

Study finds success in drug-intervention program for gonorrhea (Update)

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A Washington state program that gives people with chlamydia or gonorrhea free antibiotics to treat their partners boosted access to the drugs and may have reduced rates of sexually transmitted infections.

The intervention, outlined in a study published Thursday in the journal *PLOS Medicine*, appeared to approximately double the likelihood that sex partners could receive treatment without having to go to the doctor.

"We think about 50 percent of heterosexuals with gonorrhea or chlamydia were offered medications to give to their sex partners and about one-third received them," said Dr. Matthew Golden, director of the HIV/STD program at Public Health - Seattle & King County.

The effort appeared to cut rates of the potentially dangerous sexually transmitted diseases, or STDs, by about 10 percent, though the drop wasn't statistically significant and needs to be confirmed in larger studies.

The study included data from 23 local health jurisdictions in Washington state during a 22-month period from October 2007 to August 2009. The sites were randomly assigned in six- to eight-month waves where health care providers would hand out free antibiotics - azithromycin and cefixime - to patients to give to up to three sex partners. Or they'd provide prescriptions for the partners to be filled for free at cooperating pharmacies. In addition, health department staff offered to help patients notify their partners that they had been exposed to the sexually transmitted infections, or STIs.

"It's the only community-level trial to date to look at 'Can an intervention decrease STIs at a population level?' " Golden said. "To date, no one has replicated what we're doing."

Over the study period, public health workers distributed nearly 20,000 drug packs to about 500 medical clinics and pharmacies.

By the end of the trial, the proportion of patients who received free drugs jumped from 18 percent to 34 percent, and the percentage of those receiving partner services climbed from 25 percent to 45 percent, the study found.

The intervention demonstrated a level of use of what's known as "expedited partner therapy" or EPT, that was about five times higher than other places in the U.S., Golden said.

That makes the Washington program a model for communities seeking to reduce gonorrhea and chlamydia, which can go undiagnosed and untreated, impairing fertility and causing other health problems.

In 2013, about 1.4 million people in the U.S. were infected with chlamydia, and about 333,000 had gonorrhea, according to federal statistics. In Washington, there were about 25,000 chlamydia cases and 4,390 gonorrhea cases that year, records show.

The study fuels evidence for proposed guidelines from the Centers for Disease Control and Prevention that call for doctors and other health care providers to routinely offer the expedited treatment to heterosexual patients with the two common STIs - as long as it's legal.

"It's most useful when the partner is unlikely to seek care and not likely to be treated," explained Matthew Hogben, chief of social and behavioral research in the CDC's STD prevention division. "We do consider it a useful option for partner treatment."

EPT is legal in 35 states in the U.S. and potentially allowable in nine states, but it's

prohibited in six states, typically because of existing laws that bar doctors from prescribing drugs without first examining a patient.

Despite those laws, the CDC has recommended EPT since 2006, with guidelines updated in 2010, Hogben said.

The new guidelines, which are awaiting clearance, are the strongest yet, and they're based on evidence that in a meta-analysis of several trials, so-called "patient-delivered partner therapy" can reduce rates of chlamydia by 20 percent and rates of gonorrhea by 50 percent.

The practice has continued to thrive in Washington since the study ended, Golden said.

"Uptake has been huge," he said. "Patients want it."

For the trial, the drugs were provided free by manufacturer Pfizer and local pharmacies. In the future, Golden said he'd like to see them made widely available the same way that vaccines are available to ensure children are immunized.

"If we say that STDs are a public health problem, we should purchase the medications together," he said. "We feel that partner treatment should be like that."

More information: Golden MR, Kerani RP, Stenger M, Hughes JP, Aubin M, et al. (2015) Uptake and Population-Level Impact of Expedited Partner Therapy (EPT) on Chlamydia trachomatis and Neisseria gonorrhoeae: The Washington State Community-Level Randomized Trial of EPT. *PLoS Med* 12(1): e1001777. [DOI: 10.1371/journal.pmed.1001777](https://doi.org/10.1371/journal.pmed.1001777)

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