Expedited Partner Therapy

Expedited partner therapy (EPT) is the standard of care for the treatment of certain sexually transmitted diseases (STDs).[1] It is a harm-reduction strategy of treating sex partners of clients diagnosed with gonorrhea and chlamydia without an intervening medical evaluation or professional prevention counseling by a health care provider.

The Texas Administrative Code (TAC)[2] allows providers to use EPT to treat STDs. DSHS recommends that providers routinely offer EPT to clients to promote partner treatment.

The usual implementation of EPT involves client delivery of oral medications or prescriptions to their sexual partner(s). Cooperating pharmacies, public health clinics, or public health workers can also provide EPT medications to partners of clients.

Why use EPT?

In 2023, the Center for Diseases Center reported 150,056 cases of chlamydia and 53,793 cases of gonorrhea.[3] Across U.S. trials of EPT, reductions in chlamydia prevalence at follow-up were approximately 20 percent, and reductions in gonorrhea were approximately 50 percent at follow-up.[4]

Most healthcare providers tell their clients with STDs to notify their sex partners and encourage them to get tested and treated. This is ideal but does not always happen.

Health departments tend to focus on partner services for syphilis and HIV. They are less likely to contact and treat partners exposed to gonorrhea and chlamydia.

EPT helps prevent re-infection and reduce transmission of STDs. It saves money by reducing the need to treat more advanced diseases. It allows clinicians to treat more people. EPT may also help reduce new HIV infections because untreated STDs can increase the risk of acquiring and transmitting HIV.

Efficacy of EPT

Studies show EPT is effective for treating gonorrhea and chlamydia in sex partners of women and men who have sex with women.[1] Providers may also use EPT to treat gonorrhea and chlamydia in partners of men who have sex with men (MSM). But the effectiveness of EPT for partners of MSM is not as well researched or documented.

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Which infections does EPT treat?

- Use EPT for partners of people diagnosed with gonorrhea, chlamydia, or both.

- Do not use EPT to treat partners or clients diagnosed with syphilis.

- EPT may have a role in partner management for trichomoniasis. Treatment of all sex partners is critical to prevent transmission and reinfection. But no single partner management intervention appears to be more effective than others at reducing reinfection rates of trichomoniasis.

DSHS Recommendations for EPT

- Individualize EPT for MSM partners through shared clinical decision-making. Consider the possible increased risk of STD co-infections and HIV.

- Provide the client with oral medications to give to their partners, prescribe extra doses of medication for the partners in the client's name, or write prescriptions for the client to deliver to their partners.

- Provide partner instructions with EPT medications (e.g., allergies, side effects, warnings, clinic contact, and follow-up information).

Sources

1. Sexually Transmitted Infections Treatment Guidelines, 2021 Expedited Partner Therapy
   cdc.gov/std/treatment-guidelines/clinical-EPT.htm

2. – 22 TAC §222.4, Minimum Standards for Prescribing or Ordering Drugs and Devices, Rule §222.4(e)
   – 22 TAC §291.29, Professional Responsibility of Pharmacists, Rule §291.29(b)(3)
   – 22 TAC §291.33, Operational Standards; Rule §291.29(c)(7)

3. Texas STD Surveillance Report
   dshs.texas.gov/sites/default/files/hivstd/reports/STDSurveillanceReport.pdf

4. 2021 CDC STI Treatment Guidelines
   cdc.gov/std/treatment-guidelines/toc.htm

RESOURCES FOR EXPEDITED PARTNER THERAPY

Centers for Disease Control and Prevention (CDC) –
CDC STD Treatment Guidelines

Texas Department of State Health Services (DSHS) –
Expedited STD Management Implementation Guide

For more information on EPT, visit the DSHS EPT webpage.

DSHS HIV/STD Program

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