STD PCHD

Strengthening STD Prevention and Control for Health Departments

Technical Assistance Note # 8 | Promoting Expedited Partner Therapy (EPT)

From Strategy Area II: Conduct Disease Investigation and Intervention
8. Promote Expedited Partner Therapy (EPT) (where permissible) to partners of chlamydia and/or gonorrhea cases a. Assess EPT practices to identify and prioritize providers, organizations, and areas to target for promotion and improvement. Provide technical assistance and education to promote EPT to providers and organizations who frequently report cases of chlamydia and/or gonorrhea, including cases of repeat infections

Why DSTDP included these strategies

Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with chlamydia (CT) or gonorrhea (GC) by providing prescriptions or medications to the patient to take to their partner *without the health care provider first examining the partner*. The most common form of EPT is to give patients diagnosed with infection medications to give to their partners: patient-delivered partner therapy (PDPT).

EPT represents an important component of partner management, and can reduce the risk of reinfection in a treated patient and curtail further transmission. CDC has concluded that EPT is a useful option to facilitate partner management, particularly for treatment of male partners of women with chlamydial or gonorrheal infection.

Key definitions

Medication-EPT: The practice of giving medications to patients to give to their sex partners, without an intervening clinical assessment

Prescription-EPT: The practice of giving prescriptions to patients to give to their sex partners, without an intervening clinical assessment

Considerations for implementation

While progress has been made in reducing legal barriers to EPT, there is still much to be done to support broader implementation and scale-up of EPT usage among clinical providers. Recipients are encouraged to work with the health care sector and policy makers to advance the use of EPT. Activities can include, but are not limited to those listed in the section below.

Where EPT Is Permissible:

At the provider level

- Work directly with providers and health centers that see large numbers of chlamydia and gonorrhea cases to assess their EPT policies, procedures, barriers, and facilitators

    - Target pediatricians, adolescent medicine, OB/GYN and school-based (e.g., high school or college) providers
    - Assess knowledge, attitudes, and beliefs of providers to identify EPT uptake barriers
    - Use findings from assessments to develop tailored EPT education materials for providers
    - Provide technical assistance to facilitate partner treatment through EPT
    - Review ways to better utilize EHRs or e-prescribing to facilitate EPT uptake
    - Identify community clinician-champions to help advance provider knowledge, implementation of EPT
- Educate pharmacists about EPT by delivering presentations at schools of pharmacy, and at local professional organizations of pharmacists
    - Where "nameless" EPT prescriptions are allowed, examine the frequency with which these prescriptions are received in pharmacies, and the proportion that pharmacists refuse to fill
    - Compile a list of frequently asked questions (FAQs) about EPT for pharmacists that can be distributed at presentations and faxed to pharmacies that refuse to fill EPT prescriptions
- Conduct EPT policy and practice overviews at relevant meetings of medical providers or administrators

At the patient level

- Develop patient and partner EPT informational materials (in English and Spanish) and make electronic copies available to providers (see Resources below for links to some examples)
- Incorporate EPT education & messaging as part of routine partner management where EPT is indicated

At the health department level

- Explore the feasibility of purchasing EPT medication(s) in bulk and distributing them to provider groups who see a large number of patients eligible for EPT
- Identify state or local chapters of national professional medical organizations (e.g. American Academy of Pediatrics, American College of Obstetricians and Gynecologists), and work with them to disseminate information to their members via e-newsletters, webinars, annual meetings, etc. Identify health department partner agencies (e.g., Adolescent Health, Primary Care, or Medicaid Offices) that work with providers who diagnose chlamydia and gonorrhea; set up meetings to help coordinate and promote EPT messaging
- Consider opportunities to facilitate EPT medication delivery through health department partner agencies that work closely with high-diagnosing providers and eligible patient populations
- Host a health department-EPT website that includes relevant local EPT laws/regulations/professional board decisions
- Track provision of EPT at the population level
    - Add question(s) to local provider case report forms to document whether and how partner services are performed for the index patient in question, including whether the patient was given EPT, and if so, by what mode (medication-in-hand or prescription) and for how many partners
    - Identify data sources to monitor aspects of EPT uptake, such as the extent to which EPT is offered, provided, filled (if by prescription)

At the health systems level

- Reach out to health plan administrators (including urgent care networks) to assess the extent to which EPT is included in their system protocols and procedures, including facilitating treatment through partnerships with area pharmacies or other walk-in care centers

- Consider developing pre-printed prescriptions for EPT that: 1) reference STD program website where relevant EPT law or professional body decision can be viewed, 2) has set regimens for treating gonorrheal or chlamydial infections, 3) can be tracked (record numbers on supply of prescription pads given to provider groups, track prescriptions at local pharmacies)
- Ask schools of pharmacy to add EPT to their legal curriculum
- Work with local pharmacies and chains to identify facilitators and barriers to EPT access
- Assist in clarifying local laws and regulations pertinent to EPT
    - Pursue policy allowing prescriptions for index patient and partner(s) to be written on the same prescription
    - Promote medication-EPT over prescription-EPT where medication-EPT is available
    - Pursue mechanisms to cover payment for prescription-EPT through Medicaid or insurance programs

Where EPT Is Not Permissible:

- Educate relevant policy makers and stakeholders about EPT, describing the sequelae of repeat STI, and presenting data on the local burden of infections for which EPT could be used
- Work with NCSD or other partners to gather additional evidence and examples of EPT in other settings
- Conduct or encourage local pilot evaluations (e.g., through Targeted Evaluation Projects), including measures to address specific local concerns
- Identify an EPT champion (adolescent medicine provider, etc.) with whom to partner/collaborate
- Build coalitions of stakeholders to advance EPT on the agenda of legislators, professional societies, etc.

Other resources

- CDC EPT Homepage (includes links to position papers, articles, and infographics): https://www.cdc.gov/std/ept/default.htm
- Expedited Partner Therapy Legal/Policy Toolkit: https://www.cdc.gov/std/ept/legal/legaltoolkit.htm
- EPT White Paper (2006) - https://www.cdc.gov/std/treatment/eptfinalreport2006.pdf
- New York City's Universal Reporting Form; https://www1.nyc.gov/assets/doh/downloads/pdf/hcp/urf-0803.pdf
- New York State health department's EPT resource page: https://www.health.ny.gov/diseases/communicable/std/ept/
- Maryland health department's EPT resource page: https://phpa.health.maryland.gov/OIDPCS/CSTIP/Pages/Expedited%20Partner%20Therapy.aspx

For more information or feedback on this document, contact your DSTDP Prevention Specialist or email STD_PCHD@cdc.gov. CDC's Division of STD Prevention, Program Development and Quality Improvement Branch, developed this document for recipients of PS19-1901 STD PCHD to provide additional clarification of strategies outlined in that NOFO and to support program implementation. The content here does not represent additional NOFO requirements nor official CDC recommendations. Issue date: April 2019