

Who can I contact if I have questions about procedures for administering expedited partner therapy in Oregon?

If you don't find the information you need among our EPT protocol and patient information sheets online, contact your local health department STD program or the STD Program at the Public Health Division (971-673-0153).

We are a local health department clinic. How should we track medicines dispensed for EPT?

Local health department clinics typically track STD medication using electronic or paper medication logs. For tracking EPT, we recommend making an original log entry for each individual course of partner treatment dispensed. The entry should document at least the name of the client who was diagnosed with the original infection, and the amount and type of medication dispensed, and the lot number of the medication. Some clinics will also choose to record the name of partner, if known, and to make a notation that written medication information was given to the original patient to be given in turn to the partner. This fact could also be recorded in the original patient's medical record.

To our knowledge, no specific regulations address the propriety of recording the name of the intended recipient of EPT. Some providers, clinics and facilities believe that they should not record the name of the partner in order to maximally safeguard his or her privacy since he/she did not provide general consent for treatment. Other providers believe that the name of the EPT partner, if known should be recorded. Individual clinics and practices will need to determine their own practices on this issue.

Should we report EPT prescribed or dispensed via Orpheus (Oregon Public Health Epidemiologists' User System)?

We will soon expand our reportable disease registry (Orpheus) at the Public Health Division Sexually Transmitted Disease Program to accept information about the number and type of EPT prescriptions written or dispensed for each Gonorrhea or Chlamydia case. In the meantime, some individuals have chosen to enter information about EPT prescribed or dispensed in the "notes" field in Orpheus.

What if a pharmacist isn't aware that it is permissible to fill an EPT prescription for a partner who is not named on the prescription?

You can refer the pharmacist to the Oregon Board of Pharmacy web site <http://www.pharmacy.state.or.us/> where they can find information about the new statute and rules for EPT. Pharmacists with additional questions can contact the Board of Pharmacy front desk at 971-673-0001.

What if a female partner is pregnant?

Controlled trials of EPT to date have not typically included pregnant women. Treatment of sexually transmitted infection in a pregnant woman is particularly important to prevent premature birth and neonatal infections. Because of the severity of these potential complications, repeat testing after treatment to verify cure should be a special priority among pregnant women. In addition, because of the potential risks to fetus, testing her for other STDs such as hepatitis B, HIV and syphilis assumes greater importance.

For all of these reasons, we suggest that practitioners considering EPT inquire about whether a female partner might be pregnant. The practitioner should carefully weigh any decision to offer EPT to that partner against the potential risk that offering EPT might reduce the likelihood that a pregnant woman would seek medical care to assess the status of the pregnancy and test for other STD's such as hepatitis B, HIV, and syphilis, or that she would return for testing after treatment.

The drugs currently recommended by the Oregon STD program for expedited partner treatment, azithromycin for Chlamydia, and cefixime and azithromycin for Gonorrhea, are classified as Pregnancy Category B drugs (no evidence of risk in pregnant humans).

What if a female partner is breastfeeding?

With EPT, as in other therapeutic circumstances, practitioners should always consider potential effects on the infant when prescribing medicines to breastfeeding women. If the practitioner believes that the need to directly assess the breastfeeding partner and that the risks of presumptive treatment exceeds the benefits of EPT, then EPT should not be offered to a breastfeeding partner.

Azithromycin—the drug currently approved for expedited partner treatment of presumed Chlamydia infection—is used to treat some infections in infants and probably does not enter the breast milk in substantial quantities.

Cefixime is used along with azithromycin for expedited partner therapy of gonorrhea. It is not known if cefixime is excreted in breast milk. In general, cephalosporins are not expected to cause harmful effects in breast feeding infants; cefixime is sometimes used to treat certain kinds of infections in infants.