



Department of Health and Social Services
William J. Streur, Commissioner

3601 C Street, Suite 540
Anchorage, Alaska 99503

<http://www.epi.Alaska.gov>

Division of Public Health
Ward B. Hurlburt, MD, MPH, CMO

Local (907) 269-8000
24 Hour Emergency (800) 478-0084

Editor:
Joe McLaughlin, MD, MPH
Louisa Castrodale, DVM, MPH

Bulletin No. 8 March 12, 2013

New Pharmacy Services for Expedited Partner Therapy for Chlamydia and Gonorrhea — Alaska, 2013

Background

Chlamydia trachomatis (CT) and *Neisseria gonorrhoeae* (GC) are bacterial sexually transmitted diseases (STDs). When left untreated, these infections can lead to pelvic inflammatory disease, ectopic pregnancy, and infertility in women; epididymitis and infertility in men; and conjunctivitis in neonates. They can also increase the likelihood of transmission of human immunodeficiency virus (HIV).

The U.S. Centers for Disease Control and Prevention (CDC) recommends the use of expedited partner therapy (EPT) as an effective strategy to help control CT and GC.¹ EPT is the clinical practice of treating the sex partners of patients diagnosed with CT or GC without the health care provider first examining the partner. In 2011, Alaska's epidemic rates of CT and GC prompted the Section of Epidemiology to recommend the use of EPT for individuals who were unable or unwilling to access health care services.²

Ideally, all sexual partners of persons infected with CT or GC should undergo STD clinical evaluation and testing, and receive risk reduction counseling and treatment. In circumstances where this is not likely to occur, EPT should be considered.² EPT may be more effective for specific populations (e.g., patients unwilling or unable to participate in timely partner services) and in geographic areas where partners services are not available.

Pilot Project for EPT Pharmacy Services in Alaska

In 2012, the 27th Legislature appropriated state general funds to decrease CT and GC rates in Alaska. A portion of these funds will support an EPT pharmacy pilot project through June 2015; the Great Land Infusion Pharmacy of Anchorage (GLIP) has been contracted to provide these EPT pharmacy services statewide.

Services Provided by GLIP

Pharmacy staff will provide the following services:

- an assessment of known allergies and contraindications for the prescribed medication(s), and information on adverse drug reactions;
- referral to a health care provider for persons who have contraindications for EPT medications or are thought to have complicated infections;
- treatment for persons infected with CT and/or GC who have no other resource for obtaining medications;
- counseling on STD prevention and risk-reduction strategies; and
- information on STDs, including a list of local health care providers who care for patients with STDs.

Note: these services will be available at no cost to the individual; however, if the individual is insured, the pharmacy will bill their insurance.

EPT Treatment Recommendations and GLIP Formulary

CDC recommends treating uncomplicated GC with intramuscular ceftriaxone 250 mg and a second antibiotic, in combination, to improve the likelihood of cure and to delay emergence of cephalosporin resistance.^{3,4} In circumstances where administration of intramuscular ceftriaxone is not possible, providers may consider EPT with the oral alternative cefixime 400 mg (single-dose), but only for heterosexual partners of patients diagnosed with GC. For partners who receive oral cefixime EPT, a test of cure (TOC) is recommended 1 week after finishing the antibiotic.⁴

The GLIP EPT formulary consists of the following medications (Box):

- Azithromycin 1 g orally in a single dose
- Ceftriaxone 250 mg intramuscular in a single dose
- Cefixime 400 mg orally in a single dose

Box. EPT Treatment Options Available through GLIP

- *For a partner exposed to CT*
Azithromycin 1 g orally in a single dose
- *EPT for a partner exposed to GC, or GC and CT*
Ceftriaxone 250 mg IM in a single dose*
PLUS
Azithromycin 1 g orally in a single dose

**Note: cefixime 400 mg orally in a single dose can be used as an alternative to ceftriaxone when the administration of injectable medication is not possible; partners receiving cefixime should be advised to obtain a test of cure 1 week after treatment.*

Accessing EPT Services through GLIP

- The Great Land Infusion Pharmacy is located at 2421 East Tudor Road, Suite 107, Anchorage, 99507
 - Phone: 907-561-2421 (outside of Anchorage, the toll-free number is 877-561-2421)
 - Fax: 907-868-5113
- Providers must include the following information on the EPT prescription:
 - designate that the script is for EPT;
 - include the partner's first and last name, phone number, and date of birth (if available);
 - specify the appropriate EPT treatment (Box); and
 - if the prescription includes ceftriaxone, state the following: "Ceftriaxone 250 mg IM, single dose, administered by a pharmacy RN."
- EPT prescriptions may be given directly to the patient, the partner, or the pharmacy.
- Providers should inform patients that their partners can obtain medications through GLIP at no charge.
- If partners are located outside of Anchorage, pharmacy staff will contact the partner for counseling and mailing information. Only oral medications will be mailed; injectable medications must be given by a registered nurse (RN) at the pharmacy.
- Providers should write a separate prescription for each named partner.

References

1. CDC. Dear Colleague Letter on EPT Legal Status. May 2, 2005. Available at: <http://www.cdc.gov/std/DearColleagueEPT5-10-05.pdf>
2. Alaska Section of Epidemiology *Bulletin*. Expedited Partner Therapy Recommendations for Alaska Providers. No. 1; January 12, 2011. Available at: <http://www.epi.alaska.gov/bulletins/docs/b2011.01.pdf>
3. Section of Epidemiology *Bulletin*. Updated Gonococcal Infection Treatment Guidelines. No. 1; January 4, 2013. Available at: http://www.epi.alaska.gov/bulletins/docs/b2013_01.pdf
4. CDC. Update to CDC's *Sexually Transmitted Disease Treatment Guidelines, 2010*: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections. *MMWR* 2012; 61(31): 590-4.