



Expedited Partner Therapy (EPT) for Chlamydia and Gonorrhea: Guidance for Health Care Professionals in Rhode Island

Introduction

Effective clinical management of patients with treatable sexually transmitted infections (STIs) requires treatment of the patients' sex partners to prevent reinfection and curb ongoing transmission. All sex partners of a person who is diagnosed with an STI should be evaluated in a health care setting to facilitate STI and HIV testing as well as to link to wraparound HIV/STI services. [Expedited Partner Therapy \(EPT\)](#) is an evidence-based alternative strategy to consider when a patient's sexual partner is unable or unlikely to seek care, Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with an STI by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.

Background

The Center for Disease Control and Prevention (CDC) endorses EPT as a useful partner management option, particularly for male partners of women with chlamydia or gonorrhea. The Rhode Island Department of Health recommends the inclusion of EPT as one strategy of a comprehensive STI program. However, EPT is not intended as the first-line partner management strategy and should not replace other strategies, such as provider-assisted partner referral, that facilitates STI and HIV testing and linkage to wraparound HIV/STI services.

Summary of EPT Recommendations

Chlamydia trachomatis

Current treatment for chlamydia recommended by CDC is doxycycline* 100 mg orally twice daily x 7 days OR Azithromycin 1 gram orally once.

If a provider is concerned that sex partners are unable or unwilling to promptly access evaluation and treatment services, EPT should be considered. Compared with standard patient referral of partners to a clinician for evaluation and treatment, this approach to therapy has been associated with decreased rates of persistent or recurrent chlamydia trachomatis among women. Providers should provide patients with written educational materials to give to their partners about chlamydia, which should include notification that partners have been exposed and information about the importance of treatment. These materials also should inform partners about potential therapy related allergies and adverse effects, along with symptoms

indicative of complications (e.g., testicular pain among men and pelvic or abdominal pain among women). Untreated infections can cause significant and costly complications, including pelvic inflammatory disease (PID), epididymitis, disseminated gonococcal infection, and impaired fertility. Individuals with these infections are also at increased risk of acquiring sexually transmitted HIV. Repeat chlamydia and gonorrhea infections occur in 10-15 percent individuals within six months after treatment and increase the risk of complications.

Educational materials for female partners should include information about the importance of seeking medical evaluation, especially if PID symptoms are present. Undertreatment of PID among female partners and the associated increased risk of infertility, incomplete treatment, as well as missed opportunities for diagnosing other STIs among women is a potential risk in using EPT. MSM with chlamydia have a high risk for coexisting infections, especially undiagnosed HIV, and may have partners without HIV who could benefit from HIV PrEP. Data are also limited regarding effectiveness of EPT in reducing persistent or recurrent chlamydia among MSM; thus, shared clinical decision making regarding EPT for MSM is recommended.

Neisseria gonorrhea

At present, the only CDC recommended treatment of uncomplicated urogenital, anorectal, and pharyngeal *Neisseria gonorrhea* is monotherapy with a single intramuscular dose of ceftriaxone 500 mg. If EPT via injection is not possible, CDC recommends 800mg cefixime orally in a single dose. CDC continues to recommend EPT for heterosexual men and women with gonorrhea for whom health department partner management strategies are impractical or unavailable and whose providers are concerned about partners' access to prompt clinical evaluation and treatment. For men who have sex with men (MSM), shared clinical decision making regarding EPT is recommended due to risk of undiagnosed other infections, and limited data.

Rationale and Epidemiology

Genital chlamydia infection is a significant public health problem and is the most reportable disease in Rhode Island. In 2022, 5,200 cases of chlamydia were reported in Rhode Island². Most infections are asymptomatic and undiagnosed, and due to underreporting, it is estimated that the real number is even higher. Adolescent and young females (age 15-24 years) have the highest risk of infection. In 2021, 59.3% of chlamydia cases were in people 24 and younger. Chlamydia is a leading cause of pelvic inflammatory disease, chronic pelvic pain, ectopic pregnancy, and preventable infertility in women. Patients with chlamydia are also at increased risk of acquiring sexually transmitted HIV. The risk of adverse reproductive health complications of chlamydia infection increases significantly with repeat infections. Repeat infections are estimated to occur in 15-30% of young women within six months of treatment because their partners are not treated successfully at the same time.

Evidence suggests that repeat chlamydia infections place women at a significantly increased risk of developing upper genital tract complications, and infertility. The single most important risk factor associated with recurrent chlamydia infection (re-infection) in women is failure of partner treatment. Research has also demonstrated that providing medication to male partners of infected women can reduce rates of reinfection among women. A [multi-site randomized controlled trial](#) of patient-delivered therapy funded by the Centers for Disease Control and Prevention demonstrated that patient delivered therapy reduced reinfection by 20%. Although not formally evaluated in the trial, patient-delivered therapy should result in reducing infertility as well as healthcare costs associated with treating PID and infertility. Adverse reactions beyond mild to moderate gastrointestinal distress to single-dose azithromycin are extremely rare. Unlike penicillins, macrolides are a class of antibiotics with very few allergic reactions.

Procedure for Dispensing or Prescribing EPT

Providers should use their best judgment to determine whether partners will or will not come in for evaluation and treatment to decide whether to dispense to the index patient while available.

Patients diagnosed with chlamydia infection cannot be considered adequately treated until all their recent partners have been treated. All sexual contacts within the past 60 days from the onset of symptoms or diagnostic test results need to be treated.

Suggested actions for physicians treating a confirmed case of chlamydia infection:

- 1) Interview the index patient to identify and name all sexual contacts that the patient had in the 6 months prior to diagnosis.
- 2) Through the cooperation of the patient, try to bring these persons in for evaluation and, if necessary, treatment.
- 3) Report the index case to the Rhode Island Department of Health Center for HIV, Viral Hepatitis, STD, and TB Epidemiology using the [RIDOH STD Case Report Form](#).
- 4) Dispense or prescribe EPT when the evaluation suggests that partners are unlikely to come in for care and fit criteria below.

Use the most current [CDC STI Treatment Guidelines](#) to treat patients.

Recommended Patient Selection Criteria for EPT:

The following guidelines provide information on the most appropriate patient selection criteria, medication prescription and/or dispensing practices and counseling procedures recommended to maximize patient and public health benefit while minimizing risk.

- Attempt to bring partners in for evaluation and treatment
- Heterosexual men and women
- Exclude partners known to be symptomatic (fever, pelvic/groin /testicular/abdominal pain)
- Exclude MSM, partners must be tested for Syphilis and HIV.
- Diagnosis: Laboratory-confirmed genital chlamydia infection without coinfection with gonorrhea or other complications
- Most appropriate partners: Males who are uninsured or unlikely to seek medical services.

- Medication: Recommended prescription is doxycycline 100 mg orally twice daily for 7 days or Azithromycin (Zithromax*) 1 gram (250 mg strength tablets x 4 tabs) orally once for treatment of chlamydia.
- Use of trade names is for identification only and does not imply endorsement.
- Number of doses are limited to cover the number of known sex partners in past 60 days.
- Educational materials must accompany medication.
- Patient counseling: Abstinence from sexual intercourse with partner until 7 days after treatment of patient and until 7 days after partner has been treated.
- Evaluation: Recommend re-test patients for chlamydia three to four months after treatment
- Adverse reactions: Law does not protect provider from liability, as is the case for any medical treatment. Report adverse events to 1-866-556-3730

Treatment/Dispensing Options:

The recommended medication for patient-delivered therapy is single-dose azithromycin tablets (1 gram orally once). While somewhat more expensive than the azithromycin powder (sachet) formulation, tablets are easier to deliver and facilitate compliance. Although doxycycline is an effective treatment for chlamydia infection, it requires dosing twice daily for seven days. Patients may be provided with the number of doses necessary to treat each of their known exposed partners with whom they've had sexual relations in the last sixty days.

The partner medication may be prescribed and/or dispensed in one of three ways.

- 1) The physician dispenses medication for the partner in clinical setting with instructions and education for the partner.
- 2) A separate prescription is written in the name of the partner (s), to take to a pharmacy for dispensing.
- 3) In the event the patient will not or cannot identify the partner(s), the provider may write extra doses on a prescription in the name of the index patient to be taken "as directed".

In all situations, thorough chart documentation of doses prescribed and documentation that thorough patient education/counseling regarding medication must be conducted. A prescription must have a name on it, or else it will not be dispensed.

Ideally, the medications and educational material should be given to the patient to deliver to the partner. If a prescription is used, then the provider should give both the educational material and the prescription to the patient and encourage the patient to deliver both the medication and accompanying educational material to the partner. Cost issues have to be discussed and managed on a case-by-case basis.

Counseling:

An example of partner therapy instructions and information is below. Providers should address three key counseling messages when prescribing patient-delivered therapy:

- A) Patients and partners should abstain from sex for at least seven days after treatment and until seven days after all partners have been treated, to decrease the risk of reinfecting the index patient.
- B) Partners should seek a complete STI evaluation as soon as possible.
- C) Partners who have allergies to erythromycin, azithromycin, or other similar macrolides, have kidney failure, liver disease, heart disease, or any other serious health problems, should **not** take the medication and should see a healthcare provider. If partners are unsure about any possible medication allergies or other health problems, they should consult a healthcare provider. To ensure the effectiveness of patient delivered therapy, providers should schedule the patient to return for re-testing chlamydia three to four months after treatment.

RESOURCES:

1. Text of Law in RI Effective July 1, 2010:

23-11-20. Expedited partner therapy. – (a) Notwithstanding any other provision of law

to the contrary, a physician licensed under chapter 37 of title 5, a physician assistant licensed under chapter 54 of title 5 or a certified registered nurse practitioner licensed under chapter 34 of title 5 who is authorized to prescribe and dispense prescription drugs, and who diagnoses a sexually transmitted disease in an individual patient, may prescribe prescription drugs to the patient's sexual partner or partners for the treatment of the sexually transmitted disease without an examination of the sexual partner or partners.

(b) A licensed physician, licensed physician assistant or certified registered nurse practitioner who reasonably and in good faith prescribes prescription drugs to a patient's sexual partner or partners for the treatment of a sexually transmitted disease in accordance with this section shall not be subject to civil or criminal liability or be deemed to have engaged in unprofessional conduct.

2. Centers for Disease Control and Prevention, EPT

webpage: <https://www.cdc.gov/std/treatment-guidelines/clinical-EPT.htm>

- i. Centers for Disease Control and Prevention. *Expedited partner therapy in the management of sexually transmitted diseases. Review and Guidance*, Atlanta, GA: US Department of Health and Human Services, **2006**.

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<http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>

- ii. Centers for Disease Control and Prevention. 2021 **Guidelines for Treatment of Sexually Transmitted Diseases.** <http://www.cdc.gov/std/treatment/>
- iii. Trelle S, Shang A, Nartey L, Cassell J, Low N. Improved effectiveness of partner notification for patients with sexually transmitted infections: systematic review. Sven Trelle, BMJ, doi:10.1136/bmj.39079.460741.7C (published 19 January 2007)
- iv. **GOVERNMENT, POLITICS, AND LAW**
Expedited Partner Therapy for Sexually Transmitted Diseases: Assessing the Legal Environment. James G. Hodge Jr, JD, LL.M., Amy Pulver, MA, MBA, Matthew Hogben, PhD, Dhruvajyoti Bhattacharya, JD, MPH, and Erin Fuse Brown, JD, MPH
<http://www.cdc.gov/std/ept/legal/default.htm>

Expedited Partner Therapy (EPT) Treatment Record

Index Patient Name: _____ DOB: _____

Diagnosis: _____ Reference #: _____

1. Partner Name: _____ DOB: _____

Address (if known): _____

Exposure Dates: First Freq Last

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Medication	Dose:	Date:	Prescription	or	Dispensed

2. Partner Name: _____ DOB: _____

Address (if known): _____

Exposure Dates: First Freq Last

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Medication:	Dose:	Date:	Prescription	or	Dispensed

3. Partner Name: _____ DOB: _____

Address (if known): _____

Exposure Dates: First Freq Last

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Medication:	Dose:	Date:	Prescription	or	Dispensed

**URGENT and PRIVATE
IMPORTANT INFORMATION ABOUT YOUR HEALTH
DIRECTIONS FOR SEX PARTNERS FOR TAKING
AZITHROMYCIN**

PLEASE READ THIS VERY CAREFULLY

Your sex partner has recently been treated for *chlamydia*. *Chlamydia* is a curable bacterial infection you can get from having sex with a person who already has it. Many people with *chlamydia* do not know they have it because they have no symptoms and feel fine. Others may develop pain in their pelvis or testicles, pain when urinating, or during sex. However, if you do not take medicine to cure it, you can get very sick. If you have unprotected sex with your partner, you could also reinfect them. Women can become unable to have children if they don't get treated.

You could have *chlamydia*. It is important that you get treated. We want to be sure that you get the medicine you need as soon as possible. The best way to take care of yourself is to see a doctor or come to: _____ Telephone: _____ for a check-up and medicine. If you are not able to see a doctor within 1 week, you should take the medicine enclosed or prescribed as soon as possible.

Before you take the medicine, please read the following:

The medicine is very safe. However, **DO NOT TAKE** if any of the following are true (**YOU MUST SEE A DOCTOR FIRST**):

- ◆ You are female and having lower belly pain, pain during sex, vomiting, or fever.
- ◆ You are pregnant.

Please turn over -----

- ◆ You are male and having pain or swelling in the testicles (balls) or fever.
 - ◆ You ever had a bad reaction, rash, or allergy to the following antibiotics: azithromycin (“Zithromax”), erythromycin, clarithromycin (“Biaxin”).
 - ◆ You have a serious long-term illness like kidney, heart or liver disease.
 - ◆ You are currently taking another prescription medication.
- If any of these circumstances exist, you should talk to your healthcare provider as soon as possible.

Some people get a mild upset stomach or diarrhea after taking this medicine. Others may develop dizziness, fatigue, or headache; a vaginal yeast infection; a rash; or become more sensitive to sunlight. These won’t last long. If you experience any other side effects or an allergic reaction, call your healthcare provider immediately. There can be other, more serious side effects, but these are extremely rare.

Don’t share or give this medicine to anyone else.

Do not have sex for the next 7 days. It takes 7 days for the medicine to cure *chlamydia*. If you have unprotected sex during the 7 days after taking the medicine, you could still pass the infection to your sex partners. While condoms are effective, the safest way to make sure you don't pass the infection on to anyone is to not have sex for 7 days.

If you have any questions about the medicine or *chlamydia*, please call _____.

All calls are confidential. No one will ask for your name.