

Expedited Partner Therapy for Providers

On November 3, 2022, Governor Tom Wolf signed into law Senate Bill 317 known as the Expedited Partner Therapy Act (Act 147 of 2022). The EPT Act takes effect on February 3, 2023.

Expedited Partner Therapy (EPT) is the clinical practice of treating sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner *without the health care provider first examining the partner*.

Effective clinical management of patients with treatable sexually transmitted diseases (STDs) requires treatment of the patients' current sex partners to prevent reinfection and curtail further transmission. The standard approach to partner treatment has included clinical evaluation in a health care setting, partner notification accomplished by the index patient, by the provider or an agent of the provider, or a combination of these methods. Provider-assisted referral is considered the optimal strategy for partner treatment but may not be available to most patients with gonorrhea or chlamydial infection because of their resource limitations. The alternative is to advise patients to refer their partners for treatment.

EPT is a useful option to facilitate partner management for treatment. Evidence indicates that EPT should be available to clinicians as an option for partner treatment. EPT represents an additional strategy for partner management that does not replace other strategies such as provider-assisted referral, when available.

The CDC STD 2021 Treatment Guidelines ([Sexually Transmitted Infections Treatment Guidelines, 2021 \(cdc.gov\)](https://www.cdc.gov/std/treatment-guidelines-2021)) discusses the use of EPT on page 10.

Guidance on the Use of Expedited Partner Therapy in the Treatment of Gonorrhea

Expedited Partner Therapy (EPT) is a partner treatment approach where sex partners of patients who test positive for certain sexually transmitted diseases are provided treatment without previous medical evaluation. Because of EPT's effectiveness in reducing gonorrhea reinfection rates, CDC has recommended its use since 2006 for the heterosexual partners of patients diagnosed with gonorrhea if it was unlikely the partners would seek timely evaluation and treatment.

At present, the only CDC-recommended treatment of uncomplicated urogenital, anorectal, and pharyngeal gonorrhea is monotherapy with a single intramuscular dose of ceftriaxone 500mg. If EPT injection is not possible, CDC recommends 800mg cefixime orally in a single dose. CDC continues to recommend EPT for heterosexual men and women with gonorrhea for whom health department partner-management strategies are impractical or unavailable and whose providers are concerned about partners' access to prompt clinical evaluation and treatment.

In light of CDC's recent changes to its gonorrhea treatment recommendations, can EPT be used for gonorrhea?

Under current guidelines every effort should be made to ensure that a patient's sex partners are evaluated and treated with the recommended regimen (a single dose of ceftriaxone 500 mg IM). 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. MSM with

gonorrhea have a high risk for coexisting infections (especially undiagnosed HIV) among their partners, and they might have partners without HIV who could benefit from PrEP.

Since CDC no longer recommends exclusively oral treatment for gonorrhea, how does CDC recommend EPT be practiced for gonorrhea?

In cases where gonorrhea expedited partner therapy (provision of prescriptions or medications for the patient to take to his or her sex partner without the health care provider first examining the partner) is permissible by state law and the partner is unable or unlikely to seek timely treatment, the partner may be treated with a single 800 mg dose of cefixime, if a chlamydia infection in the patient has been excluded. If a chlamydia test result has not been documented, the partner may be treated with a single dose of oral cefixime 800 mg plus oral doxycycline 100 mg 2 times/day for 7 days. If adherence with multiday dosing is a concern, azithromycin 1 g can be considered but has lower treatment efficacy among persons with rectal chlamydia. Medication or prescriptions provided as part of EPT should be accompanied by treatment instructions and appropriate warnings about taking medications (if the partner is pregnant or has an allergy to the medication). In addition, health education and counseling should also be made available.

Additional Information

Physicians needing additional information are asked to call the following number:

Pennsylvania Department of Health

Bureau of Communicable Diseases

Division of TB/STD

STD Program

(717)787-3981

8:00 A.M. – 5:00 P.M.

Additional Web Links

[Expedited Partner Therapy \(cdc.gov\)](https://www.cdc.gov)

[Legal Status of EPT - Pennsylvania \(cdc.gov\)](https://www.cdc.gov)

Expedited Partner Therapy (EPT) Act: [btCheck.cfm \(state.pa.us\)](https://www.state.pa.us)

Pennsylvania Department of Health HAN: [2022-673-11-15-ADV-EPT.pdf](https://www.state.pa.us)