Indiana State Department of Health

Expedited Partner Therapy for Chlamydia Trachomatis and Neisseria Gonorrhoeae:

Frequently Asked Questions

Indiana State Department of Health, Division of HIV, STD, Viral Hepatitis

Q: What is EPT?

A: Expedited Partner Therapy (EPT) is the general term for the practice of treating sexual partners of patients diagnosed with a laboratory confirmed STD (specifically Chlamydia and/or gonorrhea) without an intervening medical evaluation. EPT is a treatment option to increase the likelihood that sex partners get needed medication thus reducing the risk of re-infection and potential further dissemination of these diseases within the community.

Q: Why should a provider consider doing this?

A: Sexually transmitted Chlamydia and gonorrhea infections are significant public health problems. More than 22,000 cases of Chlamydia and 6,400 cases of gonorrhea were reported in Indiana in 2010, making them the two most commonly reported communicable infections. Genital infections can lead to pelvic inflammatory disease (PID), chronic pelvic pain, ectopic pregnancy and preventable infertility in women. These infections place patients at increased risk of acquiring sexually transmitted HIV, hepatitis B and hepatitis C. Repeat gonorrhea infections, which increase the risk of complications, occur in up to 11 percent of women and men within six months after treatment. Repeat Chlamydia infections occur in up to 13 percent of patients in this same time period. However, because infected partners are often asymptomatic, they are unlikely to seek medical treatment. Even when doctors and other health practitioners counsel patients about the need for partner treatment, some sex partners have limited or no access to medical care or choose not to seek care.

Data from three randomized controlled clinical trials published within the past 10 years have indicated that EPT is a useful option to facilitate partner management in heterosexual men and women with chlamydial infection or gonorrhea. The most important outcome among those treated with EPT was reduced rates of re-infection. Other benefits included equivalent or improved success in notifying partners and increased belief that partners were treated.

In May 2005, the Centers for Disease Control and Prevention (CDC) sent out a “Dear Colleague” letter to care providers across the United States, concluding that EPT is a useful option to facilitate partner management and encouraging states and local health departments to work together to remove operational barriers to EPT.

Q: What is the safety of prescribing antibiotics to partners without having examined them?

A: Adverse reactions to single-dose cefixime and azithromycin, beyond mild to moderate side effects, are rare. As of December 2009, there have been no reports of adverse events related to EPT in California, since its implementation in 2001. This risk of allergy and adverse drug reactions may best be mitigated through educational materials that accompany the medication, which include explicit warnings and instructions for partners who may be allergic to penicillin, cephalosporins or macrolides, to seek medical advice before taking the medication.

Q: Can physician assistants and nurse practitioners with prescription privileges provide EPT?

A: Please refer to the legal department within your organization to determine this.

Q: Why can this only be used for chlamydia and gonorrhea?

A: Indiana decided to allow EPT only for chlamydia and gonorrhea because there was sufficient scientific evidence to support its use in these infections. Other states may use EPT for other sexually transmitted diseases, for example, T. vaginalis, but Indiana felt the data was lacking to make this recommendation. Indiana relies on CDC guidance and recommendations for the provision of STD treatment, including EPT. Additional information regarding the treatment of STDs through EPT can be located at the following web address; www.cdc.gov/std/ept.

Q: Why can't I give EPT to my patients who are men who have sex with men (MSM)?

A: Similar to the answer above, the studies that have been conducted in the U.S. support this practice among heterosexuals. Additionally, it is typically a woman who is at risk of reinfection as a result of an untreated male partner. Females risk serious consequences from untreated chlamydia or gonorrhea resulting in such medical complications as: tubal pregnancy, pelvic inflammatory disease and leading to infertility. EPT seeks to address these complications. Males are less likely to experience these same complications. Another reason why MSM are excluded from EPT in Indiana is because of the greater likelihood that they will experience types of gonorrhea that may be resistant to an oral cephalosporin, which requires treatment by injection with ceftriaxone rather than cefixime.

Q: Who will pay for the medications for EPT?

A: This must be a decision of the private medical provider choosing to use EPT for his or her patient. As with any treatment plan, prescriptions may be covered by public or private insurance, or may be paid for out of pocket.

Q: My clinic receives state-supplied medications for STD. Can I use these for EPT?

A: ISDH Policy has always allowed state-supplied medications to be used for treatment of partners to lab-confirmed cases, so EPT would be allowable with state medications. However, since the state's budget for STD medications is limited each year, a clinic will need to ensure that patients are treated first and partners are treated (whether directly after having an exam or through EPT) if the drug supply allows.

Q: I use an electronic medical record in my practice and I cannot send a prescription through electronically without an EMR for a person. How can I use EPT in this situation?

A: Use of an EMR can complicate EPT if the sex partner is not named by the infected patient, or if the sex partner is named but is not an established patient with an EMR in the facility. States that have more experience with EPT continue to struggle with this issue. ISDH cannot assist with every provider situation but encourages providers to think of creative ways to address this. Suggested alternatives might be utilization of a paper prescription for the sex partner, or dispensing medications directly to the infected patient.

Q: How many partners are allowed to be given EPT in Indiana?

A: There is no limit on the number of EPT prescriptions or dispensed medications that may be given to one infected patient, however, experience in Indiana and the U.S. indicates that an average number is between one and three partners per patient.