

Summary of Changes

Expedited Partner Therapy for Chlamydia and Gonorrhea: Guidance for Health Care Professionals in Oregon

Topic	2022 Recommendations	2015 Recommendations
Chlamydia Treatment	Doxycycline 100 mg orally twice daily x 7 days or Azithromycin 1 g orally once	Azithromycin 1 g orally once
Gonorrhea Treatment	Cefixime 800 mg orally once	Cefixime 400 mg orally once plus Azithromycin 1 g orally once
Gonorrhea and Chlamydia Treatment	Cefixime 800 mg orally once plus either Doxycycline 100 mg orally twice daily x 7 days or Azithromycin 1 g orally once	Cefixime 400 mg orally once plus Azithromycin 1 g orally once
Eligible Patients	Appropriate patients are those with a laboratory or clinical diagnosis of sexually transmitted chlamydia or gonorrhea infection. Laboratory confirmation may be based on culture or NAAT findings. Providing EPT without laboratory confirmation should be considered when there is high clinical suspicion for chlamydia or gonorrhea infection and concern about loss to follow-up.	The most appropriate patients for EPT are the male partners of women with a laboratory-confirmed diagnosis of chlamydia or gonorrhea. Clinicians may also choose to provide EPT for female partners of male patients with Chlamydia. Male index patients (the patient with the original diagnosed case) should be informed that it would be best for their female partners to have a medical evaluation, but the clinician may opt to provide EPT, unless the partner is known to be pregnant.
Pregnancy	Although EPT is not contraindicated when a patient reports that a partner may be pregnant, providers should assess whether the pregnant partner is receiving pregnancy services or prenatal care. Every effort should be made to contact	Medications should generally not be provided for pregnant partners; refer pregnant women to their prenatal care provider or another medical provider.

	the pregnant partner and ensure appropriate care; EPT should be considered a last resort.	
Men who have sex with men/Persons with a penis who have sex with persons with a penis	Persons with a penis who have sex with persons with a penis demonstrate higher resistance to cefixime and higher risk of co-infection with syphilis and/or HIV among this population with gonorrhea. Shared clinical decision-making regarding EPT is recommended with these patients.	Use of EPT for sexual partners of men who have sex with men is discouraged because of the relatively high prevalence of undiagnosed HIV infection among male partners of men with a sexually transmitted infection.
Pharyngeal Gonorrhea	Inadequate treatment of partners with pharyngeal gonorrhea is a potential limitation of EPT. Cefixime does not provide as high or as sustained bactericidal tissue levels as ceftriaxone and demonstrates limited treatment efficacy for pharyngeal gonorrhea. Providers who are concerned that a partner is at risk for pharyngeal infection should advise the patient that oral treatment may not cure pharyngeal gonorrhea.	No discussion