Expedited Partner Therapy for Treatment of Uncomplicated Chlamydia Infection: Determining Rates of EPT Implementation in an STD Clinic Setting

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Background

CDC recommends Expedited Partner Therapy (EPT) to facilitate treatment for partners of patients that test positive for chlamydia when patients indicate that their partners are unlikely to see evaluation or treatment[1]. EPT for uncomplicated chlamydia has been legal in Tennessee since 2002[2]; however little information is known regarding the extent to which EPT is utilized among health care professionals practicing in the state. Per TN EPT policy, patients are considered eligible for EPT if they have a laboratory-confirmed chlamydia test; RNs offer and distributed EPT partner packs only to these clients.

Objectives

Assess and describe EPT implementation practices and barriers and rates and trends for EPT utilization and acceptance within a health department setting using simple data collection methods.

Methods

In March 2011, in partnership with CDC and the Tennessee Department of Health (TN DOH), CAI facilitated on-site assessments of EPT practices and utilization at the Shelby County Health Department in Memphis, TN.

- An assessment of EPT implementation practices (offering and acceptance) was conducted over 6 days in March 2011 to provide a snapshot of EPT utilization and identify missed opportunities for providing EPT.
- Clinic protocols and materials were reviewed and an analysis of medication logs used to monitor distribution of EPT partner packs from May 2006 through August 2010 was completed.

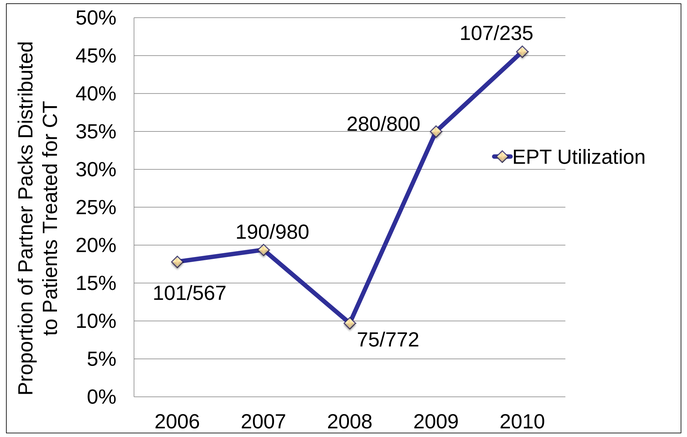
Results

Practice assessment data revealed that 88% of clients with a laboratory confirmed CT positive test were offered EPT; of those offered, 63% accepted **(Table1)**. Among those who declined EPT, reasons for refusal most often included that partners accompanied the index patient to the clinic for treatment or that patients no longer had contact with their partner. Analysis of hand-tallied data from medications logs revealed an increasing trend in the ratio of the number of EPT packs distributed to the number of CT positive patients treated from 18% in 2006 to 46% in 2010 **(Figure 1)**. Enhancement of medication log data to identify those presumptively treated would increase understanding of EPT utilization over time.

Table 1. Percent of Eligible Population Offered and Accepted EPT During 6-Day Assessment of Practices

	# of Patients	Percentage
Eligible for EPT	16	
EPT Offered	14	88%
EPT Offered and Accepted	10	63%
EPT Offered, Not Accepted	4	25%

Figure 1. Ratio of EPT Utilization: EPT Partner Packs Distributed to Patients Treated for Chlamydia, 2006 – 2010*



*Data collection began May 22, 2006; data for 2010 collected May - August

Conclusions

Eligible clients at this STD Clinic are offered and accept EPT at high rates and EPT utilization increased over time, although the number eligible is relatively small due to high rates of presumptive treatment. Conducting a time-limited assessment of practices is a promising way to assess EPT implementation in real time.

Implications

Low cost or no cost data collection systems to assess EPT implementation rates can provide important information for STD program managers and clinic supervisors in facilitating continuous quality improvement to increase utilization of EPT.

References

1. Centers for Disease Control and Prevention. www.cdc.gov/std/ept
2. Tennessee Board of Medical Examiners, Chapter 0880-2-.14 (9). http://state.tn.us/sos/rules/0880/0880-02.pdf#page=45

Acknowledgements

The authors would like to thank Sami Gottlieb, MD and Catherine Satterwhite, PhD for their guidance and contributions to this work, and to acknowledge the continued partnership with CDC under Project Officer Rachel Gorwitz, MD and Camille Introcaso, MD.
This project was funded by CDC through the Infertility Prevention Project (IPP).