

Expedited Partner Therapy (EPT) Fact Sheet for Medical Providers

In Oregon, rates of sexually transmitted diseases (STD) have been climbing for several years. Since 2009, O.R.S. 676.350 has given health professional regulatory boards the authority to permit providers **to prescribe or dispense antibiotic drugs for the treatment of an STD to the partner of a patient without first examining the partner**. The practice of treating the partners of patients for STDs such as gonorrhea and chlamydia without examining the partner is referred to as expedited partner therapy (EPT). As of early 2021, EPT is permissible in 46 states and is recognized by the CDC as an important harm reduction strategy.

Current EPT Recommendations

Chlamydia



Doxycycline

100 mg PO twice a day x 7 days**

OR

Azithromycin

1 gm PO once

Gonorrhea*



Cefixime

800 mg PO once

* Current CDC-recommended first-line treatment for GC is ceftriaxone 500 mg IM.

** If non-pregnant and co-infected with CT/GC, cefixime and doxycycline are recommended for EPT. If there are pregnancy or adherence concerns, azithromycin 1 gm PO once is recommended instead of doxycycline.

For more information and frequently asked questions on EPT:

The CDC website on Expedited Partner Therapy: <https://www.cdc.gov/std/ept/default.htm>

The CDC 2020 Updated Treatment Guidelines for Gonococcal Infection: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6950a6-H.pdf>

The Oregon Health Authority's STD website: <http://www.healthoregon.org/std>

Key Points

- Effective clinical management of patients with STDs requires partner treatment to prevent reinfection of the patient and curb further transmission.
- EPT is a useful strategy when a partner is unable or unlikely to seek care.
- EPT is recommended for all partners in the 60 days prior to the patient's diagnosis of chlamydia/gonorrhea, or the most recent partner if the patient's last sexual encounter was more than 60 days ago.
- EPT may be considered for pregnant partners. All pregnant partners should be referred for comprehensive prenatal care that includes testing for syphilis and HIV in addition to chlamydia and gonorrhea. Neither azithromycin nor cefixime are contraindicated in pregnancy.
- EPT should be accompanied by fact sheets that encourage partners to seek medical evaluation. Fact sheets in English and Spanish are available at: www.healthoregon.org/std

Options for Providing EPT

1. Provide **medications** directly to the index patient to give to their partners.
2. Provide **prescriptions*** written for the index patient and their partners. If e-prescribing is not an option, write a paper prescription or call the pharmacy.

* An EPT prescription is valid even if the name of the partner for whom the prescription is intended is not on the prescription. Prescriptions without a partner name must include a reference to EPT such as "for EPT" or "EPT partner."

Points to Discuss with Patients

- Patients and partners should not engage in sexual activity for 7 days post-treatment (azithromycin and cefixime) or the duration of treatment (doxycycline).
- Patients and partners should be retested in 3 months.
- Clinicians should advise patients that partners, especially those at risk for multiple STDs, should see a medical provider for complete evaluation, testing, and treatment.