



Preventing the Spread of Disease Through Field-Delivered Therapy

Summary

This proposal clarifies Minnesota law to allow the Commissioner of Health to prescribe and provide antibiotics for individuals and their sexual partners who have been diagnosed with but not treated for chlamydia and/or gonorrhea.

Background

Chlamydia and gonorrhea are the most commonly reported communicable diseases in Minnesota. In 2011, nearly 17,000 cases of chlamydia and more than 2,200 cases of gonorrhea were reported. Both diseases are curable with appropriate antibiotics.

While most people are treated, some people do not return to their health care provider or do not fill their prescriptions and thus remain untreated. In 2011, physicians reported to the Minnesota Department of Health (MDH) a total of 1,197 people as having untreated chlamydia and/or gonorrhea. MDH staff ensured appropriate treatment for 916 of these individuals. Of the 281 people who did not receive treatment, 66 percent were between the ages of 15 and 24. Of these, 82 percent were females.

The failure of a person to take their medication and follow up with a provider may result from a variety of factors including the cost of a return visit to the provider, the cost of a prescription, the lack of transportation, or the lack of a sense of urgency to obtain treatment due to the absence of apparent symptoms.

One solution to this problem is known as field-delivered therapy. This approach involves having a trained disease investigator provide a single dose of oral antibiotic to a person who is infected with chlamydia or gonorrhea. A person may refuse to accept field-delivered therapy if they choose.

The goal of field-delivered therapy is to ensure that persons with untreated chlamydia and gonorrhea and their partners receive treatment as soon as possible to prevent transmission of the disease to others and to prevent the development of infertility and other complications.

MDH considers this intervention a method of last resort to stop the spread of chlamydia and gonorrhea and to prevent costly long-term health problems in those infected with these diseases. A 2003 evaluation of a field delivered therapy program in San Francisco found that the proportion of people completing treatment increased significantly, from 61.8 percent in 1998 to 81.0 percent in 2000. The greatest increases in treatment completion were observed in females and individuals younger than 20 years old.

Consequences of Lack of Treatment

Untreated chlamydia and gonorrhea infections can progress to serious reproductive problems and other health problems with short-term and long-term consequences.

Chlamydia:

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- In women, untreated chlamydia can cause pelvic inflammatory disease, chronic pelvic pain, infertility, ectopic pregnancies and premature deliveries.
- In men, untreated chlamydia can cause scarring within the reproductive organs leading to sterility.
- Babies born to infected mothers can get chlamydial infections in their eyes and lungs, leading to conjunctivitis (pink eye) and pneumonia.
- Women with chlamydia are up to five times more likely to become infected with HIV, if exposed.

Gonorrhea:

- In women, untreated gonorrhea can spread into the uterus and fallopian tubes, causing pelvic inflammatory disease (PID), which may result in scarring of the tubes, greater risk of pregnancy complications and infertility.
- In men, untreated gonorrhea can also lead to infertility.
- Babies who contract gonorrhea from their mothers during birth can develop blindness.
- People with gonorrhea are more susceptible to HIV, if exposed.

Current Minnesota Law

Currently, Minnesota Statutes 151.37, subd. 10 allows MDH to purchase, store, and distribute antibiotics and other pharmaceutical agents to treat and prevent communicable disease under the authority of the commissioner of health. However, Minnesota Statutes 151.37, Subd. 2b only allows the Commissioner of Health to prescribe these drugs under certain circumstances, such as emergency vaccine administration or mass dispensing in a declared emergency.

This proposal will clarify the law to allow the Commissioner of Health to prescribe antibiotics for field-delivered therapy using a detailed medical protocol to help ensure that individuals are treated for chlamydia and gonorrhea.

The Field-Delivered Therapy Process

The following are the steps to implement field delivered therapy:

1. MDH creates a detailed protocol including information on when and how to use field-delivered therapy. The protocol is carried out by trained MDH employees under the standing orders of an MDH physician designee of the Commissioner of Health.
2. MDH purchases and pre-packages single curative doses of antibiotic, including antibiotic-related and follow-up instructions.
3. An MDH STD and HIV Section disease investigator locates and notifies untreated persons and partners of the need for antibiotics. If this initial interaction is face-to-face, the investigator offers field-delivered therapy to the person.
4. If the initial interaction is by telephone, the investigator attempts to motivate the person to visit a medical provider to receive the therapy, and makes an appropriate referral.
5. If step 4 is repeated without success and the person does not visit the provider, the disease investigator offers to deliver the appropriate single-dose antibiotic to the person.

Field-delivered therapy will not be used often and any person may refuse to take the medication. Field-delivered therapy is an important tool to treat infected people quickly so they do not experience long-term health effects from chlamydia or gonorrhea, and so they do not unknowingly spread the diseases to others.

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