

CAPITOL FACTS & FIGURES

HEALTH

Expedited Partner Therapy to Reduce Sexually Transmitted Infections

In almost half of the states, physicians can legally provide antibiotic treatment for the sexual partners of their patients diagnosed with chlamydia or gonorrhea infections, without ever seeing the partners. This cost-effective treatment approach is known as expedited partner therapy.

- When patients are diagnosed with chlamydia or gonorrhea, they are counseled to take antibiotics, avoid re-infection and encourage their partners to be treated. Expedited partner therapy can be used when patients do not provide their sexual partners' names for follow-up, or the partners will not obtain treatment due to access, coverage or confidentiality concerns.
- The legal basis for expedited partner therapy varies from state to state, but is established through legislation, regulation or modification of state medical, nursing and pharmacy practice laws.
- Expedited partner therapy is legally permitted in 23 states and Baltimore, Md., according to the U.S. Centers for Disease Control and Prevention. Eight states prohibit expedited partner therapy. Nineteen states, Washington, D.C., and Puerto Rico don't specifically prohibit the practice; therefore it is potentially allowed from a legal standpoint.
- Public health officials endorse using expedited partner therapy to supplement traditional approaches of contacting and treating sexual partners. Where permitted, state public health departments issue clinical care guidelines specifying the types of patients and antibiotics best suited for expedited partner therapy. When used appropriately, expedited partner therapy is more successful than traditional patient referral approaches in getting antibiotic treatment to sexual partners.
- Expedited partner therapy is carried out by giving patients antibiotic medication, a prescription or directions to pharmacies or public health programs providing medications for their partners. The medication generally consists of a one-time dose of an antibiotic with a low potential for allergic and other adverse reactions, and is accompanied by written instructions on how to take the medication and how long to abstain from sex after treatment, as well as suggested medical professionals to contact.



Expedited partner therapy and annual testing are important public health tools to prevent the spread of chlamydia and gonorrhea, both curable infections.

- The CDC estimates nearly 3 million people are newly infected with chlamydia each year, and about 700,000 Americans are infected with gonorrhea annually. Because these infections often occur without symptoms, about half are undiagnosed.
- If these curable infections remain untreated, severe consequences can develop. The CDC estimates that at least 24,000 American women become infertile from these infections each year. Chlamydia infections also may lead to premature delivery and infection in newborns, and increase a woman's risk of contracting sexually transmitted HIV. CDC recommends annual testing for chlamydia and gonorrhea, but only about 40 percent of sexually active females enrolled in health plans were tested in 2007.
- Accessible testing and treatment are critical to reducing the significant health disparities in gonorrhea and chlamydia. The infections occur more often among youth, and teenage girls account for about 25 percent of the five most common sexually transmitted infections. African-American women have much higher reported rates of these infections than white or Hispanic women, particularly for gonorrhea. Similar racial disparities exist among young males.

FOR MORE INFORMATION

- » CSG's State Policy Profiles (link to <http://www.healthystates.csg.org/>)
- » Expedited Partner Therapy: Innovative Health Policy Reduces Sexually Transmitted Infections and Prevents Infertility, The Book of the States, 2010 (<http://knowledgecenter.csg.org/drupal/content/expedited-partner-therapy-innovative-health-policy-reduces-sexually-transmitted-infections-a>)
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Expedited Partner Therapy Legal Status and Infection Rates in Women by Race/Ethnicity

State/ Jurisdiction	Expedited Partner Therapy Legal Status ¹	2008 Reported Chlamydia Infections in Women [per 100,000 population] ³					2008 Reported Gonorrhea Infections in Women [per 100,000 population] ³				
		White	African-American	Hispanic	American Indian	Asian	White	African-American	Hispanic	American Indian	Asian
Alabama	Potentially Allowable	175	2,002	553	157	247	43	692	37	39	52
Alaska	Potentially Allowable	501	2,123	766	4,456	1,251	32	260	96	507	109
Arizona	Permissible	231	1,510	899	1,959	205	23	343	65	141	10
Arkansas	Prohibited	380	3,215	873	353	716	54	967	92	80	102
California	Permissible	187	1,580	761	368	204	21	390	48	49	14
Colorado	Permissible	123	1,472	600	455	148	26	630	120	108	31
Connecticut	Potentially Allowable	120	2,043	1,090	296	147	16	630	149	54	8
Delaware	Potentially Allowable	299	2,103	1,707	-	97	52	581	134	-	19
District of Columbia	Potentially Allowable	46	1,549	712	2,130	159	8	556	107	355	50
Florida	Prohibited	250	2,110	373	264	190	50	668	43	55	28
Georgia	Potentially Allowable	98	1,035	270	443	84	20	367	33	108	28
Hawaii	Potentially Allowable	232	748	449	329	395	15	97	44	-	41
Idaho	Potentially Allowable	305	867	891	1,075	227	10	-	18	27	-
Illinois	Permissible	236	2,850	981	110	122	41	1,004	128	46	11
Indiana	Potentially Allowable	287	2,608	937	175	135	64	1,189	127	117	62
Iowa	Permissible	387	4,096	1,112	1,422	387	47	1,286	89	181	47
Kansas	Potentially Allowable	273	2,374	984	984	154	48	930	125	142	23
Kentucky	Prohibited	191	1,570	565	202	88	46	728	64	-	44
Louisiana	Permissible	220	2,003	-	48	-	56	666	-	19	-
Maine	Permissible	270	1,428	109	240	268	6	165	-	-	19
Maryland	Potentially Allowable; permissible in Baltimore only	204	1,167	586	139	90	25	286	44	42	5
Massachusetts	Potentially Allowable	111	1,431	1,172	702	262	8	248	89	94	11
Michigan	Prohibited	194	1,826	494	310	145	35	708	95	45	18
Minnesota	Permissible	224	3,191	1,247	1,580	652	29	856	80	195	38
Mississippi	Permissible	239	2,189	177	1,955	360	51	664	40	498	39
Missouri	Potentially Allowable	270	2,553	806	193	320	51	923	96	40	26
Montana	Potentially Allowable	294	1,385	338	2,414	447	13	-	11	66	32
Nebraska	Potentially Allowable	204	3,093	738	1,791	208	38	1,342	47	256	16
Nevada	Permissible	243	1,530	595	487	293	36	405	53	67	36
New Hampshire	Permissible	236	679	580	69	199	8	45	27	-	10
New Jersey	Potentially Allowable	62	1,092	507	315	43	7	295	40	29	4
New Mexico	Permissible	332	972	977	1,591	99	36	307	122	66	8
New York	Permissible	133	1,298	546	385	103	16	276	50	69	7
North Carolina	Permissible	289	2,094	1,145	937	345	63	733	124	412	49
North Dakota	Permissible	255	2,089	521	2,069	196	16	330	52	159	98
Ohio	Prohibited	213	2,158	651	246	156	46	850	107	90	48
Oklahoma	Prohibited	401	2,842	910	1,058	369	83	1,284	133	186	29
Oregon	Permissible	322	1,735	986	719	242	27	313	51	29	12
Pennsylvania	Permissible	137	2,027	851	189	141	22	551	125	24	19
Puerto Rico	Potentially Allowable	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Rhode Island	Potentially Allowable	216	1,640	1,411	1,109	488	10	228	66	-	8
South Carolina	Prohibited	251	1,897	639	185	158	59	653	53	15	17
South Dakota	Potentially Allowable	368	1,443	736	4,171	310	29	316	-	634	39
Tennessee	Permissible	291	2,609	1,325	251	174	49	767	134	70	23
Texas	Permissible	343	2,042	1,109	173	199	66	750	143	45	29
Utah	Permissible	312	1,262	1,080	702	552	10	171	32	9	20
Vermont	Permissible	338	710	195	85	195	7	59	-	-	-
Virginia	Potentially Allowable	210	1,767	596	123	137	38	624	60	10	19
Washington	Permissible	306	1,638	1,189	982	353	27	329	58	94	24
West Virginia	Prohibited	234	1,229	435	59	240	38	397	73	-	55
Wisconsin	Potentially Allowable	239	3,398	836	1,116	429	33	1,400	122	240	35
Wyoming	Permissible	272	1,070	771	771	215	19	178	86	23	-

¹ U.S. Centers for Disease Control and Prevention. Legal Status of Expedited Partner Therapy, April 2010. <http://www.cdc.gov/std/ept/legal/default.htm>

² American Social Health Association. State Investment in STD Prevention, Comparison Data. http://www.ashastd.org/stdpreventionfunding/rpt_comp.cfm?_fvari=1

³ CDC, National Center for HIV, STD and TB Prevention, Division of STD/HIV Prevention. Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996-2008, CDC WONDER On-line Database, November 2009. <http://wonder.cdc.gov/std-v2008-race-age>