

Expedited Partner Therapy

Texas Department of State Health Services HIV/STD Program

In 2009, the Texas Administrative Code was amended to expressly allow Expedited Partner Therapy (EPT) for treatment of sexually transmitted disease (STD). EPT includes Patient-Delivered Partner Therapy (PDPT), Field Delivered Therapy (FDT), and Express Clinical Services

EPT is the Standard of Care for STD Treatment

EPT is the clinical practice of treating sex partners of heterosexual patients diagnosed with chlamydia or gonorrhea without the health care provider examining the partner first. The most common implementation of EPT is patient-delivered partner therapy (PDPT), where patients deliver medications or prescriptions to their sexual partner(s). Other potential means to achieve EPT include prescriptive arrangements with cooperating pharmacies, retrieval of medication by partners at public health clinics, or delivery of medication to partners in non-clinical settings by public health workers (FDT).

PDPT should be routine practice with all heterosexual patients to facilitate prompt partner treatment to prevent re-infection and reduce transmission to other sex partners.

Why use PDPT?

In 2015, 133,850 cases of Chlamydial infection and 37,539 case of Gonorrheal infection were reported in Texas. Research has demonstrated re-infection of treated index subjects by untreated partners accounts for 14% to 30% of incident bacterial STDs.

Typically, patients are asked by their provider to notify and refer their partner(s) to a clinician for treatment. However, the CDC estimates that the proportion of partners who seek evaluation and treatment in response to patient referral is between 29-59%. Additionally, because of limited staff and resources, partners of patients diagnosed with gonorrhea or chlamydia are less likely to be contacted and subsequently treated by public health personnel. In fact, partner notification for gonorrhea or chlamydia is provided by less than 20 percent of public health departments in the United States.

Several studies have demonstrated PDPT is an effective way to treat gonorrhea and chlamydia infections in the sex partners of heterosexual patients. Patients given PDPT for their partners were less likely to be re-infected at follow-up. PDPT saves money by reducing the costs of treating a more advanced infection and it allows clinicians to effectively treat more partners. Preventing re-infection is an additional advantage as repeat infections with an STD could impact the long-term reproductive health of patients. Although PDPT cannot be used to treat HIV, it may help reduce the spread of HIV because an untreated STD infection can increase the risk of acquiring and transmitting HIV.

How does PDPT work?

Patient-delivered partner therapy should be offered to all heterosexual patients diagnosed with gonorrhea and/or chlamydia. Single-dose medications which have low risk of an allergic reaction and minimal side effects are very effective in treating gonorrhea and chlamydia infections. Information related to potential allergic reactions and side effects can be given to the partner at the same time a prescription or medication is provided.

- Clinicians may provide the patient with drugs intended for their partners, prescribe extra doses of medication in the index patients' names, or write prescriptions for patients to deliver to their partners.
- Partner instructions should warn partners with symptoms of complicated infection (i.e., pelvic pain, testicular pain, fever) to seek additional testing and treatment in addition to taking the medication.
- Other potential ways to achieve EPT include arrangements with cooperating pharmacies, partners obtaining medicine at public health clinics, or delivery of medication to partners in non-clinical settings by public health workers.
- If medicine is delivered, instructions that include allergy and side effect information, health department contact information, treatment instructions and appropriate warnings about taking medications if pregnant, should be given. Pregnant partners should be linked with prenatal care resources as soon as possible.

Which infections does PDPT treat?

- Research has shown PDPT is effective for treating the partners of heterosexual men and women diagnosed with gonorrhea and chlamydia infection.
- Concurrent treatment of partners of patients diagnosed with trichomoniasis is critical; PDPT may have a role in partner management and is permitted in Texas.
- PDPT is not recommended for the treatment of syphilis.
- PDPT should not be used routinely to treat gonorrhea or chlamydia in male partners of men who have sex with men (MSM) because of the increased chance of co-infection with HIV and syphilis. Partners of MSM need to be seen by a clinician.

Efficacy of PDPT

The available evidence has demonstrated that PDPT is as effective as standard methods of reaching partners of patients infected with gonorrhea and chlamydia. The use of oral cefixime for the treatment of gonorrhea in partners is still acceptable in Texas and should be offered to all heterosexual patients. Traditional partner management by public health agencies and clinicians for these STDs is limited and the benefits of PDPT outweigh the risks. The express allowance of PDPT in Texas provides clinicians with a sound method for fighting the spread of gonorrhea and chlamydia.

FAST FACTS

For more information on EPT, visit the DSHS EPT page at www.dshs.state.tx.us/hivstd/ept/.

Medication sheets for chlamydia and gonorrhea in English and Spanish are also available on the DSHS EPT page.

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