



Georgia Department of Public Health
Division of Medical and Clinical Services
Office of Sexually Transmitted Diseases

Expedited Partner Therapy Guidance for Healthcare Professionals

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Background of Expediated Partner Therapy (EPT)

EPT is a strategy recommended by the Georgia Department of Public Health (DPH) for treating the sex partner(s) of persons diagnosed with *Chlamydia trachomatis* and/or *Neisseria gonorrhoeae*, bacterial sexually transmitted diseases (STD). EPT allows healthcare providers to provide a person diagnosed with chlamydia and/or gonorrhea, also known as the index patient, with medication or a prescription for treatment to deliver to his or her sex partner(s) without a physical examination.

Practitioners who are legally authorized to prescribe and dispense prescription drugs are also legally authorized to prescribe and dispense EPT. In addition, a practitioner who “reasonably and in good faith” prescribes or dispenses antibiotic drugs for EPT, in accordance with Georgia Code Section 31-17-7.1 and DPH Rule 511-2-8-.06, is protected from civil and criminal liability or disciplinary action by a professional licensing board.

Public Health Impact

Sexually transmitted chlamydial and gonococcal infections are significant public health problems. The Centers for Disease Control and Prevention (CDC) indicates that 61% of reported chlamydia cases and more than half of reported gonorrhea cases occur among persons aged 15-24. Untreated infections can lead to pelvic inflammatory disease (PID), ectopic pregnancy, and infertility. Pregnant women and newborns are among the vulnerable populations.

Benefits of EPT

Treating chlamydia and gonorrhea in persons testing positive for infection and their partner(s) helps to prevent transmission and health complications. Prompt treatment of both infected individuals and their partner(s) can prevent adverse reproductive health complications.

Recommended Drug Regimen for EPT

Efforts should be made to ensure that sex partners of a person infected with gonorrhea and/or chlamydia are evaluated and treated with the recommended regimen according to the infection. In cases where the partner is unable or unlikely to seek testing and treatment, the following drug regimen recommendations for EPT are below.

The recommended EPT treatment for non-pregnant partner(s) for chlamydia is Doxycycline 100 mg orally 2 times a day for 7 days if gonorrhea infection has been excluded. In scenarios where gonorrhea has not been excluded, the non-pregnant partner may be treated with a single dose of oral cefixime 800 mg plus oral doxycycline 100 mg 2 times a day for 7 days. **Doxycycline is contraindicated during pregnancy.** The recommended treatment regimen for chlamydia in pregnant partner(s) is Azithromycin 1 g orally in a single dose.

The recommended EPT treatment for pregnant and non-pregnant partner(s) for gonorrhea is cefixime 800 mg orally in a single dose if chlamydia infection has been excluded. In scenarios where a chlamydia test result has not been documented, the non-pregnant partner may be treated with a single dose of oral cefixime 800 mg plus oral doxycycline 100 mg 2 times a day for 7 days. Pregnant partner(s) may be treated with a single dose of oral cefixime 800mg plus Azithromycin 1g orally in a single dose.

Sex partner(s) with allergies to doxycycline, azithromycin and cefixime should seek medical care for an alternative treatment.

Eligibility Criteria for EPT

EPT can be provided in the following cases:

- Partner(s) of an index patient with a laboratory confirmed chlamydia and/or gonorrhea infection.
 - They may identify the sex partner(s) within the past 60 days of the index patient or may give EPT to the most recent sex partner(s) of the index patient if there are no partner(s) within the past 60 days.

- EPT is not contraindicated in partner(s) who are pregnant, but every effort should be made to contact the pregnant partner and ensure appropriate care; EPT should be considered as a last resort.
 - The recommended treatment regimen for chlamydia in pregnant partner(s) is Azithromycin 1 g orally in a single dose.
- Partner(s) who are unable or unlikely to seek timely clinical services.
- Index patients 19 years of age and younger: The preferred approach to managing the treatment of sex partner(s) of adolescents is for partner notification to be carried out by health department staff where feasible. If health department partner notification is not available and providers choose to use EPT for individuals 19 years of age and younger, it is recommended that EPT be offered as dispensed medication, not a prescription.
- CDC recommends a shared clinical decision-making approach for men who have sex with men (MSM) due to an elevated risk for co-infections among MSM with gonorrhea and data limitations on the effectiveness of EPT in reducing persistent or recurrent gonorrhea among MSM.

EPT should not be provided in the following cases:

- Partner(s) of index patients co-infected with syphilis or HIV at the time of chlamydia and/or gonorrhea diagnosis.

Special populations not recommended to receive EPT:

- **Victims of sexual assault/abuse:** EPT should not be offered in cases involving suspected or confirmed child abuse, sexual abuse/assault, or where the patient's safety may be at risk.

Dispensing Medication for EPT

When dispensing EPT medication the following should be considered:

- EPT medication may be dispensed either directly to the index patient's partner(s) or to the index patient for delivery to his or her partner(s).
- Medication or prescriptions provided for EPT should be accompanied by educational materials for the partner.

When dispensing EPT medication the following warnings must be included:

- The medication should be taken as soon as possible and as directed.
- The partner should consult with a physician or local health department before taking the EPT drug if the partner is already taking prescription medication, is allergic to any drug, is pregnant, has ever had an adverse reaction to a drug, or has a serious health condition.
- The partner should abstain from sexual activity until at least a week after the completion of taking the drug.
- The partner should follow up for testing as soon as possible or by three months after taking the medication to ensure that the infection has been successfully treated.

When prescribing EPT medication the following should be considered:

- Prescriptions can be transmitted electronically, verbally, or in writing, but must contain the words "Expedited Partner Therapy" or "EPT".
- The prescription must include the wording "Do not fill after 30 days from the date written" and shall not authorize refills.
- A written EPT prescription in the name of the partner(s) may be given to the index patient for delivery to the partner(s). However, if the name of the partner(s) is unknown to the practitioner, the prescription can be written in the name of the index patient and may be dispensed to the patient for delivery to the partner(s).

Health Care Providers should provide the following additional information when utilizing EPT:

- The index patient should be advised to return for an STD/HIV re-test three months to twelve months after treatment.
- The index patient should be advised to notify his or her sex partner(s) of the exposure to chlamydia and/or gonorrhea and the need for testing and treatment.
- Health education materials should be provided to the index patient and his or her partner(s). Partners should read the educational materials carefully prior to taking medication.
- Pregnant partners should seek prompt care for pregnancy.
- Partners who have symptoms of a more serious infection should seek care as soon as possible.

Reporting of EPT

All prescriptions and medications given to an index patient for his or her sexual partner(s) can be reported through the index patient's record in the State Electronic Notifiable Disease Surveillance System (SendSS).

Health Education Materials

Providers should provide index patients and their partners with written educational materials to include the following:

- Basic chlamydia and/or gonorrhea fact sheet in plain language.
- Notification of exposure and information about the importance of treatment and testing three months after treatment.
- Potential therapy-related allergies and adverse effects.
- Symptoms suggestive of complications (e.g., testicular pain in men and pelvic or abdominal pain in women) and the need for partners to

seek prompt care if experiencing symptoms of a more serious infection.

- Instructions to abstain from all sexual activity with any partner for seven days after treatment and until all symptoms have resolved. Condoms should be used if abstinence is not an option during this period.
- Instructions to abstain from all sexual activity with any partner who has not been treated to prevent re-infection.

References

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4. Centers for Disease Control and Prevention (CDC). Expedited Partner Therapy in the Management of Sexually Transmitted Diseases. Atlanta, GA: US Department of Health and Human Services, 2006.
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5. Centers for Disease Control and Prevention (CDC). Sexually Transmitted Infections Treatment Guidelines, 2021.
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<https://www.cdc.gov/std/ept/gc-guidance.htm>
8. Official Code of Georgia Annotated (O.C.G.A.) Section 31-17-7.1, Expedited partner therapy.
9. Rules and Regulations of the State of Georgia, Chapter 511-2-8, Expedited Partner Therapy (EPT).
<https://rules.sos.state.ga.us/gac/511-2-8>