work diligently to support the improvement of the patient's health instead of policing the patient's behavior. DIS will determine the best way to notify a person's contacts and then confidentially refer a contact to testing and prophylactic treatment, if needed.

## WHAT IS THE VALUE OF PARTNER SERVICES?

- Since many STDs can be asymptomatic, it is critical that people exposed are informed of their exposure. This will allow their contacts to obtain early testing and treatment if results are positive, or receive prophylactic treatment to interrupt incubating infection if negative. Your patient is at increased risk of reinfection from sex partners who are not notified of exposure and evaluated for disease.
- All STDs have been steadily rising in the United States and in Indiana for the past few years, costing millions of dollars, as well as painful and tragic health consequences from sequelae, such as deformity or death in newborns, infertility, pelvic inflammatory disease, vision loss, dementia, etc. DIS are trained to intervene in the spread of these infections as well as to work with patients and their partners on reducing the risk for future infections.
- ISDH estimates that through the efforts of health care providers and DIS, the economic impact of adequately treating patients and their partners to STDs saved more than \$25 million in direct medical and indirect costs in 2017.

## HOW CAN I HELP ENSURE EXPOSED CONTACTS TO MY PATIENT ARE NOTIFIED OR TREATED FOR STD/HIV EXPOSURE?

- Consider dispensing or prescribing oral medication directly to your heterosexual patients for them to deliver to their partners to treat chlamydia or gonorrhea (Expedited Partner Therapy or EPT).
- Encourage your patients diagnosed with syphilis, gonorrhea or chlamydia to not engage in sexual contact with their untreated partners. Encourage patients to ensure all sexual partners have been treated for 7 days prior to future sexual contact. Contacts to syphilis should be referred to a DIS for testing and treatment. Contacts to gonorrhea and chlamydia can be referred to a medical provider or clinic that can test and deliver treatment.
- If you have a patient who has a recurring gonorrhea infection, you should consider testing for antibiotic susceptibility. Epidemiologists who work with the Strengthening the U.S. Response to Resistant Gonorrhea (SURRG) project can provide you with more information on antibiotic susceptibility testing. Please email Jamie Black at [JamBlack@isdh.in.gov](mailto:JamBlack@isdh.in.gov) for more information regarding the SURRG project.
- Encourage your patients with syphilis to speak openly with the DIS when contacted, stressing confidentiality and the importance of this interaction to assist with the management of their infection.
- Discuss with all patients diagnosed with STDs or HIV the importance of partner notification and help the patient contact their local DIS for help (see list next page).
- Call your local STD district office for questions or assistance.



**HIV/STD/IRAL HEPATITIS**  
Indiana State Department of Health

# STD PREVENTION

SEE BACK OF BROCHURE FOR LOCATIONS AND CONTACT INFORMATION



## **Expedited Partner Therapy for Chlamydia Trachomatis and Neisseria Gonorrhoeae: Guidance for Health Care Professionals in Indiana**

Indiana State Department of Health, Division of HIV, STD, Viral Hepatitis

### **Introduction**

Expedited Partner Therapy (EPT) is the general term for the practice of treating sexual partners of patients diagnosed with an STD (specifically chlamydia and/or gonorrhea) without an intervening medical evaluation. EPT is a treatment option to increase the likelihood that sex partners get needed medication thus reducing the risk of re-infection and potential further dissemination of these diseases within the community.

The following document from the Indiana State Department of Health Division of HIV, STD, Viral Hepatitis provides guidance to health care professionals, including licensed physicians, physician assistants and advanced practice nurses to prescribe or dispense appropriate antibiotic therapy for the sex partners of individuals infected with Chlamydia trachomatis and Neisseria gonorrhoeae, even if they have not been able to perform an exam of the patient's sex partner(s). This guidance is based on recommendations from the Centers for Disease Control and Prevention CDC.

The following guidance for EPT provides information on selecting appropriate patients, medications, and counseling procedures to maximize patient and public health benefit while minimizing risk.

### **Background and Rationale**

Sexually transmitted chlamydia and gonorrhea infections are significant public health problems. More than 22,000 cases of chlamydia and 6,400 cases of gonorrhea were reported in Indiana in 2010, making them the two most commonly reported communicable infections. Genital infections can lead to pelvic inflammatory disease (PID), chronic pelvic pain, ectopic pregnancy and preventable infertility in women. These infections place patients at increased risk of acquiring sexually transmitted HIV, hepatitis B, and hepatitis C. Repeat gonorrhea infections, which increase the risk of complications, occur in up to 11 percent of women and men within six months after treatment. Repeat chlamydia infections occur in up to 13 percent of patients in this same time period. However, because infected partners are often asymptomatic, they are unlikely to seek medical treatment. Even when doctors and other health practitioners counsel patients about the need for partner treatment, some sex partners have limited or no access to medical care or choose not to seek care.

Data from three randomized controlled clinical trials published within the past 10 years have indicated that EPT is a useful option to facilitate partner management in heterosexual men and women with chlamydial infection or gonorrhea. The most important outcome among those treated with EPT was reduced rates of re-infection. Other benefits included equivalent or improved success in notifying partners and increased belief that partners were treated.

In May 2005, the CDC sent out a "Dear Colleague" letter to care providers across the United States, concluding that EPT is a useful option to facilitate partner management and encouraging states and local health departments to work together to remove operational barriers to EPT. This document is intended to serve as guidance for EPT in Indiana and is based on CDC recommendations and Indiana Code, 844 IAC 5-4-2 Expedited partner therapy.

Indiana's Medical Licensing Board published its regulation concerning EPT in September 2011. This rule may be accessed at: <http://www.in.gov/legislative/iac/T08440/A00050.PDF>

## **Implementation**

In a national physician survey conducted in 2000, researchers at CDC found that the practice of EPT for chlamydia and gonorrhea was not uncommon. As of August, 2011, there were 30 states with EPT allowed.

In 2006, the CDC issued *Expedited Partner Therapy in the Management of Sexually Transmitted Diseases: Review and Guidance*. This document recommends the use of EPT as an option to facilitate partner management in heterosexual men and women infected with chlamydia and/or gonorrhea. This document is available at the CDC website, [www.cdc.gov/std/ept](http://www.cdc.gov/std/ept).

The following are the basic principles to consider in the practice of EPT in accordance with CDC guidance and supported by ISDH:

Health care practitioners should attempt to assure treatment of the sex partners of their STD-infected patients.

EPT is not intended to be the first or best choice of treatment for partners of individuals diagnosed with chlamydia or gonorrhea. A medical examination of sex partners of STD patients with testing for sexually transmitted disease followed by treatment for presumed infection remains the preferred approach to assuring treatment of exposed partners.

If a patient diagnosed with gonorrhea or chlamydia is accompanied by sex partner(s) at the time of their clinic visit for treatment of the STD, the health care provider should make every effort to ensure that these partner(s) are examined, tested and treated during that visit, or within a reasonable time period.

EPT can serve as a useful alternative when the health care practitioner judges that one or more sex partners of the diagnosed patient are unlikely to seek or successfully obtain timely medical evaluation and treatment.

The most appropriate patients for EPT are the heterosexual partners of patients with laboratory-confirmed diagnosis of gonorrhea or chlamydia. Index patients (the patient with the original diagnosed case) should be informed that it would be best for their partners to have a medical evaluation, but the clinician may opt to provide EPT for those partners unlikely to comply.

When providing medication for pregnant partners, those partners should also be referred to their prenatal care provider or another medical provider.

Use of EPT for sexual partners of men who have sex with men is discouraged because of the lack of evidence available to support this practice.

EPT should not be used in Indiana to treat men and women with etiologically undefined clinical syndromes such as non-gonococcal urethritis, pelvic inflammatory disease without specific laboratory confirmation of chlamydia or gonorrhea, or mucopurulent cervicitis.

Licensed health practitioners (including pharmacists), public health employees and others are required to report suspected sexual abuse in the elderly and in children aged less than 12 years (and up to age 18 years under some circumstances) to authorities. Sexually transmitted infections in children and the elderly can be a sign of abuse.

## **Selecting Appropriate Patients for EPT**

Appropriate patients for EPT are those heterosexual patients with a clinical diagnosis of sexually transmitted chlamydia and/or gonorrhea infection, preferably with laboratory confirmation. Laboratory confirmation of the diagnosis may include a gram stain of male urethral exudate showing gram negative intracellular diplococci indicative of gonorrhea, a positive culture test for chlamydia or gonorrhea, or a positive nucleic acid amplification test (NAAT) for chlamydia or gonorrhea (e.g., GenProbe Aptima, Becton Dickinson ProbeTec, Roche polymerase chain reaction (PCR) Amplicor). Because of their high sensitivity, NAATs are the tests of choice for chlamydia and gonorrhea screening and testing.

Providing EPT without laboratory confirmation should only be considered when the provider has a high clinical suspicion for chlamydia or gonorrhea infection in the index case and there is concern about loss of follow-up. Clinicians should attempt to motivate patients to refer their partners for comprehensive health care, including evaluation, testing and treatment. Clinical services provide the opportunity to ensure treatment; confirm the diagnosis; examine the patient; test for other STDs, HIV and pregnancy; provide needed vaccinations; and offer risk-reduction counseling and community referrals. These services are recommended for all partners of patients infected with a sexually transmitted infection.

Thus, patients most appropriate for EPT are those with partners who are unable or unlikely to seek prompt clinical services. Factors to consider in the patient's report are that the partner is uninsured, lacks a primary care provider, faces significant barriers to accessing clinical services or will be unwilling to seek care. Providers also should assess the acceptability of EPT to both the patient and the partners receiving it. Even if EPT is provided, the partner should still be encouraged to seek follow-up care as soon as possible.

Providers should assess the partner's symptom status, particularly symptoms indicative of a complicated infection, pregnancy status and risk for severe medication allergies. If the partner is pregnant, every reasonable effort should be made to contact her for referral to pregnancy services and/or prenatal care. The local health department may be of assistance in notifying and referring pregnant partners for these special situations. For partners with known severe allergies to antibiotics, EPT should not be used.

Indiana law permits EPT for the heterosexual partners of patients infected with gonorrhea and/or chlamydia. EPT is not permitted at this time for same-sex partners or patients co-infected with STDs not covered by EPT medication. EPT is not recommended in cases of suspected child abuse or sexual assault or if there is concern for the patient's safety.

## **Sex Partner Treatment**

Recommended antibiotic regimens for EPT are listed in the table below. A complete copy of the Recommended CDC Treatment for Sexually Transmitted Diseases may be located at:

<http://www.cdc.gov/std/treatment/2010/default.htm>

<b>Infection Diagnosed in Index Patient</b>	<b>Recommended Medication for EPT</b>
Chlamydia only	Azithromycin (Zithromax*) tablets 1 gram orally once
Gonorrhea or Gonorrhea and Chlamydia	Cefixime (Suprax) 400 mg orally once AND co-treatment for Chlamydia as above

\*Use of trade names is for identification only and does not imply endorsement.



On April 13, 2007, CDC released data showing an increasing and high prevalence of fluoroquinolone-resistant *Neisseria gonorrhoeae* in the United States, and recommended that fluoroquinolones (ciprofloxacin, ofloxacin, levofloxacin) no longer be used to treat gonorrhea. Few oral cephalosporins have been studied and found to be effective against gonorrhea. Cefixime remains a recommended regimen to treat uncomplicated infections of the cervix, urethra or rectum. A single dose of 400 mg is an appropriate medication for EPT for gonorrhea infections.

In general, oral cephalosporins are less effective in eradicating pharyngeal gonorrheal infection. Providers who are concerned that the partner is at risk for pharyngeal infection, specifically if the partner has been exposed to a male urethral infection at this site, should discuss with the patient that oral treatment may not cure pharyngeal gonorrhea in all patients and that the partner should still seek care.

### **Dual Therapy for Gonococcal and Chlamydial Infections**

Patients infected with *N. gonorrhoeae* frequently are coinfecting with *C. trachomatis*; this finding has led to the recommendation that patients treated for gonococcal infection also be treated routinely with a regimen that is effective against uncomplicated genital *C. trachomatis* infection (294). Because most gonococci in the United States are susceptible to doxycycline and azithromycin, routine co-treatment might also hinder the development of antimicrobial-resistant *N. gonorrhoeae*. Limited data suggest that dual treatment with azithromycin might enhance treatment efficacy for pharyngeal infection when using oral cephalosporins

Azithromycin, two grams orally, should not be used for EPT and is not recommended for patient treatment. Although small studies have shown that this regimen is effective against uncomplicated gonococcal infections, it causes significant gastrointestinal distress, and may be expensive. In addition, some concerns that widespread use may lead to the emergence of antimicrobial resistance have been raised.

### **Options for Delivery of Antibiotics to Partners**

1. Dispense medication directly to the patient for delivery to partner(s).
  - a) The patient should be given enough doses to treat each sex partner in the past 60 days whom the patient feels confident contacting, and who are unable or unlikely to seek medical care. If the patient reports no sex partners in the past 60 days, provide one dose for the most recent sex partner if the partner is unable or unlikely to seek medical care.
  - b) There is no limit on how many partners may be treated through EPT.
  - c) Medication packets should contain drugs described above in “Recommended Treatment Regimens.”
  - d) Labeling of medication packets should adhere to Indiana Pharmacy Code.
2. Dispense prescription to the patient to be delivered to partner(s) who is/are unable or unlikely to seek medical care. Partner(s) presents the prescription to a pharmacy of his/her choice to be filled.
  - a) The patient should be given one prescription for each sex partner in the past 60 days whom the patient feels confident contacting and who is unable or unlikely to seek medical care. If the patient reports no sex partners in the past 60 days, provide one prescription for the most recent sex partner who is unable or unlikely to seek medical care.

A combination of partner strategies also may be used. For example, a patient with several partners may refer one partner to a health care professional but take EPT for other partners.



## **Risk of Adverse Reactions to Medications**

Adverse reactions to single-dose cefixime and azithromycin, beyond mild to moderate side effects, are rare. As of December 2009, there have been no reports of adverse events related to EPT in California, since its implementation in 2001. The risk of allergy and adverse drug reactions may best be mitigated through educational materials that accompany the medication, which include explicit warnings and instructions for partners who may be allergic to penicillin, cephalosporins or macrolides, to seek medical advice before taking the medication.

Known adverse reactions to cefixime and azithromycin are as follows:

### **Cefixime**

Cefixime is generally well tolerated. The most common side effects in patients receiving a single-dose regimen of 400 mg are loss of appetite, nausea, diarrhea and vomiting.

Approximately one percent to three percent of patients have a primary hypersensitivity to cephalosporins; however, rates and cross-reactivity vary, depending on the molecular structure. The risk of anaphylaxis with cephalosporin in the general population is 0.0001 percent to 0.1 percent. However, patients with IgE-mediated allergy to penicillin are at increased risk for severe allergic reactions to cephalosporins. Evidence of IgE-mediated allergy include anaphylaxis, hypotension, laryngeal edema, wheezing, angioedema and/or urticaria.

Approximately 10 percent of patients report penicillin allergy; however, more than 90 percent of them are found not to be allergic and are able to tolerate penicillin. Cephalosporins are less allergenic than penicillin. The risk of cephalosporin reaction among patients with penicillin allergy is five percent to 17 percent for first-generation cephalosporins, four percent for second-generation, and only one percent to three percent for third- and fourth-generation cephalosporins. Cefixime, and other cephalosporins recommended for the treatment of gonorrhea are all third-generation cephalosporins.

In a retrospective cohort study of patients receiving penicillin and a subsequent cephalosporin, the risk of an allergic event was about 10-fold higher among those who had had a prior allergic reaction to penicillin; however, the absolute risk of anaphylaxis was very small: one in 100,000. Further, because the risk was similarly elevated among those subsequently given a sulfonamide antibiotic, cross-reactivity may not be an adequate explanation for the increased risk.

The American Academy of Pediatrics guidelines, which establish a medicolegal standard of care, state that third-generation cephalosporins can be used to treat penicillin-allergic patients as long as the penicillin reaction is not severe (i.e., not IgE-mediated). Skin testing for penicillin allergy is recommended for patients if the allergic reaction was consistent with IgE-mediated mechanism or if the history is unclear. Such partners should be brought in for treatment for gonorrhea exposure.

### **Azithromycin**

Azithromycin is generally well tolerated. The most common side effects in patients receiving a single-dose regimen of one gram of azithromycin are related to the gastrointestinal system: diarrhea/loose stools (7 percent), nausea (5 percent), abdominal pain (5 percent), vomiting (2 percent) and dyspepsia (1 percent). Vaginitis occurs in about one percent of women taking azithromycin. No other side effects have been documented with a

frequency greater than one percent. Anaphylaxis or severe allergy to macrolides generally, and to azithromycin specifically, is very rare. Two grams of azithromycin are not recommended as EPT for gonorrhea.

### **Risk of Under-treating Complicated Infections and Missing Concurrent STD/HIV**

Another risk of EPT is missing concurrent STD and HIV infections. There is particular concern related to using EPT in men who have sex with men (MSM) because of the risk of missing an undiagnosed HIV infection. In a multi-site study of STD/HIV co-infection among STD patients who presented as contacts to infection, 6.3 percent of MSM had newly diagnosed HIV infection. The risk of missing new HIV infections may be less in areas with ready access to HIV screening. Thus far, research on the effectiveness of EPT in reducing repeat infection has been limited to heterosexual populations.

Risks can be mitigated through educational materials that clearly instruct all EPT recipients that they should seek care for STD and HIV testing, regardless of whether or not they take the medication. In particular, those with specific symptoms such as pelvic pain or testicular pain should seek medical care; pregnant women should seek regular prenatal care and receive a test-of-cure; and MSM should seek HIV testing. Assistance from the local health department is also available for these challenging partner situations.

### **EPT and Pregnancy**

Although EPT is not contraindicated when a patient reports that his female partner may be pregnant, every reasonable effort should be made to contact the pregnant partner and ensure that she is referred for appropriate medical care. The local health department may be of assistance in notifying and referring pregnant partners for these special situations. Indiana's STD Prevention Program has locally-based and specially trained workers who can assist your patients in notifying partners. Contact information can be located STD Contact Map. The need for a test-of-cure for chlamydia and gonorrhea in pregnancy in three weeks should be emphasized. Both recommended EPT regimens are safe in pregnancy.

## **Required Education and Counseling**

CDC guidelines for EPT recommend that health care professionals provide counseling and written materials to patients infected with chlamydia and/or gonorrhea to give to their partners who will receive EPT either as a prescription to be filled or medication to be taken.

Required patient counseling and written materials for EPT partners include:

- Strong recommendation for follow-up care when EPT is prescribed for pregnant partners;
- Information about the antibiotic and dosage provided or prescribed;
- Information about the treatment and prevention of STDs;
- Requirement of abstinence for seven days after treatment;
- Notification of the importance of sex partners to receive testing for HIV and other STDs;
- Notification of the risk to self, others and the public health if the STD is not completely treated;
- The responsibility of the sex partner to inform his/her sex partners of the risk of STDs and importance of an examination and treatment; and
- Advice to patients that if their partners have symptoms of a more serious infection (e.g., pelvic pain in women, testicular pain in men and/or fever in men or women), the partners should not take the EPT medications and should seek care as soon as possible.

## **Persons Repeatedly Infected With STDs**

Health care professionals should counsel, as well as provide, written materials to patients who have a history of two or more sexually transmitted diseases concerning the increased risks related to re-infection and subsequent complications such as pelvic inflammatory disease, ectopic pregnancy, and increased risk of HIV acquisition/transmission.

## **Patient Follow-up**

Patients treated for chlamydia and gonorrhea are at high risk of repeat infection due to re-exposure to an untreated sex partner or a new partner. **Re-testing three months after treatment is recommended.** If the patient fails to return at three months for retest, then test the patient during office visits for other reasons in the 3-12 months following treatment. **Testing asymptomatic patients who aren't pregnant prior to three months (test-of-cure) is not necessary or recommend because the regimens listed above are highly efficacious.** Testing with a NAAT earlier than one month after treatment may cause a false positive result, owing to the detection of dead organisms. Strategies used by providers to improve re-testing rates include: counseling the patient at the time of initial treatment regarding the logic and importance of re-testing, supplemented with written materials; making an appointment for patient re-testing in three months; with the patient's prior approval, contact the patient via telephone call, letter or e-mail in advance of the re-testing date; and use a medical record prompt ("flag") indicating the re-testing date should the patient seek care at another time for another reason.

**The need for a test-of-cure for chlamydia and gonorrhea in pregnancy in three weeks should be emphasized.**

## **Appendices**

- A. Summary of Expedited Partner Therapy for Sexually Transmitted Diseases
- B. Charting Form Tool
- C. Partner Prescription Log Tool
- D. Treatment Fact Sheet for Sex Partners of People with Chlamydia
- E. Treatment Fact Sheet for Sex Partners of People with Gonorrhea
- F. Treatment Fact Sheet for Sex Partners of People with Chlamydia and Gonorrhea

## Summary of Expedited Partner Therapy (EPT) for Sexually Transmitted Infections (STD)

**EPT Eligible Patients:** Persons with a clinical diagnosis of Chlamydia trachomatis or Neisseria gonorrhoeae, preferably confirmed with laboratory test.

**EPT Eligible Partners:** Heterosexual sex partners of patients treated for chlamydia and/or gonorrhea who were exposed within the previous 60 days (or most recent sex partner if none in the previous 60 days), and who are unable or unlikely to seek medical care.

**First-choice Partner Management Strategy:** Attempt to refer partners for complete clinical evaluation, STD/HIV testing, counseling and treatment.

### **Recommended Drug Regimens for Sex Partners Receiving EPT:**

<b>Infection Diagnosed in Index Patient</b>	<b>Recommended Medication for EPT</b>
Chlamydia only	Azithromycin (Zithromax*) 1 gram orally once
Gonorrhea or Gonorrhea and Chlamydia	Cefixime (Suprax) 400 mg orally once AND co-treatment for Chlamydia as above

\*Use of trade names is for identification only and does not imply endorsement.

### **Informational Materials:**

The Indiana State Department of Health has developed written counseling and patient/partner instructional materials for use by health care professionals participating in EPT, including:

- Strong recommendation for follow-up care when EPT is prescribed for pregnant partners;
- Information about the antibiotic and dosage provided or prescribed;
- Information about the treatment and prevention of STDs;
- Requirement of abstinence for seven days after treatment;
- Notification of the importance of sex partners to receive testing for HIV and other STDs;
- Notification of the risk to self, others and the public health if the STD is not completely treated;
- The responsibility of the sex partner to inform his/her sex partners of the risk of STDs and importance of an examination and treatment;
- Advice to patients that if their partners have symptoms of a more serious infection (e.g., pelvic pain in women, testicular pain in men and/or fever in men or women), the partners should not take the EPT medications and should seek care as soon as possible; and
- Other information deemed necessary by ISDH.

**Patient Re-testing:** Test-of-cure for patients treated for chlamydia and/or gonorrhea is only recommended for pregnant patients. However, because patients diagnosed with gonorrhea and/or chlamydia have high re-infection rates, **ALL** patients should be **re-tested** three months after treatment to identify possible re-infection.

**Documentation:** The following documentation tools have been provided for use and may be modified as appropriate. One form of documentation should be used however, it is not necessary to complete both. As per Indiana law, the Patient Chart Insert can be discovered via subpoena, however, the Patient Log Sheet may not. It is left to the discretion of the provider what form of documentation is utilized.



**Patient Chart Insert**

**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Aware of Any Partner Allergies:** \_\_\_\_\_

**Fact Sheet Provided: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Medication Prescribed:** \_\_\_\_\_ **Dosage Prescribed:** \_\_\_\_\_

**Number of Partners Provided with Treatment:** \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**(Optional) Telephone Contact with Partner Made: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Provider Initials:** \_\_\_\_\_

**For questions regarding EPT please contact the  
Indiana State Department of Health Division of HIV, STD, Viral Hepatitis at (317) 233-7499.**

## Partner Log Sheet

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(Practice/Physician's Name)

Date	Partner Name	Medication Prescribed	Fact Sheet		Partner Follow-Up		Notes
			Provided				
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	



## URGENT and PRIVATE

### Important Information About Your Treatment

#### TREATMENT FACT SHEET FOR PARTNERS OF PERSONS WITH CHLAMYDIA

#### **PLEASE READ THIS CAREFULLY.**

Your sex partner has been treated for chlamydia. Chlamydia is a sexually transmitted disease (STD) that you can get from having sex (oral, vaginal or anal) with a person who already has it. You may have been exposed. Chlamydia is easily treated with the medicine, azithromycin (also known as Zithromax®). Your partner may have been given azithromycin (pills) or a prescription for azithromycin. This medicine or prescription was given to your partner by his/her doctor to treat you.

It is important for you to see your own doctor or clinic provider right away for an examination. If you cannot get to your doctor in the next several days, you should take the azithromycin. Even if you decide to take the medicine, it is important to see a doctor as soon as you can to get examined and tested for other STDs. People can have more than one STD at a time. Azithromycin will not cure other sexually transmitted infections. Having STDs can increase your risk of getting HIV/AIDS and hepatitis, so make sure you also get tested for these.

#### **SYMPTOMS**

Some people infected with chlamydia have symptoms, but many DO NOT. If you do have symptoms, they may include the following;

- Males can have pain when they urinate (pee), pain in the testicles (balls) or pain in the lower part of the belly.
- Females can have an abnormal vaginal discharge, pain when they urinate, pain when having sex or vaginal bleeding between periods.
- Males and females can have a discharge or pain in the rectum if they've had rectal/anal sex and become infected.

Remember many people with chlamydia do not have any symptoms and can spread it without ever feeling anything is wrong.

#### **BEFORE TAKING THIS MEDICINE**

The medicine is very safe; however, DO NOT TAKE if:

- You are female and have lower belly pain, vomiting or fever.
- You are male and have pain or swelling in the testicles or fever.
- You have ever had a bad reaction, rash, breathing problems or allergic reaction after taking azithromycin, erythromycin, or clarithromycin, or any macrolide antibiotic. People who are allergic to one of these antibiotics may be allergic to azithromycin. If you do have allergies to antibiotics, you should talk to your doctor before taking this medicine.
- You have a serious long-term illness, such as kidney, heart or liver disease.

- If you are currently taking another prescription medication, including medicine for diabetes, consult your pharmacist before taking the medication to ask about drug interactions.

If any of these circumstances exist, or if you are not sure, do not take the azithromycin. Instead, you should talk to your doctor as soon as possible. Your doctor will find the best treatment for you.

## **WARNINGS**

- If you do not take medicine to cure chlamydia, you can get very sick. If you are a woman, you might not be able to have children.
- If you are pregnant, see your prenatal care doctor as soon as possible.

## **HOW TO TAKE THE MEDICINE**

- One gram (two 500 mg pills) of azithromycin is used to treat chlamydia.
- You can take these pills with or without food. However, taking these pills with food decreases the chance of having an upset stomach and will increase the amount of medicine your body absorbs.
- You need to take the two pills you were given to be cured. Take them both together, at the same time.
- Do NOT take antacids (such as Tums, Roloids or Maalox) for one hour before or two hours after taking the azithromycin pills.
- Do NOT share or give this medication to anyone else.

## **SIDE EFFECTS**

Possible side effects include:

- Slightly upset stomach
- Diarrhea
- Dizziness
- Vaginal yeast infection

These are well-known side effects and are not serious. Very few people experience any of these problems.

## **ALLERGIC REACTIONS**

Allergic reactions are rare. If you have ever had a bad reaction, rash, breathing problems or other allergic reactions with azithromycin or other antibiotics, consult your doctor or pharmacy before taking.

Possible serious allergic reactions include:

- Difficulty breathing/tightness in the chest
- Closing of your throat
- Swelling of your lips or tongue
- Hives (bumps or welts on your skin that itch intensely)

If you experience any of these reactions, call 911 or go to the nearest emergency room immediately!

## NEXT STEPS

- Now that you have your medicine, do not have sex for the next seven days after you have taken the medicine. It takes seven days for the medicine to cure chlamydia. If you have sex without a condom, or with a condom that breaks, during those first seven days, you can still pass on the infection to your sex partners. You can also get re-infected yourself.
- If you think you do have symptoms of a chlamydia infection and they do not go away within seven days after taking this medicine, please go to a doctor for more testing and treatment.
- If you have any other sex partners, tell them you are getting treated for chlamydia, so they can get examined and treated.
- People who get treated for chlamydia can get it again. It is a good idea to get tested for all STDs three months from now to be sure you did not get another STD.
- Not having sex is the best protection against chlamydia and other STDs. Having sex with only one uninfected partner who only has sex with you is also safe.
- The use of latex condoms during sexual intercourse when used consistently and correctly can reduce the risk of transmission of chlamydia.
- If you have any questions about the medicine, chlamydia or other STDs, please call:

The Indiana State Department of Health Division of HIV, STD, Viral Hepatitis (317) 233-7499.

### **All calls are confidential.**

For more information about chlamydia or other STDs, or to find testing sites in your area, please visit <http://www.in.gov/isdh/17440.htm>





## URGENT and PRIVATE

### Important Information About Your Treatment

### TREATMENT FACT SHEET FOR PARTNERS OF PERSONS WITH GONORRHEA

#### PLEASE READ THIS CAREFULLY

Your sex partner has recently been treated for gonorrhea. Gonorrhea is a sexually transmitted disease (STD) that you can get from having sex (oral, vaginal or anal) with a person who already has it. You may have been exposed. Gonorrhea is easily treated with the medicine cefixime (Suprax). Your partner may have given you cefixime (pill) or a prescription for this medication. This medicine or prescription was given to your partner by his/her doctor to treat you.

When a person has gonorrhea, they must be treated for BOTH gonorrhea and chlamydia infection since these often occur together. You are being given two different types of medicine. One is called cefixime (sometimes known as “Suprax”). It will cure gonorrhea. The other is called azithromycin (sometimes known as “Zithromax”). It will cure chlamydia. Your partner may have given you both medicines, or a prescription that you can take to a pharmacy. These instructions are for how to take cefixime and azithromycin.

It is important for you to see your own doctor or clinic provider right away for an examination. If you cannot get to a doctor in the next several days, you should take the cefixime. Even if you decide to take the medicine, it is very important to see a doctor as soon as you can to get examined and tested for other STDs. People can have more than one STD at the same time. Cefixime will not cure other sexually transmitted infections. Having STDs can increase your risk of getting HIV/AIDS and hepatitis, so make sure you also get tested for these.

#### **SYMPTOMS**

Some people infected with gonorrhea DO NOT have symptoms. If you do have symptoms they may include the following:

- Males can have pain when they urinate (pee), pain in the testicles (balls) or pain in the lower part of the belly.
- Females can have an abnormal vaginal discharge, painful urination, pain when having sex or vaginal bleeding between periods.
- Males and females can have pain in the throat and a discharge or pain in the rectum if they’ve had oral or rectal/anal sex and become infected in either of these sites.

Remember some people with gonorrhea do not have symptoms and can spread it without ever feeling anything is wrong.

#### **BEFORE TAKING THESE MEDICINES**

These medicines are very safe; however, **DO NOT TAKE** if:

- You are female and have lower belly pain, vomiting or fever.
- You are male and have pain or swelling in the testicles or fever.

- You have ever had a bad reaction, rash, breathing problems or allergic reaction after taking cefixime, azithromycin, or other antibiotics. People who are allergic to some antibiotics may be allergic to other types. If you do have allergies to antibiotics, you should talk to your doctor before taking this medicine.
- You have a serious long-term illness, such as kidney, heart or liver disease.
- If you are currently taking another prescription medication, including medicine for diabetes, consult your pharmacist before taking the medication to ask about drug interactions.

If any of these circumstances exist, or if you are not sure, do not take the cefixime or the azithromycin. Instead, you should talk to your doctor as soon as possible. Your doctor will find the best treatment for you.

## **WARNINGS**

- If you performed oral sex on someone who was infected with gonorrhea, the medicine may not work as well. You need to see a doctor to get stronger medicine.
- If you do not take medicine to cure gonorrhea, you can get very sick. If you are a woman, you might not be able to have children.
- If you are pregnant, see your prenatal care doctor as soon as possible.

## **HOW TO TAKE THE MEDICINE**

- One pill (400 milligrams) of cefixime is used to treat gonorrhea.
- You can take this pill with or without food. However, taking this pill with food decreases the likelihood of having an upset stomach and will increase the amount of medicine your body absorbs.
- You need to take the pill you were given to be cured.
- Do NOT take antacids (such as Tums, Rolaids or Maalox) for one hour before or two hours after taking the cefixime pill.
- Do NOT share or give this medication to anyone else.
- One gram (two 500 mg. pills) of azithromycin is used to treat chlamydia.
- You can take these pills with or without food. However, taking these pills with food decreases the chance of having an upset stomach and will increase the amount of medicine your body absorbs.
- You need to take the two pills you were given to be cured. Take them both together, at the same time.
- Do NOT take antacids (such as Tums, Rolaids or Maalox) for one hour before or two hours after taking the azithromycin pills.
- Do NOT share or give this medication to anyone else.

## **SIDE EFFECTS**

Possible side effects include:

- Slightly upset stomach
- Diarrhea
- Dizziness
- Vaginal yeast infection

These are well-known side effects and are not serious. Very few people experience any of these problems.

## **ALLERGIC REACTIONS**

Allergic reactions are rare. If you have ever had a bad reaction, rash, breathing problems or other allergic reactions with cefixime, azithromycin, or other antibiotics, consult your doctor or pharmacy before taking. Possible serious allergic reactions include:

- Difficulty breathing/tightness in the chest;
- Closing of your throat;
- Swelling of your lips or tongue; and
- Hives (bumps or welts on your skin that itch intensely).

If you experience any of these reactions, call 911 or go to the nearest emergency room immediately.

#### **NEXT STEPS**

- Now that you have your medicine, do not have sex for the next seven days after you have taken the medicine. It takes seven days for the medicine to cure gonorrhea. If you have sex without a condom, or with a condom that breaks, during those first seven days, you can still pass on the infection to your sex partners. You can also get re-infected yourself.
- If you think you do have symptoms of a gonorrhea infection and they do not go away within seven days after taking this medicine, please go to a doctor for more testing and treatment.
- If you have any other sex partners, tell them you are getting treated for gonorrhea, so they can get examined and treated.
- People who get treated for gonorrhea can get it again. It is a good idea to get tested for all STDs three months from now to be sure you did not get another STD.
- Not having sex is the best protection against gonorrhea and other STDs. Having sex with only one uninfected partner who only has sex with you is also safe.
- The use of latex condoms during sexual intercourse when used consistently and correctly can reduce the risk of transmission of gonorrhea.
- If you have any questions about the medicine, gonorrhea or other STDs, please call:

Indiana State Department of Health Division of HIV, STD, Viral Hepatitis (317) 233-7499.

#### **All calls are confidential.**

For more information about gonorrhea, chlamydia, or other STDs, or to find testing sites in your area, please visit <http://www.in.gov/isdh/17440.htm>



## URGENT and PRIVATE

### Important Information About Your Treatment

### TREATMENT FACT SHEET FOR PARTNERS OF PERSONS WITH CHLAMYDIA and GONORRHEA

#### PLEASE READ THIS CAREFULLY

Your sex partner has recently been diagnosed with two sexually transmitted diseases (STDs). This means you may have been exposed to gonorrhea and chlamydia.

You can get gonorrhea and chlamydia from having any kind of sex (oral, vaginal or anal) with a person who already has them. The good news is that they are easily treated. You are being given two different types of medicine. One is called cefixime (sometimes known as “Suprax”). It will cure gonorrhea. The other is called azithromycin (sometimes known as “Zithromax”). It will cure chlamydia. Your partner may have given you both medicines, or a prescription that you can take to a pharmacy. These instructions are for how to take cefixime and azithromycin.

The best way to take care of these infections is to see your own doctor or clinic provider right away. If you can't get to a doctor in the next several days, you should take both medicines. Even if you decide to take the medicines, it is very important to see a doctor as soon as you can, to get tested for other STDs. You may have been exposed to other STDs that cefixime and azithromycin will not cure. Having STDs can increase your risk of getting HIV/AIDS and hepatitis, so make sure to also get tested for these.

#### SYMPTOMS

Some people infected with chlamydia and gonorrhea DO NOT have symptoms. If you do have symptoms they may include the following:

- Males can have pain when they urinate (pee), pain in the testicles (balls) or pain in the lower part of the belly.
- Females can have an abnormal vaginal discharge, painful urination, pain when having sex or vaginal bleeding between periods.
- Males and females can have pain in the throat and a discharge or pain in the rectum if they've had oral or rectal/anal sex and become infected in either of these sites.

Remember some people with gonorrhea do not have symptoms and can spread it without ever feeling anything is wrong.

#### BEFORE TAKING THE MEDICINE

Before you take the medicine, please read the following:

The medicines are very safe; however, **DO NOT TAKE** if:

- You are female and have lower belly pain, pain during sex, vomiting or fever.
- You are male and have pain or swelling in the testicles (balls) or fever.
- You have one or more painful and swollen joints, or a rash all over your body.

- You have ever had a bad reaction, rash, breathing problems or allergic reaction after taking cefixime, azithromycin, or other antibiotics. People who are allergic to some antibiotics may be allergic to other types. If you do have allergies to antibiotics, you should talk to your doctor before taking these medicines.
- You have a serious long-term illness, such as kidney, heart or liver disease.
- You are currently taking another prescription medicine, including medicine for diabetes.

If any of these circumstances exist, or if you are not sure, do not take these medicines. Instead, you should talk to your doctor as soon as possible. Your doctor will find the best treatment for you.

## **WARNINGS**

- If you performed oral sex on someone who was infected with gonorrhea, the medicine may not work as well. You need to see a doctor to get stronger medicine.
- If you do not take medicine to cure gonorrhea or chlamydia, you can get very sick. If you're a woman, you might not be able to have children.
- If you are pregnant, see your prenatal care provider as soon as possible.

## **HOW TO TAKE THE MEDICINE**

- Take the medicines with food. This will decrease the chances of having an upset stomach, and will increase the amount your body absorbs.
- You should have one pill of cefixime (400 mg), and two pills of azithromycin (500 mg each). Take all three pills with water at the same time. You need to take all three pills in order to be cured.
- Do NOT take antacids (such as Tums, Rolaids or Maalox) for one hour before or two hours after taking the medicines.
- Do NOT share or give these medicines to anyone else.

## **SIDE EFFECTS**

You may experience some side effects, including:

- Slightly upset stomach
- Diarrhea
- Dizziness
- Vaginal yeast infection

These are well-known side effects and are not serious.

**ALLERGIC REACTIONS** Very serious allergic reactions include:

- Difficulty breathing/tightness in the chest
- Closing of your throat
- Swelling of your lips or tongue
- Hives (bumps or welts on your skin that itch intensely)

If you experience any of these, call 911 or go to the nearest emergency room immediately!

## **NEXT STEPS**

- Now that you have your medicines, do not have sex for the next seven days after you have taken the medicines. It takes seven days for the medicine to cure chlamydia and gonorrhea. If you have sex without a condom, or with a condom that breaks, during those first seven days, you can still pass on the infections to your sex partners. You can also get re-infected yourself.

- If you think you do have symptoms of a chlamydia or gonorrhea infection and they do not go away within seven days after taking this medicine, please go to a doctor for more testing and treatment.
- If you have any other sex partners, tell them you are getting treated for chlamydia and gonorrhea, so they can get examined and treated.
- People who get treated for chlamydia and gonorrhea can get them again. It is a good idea to get tested for all STDs three months from now to be sure you did not get another STD.
- Not having sex is the best protection against chlamydia, gonorrhea and other STDs. Having sex with only one uninfected partner who only has sex with you is also safe.
- The use of latex condoms during sexual intercourse when used consistently and correctly can reduce the risk of transmission of chlamydia and gonorrhea.
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**All calls are confidential.**

For more information about chlamydia or other STDs, or to find testing sites in your area, please visit <http://www.in.gov/isdh/17440.htm>



## References

### **CDC STD Practice Guidelines**

- STD Treatment Guidelines, 2010. Available online at <http://www.cdc.gov/std/treatment/2010/default.htm>
- Expedited Partner Therapy in the Management of Sexually Transmitted Diseases. 2006. Available online: [www.cdc.gov/std/EPT](http://www.cdc.gov/std/EPT)

### **Supporting References:**

- Hook, E.W.,; Handsfield, H.H. Gonococcal infections in the adult. In: Holmes, K.K.; Sparling, P.F.; Mardh, P-A, et al., eds. Sexually Transmitted Diseases, 3rd Edition. New York, NY: McGraw-Hill, 1999:451-466
- Wasserheit, J.N. Epidemiological synergy. Interrelationships between human immunodeficiency virus infection and other sexually transmitted diseases. *Sex Transm Dis* 1992;19:61-77
- Mehta, S.D.; Erbeling, E.J.; Zenilman, J.M. and Rompalo, A.M. Gonorrhoea reinfection in heterosexual STD clinic attendees: longitudinal analysis of risks for first reinfection. *Sex Transm Infect* 2003;79:124-8
- Peterman, T.A.; Tian, L.H.; Metcalf, C.A., et al. High incidence of new sexually transmitted infections in the year following a sexually transmitted infection: A case for rescreening. *Ann Intern Med* 2006;145:564-72
- Whittington, W.L.; Kent, C.; Kissinger, P., et al. Determinants of persistent and recurrent Chlamydia trachomatis infection in young women: Results of a multicenter cohort study. *Sex Transm Dis* 2001;28:117-123
- Oxman, A.D.; Scott, E.A.; Sellors, J.W., et al. Partner notification for sexually transmitted diseases: an overview of the evidence. *Can J Public Health* 1994;85 Suppl 1:S41-7
- Golden, M.R.; Hogben, M.; Handsfield, H.H.; St. Lawrence, J.S.; Potterat, J.J. and Holmes, K.K. Partner low coverage for gonorrhea, chlamydial infection, and HIV. *Sex Transm Dis* 2003;30:490-496
- Trelle, S.; Shang, A.; Nartey, L.; Cassell, J.A. and Low, N. Improved effectiveness of partner notification for patients with sexually transmitted infections: systematic review. *BMJ* 2007;334:354-61
- Golden, M.R.; Whittington, W.L.; Handsfield, H.H., et al. Effect of expedited treatment of sex partners on recurrent or persistent gonorrhea or chlamydial infection. *N Engl J Med* 2005;352:676-85
- Kissinger, P.; Richardson-Alson, G.; Leichter, J. and et al. Patient-delivered partner treatment for male urethritis: a randomized, controlled trial. *Clin Infect Dis* 2005;41:623-9
- Schillinger, J.A.; Kissinger, P.; Calvet, H., et al. Patient-delivered partner treatment with azithromycin to prevent repeated *Chlamydia trachomatis* infection among women: a randomized, controlled trial. *Sex Transm Dis* 2003;30:49-56
- Centers for Disease Control and Prevention. Expedited partner therapy in the management of sexually transmitted diseases. Atlanta, GA: U.S. Department of Health and Human Services, 2006. [www.cdc.gov/std/ept](http://www.cdc.gov/std/ept) (<http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>). Accessed March 2007.
- St Lawrence, J.S.; Montano, D.E.; Kasprzyk, D.; Phillips, W.R.; Armstrong, K. and Leichter, J.S. STD screening, testing, case reporting, and clinical and partner notification practices: a national survey of US physicians. *Am J Public Health* 2002;92:1784-8
- Hogben, M.; McCree, D.H. and Golden, M.R. Patient-delivered partner therapy for sexually transmitted diseases as practiced by U.S. physicians. *Sex Transm Dis* 2005;32:101-105



**URGENT and PRIVATE**  
**IMPORTANT INFORMATION ABOUT YOUR HEALTH**  
FACT SHEET ABOUT REPEATEDLY ACQUIRING SEXUALLY  
TRANSMITTED DISEASES (STD)

You have been diagnosed and treated for an STD more than once. Repeat STDs (getting the same infection more than once) often occur by having sex with the same sex partner who has not been treated. Repeat STDs or getting different STDs can place you at greater risk for:

- Acquiring HIV from an infected sexual partner.
- Developing complications from STDs, for example:
  - If you are a woman, depending upon the STD, inability to have children, chronic pelvic pain, cervical cancer, miscarriage if you are pregnant, medical complications with a newborn, psychological problems from incurable STDs.
  - If you are a man, depending upon the STD, inability to have children, cancer of the penis, psychological problems resulting from incurable STDs.
  - Unknowingly spreading the STD to other members of your community.

You can reduce your risk of acquiring another STD by:

- Making sure your sex partner gets treated for the STD you have.
- Being abstinent, that is, not having sex.
- Practicing monogamy, that is, having sex with only one partner who does not have an STD.
- Using condoms correctly every time you have sex.
- If you have multiple partners, reducing the number of partners you have.
- Expressing affection in other ways than through intercourse, for example, touching, kissing, masturbation.
- Being tested on a regular basis for HIV and STDs.

- Dicker, L.W.; Mosure, D.J.; Berman, S.M. and Levine, W.C. Gonorrhea prevalence and coinfection with chlamydia in women in the United States, 2000. *Sex Transm Dis* 2003;30:472-6
- Romano, A.; Torres, M.J.; Namour, F., et al. Immediate hypersensitivity to cephalosporins. *Allergy* 2002;57:52-7
- Pichichero, M.E. A review of evidence supporting the American Academy of Pediatrics recommendation for prescribing cephalosporin antibiotics for penicillin-allergic patients. *Pediatrics* 2005;115:1048-57
- Pichichero, M.E. Cephalosporins can be prescribed safely for penicillin-allergic patients. *J Fam Pract* 2006;55:106-12
- Kelkar, P.S.; Li, J.T-C. Cephalosporin allergy. *N Engl J Med* 2001;345:804-809
- Solensky, R. Drug hypersensitivity. *Med Clin North Am* 2006;90:233-60
- Greenberger, P.A.. 8. Drug allergy. *J Allergy Clin Immunol* 2006;117:S464-70
- Apter, A.J.; Kinman, J.L.; Bilker, W.B. and et al. Is there cross-reactivity between penicillins and cephalosporins? *Am J Med* 2006;119:354.e11-20
- Gruchalla, R.S.; Pirmohamed, M. Clinical practice. Antibiotic allergy. *N Engl J Med* 2006;354:601-9
- Rubinstein, E. Comparative safety of the different macrolides. *Int J Antimicrob Agents* 2001;18:S71-6 Illinois EPT Guidance Revised: January 7, 2010 Page 14
- Stekler, J.; Bachmann, L.; Brotman, R.M., et al. Concurrent sexually transmitted infections (STIs) in sex partners of patients with selected STIs: implications for patient-delivered partner therapy. *Clin Infect Dis* 2005;40:787-93



## **Expedited Partner Therapy for Chlamydia Trachomatis and Neisseria Gonorrhoeae:**

### **Frequently Asked Questions**

Indiana State Department of Health, Division of HIV, STD, Viral Hepatitis

**Q: What is EPT?**

**A:** Expedited Partner Therapy (EPT) is the general term for the practice of treating sexual partners of patients diagnosed with a laboratory confirmed STD (specifically chlamydia and/or gonorrhea) without an intervening medical evaluation. EPT is a treatment option to increase the likelihood that sex partners get needed medication thus reducing the risk of re-infection and potential further dissemination of these diseases within the community.

**Q: Why should a provider consider doing this?**

**A:** Sexually transmitted chlamydia and gonorrhea infections are significant public health problems. More than 22,000 cases of chlamydia and 6,400 cases of gonorrhea were reported in Indiana in 2010, making them the two most commonly reported communicable infections. Genital infections can lead to pelvic inflammatory disease (PID), chronic pelvic pain, ectopic pregnancy and preventable infertility in women. These infections place patients at increased risk of acquiring sexually transmitted HIV, hepatitis B and hepatitis C. Repeat gonorrhea infections, which increase the risk of complications, occur in up to 11 percent of women and men within six months after treatment. Repeat chlamydia infections occur in up to 13 percent of patients in this same time period. However, because infected partners are often asymptomatic, they are unlikely to seek medical treatment. Even when doctors and other health practitioners counsel patients about the need for partner treatment, some sex partners have limited or no access to medical care or choose not to seek care.

Data from three randomized controlled clinical trials published within the past 10 years have indicated that EPT is a useful option to facilitate partner management in heterosexual men and women with chlamydial infection or gonorrhea. The most important outcome among those treated with EPT was reduced rates of re-infection. Other benefits included equivalent or improved success in notifying partners and increased belief that partners were treated.

In May 2005, the Centers for Disease Control and Prevention (CDC) sent out a “Dear Colleague” letter to care providers across the United States, concluding that EPT is a useful option to facilitate partner management and encouraging states and local health departments to work together to remove operational barriers to EPT.

**Q: What is the safety of prescribing antibiotics to partners without having examined them?**

**A:** Adverse reactions to single-dose cefixime and azithromycin, beyond mild to moderate side effects, are rare. As of December 2009, there have been no reports of adverse events related to EPT in California, since its implementation in 2001. This risk of allergy and adverse drug reactions may best be mitigated through educational materials that accompany the medication, which include explicit warnings and instructions for partners who may be allergic to penicillin, cephalosporins or macrolides, to seek medical advice before taking the medication.

**Q: Can physician assistants and nurse practitioners with prescription privileges provide EPT?**

**A:** Please refer to the legal department within your organization to determine this.

**Q: Why can this only be used for chlamydia and gonorrhea?**

**A:** Indiana decided to allow EPT only for chlamydia and gonorrhea because there was sufficient scientific evidence to support its use in these infections. Other states may use EPT for other sexually transmitted diseases, for example, *T. vaginalis*, but Indiana felt the data was lacking to make this recommendation. Indiana relies on CDC guidance and recommendations for the provision of STD treatment, including EPT. Additional information regarding the treatment of STDs through EPT can be located at the following web address; [www.cdc.gov/std/ept](http://www.cdc.gov/std/ept).

**Q: Why can't I give EPT to my patients who are men who have sex with men (MSM)?**

**A:** Similar to the answer above, the studies that have been conducted in the U.S. support this practice among heterosexuals. Additionally, it is typically a woman who is at risk of reinfection as a result of an untreated male partner. Females risk serious consequences from untreated chlamydia or gonorrhea resulting in such medical complications as: tubal pregnancy, pelvic inflammatory disease and leading to infertility. EPT seeks to address these complications. Males are less likely to experience these same complications. Another reason why MSM are excluded from EPT in Indiana is because of the greater likelihood that they will experience types of gonorrhea that may be resistant to an oral cephalosporin, which requires treatment by injection with ceftriaxone rather than cefixime.

**Q: Who will pay for the medications for EPT?**

**A:** This must be a decision of the private medical provider choosing to use EPT for his or her patient. As with any treatment plan, prescriptions may be covered by public or private insurance, or may be paid for out of pocket.

**Q: My clinic receives state-supplied medications for STD. Can I use these for EPT?**

**A:** ISDH Policy has always allowed state-supplied medications to be used for treatment of partners to lab-confirmed cases, so EPT would be allowable with state medications. However, since the state's budget for STD medications is limited each year, a clinic will need to ensure that patients are treated first and partners are treated (whether directly after having an exam or through EPT) if the drug supply allows.

**Q: I use an electronic medical record in my practice and I cannot send a prescription through electronically without an EMR for a person. How can I use EPT in this situation?**

**A:** Use of an EMR can complicate EPT if the sex partner is not named by the infected patient, or if the sex partner is named but is not an established patient with an EMR in the facility. States that have more experience with EPT continue to struggle with this issue. ISDH cannot assist with every provider situation but encourages providers to think of creative ways to address this. Suggested alternatives might be utilization of a paper prescription for the sex partner, or dispensing medications directly to the infected patient.

**Q: How many partners are allowed to be given EPT in Indiana?**

**A:** There is no limit on the number of EPT prescriptions or dispensed medications that may be given to one infected patient, however, experience in Indiana and the U.S. indicates that an average number is between one and three partners per patient.