

# EXPEDITED PARTNER THERAPY

## Background

Since 2010, state law (2009 Wisconsin Act 280) has explicitly allowed physicians, certified nurse prescribers, and physician assistants to prescribe or dispense antibiotics for chlamydia, gonorrhea and trichomoniasis for the sex partners of patients with those infections, without the clinician first examining the partner. The CDC strongly encourages this “**expedited partner therapy**” as a means of controlling infections in partners who are unable or unwilling to come to clinic for examination or testing.

## Benefits of EPT

Compared to conventional notification strategies, EPT:

- Reduces chlamydia infection prevalence by 20% at follow up
- Reduces gonorrhea infection prevalence by 50% at follow up
- Equals or increases rates of notification
- Increases confidence that partners had been treated
- Requires less clinic resources
- Can be cost effective for patients

Expedited partner therapy in the management of STDs. 2006.

## Practicing EPT

- Attempt should be made to notify and refer partner for treatment. If this cannot be done, the following may be prescribed:

**CHLAMYDIA:** 1g Azithromycin  
**GONORRHEA:** 400mg Cefixime\* AND  
1g Azithromycin

\* Alternative regimen; Test of Cure in 7 days

**TRICHOMONIASIS:** 2g Metronidazole

- If unable to obtain patient name, write “EPT” or “EXPEDITED PARTNER THERAPY” under patient name on prescription
- Include EPT information sheet for partner

## Of Note

Act 280 protects health care professionals and pharmacists from civil liability, except for willful and wanton misconduct.

## The importance of EPT

In Wisconsin, there are more bacterial sexually transmitted infections than all other reportable communicable diseases combined. Reinfection by untreated partners can account for 15-30% of these cases. In 2009, Milwaukee has the second highest STI rate of the 50 largest cities in the United States. Within Milwaukee, these rates are over two times higher for people living in areas with low socioeconomic status. In addition, the rates for black adolescents 15-19 are 18 times higher than in white adolescents. Medication for chlamydia and gonorrhea costs fewer than fifty dollars, but complications such as pelvic inflammatory disease, bacteremia and infertility can cost thousands of dollars. Current conventional partner practices are limited and frequently insufficient in halting infection transmission. EPT is a treatment alternative to conventional methods that requires fewer resources and produces equal or better results leading to decreased rates of reinfection, thus reducing STI burden on the community.

\* EPT is a partner management strategy, to be used when a partner is unable or unlikely to seek prompt clinical services. EPT using dual treatment with cefixime and azithromycin for gonorrhea continues to be an important harm reduction strategy for partners' treatment. CDC recommends a Test-of-Cure (TOC) in 7 days for patients treated with this alternative treatment regimen.

# FREQUENTLY ASKED QUESTIONS

## Is EPT legal?

Yes. On May 11, 2010, EPT - 2009 Wisconsin Act 280 - was signed into law. This legislation enables physicians, physician assistants, and certified advanced practice nurses to prescribe, dispense or furnish medication for sexually transmitted infections (STIs) to partners of patients diagnosed with trichomoniasis, gonorrhea, and chlamydia without conducting a physical examination of the partner. This alternative STI treatment strategy, known as “expedited partner therapy” (EPT), allows a patient to deliver oral medication or a prescription for oral medication to a sexual partner without the partner first undergoing a medical evaluation.

## Is EPT accepted in clinical practice?

Yes. Numerous healthcare associations recommend the use of EPT as a clinical tool for treating partners of patients with chlamydia and gonorrhea including: The Wisconsin Medical Examining Board, Centers for Disease Control, American Medical Association, and American College of Obstetricians and Gynecologists. In addition, a recent meta-analysis conducted by The University of Bern, Switzerland showed reduced reinfection with chlamydia and gonorrhea in patients receiving EPT versus patients receiving standard partner treatment methods.

## When is a partner eligible for EPT?

The sexual partner(s) of a patient with a laboratory confirmed diagnosis of trichomoniasis, gonorrhea or chlamydia infection, and who is unable or unlikely to seek timely clinical services. The CDC recommends the use of EPT to prevent persistent or recurrent infection when other management strategies are impractical or unsuccessful. EPT should not be used with pregnant partners.

## How many EPT doses may be given per patient?

EPT allows for the treatment of all a patient’s partners at discretion of the provider. Treatment of all affected partners will reduce the risk of transmission and re-infection.

## Who pays for EPT medication?

The index patient’s insurance CANNOT be billed for the partner’s EPT medication. The cost of EPT medication must be paid for by either the index patient, the partner out of pocket, or the partner’s insurance in some instances (some insurance companies require a prescription be associated with a medical visit). There is no state or federal funding available for EPT.

## Professional Organization Statements

CDC: <http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>

AMA: <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion807.page>ACOG:

ACOG: <http://www.acog.org/About-ACOG/News-Room/News-Releases/2011/Expedited-Partner-Therapy-Recommended-to-Prevent-STI-Reinfection>

## Patient Information Sheets

Chlamydia: <http://www.dhs.wisconsin.gov/publications/Po/PO0197.pdf>