



Public Health Update

Arizona Department of Health Services– Public Health Services
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EXPEDITED PARTNER THERAPY FOR CHLAMYDIA AND GONORRHEA IN ARIZONA- A CLINICAL TOOL TO INCREASE PARTNER TREATMENT AND DECREASE RE-INFECTION

Melanie Taylor, MD, MPH and Brandy Peterson, MPH

In Arizona, the rates of sexually transmitted diseases (STD) are steadily increasing. Treatment is critically important to controlling these diseases, especially among adolescents, young adults, and certain racial groups where rates remain high.

In April of 2008, Senate Bill 1078 was passed which amends ARS 32-1401.27 and 32-1854 to allow allopathic, naturopathic, and osteopathic physicians, or physician assistants to dispense or prescribe antimicrobial medications to contacts of patients with communicable diseases without an intervening health assessment of the partner. The application of this statute, for STDs such as gonorrhea and chlamydia, is referred to as expedited partner therapy (EPT). The law became effective September 26, 2008. EPT is now being utilized in all but 11 states. Registered nurse practitioners in Arizona are also allowed to provide EPT as determined by the Arizona Board of Nursing.

The standard mechanism used to assure treatment of the partners of persons with chlamydia or gonorrhea infection is patient referral, but this method has had only modest success. EPT should be considered when standard patient referral is unlikely to result in proper treatment. The common way EPT is implemented is patient-delivered partner therapy (PDPT).

Data has been collected from studies comparing the efficacy of EPT to standard partner therapy. Some of these findings are summarized below:

- EPT is a useful option to facilitate partner referral among heterosexual men and women with chlamydia or gonorrhea, and to prevent re-infection of patients with chlamydia or gonorrhea.
- EPT may be considered for pregnant partners. However, current studies did not include analyses for this group. (Most pregnant women already have access to healthcare and are motivated to protect the health of the fetus, factors that are likely to reduce the role of EPT.) All pregnant women should be referred for comprehensive prenatal care that includes syphilis and HIV testing in addition to chlamydia and gonorrhea. Neither azithromycin nor cefixime are contraindicated in pregnancy.
- EPT is at least equivalent in efficacy to standard partner management for gonorrhea and chlamydia.
- EPT is a cost-saving and cost-effective partner management strategy.

CURRENT RECOMMENDATIONS FOR EPT FOCUS ON THE TREATMENT OF CHLAMYDIA AND GONORRHEA

- Partners of persons with chlamydia should receive or be prescribed 1 gm azithromycin (four 250 mg tabs) to be taken as one dose.
- Partners of persons with gonorrhea should receive or be prescribed 400 mg cefixime to be taken as one dose.
- Patient information sheets should accompany all directly dispensed antibiotics and/or prescriptions for antibiotics. These information sheets are available at: <http://www.azdhs.gov/phs/oids/std/index.htm>
- Costs of medications used for partner treatment cannot be charged to your patient's insurance.

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Additional
guidance is
available on the
CDC STD website:
[http://
www.cdc.gov/std/
ept/](http://www.cdc.gov/std/ept/)

POINTS TO DISCUSS WITH PATIENTS

- Patients and partners should not engage in sexual activity for 7 days after taking the medication
- Patients and partners should be referred for STD testing in 3 months
- Discuss possible allergic reactions to antibiotics
- Encourage patients to have partners seen by medical provider for STD testing and treatment
- Encourage patients to visit CDC website for more information on STD at www.cdc.gov/std

For more information and frequently asked questions related to EPT as well as partner information sheets in English and Spanish please access the Arizona Department of Health Services STD website:

<http://www.azdhs.gov/phs/oids/std/index.htm>

Or contact your local health agency or:

Melanie Taylor, M.D., M.P.H.,
Medical Director, Office of HIV, STD, and Hepatitis C Services,
Arizona Department of Health Services
150 N. 18th Avenue, Suite 140, Phoenix, AZ 85007-3237
(602) 364-4666 or Fax: (602) 364-2119, taylor@m@azdhs.gov

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FOLIC ACID AWARENESS WEEK, JANUARY 2009 TIM FLOOD, MD

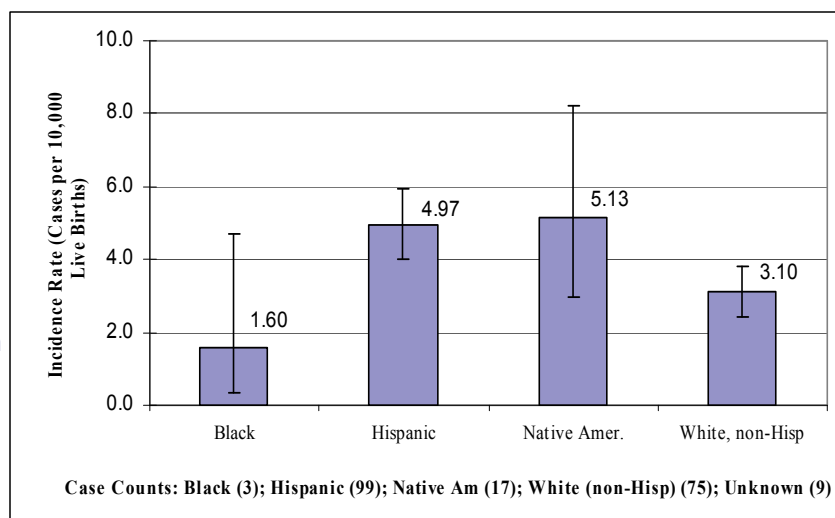
Folic Acid Awareness Week occurs January 5-11, 2009. Physicians and nurses are encouraged to educate patients about the benefits of the vitamin folic acid, particularly its role in preventing spina bifida. Lifetime economic costs associated with caring for a child with spina bifida range from \$500,000 to \$1 million.

In 1992, the Centers for Disease Control and Prevention (CDC) recommended that women of childbearing age consume 400 micrograms of synthetic folic acid daily. Then in 1997-1998, the Food and Drug Administration required the addition of synthetic folic acid to enriched cereal-grain products. Fortification was associated with a 34% drop in spina bifida rates in the U.S.:

Data collected by the Arizona Department of Health Services Birth Defects Monitoring Program (ABDMP), which tracks the incidence of neural tube defects, show that approximately 34 babies are born in Arizona each year with spina bifida. The rate of spina bifida went from 4.95 cases per 10,000 live births during the pre-folic acid fortification period to 4.16 per 10,000 live births post fortification. This 16% reduction in Arizona's occurrence of spina bifida falls somewhat short of the 34% decrease seen nationally.

Significant racial and ethnic disparities exist for the incidence of spina bifida. The rate for White non-Hispanics is 3.10 cases per 10,000 live births (Figure 1). For Native Americans the rate is 5.13 (95% CI: 2.99-8.22) per 10,000 live births. For White Hispanics the rate is 4.97 (95% CI: 3.99-5.95) per 10,000 live births; a statistically elevated rate compared to that of White non-Hispanics.

Figure 1. Race/ethnic rates of spina bifida in Arizona, for a post fortification period, 1999-2004. Bars indicate 95% confidence intervals. Source: AZ Birth Defects Monitoring Program.



FOLIC ACID AWARENESS WEEK JANUARY 2009

Tim Flood, MD

<http://azdhs.gov/phs/bnp/folicacid/>

<http://www.getfolic.org/>

<http://www.cdc.gov/ncbddd/folicacid/>

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Up to 70% of neural tube defects, such as spina bifida and anencephaly, can be reduced by taking a folic acid supplement. Recognizing that unplanned pregnancies account for half of all pregnancies in the United States, the CDC and other organizations recommend that **all women of child bearing age take 400 micrograms of folic acid daily**. Once pregnancy is confirmed, the Institute of Medicine recommends increasing the folic acid consumption. The March of Dimes Foundation notes that most prenatal vitamins on the market contain between 800 and 1,000 micrograms of this essential nutrient. Women with a history of previous children with spina bifida, or a family history, require a higher dose of folic acid (4 mg daily) for subsequent pregnancies.

The average American's diet is deficient in foods that contain natural folate. Dietary folate can be obtained in foods such as green leafy vegetables, beans, orange juice. Until the average diet improves, the best strategy for reducing the occurrence of neural tube defects is to recommend daily intake of synthetic folic acid. Given the disparities in rates, Arizona's Hispanic and Indian population can benefit most significantly from efforts to promote folic acid.

Health care professionals can order educational materials to educate patients year-round from: <http://www.cdc.gov/ncbddd/folicacid/healthmaterials.htm>

EDITORS

Ken Komatsu
State
Epidemiologist

Rebecca
Sunenshine
Deputy
State
Epidemiologist

For more information, please contact:

Adrienne Udarbe, RD
Maternal and Child Health Nutrition Manager
Arizona Department of Health Services
Tel: (602) 364-0451 or Adrienne.urdarbe@azdhs.gov

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regarding this
publication
can be
emailed to:

christine.wampler@azdhs.gov

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