

Expedited Partner Therapy

In June, 2009, the Texas Administrative Code was amended to expressly allow Expedited Partner Therapy (EPT) for treatment of sexually transmitted diseases (STDs). The exception created by this amendment acknowledged the serious impact of STDs.

EPT is the Standard of Care for STD Treatment

EPT is the clinical practice of treating sex partners of patients diagnosed with chlamydia or gonorrhea without examination by a health care provider. The most common form of EPT is patient-delivered partner therapy (PDPT), where patients diagnosed with an STD deliver medications or prescriptions to their sexual partner(s). Other forms of EPT include delivery of medications to partners by cooperating pharmacies, public health clinics, or public health workers.

PDPT should be routine practice with all patients to facilitate prompt partner treatment; this will help prevent re-infection and reduce transmission of STDs.

Why use EPT?

In 2017, 144,801 cases of chlamydia and 45,346 cases of gonorrhea were reported in Texas. Research has demonstrated re-infection of persons treated for STDs by their untreated sex 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. This may result in missed opportunities for partner follow-up if patients are not able to or choose not to refer their partners. 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 compared to partners of patients diagnosed with HIV or syphilis.

Several studies have demonstrated that EPT is an effective way to treat gonorrhea and chlamydia infections in the sex partners of heterosexual patients. Patients given EPT for their partners are less likely to be re-infected by their partners. EPT saves money by reducing the costs of treating re-infections, and reduces the number of clinical visits and STD testing in sex partners. Because untreated STDs can increase the risk of acquiring and transmitting HIV, EPT may also help reduce new HIV infections.

How does EPT work?

Expedited partner therapy should be offered to all heterosexual patients diagnosed with gonorrhea and/or chlamydia. The medications used for EPT are single-dose oral medications, with low risks of allergic reaction and minimal side effects. 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.



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- Other potential ways to achieve EPT include arrangements with cooperating pharmacies, dispensing of medication to partners in public health clinics, or delivery of medication to partners in non-clinical settings by public health workers.
- Treatment instructions that include allergy and side effect information, health department contact information, and appropriate warnings about taking medications if pregnant should be provided with all EPT medications.
- Instructions should also 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.
- Pregnant partners should be linked with prenatal care resources as soon as possible.

Which infections does EPT treat?

- Research has shown EPT is effective for treating heterosexual partners of men and women diagnosed with gonorrhea and chlamydia infection.
- EPT is not recommended for the treatment of syphilis.
- EPT should not be used routinely to treat gonorrhea or chlamydial infections in male partners of men who have sex with men (MSM) because this population is also at high risk of both HIV and syphilis, and should be evaluated by a health care provider.
- EPT may have a role in partner management for trichomoniasis. Treatment of all sex partners is critical for prevention of transmission and reinfection, but no single partner management intervention has been shown to be more effective than others at reducing reinfection rates of trichomoniasis.

Efficacy of EPT

The available evidence has demonstrated that EPT 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 heterosexual partners is still supported by CDC treatment guidelines.

Traditional partner management by public health agencies and clinicians for these STDs is limited and the benefits of EPT outweigh the risks. The express allowance of EPT in Texas provides clinicians with a sound method for fighting the spread of gonorrhea and chlamydia.

A Note on EPT for Gonorrhea infections

Although current CDC recommendations for gonorrhea treatment involve both oral azithromycin and injectable ceftriaxone, it has also determined that the risk of not treating gonorrhea infections in sex partners is more severe than the use of oral cefixime as EPT for gonorrhea infection.

RESOURCES FOR EXPEDITED PARTNER THERAPY

For more information on EPT, visit the DSHS EPT page at www.dshs.texas.gov/hivstd/ept

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

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