

Expedited Partner Therapy (EPT)

Quick Reference Guide for Clinicians and Pharmacists

What is EPT?

Expedited Partner Therapy (EPT) is a standard and recommended strategy for prophylactically treating sex partners of individuals with chlamydia, gonorrhea, and/or trichomoniasis.

EPT allows a patient's sex partner(s) to receive medications, even if they have not been tested or seen by a health care provider. **This helps prevent reinfection back to the index patient.**



EPT is legal in Wisconsin and strongly encouraged.

Wisconsin allows physicians, certified nurse prescribers, and physician assistants to prescribe antibiotics for chlamydia, gonorrhea, and trichomoniasis to treat exposed sex partner(s). The clinician does not need to examine the partner(s) first.

Note: 2009 Wis. Act 280 protects health care professionals and pharmacists from civil and professional liability.

Why is EPT important for the health of individuals and communities?

EPT treats partners who may otherwise spread STIs (sexually transmitted infections).

- In Wisconsin, there are more bacterial STIs reported than all other reportable communicable diseases combined, not including COVID-19.
- Of these cases, 15–30% are reinfections caused by untreated sex partners.

EPT saves money.

- It requires less clinic resources and can be cost-effective for patients.
- Not treating STIs is expensive. Medication for chlamydia and gonorrhea costs less than \$50, but complications from STIs can cost thousands of dollars.

EPT works.

- It reduces chlamydia and gonorrhea infection prevalence at follow up by 20% and 50% respectively.
- It increases the likelihood that sex partners will be notified of exposure.
- It improves assurance that sex partners had been treated.

Practicing EPT after a patient tests positive for chlamydia, gonorrhea, and/or trichomoniasis

Clinicians:

- 1 Prescribe or provide antibiotics for your patient and their sex partner(s) who may be unable or unlikely to seek timely clinical services.

You may write “EPT,” “Expedited Partner Therapy,” or the name of your patient’s sex partner(s) under patient name on the prescription. **EPT should not be used for sex partner(s) who are pregnant.**

Recommended treatment regimens

Chlamydia: 100 mg Doxycycline PO (orally) 2x/day for 7 days. Alternative treatment with a single dose of 1 g Azithromycin PO is allowed.

Gonorrhea: 800 mg Cefixime PO single dose. If chlamydia has not been excluded, also treat for chlamydia with the above regimen.

Trichomoniasis:

Patients with a vagina:
500 mg Metronidazole
PO 2x/day for 7 days

Patients with a penis:
2 g Metronidazole
PO single dose

See the current STI Treatment Guidelines on www.cdc.gov/std/treatment-guidelines/default.htm.

- 2 Must provide an EPT patient information sheet (such as the ones on www.dhs.wi.gov/std/health-pros.htm) for each medication provided.
- 3 If you are able to obtain the names of your patient’s sex partner(s), please reach out to the sex partner(s) to help them get individualized care.
- 4 Include whether or not EPT was provided and how many doses of each recommended treatment were provided for the index patient’s sex partner(s) when reporting the case to the local or Tribal health department.

Pharmacists:

- ▶ Must ask about allergies.
- ▶ May ask the name and date of birth of medication recipients.

Note: The index patient's insurance *cannot* be billed for the partner's EPT medication. It may be billed to the sex partner's insurance, or out of pocket by whomever is picking it up. Some insurance companies require a prescription be associated with a medical visit.

