

# Expedited Partner Therapy for Sexually Transmitted Infections Inpatient, Emergency Department, and Clinic Management

*Aim: to standardize the practice of treating sex partners of persons ≥13 years old with sexually transmitted infections (STIs)*

**Exclusion guidelines:**

- Patient expresses disinterest in Expedited Partner Therapy (EPT) for their sexual partner
- Patients < 13 years old

Patient diagnosed with an STI due to *Chlamydia trachomatis*, *Neisseria gonorrhoeae* and/or *Trichomonas vaginalis* (see Note 1)

- Treat the patient's STI per [CDC guidelines](#)
- If *gonorrhea* or *chlamydia* infection, the Children's MN lab will automatically send a report to Minnesota Department of Health (MDH) (*Trichomonas* is not reportable)
- Provide counseling on safe sex practices
- Perform comprehensive STI screening per [CDC guidelines](#) (e.g. HIV and Syphilis testing for all patients with an STI. Consider HCV, HepB and localized/lesion HSV PCR testing depending on risk factors and symptoms).

Use the Patient Questionnaire (Appendix 1) to assess whether Expedited Partner Therapy (EPT) could be used for your patient (see Note 2 on definition and benefits of EPT)

1. Is the patient safe and comfortable contacting their sexual partner(s)? (Question 2 and 3, Appendix 1)  
AND
2. Is the patient agreeable to EPT for their sexual partner(s) to prevent re-infection and provide their partner(s) with timely treatment? (Question 4, Appendix 1)

No

**Off Guideline**

Provide patient with "[How partner services can help](#)" MDH handout and/or refer them to <https://tellyourpartner.org/>

Yes

- Obtain a paper script from the pyxis or call the prescription in to a pharmacy. If the pharmacy has objections/questions, provide them with the [Pharmacy Information Sheet](#)
- Refer to Note 3 for organism specific EPT antimicrobial guidance (see Note 4 if drug allergy suspected).
- If writing a paper script, utilize the script template in Note 5
- **Provide patient with written information to give to their sex partner(s) along with the prescription (see Note 6)**
- See Note 7 if recipient has questions about payment information for EPT

For patients with female anatomy, consider Gynecology consultation or referral for contraceptive counseling and to establish care for future retesting

Follow-up in Gyn Clinic, Adolescent Medicine Clinic, or with PCP to retest the patient and their partner(s) to evaluate for reinfection 3 months after STI treatment completed

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**The following testing and treatment recommendations are based off the 2021 CDC guidelines (please refer to the CDC for the most current protocols)**

**Note 1. Diagnosis of STIs**

- **Gonorrhea and Chlamydia:** testing may be performed in patients with symptoms of an STI or in asymptomatic screening. The CDC recommends annual chlamydia and gonorrhea screening of all sexually active women age <25 years and gonorrhea/chlamydia screening as part of comprehensive STI screening if a patient tests positive for another STI.
  - Can be diagnosed by Nucleic Acid Amplification Tests (NAAT) PCR from vaginal swabs (women), meatal swabs (men) or first-void urine (both). Of note, patient-collected swab specimens have equivalent sensitivity and specificity to those collected by a clinician. Rectal and oropharyngeal infection among persons engaging in receptive anal or oral intercourse can be diagnosed by testing at the anatomic exposure site.
  - Because *N. Gonorrhea* can develop antimicrobial resistance, in cases of suspected or documented treatment failure, clinicians should perform culture and antimicrobial susceptibility testing because NAATs cannot provide susceptibility results.
- **Trichomoniasis:** Diagnostic testing for *T. Vaginalis* should be performed for women seeking care for vaginal discharge. Annual screening might be considered for persons receiving care in high-prevalence settings and for asymptomatic women at high risk for infection (e.g. multiple sex partners, history of drug misuse)
  - PCR via Nucleic Acid Amplification Tests (NAAT) from vaginal swabs or urine specimens are quite a bit more sensitive than wet-mount microscopy

**Note 2. Definition and Utility of Expedited Partner Therapy:** EPT is the practice of treating sexual partners of patients diagnosed with certain qualifying STIs by providing antimicrobial treatment for the partner(s) without them undergoing a formal medical examination. It is a harm reduction strategy that has been legal in Minnesota since 2008 and supported by all major medical associations including the AAP, AMA, CDC, and ACOG. The public health benefits of EPT include reducing the number of reinfections and persistent infections, reducing complications associated with untreated STIs, and decreasing the probability of spreading other STIs including HIV. EPT can be offered to all of a patient’s sexual partners within the last 60 days, or, if the patient had no sexual partners within the last 60 days, then EPT may be offered to their single most recent sexual partner.

**Note 3. Antimicrobial Treatment Regimens for Partners of Patients Diagnosed with Qualifying STIs. If EPT recipient has drug allergies, see note 4. - All patients should be instructed to abstain from any sexual activity for 7 days AFTER treatment is completed**

Infection	Preferred	Alternative	Safe in Pregnancy: <i>ALL pregnant partners of index patients should be linked to prenatal care</i>
<b>Chlamydia</b> <i>Chlamydia trachomatis</i>	Doxycycline 100 mg PO BID x 7 days	Azithromycin 1g PO x 1 dose	Azithromycin 1g PO x 1 dose
<b>Gonorrhea</b> <i>Neisseria gonorrhoeae</i>	Cefixime 800 mg PO x 1 dose	Cefpodoxime 400 mg PO x 1 dose	Either the preferred OR alternative regimen are safe
<b>Trichomoniasis</b> <i>Trichomonas vaginalis</i>	<b>Patients with female anatomy:</b> Metronidazole 500 mg PO BID x 7 days  <b>Patients with male anatomy:</b> Metronidazole 2g PO x 1 dose	Tinidazole 2 g PO x 1 dose	Metronidazole 500 mg PO BID x 7 days

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**Note 4. If the EPT recipient** (i.e. the patient's sexual partner) **has a known drug allergy:** see the [MDH's toolkit linked here](#) for alternative antimicrobial regimens or consult with a pharmacist or Infectious Disease specialist.

**Note 5. Prescribers must include the following information on the written EPT script:**

1. **Location** at which the EPT prescriber can be reached
2. **Date** the EPT prescription is issued
3. **Name of the patient receiving the script**
  - If the partner's information is available, it should be included, otherwise **EPT Partner AB** (i.e. generic dummy name) can be written
4. **Date of birth of the patient**
  - If the partner's DOB is available, it should be included, but it's not required for an EPT script, so n/a or a generic dummy birthday is acceptable
5. **Address for the patient**
  - If the partner's address is available, it should be included, but it's not required for an EPT script, so n/a or a generic dummy address is acceptable
6. **For EPT:** best practice is to indicate somewhere on the prescription that the prescription is being issued with the intent it will be used for EPT
7. Include all the **usual details about the prescribed drug:** full name of the drug, drug strength, quantity to dispense and instructions. For EPT: refills are not allowed.
8. **Signature of prescriber**
9. **NPI number** of prescriber is recommended as a best practice
10. **Hand-write** "Pharmacist: please confirm allergies"

1 Children's Hospital of MN  
2525 Chicago Ave  
612-813-6000

2 Date: January 1, 2022

3 Patient Name: EPT Partner AB

4 DOB: n/a or 1/1/01

5 Address: n/a or 111 EPT Drive, Minneapolis, MN 55404

Rx 6 **EPT**

7 Doxycycline hyclate 100 mg tablets  
\*May sub monohydrate or capsules based on cheapest option in stock  
Sig: Take 1 tab bid x 7 days  
Quantity: 14 (fourteen) tablets / Refill: No

8 Prescriber Signature: *Good Doc, MD*

9 DEA or NPI: 1234567890

10 Pharmacist: Please confirm allergies

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**Note 6. Educational Materials:** According to the CDC, EPT prescriptions should be accompanied by educational materials for the partner including treatment instructions, warnings about medication side effects, general health counseling, and a statement advising that the partner seek medical evaluation as soon as possible for HIV infection and any symptoms of STIs.

**PDF versions of educational materials provided by the Minnesota Department of Health include:**

"Your Partner has Gonorrhea: What you need to know" (in English)

- "Your Partner has Gonorrhea" in Spanish
- "Your Partner has Gonorrhea" in Somali
- "Your Partner has Gonorrhea" in Hmong

"Your Partner has Chlamydia: What you need to know" (in English)

- "Your Partner has Chlamydia" in Spanish
- "Your Partner has Chlamydia" in Somali
- "Your Partner has Chlamydia" in Hmong

"Your Partner has Trichomoniasis ("Trich"): What you need to know" (in English)

- "Your Partner has Trichomoniasis ("Trich"):" in Spanish
- "Your Partner has Trichomoniasis ("Trich"):" in Somali
- "Your Partner has Trichomoniasis ("Trich"):" in Hmong

The Minnesota Department of Health also has a brochure that can be provided to patients diagnosed with gonorrhea or chlamydia to give to their partners along with the EPT prescription: [brochure is linked here](#)

**Note 7. Payment information for EPT:**

- If personal information for the partner is available: the EPT prescription may be run through that individual's insurance. STI antimicrobials are generally well covered, however certain regimens (e.g. cefixime) may not be part of the pharmacy benefit manager's formulary.
- If personal information from the partner is NOT available: the EPT prescription *cannot* be run through any type of insurance (e.g. using the index patient's insurance with a refill for the partner is insurance fraud). Encourage use of prescription coupon cards to reduce cost. See the [MDH website](#) for approximate out of pocket cost for STI antimicrobials.

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### Appendix 1: Patient Questionnaire

ALL ANSWERS TO THE QUESTIONS BELOW ARE CONFIDENTIAL. The purpose of this form is to provide treatment and prevent the spread of sexually transmitted infections. Please be as honest as possible. If you have any questions about this form we are happy to answer them.

1. How many sexual partners have you had in the previous 60 days? \_\_\_\_\_

2. Do you feel **safe** notifying your partners that they may have been exposed to a sexually transmitted infection? (If no, skip to question #5)

\_\_\_\_ Yes  
\_\_\_\_ No

3. Do you feel **comfortable** notifying your partners that they may have been exposed to a sexually transmitted infection? (If no, skip to question #5)

\_\_\_\_ Yes  
\_\_\_\_ No

4. Do you feel comfortable providing your sexual partners with a written prescription for medication or telling them to pick up a prescription at a local pharmacy in order to treat a sexually transmitted infection?

\_\_\_\_ Yes  
\_\_\_\_ No

5. If you do not feel comfortable or safe discussing the treatment of sexually transmitted infections with your partners, are you able to provide contact information for your partners so that health care providers may contact them anonymously? We would be happy to give you paperwork for the Minnesota Health Department to contact your partners and fax it in on your behalf.

\_\_\_\_ Yes  
\_\_\_\_ No

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### References:

1. Minnesota Department of Health (June, 2023) "Expedited Partner Therapy (EPT) for infections due to Chlamydia trachomatis, Neisseria gonorrhoeae, and/or Trichomonas vaginalis". <https://www.health.state.mn.us/diseases/stds/hcp/ept/eptguidance.html>
2. Center for Disease Control and Prevention (April, 2021) "Expedited Partner Therapy". <https://www.cdc.gov/std/ept/default.htm>
3. Center for Disease Control and Prevention (June, 2023) "STI Treatment Guidelines". <https://www.cdc.gov/std/treatment-guidelines/default.htm>
4. Shiely, Frances, et al. "Expedited partner therapy: a robust intervention." *Sexually transmitted diseases* (2010): 602-607.
5. Kathryn E. et al. "A Review of Expedited Partner Therapy for the Management of Sexually Transmitted Infections in Adolescents" *Journal of Pediatric and Adolescent Gynecology*. (2017): 30:3, 341-348

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