

# College Health Learning Community

## April 27, 2023

### EXPEDITED PARTNER THERAPY



**Sylvie Ratelle**  
STD/HIV  
Prevention Training  
Center of New England

A Project of the Division of STD Prevention  
Massachusetts Department of Public Health  
Funded by the CDC

# Learning Objectives

- Understand expedited partner therapy, its limitations and regulations
- Explain why college health is well placed to provide expedited partner therapy
- Open discussion - pitfalls, questions



The graphic features a dark blue header with the text "Sexually Transmitted Disease Surveillance, 2021". Below this is a colorful, abstract background with silhouettes of people. The main headline reads "Infections Continue to Forge Ahead, Compromising the Nation's Health". A button in the bottom right corner says "Full Report Now Available >>". To the right of the graphic are three white boxes with blue icons and text:

-  For Healthcare Providers  
Explore information and resources for you and your patients.
-  For Public Health Professionals  
Explore information and resources for your work.
-  Get Tested  
Find an STD testing site near you.

# Population-level Control of STIs

Basic Reproductive Rate

$$R_o = T \cdot C \cdot D$$

Transmissibility

No. of Sexual Contacts

Duration of infectiousness

Screening and RAPID APPROPRIATE treatment decrease D (duration) of carriage and therefore transmission

But if sexual contacts are not treated, index cases may become re-infected!



## Sexually Transmitted Diseases (STDs)

Sexually Transmitted Diseases (STDs) > Treatment and Screening

### Sexually Transmitted Diseases (STDs)

Diseases & Related Conditions +

Life Stages and Populations +

Prevention +

Program Management & Evaluation Tools +

Projects & Initiatives +

Statistics +

Tools & Materials +

Training +

**Treatment and Screening** -

Drug Notices +

## Expedited Partner Therapy

[Print](#)

Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner *without the health care provider first examining the partner*.

Effective clinical management of patients with treatable sexually transmitted diseases (STDs) requires treatment of the patients' current sex partners to prevent reinfection and curtail further transmission. The standard approach to partner treatment has included clinical evaluation in a health care setting, with partner notification accomplished by the index patient, by the provider or an agent of the provider, or a combination of these methods. Provider-assisted referral is considered the optimal strategy for partner treatment, but is not available to most patients with gonorrhea or chlamydial infection because of resource limitations. The usual alternative is to advise patients to refer their partners for treatment.



### EPT Infographic: A Patient Resource

**If you've been diagnosed with an STD, you may be able to get treatment for your partner, too.**

**+** If you've been diagnosed with chlamydia or gonorrhea, the first step is to get treatment. But did you know that you may be able to get treatment for your partner, too?

Talk to your doctor. They may be able to give you medicine or a prescription for your partner — even without seeing them. This is called expedited partner therapy (EPT) or patient-delivered partner therapy (PDPT), and it's available in most states.

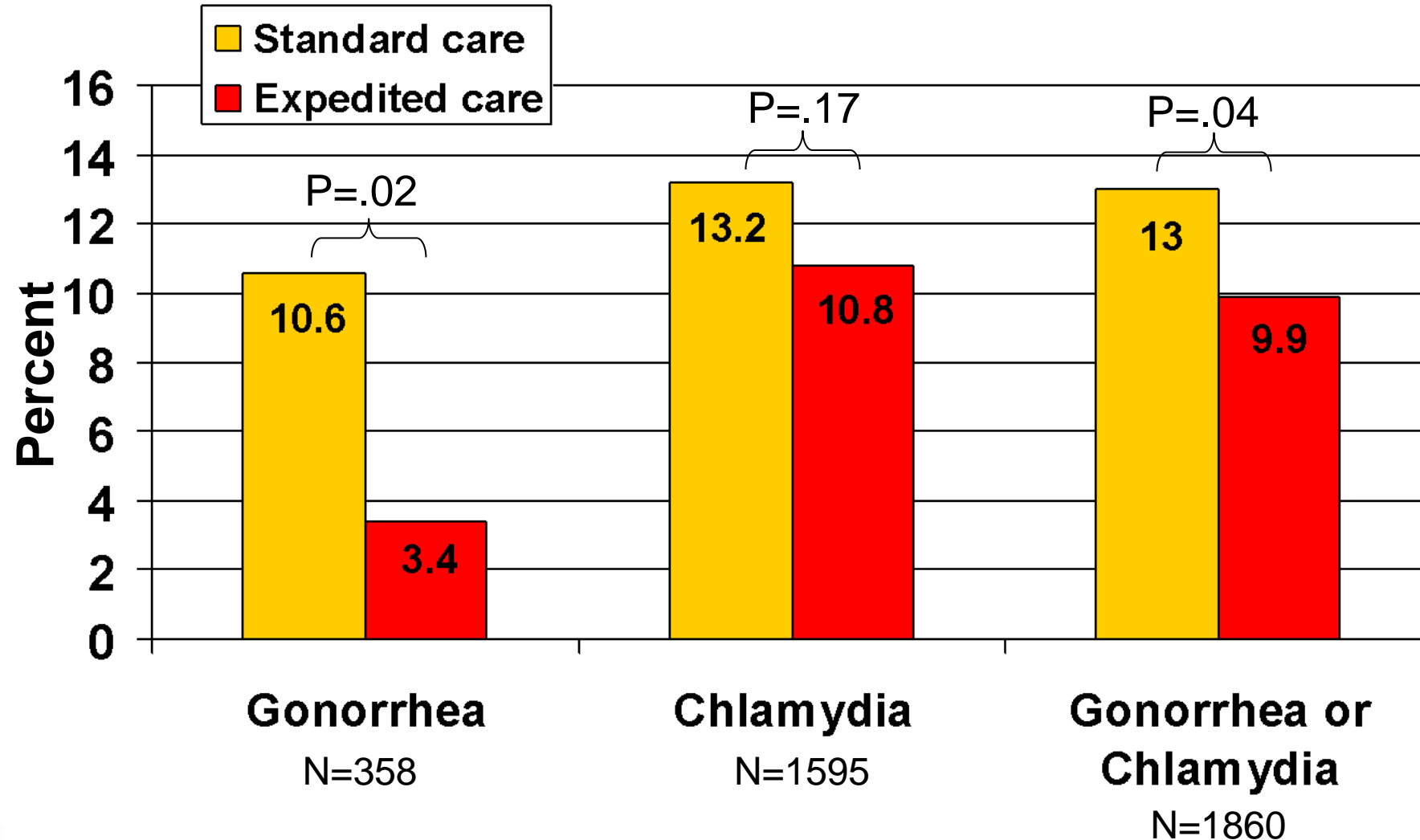
**With EPT:**



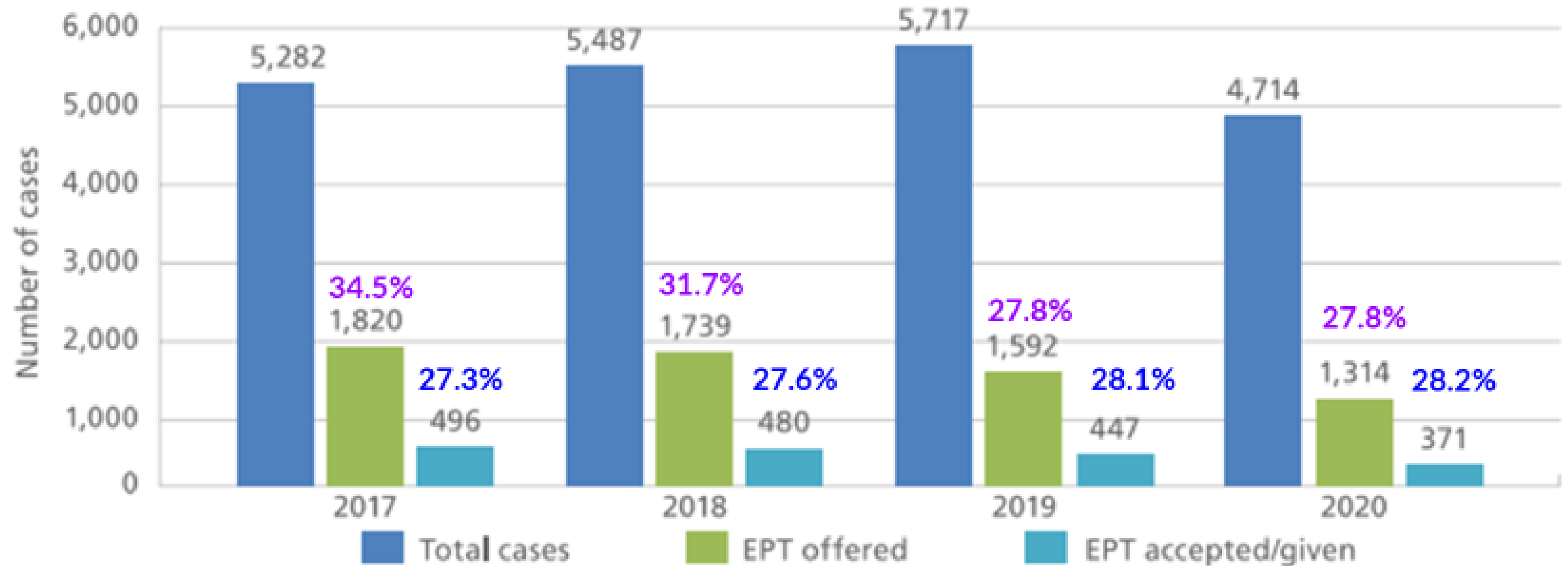
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# Infection During Follow-up Among Patients Completing The EPT Trial



## Expedited Partner Therapy Offered/Accepted for Partners of Cases of Chlamydia, Rhode Island, 2017-2020

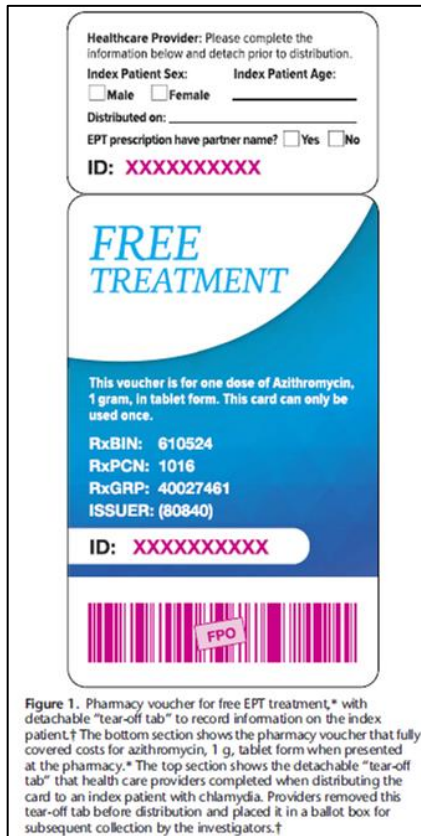


Source: Rhode Island Department of Health

Offer and acceptance of EPT based on provider report on the RIDOH STD Case Report Form

Purple: EPT offered per total chlamydia cases (%)

Blue: Accepted EPT per offered EPT (%)



# ORIGINAL STUDY

## Do Prescriptions for Expedited Partner Therapy for Chlamydia Get Filled? Findings From a Multi-Jurisdictional Evaluation, United States, 2017–2019

Jennifer Sanderson Slutsker, MPH,\*  
 Lai-yi Bella Tsang, RPh, MS, MBA,† and Julia A. Schilling, MD, MSc\*‡

**Background:** Expedited partner therapy (EPT) is commonly provided by prescription; however, the efficacy of this modality is unknown. We examined whether EPT prescriptions are filled when the cost barrier is removed. **Methods:** To track EPT prescription fill rates, we used single-use pharmacy vouchers that covered the cost of azithromycin, 1 g (chlamydia treatment). We recruited clinical sites to distribute vouchers to patients with chlamydia who would receive an EPT prescription under clinic policies. When distributing vouchers, sites recorded and retained: voucher unique identifier, sex and age of index patient, distribution date, and whether partner name was written on the EPT prescription. Pharmacists receiving vouchers entered the identifier, sex and age of presenting person, and redemption date into a standard pharmacy claim transmission system. Data for redeemed vouchers were retrieved from an industry portal and linked with data retained at clinical sites. **Results:** Thirty-two clinical sites distributed 931 vouchers during September 2017 to January 2019; 382 (41%) were redeemed. Vouchers distributed to patients 18 years or younger (49 [30%] of 163) were less likely to be redeemed compared with those distributed to patients older than 18 years (322 [44%] of 736;  $P = 0.001$ ). Just over half of vouchers were redeemed the same day (196 [56%] of 352) and 1 mile or less from the clinical site (188 [54%] of 349). After excluding an outlier site, vouchers accompanied by EPT prescriptions including a partner name (15 [56%] of 27) were

more likely to be redeemed than those lacking a name (83 [34%] of 244;  $P = 0.03$ ).

**Conclusions:** Less than half of EPT prescriptions were filled, even when medication was free. Whenever possible, EPT should be provided as drug-in-hand.

More than 1.7 million cases of *Chlamydia trachomatis* (chlamydia) were reported in the United States (US) in 2018, the largest number of reports for any notifiable condition.<sup>1</sup> Repeated chlamydia infection is common,<sup>2</sup> and sometimes results from resuming sex with an untreated partner.<sup>3</sup> Repeat infection increases risk for adverse outcomes, such as ectopic pregnancy and infertility.<sup>4</sup> Expedited partner therapy (EPT), a strategy for treating the sex partners of an index patient with a sexually transmitted infection (STI), involves a clinician providing or prescribing additional treatment for sex partners without an intervening medical evaluation.<sup>5</sup> The practice of EPT is legal in most states.<sup>6</sup>

Three randomized controlled trials established the evidence base for EPT preventing repeat chlamydia in the index patient.<sup>7–9</sup> Two trials used medication-EPT (index patients provided with drug-in-hand to deliver to sex partners),<sup>7,9</sup> and in the third trial, medication was distributed through a chain of pharmacies, an STI clinic, or direct mailing.<sup>8</sup> However, the efficacy of prescription-EPT (whereby index patients are given prescription(s) to deliver to sex partners) has never been studied.

Information on EPT practices at the population-level are limited; however, evaluations in 2 states suggest that approximately half of EPT is provided in the form of prescription.<sup>10,11</sup> There are several reasons prescription-EPT might not be as effective as medication-EPT.<sup>12</sup> First, prescription-EPT requires more steps than medication-EPT, including the need to travel to a pharmacy and render payment for the medication. Paying for medication is a documented barrier to filling EPT prescriptions,<sup>10</sup> and the out-of-pocket cost of EPT treatment for chlamydia (generic azithromycin, 1 gram) has been reported to be as high as US \$120.<sup>13,14</sup>

Second, neighborhoods with high STI rates may also have a paucity of pharmacies, making it especially difficult for people to fill prescriptions.<sup>15</sup> Third, many pharmacists lack knowledge about the specifics of EPT laws<sup>16,17</sup> and may refuse to fill EPT prescriptions.<sup>10</sup> In 1 study, pharmacists refused to fill 58% of EPT prescriptions with no patient name in a state where “nameless” EPT prescriptions are legal.<sup>16</sup>

The objective of this evaluation was to measure the proportion of EPT prescriptions that get filled, because obtaining medication from a pharmacy might be a rate-limiting step in prescription-EPT. To examine prescription fill rates in a best-case scenario, we utilized a pharmacy voucher to eliminate any barriers posed by the cost of medication and simultaneously monitored the fulfillment of EPT prescriptions.

From the \*Bureau of Sexually Transmitted Infections, †Division of Disease Control, New York City Department of Health and Mental Hygiene, Long Island City, NY; and ‡Division of STD Prevention, National Center for HIV, Hepatitis, STD, and TB Prevention, U.S. Centers for Disease Control and Prevention, Atlanta, GA.

**Acknowledgments:** The authors would like to express their gratitude to the clinical sites for their participation in this project. Clinical sites’ dedication to distributing the vouchers and collecting the tear-off tabs was indispensable to the presented analysis. The authors thank Thomas A. Peterman, MD, MSc and Susan Blank, MD, MPH for guidance in the evaluation design and interpretation of findings. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

**Conflict of interest:** none declared.

**Sources of funding:** This project was funded by a subaward from the National Association of County and City Health Officials (NACCHO) and made possible through Cooperative Agreement 6 NU38OT000172-05-04 awarded to NACCHO by the Centers for Disease Control and Prevention.

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“Less than half of EPT prescriptions were filled, even when medication was free.”

Whenever possible, EPT should be provided as drug-in-hand.”

Slutsker et al., STD 2020



# Do Prescriptions for Expedited Partner Therapy for Chlamydia Get Filled? Findings From a Multi-Jurisdictional Evaluation, United States, 2017–2019

*Jennifer Sanderson Slutsker, MPH,\**

*Lai-yi Bella Tsang, RPh, MS, MBA,<sup>†</sup> and Julia A. Schillinger, MD, MSc<sup>\*‡</sup>*

- Examined whether prescriptions were filled when the cost barrier was removed
- Vouchers were given
- 32 clinical sites, 931 vouchers, 382 (41% redeemed)



# College Health the exception?

- One college health center distributed a large number of vouchers (n=148)
- 113 (76%) redeemed voucher
- Clinicians at the site worked closely with on-site pharmacy that processed 87% of the redeemed vouchers
- Once this site was excluded, overall redemption percentage decreased to 34%!

Although the overall redemption percentage suggests that prescription-EPT may not be an effective partner treatment strategy, in 1 student health center that distributed a high volume of vouchers, 76% of vouchers were redeemed. This site had several unique characteristics, including an on-site pharmacy and collaboration between clinical and pharmacy staff that facilitated consistent fulfillment of EPT prescriptions. This pharmacy filled 87% of redeemed vouchers from this site, indicating that prescription-EPT may be a viable partner treatment option under specific, supportive circumstances.

Slutsker et al., *STD* 2020

TABLE 2. Distribution and Redemption of EPT Vouchers, by Characteristics of Index Patients and Clinical Site

Characteristics	Outcomes for EPT Vouchers		P
	Distribution by Clinical Sites n (Col %)	Redemption at Pharmacy n (Row %)	
Total	931 (100)	382 (41)	
Index patient			
Sex			0.009
Female	651 (71)	286 (44)	
Male	271 (29)	94 (35)	
Age, y*			0.001
≤18	163 (18)	49 (30)	
>18	736 (82)	322 (44)	
Prescription had sex partner name†			0.28
Yes	28 (8)	15 (54)	
No	305 (92)	131 (43)	
Clinical site			
Type of health care setting			<0.001
Student health center	180 (19)	129 (72)	
Hospital-affiliated clinic	85 (9)	27 (32)	
Community health center	369 (40)	113 (31)	
Publically funded STI clinic	297 (32)	113 (38)	

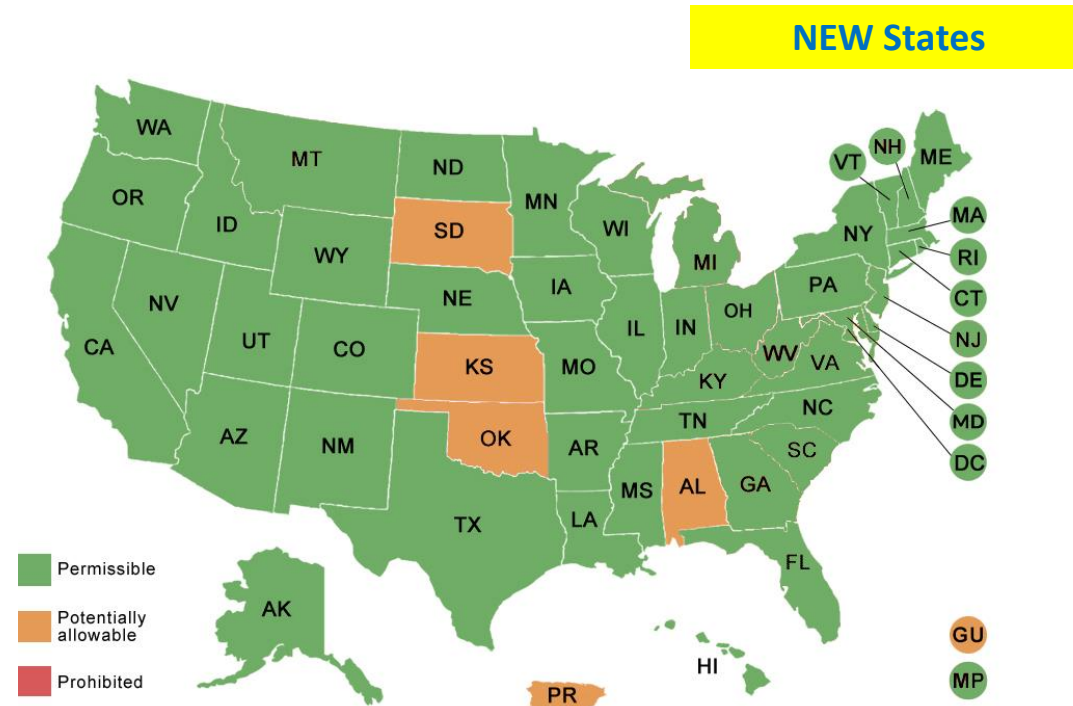


# Management of Sex Partners

## CDC EPT guidelines

“PDPT can prevent reinfection of index case and has been associated with a higher likelihood of partner notification...”

[www.cdc.gov/STD/EPT](http://www.cdc.gov/STD/EPT)



Slide courtesy of Jason Zucker

✓ EPT is permissible in 46 states:

📄 EPT is potentially allowable in 4 states:

✗ EPT is prohibited in 0 states:



# Management of Sex Partners

## NEW Populations

1. Evaluate all sex partners
2. Empirically treat all partners <60 days
  - Most recent partner if last contact >60 days
3. Expedited Partner Therapy
  - Heterosexuals
  - **Men Who Have Sex With Men – Shared Decision Making**

Slide courtesy of Jason Zucker



# Expedited Partner Therapy

NEW Treatment

## Gonorrhea

Cefixime 800 mg PO x 1

## Chlamydia

For chlamydia or if **chlamydia** has **not** been excluded, treat for chlamydia with:

Doxycycline 100 mg PO  
BID x 7 days

OR

Azithromycin 1g orally  
once\*

\*For pregnancy

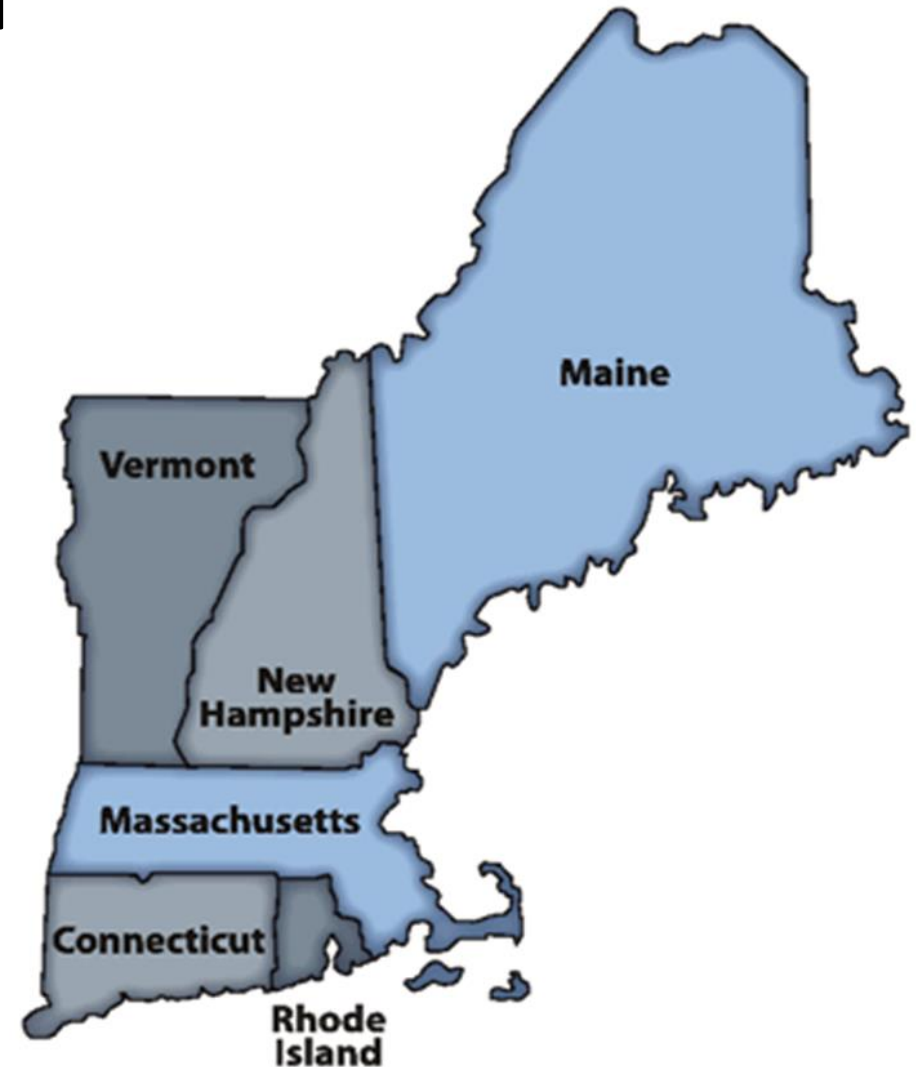
Slide courtesy of Jason Zucker



# EPT Status in New England

**Each state has different EPT  
and pharmacy laws and  
regulations**

- Diseases included
- Prescriber types
- Liability
- Partner requirements
- Educational materials



# Massachusetts

## Partner/Patient Information

### A Message for Partners about Chlamydia Expedited Partner Therapy (EPT)

January 2022

- Information sheet provided by the Massachusetts DPH (or comparable to that provided by the DPH) will be given out whenever possible with each dose of EPT and be available online
- Question/Answer format – easy-to-read, will be translated into many languages
- Encouragement to follow-up with clinical provider

<https://www.mass.gov/lists/expedited-partner-therapy-ept>



**Rhode Island Department of Health**

**Division of Infectious Diseases and Epidemiology**

**STD (Sexually Transmitted Disease) PROGRAM**

**Expedited Partner Therapy (EPT) for STDs**  
**Guidance for Medical Providers in Rhode Island**

<https://health.ri.gov/publications/guidelines/provider/2011ExpeditedPartnerTherapy.pdf>



## PATIENT EDUCATION

Along with antibiotics or a prescription for antibiotics, your patient and their sex partner(s) should also be provided with our EPT Guide for Patients and Sex Partners located at:

<https://www.dhhs.nh.gov/dphs/bchs/std/ept.htm>



## MORE INFO ABOUT EPT

Center for Disease Control and Prevention's 2021

STD treatment Guidelines:

<https://www.cdc.gov/std/default.htm>

CDC EPT:

<https://www.cdc.gov/std/ept/default.htm>

NH DHHS:

<http://www.dhhs.nh.gov/dphs/bchs/std/ept.htm>

February 2022



## CONTACT US

29 Hazen Dr, Concord, NH 03301  
603-271-4496

[PHED@dhhs.nh.gov](mailto:PHED@dhhs.nh.gov)

<https://www.dhhs.nh.gov/dphs/cdcs/index.htm>



# Expedited Partner Therapy (EPT)

*A Guide for Healthcare Providers*

Maine.gov

Agencies | Online Services | Help | Search Maine.gov

Division of Disease Surveillance

Maine Center for Disease Control & Prevention  
A Division of the Maine Department of Health and Human Services

Select Language

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Coronavirus Disease 2019 (COVID-19) - Updates and Information

DHHS → MeCDC → Disease Surveillance → HIV, STD, and Viral Hepatitis Program → Expedited Partner Therapy

Wed 26 Apr 2023

General Information

Healthcare Associated Infection Program

Infectious Disease Prevention Program

Looking for Information?

Looking for Services?

Orderable Materials

Data

Are you a Provider?


Program Contacts

Immunization Program

Disease Surveillance Epidemiology Program

Local Health Officers

Tuberculosis Control Program




Expedited Partner Therapy (EPT)

Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.

As required by law, health care professionals must provide patients infected with chlamydia and/or gonorrhea counseling and written materials developed by the Maine CDC HIV, STD, & Viral Hepatitis Program for their partners who will receive EPT either as a prescription to be filled or medication to be taken. The following materials are intended to assist health care professionals in counseling and providing EPT to their patients and their partners.


For additional information or questions, please contact the HIV, STD, and Viral Hepatitis Program at (207) 287-3747.

- Expedited Partner Therapy Implementation Rules (Word\*)
- Expedited Partner Therapy Materials
  - EPT – Frequently Asked Questions (PDF\*)
  - EPT – Patient Guide (PDF\*)
  - EPT – Sex Partner Guides
  - EPT – Treatment Guides
- Expedited Partner Therapy Law
- Expedited Partner Therapy (US CDC)



[https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/ept/index.shtml#:~:text=Expedited%20Partner%20Therapy%20\(EPT\)%20is,provider%20first%20examining%20the%20partner.](https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/ept/index.shtml#:~:text=Expedited%20Partner%20Therapy%20(EPT)%20is,provider%20first%20examining%20the%20partner.)

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2/bw-ept-provider-brochure-feb-22-draft.pdf>



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# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD  
Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### Treatment Standards for Expedited Partner Therapy for Sexually Transmitted Diseases

#### 1.0 Authority

This rule is adopted pursuant to 18 V.S.A. §1095.

#### 2.0 Purpose

This rule provides health care professionals the authority to prescribe medication to the sexual partner or partners of a patient diagnosed with a sexually transmitted disease designated by the Commissioner of Health without examining the sexual partner or partners.

#### Memorandum

To: All CT Clinicians treating Sexually Transmitted Diseases (STD)

From: Lynn Sosa, MD, Medical Director, STD Control Program  
Linda Ferraro, RDH, Director, STD Control Program

Date: April 7, 2022

Re: Revised Expedited Partner Therapy (EPT) for Chlamydia and Gonorrhea Infection in Connecticut

[https://portal.ct.gov/-/media/DPH/STD-files/EPTClinicalAdvisory\\_Rev32022.pdf](https://portal.ct.gov/-/media/DPH/STD-files/EPTClinicalAdvisory_Rev32022.pdf)



Home / Immunizations & Infectious Disease / Sexually Transmitted Diseases / Resources for Health Care Professionals

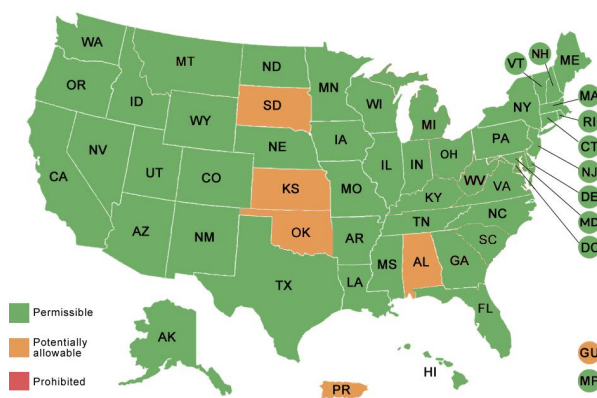
## Resources for Health Care Professionals

#### In This Section:

[Chlamydia](#) | [Gonorrhea](#) | [Syphilis](#) | [Other STDs](#) | [Resources for Health Care Professionals](#)

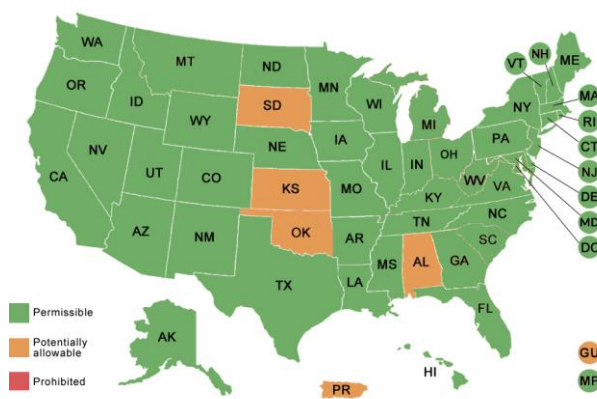
<https://www.healthvermont.gov/disease-control/std/resources-health-care-professionals>

# New England EPT Diseases Treated



Disease Treated	RI	CT	ME	MA	NH	VT
Chlamydia	✓	✓	✓	✓	✓	✓
Gonorrhea	✓	✓	✓	N	✓	✓

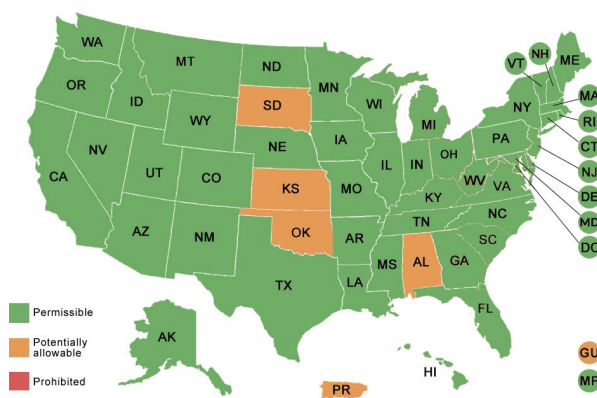
# New England EPT Prescriber Types



Prescriber Types	RI	CT	ME	MA	NH	VT
MD/DO	✓	A prescribing practitioner who diagnoses infection	A healthcare professional who diagnoses infection	✓	A healthcare professional authorized to prescribe rx medication	✓
PA	✓			✓		✓
NP	✓			✓		✓
Midwife	N			✓		N

**Ideal: Any healthcare provider may prescribe and dispense medication directly to patient and their partner(s) (including pharmacists)**

# New England EPT Partner Requirements



Prescriber Authority	RI	CT	ME	MA	NH	VT
Write Rx for partners w/o examining partners	✓	✓	✓	✓	✓	✓
Write Rx for pt with extra doses for their partners	✓	✓	No, however Rx for each partners can be written as “ <b>Expedited Partner Therapy</b> ”, “ <b>EPT</b> ” in lieu of the name. If Expedited Partner Therapy, E.P.T. or EPT does not go through E-Rx, prescribers may write a separate form according to state’s DOH guideline.		N	N
E-Rx?	✓	✓			✓	✓

**Ideal: Prescriber may write Rx for partners without examining them and provide extra medication to patients for their partners through electronic or paper methods.**



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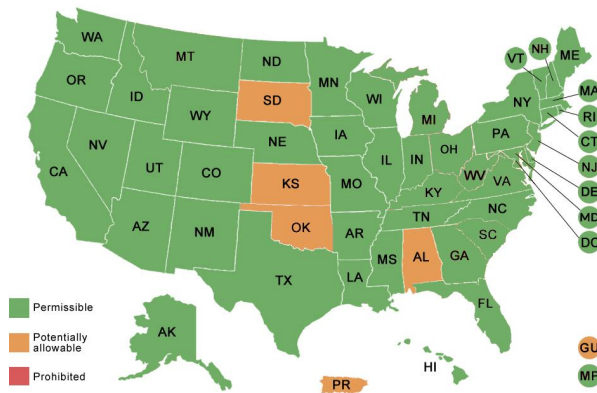
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Slide courtesy of Jeffrey Bratberg, Pharm D, FAPhA

CDC: “Legal Status of EPT”, updated April 2021. Accessed 4/26/23 at <https://www.cdc.gov/std/ept/legal/default.htm>



# New England EPT Partner Requirements



Partner EPT Rx Requirements	RI	CT	ME	MA	NH	VT
Partner Name Required	✓	✓	✓	N	✓	✓
Partner Address Required	✓	N	✓	N	✓	✓
If Partner Names/Address Unavailable	Patient may receive Rx with extra doses for their partners. Rx can be written "as directed."	Patient may receive Rx with extra doses for their partners. A separate, properly labeled container required for each partners.	Rx can be written as "Expedited Partner Therapy" or "E.P.T.," or "EPT" in lieu of name, address may be left blank.		Identification can be left blank and partners will fill this information in before a pharmacist can fill the Rx.	N/A

**Ideal: For EPT Rx of partners, name and address are not required and/or partners may receive extra doses directly from the patient.**