

EXPEDITED PARTNER THERAPY

Since 2010, state law (2009 Wisconsin Act 280) has explicitly allowed physicians, certified nurse prescribers, and physician assistants to prescribe or dispense antibiotics for chlamydia, gonorrhea and trichomoniasis for the sex partners of patients with those infections, without the clinician first examining the partner. The CDC strongly encourages this “**expedited partner therapy**” as a means of controlling infections in partners who are unable or unwilling to come to clinic for examination or testing.

Benefits of EPT

Compared to conventional notification strategies, EPT:

- Reduces chlamydia infection prevalence by 20% at follow up
- Reduces gonorrhea infection prevalence by 50% at follow up
- Equals or increases rates of notification
- Increases confidence that partners had been treated
- Requires less clinic resources
- Is cost effective for patients

CDC. Expedited partner therapy in the management of STDs. 2006.

Practicing EPT

- Attempt should be made to notify and refer partner for treatment. If this cannot be done, the following may be prescribed:

CHLAMYDIA: 1g Azithromycin
GONORRHEA: 400mg Cefixime AND 1g Azithromycin
TRICHOMONIASIS: 2g Metronidazole

- If unable to obtain patient name, write “EPT” or “EXPEDITED PARTNER THERAPY” under patient name on prescription
- Include EPT information sheet for partner

Act 280 protects health care professionals and pharmacists from civil and professional liability, except for willful and wanton misconduct.

The importance of EPT

In Wisconsin, there are more bacterial sexually transmitted infections than all other reportable communicable diseases combined. Reinfection by untreated partners can account for 15-30% of these cases. Milwaukee has the second highest STI rate of the 50 largest cities in the United States. Within Milwaukee, these rates are over two times higher for people living in areas with low socioeconomic status. In addition, the rates for black adolescents 15-19 are 18 times higher than in white adolescents. The treatment for chlamydia and gonorrhea costs approximately \$30 and \$49, respectively, but complications such as pelvic inflammatory disease, bacteremia and infertility can cost thousands of dollars. Current conventional partner practices are limited and frequently insufficient in halting infection transmission. EPT is a treatment alternative to conventional methods that requires fewer resources and produces equal or better results leading to decreased rates of reinfection, thus reducing STI burden on the community.

More information about EPT, including patient information sheets can be found at:

<http://www.dhs.wisconsin.gov/communicable/STD/EPT/EPT.htm>

<http://www.cdc.gov/std/ept/>

FREQUENTLY ASKED QUESTIONS

IS EPT LEGAL?

Yes. On May 11, 2010, Governor Doyle signed into law *2009 Wisconsin Act 280*. This legislation enables physicians, physician assistants, and certified advanced practice nurses to prescribe, dispense or furnish medication for sexually transmitted infections (STIs) to partners of patients diagnosed with trichomoniasis, gonorrhea, and chlamydia without conducting a physical examination of the partner. This alternative STI treatment strategy, known as “expedited partner therapy” (EPT), allows a patient to deliver oral medication or a prescription for oral medication to a sexual partner without the partner first undergoing a medical evaluation.

IS EPT ACCEPTED IN CLINICAL PRACTICE?

Yes. Numerous healthcare associations recommend the use of EPT as a clinical tool for treating partners of patients with chlamydia and gonorrhea including: The Wisconsin Medical Examining Board, Centers of Disease Control, American Medical Association, and American College of Obstetricians and Gynecologists. In addition, a recent meta-analysis conducted by The University of Bern, Switzerland showed reduced reinfection with chlamydia and gonorrhea in patients receiving EPT versus patients receiving standard partner treatment methods.

WHEN IS A PARTNER ELIGIBLE FOR EPT?

The sexual partner(s) of a patient with a laboratory confirmed or suspected clinical diagnosis of trichomoniasis, gonorrhea or chlamydia infection, and who is unable or unlikely to seek timely clinical services. The CDC recommends the use of EPT to prevent persistent or recurrent infection when other management strategies are impractical or unsuccessful. EPT should not be used with pregnant partners.

HOW MANY EPT DOSES MAY BE GIVEN PER PATIENT?

EPT allows for the treatment of all a patient’s partners at the discretion of the provider. Treatment of all affected partners will reduce the risk of transmission and re-infection.

WHO PAYS FOR EPT MEDICATION?

The index patient’s insurance CANNOT be billed for the partner’s EPT medication. The cost of EPT medication must be paid for by either the index patient, the partner out of pocket, or the partner’s insurance in some instances (some insurance companies require a prescription be associated with a medical visit). There is currently no state or federal funding available for EPT treatment.

PROFESSIONAL ORGANIZATION STATEMENTS

CDC: <http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>

AMA: www.ama-assn.org/ama1/pub/upload/mm/471/ceja6.doc

ACOG: http://www.acog.org/from_home/publications/press_releases/nr08-22-11-2.cfm

PATIENT INFORMATION SHEETS

Chlamydia: <http://www.dhs.wisconsin.gov/publications/Po/P00197.pdf>

Gonorrhea: <http://www.dhs.wisconsin.gov/publications/Po/P00196.pdf>

Trichomoniasis: <http://www.dhs.wisconsin.gov/publications/Po/P00198.pdf>