

Expedited Partner Therapy for Selected Sexually Transmitted Infections *Policy Resource and Education Paper (PREP)*

This policy resource and education paper (PREP) is an explication of the policy statement
“Expedited Partner Therapy for Selected Sexually Transmitted Infections”

Sexually transmitted infections (STIs) in America are at all-time highs and increasing. From 2014 to 2018, gonorrhea cases increased by 63% to over 583,000 cases and chlamydia increased by 19% to 1.8 million cases – the most ever reported to the Centers for Disease Control and Prevention (CDC).¹ The rate of emergency department (ED) patients with STIs has risen more quickly than the general increase of ED patients, and from 2009-2013, there was a 39% increase in ED visits that included an STI diagnosis.² Patients at highest risk for STIs are more likely to have poor access to healthcare and thus rely on the ED for their care.^{3,4,5} STIs are correlated with health disparities and ED patients treated for STI are more likely to be non-white, younger, and lower-income with fewer primary care options.^{2,6} Untreated STIs can increase susceptibility to human immunodeficiency virus (HIV) infection and have especially harmful effects for women by causing pelvic inflammatory disease, which contributes to infertility in 24,000 women in the U.S. each year.⁷ STIs are a preventable drain on the healthcare system economy, carrying an estimated total direct lifetime cost of \$678 million attributed to gonorrhea and chlamydia.⁸

Expedited partner therapy (EPT) is the practice of treating sex partners of persons with a laboratory confirmed STI without medical evaluation of the partners to treat and prevent ongoing transmission of STIs. EPT is recommended for select partners who are unlikely to access timely evaluation and treatment. EPT provides source patient counseling, written instructions for the partner on treatment and prevention, and uses antibiotics with a low risk of anaphylaxis. Medications for EPT are dispensed with instructions about adverse effects and partners receiving EPT are encouraged to seek additional medical evaluation as soon as possible to discuss screening for other STIs, including HIV infection. In randomized controlled trials, EPT has been shown to be more effective compared to unassisted referrals at decreasing rates of source patient reinfection or persistent infection compared to standard partner referrals. In a systematic review of trials of over 12,000 patients, there were no drug-related adverse effects or allergic reactions reported.^{9,10,11,12}

EPT is an acute care intervention that addresses current and worsening inadequacies in the public health response to STIs. Traditional methods of partner notification (informing partners of patients with STIs of their exposure) have yielded poor results, with partner notification rates as low as 12% and 17% for chlamydia and gonorrhea, respectively, in areas of the highest infection rates.¹³ With the COVID-19 pandemic, many state and local sexual health clinics have shut down and remain closed or have had STI testing resource capacity reallocated for testing and vaccinations. In recognizing the high rates of reinfection, STI spread, and worsening access to sexual healthcare resources, EPT is increasingly considered an appropriate standard of care when a partner will not seek timely care otherwise.

EPT is recommended by the CDC, American College of Obstetrics and Gynecology, American Academy of Family Physicians, American Osteopathic Association, Society of Adolescent Medicine, American Academy of Pediatrics, and the American Bar Association. EPT has gained legal acceptance in most states over the past few decades because of state-specific pharmacy or medical board decisions and the passage

of state laws or regulations allowing the practice. Many states have specific EPT liability protections, and some allow for nameless prescriptions to the EPT intended recipient. Recent state-wide efforts have been aimed at increasing the affordability of EPT medications-- in 2020, California Medicaid updated its policy to cover the cost of EPT medications for partners to prevent reinfection of the patient. EPT is currently permissible in 46 states and potentially allowable in four states (Alabama, Kansas, Oklahoma, and South Dakota).¹⁴

References

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