

PATIENT EDUCATION

Along with antibiotics or a prescription for antibiotics, your patient and their sex partner(s) should also be provided with the following:

EPT Guide for Patients and Sex Partners

https://bit.ly/STI_Resources_Healthcare_Providers



Expedited Partner Therapy (EPT)

A Guide for Healthcare Providers



PROVIDER TOOLS

CDC 2021 STI Treatment Guidelines

https://bit.ly/STI_Treatment_Guidelines

CDC EPT

https://bit.ly/CDC_EPT



CONTACT US

29 Hazen Dr.
Concord, NH 03301
603-271-4496

PHED@dhhs.nh.gov

https://bit.ly/NH_PHED

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WHAT IS EPT?

Expedited partner therapy (EPT) is a harm-reduction strategy and the clinical practice of treating the sex partners of persons with diagnosed chlamydia or gonorrhea, who are unable or unlikely to seek timely treatment, by providing medications or prescriptions to the patient as allowable by law.

Providing patients with packaged oral medication is the preferred approach because the efficacy of EPT using prescriptions has not been evaluated.

Medication or prescriptions provided for EPT should be accompanied by educational materials for the partner, including:

- Treatment instructions,
- Warnings about taking medications (e.g., if the partner is pregnant or has an allergy to the medication),
- General health counseling, and
- A statement advising that partners seek medical evaluation as soon as possible for HIV infection and any symptoms of STIs, particularly PID.

WHO IS ELIGIBLE?

- Sex partners your patient has had in the 60 days prior to their diagnosis of chlamydia or gonorrhea, or the most recent sexual partner if the patient's last sexual encounter was more than 60 days in the past.
- EPT cannot be used to treat other sexually transmitted diseases.
- EPT is **NOT** recommended for pregnant partners.
- EPT is **NOT** recommended for treatment of gonorrhea infections in the throat.

NOTE: Considering limited data and potential for other bacterial STIs among MSM partners, shared clinical decision-making regarding EPT is recommended. All persons who receive bacterial STI diagnoses and their sex partners, particularly MSM, should be tested for HIV, and those at risk for HIV should be offered Pre-Exposure Prophylaxis (PrEP).

EPT IS LEGAL UNDER NH LAW TITLE X PUBLIC HEALTH
CHAPTER 141-C COMMUNICABLE DISEASE
SECTION 141-C:15-A, AS OF MAY 9, 2017.

WHY IS EPT IMPORTANT?

EPT is an evidence-based practice that decreases rates of chlamydia and gonorrhea reinfection by increasing the number of sex partners appropriately treated for chlamydia and/or gonorrhea.

RECOMMENDED TREATMENT

CHLAMYDIA

100mg doxycycline orally,
twice daily for 7 days.

GONORRHEA

800mg cefixime orally,
in a single dose

PLUS

100mg doxycycline orally,
twice daily for 7 days,

IF chlamydia has not been excluded.

PER CDC: Oral cefixime should only be used for EPT. The recommended antibiotics for a patient diagnosed with gonorrhea is a 500mg single dose of ceftriaxone intramuscularly for persons weighing less than 150kg/300lbs. For persons weighing greater than 150kg/300lbs, administer a 1gm single dose of ceftriaxone intramuscularly.

PRESCRIPTION FORMAT

The EPT prescription should include:

- Healthcare provider or healthcare facility name and address
- Date of prescription
- Medication name and dosage
- Directions for antibiotic use
- Number of refills (should be "zero")