INSPQ INSTITUT NATIONAL DE SANTÉ PUBLIQUE DU QUÉBEC

Expedited Partner Therapy for *Chlamydia Trachomatis* and *Neisseria Gonorrhoeae* Infections

SUMMARY

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Anne Bruneau, Geneviève Boily, Marie-Claude Drouin, Brigitte Fournier, Diane Lambert, Véronique Morin, Marc Steben, Stéphane Roy, Sylvie Venne

Given the desire to harmonize medical and nursing practices in the field of sexually transmitted infections (STIs) and the need to provide better guidance on the intervention known as expedited partner therapy (EPT), the Institut national de santé publique du Québec received a request from the Collège des médecins du Québec and the Ministère de la Santé et des Services sociaux. The purpose of this request was to issue a scientific opinion, including recommendations, on the effectiveness, benefits and drawbacks of the EPT strategy for *Chlamydia trachomatis* (Ct) and *Neisseria gonorrhoeae* (Ng) infections, the best practice to endorse as well as the conditions required to promote its appropriate use.

In Québec, two STI preventive interventions targeted for infected people and their partner are recommended for people infected with a sexually transmitted infection and their partners, that is:

- the passive approach, whereby infected persons personally inform their sex partners about their exposure to infection with the support of a health professional, including giving their partners relevant patient information sheets;
- the negotiated approach carried out by a professional mandated by the public health authority, whereby partner notification is shared, based on an agreement established between the mandated professional and the infected person.

Expedited partner therapy (EPT) consists of any one of the options below:

- writing a prescription in the partner's name and delivering it to the infected person; ordelivering a prescription (either verbally or by fax) to the pharmacist; or
- delivering medication directly to the infected person for the partner,
- without the partner having seen a physician or a nurse.

Québec

Effectiveness and benefits

Reinfection of the infected person. EPT has been compared with the passive approach.[1] When used, it appears to be slightly more effective in decreasing reinfection in infected persons. However, the differences between these two approaches are small or non-significant. There is no evidence for the superiority of EPT over a supported passive approach[2] for reducing reinfection.

Partners contacted, treated and screened. The results of several studies indicate that EPT is slightly more effective than the passive approach for partner treatment. When compared with the supported passive approach, the superiority of EPT has not been demonstrated. With regard to partner notification, EPT has not been shown to be superior to the other approaches. Sexual partners go for screening tests less often when EPT is used.

Acceptability. EPT is generally accepted by infected persons, their partners, clinicians and pharmacists.

Barriers and drawbacks

The literature indicates that the legal framework for EPT is a significant issue for clinicians. They are also concerned about the safety of infected persons and partner therapy. For infected persons, the most significant barriers are probably those associated with their ability to inform their partners.

Allergies and reactions to treatments. As part of EPT, partner treatment with azithromycin or cefixime is safe.[3] Providing partners with patient information sheets on the risks and steps to take in case of allergies seems to suffice in terms of preventing allergies or severe adverse effects. Pharmacists should verify these aspects to minimize the risk of a partner's developing an unwanted effect or an allergic reaction.

Failure to provide the best treatment. EPT may inadequately treat an Ng infection if the source of the infection is resistant to the treatment included in EPT or when the recommended first-choice medication is ceftriaxone, while the EPT may include cefixime.

Missed opportunities to intervene with the partner. The use of EPT may yield missed opportunities for counselling on preventive approaches, including prevention of unwanted pregnancies, reduction of risks for acquiring sexually transmitted and blood-borne infections, and partner screening.

Missed opportunities to detect new cases and to contact additional partners. The fact of not confirming cases of secondary infection among partners prevents the identification and treatment of newly exposed persons (partners of infected partners).

Ethical issues

The care received by the partner may possibly not be complete for this preventive intervention, particularly that of receiving preventive counselling. EPT must not be used to make up for a difficulty with accessing services in the health system.

Guidelines

The agencies that have specifically issued recommendations in favour of EPT recommend it for Ct infections and for heterosexual partners who are unlikely to visit a health professional. Most of them recommend EPT for Ng infections under certain conditions. Recommendations for the use of EPT among men who have sex with men (MSM) do not meet with consensus: the Centers for Disease Control and Prevention mention that EPT is not recommended, whereas other agencies qualify its use. A single agency states that EPT may be used with caution among pregnant women.

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1 The index patient informs his or her sexual partners of their exposure to a sexually transmitted infection and of the need to be treated, assessed and screened by a health professional.

2 The index patient informs his or her sexual partners of their exposure to a sexually transmitted infection and of the need to be treated, assessed and screened by a health professional. The index patient gives his or her partners an information pamphlet.

3 These treatments are some of those recommended in the *Guide for the Pharmacological Treatment of STBBIs*, updated in December 2015.

Recommendations

The following recommendations exclude people under the age of 14 years, owing to the legal requirements governing consent to care.

1. EPT may be used in certain situations as a complement to STI preventive interventions targeting infected people and their partners.
   - It is crucial to remember that a clinical assessment of the partner is the best option because it allows for a complete preventive intervention and epidemiological treatment.
   - EPT may be considered when it appears improbable that the partner will show up for a clinical assessment and screening.

2. EPT consists in writing a prescription in the partner's name and delivering it to the infected person, or delivering a prescription (either verbally or by fax) to the pharmacist; or delivering medication directly to the infected person for the partner, without the partner having seen a physician or a nurse. Taking the literature into account, the task force is unable to recommend one method over another. However, taking into account the organization of services, the task force favours the delivery of a prescription to the infected person in his or her partner's name. The medications used within the framework of EPT are those recommended for partner treatment found in the pharmacotherapy guides produced by the Institut national d'excellence en santé et en services sociaux (INESSS).

3. EPT should also include the following elements :
   - Providing counselling and support to the infected person for partner notification.
   - Giving infected persons a patient information sheet describing the benefits and drawbacks of the different partner notification approaches to allow them to make an informed choice.
   - The patient information sheets intended for the partner should include at least the following details: (1) information on the STI in question; (2) information on the medication(s); (3) the importance of seeing a health professional in the presence of symptoms instead of using EPT; (4) a recommendation specifying that a clinical assessment by a health professional is the best intervention in order to receive the appropriate care; (5) the contact details for clinics where the partner may see a doctor or obtain a follow-up appointment.

4. The use of EPT must take into account several factors :The infected person's acceptance of the proposed approaches.
   - The infected person's ability to personally notify their sex partners: If the infected person is not self-confident enough to perform this action, EPT should not be used because it will probably not be delivered to the partners.
   - The benefits and drawbacks of the approach for the infected person and his or her partners.

5. EPT should be used as a last resort among the following populations because studies have shown that the harms outweigh the benefits for these groups :
   - MSM, given the incidence of infections through HIV and syphilis, hence the importance of screening and the relevance of offering pre-exposure prophylaxis.
   - The pregnant partners of infected persons, given the risks for transmission to the child and for complications for the mother.

6. EPT may be used for ***Chlamydia trachomatis*** infections (excluding infections caused by an L1, L2 or L3 genotype, and rectal infections) documented by a laboratory test, because :
   - The recommended first-choice treatment is oral and delivered in a single dose.
   - There is no documented resistance to treatment.

7. EPT may be used for ***Neisseria gonorrhoeae*** infections documented by a laboratory test in situations where **all the following conditions are met** for the partner(s) :
   - The recommended first-choice treatment is oral and taken in a single dose.
   - The partner has not had any pharyngeal exposure.
   - The partner has no known allergy to penicillin or to cephalosporins, according to the available information.

8. Precautions are required for Neisseria gonorrhoeae infections :
   - When treatment resistance is known at the time of treating the infected person, EPT should not be offered. A health professional should assess the infected person's partners.
   - A culture should be taken from the infected person to document resistance to the treatment used. If resistance to an antibiotic used for EPT is documented, the partners of the infected person who received EPT should be notified of the situation and should be assessed by a health professional.

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AUTHOR

Anne Bruneau, Medical Advisor
Direction des risques biologiques et de la santé au travail
Institut national de santé publique du Québec

MEMBERS OF THE TASK FORCE

Geneviève Boily, Nursing Advisor
Marc Steben, Medical Advisor, President, CITSS
Anne Bruneau, Medical Advisor and Chair of the Task Force
Marie-Claude Drouin, Coordinator, Comité sur les ITSS
Direction des risques biologiques et de la santé au travail
Institut national de santé publique du Québec
Brigitte Fournier, Medical Advisor
Centre intégré de santé et de services sociaux de Chaudière-Appalaches
Diane Lambert, Medical Advisor
Centre intégré de santé et de services sociaux des Laurentides
Véronique Morin, Medical Advisor
Régie régionale de la Santé et des Services sociaux du Nunavik
Stéphane Roy, Medical Advisor
Centre intégré de santé et de services sociaux de la Montérégie-Centre
Sylvie Venne, Medical Advisor, SLITSS
Ministère de la Santé et des Services sociaux

CONTRIBUTION TO PRELIMINARY REPORTS

Anne Bruneau, Medical Advisor
Léonie Mvumbi Mambu, Postdoctoral Intern
Marc Steben, Medical Advisor
Direction des risques biologiques et de la santé au travail
Institut national de santé publique du Québec
Manon Dugas, Nursing Advisor
Direction de santé publique de Montréal
Sylvie Venne, Medical Advisor
Ministère de la Santé et des Services sociaux
Nazmul Alam, Researcher
Centre de recherche du Centre hospitalier de l'Université de Montréal

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