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**A new front in the STD war**

*By: Debra Pressey*

SPRINGFIELD – For public health professionals like Julie Pryde, the war on sexually transmitted diseases just keeps hitting another bump in the road.

Reduce the spread of one disease, and the statistics for another one start to rise.

Treat somebody with a disease, and the same person comes back with a reinfection from the same sex partner who never came in for treatment.

"Now we have to contend with the Internet and the chat rooms and people hooking up online," said Pryde, acting administrator for the Champaign-Urbana Public Health District. "I always feel like we're trying to catch up."

Nowhere is the cycle of infection and reinfection more frustrating than in a handful of Illinois counties, among them Champaign and Vermilion, where there are higher-than-state-average infection rates for two sexually transmitted diseases, gonorrhea and chlamydia.

This past week – on the same day the Centers for Disease Control and Prevention released a study showing one in four teenage girls in the U.S. has a sexually transmitted disease – Pryde said Illinois lawmakers delivered the war on STDs another disappointing setback.

The state Senate Public Health Committee killed a piece of legislation (SB 2150) that would have legalized a controversial treatment option called "expedited partner therapy," which public health providers say could help them fight the spread of gonorrhea and chlamydia.

Expedited partner therapy, a practice endorsed by the CDC and already permitted in several states, allows doctors to write double prescriptions for people who test positive for gonorrhea or chlamydia – one prescription for the patient and one for the patient's sex partner – without testing or examining the partner.

The major supporter of the legislation in Illinois, the AIDS Foundation of Chicago, now hopes to get a new bill through the Legislature this year that would allow some expedited partner therapy pilot projects through some public health organizations.

John Peller, director of government relations for the AIDS Foundation, said skeptics need to look at how expedited partner therapy is working in other states, among them California. And maybe a pilot project would increase the comfort level for this practice in Illinois.

"It really is kind of a shift for the mainline medical community to give people medications without examining them," he said. "I think we need to spend some more time showing people in Illinois that it works, and it's safe and it's effective."

Another weapon to fight STDs

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Expedited partner therapy wouldn't stop gonorrhea and chlamydia, public health experts say, but it stands to make a big difference to those caught in the infection/reinfection cycle because it would get medications to their untreated partners.

"We know that just half of the partners actually get treatment when they're exposed to a sexually transmitted disease, and that's because individuals who are affected are often asymptomatic," Peller said.

This failure to get so many people treated is a problem for all of Illinois and a major concern in Cook County, which chalked up the largest number of gonorrhea cases and second-highest number of chlamydia cases in the nation in 2006, he said.

A major selling point for expedited partner therapy, Peller said, is that the treatments for both gonorrhea and chlamydia are single-dose antibiotics that carry low risks of allergic reactions.

"We're not talking about sending someone home with 30 days of medication that has to be taken three times a day," he said. "It's one dose, which is why it is simple and effective."

Expedited partner therapy especially stands to make a big difference to teen girls and young women – often the ones suffering the most from repeated reinfections and the long-term disease effects – because they can't or won't stand up to their male partners refusing to seek treatment or protect them, Pryde said.

Chlamydia, which often comes with only mild symptoms or no symptoms at all, can damage a woman's reproductive organs and lead to infertility if left untreated. And untreated gonorrhea, which can be spread from the mother to a baby during delivery, also often comes with no symptoms but can cause serious and permanent health problems in men and women, according to the CDC.

Pryde said the public health district counsels abstinence as the best guarantee against infection and reinfection, but "because our heads are not buried in the sand," the district also offers a liberal supply of free condoms and teaches clients how to use them properly.

### Testing a lot

Officials at both the Vermilion County Health Department and the C-U district say they find a lot of gonorrhea and chlamydia because they do a lot of testing for those diseases.

The Champaign-Urbana district alone tested about 1,800 people at the main clinic and another 750 through one mobile clinic last year, said Candi Crause, the district's interim director of infectious disease. This year, she adds, the district expects to do even more testing through two mobile units.

But it's more than a lot of testing that boosts statistics: Crause said she is also seeing a lot of complacency these days about protecting against sexually transmitted diseases, possibly because of the new medications that have been developed to treat HIV/AIDS.

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Vermilion County Health Department Administrator Steve Laker said his department supported expedited partner therapy legislation because it allowed – but didn't require – doctors to use it. But whether his organization would put it into practice, given the option, would depend on whether the department's physician would sign standing orders for it, he added.

Doctors in the state have several issues with expedited partner therapy, and the Illinois State Medical Society plans to discuss it further this spring, said the medical society's president, Dr. Rodney Osborn.

Of major concern to doctors is the potential compromise in the doctor-patient relationship when a doctor treats a patient he or she has never seen, he said.

What happens if the patient has an allergic reaction to the antibiotic, or has another medical condition that might have been discovered with an examination? And what about the liability exposure for the doctor who prescribes medicine for a patient who's never been examined?

"I don't write meds for patients I don't have a relationship with," Osborn said.

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