

Expedited Partner Therapy (EPT) increases the frequency of partner notification among MSM in Lima, Peru: A pilot randomized controlled trial(Article)

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Background: Expedited Partner Therapy (EPT) has been shown to improve treatment outcomes among heterosexual partners of individuals with curable sexually transmitted infections (STIs). Although the use of EPT with men who have sex with men (MSM) has been debated, due to the potential for missed opportunities to diagnose unidentified cases of HIV and syphilis infection in symptomatic partners, increases in partner notification (PN) resulting from use of EPT may promote testing and treatment of otherwise unidentified partners. We assessed the impact of EPT on self-reported PN among MSM in Peru with gonorrheal (GC) and/or chlamydial (CT) infection. **Methods:** We enrolled 173 MSM in Lima, Peru with symptomatic or asymptomatic GC and/or CT infection between 2012 and 2014. We enrolled 44 MSM with symptomatic urethritis/proctitis and 129 MSM with asymptomatic GC/CT infection, diagnosed based on nucleic acid testing (Aptima Combo 2 Transcription-Mediated Amplification [TMA]) from urethral, pharyngeal, and rectal sites. Eligible participants were randomly assigned to receive either standard PN counseling (n = 84) or counseling plus EPT (cefixime 400 mg/azithromycin 1 g) for up to five recent partners (n = 89). Self-reported

notification was assessed by computer-assisted self-administered survey among 155 participants who returned for 14-day follow-up. Results: The median age of participants was 26 (interquartile range [IQR]: 23-31) with a median of 3 sexual partners (IQR: 2-4) in the previous 30-day period. Among all participants, 111/155 (71.6%) notified at least one partner at 14-day follow-up with a median of 1 partner notified per participant (IQR: 0-2). For participants randomized to receive EPT, 69/83 (83.1%) reported notifying at least one partner, compared with 42/72 (58.3%) of participants in the control arm (odds ratio = 3.52; 95% confidence interval [CI]: 1.68-7.39). The proportion of all recent partners notified was significantly greater in the EPT than in the control arm (53.5%, 95% CI: 45.0-62.0% versus 36.4%, 95% CI: 27.0-47.4%). Conclusions: Provision of EPT led to significant increases in notification among Peruvian MSM diagnosed with GC/CT infection. Additional research is needed to assess the impact of EPT on biological outcomes, including persistent or recurrent infection, antimicrobial resistance, and HIV/STI transmission, in MSM sexual networks. Trial registration: ClinicalTrials.gov, NCT01720654. Registered on 10/29/2012. © 2017 The Author(s).

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Author keywords

- Expedited Partner Therapy
- Latin America
- MSM
- Partner notification

Indexed keywords

EMTREE drug terms: azithromycin cefixime ceftriaxone

EMTREE medical terms: adult Article chlamydia controlled study Expedited Partner Therapy female gonorrhea control major clinical study male men who have sex with men patient counseling Peruvian study proctitis randomized controlled trial rectum single drug dose urethra urethritis Ceftriaxone examination gonorrhea male homosexuality sexuality young adult

MeSH: Adult Chlamydia Infections Contact Tracing Gonorrhoea Homosexuality, Male Human Sexual Partners Young Adult

Chemicals and CAS Registry Numbers:

azithromycin, 83905-01-5, 117772-70-0, 121470-24-4; cefixime, 79350-37-1; ceftriaxone, 73384-59-5, 74578-69-1

- **ISSN:** 17417015

- **Source Type:** Journal
- **Original language:** English

- **DOI:** [10.1186/s12916-017-0858-9](https://doi.org/10.1186/s12916-017-0858-9)
- **PubMed ID:** [28468648](https://pubmed.ncbi.nlm.nih.gov/28468648/)
- **Document Type:** Article
- **Publisher:** BioMed Central Ltd.