

HIV CLINICAL RESOURCE ■ 1/4-FOLDED GUIDE
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QUESTIONS, ANSWERS, AND BEST PRACTICES FOR EXPEDITED PARTNER THERAPY (EPT)
 NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINE
 APRIL 2022



BEST PRACTICE REMINDERS

- The best practice for STI care is to see and evaluate the sex partner(s) of an index patient diagnosed with an STI. An index patient may, if asked, be able to bring their sex partner(s) with them when they come for treatment.
- EPT is a legal alternative STI treatment strategy for sex partners of patients with a clinical or laboratory diagnosis of gonorrhea, chlamydia, or trichomonas (not syphilis) and who are not able or not willing to be seen for medical care.
- When possible, EPT should be provided as a partner pack that includes medication, informational materials, and clinic contact options.
- When a partner pack is not available, a clinician can provide the index patient with a prescription for their partner(s) along with informational materials and clinic contact options.
- If a prescription for EPT is provided instead of a partner pack, the partner is responsible for the cost of the medications.
- Azithromycin is the EPT option for treatment of chlamydia in a partner who is or could be pregnant.
- Follow up by phone with the index patient to ensure that they have their medications or will be able to get them, and if appropriate, to ask if symptoms have resolved.
- With consent, also follow up with the partner(s) who received EPT.

Who is responsible for paying for EPT medications? Medication costs are the responsibility of the sex partner and may be paid for in cash or through health insurance coverage. The index patient's insurance cannot be billed for medications for a partner. If an index patient's partner is uninsured, then the best approach is to provide the EPT medications in person when available. When EPT medications cannot be provided in person, partners should be sent to a local health department to cover the cost of the prescription.

What is EPT? Expedited partner therapy, or EPT, is the clinical practice of providing prescription medication for STI treatment without a healthcare visit for the sex partners of patients with newly diagnosed chlamydia, gonorrhea, or trichomoniasis. EPT is an opportunity to lower the threshold to an essential sexual health service and make treatment broadly available. EPT is not intended to replace clinic visits but to provide an alternative strategy for treating partners who are unable or unwilling to see a care provider for treatment. Clinic visits provide opportunities for STI screening in individuals who may require treatment for an STI other than the infection being treated with EPT. A visit with a care provider also offers the opportunity to provide additional services, such as risk-reduction counseling and HIV pre-exposure prophylaxis.

Is EPT legal? Yes, in NYS, EPT is explicitly legal under NYS Public Health Law 2312 and can be provided for treatment of chlamydia, gonorrhea, and trichomoniasis, as recommended by the CDC 2021 STI Treatment Guidelines.

→ Use this code with your phone's QR code reader to access NYSDOH EPT Publications: www.health.ny.gov/diseases/communicable/std/ept/ept_publications.htm
 ■ This 1/4-folded guide is a companion to the New York State Department of Health AIDS Institute Guidance Questions, Answers, and Best Practices for Expedited Partner Therapy (EPT). The full guidance is available at www.hivguidelines.org.



How should I follow up? Contact the index patient and, with consent, their partner by phone to ensure they have or will pick up the medications and that symptoms resolve. Schedule follow-up visits for index patients if symptoms persist or at 3 months for repeat testing because of the risk of reinfection. Advise that sex partners follow up for comprehensive sexual health services as soon as they are able.

Need more information? NYS offers free educational materials for distribution to partners in English and Spanish.

ELIGIBILITY FOR EXPEDITED PARTNER THERAPY (EPT) [a]

Eligible for EPT	Not eligible for EPT
<ul style="list-style-type: none"> • Patients with a clinical (without laboratory confirmation) or laboratory diagnosis of chlamydia, gonorrhea, and trichomoniasis (referred to as index patients) and their sex partners • All sex partners exposed within 60 days before the index patient's symptom onset or diagnosis • The most recent sex partner, if the index patient has had no sex partners within 60 days of the diagnosis 	<ul style="list-style-type: none"> • Patients known to have syphilis in addition to gonorrhea, chlamydia, and trichomoniasis • Cases involving suspected or confirmed abuse (i.e., child abuse, sexual assault, or sexual abuse)

Note:
 a. Per New York State law, individuals <18 years old may give effective informed consent for services related to screening, treatment, and prevention of STIs. See NYSDOH AI Guidance: Adolescent Consent to HIV and STI Treatment Prevention.

Why are patients known to have syphilis not eligible for EPT?

The recommended management of partners of individuals diagnosed with syphilis varies significantly depending on the stage of syphilis in the index patient. No data support use of EPT to treat partners of patients with syphilis. Partner services offered through state or local health departments are available to assist with partner treatment for syphilis throughout New York State. Of note, a clinician may prescribe EPT for gonorrhea, chlamydia, and trichomonas to a patient while syphilis test results are pending or if they are unable to be tested (e.g., a symptomatic telehealth visit). If the diagnosis of syphilis was unknown at the time EPT was prescribed, there is no liability.

STI	Preferred EPT Regimen	Alternative EPT Regimen	Comments
Chlamydia	Doxycycline 100 mg by mouth twice daily for 7 days OR Azithromycin 1 g by mouth in a single dose	Levofloxacin 500 mg by mouth daily for 7 days	• Doxycycline and levofloxacin are contraindicated in pregnancy • Azithromycin is recommended for treatment of chlamydia in patients with unknown pregnancy status
Gonorrhea	Cefixime 800 mg by mouth in a single dose	—	Treat for chlamydia if it has not been excluded
Trichomoniasis	Metronidazole 2 g by mouth in a single dose OR Tinidazole 2 g by mouth in a single dose	Metronidazole 500 mg by mouth twice daily for 7 days	Counsel symptomatic pregnant patients with trichomoniasis regarding the potential risks and benefits of treatment

Note: a. EPT treatment for an index patient and their sex partner(s) may not be the same.

New York State Law: Medications must be labeled with the name and address of the dispenser, directions for use, date of delivery, the proprietary or brand name of the drug, and the strength of the contents. (NYS Senate. New York State public health law article 137, section 6807: pharmacy; exempt persons; special provisions. 2014 Sep 22. <https://www.nysenate.gov/legislation/laws/END/6807> [accessed 2022 Mar 3])

How to provide EPT medications: Clinicians may dispense EPT medications in person at the point of care or may provide a prescription for the medications. Partner packs, dispensed in person, are preferred. Partner packs include medication for the index patient and the sex partner along with informational materials.

Prescribed ("Prescription – EPT"): Not all clinical environments may be able to dispense EPT in partner packs. When partner packs are not available, clinicians can provide a prescription to the index patient for their partner, along with informational materials and clinic contact information. If providing a prescription for EPT, the prescription must have "EPT" in the comments below the care provider information and above the medication, the dosage, refills (0), and instructions for use. The prescription may be issued electronically or on an official New York State prescription form. No identifiable information is required. Information on electronic prescribing of EPT, including the requirements and best practices for transmission, can be found in the National Council for Prescription Drug Programs SCRIPT Implementation Recommendations Section 3.4.5.

8 KEY POINTS FOR PATIENT EDUCATION:

- Advise index patients to inform their sex partner(s) that they may have been exposed to an STI (chlamydia, gonorrhea, or trichomoniasis) and should seek evaluation and treatment even if they do not have symptoms.
- Emphasize that partners should read the information provided before they take the EPT medication.
- Make clear that the partner should seek medical care before starting the EPT medication if they:
 - Are allergic to antibiotics
 - Have abdominal pain, pelvic pain, testicular pain, fever, nausea, vomiting, or other symptoms of serious illness that require evaluation and may require treatment beyond EPT
 - Are pregnant or could be pregnant
 - Have serious health problems
 - Are taking prescription or nonprescription drugs, because potentially dangerous drug–drug interactions could occur

- Educate index patients and partners about:
 - The possibility that additional treatment may be needed if the patient or partner has an STI that is not covered by the delivered EPT
 - Abstaining from sexual activity for at least 7 days after treatment is ended to decrease the likelihood of reinfection
 - Prevention of STIs in the future, including the use of barrier protection and PrEP for prevention of HIV
 - The preferred approach to STI care for partners, which is to see a health care provider for a complete STI evaluation, including HIV testing, even if they take the EPT medications