Planned Parenthood®
of Southern New England, Inc.

Serving Connecticut & Rhode Island

Testimony of Planned Parenthood of Southern New England, Inc.
In Support of H.B. No. 6618 (RAISED) AN ACT CONCERNING VARIOUS REVISIONS TO PUBLIC HEALTH RELATED STATUTES

Representative Ritter, Senator Gerratana and members of the committee, Planned Parenthood of Southern New England would like to express its support for HB 6618. In particular, our interest lies in Section 12 of this legislation, which would allow Expedited Partner Therapy (EPT) in the case of any patient being treated for the sexually transmitted diseases Chlamydia or gonorrhea.

It is critical in the prevention of the spread of sexually transmitted diseases that each patient who receives treatment also convinces his or her sex partner to do likewise, in order to avoid re-infection. According to the Center for Disease Control and Prevention (CDC) this is a central component of prevention and control of bacterial sexually transmitted diseases (STD), and a hallmark of sound public health practice.

The most common form of EPT is patient delivered partner therapy where the patient is responsible for notifying his or her partner(s) and providing the actual treatment (usually in pill form.) EPT has received public endorsements by the Centers for Disease Control and Prevention (CDC), the American Medical Association, the American Academy of Pediatrics and the Society for Adolescent Medicine, following several CDC-sponsored studies that found it led to substantial reductions in recurrent infections and, at the same time, saved scarce public health resources. In Connecticut, EPT is supported by the Department of Public Health, the CT Hospital Association and the CT State Medical Society. Expedited partner therapy has been approved in 27 states and the City of Baltimore, MD. [i]

Chlamydia and gonorrhea are bacterial infections that can be cured with antibiotics. Women often do not show symptoms of STDs; however, they can be at greater risk for major complications. Untreated infections in women may lead to pelvic inflammatory disease (PID) a serious infection that itself may lead to ectopic pregnancy, infertility and chronic pain.[ii] The CT Department of Public Health reports in 2009 there were 2,554 cases of gonorrhea reported (58% of cases in women) and 12,136 cases of Chlamydia reported (74% of cases in women). [iii] Rates are heavily concentrated among young people. 71% (8,617) of reported Chlamydia cases in CT in 2009 were among young people aged 10-24. Left untreated, Chlamydia is a major contributor to infertility later in life. 57% (1,456) of reported gonorrhea cases in CT in 2009 were among young people aged 10-24. [iv]

The CDC estimates that there are approximately 19 million new STD infections each year, which cost the U. S. healthcare system $16.4 billion annually. Moreover, 51% of gonorrhea cases reported to the CT Department of Public Health in 2009 were among African-Americans. That was 5 times higher than among whites. [iv]

The rate of gonorrhea among African American males was almost 7 times higher than among white males. The rate of gonorrhea among African American females was more than 4 times higher than among white females. [iv]

Similarly, 34% of Chlamydia cases reported to the CT Department of Public Health in 2009 were among African-Americans. That was 2.5 times higher than among whites. [iv] The rate of Chlamydia among African American males was more than 3 times higher than among white males. The rate of Chlamydia among African American females was 2 times higher than among white females. [iv]

Screening and treatment of a patient's partner is crucial not only to improving the partner's health, but to breaking the cycle of re-infection that is commonly seen among patients with curable infections such as Chlamydia and gonorrhea. Recurring Chlamydia infections are prevalent in young women ages 14-19, nearly 30% reported repeated infection through a 4 year study.[iv] Allowing patients to deliver either the treatment or a written prescription to a partner will, in situations where the partner would not seek independent treatment, help such young women avoid prompt re-infection.

The relatively minor risk of possible adverse effects should not in itself preclude use of EPT. [v] In states already offering EPT, hotlines have been established to report adverse reactions to EPT (such as allergies), and *no such reports have been made to date*.

We appreciate the opportunity to offer support for this legislation and believe that, if approved, EPT could make a meaningful contribution to the decrease in STDs in our state.

---

[i] Center for DiseaseControl and Prevention http://www.cdc.gov/std/ept/legal/
[ii] Guttmacher Institute http://www.guttmacher.org/pubs/FIB_STI_US.html
[iii] State of CT Department of Public Health, Sexually Transmitted Diseases 2009 Surveillance Summary
[iv] Yale Department of Epidemiology and Public Health (EPH) http://opa.yale.edu/news/article.aspx?id=1622
[v] Expedited Partner Therapy in the Management of Sexually Transmitted Diseases Final Report 2006 http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf