Expedited Partner Therapy
A Summary for Health Care Providers

What is Expedited Partner Therapy?
Expedited Partner Therapy (EPT) is a practice that allows health care providers to provide a patient with either antibiotics or a written prescription, intended for the patient’s sex partner(s). In New York State, EPT is to treat persons exposed to Chlamydia trachomatis. In New York State, EPT is only allowable to treat chlamydia. EPT cannot be used with sex partners of patients coinfected with gonorrhea, syphilis, and/or HIV.

EPT is allowable under New York State Public Health Law, Section 2312, and regulations are provided in Section 23.5 of Title 10, New York Codes, Rules and Regulations (NYCRR).

When should EPT be administered?
The first choice partner management strategy is to bring in sexual partners for a complete clinical evaluation, STI and HIV testing, and counseling and treatment as appropriate.

EPT is a strategy that can serve as an alternative to referring sexual partners for clinical examination when they are unable, unlikely, or unwilling to seek care. Providers should use their best judgment to determine whether their patient’s sex partner(s) will or will not seek treatment.

What is my liability?
Under Public Health Law, EPT may be used by health care providers authorized under Title 8 of NYS Education Law to diagnose and prescribe drugs for chlamydia infection. Such providers who reasonably and in good faith render EPT are not subject to civil or criminal liability. The use of EPT in such manner is not deemed unprofessional conduct.

Why is EPT important?
• Sexually transmitted chlamydia infections are a significant public health problem, with over 110,000 cases reported annually in New York State.
• Due to a high burden of infection and limited public health resources for Partner Services, it has been difficult for local health departments to investigate and notify persons who have been exposed to chlamydia.
• Chlamydia re-infection, likely due to non-treatment of sexual partners, occurs in a significant proportion of those infected with chlamydia.
• EPT provides an alternative strategy to ensure that exposed sexual partners get needed medication.

What is the preferred treatment for EPT?
The only drug regimen recommended for treatment of chlamydia via EPT is a single dose of azithromycin, 1g orally (e.g., 250mg x 4).

EPT and NYS Electronic Prescription Mandate
At the time of publication, EPT is exempt from the NYS electronic prescription mandate. Paper prescriptions can still be used for EPT. Providers should check to verify that the exemption is still in place by visiting https://www.health.ny.gov/professionals/narcotic/electronic_prescribing/ and searching for Exceptions to Electronic Prescribing.
How do I provide EPT?

Some providers will opt to provide the patient directly with a single dose of azithromycin for each eligible sex partner (see below). Other providers may opt to provide written prescriptions for each eligible sex partner.

When writing a prescription for azithromycin via EPT:

1. Write “EPT” in the body of the prescription form above the name of the medication and dosage.
2. If available, write the sexual partner’s name, address, and date of birth in the designated areas of the prescription.
3. If the sexual partner’s name, address, and/or date of birth are not available, the written designation of “EPT” shall be sufficient for pharmacists to fill the prescription.
4. Separate prescriptions must be provided for each eligible sex partner. Prescribing multiple doses on one prescription, intended for more than one person is illegal.

EPT Eligibility Criteria

All sexual partners exposed within the 60 days prior to the patient’s first reported symptoms or receiving diagnostic test results (whichever occurs earlier) are eligible for EPT. If no sex partners from within the past 60 days are identified, EPT may be offered for the most recent sex partner. There is no limit to the number of sexual partners that may receive EPT.

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<tr>
<th>Eligible if the following criteria apply</th>
<th>NOT Eligible if any of the following criteria apply</th>
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<td>Patient has a clinical and/or lab confirmed diagnosis of chlamydia. Lab confirmation may include: • positive culture • nucleic acid hybridization test; or • nucleic acid amplification test (NAAT).</td>
<td>Not appropriate in cases of child abuse, sexual assault, sexual abuse, or in cases where the patient’s safety is in doubt.</td>
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<td><strong>AND</strong></td>
<td><strong>OR</strong></td>
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<td>Patient’s sexual partners are unable or unlikely to seek prompt clinical services. • Partners may be uninsured, lack a primary care provider, face barriers to accessing service, or be unwilling to seek care.</td>
<td>The patient is co-infected with gonorrhea, syphilis, and/or HIV.</td>
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What are the key messages for my patient?

- Patients should abstain from any type of sexual intercourse (vaginal, oral, or anal) until at least seven days after treatment and seven days after their partners have been treated.
- Patients should be counseled to tell their partners to seek follow-up medical care, including testing for STIs and HIV, as soon as possible, even if EPT is provided.
- Patients are encouraged to be re-tested for chlamydia and other STIs three months after treatment.

What information should I provide to the sex partner(s)?

For each partner, the patient must be provided with (a) either medication or a prescription for medication, as described above; and (b) educational materials for the sex partners. Educational materials are available to order or download at https://www.health.ny.gov/diseases/communicable/std/eppt/ or contact the Bureau of Sexual Health and Epidemiology at (518) 474-3598.

For additional information, please refer to the Expedited Partner Therapy (EPT) Guidelines for Health Care Providers in New York State for Chlamydia trachomatis, available online at www.health.ny.gov/diseases/communicable/std/eppt/ or contact the Bureau of Sexual Health and Epidemiology at (518) 474-3598.