



IDAHO DEPARTMENT OF HEALTH & WELFARE

DIVISION OF PUBLIC HEALTH

Expedited Partner Therapy (EPT) for Sexually Transmitted Diseases (STDs)

A Guide for Healthcare Providers in Idaho

Idaho Department of Health & Welfare
Division of Public Health
HIV, STD & Hepatitis Section



HIV, STD and HEPATITIS

PREVENTION & CARE

Introduction

Expedited Partner Therapy (EPT), also known as Patient-Delivered Partner Therapy (PDPT), is the practice of treating sex partners of persons with certain sexually transmitted diseases (STDs), specifically chlamydia or gonorrhea, without the healthcare provider evaluating the partner. This is achieved by providing medications or prescriptions to the patient with the STD to give to their partner(s). The Centers for Disease Control and Prevention (CDC) has recommended the use of EPT since 2006 for partners of patients diagnosed with chlamydia and/or gonorrhea if it is unlikely the partners would seek timely evaluation and treatment. The goal of EPT is to increase partner treatment rates, reduce reinfection rates of the index cases, and stem the unprecedented epidemic of bacterial STDs in the nation currently¹.

EPT has been legal in Idaho since 2012 (see Appendix C for more information). The HIV, STD, and Hepatitis Section for the Idaho Department of Health and Welfare recommends the judicious incorporation of EPT into a comprehensive STD program for controlling chlamydia and gonorrhea.

This document is intended to provide guidance for providers who wish to prescribe or dispense antibiotic therapy for the sex partners of patients with *Neisseria gonorrhoeae* or *Chlamydia trachomatis*.

A Comprehensive Model of Control of STDs

The CDC STD Treatment Guidelines were last updated in 2015 (available at: <http://www.cdc.gov/std/treatment/>). A comprehensive model for controlling STDs should include:

- Collection of sexual history for all patients of reproductive age
- General STD prevention education and risk reduction counseling
- Pre-exposure vaccination of persons at risk for vaccine-preventable STDs
- Appropriate screening and diagnostic testing for STDs
- Adequate treatment for diagnosed cases and their partners
- Reporting of notifiable conditions to local public health authorities

Principles to Consider in the Practice of EPT¹

The most appropriate candidates for EPT are partners who are unable or unlikely to come in for examination and treatment in a timely fashion.

Patient's diagnosis must be *Neisseria gonorrhoeae* and/or *Chlamydia trachomatis* infection.

First-choice partner management strategy is to attempt to bring partner(s) in for complete clinical evaluation, STD testing, counseling, and treatment.

Partners with known contraindications to treatment medications should receive a

medical evaluation prior to receiving treatment.

EPT generally should *not* be offered to:

- Sex partners of the partners of the index patient. Encourage these individuals to seek medical evaluation, especially if experiencing STD symptoms; particularly symptoms of pelvic inflammatory disease (PID).
- Pregnant sex partners; refer to their prenatal care provider or another medical provider for evaluation and treatment.
- Men who have sex with men (MSM); due to relatively high prevalence of undiagnosed HIV infection among male partners of men with sexually transmitted infection.
- Sex partners of patients with syphilis.

EPT drug regimens:

Sex partners of patients diagnosed with **chlamydia**:

- Azithromycin (*Zithromax*) 1 gram (4 x 250 mg, 2 x 500 mg, or 1 x 1000 mg) orally, once

Sex partners of patients diagnosed with **gonorrhea**:

- Cefixime (*Suprax*) 400 mg (4 x 100 mg, 2x 200 mg or 1 x 400 mg) orally, once

AND

- Azithromycin (*Zithromax*) 1 gram (4 x 250 mg, 2 x 500 mg, or 1 x 1000 mg) orally, once

Patients with gonorrhea and their sex partners who are seen in person should both be treated with the first-line recommended treatment: ceftriaxone (*Rocephin*) 250 mg intramuscularly in addition to azithromycin. The second-line treatment, cefixime, is recommended for EPT because it can be taken orally.

Sex partner(s) in the previous 60 days may receive EPT (or most recent sex partner if none in the previous 60 days).

EPT may be provided in the following ways:

- Medications may be provided to the index patient to take to their partner(s) *OR*
- Separate prescriptions may be written for the index patient and their partner(s).

Documentation:

- The facility or provider, in consultation with practitioner boards and legal counsel, should determine where to record EPT related actions
- A medical chart is NOT required for sexual partners provided EPT
- The Idaho HIV, STD, and Hepatitis Section recommends that the names of partners receiving EPT **not** be written in the index patient's chart

Record-keeping for EPT prescriptions: EPT prescriptions should be filed like prescriptions for any noncontrolled substances².

The index patient chart may include:

- Number of partners provided EPT
- Medication(s) and dosage prescribed or provided
- Whether or not the partner(s) are known to be allergic to any medications
- The information sent along for the partner(s)

Written information must accompany the prescription or medication provided for each partner receiving EPT, including:

- Directions for the use of the drug by the patient (i.e. azithromycin, 1 gram taken in a single oral dose)
- Name and address of the prescribing provider and date issued
- The initials “EPT” in the body of the prescription form, above the name and dosage of the medication
- Medication information such as potential allergy, side effects, precautions in pregnancy
- The name, address, and date of birth of the partner if available. If the partner’s name, address, and/or date of birth are not available, the words “unnamed partner” may be stated in the designated areas
- Statement advising partners to seek medical evaluation if they have STD symptoms; particularly symptoms of PID
- Statement advising abstinence from sexual intercourse until seven (7) days after they and their partners have been treated
- Contact information for clinics where testing and care can be received

A separate prescription must be provided for each partner: Providers should not prescribe treatment for a partner by adding extra doses of medication to an index patient’s prescription.

When possible, retesting the patient and treated sex partner(s) for gonorrhea and chlamydia is recommended three months after treatment.

If the partner is allergic to azithromycin: EPT for the treatment of chlamydia should not be used to treat a partner who is known to be allergic to azithromycin, erythromycin, clarithromycin, or any macrolide or ketolide. The partner should be instructed to see a physician for evaluation and appropriate treatment.

If the partner is allergic to cefixime: EPT for the treatment of gonorrhea should not be used to treat a partner who is known to be allergic to cefixime, or any cephalosporin such as cefuroxime, cefprozil, cephalexin, and cefdinir. The partner should be instructed to see a physician for evaluation and appropriate treatment.

Potential drug interactions with azithromycin or cefixime: If the index patient suggests a partner is at risk for a possible drug interaction with azithromycin or cefixime, EPT should not be dispensed. The partner should be referred to a physician or emergency room for appropriate treatment².

Liability: Healthcare providers or pharmacists who prescribe or dispense drugs in accordance with the EPT law and regulations will not be held legally or professionally liable³.

For treatment of index patients, see CDC's 2015 STD Treatment Guidelines at www.cdc.gov/std/treatment4.

Reporting: In Idaho, clinicians are required to report laboratory-confirmed chlamydia and gonorrhea infections to the Idaho Department of Health and Welfare⁵.

Additional testing: All patients diagnosed with gonorrhea or chlamydia should be tested for HIV and syphilis. Pre-Exposure Prophylaxis (PrEP) for HIV prevention may be considered after completing a thorough sexual health history.

Assistance with notification and treatment of sex partner(s): The healthcare provider can request assistance from their local health department jurisdiction if:

- The patient is unable or unwilling to contact one or more of their partners
- The patient has had two or more sex partners in the last 60 days
- The patient is a man who has had sex with other men (MSM); or
- The patient has been diagnosed with syphilis

Because over 6,500 reported cases of chlamydia occur in Idaho annually, local health authorities typically do not offer individual case or partner follow-up for most cases of chlamydia and some cases of gonorrhea⁶.

Payment for EPT

- Clinics may provide medications directly to the patient to deliver to their partner(s) and charge accordingly
- Some medical offices may choose to dispense medications for partners at no cost instead of writing a prescription to remove cost barriers and to ensure confidentiality, especially for adolescents
- Medication may be paid for by the person who picks up the prescription at a pharmacy or by the partner's health insurance. Pharmacists should not bill the partner's prescription under the index patient's name.
- Some local Idaho public health departments do provide EPT medications and/or prescriptions
- Idaho's state level HIV, STD and Hepatitis Section does not provide EPT medication

- Medications may be covered by some health insurance plans

Special Considerations When Caring for Adolescents

- Idaho law stipulates that minors aged 14 and older may receive confidential medical care for the diagnosis and treatment of STDs.
- Parental consent is not required⁷. Healthcare providers seeing adolescent patients should provide assurance regarding the confidential nature of the visit and any treatment received.
- Providers can encourage adolescents to tell their parents/guardians about their medical condition when appropriate and help them determine how to do this and what to say.
- Adolescents are more likely to confide in providers if they know their conversations will be kept confidential.
- Arrangements within the healthcare facility should be made to ensure confidentiality for every aspect of the visit.
- NOTE: Some Idaho insurance companies send out Explanations of Benefits to insured clients – usually a parent or guardian in the case of adolescents – while others do not. Clinics should know the status of this practice for each insurance and managed care company with which they work since this procedure could impact the ability of the clinic to maintain an adolescent’s confidentiality⁸.

Appendix A

COACHING PATIENTS ABOUT PARTNER NOTIFICATION⁹

Patients may experience anger, embarrassment, fear, and discomfort upon learning that they have an STD. This may be exacerbated when they realize they need to disclose this information to partners and ensure that they receive treatment. To help patients better understand the importance of partner treatment, providers can discuss the following:

- If the sex partner(s) do not receive treatment and they have sex again, there is a great likelihood that the patient will reacquire an STD.
- If their sex partner(s) are unaware they have the infection and/or do not get treated, they can develop serious health complications.
- If a sex partner does not get treated, they can spread the infection to other partners, now or in the future.

Providers can coach their patients on the most successful ways to initiate this difficult conversation. Whenever possible, offer patients the opportunity to talk through how to best approach their partners before leaving the exam room when the option of EPT has been chosen.

There are additional key messages that should be conveyed to patients and their partner(s) when EPT is prescribed:

- Partners should read the informational material very carefully before taking the medication.
- Partners who have allergies to antibiotics or who have serious health problems should not take the medications and should see a healthcare provider.
- Partners should seek a complete STD evaluation as soon as possible, regardless of whether they take the medication.
- Partners who have symptoms of a more serious infection (e.g., pelvic pain in women, testicular pain in men, fever in women or men) should not take the EPT medications and should seek care as soon as possible.
- Partners who are or could be pregnant should seek care as soon as possible.
- Patients and partners should abstain from sex for at least seven days after the patient and partner(s) have been treated, to decrease the risk of recurrent infection.
- Partners should be advised to seek clinical services for retesting three months after treatment or sooner if they develop symptoms.

Appendix B CDC GUIDANCE FOR USE OF EXPEDITED PARTNER THERAPY

- **Gonorrhea and chlamydia infection in women:** EPT can be used to treat partners as an option when other management strategies are impractical or unsuccessful. Symptomatic male partners should be encouraged to seek medical attention, in addition to accepting therapy by EPT, through counseling of the index case, written materials, and/or personal counseling by pharmacist or other personnel¹⁰.
- **Gonorrhea and chlamydia infection in men:** EPT can be used to treat partners as an option when other management strategies are impractical or unsuccessful. Female recipients of EPT should be strongly encouraged to seek medical attention, in addition to accepting therapy. This should be accomplished through written materials that accompany medication, by counseling of the index case and, when practical, through personal counseling by pharmacist or other personnel. It is particularly important that female recipients of EPT who have symptoms that suggest acute PID, such as abdominal or pelvic pain, seek medical attention¹⁰.
- **Gonorrhea and chlamydia infection in men who have sex with men:** EPT should not be considered a routine partner management strategy, because data are lacking on the efficacy in this population, and because of a high risk of comorbidity, especially undiagnosed HIV infection, in partners. EPT should only be used selectively, and with caution, when other partner management strategies are impractical or unsuccessful¹⁰.
- **Gonorrhea treatment recommendations:** Under current guidelines every effort should be made to ensure that a patient's sex partners from the past 60 days are evaluated and treated with the recommended regimen (ceftriaxone 250 mg IM plus a single dose of azithromycin 1 g orally). However, because that is not always possible, providers should still consider EPT for partners of patients diagnosed with gonorrhea who are unlikely to access timely evaluation and treatment. EPT is not routinely recommended for MSM because of a high risk for coexisting infections, especially undiagnosed HIV infection, in their partners. If a provider considers it unlikely that a partner of a gonorrhea patient will access timely evaluation and treatment, EPT with cefixime and azithromycin should still be considered, as not treating partners is significantly more harmful than is the use of EPT for gonorrhea. As has always been the case, medication or prescriptions provided as part of EPT should be accompanied by treatment instructions, appropriate warnings about taking medications (if the partner is pregnant or has an allergy to the medication), general gonorrhea health education and counseling, and a statement advising that partners seek personal medical evaluation, particularly women with symptoms of PID¹⁰.
- **Trichomoniasis:** Concurrent treatment of all sex partners is critical for symptomatic relief, microbiologic cure, and prevention of transmission and reinfections. Current partners should be referred for presumptive therapy to avoid reinfection. EPT might have a role in partner management for trichomoniasis and can be used in states where permissible by law, including

Idaho; however, no one partner management intervention has been shown to be superior in reducing reinfection rates. Though no definitive data exist to guide treatment for partners of persons with persistent or recurrent trichomoniasis in whom nonadherence and reinfection are unlikely, partners benefit from undergoing evaluation and receiving the same regimen as the patient¹¹.

- **NGU:** All sex partners of men with NGU within the preceding 60 days should be referred for evaluation, testing, and presumptive treatment with a drug regimen effective against chlamydia. EPT is an alternative approach to treating female partners for chlamydia in the absence of signs and symptoms of PID. If *N. gonorrhoea* or *T. vaginalis* is documented, all partners should be evaluated and treated according to the management section for their respective pathogen¹².
- **Cervicitis:** Management of sex partners of women treated for cervicitis should be appropriate for the specific STD identified or suspected. All sex partners in the past 60 days should be referred for evaluation, testing, and presumptive treatment if chlamydia, gonorrhea, or trichomoniasis was identified or suspected in the women with cervicitis. EPT or other effective partner referral strategies are alternative approaches to treating male partners of women who have chlamydia or gonococcal infection¹².
- **PID:** Men who have had sexual contact with a woman with PID during the 60 days preceding her onset of symptoms should be evaluated, tested, and presumptively treated for chlamydia and gonorrhea, regardless of the etiology of PID or pathogens isolated from the woman. If a woman's last sexual intercourse was >60 days before onset of symptoms or diagnosis, the most recent sex partner should be treated. Male partners of women who have PID caused by *C. trachomatis* and/or *N. gonorrhoeae* frequently are asymptomatic. Arrangements should be made to link male partners to care. If linkage is delayed or unlikely, EPT and enhanced referral are alternative approaches to treating male partners of women who have chlamydia or gonococcal infections¹³.
- **Syphilis:** EPT is not recommended for routine use in the management of patients with infectious syphilis⁹.

Appendix C
Legal Status of EPT in Idaho

 EPT is permissible

<p>Idaho Code Ann. § 54-1733 (2019)</p>	<p>Section II: A prescriber who is otherwise authorized to perform any of the activities listed in this section may prescribe or perform any of the following activities for a patient with whom the prescriber does not have a prescriber-patient relationship under the following circumstances: (i) If a prescriber makes a diagnosis of an infectious disease in a patient, prescribe or dispense antimicrobials to an individual who has been exposed to the infectious person in accordance with clinical guidelines³.</p>
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