

Expedited Partner Therapy (EPT)
updated January 2023

Q. What is Expedited Partner Therapy (EPT)?

A. Expedited Partner Therapy (EPT) is a strategy for treating the sex partner(s) of people diagnosed with chlamydia (*Chlamydia trachomatis*) and gonorrhea (*Neisseria gonorrhoeae*). EPT allows health care providers to provide patients with medication or a prescription for their sex partner(s) without a prior medical evaluation or clinical assessment of those partners. EPT also might have a role in partner management for trichomoniasis; however, no partner management intervention has been reported to be more effective than any other in reducing trichomoniasis reinfection rates.

Q. Why is EPT important?

A. Studies have found EPT decreases rates of chlamydia and gonorrhea reinfection and increases the number of sex partners reported and therefore treated for chlamydia and/or gonorrhea. Additional information on EPT can be found at <http://www.cdc.gov/std/ept/>.

Q. Who is eligible for EPT?

A. EPT is recommended for the sex partners of heterosexual men and women in the 60 days prior to the chlamydia or gonorrhea diagnosis, or the most recent sexual partner if the patient's last sexual encounter was more than 60 days ago. Considering the limited available data on the efficacy of EPT use among MSM compared to heterosexuals, and the higher potential for co-infections with other bacterial STIs or HIV among MSM partners, shared clinical decision-making regarding EPT is recommended.

Q. What is the recommended treatment for Chlamydia using EPT?

A. The recommended treatment for chlamydia is doxycycline 100 mg orally twice daily for 7 days; for partners where doxycycline is contraindicated, azithromycin 1 gram orally in a single dose is an acceptable alternative EPT regimen for chlamydia.

Q. What is the recommended treatment for Gonorrhea using EPT?

A. For gonorrhea, every effort should be made to ensure that a patient's sex partners from the past 60 days are evaluated clinically and treated with the recommended regimen of a single dose of ceftriaxone 500 mg IM. However, because that is not always possible, providers should still consider EPT for partners of patients diagnosed with gonorrhea who are unlikely to access timely evaluation and treatment. In those cases, if a chlamydia infection in the patient has been excluded, a single 800 mg oral dose of cefixime, could be used. If a chlamydia negative test result has not been documented for the patient, the partner may be treated with a single 800 mg dose of oral cefixime plus oral doxycycline 100 mg twice daily for 7 days. If adherence to a multiday dosing regimen is a considerable concern or doxycycline is contraindicated, a single oral dose of azithromycin 1 gram can be substituted for chlamydia coverage instead of doxycycline.

*Note, azithromycin has lower treatment efficacy among persons with rectal chlamydia. Alternative regimens should be considered if the partner is known to have an allergy to one of the recommended therapies. Full CDC guidance available at [Expedited Partner Therapy \(cdc.gov\)](http://www.cdc.gov/std/ept/).

Q. What is the recommended treatment for Trichomonas using EPT?

A. The recommended treatment for trichomonas is metronidazole 500 mg twice daily for 7 days for women or metronidazole 2 grams orally in a single dose for men.

Q. How will sex partner(s) know if it's safe to take EPT without seeing a health care provider?

A. Providers using EPT are required to give patients educational materials to give to their sex partner(s). These materials address allergic reactions, potential side effects, and contraindications to taking EPT regimen prescribed. Other states have been using EPT for over ten years and no adverse events and/or life threatening allergic reactions have been reported to date.

Q. How should the EPT prescription be labeled for dispensing if the partner(s) name is unknown?

A. The pharmacist should label the drug for the named partner in accordance with normal procedures as specified by the Pharmacy Practice Act. If the partner is unnamed, the pharmacy may create a unique identifier and use that instead of a name for both labeling and record keeping purposes. An example of this if John Doe was the patient and his partner's name was not known, could be "John Doe Partner ABC." Sites should use a log to connect partners back to patients and can use any nomenclature that suits their needs as long as it can be tracked to a single partner and single patient.

Q. How is patient counseling handled for an unknown partner?

A. The pharmacist is not required to obtain an EPT partner's name, address, or demographics; however, the pharmacist should ask the patient about any known allergies or other drugs being taken by their partner(s). The pharmacist should also provide the patient with written information on each EPT prescription and instruct patient to give it to each partner with the medication(s). The pharmacist should advise the patient to encourage each partner to call the pharmacist before taking the drug if they have any questions or concerns regarding the EPT prescription provided.