

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

Indiana 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 Department of Health (IDOH) 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 34,000 cases of chlamydia and 12,000 cases of gonorrhea were reported in Indiana in 2018, 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 decade 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 May 2020, there are 45 states in which EPT is permissible.

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.

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

- 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 Treatment Regimens

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:

<https://www.cdc.gov/std/tg2015/default.htm>

For more information on the 2020 gonorrhea treatment guidelines, please review the December 18, 2020 Morbidity and Mortality Weekly Report (MMWR):

https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm?s_cid=mm6950a6_w and the following FAQ webpage regarding EPT and treating gonorrhea in light of the updated guidelines in 2020:

<https://www.cdc.gov/std/ept/gc-guidance.htm>

Infection Diagnosed in Index Patient	Recommended Medication for EPT
Chlamydia <u>only</u>	Azithromycin (Zithromax **) 1 gram – 500 mg tablets x2 Orally, once
Gonorrhea <u>only</u>	Cefixime (Suprax **) 800 mg – 400 mg tablets x2 Orally, once
Chlamydia <u>and</u> Gonorrhea <i>*If partner is pregnant or suspected to become pregnant, do not give Doxycycline. Use instead:</i> Azithromycin (Zithromax **) 1 gram – 500 mg tablets x2 Orally, once	Cefixime (Suprax **) 800 mg – 400 mg tablets x2 Orally, once PLUS* Doxycycline (Vibramycin **) 100 mg, twice daily, for 7 days (14 tablets total)

** 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.

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 Infections Changed to Single Therapy (NEW!)

Prior to December 2020, patients infected with *N. gonorrhoeae* were treated with the dual therapy of ceftriaxone and azithromycin not only for the frequent coinfection with *C. trachomatis* might, but also to enhance treatment efficacy for pharyngeal infection when using oral cephalosporins.

Increasing concern for antimicrobial stewardship and the potential impact of dual therapy on commensal organisms and concurrent pathogens, in conjunction with the continued low incidence of ceftriaxone resistance and the increased incidence of azithromycin resistance, has led to reevaluation of this recommendation.

Based on review of recent evidence, CDC recommends a single 500 mg intramuscular dose of ceftriaxone for uncomplicated gonorrhea. Treatment for coinfection with *Chlamydia trachomatis* with oral doxycycline (100 mg twice daily for 7 days) should be administered when chlamydial infection has not been excluded. Due to these changes, **partners may be treated with a single 800 mg dose of cefixime** if a chlamydia infection in the patient has been excluded. Otherwise, the partner may be treated with a **single oral 800 mg dose of cefixime plus 100 mg of oral doxycycline twice daily for 7 days.**

For more information on how and why the CDC updated the gonorrhea treatment guidelines in December 2020, please visit: https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm?s_cid=mm6950a6_w

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

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, macrolides, or tetracyclines to seek medical advice before taking the medication.

Known adverse reactions to cefixime, azithromycin, and doxycycline are as follows:

Cefixime

Cefixime is generally well tolerated. The most common side effects in patients receiving a single-dose regimen of 800 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 (for treatment of *Chlamydia trachomatis* infection **ONLY**)

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.

Doxycycline

Doxycycline should not be used by pregnant persons, persons who cannot rule out pregnancy, or persons who are intending to become pregnant. Doxycycline should not be used by children who are 8 years old and younger.

To be effective in treating STD infection, doxycycline should be taken, in the prescribed dosage, consecutively for the duration of the prescribed period. Doxycycline should be taken on a full stomach with a full glass of liquid, with the patient avoiding milk or dairy products as their glass of liquid and at least two hours after taking the prescribed dose.

Doxycycline is generally well tolerated. Some patients may experience irritation in the throat after taking the prescribed dosage and should avoid lying down for at least an hour after taking the medication. The most common side effects of doxycycline are sun sensitivity, nausea, stomach pain, or vaginal yeast infections. Some minor side effects such as occasional vomiting or diarrhea may occur. To prevent sun burn, patients should avoid midday sun and wear a high SPF sunblock. Side effects of nausea, vomiting, diarrhea, and stomach pain may be mitigated by taking doxycycline with food. Doxycycline monohydrate, rather than doxycycline hyclate, is less likely to upset the stomach and can be considered for patients who have increased likelihood of experiencing stomach issues with antibiotic use. For patients who develop vaginal yeast infections, patients can seek over the counter medications or can seek prescription medication for itching or discharge that develops.

Doxycycline may interact with other prescribed medications. Particularly, doxycycline may put patients who are taking Coumadin (warfarin) at increased risk for bleeding. Certain antacids that contain calcium or magnesium should be avoided while taking doxycycline.

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 for these workers can be located on the [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, as long as azithromycin is given in place of doxycycline.

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.
- 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 are not 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:

Chlamydia <u>only</u>	Azithromycin (Zithromax **) 1 gram – 500 mg tablets x2 Orally, once
Gonorrhea <u>only</u>	Cefixime (Suprax **) 800 mg – 400 mg tablets x2 Orally, once
Chlamydia <u>and</u> Gonorrhea <i>*If partner is pregnant or suspected to become pregnant, do not give Doxycycline. Use instead: Azithromycin (Zithromax **) 1 gram – 500 mg tablets x2 Orally, once</i>	Cefixime (Suprax **) 800 mg – 400 mg tablets x2 Orally, once PLUS* Doxycycline (Vibramycin **) 100 mg, twice daily, for 7 days (14 tablets total)

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Informational Materials:

The Indiana 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.

- Other information deemed necessary by the Department.

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 reinfection 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: _____

(Optional) Telephone Contact with Partner Made: Yes _____ **No** _____

Provider Initials: _____

For questions regarding EPT please contact:

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

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 have 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 anatomically female, 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 chlamydial 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 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 the Department's website at <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 with cefixime (sometimes known as “Suprax”). It will cure gonorrhea. Your partner may have given you this medicine, or a prescription that you can take to a pharmacy. These instructions are for how to take cefixime.

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 have 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 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. 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 anatomically female, 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

- Two pills (800 milligrams) of cefixime are 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.

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 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 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 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 the Department's website at <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 infected. The good news is that both 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 doxycycline (sometimes known as “Vibramycin”). This 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 doxycycline.

The best way to take care of these infections is to see your own doctor or clinic provider right away. If you cannot 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 doxycycline 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 have had oral orrectal/anal sex and become infected in either of these sites.

Remember some people with gonorrhea or chlamydia do not have symptoms and can spread it without ever feeling anythingis 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 pregnant, cannot rule out pregnancy, or are trying to become pregnant (for doxycycline only)
- 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, doxycycline, 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 are anatomically female, 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.
- If you received cefixime and doxycycline, you should have two pills of cefixime (400 mg each, for a total of 800 mg), and fourteen pills of doxycycline (100 mg each). Take both cefixime pills with a full glass water at the same time. Then, take your first dose of doxycycline (one pill) with a full glass of water. Wait 8 to 12 hours and take your second dose (one pill) of doxycycline with a full glass of water, for a total of two doxycycline pills each day for seven days. You need to take all sixteen pills in order to be cured.
- Do NOT take antacids (such as Tums, Roloids, 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.
- If you have any questions about the medicine, chlamydia, gonorrhea, or other STDs, please call

Indiana 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 the Department's website at <http://www.in.gov/isdh/17440.htm>

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 anatomically female, 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 anatomically male, 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.

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