Expedited Partner Therapy (EPT)

DEFINITION	Expedited Partner Therapy (EPT) defined as treatment of partners without a personal assessment by a health-care provider, is an accepted method of treatment of chlamydia and gonorrhea infections in North Dakota. The preferred method for interrupting the transmission of sexually transmitted diseases is to examine, perform diagnostic testing and appropriately treat all sex partners of persons diagnosed with an STI. EPT has been demonstrated to be effective in treating partners as a last resort of ensuring treatment of infected partner(s). Sexual partners do not require a medical chart in order to receive EPT. However, when the patient is being treated with medication provided by the North Dakota Department of Health STD Program through 340 certification, federal regulation requires that "record of the individual's health care" be maintained. The federal register specifically used this language versus stating a "medical chart" or "medical record" to assure some documentation was kept while removing the barrier of needing a specific document. Chlamydia and gonorrhea are reportable diseases (North Dakota Century Codes 23-07-02. 1 and 23-07-02.2) A STI self-interview questionnaire is available to providers to collect the minimal required fields on reporting STI, as well as reporting sex partner(s) and treatment outcomes of both patient and partner(s). North Dakota law stipulates any minor 14 years of age or older may receive examination, care, or treatment for sexually transmitted diseases without permission, authority, or consent of a parent or guardian.
SUBJECTIVE	Client follow up regarding a positive chlamydia and/or gonorrhea for: 1. Partner(s) that are deemed unlikely to access health care themselves 2. When a client presents with reinfection.
OBJECTIVE	Positive chlamydia and/or gonorrhea
LABORATORY	1. Screening for chlamydia and/or gonorrhea 2. May have other STI screening labs, as indicated
ASSESSMENT	Candidate for EPT, based on history
PLAN	1. EPT is clinically indicated for the following partner(s) of a client with chlamydia and/or gonorrhea: a. Diagnosis confirmed by a positive laboratory test. *Whenever possible, contact should be made by phone with the sexual partner(s) to explain the reason for providing EPT. Also, this provides an opportunity to review health history, medication side effects, allergies to medication, and the explanation for providing EPT. 2. RECOMMENDED TREATMENT FOR CHLAMYDIA a. Azithromycin 1-gram po in single dose (follows NDBON approved standing orders for RN) OR b. Doxycycline 100 mg bid po for 7 days (Can only be provided by a clinician with prescriptive authority) 3. RECOMMENDED TREATMENT FOR GONORRHEA (with or without co-infection) In light of CDC's recent changes to its gonorrhea treatment recommendations, under current guidelines every effort should be made to ensure that a patient's sex partners from the past 60 days are evaluated and treated with the recommended regimen (ceftriaxone 250 mg IM plus a single dose of azithromycin 1 g orally). However, because that is not always possible, providers should still consider EPT for heterosexual partners of patients diagnosed with gonorrhea who are unlikely to access timely evaluation and treatment. EPT is not routinely recommended for MSM because of a high risk for coexisting infections, especially undiagnosed HIV infection, in their partners. a. Since CDC no longer recommends exclusively oral treatment for gonorrhea, if a provider considers it unlikely that a heterosexual partner of a gonorrhea patient

	will access timely evaluation and treatment, EPT with cefixime and azithromycin should still be considered, as not treating partners is significantly more harmful than is the use of EPT for gonorrhea. b. Cefixime (Suprax) 400 mg po in single dose PLUS c. Azithromycin 1-gram po in single dose. 4. A test-of-cure is not needed for persons who receive a diagnosis of uncomplicated urogenital or rectal gonorrhea who are treated with any of the recommended or alternative regimens; however, any person with pharyngeal gonorrhea who is treated with an alternative regimen should return 14 days after treatment for a test-of-cure using either culture or NAAT. **5.** Men or women who have been treated for gonorrhea should be retested 3 months after treatment regardless of whether they believe their sex partners were treated. If retesting at 3 months is not possible, clinicians should retest whenever persons next present for medical care within 12 months following initial treatment. **NOTE**: Cefixime has limited efficacy in treating pharyngeal infections. Ceftriaxone is the recommended treatment if there is oral sex exposure. Partner(s) receiving EPT for gonorrhea exposure should be informed that the oral medication used for EPT are not as effective for treating pharyngeal infection. (Ceftriaxone injections are not an option for EPT). 6. EPT for the following patients are **NOT recommended** by the CDC: a. Men who have sex with men (MSM) with chlamydia or gonorrhea infections, due to the high prevalence of co-morbidities in MSM and lack of data regarding EPT efficacy is this population. b. Women with trichomoniasis, because of a high risk of STD co-morbidity (especially chlamydia and gonorrhea) in partners c. Any partner with syphilis d. Pregnant partner(s) should not be considered for EPT and must be referred to their prenatal care provider. 7. Any cases of suspected child abuse, sexual assault, or abuse; or a situation in which the patient's safety is in doubt
CLIENT EDUCATION	1. Patients should be instructed to abstain from sexual intercourse for 7 days after receiving single dose therapy or over the course of receiving 7-day antibiotic therapy and until 7 days after their sexual partners have completed treatment. 2. EPT should be accompanied by educational materials that advise partners to seek health care in addition to the medication. 3. Health-care providers seeing adolescent patients should provide assurance regarding the confidential nature of the visit, testing and treatment received. Encourage adolescents to tell their parents/guardians about their medical condition when appropriate.
CONSULT/ REFER TO PHYSICIAN	1. Any partner(s) whose signs and symptoms do not resolve following treatment. 2. Any pregnant woman. Attempt should be made for referral to pregnancy services. 3. Any partner with symptoms such as abdominal or pelvic pain require immediate attention.

References:

1. Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020 | MMWR
2. https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf
3. North Dakota Department of Health STD (ndhealth.gov)
4. Expedited Partner Therapy (cdc.gov)
5. CDC - Gonorrhea and Expedited Partner Therapy 2/2021
6. Expedited Partner Therapy | ACOG Reaffirmed 2020