



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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COMMISSIONER

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May 5, 2006


Dear Colleague:

The mission of the Texas Department of State Health Services (DSHS) is to provide optimal health to individuals and communities in Texas and because the physical and economic burden of sexually transmitted diseases (STD) in the United States is well documented, DSHS supports Expedited Partner Therapy as a strategy for partner management in the struggle to reduce STD morbidity in Texas. Chlamydia remains the most reported bacterial infection in the U.S. In 2004, Texas reported 70,232 positive chlamydia tests and 24,371 positive gonorrhea tests. Public health officials suspect that much STD goes undetected. Effective clinical management of patients with treatable STDs requires treatment of the patients' current or recent sex partners to prevent reinfection and curtail further transmission. Clinicians need additional strategies for partner management.

In recent years, research supported by the Centers for Disease Control and Prevention (CDC) has evaluated expedited partner therapy (EPT). EPT is an approach, which treats sexual partners without an intervening clinical assessment. EPT typically is accomplished by patients delivering either medications or prescriptions to their partners. CDC has concluded that EPT is a useful option to facilitate partner management, particularly for treatment of male partners of women with chlamydial infection or gonorrhea. However, EPT only represents an additional strategy for partner management that does not replace other strategies such as provider-assisted referral, when available. Along with medication, recipients of EPT also receive information about the desirability of clinical evaluation in addition to EPT. This is particularly important when EPT is provided for female recipients and for men with symptoms.

In Texas, as in the U.S, emerging data indicate that many providers selectively employ EPT for gonorrhea and chlamydia infection and that some do so routinely. DSHS supports EPT as a strategy for partner management in our struggle to reduce STD morbidity in Texas.

Sincerely,

  
Eduardo J. Sanchez, M.D., M.P.H.  
Commissioner

Enclosure: CDC Guidance for the Use of EPT

## CDC GUIDANCE FOR USE OF EXPEDITED PARTNER THERAPY<sup>1</sup>

Expedited Partner Therapy (EPT) is at least equivalent to patient referral in preventing persistent or recurrent gonorrhea or chlamydial infection in heterosexual men and women, and in its association with several desirable behavioral outcomes. These conclusions support the following recommendations:

- **Gonorrhea and chlamydial infection in women:** EPT can be used to treat partners as an option when other management strategies are impractical or unsuccessful. Symptomatic male partners should be encouraged to seek medical attention, in addition to accepting therapy by EPT, through counseling of the index case, written materials, and/or personal counseling by a pharmacist or other personnel.
- **Gonorrhea and chlamydial infection in men:** EPT can be used to treat partners as an option when other management strategies are impractical or unsuccessful. Female recipients of EPT should be strongly encouraged to seek medical attention, in addition to accepting therapy. This should be accomplished through written materials that accompany medication, by counseling of the index case and, when practical, through personal counseling by a pharmacist or other personnel. It is particularly important that female recipients of EPT who have symptoms that suggest acute PID, such as abdominal or pelvic pain, seek medical attention.
- **Gonorrhea and chlamydial infection in men who have sex with men:** EPT should not be considered a routine partner management strategy, because data are lacking on the efficacy in this population, and because of a high risk of co-morbidity, especially undiagnosed HIV infection, in partners. EPT should only be used selectively, and with caution, when other partner management strategies are impractical or unsuccessful.
- **Women with trichomoniasis:** EPT is not recommended for routine use in the management of women with trichomoniasis, because of a high risk of STD co-morbidity in partners, especially gonorrhea and chlamydial infection. EPT should only be used selectively, and with caution, when other partner management strategies are impractical or unsuccessful.
- **Syphilis:** EPT is not recommended for routine use in the management of patients with infectious syphilis.

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<sup>1</sup> Excerpted from the CDC white paper: *Expedited Partner Therapy in the Management of Sexually Transmitted Diseases*, which can be viewed online at <http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>.