



DATE:	11/15/2022
TO:	Health Alert Network
FROM:	Denise Johnson, M.D., FACOG, FACHE, Acting Secretary of Health
SUBJECT:	Passage of Expedited Partner Therapy Act
DISTRIBUTION:	Statewide
LOCATION:	N/A
STREET ADDRESS:	N/A
COUNTY:	N/A
MUNICIPALITY:	N/A
ZIP CODE:	N/A

This transmission is a “Health Advisory” provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING, PHARMACY, AND LABORATORY STAFF IN YOUR HOSPITAL; EMS COUNCILS: PLEASE DISTRIBUTE AS APPROPRIATE; FQHCs: PLEASE DISTRIBUTE AS APPROPRIATE LOCAL HEALTH JURISDICTIONS: PLEASE DISTRIBUTE AS APPROPRIATE; PROFESSIONAL ORGANIZATIONS: PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; LONG-TERM CARE FACILITIES: PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY; PHARMACIES: PLEASE SHARE WITH ALL PHARMACY STAFF

Summary

- On November 3, 2022, Governor Tom Wolf signed into law Senate Bill 317 known as the Expedited Partner Therapy Act (Act 147 of 2022). Full access to the Expedited Partner Therapy (EPT) Act is available at: [EPT Legislation](#). The EPT Act takes effect on February 3, 2023.
- EPT is a therapeutic option that research studies have shown to be effective in reducing chlamydia and gonorrhea reinfection rates. Treating the sex partners of persons diagnosed with a sexually transmitted disease (STD) without an intervening medical evaluation or prevention counseling allows for patients to provide their partners with medications to avoid reinfection.
- EPT gives a health care practitioner the option to issue a prescription for, or personally furnish, antibiotics to treat STDs, without having examined the individual for whom the drug is intended. When a patient reports to the health care practitioner that their sexual partner is unable or unlikely to be evaluated or treated by a health professional, EPT can be provided. If the health care practitioner is unable to obtain the partner's name, the prescription shall include the words “expedited partner therapy” or letters “EPT.”
- EPT allows a pharmacist to label a drug dispensed pursuant to the prescription without the name of the individual for whom the drug is intended if the prescription contains the words “expedited partner therapy” or the letters “EPT.” For each drug dispensed, the pharmacist shall provide all of the following information: (1) Directions for use of the drug. (2) Any side effects, adverse reactions or known contraindications associated with the drug.
- The Expedited Partner Therapy Act addresses liability concerns for health care practitioners for prescribing or furnishing medications for STD treatment via EPT. A health care practitioner who in good faith prescribes, or chooses not to prescribe, is not liable for or subject to any of the following: damages in a civil action, prosecution in a criminal proceeding, professional disciplinary action.

EPT is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care healthcare practitioner first examining the partner.

According to the Centers for Disease Control and Prevention (CDC), EPT is a therapeutic option that research studies have shown to be safe and effective in reducing chlamydia and gonorrhea reinfection rates. EPT is now legal in most jurisdictions in the United States, and has been safely used for many years. The usual implementation of EPT is through Patient-Delivered Partner Therapy (PDPT), whereby a patient gives the medication or prescription to their partner.

Effective clinical management of patients with treatable STDs requires treatment of the patients' current sex partners to prevent reinfection and curtail further transmission. The standard approach to partner treatment has included clinical evaluation in a health care setting, with partner notification accomplished by the patient, by the healthcare practitioner or an agent of the healthcare practitioner, or a combination of these methods. Healthcare practitioner-assisted referral is considered the optimal strategy for partner treatment; however, may not be available to a segment of the patient population with gonorrhea or chlamydial infection because of resource limitations and other barriers to health care that patients with STD may experience. EPT is effective in treating those who are unlikely or unable to present for clinical evaluation and/or treatment.

The [CDC STD 2021 Treatment Guidelines](#) discusses the use of EPT on page 10.

Key Reminders

1. The gold standard of STD partner treatment is examination and treatment by a clinician.
2. EPT should not be a substitute for traditional partner services; however, EPT should be given to persons whose partners are unlikely or unable to be treated by other means.
3. In cases where partner services are routinely initiated, such as in patients with Chlamydia (CT), gonorrhea (GC), or both, and also coinfecting with syphilis and/or HIV, EPT should not be delivered.
4. EPT shall only be provided for partners of patients with laboratory-confirmed cases of CT and/or GC.
5. EPT shall be provided using treatment as recommended by the most recent CDC STD Treatment Guidelines: [Sexually Transmitted Infections Treatment Guidelines, 2021 \(cdc.gov\)](#)
6. Populations that may receive EPT shall be defined by the most recent CDC STD Treatment Guidelines.
7. EPT should be provided for partners within a 60-day exposure window.
8. EPT may be delivered through direct provision of medications for partners or through written prescriptions for partners. Prescriptions may be written without using the name of the partner using the letters "EPT."
9. The healthcare practitioner shall document any provision of EPT in the patient record with the name of the drug furnished and its dosage, information concerning the drug that was provided to the patient for the purpose of sharing the information with the partner. The patient should be counseled by the healthcare provider about talking to the partner and providing the medication with accurate information.
10. Medications should be ideally dispensed in a Partner Pack, which should include medication, medication information, disease information, referral information for additional syphilis and HIV testing, and condoms.

EPT Treatment Recommendations and Management of Sex Partners

Gonorrhea EPT:

Treatment:

EPT is recommended only for individuals suspected or exposed to uncomplicated gonococcal infection of the cervix, urethra, or rectum.

Cefixime* 800 mg orally in a single dose* should be used.

EPT is **not recommended** for any person suspected with pharyngeal gonorrhea. Individuals suspected of pharyngeal gonorrhea should be clinically examined, tested, and clinically treated with the following:

Ceftriaxone 500 mg* IM in a single dose for persons weighing <300 Pounds

For persons weighing ≥300 pounds, 1 g ceftriaxone should be administered

Any person suspected to have pharyngeal gonorrhea should return 7–14 days after initial treatment for a test of cure by using either culture or NAAT (Nucleic Acid Amplification Test)

Follow-Up:

A test of cure (i.e., repeat testing after completion of therapy) is unnecessary for persons who are suspected of having uncomplicated urogenital or rectal gonorrhea and who receive EPT. All individuals receiving EPT should be strongly encouraged to get tested for syphilis and HIV as soon as possible.

Chlamydia EPT:

Treatment:

EPT Treatment Among Adolescents and Adults

Doxycycline 100 mg orally 2 times/day for 7 days

Alternative Regimens:

Azithromycin 1 g orally in a single dose

or

Levofloxacin 500 mg orally once daily for 7 days

Follow-Up:

A test of cure (i.e., repeat testing after completion of therapy) is unnecessary for persons who are suspected of having chlamydia and who receive EPT treatment. All individuals receiving EPT should be strongly encouraged to get tested for syphilis and HIV as soon as possible.

Additional Information

Physicians needing additional information are asked to call the following number:

Pennsylvania Department of Health

Bureau of Communicable Diseases

Division of TB/STD

STD Program

(717) 787-3981

8:00 A.M. – 5:00 P.M

Additional Web Links

Additional information on syphilis testing and treatment for pregnant women can be found online at: www.cdc.gov/std/treatment

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

<p>This information is current as of November 15, 2022 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.</p>
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