

Expedited Partner Therapy (EPT) for Sexually Transmitted Infections: A Resource for California Health Care Providers

What is EPT and Why Should I Prescribe It?

Expedited Partner Therapy (EPT) is the clinical practice of treating sex partners of patients diagnosed with treatable sexually transmitted infections (STIs) – including chlamydia, gonorrhea, and trichomoniasis – without the health care provider first examining the partner(s). EPT usually involves **patient delivered partner therapy (PDPT)**,¹ in which the patient delivers the medication or a prescription to their partner(s). While evaluating the partner and providing other needed health services would be ideal, this is often not feasible. EPT is effective, safe, and acceptable to patients and partners; it has been allowable in California since 2001 [California Health and Safety Code (HSC) 120582] and is the standard of care to ensure timely partner treatment when partners are unable or unlikely to access clinical care on their own.

In depth: California law explicitly defines **Expedited Partner Therapy (EPT)** as “*the practice of a specified health care provider who diagnoses sexually transmitted chlamydia, gonorrhea, or another sexually transmitted infection (STI) and prescribes, dispenses, furnishes, or otherwise provides prescription antibiotic drugs to that patient’s sexual partner or partners without examination of the sexual partner(s).*” (California Health and Safety Code (HSC) 120582(a)).

Chlamydia and gonorrhea are major public health problems

- Chlamydia and gonorrhea are the two most commonly reported bacterial infections in California.²
- In 2019, there were 237,630 chlamydia cases and 80,599 gonorrhea cases reported in California,³ amounting to one new chlamydia or gonorrhea case about every 90 seconds.
- Racial/ethnic disparities in chlamydia and gonorrhea rates persist.
 - In 2019, rates of chlamydia and gonorrhea among Black Californians were respectively 1.6 and 2.7 times higher than overall statewide rates.³
 - These disparities are likely due to systemic racism and social determinants of health rather than differences in individual behavior.⁴
- Young people are disproportionately affected by chlamydia. In California, more than half of all chlamydia cases are diagnosed among young people 15-24 years of age.³
- Untreated chlamydia and gonorrhea infections are associated with serious adverse health outcomes including pelvic inflammatory disease (PID), ectopic pregnancy, tubal infertility, perinatal infections, and chronic pain, as well as increased likelihood of acquiring HIV and other STIs.^{5,6}

STI re-infection rates are high and have serious consequences

- Up to 14 percent of people with chlamydia and 12 percent of people with gonorrhea become re-infected within 12 months of treatment, often through untreated partners.⁷
- Repeat chlamydial infections can lead to a higher risk for developing ectopic pregnancy and PID compared with first time chlamydial infections.⁸

EPT is considered a clinical best practice and prevents re-infections.

- Patients receiving EPT are less likely to get re-infected compared to patients whose partners only receive standard referral (i.e., passive recommendation to be tested/treated for STIs).^{9,10}

- CDC 2021 STI Treatment Guidelines recommend offering EPT to patients with chlamydia whose partner(s) are unable or unlikely to access treatment on their own.¹¹
- While the optimal treatment for gonorrhea is an injection (which cannot be provided through EPT), the CDC 2021 STI treatment guidelines still recommend offering oral EPT medication to gonorrhea patients whose partner(s) are unlikely to access treatment [after linkage to care for the partner(s) has been explored].¹²

EPT medications are safe, effective, and cost effective

- Researchers conducting multi-site randomized trials and community-level studies of EPT for chlamydia and gonorrhea received no reports of anaphylaxis or other major adverse drug reactions.^{13,14}
- Similarly, since 2001, no adverse events related to EPT have been reported to the California Department of Public Health.
- Cost-effectiveness analyses show that EPT lowers both health care costs and productivity losses.¹⁵

EPT can be provided to people of all genders

- EPT can be provided regardless of gender or sexual orientation.¹

In summary: Providers should consider EPT as a safe, effective, feasible, and cost-effective alternative to in-person care for partners of all genders and sexual orientations who have been exposed to gonorrhea, chlamydia, and/or other STIs. **Providing EPT can ensure partners are treated in an appropriate and timely fashion, helping to prevent forward transmission of STIs and to mitigate the trend of increasing STI rates throughout our state and country.**

Resources

CDC Guidelines

- [Expedited Partner Therapy](https://www.cdc.gov/std/ept/default.htm). <https://www.cdc.gov/std/ept/default.htm>.
- [EPT infographic](https://www.cdc.gov/std/products/infographics/images/EPT-Infographic2016-800.jpg). <https://www.cdc.gov/std/products/infographics/images/EPT-Infographic2016-800.jpg>.
- [2021 STI Treatment Guidelines](https://www.cdc.gov/std/treatment-guidelines/default.htm). <https://www.cdc.gov/std/treatment-guidelines/default.htm>.

CDPH Guidelines

- [Best Practices for Preventing Repeat Chlamydial and Gonococcal Infections, 2016](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Best_Practices_for_Preventing_RepeatCT_Inf.pdf). https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Best_Practices_for_Preventing_RepeatCT_Inf.pdf.

CDPH and Essential Access Health

- [Patient-Delivered Partner Therapy: A Counseling Guide for Providers](https://www.essentialaccess.org/sites/default/files/PDPT_Counseling_Guide_Web.pdf). https://www.essentialaccess.org/sites/default/files/PDPT_Counseling_Guide_Web.pdf.
- [Patient and Partner Education Materials for PDPT in Multiple Languages](https://www.essentialaccess.org/pdpt/resources). <https://www.essentialaccess.org/pdpt/resources>.

References

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- ² California Department of Public Health STD Control Branch. [2019 STD Surveillance Report](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx). <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>. Accessed February 16, 2022.
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- ⁴ Boutrin, M.C.; Williams, D.R. What racism has to do it: understanding and reducing sexually transmitted diseases in youth of color. *Healthcare (Basel)*. June 2021; 9(6):673.
- ⁵ [Chlamydia – CDC Fact Sheet \(Detailed\). Centers for Disease Control and Prevention Web Site](http://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm). <http://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm>. Accessed November 2021.
- ⁶ [Gonorrhea – CDC Fact Sheet \(Detailed\). Centers for Disease Control and Prevention Web Site](http://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea-detailed.htm). <http://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea-detailed.htm>. Accessed November, 2021.
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- ⁸ Hillis SD, Owens LM, Marchbanks PA, Amsterdam LF, Mac Kenzie WR. Recurrent chlamydial infections increase the risks of hospitalization for ectopic pregnancy and pelvic inflammatory disease. *American journal of obstetrics and gynecology*. Jan 1997;176(1 Pt 1):103-107.
- ⁹ Hogben, M, Collins, D, Hoots, B, O’Conner, K. Partner Services in Sexually Transmitted Disease Prevention Programs: A Review. *Sexually transmitted diseases*. Feb 2016;43(s1):S53-S62.
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- ¹⁴ Golden MR, Kerani RP, Stenger M, et al. Uptake and population-level impact of expedited partner therapy (EPT) on *Chlamydia trachomatis* and *Neisseria gonorrhoeae*: the Washington State community-level randomized trial of EPT. *PLoS medicine*. Jan 2015;12(1):e1001777.
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