

# **Expedited Partner Therapy (EPT) for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*: Guidance for Medical Providers in Minnesota**



Developed by: Minnesota Department of Health (MDH) in consultation with: California Department of Public Health Sexually Transmitted Diseases (STD) Control Branch; New Mexico Department of Health; and the Centers for Disease Control and Prevention who allowed MDH to use their EPT guidances.



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## I. INTRODUCTION

Expedited partner therapy (EPT) is the general term for the practice of treating sexual partners of patients diagnosed with a sexually transmitted disease (STD) without an intervening medical evaluation. EPT is an alternative strategy for ensuring that sex partners get needed medication thus reducing the likelihood of re-infection of the original patient.

In May 2008, Minnesota pharmacy statutes were amended removing the only known legal barrier to implementing EPT in Minnesota. This document was created to assist medical providers in Minnesota to utilize EPT as a tool in the management of partners of persons with *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infection.

The following guidelines are focused on EPT strategies and provide information on the most appropriate patients, medications, and counseling procedures recommended to maximize patient and public health benefit while minimizing risk.

### **Brief Description of Expedited Partner Therapy**

Expedited partner therapy (EPT) is the practice of treating the sex partners of persons with sexually transmitted diseases (STDs) without any intervening medical evaluation or professional prevention counseling. The usual implementation of EPT is through patient delivered partner therapy, whereby the index patient delivers medication or a prescription to their sexual partner(s).<sup>1</sup>

This option allowing providers to use EPT is not intended as the first and optimal choice of treatment for partners of individuals diagnosed with gonorrhea and chlamydia. However, this strategy can serve as a useful alternative when the partner is unable or unlikely to seek care. Providers should use their best judgment to determine whether partners will or will not come in for treatment, and to decide whether or not to dispense or prescribe additional medication to the index patient.

The best approach for treating STDs is for the partner(s) of a patient diagnosed with any STD to undergo testing, clinical evaluation and counseling by a clinician (their own primary care provider or at a public health clinic).<sup>2</sup> When this is not feasible, EPT may be used to facilitate the treatment of these partners.

The U.S. Centers for Disease Control and Prevention (CDC) has concluded that EPT is a useful option to facilitate partner management, particularly for treatment of male partners of women with chlamydia or gonorrhea.<sup>3</sup>

# Expedited Partner Therapy (EPT)

## for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*: Guidance for Medical Providers in Minnesota

**Expedited Partner Therapy (EPT) :**

EPT is the practice of treating sex partners of persons with STDs in the absence of medical evaluation. EPT is implemented through the delivery of medication or a prescription by the patient to their partners. While the best way to treat STDs is for partners to receive testing, treatment and counseling from a primary care provider, EPT is useful when the partners is unable or unlikely to seek care.

**Index patient’s diagnosis:**

Clinical diagnosis of *Chlamydia trachomatis* or *Neisseria gonorrhoeae*

**Most appropriate patients:**

Those with partners who are unable or unlikely to seek timely clinical services.

**Recommended EPT drug regimens:**

Partners of patients diagnosed with chlamydia	Azithromycin (Zithromax) 1 gram orally x1
Partners of patients diagnosed with gonorrhea*  <b>OR</b>  Partners of patients diagnosed with chlamydia and gonorrhea	Cefixime (Suprax) 400 mg orally x1  <b>PLUS</b>  Azithromycin (Zithromax) 1 gram orally x1
* Presumptively treat for chlamydia due to high incidence of chlamydia/gonorrhea co-infection among patients with gonorrhea.	

**Number of doses** is limited to the number of known sex partners in previous 60 days (or most recent sex partner if none in the previous 60 days).

**Informational materials** must accompany medication and must include clear instructions, warnings, and referrals.

**Patient counseling:** Abstinence until seven days after treatment and until seven days after partners have been treated.

**Patient re-testing** for gonorrhea and chlamydia is recommended three months after treatment to check for possible re-infection.

**For treatment of index patients,** see 2010 CDC STD Treatment Guidelines and the 2012 Update at [www.cdc.gov/std/treatment](http://www.cdc.gov/std/treatment).  
**Reporting:** In Minnesota, clinicians are required to report laboratory-confirmed chlamydia and gonorrhea infections to MDH. To report cases, complete the MDH STD Confidential Case Report Form at [www.health.state.mn.us/std](http://www.health.state.mn.us/std) or call (651) 201-5414

## II. BACKGROUND AND RATIONALE

### A. Public Health Significance of Chlamydia and Gonorrhea in Minnesota

#### 1. Consequences of untreated infections

Genital infections caused by chlamydia and gonorrhea, if left untreated, can lead to pelvic inflammatory disease (PID), chronic pelvic pain, ectopic pregnancy, and preventable infertility in women.<sup>4</sup> Approximately 40 % of women with untreated chlamydia or gonorrhea develop PID and a prior episode of PID increases the risk of another episode due to the damage caused by the initial infection. Women with repeated episodes of PID are more likely to suffer serious complications. About one in ten women with PID becomes infertile, and if a woman has multiple episodes of PID, her chances of becoming infertile increase.<sup>5</sup> Pregnant women with chlamydia or gonorrhea can pass the infections on to their newborn babies during the birthing process, causing pneumonia, ocular or other infections. Complications among men are rare. Infection sometimes spreads to the epididymis, causing discharge, pain, fever, and rarely sterility.

Patients with chlamydia or gonorrhea are at increased risk of acquiring or transmitting HIV during sex.<sup>6</sup> Repeat infections, which increase the risk of complications, occur in nearly 11 % of patients within six months of treatment.<sup>7,8</sup> To prevent repeat infections, reduce complications in individuals, and reduce further transmission of infection in the community, sex partners of infected patients must be provided timely and appropriate antibiotic treatment. However, because infected partners, and indeed most patients, are generally asymptomatic, they are unlikely to seek medical treatment. Even when health care providers counsel patients about the need for partner treatment, some partners have limited or no access to medical care or choose not to seek care.

#### 2. Economic Burden

Sexually transmitted diseases (STDs) impose a substantial economic burden on the U.S. The direct cost of STDs, including HIV, among all age groups was estimated to be \$9.3-15.5 billion in the U.S. in the mid-1990s, adjusted to within the health care system treating STDs and their complications. These estimates do not include nonmedical costs, out-of-pocket costs, costs incurred when STDs are transmitted to infants, and the cost of STD prevention and screening. By far the greatest costs associated with bacterial STDs such as chlamydia and gonorrhea result from complications of untreated infections, which can lead to pelvic inflammatory disease and other serious sequelae. In a study done by the Kaiser Family Foundation in 1997, the average estimated annual total medical costs of chlamydia and gonorrhea per year are \$374.6 million and \$56 million respectively.<sup>10,11</sup>

#### 3. Disease Trends in Minnesota

Under Minnesota law, chlamydia and gonorrhea infections that are confirmed by a laboratory test must be reported to the Minnesota Department of Health (MDH). Reports are received from diagnosing physicians as well as the laboratories conducting the testing. These reports are the basis for the MDH STD surveillance system, which tracks STD incidence in Minnesota over time by key demographic characteristics (i.e., sex, race, age, and geography). Of the nearly 100 infectious diseases that are reportable to MDH, chlamydia and gonorrhea are the most common. In 2007, MDH received 13,412 reports of chlamydia infection and 3,459 reports of

gonorrhea, accounting for two thirds of all infectious diseases reported to MDH in that year.

Minnesota has seen substantial increases in STD morbidity over the past decade. From 1997 to 2007, the chlamydia rate nearly doubled (from 143 to 273 per 100,000) while the gonorrhea rate increased by 37 % (from 51 to 70 cases per 100,000). The impact of these diseases is evident in all areas of the state. In 2007, 85 of 87 Minnesota counties had at least one case of chlamydia and one-third of all reported cases were from greater Minnesota. Gonorrhea is somewhat more concentrated in the Twin Cities metropolitan area, but there was a large (34 %) increase in cases from greater Minnesota from 2006 to 2007.

A consistent, yet unfortunate feature of Minnesota's STD epidemiology is the unequal distribution of disease across the population. Adolescents and young adults (15-24 year-olds) account for 14% of the state's population but 65 % of all chlamydia and gonorrhea infections reported in 2007. Some of this disparity may be due to higher STD screening rates in young people, but this population remains at high risk for STDs for many other reasons. STD rates are also higher in Minnesota's communities of color, who represent 11 % of the state's population but 60 % of all chlamydia and gonorrhea cases reported in 2007. African Americans are especially impacted, having chlamydia and gonorrhea rates that were 15 and 40 times higher than Whites, respectively, in 2007.

About 10-12 % of people reported to MDH with chlamydia or gonorrhea have "repeat" infections, meaning they had at least one other infection reported in the previous year. Many of these episodes are thought to be re-infections, where the patient acquires the infection again from an untreated sexual partner. In Minnesota, the prevalence of repeat chlamydia and gonorrhea infections is especially high in females, African Americans, and adolescents.

## **B. Importance of Partner Management**

### **1. For Patients**

Proper management of sexual partners of persons with chlamydia and gonorrhea has important benefits for the patient, their sexual partners, and the populations of which they are a part. Partner management begins with the notification of a sexual partner that s/he has been sexually exposed to one of these infections. According to the CDC's *Sexually Transmitted Diseases Treatment Guidelines, 2006*: "Many persons individually benefit from partner notification. When partners are treated, index patients have reduced risk for re-infection."

### **2. For Population Disease Prevention**

As described in the CDC publication *Sexually Transmitted Diseases Treatment Guidelines, 2006*: "At a population level, partner notification can disrupt networks of STD transmission and reduce disease incidence. Therefore, providers should encourage their patients with STDs to notify their sex partners and urge them to seek medical evaluation and treatment, regardless of whether assistance is available from health agencies."

### **3. Medical Provider Role and Responsibilities for Partner Management**

The importance of partner management is further affirmed in the requirements for physicians in Minnesota Department of Health rules governing communicable

diseases: “Notwithstanding any previous report, physicians who treat persons infected with chlamydia infection, syphilis, gonorrhea, or chancroid shall ensure that contacts are treated or provide the names and addresses of contacts who may also be infected to the (Minnesota) commissioner (of health).” Minnesota Rule 4605.7700, subpart B.

### **C. Traditional Methods of Partner Management and Barriers to Effectiveness**

#### **1. Patient Referral**

For this strategy, the patient accepts and is given the full responsibility to inform the partner that s/he has exposed him/her to chlamydia infection and/or gonorrhea and to refer the partner for medical evaluation and treatment. While this strategy is the least intensive with respect to public health and medical personnel resources, it is also the least effective for assuring that all relevant partners are notified. Several actions by clinicians can, however, mitigate or remove the barriers to the effectiveness of this strategy. First, to reduce the natural reluctance of a patient to disclose to another person sensitive and potentially embarrassing health information, the clinician can counsel the patient to identify and reduce the barriers the patient perceives will make notification of the partner difficult. Second, the practice can develop an instruction sheet that clinicians can give to their patients for them to deliver to their partners. The instruction sheet can include 1) a statement that the partner has been exposed to and may unknowingly be infected with chlamydia and/or gonorrhea; 2) information about the disease(s); and 3) specific information about where the partner can seek care. *Employing EPT for the medical management of partners is dependent on the basic premise of patient notification.*

#### **2. Health Care Provider Referral**

This strategy involves the clinician locating, notifying, and referring for medical care the partners of patients who they have diagnosed. Little or nothing is known about this strategy with respect to its feasibility, effectiveness, and acceptability to patients, clinicians, or partners.

#### **3. Public Health Department Notification and Referral**

This strategy involves partners being notified of their exposure by a health department specialist specifically trained to locate and notify partners and then facilitating their medical evaluation. Such notification and referral depends on the ability and willingness of the patient to disclose sufficient identifying and locating information about their partners. Partner information is disclosed by the patient directly to the health department specialist or to the patient’s treating health care provider who, in turn, reports the information to the health department. Additional advantages of this strategy include: 1) the protection of the patient’s confidentiality, because the health department specialist reveals nothing to partners about the patient; 2) the protection of the partner’s confidentiality; 3) immediate risk reduction counseling of the partner; 4) immediate resources for medical care referrals; and 5) verification of partner completing the referral and receiving medical evaluation and treatment.

A significant barrier to employing this strategy for chlamydia infection and gonorrhea is that cases of these infections are too numerous to permit the small number of health department specialists to interview all diagnosed patients to elicit partner information. Although required by State Communicable Disease Rules, clinicians who diagnose and treat cases may have insufficient time to elicit, and record, partner identifying and locating information sufficient for a health department specialist to initiate locating

attempts. However, when such information is reported, health department specialists will work to locate, notify, and refer partners for medical evaluation and treatment.

4. Electronic Notification and Referral

In 2004, Internet Sexuality Information Services (ISIS), a non-profit organization, developed inSPOT, a peer-to-peer, Web-based, STD partner notification system. To use this method of partner notification, a patient need only have access to the Internet and go to [www.inSPOT.org](http://www.inSPOT.org) . The user can then select a city or state nearest him or her and click on “Tell Them.” At this screen, the patient chooses from the assortment of cards to send to a partner, enters the e-mail address(es) of each partner, selects the STD to which the partner has been exposed, enters their own e-mail address (or can send anonymously), and types an optional personal message. Upon receipt of the e-card, the partner clicks on it and is linked to a page containing disease-specific information.

While this strategy of notification can have the advantage of anonymity for the patient and a reasonable level of message credibility, there are cautions for its use. First, if a patient chooses to send a card from the Minnesota inSPOT site to a partner outside of the state, the partner may deduce the identity of the patient. Second, to preserve the privacy of the partner, it is important that the patient not use this method if there’s a possibility that others share or have access to the partner’s e-mail account.

Currently, there are no data that speak to the effectiveness of this strategy. Data are limited to the number of people who have sent cards, the number of cards that have been sent, and the number of cards opened.

**D. EPT as an Alternative Partner Notification Method in Minnesota**

1. There are no legal barriers to implementing EPT in Minnesota. The 2008 Minnesota legislature revised existing pharmacy practice laws by incorporating the Centers for Disease Control EPT Guidance by reference:

“Nothing in this chapter prohibits a licensed practitioner from issuing a prescription or dispensing a legend drug in accordance with the Expedited Partner Therapy in the Management of Sexually Transmitted Diseases guidance document issued by the United States Centers for Disease Control.” See Appendix A.

This removed the last legal barrier to EPT implementation in Minnesota.

2. EPT as a Standard of Care

In 2006 CDC issued an EPT guidance (<http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>). CDC recommends EPT as a partner management option when other management strategies are impractical or unsuccessful for heterosexually acquired gonorrhea and chlamydia infections in both males and females.

The American Medical Association (AMA) supports the CDC recommendations (Report 7 of the Council on Science and Public Health (A-06), echoing CDC’s position (<http://www.ama-assn.org/ama/pub/category/print/16410.html>)).

The AMA specific recommendations are:

- a) The AMA supports the Centers for Disease Control and Prevention’s (CDC) guidance on expedited partner therapy (EPT) that was published in its 2006 white paper, “Expedited Partner Therapy in the Management of Sexually Transmitted Diseases.” (**Policy**)
- b) The AMA will continue to work with the CDC as it implements EPT, such as through the development of tools for local health departments and health care professionals to facilitate the appropriate use of this therapy. (**Directive**)

### III. IMPLEMENTATION OF EPT

#### A. Selecting Appropriate Patients

The most appropriate patients for EPT are those with partners who are unable or unlikely to seek prompt clinical services. When EPT is provided partners should be encouraged to be tested soon for other STDs because people with chlamydia and gonorrhea are at risk for having other infections. It is important to remember that partners may: a) lack health insurance. Younger persons and people from communities of color are over represented in this category, b) lack a primary care provider, c) be unwilling to seek medical care for an STD, and d) have other barriers to accessing clinical services.

**EPT is clinically indicated for the following patients:**

- a) Patients with a clinical diagnosis of sexually transmitted chlamydia and/or gonorrhea, confirmed by a positive laboratory test; and
- b) Patients without laboratory confirmation when the provider has a high clinical suspicion for chlamydia and/or gonorrhea based on symptoms and is concerned about loss of follow-up.

Note: EPT may be used in adolescents, but there are limited data evaluating its effectiveness in this population.

**Routine EPT for the following patients is not recommended by the CDC:**

In these situations EPT should only be used selectively, and with caution, when other partner management strategies are impractical or unsuccessful:

- a) Men who have sex with men (MSM) with chlamydia or gonorrhea infections, due to the high prevalence of co-morbidities (e.g. syphilis and HIV) in MSM and a lack of data regarding EPT efficacy in this population.
- b) Women with trichomoniasis, because of a high risk of STD co-morbidity (especially chlamydia and gonorrhea) in partners.

**EPT should not be used for the following patients:**

- a) Patients with syphilis.
- b) Pregnant partners. They should not be considered for EPT and must be referred to their prenatal care provider or to another medical provider.

#### B. Recommended Treatment Regimens

**For Chlamydia:**

- a) **Azithromycin (Zithromax) 1 gram** by mouth (once).  
Common side effects include headache, abdominal pain, diarrhea and vomiting.

Note:

Seven day doxycycline is not recommended due to patient compliance issues.

**For Gonorrhea:**

- a) **Cefixime (Suprax) 400 mg** by mouth (once).

Common side effects include loss of appetite, nausea, diarrhea and vomiting.

PLUS

- b) **Azithromycin (Zithromax) 1 gram** by mouth (once).

Common side effects include headache, abdominal pain, diarrhea and vomiting.

Notes:

Fluoroquinolones (e.g., ciprofloxacin, ofloxacin, and levofloxacin) **should not** be used to treat gonorrhea.

Consult with the MDH for alternative cephalosporin treatments.

**Risk of Adverse Reactions to Medications:**

Adverse reactions to single-dose cefpodoxime, cefixime and azithromycin, beyond mild to moderate side effects, are rare. This risk of allergy and adverse drug reactions may be best 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. Severe adverse reactions should be reported to the Minnesota Department of Health at (651) 201-5414. Known adverse reactions to cefpodoxime and azithromycin are as follows:

**Azithromycin**

Azithromycin is generally well tolerated.<sup>12</sup> The most common side effects are related to the gastrointestinal system: diarrhea/loose stools (7 %), nausea (5 %), abdominal pain (5 %), vomiting (2 %), and dyspepsia (1 %). Vaginitis occurs in about 1 % of women taking azithromycin. No other side effects have been documented with a frequency greater than 1 %. Anaphylaxis or severe allergy to macrolides generally, and to azithromycin specifically, is very rare.

**Cefpodoxime and Cefixime**

Cefpodoxime is generally well tolerated. The most common side effects were related to the gastrointestinal system: nausea (1.4 %) and diarrhea/loose stools (1.2 %).<sup>13</sup> No other side effects occurred with a frequency greater than 1 % depending on the molecular structure.<sup>14</sup> Approximately 1 % to 3 % of patients have a primary hypersensitivity to cephalosporins; however, rates and cross-reactivity vary. The risk of anaphylaxis with cephalosporin in the general population is less than 1/1000 people (and maybe as small as 1 in a million).<sup>15-17</sup> 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 % of patients report penicillin allergy; however, more than 90 % of them are found not to be allergic and are able to tolerate the drug.<sup>18</sup> Cephalosporins are less allergenic than penicillin. Even among patients who report a penicillin allergy, the chance of anaphylaxis is not more than 1-3 % for third- and fourth-generation cephalosporins<sup>19</sup> which include cefpodoxime and cefixime.

### **C. Options for Delivery of Drugs 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. If the patient reports no sex partners in the past 60 days, provide one dose for the most recent sex partner.
  - b) Medication packets should contain drugs described above in “Recommended Treatment Regimens.”
2. Dispense prescription to the patient to be delivered to partner(s), who present the prescription to a pharmacy of their 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. If the patient reports no sex partners in the past 60 days, provide one prescription for the most recent sex partner.
  - b) Clinicians may write a prescription for an “unnamed partner” or simply leave the name field blank if the patient can not identify sex partners by name. Before the EPT statute was passed in Minnesota, prescriptions were required to list the patient’s name.

In both situations, the patient should be given an information sheet (in an appropriate language) for each partner who will receive EPT. This sheet should include the following educational information:

- a) Partners are encouraged to seek clinical evaluation.
- b) Medication should NOT be taken if the partner is pregnant or has concurrent medical conditions; instead, seek clinical evaluation.
- c) Side effects of the medication that require immediate evaluation.
- d) Allergy information advising patient not to take the medication if allergic.
- e) Symptoms of adverse drug reactions and common side effects.
- f) Telephone numbers of providers to contact for answers to their questions.
- g) Follow-up information especially in areas with high rates of re-infection. The CDC recommends that all women with gonorrhea or chlamydia be re-tested three months after treatment. Providers are also encouraged to retest males three months after treatment.

See Appendices B, C and D, E for example patient information sheets in English and Spanish.

### **D. Patient Education**

1. Partner Notification Coaching  
At the time of diagnosis, providers should ask about sexual partners and what plans the patient has for notifying partners about their exposure and being sure that partners get treated. See Appendix F for information about coaching patients about partner notification.

For patients who are willing to disclose partner information:

- a) If a partner has accompanied the patient to the clinic, the provider should ensure that the partner is examined, tested and treated during that visit.
- b) For partners who are not present at the time of the infected patient's clinic visit, the provider should inform the patient that it would be best to have all partners who were exposed during the previous 60 days come into a clinic for examination, testing and treatment.
- c) If the patient cannot assure that partners will go to a clinic for treatment, the patient may be supplied with a prescription or medication for each partner.
- d) EPT may consist of either a prescription for antibiotics or provision of the appropriate antibiotic, along with relevant allergy and educational information for the patient to give to partners, including information about the clinical symptoms of STDs and PID. The information provided to partners should also specify that if they have symptoms of a more serious infection (such as fever, testicular or pelvic pain), they should seek medical care right away rather than take the EPT antibiotics. In the event they want to determine if they are infected, they must have a test for the disease *before* taking the treatment. They also need to be told they should be sexually abstinent for 7 days following taking the medication to avoid spreading the infection.
- e) Many factors affect the ability and/or willingness of patients to discuss their test results and the need for treatment with their partners. Providers can coach patients on how to approach their partners when informing them of their positive test results and the need for taking medication by discussing possible scenarios with them and suggesting statements that might help them say what they need to say. Providers should stress the need to emphasize the importance of partners reading the educational materials provided.
- f) Providers may attempt to make telephone contact with the sexual partner(s) whenever possible to explain the reason for providing EPT, to ask about allergies to medications, medical problems, medications being taken, to ask about other symptoms of STDs (such as whether there are sores, ulcers, discharge, testicular, or abdominal pains that need medical evaluation), and to answer questions. Female partners for EPT should be asked if they are pregnant or breastfeeding, and if they have any symptoms such as abdominal pain that will require immediate medical evaluation. Partners should be advised to abstain from intercourse for seven days after taking the medication.
- g) Providers who are interested in learning more about eliciting partner information can contact MDH at (651) 201-5414 for assistance.
- h) Documentation: A note in the index patient's medical chart should document the number of partners who are being provided with EPT, the medication and dosage being provided, whether the partner is known to be allergic to any medications, and that educational information has been included. **It is recommended that the names of partners receiving EPT not be written in the index patient's chart.** Sexual partners do not require a medical chart in order to be provided with EPT.

For patients who are willing to disclose partner information but who are unable to or do not want to assume the responsibility of assuring they are treated:

- a) Providers may choose to make telephone contact with sexual partner(s) to let them know they have been exposed to chlamydia and gonorrhea and to encourage them to seek treatment at a clinic. Referral to a public health STD clinic can be made at that time.
- b) If providers choose not to contact partners, the clinic may contact the MDH Partner Services at (651) 201-4031 to notify MDH that assistance is needed to notify partners.
- c) Note: Clinics are encouraged to develop internal policies and procedures regarding telephone contact of sexual partners that include information such as who will make the calls, how many attempts will be made and the time period in which these calls must be made before MDH is contacted for assistance. Some clinics may decide that they will not make phone calls but instead will ask for assistance from MDH immediately.

For patients who are not willing to disclose partner information:

- a) Fill in any information on partners that is learned at the time of the index patient's diagnosis on the back side of the STD Case Report Form.

In all cases, available information on partners should be included on the back side of the STD Case Report Form in the event that MDH is needed to assist with partner notification.

## 2. Post-treatment Testing/Rescreening

Test-of-cure, or repeat testing 3-4 weeks after completion of drug therapy to determine the effectiveness of treatment, is not recommended by CDC for persons treated with recommended or alternative regimens, unless therapeutic compliance is in question, symptoms persist, or re-infection is suspected. The majority of post treatment infections result from re-infection, not treatment failure. This is frequently because the patient's sex partners were not treated or because the patient resumed sex with a new partner infected with chlamydia or gonorrhea.

The CDC recommends advising all women with chlamydia or gonorrhea to be retested approximately three months after treatment. Providers are also strongly encouraged to retest all women treated for chlamydia or gonorrhea whenever they next seek medical care within the following 3-12 months, regardless of whether or not the patient believes that her sex partners were treated.

Healthcare providers are also encouraged to retest males three months after treatment.

For pregnant women, repeat testing using a nucleic acid amplification test (NAAT) three weeks after completion of drug therapy is recommended by CDC to ensure that therapeutic cure occurs, because of the sequelae that might occur in the mother and/or neonate if the infection persists.

## **IV. SPECIAL ISSUES**

### **A. Medicolegal-Medical Provider Liability**

The new legislation allowing EPT for sexually transmitted diseases does not protect healthcare providers from lawsuits resulting from adverse outcomes related to this practice. The risk of liability or litigation in the event of adverse outcomes is no different from the liability of any other action taken by a healthcare provider, including prescribing or dispensing medicine for any medical condition, in which the provider remains liable. However, these guidelines establish a standard of care, and standard of care is the primary medicolegal standard for appropriate practice.

### **B. Payment for Partner Drugs**

The cost of EPT medication must be borne by the patient (either out-of-pocket or through insurance) or, when partner medications are given directly to the patient, by the patient's clinic. The MDH does not provide medications for EPT, or reimbursements for these medications, to clinics practicing EPT in Minnesota.

A significant barrier to EPT in other states has turned out to be the inability to get Medicaid reimbursement. Because partners of Medicaid enrollees are generally not enrolled themselves, payment for their medication would be considered fraudulent under current Medicaid policy. This issue will need on-going discussion in upcoming months and years.

At this time, it is not known how many insurance providers in Minnesota would finance EPT for their enrollees' sex partners. The potential for EPT to prevent re-infection of the enrollee by eliminating infection in his/her sexual partners may persuade some companies to provide such coverage.

Concerns surrounding the cost of EPT must be balanced by the adverse and costly health effects that may be averted by its use. EPT targets infected individuals who would otherwise not receive treatment. Therefore, widespread implementation of EPT would presumably reduce the number of infected persons in the population and lead to lower disease rates, thus reducing the number of women needing costly treatment for long-term sequelae (e.g. PID, infertility, and ectopic pregnancy).

### **C. Missed STD Co-Morbidity in Partners**

If partners receiving EPT do not seek evaluation, this leads to missed opportunities for diagnosis and therapy of other STDs that would be detected by clinical evaluation of the partners. Therefore it is imperative that partners be encouraged to seek clinical evaluation.

#### **D. Missed Opportunities for Prevention of Future Partner Morbidity**

The lack of clinical evaluation in a healthcare setting due to the use of EPT presents missed opportunity for professional counseling of patients' sex partners. However, there is broad consensus that partners who are willing and able to attend for personal care should be encouraged to do so. There is a lack of sufficient evidence to judge whether the prevention efficacy of such counseling, especially when provided by typical primary care providers, outweighs that which might accrue through educational literature that might accompany EPT or counseling by a pharmacist.

#### **E. Antimicrobial Resistance**

The recipients of EPT have indications for antimicrobial therapy. Nevertheless, a substantial increase in relatively unsupervised antibiotic usage might raise concerns about the effects on bacterial ecology and antimicrobial resistance. However, the incremental effect of EPT on overall antibiotic use likely would be small. For example, about 55 million prescriptions for azithromycin and other macrolide antibiotics are written in the US annually.<sup>20</sup> Even if azithromycin could be successfully administered through EPT and other means to one sex partner for each of 3 million estimated annual cases of incident chlamydial infection, the increment in macrolide prescriptions would approximate 5%; the actual increment in macrolide use would be much smaller. Similar considerations apply to single-dose treatment with cephalosporins.

#### **F. Special Considerations When Caring for Adolescents**

Minnesota law stipulates that any minor under age 18 can independently consent to and receive confidential medical care for the diagnosis and treatment of STDs. Parental consent is not required. Healthcare providers seeing adolescent patients should provide assurance regarding the confidential nature of the visit, the testing for chlamydia and gonorrhea, and any treatment received. Providers can encourage adolescents to tell their parents/guardians about their medical condition when appropriate and help them determine how and what to say.

Adolescents are more likely to confide in providers if they know their conversations will be kept confidential. Arrangements within the healthcare facility should be made to ensure confidentiality for every aspect of the visit, including the billing, laboratory fee for the STD tests, notification of test results, and provision of treatment. Some Minnesota insurance companies send out Explanations of Benefits to insured clients – usually a parent or guardian in the case of adolescents – while others do not. Clinics should know the status of this practice for each insurance and managed care company with which they work since this procedure could impact the ability of the clinic to maintain an adolescent's confidentiality.

## V. APPENDICES.

### Appendix A

#### Minnesota Statute 2008

#### **151.37 LEGEND DRUGS, WHO MAY PRESCRIBE, POSSESS.**

Applicable Subdivision of the Minnesota Amended Pharmacy Bill on Expedited Partner Therapy:

#### *Subd. 2. Prescribing and filling.*

(a) A licensed practitioner in the course of professional practice only, may prescribe, administer, and dispense a legend drug, and may cause the same to be administered by a nurse, a physician assistant, or medical student or resident under the practitioner's direction and supervision, and may cause a person who is an appropriately certified, registered, or licensed healthcare professional to prescribe, dispense, and administer the same within the expressed legal scope of the person's practice as defined in Minnesota Statutes.

A licensed practitioner may prescribe a legend drug, without reference to a specific patient, by directing a nurse, pursuant to section 148.235, subdivisions 8 and 9, physician assistant, or medical student or resident to adhere to a particular practice guideline or protocol when treating patients whose condition falls within such guideline or protocol, and when such guideline or protocol specifies the circumstances under which the legend drug is to be prescribed and administered.

(f) Nothing in this chapter prohibits a licensed practitioner from issuing a prescription or dispensing a legend drug in accordance with the Expedited Partner Therapy in the Management of Sexually Transmitted Diseases guidance document issued by the United States Centers for Disease Control.

<https://www.revisor.leg.state.mn.us/statutes/?id=151.37>

## Appendix B

### URGENT and PRIVATE

#### ***IMPORTANT INFORMATION ABOUT YOUR HEALTH***

#### DIRECTIONS FOR SEX PARTNERS OF PERSONS WITH CHLAMYDIA

#### **PLEASE READ THIS VERY CAREFULLY**

Your sex partner has recently been treated for chlamydia. Chlamydia is a sexually transmitted disease (STD) that you can get from having any kind of sex (oral, vaginal, or anal) with a person who already has it. You may have been exposed. The good news is that it's easily treated. You are being given a medicine called azithromycin (sometimes known as "Zithromax") to treat your chlamydia. Your partner may have given you the actual medicine, or a prescription that you can take to a pharmacy. These are instructions for how to take azithromycin.

The best way to take care of this infection 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 the azithromycin. Even if you decide to take the medicine, it is very important to see a doctor as soon as you can, to get tested for other STDs. People can have more than one STD at the same time. Azithromycin will not cure other sexually transmitted infections. Having STDs can increase your risk of getting HIV, so make sure to also get an HIV test.

#### **SYMPTOMS**

Some people with chlamydia have symptoms, but most do not. Symptoms may include pain in your testicles, pelvis, or lower part of your belly. You may also have pain when you urinate or when having sex. Many people with chlamydia do not know they are infected because they feel fine.

#### **BEFORE TAKING THE MEDICINE**

The medicine is very safe. **DO NOT TAKE** if any of the following are true:

- You are female and are pregnant, or have lower belly pain; pain during sex; 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 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 check with 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, seek medical evaluation before taking the medicines.

#### **HOW TO TAKE THE MEDICINE**

- You can take these pills with or without food. However, taking these pills with food decreases the likelihood of having an upset stomach and will increase the amount of medicine your body absorbs.
- You need to take all the pills 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 azithromycin pills.
- Do NOT share or give this medication to anyone else.

## **SIDE EFFECTS**

Very few people experience any of these problems. Possible side effects include:

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

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

## **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).
- 

## **NEXT STEPS**

- Now that you have taken your azithromycin, do not have sex for the next seven days. 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.
- If you have any other sex partners, tell them you are getting treated for chlamydia, so they can get treated too.
- People who are infected with chlamydia once are very likely to get it again. It is a good idea to get tested for chlamydia and other STDs three months from now to be sure you did not get another infection.

Congratulations on taking good care of yourself! If you have any questions about the medicine, contact your partner's healthcare provider. For more information about chlamydia or other STDs, or to find STD testing in your area, please call the Minnesota Family Planning and STD Hotline at 1.800.78FACTS (1.800.783.2287 voice/TTY) or visit [www.inspot.org/minnesota](http://www.inspot.org/minnesota).

Adapted from *Patient-Delivered Partner Therapy for Chlamydia trachomatis and Neisseria gonorrhoeae: Guidance for Medical Providers in California*, California Department of Public Health Sexually Transmitted Diseases (STD) Control Branch in collaboration with California STD Controllers Association, March 27, 2007



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## Appendix C

### **URGENT and PRIVATE**

#### ***IMPORTANT INFORMATION ABOUT YOUR HEALTH***

#### **DIRECTIONS FOR SEX PARTNERS OF PERSONS WITH GONORRHEA AND DIRECTIONS FOR SEX PARTNERS OF PERSONS WITH GONORRHEA AND CHLAMYDIA**

#### **PLEASE READ THIS VERY CAREFULLY**

Your sex partner has recently been diagnosed with one or more sexually transmitted diseases (STDs). This means you may have been exposed to chlamydia and/or gonorrhea. You can get chlamydia and gonorrhea 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. To cure gonorrhea you are receiving cefixime (sometimes known as “Suprax”) or cefpodoxime (sometimes known as “Vantin”). 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, cefpodoxime 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, and you were given both medications, you should take both. 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 that these medications may not cure. Having STDs can increase your risk of getting HIV, so make sure to also get an HIV test.

#### **SYMPTOMS**

Some people with chlamydia and gonorrhea have symptoms, but many do not. Symptoms of chlamydia and gonorrhea may include having an unusual discharge from the penis, vagina, or anus. You may also have pain when you urinate, or pain in your groin, testicles, pelvis, or lower belly. Women may experience pain during sex. Many people with chlamydia and gonorrhea do not know they are infected because they feel fine.

#### **BEFORE TAKING THE MEDICINE**

The medicines are very safe. **DO NOT TAKE** if any of the following are true:

- You are female and are pregnant, or have lower belly pain; pain during sex; vomiting; or fever.
- You are male and have pain or swelling in the testicles 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 cefpodoxime, 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 check with 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 you are currently taking another prescription medicine, including medicine for diabetes consult your doctor or a 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 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 chlamydia or gonorrhea, you can get very sick. If you're a woman, you might not be able to have children.
- If you are pregnant, seek medical evaluation before taking the medicines

## 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.
- Take all pills with water at the same time. You need to take all 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

Very few people experience any of these problems. Possible side effects include:

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

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

## 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).

## 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 medicines 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 infection to your sex partners.
- If you have any other sex partners, tell them you are getting treated for chlamydia and gonorrhea, so they can get treated too.
- If you think you do have symptoms of a sexually transmitted disease and they do not go away within seven days after taking these medicines, please go to a doctor for more testing and treatment.
- People who are infected with chlamydia and gonorrhea once are very likely to get infected again. It is a good idea to get tested for chlamydia, gonorrhea and other STDs three months from now to be sure you did not get another infection.

Congratulations on taking good care of yourself! If you have any questions about the medicine, contact your partner's healthcare provider. For more information about chlamydia, gonorrhea or other STDs, or to find STD testing in your area, please call the Minnesota Family Planning and STD Hotline at 1.800.78FACTS (1.800.783.2287 voice/TTY) or visit [www.inspot.org/minnesota](http://www.inspot.org/minnesota).

Adapted from *Patient-Delivered Partner Therapy for Chlamydia trachomatis and Neisseria gonorrhoeae: Guidance for Medical Providers in California*, California Department of Public Health Sexually Transmitted Diseases (STD) Control Branch in collaboration with California STD Controllers Association, March 27, 2007



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## Appendix D

### URGENTE Y PRIVADO

#### **INFORMACIÓN IMPORTANTE SOBRE SU SALUD**

#### INSTRUCCIONES PARA PAREJAS SEXUALES DE PERSONAS CON CLAMIDIA

#### **LEA LO SIGUIENTE CON MUCHA ATENCIÓN**

Su pareja sexual ha sido tratada recientemente por clamidia.

La clamidia es una enfermedad de transmisión sexual (STD, por sus siglas en inglés) que se puede contraer al tener cualquier tipo de relación sexual (oral, vaginal o anal) con alguien que ya tiene la enfermedad. Es posible que usted haya estado expuesto. Lo bueno es que se puede tratar fácilmente.

Le van a dar un medicamento llamado azitromicina (azithromycin, a veces conocido como “Zithromax”) para tratar la clamidia. Es posible que su pareja le haya dado el medicamento mismo o una receta médica para que lo pueda adquirir en una farmacia. Estas son instrucciones sobre cómo tomar la azitromicina.

Consultar de inmediato con su médico o clínica es la mejor manera de tratar estas infecciones. Si no puede hablar con un médico en los próximos días debe tomar la azitromicina.

Incluso si decide tomar el medicamento es muy importante que vea a un médico lo antes posible para que le hagan la prueba de otras enfermedades de transmisión sexual. Las personas pueden tener más de una enfermedad de transmisión sexual al mismo tiempo. La azitromicina no curará otras infecciones de transmisión sexual. Tener enfermedades de transmisión sexual puede aumentar su riesgo de contraer el VIH, así que asegúrese de hacerse también la prueba del VIH.

#### **SÍNTOMAS**

Algunas personas con clamidia tienen síntomas, pero muchas no. Los síntomas podrían incluir dolor en los testículos, en la pelvis o en la parte baja del vientre. También podrían sentir dolor al orinar o al tener relaciones sexuales. Muchas personas con clamidia no saben que están infectadas porque se sienten bien.

#### **ANTES DE TOMAR EL MEDICAMENTO**

Lea lo siguiente antes de tomar el medicamento:

El medicamento es muy seguro. Si está tomando otro medicamento recetado, incluyendo medicamentos para la diabetes, consulte a su médico o farmacéutico antes de tomar el medicamento para preguntar sobre interacciones con otras drogas. **NO LO TOME** si alguna de las siguientes cosas es cierta:

- Es mujer y está embarazada o tiene dolor en la parte baja del vientre, dolor al tener relaciones sexuales, vómitos o fiebre.
- Es hombre y tiene dolor o hinchazón en los testículos o fiebre.
- Alguna vez tuvo una mala reacción, sarpullido, problemas para respirar o una reacción alérgica después de tomar la azitromicina u otros antibióticos. Las personas que son alérgicas a algunos antibióticos pueden ser alérgicas a otros tipos. Si es alérgico a los antibióticos hable con su médico antes de tomar este medicamento.
- Tiene una enfermedad seria a largo plazo, como una enfermedad de los riñones, el corazón o el hígado.

Si existe cualquiera de estas circunstancias, o si no está seguro, no tome la azitromicina. En lugar de tomarla debe hablar con su médico lo antes posible. Su médico encontrará el mejor tratamiento para usted.

#### **ADVERTENCIAS**

- Si no toma el medicamento para curar la clamidia usted se puede enfermar muy gravemente. Si es mujer, la clamidia puede hacer que no pueda tener hijos.
- Si está embarazada se debe hacer un chequeo médico antes de tomar los medicamentos.

## CÓMO TOMAR EL MEDICAMENTO

- Puede tomar estas pastillas con o sin comida. Tomar el medicamento con comida hace que sea menos probable que tenga malestar estomacal y aumentará la cantidad de medicamento que absorbe el cuerpo.
- Para curarse tiene que tomar todas las pastillas.
- NO tome antiácidos (como Tums, Roloids o Maalox) una hora antes o dos horas después de haber tomado las pastillas de azitromicina.
- NO comparta este medicamento con nadie ni tampoco se lo dé a nadie.

## EFECTOS SECUNDARIOS

Muy pocas personas experimentan cualquiera de estos problemas. Posibles efectos adversos incluyen:

- un poco de malestar estomacal,
- diarrea,
- mareos,
- infección vaginal por levaduras.

Estos son efectos secundarios bien conocidos y no son serios.

## REACCIONES ALÉRGICAS

Las reacciones alérgicas son poco frecuentes. Si alguna vez has tenido una mala reacción, erupción cutánea, problemas respiratorios u otras reacciones alérgicas con azitromicina u otros antibióticos, consulte a su médico o farmacéutico antes de tomar.

Posibles reacciones alérgicas muy serias incluyen:

- dificultad para respirar o sentir el pecho apretado,
- cierre de la garganta,
- hinchazón de los labios o de la lengua,
- urticaria (bultos o verdugones en la piel que pican mucho).

## LO QUE DEBE HACER DESPUÉS

- Ahora que ha tomado la azitromicina, no tenga relaciones sexuales por siete días. El medicamento tarda siete días en curar la clamidia.
- Si durante esos primeros siete días tiene relaciones sexuales sin condones, o con un condón que se rompe, puede pasar la infección a sus parejas sexuales.
- Si tiene otras parejas sexuales dígasles que lo están tratando por clamidia para que también reciban tratamiento.
- Las personas que estuvieron infectadas por clamidia una vez tienen una gran probabilidad de volver a infectarse.
- Conviene que en los próximos tres meses se haga la prueba de la clamidia y de otras enfermedades de transmisión sexual para estar seguro de que no tiene ninguna otra infección.

¡Felicidades por cuidarse tan bien! Si tiene alguna duda sobre el medicamento, comuníquese con el médico de su pareja. Para obtener más información sobre la clamidia u otras enfermedades de transmisión sexual, o para localizar donde hacen pruebas de enfermedades de transmisión sexual en su localidad, por favor llame a la línea directa de Planificación Familiar y Enfermedades de Transmisión Sexual de Minnesota (Minnesota Family Planning and STD Hotline) 1-800-783-FACTS (1.800.783.2287 Voz/sistema TTY) o visite [www.inspot.org/minnesota](http://www.inspot.org/minnesota).

Adaptado de *Terapia de Compañero Entregada por Paciente para Chlamydia trachomatis y Neisseria gonorrhoeae: Direcciones para Proveedores Médicos en California*, Departamento de Salud Pública Rama de Control de Enfermedades de Transmisión Sexual (ETS) en colaboración con la Asociación de Reguladores de ETS de California, Marzo 27, 2007



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**URGENTE Y PRIVADO**

**INFORMACIÓN IMPORTANTE SOBRE SU SALUD**

**INSTRUCCIONES PARA PAREJAS SEXUALES DE PERSONAS CON GONORREA**

**INSTRUCCIONES PARA PAREJAS SEXUALES DE PERSONAS CON  
GONORREA Y CLAMIDIA**

**LEA LO SIGUIENTE CON MUCHA ATENCIÓN**

Su pareja sexual ha sido diagnosticada recientemente con una o más enfermedades de transmisión sexual (STD, por sus siglas en inglés). Esto quiere decir que usted puede haber estado expuesto a la clamidia y/o a la gonorrea.

Usted puede contraer la clamidia y/o la gonorrea al tener cualquier tipo de relaciones sexuales (orales, vaginales o anales) con alguien que ya tiene las enfermedades. Lo bueno es que se pueden tratar fácilmente.

Le van a dar dos medicamentos diferentes. Para curar la gonorrea esta recibiendo cefixima (cefixime, a veces conocido como “Suprax”) o cefpodoxima (cefpodoxime, a veces conocido como “Vantin”). El otro se llama azitromicina (azithromycin, a veces conocido como “Zithromax”) y cura la clamidia. Es posible que su pareja le haya dado los dos medicamentos o una receta médica para que los pueda adquirir en una farmacia. Estas son instrucciones sobre cómo tomar la cefixima, cefpodoxima y la azitromicina.

Consultar de inmediato con su médico o clínica es la mejor manera de tratar estas infecciones. Si no puede hablar con un médico en los próximos días, y le fueron dados los dos medicamentos, debe tomarse los dos medicamentos.

Incluso si decide tomar los medicamentos es muy importante que vea a un médico lo antes posible para que le hagan la prueba de otras enfermedades de transmisión sexual que estos medicamentos no curan. Tener enfermedades de transmisión sexual puede aumentar su riesgo de contraer el VIH, así que asegúrese de hacerse también la prueba del VIH.

**SÍNTOMAS**

Algunas personas con clamidia y gonorrea tienen síntomas, pero muchas otras no. Los síntomas de clamidia y gonorrea podrían incluir tener una secreción inusual del pene, la vagina o el ano. También podrían sentir dolor al orinar o dolor en la ingle, los testículos, la pelvis o la parte baja del vientre. Las mujeres podrían sentir dolor al tener relaciones sexuales.

Muchas personas con clamidia y no saben que están infectadas porque se sienten bien.

**ANTES DE TOMAR LOS MEDICAMENTOS**

Lea lo siguiente antes de tomar el medicamento:

El medicamento es muy seguro. Si está tomando otro medicamento recetado, incluyendo medicamentos para la diabetes, consulte a su médico o farmacéutico antes de tomar el medicamento para preguntar sobre interacciones con otras drogas. **NO LO TOME** si alguna de las siguientes cosas es cierta:

- Es mujer y está embarazada o tiene dolor en la parte baja del vientre, dolor al tener relaciones sexuales, vómitos o fiebre.
- Es hombre y tiene dolor o hinchazón en los testículos o fiebre.
- Siente dolor y tiene hinchazón en una o más articulaciones o sarpullido en todo el cuerpo.
- Alguna vez tuvo una mala reacción, sarpullido, problemas para respirar o una reacción alérgica después de tomar la cefixima, cefpodoxima, azitromicina u otros antibióticos. Las personas que son alérgicas a algunos antibióticos pueden ser alérgicas a otros tipos. Si es alérgico a los antibióticos hable con su médico antes de tomar estos medicamentos.
- Tiene una enfermedad seria a largo plazo, como una enfermedad de los riñones, el corazón o el hígado. Si existe cualquiera de estas circunstancias, o si no está seguro, no tome estos medicamentos.

En lugar de tomarlos debe hablar con su médico lo antes posible. Su médico encontrará el mejor tratamiento para usted.

### ADVERTENCIAS

- Si tuvo relaciones sexuales orales con alguien que estaba infectado por gonorrea es posible que el medicamento no tenga los efectos deseados. Debe hablar con su médico para que le recete un medicamento más fuerte.
- Si no toma el medicamento para curar la clamidia o la gonorrea usted se puede enfermar muy gravemente. Si es mujer, la gonorrea puede hacer que no pueda tener hijos.
- Si está embarazada se debe hacer un chequeo médico antes de tomar los medicamentos.

### CÓMO TOMAR LOS MEDICAMENTOS

- Tome los medicamentos con comida. Esto hace que sea menos probable que tenga malestar estomacal y aumentará la cantidad de medicamento que absorbe el cuerpo.
- Tome todas las pastillas con agua al mismo tiempo. Para curarse tiene que tomar todas las pastillas.
- NO tome antiácidos (como Tums, Roloids o Maalox) una hora antes de tomar los medicamentos o hasta después de dos horas de haberlos tomado
- NO comparta estos medicamentos con nadie ni tampoco se los dé a nadie.

### EFFECTOS SECUNDARIOS

Muy pocas personas experimentan cualquiera de estos problemas. Posibles efectos adversos incluyen:

• un poco de malestar estomacal,	• mareos,
• diarrea,	• infección vaginal por levaduras.

Estos son efectos secundarios bien conocidos y no son serios.

### REACCIONES ALÉRGICAS

Las reacciones alérgicas son poco frecuentes. Si alguna vez has tenido una mala reacción, erupción cutánea, problemas respiratorios u otras reacciones alérgicas con azitromicina u otros antibióticos, consulte a su médico o farmacéutico antes de tomar.

Posibles reacciones alérgicas muy serias incluyen:

• dificultad para respirar o sentir el pecho apretado,	• cierre de la garganta
• urticaria (bultos o verdugones en la piel que pican mucho).	• hinchazón de los labios o de la lengua,

### LO QUE DEBE HACER DESPUÉS

- Ahora que tiene los medicamentos, no tenga relaciones sexuales por siete días después de tomarlos. Los medicamentos tardan siete días en curar la clamidia y la gonorrea. Si durante esos primeros siete días tiene relaciones sexuales sin condones, o con un condón que se rompe, puede pasar la infección a sus parejas sexuales.
- Si tiene otras parejas sexuales dígalas que lo están tratando por clamidia y gonorrea para que también reciban tratamiento.
- Si le parece que tiene síntomas de una enfermedad de transmisión sexual y no se le quitan dentro de los siete días de haber tomado estos medicamentos vaya a un médico para que le hagan más pruebas y le den más tratamiento.
- Las personas que estuvieron infectadas por clamidia y gonorrea una vez tienen una gran probabilidad de volver a infectarse.
- Conviene que en los próximos tres meses se haga la prueba de la clamidia, de la gonorrea y de otras enfermedades de transmisión sexual para estar seguro de que no tiene ninguna otra infección.

¡Felicidades por cuidarse tan bien! Si tiene alguna duda sobre el medicamento, comuníquese con el médico de su pareja. Para obtener más información sobre la clamidia, gonorrea u otras enfermedades de transmisión sexual, o para localizar donde hacen pruebas de enfermedades de transmisión sexual en su localidad, por favor llame a la línea directa de Planificación Familiar y Enfermedades de Transmisión Sexual de Minnesota (Minnesota Family Planning and STD Hotline) 1-800-783-FACTS (1.800.783.2287 Voz/sistema TTY) o visite [www.inspot.org/minnesota](http://www.inspot.org/minnesota).

Adaptado de *Terapia de Compañero Entregada por Paciente para Chlamydia trachomatis y Neisseria gonorrhoeae: Direcciones para Proveedores Médicos en California*, Departamento de Salud Pública Rama de Control de Enfermedades de Transmisión Sexual (ETS) en colaboración con la Asociación de Reguladores de ETS de California, Marzo 27, 2007



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## Appendix F

### COACHING PATIENTS ABOUT PARTNER NOTIFICATION

Patients may experience anger, embarrassment, fear, and discomfort upon learning that they have an STD. This may be exacerbated when they realize they need to disclose this information to partners and see that they receive treatment. To help patients better understand the importance of partner treatment, providers can discuss the following:

- If the partner does not receive treatment, and they have sex again, there is a great likelihood that the patient will become reinfected.
- If people are unaware they have the infection and/or do not get treated, they can develop serious health complications.
- If a partner does not get treated, he/she can spread the infection to other partners, now or in the future.

Providers can coach their patients on the most successful ways to initiate this difficult conversation. Whenever possible, offer patients the opportunity to talk through how to best approach their partners before leaving the exam room when the option of EPT has been decided.

There are additional key messages that should be conveyed to patients and their partner(s) when EPT is prescribed:

- Partners should read the informational material very carefully before taking the medication.
- Partners who have allergies to antibiotics or who have serious health problems should not take the medications and should see a healthcare provider.
- Partners should seek a complete STD evaluation as soon as possible, regardless of whether they take the medication.
- Partners who have symptoms of a more serious infection (e.g., pelvic pain in women, testicular pain in men, fever in women or men) should not take the EPT medications and should seek care as soon as possible.
- Partners who are or could be pregnant should seek care as soon as possible.
- Patients and partners should abstain from sex for at least seven days after treatment and until seven days after all partners have been treated, in order to decrease the risk of recurrent infection.
- Partners should be advised to seek clinical services for re-testing three months after treatment.

## Appendix G

### EPT RESOURCES

#### RED DOOR CLINIC

525 Portland Avenue South, Minneapolis MN

612-543-5555

[www.reddoorclinic.org](http://www.reddoorclinic.org)

The Red Door Clinic, a part of Hennepin County Community Health Department, provides diagnosis and treatment of STDs and pregnancy prevention services.

#### ROOM 111 (Ramsey County Public Health)

555 Cedar Street, St. Paul MN

651-266-1352

The Room 111 Clinic, a part of Ramsey County Department of Public Health, provides diagnosis and treatment of STDs.

#### PLANNED PARENTHOOD

[www.plannedparenthood.org](http://www.plannedparenthood.org)

Planned Parenthood has health centers all over the country, including 22 in Minnesota. Each center offers high quality sexual and reproductive health care, gynecological care, family planning, STI/STD testing and treatment and abortion services.

#### MINNESOTA DEPARTMENT OF HEALTH

[www.health.state.mn.us/divs/idepc/dtopics/stds/index.html](http://www.health.state.mn.us/divs/idepc/dtopics/stds/index.html)

The STD webpage offers STD resources including information about sexually transmitted diseases.

[www.health.state.mn.us/divs/idepc/dtopics/stds/partnerservices.html](http://www.health.state.mn.us/divs/idepc/dtopics/stds/partnerservices.html)

The Partner Services Program offers partner notification services.

[www.health.state.mn.us/youth/](http://www.health.state.mn.us/youth/)

The adolescent health webpage provides information for providers, parents and others to promote healthy adolescence.

#### MINNESOTA FAMILY PLANNING AND STD HOTLINE

[www.stdhotline.state.mn.us/](http://www.stdhotline.state.mn.us/)

A toll-free hotline for confidential information about the prevention, testing locations and treatment of STDs in Minnesota.

1-800-78-FACTS (1-800-783-2287 voice/TTY)

#### inSPOT MINNESOTA

[www.inspot.org/minnesota](http://www.inspot.org/minnesota)

A peer-to-peer, Web-based, STD Partner notification system.

## VI. REFERENCES

1. Golden, M.R., Expedited Partner Therapy for Sexually Transmitted Diseases.
2. Bauer, H.M., Wohlfeiler, M.J., Klausner, J.D., Guerry, S., Gunn, R.A., Bolan, G., and The California STD Controllers Association, "California Guidelines for Expedited Partner Therapy for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*."
3. U.S. Centers for Disease Control and Prevention, "Dear Colleague Letter 2005." <http://www.cdc.gov/std/DearColleagueEPT5-10-05.pdf>
4. 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, 3<sup>rd</sup> Edition. New York, NY: McGraw-Hill, 1999: 451-466.
5. U.S. Centers for Disease Control and Prevention. <http://www.cdc.gov/std/chlamydia/STDfact-chlamydia.htm>
6. Wasserheit, J.N., "Epidemiological Synergy. Interrelationships Between Human Immunodeficiency Virus Infection and Other Sexually Transmitted Diseases." *Sexually Transmitted Diseases*, 1992; 19: 61-77.
7. Mehta, S.D., Erbedding, E.J., Zenilman, J.M., and Rompala, A.M., "Gonorrhoea Re-infection in Heterosexual STD Clinic Attendees: Longitudinal Analysis of Risks for First Re-infection." *Sexually Transmitted Infections*, 2003; 79: 124-128.
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." *Annals of Internal Medicine*, 2006; 145: 564-572.
9. Chesson, Harrell W., Blandford, John M., Gift, Thomas L., Tao, Guoyu, and Irwin, Kathleen L., "The Estimated Direct Medical Cost of Sexually Transmitted Diseases Among American Youth, 2000." *Perspectives on Sexual and Reproductive Health* 2004; 36(1), January/February 2004: 11-19.
10. Washington, E., Johnson, R., Sanders, L., "Chlamydia trachomatis Infections in the United States: What are They Costing Us?" *Journal of the American Medical Association (JAMA)* 1987; 257: 2070-2072. In: Eng, T.R., and Butler, W.T., eds, *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*, Washington, DC, National Academy Press, 1997, p 59.
11. Begley, C.E., McGill, L., Smith, P.B., "The Incremental Cost of Screening, Diagnosis and Treatment of Gonorrhoea and Chlamydia in a Family Planning Clinic." *Sexually Transmitted Diseases* 1989; 16: 63-7. In Eng, T.R., and Butler, W.T., eds, *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*, Washington, DC, National Academy Press, 1997, p 59.
12. Rubinstein, E., "Comparative Safety of the Different Macrolides." *International Journal of Antimicrobial Agents* 2001; 18; 571-576.

13. Pfizer Product Information. Vantin® Tablets and Oral Suspension cefpodoxime proxetil tablets and cefpodoxime proxetil for oral suspension, USP. Pfizer, 2006.  
[http://www.pfizer.com/pfizer/download/uspi\\_vantin.pdf](http://www.pfizer.com/pfizer/download/uspi_vantin.pdf). (Accessed March 2007)
14. Romano, A., Torres, M.J., Namour, F., et al., “Immediate Hypersensitivity to Cephalosporins.” *Allergy* 2002; 52: 52-57.
15. 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: 1048-1057.
16. Pichichero, M.E., “Cephalosporins Can Be Prescribed Safely for Penicillin-Allergic Patients.” *Journal of Family Practice* 2006; 55: 106-112.
17. Kelkar, R.S., and Li, J.T.-C., “Cephalosporin Allergy.” *New England Journal of Medicine* 2001; 345: 804-809.
18. Solensky, R., “Drug Hypersensitivity.” *Medical Clinics of North America* 2006; 90: 233-260.
19. Greenberger, P.A., “Drug Allergy,” *Journal of Allergy and Clinical Immunology* 2006; 117: 5464-5470.
20. IMS, Inc. “Leading 20 Therapeutic Classes by Total U.S. Dispenses Prescriptions, 2004.”  
[http://www.imshealth.com/ims/portal/front/articleC/O,2777,6599\\_49695974?68914714,00.html](http://www.imshealth.com/ims/portal/front/articleC/O,2777,6599_49695974?68914714,00.html).  
(Accessed June 29, 2005)

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