



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
Thomas Farley, MD, MPH
Commissioner

Susan Blank M.D., MPH
Assistant Commissioner STD
Control Bureau
Sblank@health.nyc.gov

January 2010

**125 Worth Street
Box 73 Rm. 207
New York, N.Y. 10013**

Re: Legalization of Expedited Partner Therapy for Chlamydia in New York State

**212-7884423 tel
212-7884431 fax**

Dear Colleague,

In January 2009, Expedited Partner Therapy (EPT) was made legal in New York State (NYS). EPT is a strategy for treating the sex partners of persons diagnosed with *Chlamydia trachomatis* (Ct) infections. EPT allows health care providers to provide patients with medication or a prescription to deliver to his or her sexual partner(s) without a prior medical evaluation or clinical assessment of those partners. The recommended EPT treatment for Ct is 1g of Azithromycin in a single oral dose. Regulations to accompany this law are forthcoming and are expected during Spring 2010.

NYS law requires that each patient provided with EPT (medication or prescription to deliver to sex partners to treat Ct) must also be given educational materials to give to his or her sex partner(s). The New York City (NYC) Department of Health and Mental Hygiene (DOHMH) has developed EPT fact sheets for patients and partners to be dispensed with EPT. These fact sheets address a variety of health concerns in partners including possible side effects and contraindications of Azithromycin. It is important that health care providers inform patients to encourage their sexual partner(s) to visit a provider for medical evaluation, regardless of whether they take the medicine.

Ct is the most commonly reported bacterial sexually transmitted disease (STD) nationwide and in NYC, and rates are highest among adolescents and young women. In 2008, there were over 56,000 Ct cases reported to the NYC DOHMH. NYC Ct rates among adolescent females 15-19 years old were 5,106 per 100,000, compared to 3,276 per 100,000 nationally.

Each new Ct infection increases the risk of adverse outcomes such as Pelvic Inflammatory Disease (PID), infertility, and ectopic pregnancy. In NYC, 14% of young women have at least one repeat Ct infection within a year. Having an untreated sex partner is the primary risk for reinfection, so treating the sex partners of a person diagnosed with Ct is critical to interrupt the spread of infection.

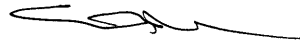
EPT has long been practiced by many health care providers, however, the Centers for Disease Control and Prevention (CDC) did not formally recommend EPT as an option for partner management until 2006. Currently, EPT is permitted in 20 states within the U.S. In NYS, EPT is legal only for Ct infection and should not be provided as treatment for the partners of persons diagnosed with gonorrhea or trichomonas vaginalis, as EPT use for these two pathogens is

not legal in NYS. The NYC DOHMH Bureau of STD Control (BSTDC) recommends that EPT be considered only for partners of heterosexual patients with Chlamydia infections. EPT is not recommended for men who have sex with men because there are limited data examining the use of EPT in this population.

NYC DOHMH is in the process of developing an EPT guidance document for health care providers, as well as creating an EPT webpage where you will be able to access all EPT related materials, including laws and regulations, and guidance documents. The website address is: www.nyc.gov/health/ept

We look forward to working with you on EPT implementation and encourage you to contact NYC DOHMH BSTDC at **ept@health.nyc.gov** with any questions regarding EPT. Thank you for considering a new strategy to decrease the spread of Ct in NYC.

Sincerely,

 MD, MPH