Expedited Partner Therapy for Teens

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Poll: Are you familiar with the term expedited partner therapy?

- Yes
- No
Essential Access Health

- Champions and promotes quality sexual + reproductive health care for all
- Partners with the California Department of Public Health, STD Control Branch and LA County Department of Public Health, Division of HIV/STD Programs
- Implements best practices in STI prevention and case management statewide
Agenda

- Basics of Chlamydia + Gonorrhea
- Partner Management
- Expedited Partner Therapy
- Essential Access Health’s Chlamydia/Gonorrhea EPT Distribution Program
- Resources
Objectives

- Explain the importance of EPT as a partner management and STI prevention strategy.
- Identify resources to support EPT implementation in a clinic setting.
- Understand EPT insurance coverage and payment options.
The Basics of Chlamydia + Gonorrhea
Persistent Threats to Sexual Health

- Most common reportable STIs in US
  - Chlamydia: ~1.8 million incident cases in 2019
  - Gonorrhea: ~616,000 incident cases in 2019
- Increased risk of HIV infection

Chlamydia, Gonorrhea, and Primary & Secondary Syphilis Incidence Rates in CA, 1990-2018

- **Chlamydia**: 583.0 (N=232,181)
- **Gonorrhea**: 199.4 (N=79,397)
- **P&S Syphilis**: 19.1 (N=7,621)
Potential Complications from an Untreated Infection

- Untreated genital chlamydia infection
- Acute PID
- Silent PID
- Ectopic Pregnancy
- Chronic Pelvic Pain
- Infertility

### CDC Screening Recommendations

<table>
<thead>
<tr>
<th>Population</th>
<th>Screening Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young women (&lt;24)</td>
<td>• Annual screening for chlamydia and gonorrhea</td>
</tr>
<tr>
<td>Older women (25+) and Men who have sex with women</td>
<td>• Screening based on risk</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>• Syphilis, HIV, chlamydia, gonorrhea and hepatitis B</td>
</tr>
<tr>
<td>Men who have sex with men</td>
<td>• Screening at least once year for syphilis, chlamydia, gonorrhea, and HIV</td>
</tr>
<tr>
<td>Transgender and Gender Diverse People</td>
<td>• Adapted based on anatomy</td>
</tr>
</tbody>
</table>
The STI/PrEP Connection

- Syphilis and HIV testing is recommended for all CT/GC positive patients due to increased risk for co-infections
- Inform patients with positive STI results and negative HIV results about PrEP (Pre-Exposure Prophylaxis)
- Document additional STI/HIV counseling and/or testing
- An open sore is an open door, PrEP helps prevent HIV infection
Counseling Positive Patients

What your patients need to know:

- Chlamydia and Gonorrhea are sexually transmitted
- Take medication properly
- Abstain from sexual activity/use condoms for 7 days after treatment of patient and partner(s)
- Return for a retest in 3 months
  - Opportunistic retesting encouraged
- Treating all partners is important to prevent reinfection

Chlamydia Reinfection is Common

Regardless of age, reinfection rates at retest are often 2-3 times higher than baseline positivity rates.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Baseline Positivity Rate</th>
<th>Re-Infection Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>6</td>
<td>16</td>
</tr>
<tr>
<td>20-25</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>26-30</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>31-35</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>&gt;35</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

Family PACT and Quest Diagnostics data
Prepared by: CDPH STI Control Branch
CT positivity by age in Females (2008/2009) \( N = 124,650 \)
Chlamydia Reinfection is Dangerous

Highly associated with increased risk for adverse reproductive health issues.

- **2\textsuperscript{nd} infection:**
  - 4x risk of PID
  - 2x risk of ectopic pregnancy

- **3+ infections:**
  - 6x risk of PID
  - 5x risk of ectopic pregnancy

Prepared by: CDPH STI Control Branch
Why does reinfection occur?

- Sex with untreated partner
- Sex with new partner

Other important factors:

- Sex before patient and partner complete adequate treatment
- Power differential between patient + partner(s)
- Intimate partner violence
- Other socio-economic factors
Partner Management
How does your clinic treat partners of STD-positive patients?
Partner Treatment

- Treat all sexual partners from 2 months prior to positive test.
- Provide options to allow patient to customize plan for ensuring all partners are treated:
  - Brings partner to clinic (BYOP)
  - Refers partner for testing
  - Anonymous partner notification
  - Expedited partner therapy (EPT)


STI Treatment Guidelines (cdc.gov)
EPT + California Law

- EPT is legal + allowable in California
- Exception to Medical Practice Act
  - Health and Safety Code §120582
  - Chlamydia – SB 648
    (Ortiz, Chapter 835, Statutes of 2000)
  - Gonorrhea and other STIs – AB 228
    (Leno, Chapter 771, Statutes of 2006)
- STD Coverage and Care Act
  - SB 306
Expedited Partner Therapy
What is EPT?

- **Alternative** evidence-based partner management strategy
- Harm-reduction approach for cases where partners are unable or unlikely to seek care in a clinical setting
EPT Method

EPT involves providing the index patient with the appropriate medication/prescription and educational materials for sex partners.

Medical Provider
- Treats the patient
- Gives the patient medication or a prescription + educational materials for sex partners

Index Patient
- Delivers medication or prescription + educational materials to sex partners

Sex Partners
- Take the medication and completes treatment for CT and/or GC
EPT Effectiveness in Randomized Controlled Trials

Reduces reinfection with chlamydia & gonorrhea, but not trichomona.

**Percent re-infected at follow up**

<table>
<thead>
<tr>
<th>Study</th>
<th>Chlamydia</th>
<th>Chlamydia or Gonorrhea</th>
<th>Trichomona</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kissinger et al</td>
<td>12%</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>Schillinger et al</td>
<td>15%</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>1998</td>
<td>22%</td>
<td>12%</td>
<td>9.4%</td>
</tr>
<tr>
<td>2003</td>
<td>12%</td>
<td>6%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Medicolegal Considerations- SB306

Expanded Provider & Pharmacists Liability Protections

- Health care providers are not liable in medical malpractice action or professional disciplinary action
- Pharmacists not liable in a civil, criminal, or administrative action

EPT prescriptions can be written without a name

- Expedited Partner Therapy or EPT can be written in place of a name
Medi-Cal + Family PACT Reimbursement

As of February 1\textsuperscript{st}, 2020, EPT is a covered benefit for FPACT and Medi-Cal recipients

- For chlamydia, gonorrhea, and trichomoniasis
- Can be provided in-visit if sites package their own medication
- Prescriptions should be written in the name of the index patient
- Index patient can be provided treatment for up to five partners
Treatment: First-Line vs. EPT

**Chlamydia**
- **First-Line Treatment:**
  - Doxycycline 100 mg orally 2x/day for 7 days
- **EPT:**
  - Doxycycline 100 mg orally 2x/day for 7 days OR azithromycin 1 gm orally once

**Gonorrhea**
- **First-Line Treatment:**
  - Ceftriaxone 500 mg IM once
- **EPT:**
  - Cefixime 800 mg orally once

2021 STI Treatment Guidelines
Chat: Share your thoughts on providing doxycycline as the preferred treatment for chlamydia

- What questions or concerns do you have?
- Does your clinic currently provide doxycycline for patients who test positive for chlamydia?
Provider Questions: Is EPT Appropriate for My Patient?

- What’s the likelihood your partner will come in to the clinic to get tested and treated?
- Would you feel comfortable directly notifying your partner and providing medication?
- Does your partner have...
  - Medication allergies?
  - Serious health problems?
  - Symptoms of a more serious infection?
EPT Counseling: Supporting Questions

- How do you think your partner is going to react?
- What are you most worried about?
- When and where is a good place to have this conversation with her/him/them?
- Would practicing this conversation help you?
Screening for EPT provides another opportunity to:

- Screen for intimate partner violence
- Provide a space for clients to think about what’s on their safe(r) sex checklist
- Review that consent is not just about if you want to have sex but also how you want to have sex
- Educate + emphasize the importance of testing regularly for STIs; especially as most STIs present no symptoms
Who can receive EPT?

- All sex partners within last 2 months of index patient’s diagnosis
- Most recent sex partner(s) if no sex partners within last 2 months
- Partners of any sex or gender
- Sexual orientation of a patient does not impact EPT consideration
- No limit to number of doses that can be distributed in the case of multiple sex partners
When is EPT not Recommended?

- **Co-infected** with STIs that are not treatable by EPT medications
- Suspected child abuse, sexual assault, or where a patient’s **safety is in question**
- Partners have severe **allergies** to antibiotics
- Partners with **pharyngeal gonorrhea**
- **Symptomatic** partners who may have a more serious condition (i.e., fever of unknown origin, pelvic pain in females, testicular pain in males)
California EPT Guidelines for MSM

- Guidelines state that EPT can be used regardless of the patient’s gender/sexual orientation
- Other considerations:
  - EPT may not effectively treat complicated infections such as pharyngeal gonorrhea infection
  - Miss the opportunity to offer HIV screening to identify concurrent STI/HIV infection
Educational Materials With EPT

**Always** package EPT medication with written information about:

- The infection
- Medication instructions
- Medication warnings
- Getting tested for HIV/other STIs
- Clinic referral
- Additional resources to consider:
  - PEP + PrEP
  - Emergency contraception
  - Condoms
Potential Risks of EPT

- Adverse reactions
  - Medications generally well tolerated
  - Doxycycline: NOT safe in pregnancy

- Allergic reactions
  - Azithromycin: allergic reactions rare
  - Cefixime: allergic reactions uncommon
    - IgE-mediated penicillin allergy: contraindicated

- Missed opportunities to receive other services


Key EPT Counseling Messages

Partners should:

- Read the educational material before taking the medication
- Seek a complete STI evaluation as soon as possible
- Not take the medication and seek care if:
  - Allergic to antibiotics
  - Serious health problems
  - Symptoms of a more serious infection
Key EPT Counseling Messages

- Partners who are or could be pregnant should seek care as soon as possible
- Patients and partners
  - Should abstain from sex or use a condom for at least seven days after treatment in order to decrease the risk of re-infection
  - Should get retested 3 months after treatment
EPT in a School-Based Health Setting
Case Study, Max

- Max is a 16 year old male who is at the school-based health center for a sports physical. He decides to get tested for chlamydia and gonorrhea during his visit.

- His chlamydia test comes back as positive. He said he uses condoms sometimes.

- He shares that he has had 2 partners in the last two months. One partner goes to school here and one partner graduated from high school last year and lives two towns over.
Poll

Can Max receive PDPT as a minor?

- Yes
- No
Considerations

- When discussing partner management with a patient at a school-based health center, remember that some partners may attend the same school and some may not.

- Consider leveraging school-based model to bring partners in for first-line treatment.

- Offering on-site dispensing can be important for adolescents in particular as they are less likely to fill prescriptions for STD treatment.
Essential Access Health’s Chlamydia/Gonorrhea (CT/GC) Expedited Partner Therapy (EPT) Distribution Program
Eligibility

Each clinic site and/or local health jurisdiction (LHJ) must:

- Be located in California
- Serve a population at risk for STIs
- Serve an uninsured or underinsured population
- Provide index patient treatment for CT and GC
- Participate in 340B Drug Pricing Program (State program only)
Eligibility
Delivery of Index Patient CT and GC Treatment

1. Provide **direct onsite dispensing** of CT/GC medication to index patients for their own treatment in the clinical setting

2. Provide CT/GC medication to index patients for their own treatment through an **onsite pharmacy**

3. Provide medication from the CT/GC EPT Distribution Program to index patients and/or their sex partners through **field-delivered treatment** (FDT)
   --Local health jurisdictions (LHJs) only

Participation Requirements

- Distribute EPT to CT/GC+ patients for treatment of partners unable or unlikely to seek care
- Dispense EPT with educational materials and clinic referral
- Maintain log of all dispensed EPT medication
- Watch Essential Access Health’s EPT webinar series annually
Clinical Considerations: Operationalize EPT

- Clinical Protocols for STI Treatment/Family Planning Services
- Clinic Dispensary/Pharmacy for onsite treatment
- Same Day Visits for EPT
- Clinical and Staff Training
- Clinic Promotion of EPT
  - Signage/Flyers  e.g. “EPT Offered Here"
  - Peer Health Educators for Adolescents and Young Adults
- Prepackage medication for EPT
  - Directions written on package or label for the use of the partner
  - Include key EPT counseling messages in bag/package
Take Home Points

- Reinfection is common + dangerous for the patient
- Preferable for partners to come into clinic to get treated
- When this is unlikely, EPT is an allowable, recommended + evidence-based alternative to ensure partners receive treatment
- Health care providers and pharmacists are protected from liability when offering EPT by California law
- Essential Access Health’s CT/GC EPT Distribution Program provides a supply of free, pre-packaged PDPT to eligible sites

Learn more and register for Essential Access Health’s CT/GC EPT Distribution Program at: [www.essentialaccess.org/pdpt](http://www.essentialaccess.org/pdpt)
EPT Resources
Our platform is **SECURE**

Let your partners know they should get tested.

SEND A TEXT
STI Treatment Guidelines Update

CDC’s Sexually Transmitted Infections (STI) Treatment Guidelines, 2021 provides current evidence-based prevention, diagnostic and treatment recommendations that replace the 2015 guidance. The recommendations are intended to be a source for clinical guidance. Healthcare providers should always assess patients based on their clinical circumstances and local burden.

https://www.cdc.gov/STI/treatment-guidelines/default.htm
Patient-Delivered Partner Therapy (PDPT) for Chlamydia, Gonorrhea, and Trichomoniasis: Guidance for Medical Providers in California

These guidelines were developed by the California Department of Public Health Sexually Transmitted Diseases (STD) Control Branch in collaboration with the California STD Controllers Association, and the California Prevention Training Center (CAPTC)

January 2016
CT/GC EPT Distribution Program Resources

- Screening and treatment guidelines
- Sample EPT medication log
- Free patient education materials in multiple languages
- Patient awareness materials available to order via email and can be downloaded at: essentialaccess.org/pdpt/resources
Expedited Partner Therapy FAQs for California Pharmacists Document

- Two-page document designed to enhance pharmacists’ knowledge, skills, and comfort in providing EPT

- Developed by Essential Access Health in partnership with Clint Hopkins PharmD, APh, Owner / Pharmacist in Charge, Pucci’s Pharmacy

Download at: essentialaccess.org/pdpt/resources

For a print quality version, email Kala at kheekin@essentialaccess.org
Questions?

- Program Homepage
  [essentialaccess.org/pdpt](essentialaccess.org/pdpt)

- FAQ
  [essentialaccess.org/pdpt/faq](essentialaccess.org/pdpt/faq)

- Email
  [STDprograms@essentialaccess.org](STDprograms@essentialaccess.org)
Digital STI Prevention Resources for Youth and Parents
Digital Programs

**teensource.org**

**SEX + HEALTH + YOU**

**CONDOMS. good idea.**

Get free condoms here.

**talk with your kids**

**text teensource to 877877**

tips

**teensource**

info on sex, health and relationships

we’ll text you info every week. standard rates apply.
TeenSource.org

- 1.3 Million Page Views
- Youth Generated Content
- Birth Control, STIs, Healthy Relationships, Youth Rights
- Youth Advocacy/Engagement
- Social Media – Follow Us
  - Twitter: @TeenSource
  - Facebook: TeenSource
  - Instagram: TeenSourceOrg
  - Total Reach: Over 25,000
Care for yourself, Care for your partner

Learn more at: teensource.org/pdpt

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TeenSource Clinic Finder

Over 43,000 Clinic Searches in 2019.
FIND A CLINIC NEAR YOU

teensource.org

ENCUENTRA UNA CLÍNICA CERCA DE TI

teensource.org

GRATIS Y CONFIDENCIAL PARA ADOLESCENTES DE CA
Condom Access Project

- Condom Access for Youth 15-19
- Over 100 Condom Access Sites – Across 36 LHJs
- 9 Mailer Counties (Alameda, Contra Costa, Fresno, Kern, Los Angeles, Sacramento, San Bernardino, San Diego, and San Joaquin)
- Over 500,000 Condoms Distributed in 2020
TeenSource Tips

- Over 6,000 Subscribers
- Over 4,000 Clinic Search Searches in 2019
- Program Updates
  - Increased Promotion, Geo-Specific Messaging, Focus On LGBTQ+, Advocacy Blogs
TalkWithYourKids.org

Tips/Blogs for Parents
Healthy Relationships
Teens + Health Care

English + Spanish
Expanded Timeline in 2018
Facebook: Talk-With-Your-Kids
• 14,000 Followers

“I want my daughter to get the facts and know she can always come to me.”
Opportunities to Connect

- Join our CT/GC PDPT Distribution Program: [www.essentialaccess.org/pdpt](http://www.essentialaccess.org/pdpt)
- Join our Condom Access Project: [TeenSource.org/condoms/free](http://TeenSource.org/condoms/free)
- Order & Share Resources
- Share opportunities with for youth to create content (blogs, hookup texts, etc.)
- Explore further trainings on: [essentialaccesstraining.org](http://essentialaccesstraining.org)
Thank you!

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