

Expedited Partner Therapy (EPT)

This template is designed to help family planning providers create or update site-specific protocols for expedited partner therapy in family planning settings. If your organization chooses to use this template, the author will customize it to fit your organization and develop a site-specific protocol. Decision points are listed as NOTE alerts throughout the template document. It is expected that the person(s) using the template protocol as a starting point will include the appropriate option that reflects their organization's current practices. If the organization has policies, procedures, or practices that are not listed as an option, they should be described in detail and inserted into the draft local protocol. When formatting the draft local protocol, the options that do not apply to the organization should be deleted.

Introduction

[NAME OF CLINIC] offers the following services:

Expedited Partner Therapy (EPT) for gonorrhea (GC) and chlamydia (CT) where:

- Medication(s) are given to the index patient to give to their partners to treat and prevent reinfection in the index patient.
- Prescription(s) are given to the index patient to take to their partners to get filled at their local pharmacy

NOTE

If your site does not offer these services, list where patients should be referred internally or in the community.

Purpose of Expedited Partner Therapy (EPT)

EPT has been demonstrated to be effective in reducing the rates of persistent or recurrent infections. EPT is a strategy to help prevent reinfection in the client by treating the sex partners of patients diagnosed with *Neisseria gonorrhoea* (GC) and/or *Chlamydia trachomatis* (CT). No provider relationship or examination required for partner(s).¹

NOTE

The practice of providing EPT is regulated by each state. Click [here](#) to view the legal status in your state.²

Sexual Partners(s) Treatment Using Traditional vs EPT Approach

Assuring treatment of the sex partner(s) of persons with GC/CT is critical to the prevention and control of these bacterial STIs.

Traditional	EPT
Partner(s) seen by provider in clinic for testing and treatment.	Index patient gives medication(s) or a prescription to their partner(s) for treatment.
Patients diagnosed with GC and/or CT should be given the choice of contacting their sexual partners and providing them with a referral for examination, testing, and treatment, or, if not contraindicated, they can give a prescription or medication to take to their partners.	

EPT is Recommended:³

- When partner referral is impractical or unsuccessful
- To facilitate partner management in heterosexual men and women with GC and/or CT

EPT is Not Recommended:³

- If pregnant.
- If at risk for severe medication allergies.
- If co-infected with other STIs not covered by EPT.
- If the patient's safety is in doubt.
- If partner is a man who has sex with men (MSM) because of potential HIV/STI prevention opportunities and potential for antimicrobial resistance.⁴

EPT Medications

Index patient infection:	Partner(s) medication or prescription:
Chlamydia only: Nucleic Acid Amplification Test (NAAT) test negative for GC or sexual contact was with person infected only with CT.	Azithromycin 1 gram by mouth x 1 dose
Gonorrhea only: NAAT test positive for GC and negative for CT	Cefixime 800 mg by mouth x 1 dose
Gonorrhea but Chlamydia not excluded: NAAT test positive for GC but CT infection has not been excluded:	
Non-pregnant partner(s):	Cefixime 800 mg by mouth x 1 dose AND Doxycycline 100 mg BID x 7 days (if not pregnant)
Pregnant or if multiday dosing a concern:	Cefixime 800 mg by mouth x 1 dose AND Azithromycin 1 gram by mouth x 1 dose <i>NOTE: Azithromycin has a lower treatment efficacy among persons with rectal chlamydia</i>
Chlamydia and Gonorrhea: NAAT test positive for GC and CT OR sexual contact was with person infected with both GC and CT.	Azithromycin 1 gram by mouth x 1 dose AND Cefixime 800 mg by mouth x 1 dose

EPT Recommendations

Providers should include the following written information, along with medication(s), for sexual partners:

- Medication(s) or prescription(s) as recommended by current treatment guidelines.
- Patient instruction sheet, including appropriate warnings about taking medications (If the partner is pregnant or has an allergy to the medication).
- General GC and CT health education and counseling.
- A statement advising that partner(s) seek immediate medical evaluation if they develop a discharge, abdominal, pelvic, or scrotal pain.

References

- ¹ Centers for Disease Control and Prevention [CDC]. (2023). *Expedited Partner Therapy*. <https://www.cdc.gov/std/ept/default.htm>
- ² Centers for Disease Control and Prevention [CDC]. (2023). *Legal Status of Expedited Partner Therapy*. <https://www.cdc.gov/std/ept/legal/default.htm>
- ³ Centers for Disease Control and Prevention [CDC]. (2021). *Guidance on the Use of Expedited Partner Therapy in the Treatment of Gonorrhea*. <https://www.cdc.gov/std/ept/gc-guidance.htm>
- ⁴ Weiss, K. M., Jones, J. S., Katz, D. A., Gift, T. L., Bernstein, K., Workowski, K., Rosenberg, E. S., & Jenness, S. M. (2019). Epidemiological impact of expedited partner therapy for men who have sex with men: A modeling study. *Sex Transm Dis*, 46(11), 697-705. <https://doi.org/10.1097/OLQ.0000000000001058>

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