

What is EPT?

Expedited Partner Therapy (EPT) is when a health care provider gives a patient with an STD antibiotics or a written prescription for the patient's sexual partner(s) to take. In effect, EPT is a way of treating a patient's sexual partner(s) without first examining the partner.

EPT is allowable by New Jersey State Administrative Code (N.J.A.C. 13:35-7.1)¹ which states that health care providers may give medications or prescriptions without a medical examination when denying such timely care has a reasonable possibility of "Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part."

EPT Recommendations

The Centers for Disease Control and Prevention (CDC) recommended EPT **for heterosexual partners of patients diagnosed with chlamydia or gonorrhea** when it is *unlikely* that these partners will seek medical care. Treatment involving an injection is not possible with EPT. Therefore, EPT cannot be used in the treatment of syphilis and has implications in the treatment of gonorrhea.

The following is summarized from CDC's Guidance on the Use of Expedited Partner Therapy² (full CDC information and guidance for EPT can be found at www.cdc.gov/std/ept):

Gonorrhea and chlamydial infection in women and men: EPT can be used to treat partners when other strategies are unfeasible or unsuccessful. Female partners utilizing EPT should be strongly encouraged to seek medical care, especially those with symptoms that suggest acute PID, such as abdominal or pelvic pain. Symptomatic male partners should be encouraged to seek medical attention in addition to accepting therapy through EPT.

In accordance with updated CDC guidelines for the treatment of gonorrhea, EPT with cefixime and azithromycin should still be considered when partners are not likely to access healthcare since the potential harm in not treating gonorrhea is much higher than with EPT. Instructions for partners should include recommendations and resources for seeking a test-of-cure approximately one-week after finishing medication.

Gonorrhea and chlamydial infection in men who have sex with men: Insufficient data regarding the efficacy of EPT in this population as well as high risks of co-infection in partners, especially HIV, suggest that EPT should not be used as a routine partner management strategy with this population and should only be used selectively and with caution.

Syphilis and other STDs: EPT is not recommended for routine use in the management of syphilis or other sexually transmitted infections, such as HIV or hepatitis.

¹ TITLE 13. LAW AND PUBLIC SAFETY , CHAPTER 35. BOARD OF MEDICAL EXAMINERS , SUBCHAPTER 7. PRESCRIPTION, ADMINISTRATION AND DISPENSING OF DRUGS **N.J.A.C. 13:35-7.1A**

² <http://www.cdc.gov/std/ept>