

Expedited Partner Therapy *FAQS*



✓ **What are STD partner services?**

The CDC defines partner services as the process of identifying infected persons, confidentially notifying their partner(s) of their possible exposure to the infection, and providing necessary follow-up services. Partner services are a range of medical, prevention, psychological, and social services that are offered to individuals with HIV and other sexually transmitted diseases (STDs) and their sexual or needle-sharing partners. The CDC notes that partner services are vital to the mission of public health and are recommended for HIV infection, syphilis, gonorrhea, and chlamydia infections. Expedited partner therapy (EPT) is one option for providing partner services.

✓ **What is expedited partner therapy (EPT)?**

According to the CDC, EPT is “a process through which treatment for partners of persons with a diagnosis of gonorrhea or chlamydia infection is administered before the clinical evaluation occurs. Most EPT involves patient-delivered partner therapy (PDPT), or delivery of medications or prescriptions via the index patient. EPT is recommended as a clinical option for heterosexual men and women, especially for partners who are not likely to seek evaluation. Single-dose therapy with EPT is the most likely to result in treatment being administered appropriately and completely, just as with therapy prescribed to a patient. Other general treatment recommendations relevant to EPT include co-treatment for chlamydia infection in persons with a diagnosis of gonorrhea, but not vice versa.” In addition to PDPT there are two other options to deliver EPT. Some states use a pharmacy access program where the partner can obtain medication at a participating pharmacy when their partner notifies them they have been exposed to an STD. There is also a field-delivered therapy where health department personnel, such as Disease Intervention Specialists (DIS), deliver the medication directly to the partner.

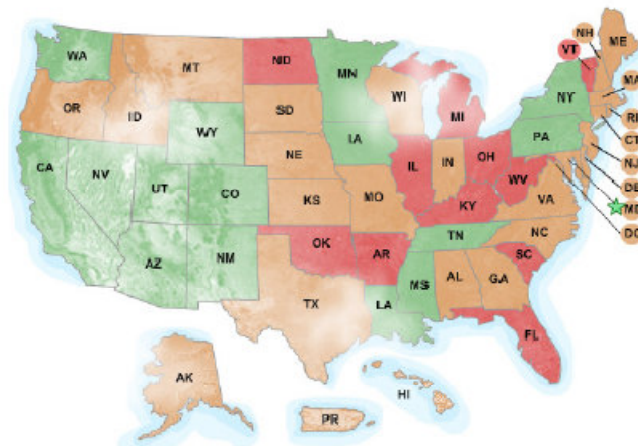
✓ **Why use EPT for STD partner services?**

The CDC states that the principal goal for syphilis, gonorrhea, and chlamydia infection is immediate treatment, which includes curative treatment of infected persons and partners and preventative treatment for partners who test negative or whose status is unknown. The “gold-standard” for partner treatment is to examine and perform diagnostic testing and treatment for the sexual partners of the infected patient. However, due to increasing rates of STDs, budget and staffing cuts to STD programs and clinics, and patients who have partners who they believe will refuse to seek care or will be unable obtain medical care, many states have incorporated EPT into their partner services. The CDC found that, “Randomized, controlled trials of single-dose oral therapy for both STDs have shown reduced rates of re-infection among index patients exposed to EPT compared with controls; approximately 20% for chlamydia infection and 50% for gonorrhea. A 2007 meta-analysis of trials revealed that these were statistically significant overall reductions. Use of EPT also was associated with increased rates of index patient notification of partners and of partner treatment.” Though not the “gold-standard” in partner services, EPT is a very valuable option for both public and private health care providers.

✓ **Who supports and is using EPT?**

EPT is supported by the CDC, Infertility Prevention Project, National Association of County and City Health Officials, the American Bar Association ~ Health Law Section, and many others. Many states are trying to enact laws to allow EPT to be used within their state as an option for STD partner services. According to an analysis completed by the CDC, EPT is “permissible” in 15 states (shown in green on the map), “potentially allowable” in 24 states (shown as tan), and “prohibited” in 11 states (shown as red).

Legal Status of Expedited Partner Therapy (EPT)



Source: Center for Disease Control and Prevention (CDC)

✓ **What are some of the limitations of EPT?**

- Many states have legal barriers that do not allow them to utilize EPT. Where states have enacted laws to allow for EPT, there is often language in the law that indicates this practice “may” be used, but is not written as “must” or “should.”
- EPT is not the “gold standard” for patient services, and if the partner is able to come in for evaluation, testing, and treatment, they should not be given EPT. EPT should be used when the partner may not or will not be willing to seek medical services.
- The patient may not be willing to, or able to, identify the partner by their full name; therefore, as a solution to this limitation, many states who offer EPT allow a prescription to be written for an “unnamed partner” or provide the additional medication to the patient to provide to the partner.
- Though the possibility that the partner may have an allergic reaction to the medication is low, it is still possible. Therefore, with their medication or prescription, every partner should be provided information about possible allergic reactions and common side-effects and strongly encouraged to refrain from sexual contact for at least 7-days after taking the medication (to allow the treatment to take effect) and to seek a medical evaluation.
- There is an inherent cost associated with providing medication for a patient and their partner(s). For more information on this issue, see the following question.

✓ **What is the cost of providing EPT?**

The costs associated with providing additional medication to a patient for their partner cannot be charged to the original patient’s medical insurance. In many cases, the EPT medication is provided free of charge or for a minimal fee. Due to the effectiveness of increasing partner treatment and reducing patient re-infection, as well as reducing the likelihood that the untreated STD will result in complications, such as pelvic inflammatory disease (PID), EPT has been reported to be cost-saving by CDC. The actual cost of the medication can vary by provider, but the medication itself is relatively inexpensive. If providing only a prescription for the medication, the cost would be incurred by the client.

Resources:

- CDC: <http://www.cdc.gov/std/EPT/default.htm>
- Region IX Infertility Prevention Project: http://www.centerforhealthtraining.org/projects/pr_ipp_IX.html
- Nevada State Health Division: http://www.health.nv.gov/CD_HIV_STDProgram.htm