Expedited Partner Therapy: Helping to Reduce Sexually Transmitted Infections

STD Prevention SUCCESS STORIES



Effective care for patients with treatable STDs like chlamydia and gonorrhea means their sex partners need to be treated, too. This prevents reinfection, stops the disease from spreading further, and prevents long term damage to a woman's reproductive system. But ensuring that a partner gets the right treatment or medicine can be tricky — and failing to do so means that the STD can continue to spread.

That's where Expedited Partner Therapy (EPT) comes in.

When clinicians use EPT, they give the patient diagnosed with an STD a prescription for themselves, and another to give to their partner. In other words, the doctor provides treatment without seeing the partner. This allows partners to receive treatment quickly and prevents the need for a potentially complicated notification process.

EPT is effective — studies have shown that patients whose partners received EPT were 29% less likely to be reinfected than those who simply told their partners to visit the doctor.

Although not yet available in every state, EPT shows enormous promise for contributing to successful partner care and treatment. Here are two stories of programs working to expand the use of EPT to reach more partners with the medication they need.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Division of STD Prevention





Committing to EPT Education in Illinois

In 2014, the Illinois Department of Public Health (IDPH) launched an initiative to improve gonorrhea treatment outcomes. The "Top-Counties Program" looked at gonorrhea trends in Illinois by county and targeted the ten counties with the highest case counts and rates.

The program hinged on meeting with providers to learn what was and wasn't working in gonorrhea treatment — then offering education and resources to increase effectiveness. The program's reach soon extended to cover treatment for chlamydia, too.

To Lesli Choat, STD Testing and Counseling Coordinator at IDPH, it was clear that EPT had an important role to play in supporting these counties.

"EPT is one of the best tools we have for decreasing gonorrhea and chlamydia rates."

And although it's been legal in Illinois for years, Choat says it's underutilized because providers either don't know about it or aren't comfortable using it.

Jill Stoops, a Nurse Practitioner at the Sangamon County Department of Public Health (and dubbed a "champion of EPT" by Choat), emphasizes how many providers don't know about it. "I asked if they knew what EPT was," she says of a recent meeting with about 60 nurses. "No one raised their hand."

According to Stoops and Choat, EPT can mean the difference between partners getting treatment or going without. In Illinois, that's happening one county at a time.



Advancing EPT Practice and Policy in Chicago

In 2014, the Chicago Department of Public Health (CDPH) developed a program to increase the use of EPT in the treatment of chlamydia and gonorrhea. As part of this initiative, CDPH supplied its clinics with EPT kits with information, condoms, and medications designated for EPT use.

Ramona Bhatia is a Supervising Physician at CDPH. As an EPT advocate, she's done her homework on its efficacy. "Some people might not be aware that there's evidence behind EPT," she says.

"There's strong data that EPT does work."

Bhatia cites cost as another barrier to more widespread EPT use, and stresses the value of providing premade EPT kits like those distributed by CDPH free of charge. "There's a need for health departments to make it easy for other institutions," she says.

Bhatia routinely witnesses the benefits of EPT — and she's committed to pushing for increased uptake. "The populations we deal with are vulnerable," she explains. "Partners may not be able to come to a clinic to get the meds they need. Sometimes," she says, "there really aren't other options."

Bhatia also encourages people to think about EPT in the context of rising STD rates. "There's a lot of room for improvement for preventing STDs," she says.

Bhatia says she loves her job — especially the opportunity to provide services to her patients that they might not get otherwise. "It makes me want to do better every day."