



**Connecticut
Public Health
Association**

Promoting Public Health in Connecticut Since 1916

**TESTIMONY OF THE CONNECTICUT PUBLIC HEALTH ASSOCIATION
REGARDING
H.B. 5450, An Act Concerning Expedited Partner Therapy for Sexually
Transmitted Diseases**

**PUBLIC HEALTH COMMITTEE
MARCH 12, 2010**

Tracey Scraba
President

Renee Coleman-Mitchell
President-elect

Bill Derech
Treasurer

Philip Greiner
Secretary

Joan Segal
Immediate Past-President

Board of Directors

Vani Anand
Ashika Brinkley
William Faraclas
Delores Greenlee
Monica Haugstetter
Steven Huleatt
Andrea Lombard
David Mack
Marty Mancuso
Rasy Mar
Richard Matheny
Mary Nescott
Alyssa Norwood
Elaine O'Keefe
Kimberly Pelletier
Baker Salisbury
Cyndi Billian Stern
Kristin Sullivan
Kathi Traugh
Tracy Van Oss

CPHA Staff

Annamarie Beauileu
Eileen Kehl
Jon Noel

CPHA is an affiliate
of the American Public
Health Association

Chairman Harris and Chairman Ritter, distinguished members of the Public Health Committee, my name is Colleen O'Connor and I thank you for the opportunity to testify today on behalf of the Connecticut Public Health Association (CPHA). CPHA is pleased to support H.B. 5450, which would allow licensed health care professionals to prescribe antibiotic treatment for the partners of individuals diagnosed with Chlamydia or gonorrhea.

Expedited Partner Therapy (EPT) for sexually transmitted infections (STIs) refers to treatment of a patient's sexual partner by a licensed medical practitioner without requiring a clinical exam. [1] Usually EPT entails "patient delivered treatment" in which the patient delivers medicine or a prescription to his or her partner and is a way to get treatment to individuals who fall through the cracks of the healthcare system. [1] Treating the partners of patients diagnosed with sexually transmitted infections has been practiced for decades and is the best way to prevent the further spread of infections as well as re-infection of the treated patient. Standard methods of partner notification and treatment include: patient referral, provider referral and mandated partner notification. Patient referral occurs when the patient refers his or her partner for treatment, and provider referral occurs when the provider or the health department notifies the sexual partners so they can obtain treatment. [1] Mandated partner notification occurs when the health department, by law, notifies the sexual partners and refers them for treatment--this is not practiced in Connecticut.

In 2002 the Centers for Disease Control and Prevention (CDC) recommended exploring EPT as an alternative method to patient and provider notification in order to control the spread of STIs. These approaches are problematic and not effective enough in stopping the spread of STIs for various reasons, including the partner's lack of access to health care or health insurance, noncompliance, and limited staffing resources of the providers. [1,2] After years of randomized trials and monitoring of EPT programs, the CDC, the American Academy of Pediatrics (AAP), the American Medical Association (AMA) and the Society for Adolescent Medicine (SAM) now have specific guidelines recommending the use of EPT among heterosexual males and females who are not likely or able to access treatment for Chlamydia or gonorrhea infections through other means [1] In addition, the American Bar Association, along with the AAP and SAM, supports the removal of legal and policy barriers to allowing EPT in all states. [1]

Timely diagnosis, reporting and treatment of STIs are essential for stopping the spread of these diseases. [2] Chlamydia and gonorrhea remain the two most common STIs, and infections are rising--females 15-19 years old represent the largest proportion of reported cases. [2] Chlamydia and gonorrhea infections in females can lead to complications such as pelvic inflammatory disease, ectopic pregnancy and infertility. [2] Infection in pregnancy can have severe effects on the fetus, newborn, and the mother. [2] African Americans are also disproportionately affected by both of these diseases, accounting for 48% of Chlamydia cases and 70% of gonorrhea cases in the U.S. in 2007--rates that are nine and nineteen times that of whites. [3]

The spread of Chlamydia and gonorrhea presents a persistent public health challenge for adolescents. [1] Currently, adolescent STI rates continue to rise in Connecticut and nationally. Adolescents are at increased risk due to higher rates of unprotected sex and barriers to obtaining health care.[2] Re-infection is also of particular concern in these populations, with many re-infected within 3-6 months of initial treatment because their sexual partners did not receive treatment [1]. In a Yale research study of teenage girls

seen at Connecticut community based clinics, over half were diagnosed with Chlamydia. [4] More than half of these cases were recurrent infections, and the average time for re-infection was five months. [4] EPT provides a way to reach teens who have been missed or who do not have access to their own treatment [1]. Adolescents also prefer EPT to partner notification, with 89% of 14-25 year olds in one study preferring this method versus 7% who preferred partner notification. [1] As 70% of Chlamydia cases and 55% of gonorrhea cases in Connecticut in 2006 occurred in individuals aged 10-24, it is all the more important that young people have access to treatment. In CT adolescents can consent to testing and treatment for STIs. [5]

Expedited partner therapy for STIs has been found to reduce rates of Chlamydia and gonorrhea infection and to be at least as effective as patient referral of the sexual partner in reducing re-infection rates. [1] Specific guidelines for EPT have been developed and include providing patient education and counseling regarding STI prevention as well as instructions and phone numbers to call if any side effects occur. Chlamydia and gonorrhea are easily treated with antibiotics, and serious adverse and allergic effects are rare with the recommended treatments for these infections. [1] In fact, in EPT programs monitored since 2001, no adverse drug effects or lawsuits have occurred. [1] A physician may also place an order on the prescription for the pharmacist to screen for drug allergies in the patient as well as provide patient education. [1] Many states have enacted legislation allowing EPT over the past few years, and 22 states now allow it, compared with only 12 out of 53 states and territories in February of 2008. [6,7]

There are enormous public health, economic and human costs associated with sexually transmitted infections. Currently, we spend \$15 billion annually on direct medical costs associated with STIs in the U.S. [8] This does not include the medical and human costs of infertility, ectopic pregnancies and disability and medical treatment in babies born to mothers with STIs. EPT is a safe, acceptable and cost-effective method to decrease the spread of sexually transmitted infections. [1] The Connecticut Public Health Association supports the use of expedited partner therapy for STIs by licensed health care professionals, including physician assistants, nurse practitioners and certified nurse midwives, according to CDC and AMA guidelines. **HB 5450, An Act Concerning Expedited Partner Therapy for Sexually Transmitted Diseases** would help to stem the spread of STIs in Connecticut and will likely have the greatest effect in the most disproportionately affected populations--young women and African Americans.

References

1. Burstein et. al. (2009, May). Position Paper, Expedited Partner Therapy for Adolescents Diagnosed with Chlamydia or Gonorrhea: A Position Paper for the Society of Adolescent Medicine. *Journal of Adolescent Health*. 45 (2009), 303-309. Retrieved from, http://www.adolescenthealth.org/AM/Template.cfm?Section=Position_Papers&Template=/CM/ContentDisplay.cfm&ContentID=1473
2. Workowski, Kimberly A. & Levine, William C. M.D., M.Sc (2002, May 10). Sexually Transmitted Diseases Treatment Guidelines --- 2002. Centers for Disease Control and Prevention. Retrieved from, <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5106a1.htm>
3. The Centers for Disease Control and Prevention (CDC). (2010, January 25). Health Disparities in HIV/AIDS, Viral Hepatitis, STDs, and TB. Retrieved from, <http://www.cdc.gov/nchhstp/healthdisparities/AfricanAmericans.html>
4. Niccolai, Linda et. al. (n.d). *CARE Research Briefs. Repeat Chlamydia Infections-- A Burden to Women's Health*. Yale Center for Clinical Investigation. Retrieved from, http://cira.med.yale.edu/research/chlamydia_infs.pdf
5. Guttmacher Institute. (2010, March 1). State Policies in Brief. Minors' Access to STI Services. Retrieved from, http://www.guttmacher.org/statecenter/spibs/spib_MASS.pdf
6. The Centers for Disease Control and Prevention (CDC). (2010, January 28). *Legal Status of Expedited Partner Therapy (EPT)*. Retrieved from, <http://www.cdc.gov/std/ept/legal/>
7. Hodge, James Jr. JD, LL.M et. al. (2008, February). Expedited Partner Therapy for Sexually Transmitted Diseases: Assessing the Legal Environment. *American Journal of Public Health*. 98(2), 238-243. Retrieved from, <http://ajph.aphapublications.org/cgi/reprint/98/2/238>
8. Guttmacher Institute. (2009, June). *Facts on Sexually Transmitted Infections in the United States*. Retrieved from, http://www.guttmacher.org/pubs/FIB_STI_US.html