

Expedited Partner Therapy (EPT) for Chlamydia and Gonorrhea Fact Sheet for Health Care Providers

What's EPT?

EPT is the clinical practice of providing prescriptions or medications to the sex partners of patients diagnosed with chlamydia or gonorrhea without the health care provider first examining the partner. EPT is an effective treatment option and increases the likelihood that sex partners will get treatment, thus reducing re-infection rates and overall sexually transmitted disease (STD) rates in a community.

EPT has the support of professional organizations

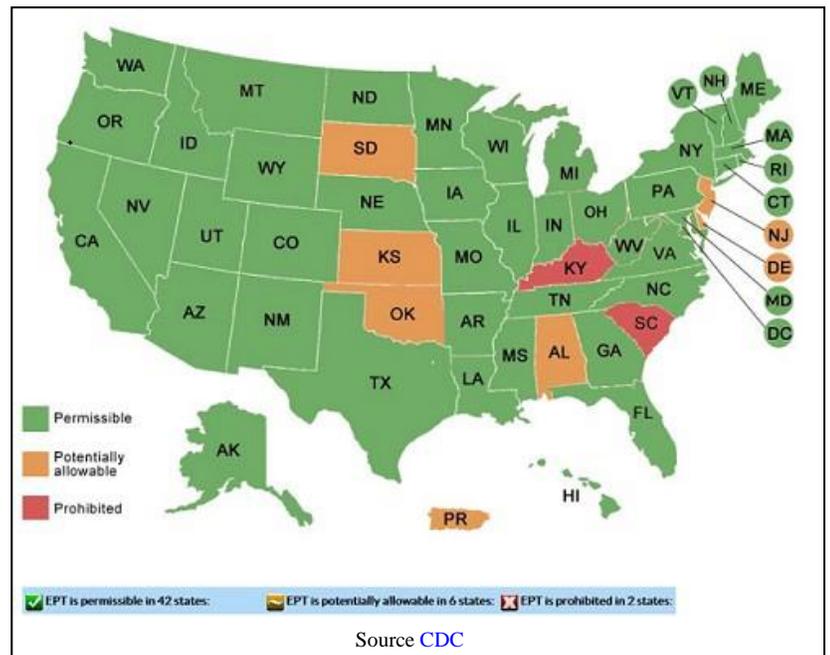
- American Medical Association
- American Bar Association
- Society for Adolescent Health and Medicine (Co-signed by the American Academy of Pediatrics)
- National Association of City and County Health Officials
- American Congress of Obstetricians and Gynecologists (ACOG) Committee Opinion (click [here](#) for opinion link)
- National Coalition of STD Directors testimony



EPT has been Legal in Illinois since January 1, 2010

EPT is ideal for partners who are unlikely or unable to present for comprehensive medical care. Health care providers should provide patient counseling as well as [written materials](#), available for download on the Illinois Department of Public Health.

EPT is legal in 42 states as of July 2018



Liability

EPT law protects prescribing clinicians from civil and professional liability, except for willful and wanton misconduct. Health care professionals (defined as physicians, physician assistants, advanced practice nurses) who make a clinical diagnosis of chlamydia (CT) or gonorrhea (GC) may prescribe, dispense, furnish, or otherwise provide antibiotics to the infected person's partner(s) without physical examination of the partner(s). See EPT Law for full details: [Control of Sexually Transmissible Infections Code, 77 Ill. Adm. Code 693.150 \(EPT\)](#)

Why use EPT? It works!

- It is considered the standard of care and is endorsed by Center for Disease Control and prevention (CDC) and other professional organizations (listed above).
- It is proven to reduce re-infection rates and possible health complications due to untreated STDs.
- It is an effective tool to combat the rising STD rates.
- It is a useful option to facilitate partner treatment.
- It is an effective option for partners who are unlikely to seek treatment, however clinical evaluation is still preferred.
- It allows the patient to deliver either a prescription or medications along with an informational fact sheet to their partner(s).

Who is Eligible?

Eligible partners include sex partners (of patients diagnosed with gonorrhea and/or chlamydia) exposed within the previous 60 days and unlikely or unable to seek medical care.

Due to gonorrhea resistance concerns every effort should be made to ensure that a patient's sex partners from the past 60 days are evaluated and treated with the recommended **regimen (ceftriaxone 500 mg IM)**. However, because that is not always possible, providers should still consider EPT for heterosexual partners of patients diagnosed with gonorrhea that are unlikely to access timely evaluation and treatment. **A comprehensive clinical evaluation rather than EPT is always the first choice for pregnant women and men who have sex with men (MSM).**

EPT facts for Patients

- Patients and partners should not engage in sexual activity for seven days following EPT.
- Allergic reactions, although quite rare, may occur.
- Encourage patients to have partners seen by a medical professional.
- Provide informational fact sheets to be given to the partner by the patient.
- **It is recommended that any patient diagnosed with chlamydia and/or gonorrhea infection be re-tested in three months to evaluate for possible re-infection.**

Recommended EPT Medications given to sex partners

Index Patient	Recommended EPT Medication
Chlamydia Infection	Doxycycline (Zithromax) tablets 100 mg BID x 7 days
Gonorrhea Infection	Cefixime (Suprax) 800 mg orally once