



## CONNECTICUT DEPARTMENT OF PUBLIC HEALTH (CTDPH)

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### EXPEDITED PARTNER THERAPY (EPT) FOR CHLAMYDIA AND GONORRHEA INFECTION IN CONNECTICUT

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Expedited partner therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with a sexually transmitted disease (STD) by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner. A harm reduction strategy, EPT helps interrupt the spread of disease by getting treatment to people who might otherwise remain untreated. As of October 1, 2011, Conn. Gen. Stat. §20-14e authorizes “prescribing practitioners” to prescribe or dispense antibiotics to treat chlamydia and/or gonorrhea infection in the sex partners of patients with chlamydia and/or gonorrhea infection. A practitioner who prescribes or dispenses antibiotics in this manner does not violate the practitioner's standard of care. The law defines a “prescribing practitioner” as a physician, dentist, podiatrist, optometrist, physician assistant, advanced practice registered nurse (APRN), nurse-midwife, or veterinarian licensed in Connecticut to prescribe medicine within his or her scope of practice.

#### Background on Chlamydia and Gonorrhea Infections and EPT

Chlamydia and gonorrhea infections are the most common reported STDs in the United States. In Connecticut in 2020, 12,716 chlamydia infections and 4,604 gonorrhea infections were reported by clinical laboratories. Despite their prevalence, chlamydia and gonorrhea infections are often undiagnosed because infected individuals are asymptomatic. Patients with chlamydia and gonorrhea infection are at increased risk for reinfection after treatment if their sex partners are not also treated. EPT helps prevent reinfection by increasing the likelihood that sex partners are effectively treated, even if they are unwilling or unable to seek medical care on their own. This is particularly true for adolescents, who may be afraid to seek medical care or disclose their infection to their parents or primary care provider.<sup>1</sup>

Since 2006, the Centers for Disease Control and Prevention (CDC) has encouraged the use of EPT to facilitate partner management, particularly for treatment of male partners of women with chlamydia or gonorrhea infections. Several states with long-standing EPT programs have had no reports of adverse events from the use of EPT. Based on these findings, the CDC has [recommended the use of EPT](#) in the treatment of heterosexual partners of patients with chlamydia or gonorrhea when those partners are unlikely to be evaluated and treated in a timely manner.

Data are limited regarding the use of EPT for chlamydia or gonorrhea infections among men who have sex with men (MSM). Considering limited data and potential for other bacterial STDs among MSM partners, shared clinical decision-making regarding EPT is recommended. All persons who receive bacterial STD diagnoses and their sex partners, particularly MSM, should be tested for HIV, and those at risk for HIV infection should be offered [HIV PrEP](#).<sup>1</sup>

Medication or prescriptions provided as part of EPT should be accompanied by treatment instructions, appropriate warnings about taking medications (if the partner is pregnant or has an allergy to the medication), general sexual health education and counseling, and a statement advising that partners seek medical evaluation, particularly women with symptoms of pelvic inflammatory disease.

#### 2021 CDC STI Treatment Guidelines Update

In January 2021, CDC released [Sexually Transmitted Infections Treatment Guidelines, 2021](#) which contain key changes to current clinical practices. These guidelines provide current evidence-based prevention, diagnostic and treatment

recommendations which replace *Sexually Transmitted Diseases Treatment Guidelines, 2015*.

### Treatment Protocol<sup>1</sup>

The recommended treatment for chlamydia and gonorrhea infection when using EPT is as follows:

- For chlamydia infection, oral doxycycline (100 mg twice daily for 7 days).
  - *If adherence with multiday dosing is a considerable concern, azithromycin 1 g can be considered but has lower treatment efficacy among persons with rectal chlamydia.*
- For gonorrhea infection, single dose 800 mg cefixime orally
- For chlamydia and gonorrhea infection, single dose of 800 mg cefixime orally **and** doxycycline (100 mg twice daily for 7 days).

This is the recommended treatment for both adults and adolescents when using EPT.

### Implementation Options

- There are limited data demonstrating the efficacy of EPT in the treatment of chlamydia or gonorrhea infection in the male sex partners of males with these infections.
- Current CDC guidelines for the treatment of sexually transmitted infections recommend EPT for use in heterosexual men and women with chlamydia or gonorrhea infection.
- Considering limited data and potential for other bacterial STIs among MSM partners, shared clinical decision-making regarding EPT is recommended.

### CTDPH recommends either of the following options for the prescribing practitioner implementing EPT:

- The clinician dispenses medication directly, to be delivered by the patient to the sex partner(s). Separate, properly labeled containers are to be used for the dose(s) for each sex partner. Providing patients with packaged oral medication is the preferred approach because the efficacy of EPT using prescriptions has not been evaluated, obstacles to EPT can exist at the pharmacy level, and many persons (especially adolescents) do not fill the prescriptions provided to them by a sex partner.<sup>1</sup>
- The clinician provides a written prescription for a named sex partner(s) of the infected patient.

### Patient Counseling and Information for Partners

Patients with chlamydia and/or gonorrhea infection should be counseled to:

- abstain from sex for seven days after completion of a single-dose therapy or until completion of a 7-day regimen and resolution of symptoms if present;
- notify their sex partners about their infection;
- and avoid future infections by using condoms during sex.
- To minimize risk for reinfection, patients also should be instructed to abstain from sexual intercourse until all of their sex partners have been treated.

All persons who receive a diagnosis of chlamydia and/or gonorrhea infection and their sex partners, particularly MSM, should be tested for HIV and syphilis, and those at risk for HIV infection should be offered HIV PrEP<sup>1</sup> (<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>)

**Regardless of which EPT implementation option the practitioner chooses the written prescription or medication for the partner should be accompanied by a partner information sheet (whenever possible).** Patient information sheets should contain information about exposure to chlamydia and/or gonorrhea, the need for treatment, instructions about

treatment and potential allergic reactions, and the need for abstaining from sex for seven days following treatment.

## Conclusions

EPT has been shown to be safe and effective in the treatment of sex partners. CTDPH continues to encourage all sex partners to seek clinical care regardless of whether EPT is used. CTDPH recommends that health care providers use EPT when, in their clinical judgment, it would be beneficial for both the patient and the sex partner(s).

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<sup>1</sup> CDC, *Sexually Transmitted Diseases Treatment Guidelines*, MMWR Recomm Rep 2021;70 (July 23,2021).

## References and Resources for Health Care Providers

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