

Sexually Transmitted Disease (STD) Quarterly Report

2013 Quarter 2 (April 1– June 30)

San Joaquin County Public Health Services

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Patient-delivered partner therapy (PDPT): an effective strategy for partner management and STD prevention

Expedited partner therapy (EPT) is the practice of treating sex partners of persons with STDs without an intervening medical evaluation. EPT is most commonly implemented through partner-delivered partner therapy (PDPT), in which patients diagnosed with an STD deliver medication or provide a prescription to an exposed sex partner. PDPT is a well-accepted treatment strategy recommended by the Centers for Disease Control and the California Department of Public Health (CDPH). Timely delivery of antibiotic treatment through PDPT may minimize disease complications, prevent repeat infections and reduce further transmission in the community. Treatment is generally dispensed/prescribed along with written advice to seek medical evaluation and precautions concerning drug allergies.

Legislation has permitted California physicians, nurse practitioners, certified nurse midwives and physician assistants to use PDPT for chlamydia since 2001. In 2007, this legislation was expanded to include gonorrhea and other STDs (Cal. Health & Safety Code §120582). As with any medical treatment, the law does not protect providers from liability in adverse events.

While PDPT is not intended to be a first-line partner management strategy, it may be useful when an exposed sex partner is unable or unlikely to seek care. Providers should use their best judgment to determine the likelihood of whether partners will seek treatment and decide if PDPT is an appropriate treatment strategy. Potential drawbacks of using PDPT include adverse or allergic reactions to medications and compromised quality of care, especially if used for partners who would otherwise seek care. Careful consideration must be given to using PDPT for gonorrhea; the PDPT gonorrhea treatment is more likely to lead to a treatment failure than the standard in-office gonorrhea treatment involving an intramuscular injection of ceftriaxone, so advice to seek care for a test of cure should be given. PDPT is not generally recommended for men who have sex with men (gay and bisexual men).

CDPH recommends limiting the number of PDPT doses delivered/prescribed to the number of known sex partners in the previous 60 days or the most recent sex partner. For CDPH guidelines for PDPT, including templates for written patient/partner instructions, see <http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-PDPT-Guidelines.pdf>

Recommended drug regimens for PDPT for sex partners of patients with:

1. *Chlamydia, but not gonorrhea*: Azithromycin 1 gram orally once
2. *Gonorrhea regardless of the chlamydia test result*: Cefixime 400 mg orally once PLUS Azithromycin 1 gram orally once
3. *Trichomoniasis*: Metronidazole 2 grams orally once

Table 1: STDs Reported to San Joaquin County Public Health Services, 2012 and 2013

	2012		2013	
	2nd Qtr	YTD	2nd Qtr	YTD
Chlamydia (CT)*	933	1734	862	1672
Female	679	1297	609	1176
Male	254	435	247	490
Unknown	0	2	6	6
Gonorrhea (GC)*	170	328	194	360
Female	98	185	87	165
Male	71	141	107	195
Unknown	1	2	0	0
Pelvic Inflammatory Disease (PID)*	0	3	5	7
Syphilis (SY)^	18	35	24	38
Primary	4	5	6	8
Secondary	12	22	10	17
Early Latent	2	7	8	13
Congenital	0	1	0	0
<i>Neurosyphilis</i>	0	0	1	2
Human Immunodeficiency Virus (HIV) only*	7	26	19	26
HIV & AIDS simultaneous*	2	10	6	12
Acquired Immunodeficiency Syndrome (AIDS) only*	1	6	1	6

*CT, GC & PID data reflect cases entered into the CalREDIE reporting system as of 07/15/2013. CT, GC & PID counts include confirmed, probable and suspect cases.

^SY data from 7/16/2013 STD Program internal line list. SY total includes primary, secondary and early latent cases only. Neurosyphilis is a sequela of syphilis and can occur at any stage of syphilis. Counts for SY stages include confirmed cases only; neurosyphilis counts include confirmed and probable cases.

*HIV/AIDS data from SJCPHS HIV/AIDS Program morbidity data, 2013 Q2 DUA file.

By law, medical providers and labs must report CT, GC, and PID cases within 7 days of identification and SY cases within 1 day of identification to PHS using a Confidential Morbidity Form (CMR). HIV cases must be reported by traceable mail or person-to-person transfer within 7 days of identification. For disease reporting procedures and requirements, please see the "For Providers" section of the PHS website: http://www.sicphs.org/Healthcare_Providers/providers_landing.aspx