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Expedited Partner Therapy (EPT) to treat persons exposed to Chlamydia, Gonorrhea, and/or Trichomoniasis

NYSDOH Position Statement 2021

In 2019, the New York State Department of Health (NYSDOH) issued a position statement in support of the use of EPT for the treatment of partners of individuals with chlamydia. On January 1, 2020 Chapter 298 of the Laws of 2019 went into effect, expanding New York State Public Health Law (PHL) §2312 to permit expedited treatment for STIs for which the U.S. Centers for Disease Control and Prevention (CDC) recommends the use of expedited therapy for partner management.^{1,2} In consideration of the expansion of the law, and in support of a larger shift toward a comprehensive sexual health framework, the original position statement has been revised to: support expanding the use of EPT to include gonorrhea and trichomoniasis, remove exclusionary language, and include updated treatment guidelines.

Introduction

Sexually transmitted infections (STIs) are a leading cause of pelvic inflammatory disease (PID), ectopic pregnancy, and infertility. People with untreated STIs may also be at increased risk for acquiring or transmitting HIV.^{3,4} Many people experience multiple episodes of STI re-infection soon after treatment, often due to lack of adequate treatment in their sexual partner(s).

To prevent reinfection, minimize complications in individuals, and reduce transmission in the community, sexual partners of patients with STIs must be provided timely and appropriate treatment. With the exception of COVID-19, chlamydia is the most commonly reported communicable disease in the state, with over 110,000 diagnoses each year, and gonorrhea with over 40,000 diagnoses each year ranks third. With so many STIs, innovative approaches to make treatment easily accessible is an essential public health priority.

Expedited Partner Therapy (EPT)

EPT is the clinical practice of providing individuals with medication or a prescription to deliver to their sexual partner(s) as presumptive treatment for an STI, without completing a clinical assessment of those partners.



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The CDC currently includes EPT as an option for management of sex partner(s) for chlamydia (*Chlamydia trachomatis*), gonorrhea (*N. Gonorrhoeae*), and/or trichomoniasis (*Trichomonas vaginalis*) STIs. ⁵

US clinical trials involving heterosexually active males and females with chlamydia or gonorrhea all show that more sexual partners were treated when the patients were offered EPT. ^{6,7,8}

Though trials and meta-analyses conducted on EPT differ in findings with respect to the magnitude of the reduction in re-infection, all show a reduction in prevalence in chlamydia and gonorrhea at follow up. ⁹ Though data on EPT for trichomoniasis is limited, EPT may have a role in partner management, and it should remain an option when treatment of partners cannot otherwise be assured. ^{6,10}

Consistent with the New York State Public Health Law (PHL) §2312, and in alignment with several national professional organizations that recommend EPT as an effective and practical strategy for treating the sex partners of people with chlamydia and/or gonorrhea, ^{11,12,13,14} **the**

NYSDOH strongly encourages providers to utilize EPT as a strategy to treat the sex partner(s) of persons diagnosed with chlamydia, gonorrhea, and/or trichomoniasis.

Provision of EPT for any of these STIs is best made through shared clinical decision-making between the patient and their provider. Provision is permissible to all persons in NYS with some exceptions. ¹⁵

Additionally:

- EPT is authorized under New York Codes, Rules, and Regulations (NYCRR) section 23.5, of Title 10, and Section 2312 of NYS Public Health Law. ^{16,17} **Health care providers or pharmacists who administer EPT in accordance with this law are not subject to civil or criminal liability and will not be deemed to have engaged in professional misconduct as a result of this strategy.**
- EPT should not be provided for any partner(s) when the index patient is co- infected with syphilis. Treatment for chlamydia, gonorrhea, and/or trichomoniasis is not adequate to treat these other infections.



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- EPT may not be clinically appropriate for every patient. For example, some EPT medications are not recommended for pregnant persons.²
- EPT medication may be provided directly to the index patient to deliver to their sex partner(s). This approach is preferred to a written prescription because prescriptions may introduce barriers to accessing EPT such as transportation, cost, and/or confidentiality. Providing medication directly to the index patient may also be more convenient for providers.
- EPT prescriptions are exempt from the NYS electronic prescription (“e-prescribe”) mandate: https://www.health.ny.gov/professionals/narcotic/electronic_prescribing/. Paper prescriptions may be used for EPT. Providers may order prescription pads at: <https://www.health.ny.gov/forms/doh-250>.
- As stated in NYCRR §23.5,8 health education materials must be distributed when providing EPT (medication or prescription). EPT health education materials may be ordered from NYSDOH at: https://www.health.ny.gov/forms/order_forms/ept.htm or distributed electronically.
- The population-level benefits of improved STI partner management outweigh the risks of adverse events and should not preclude use of EPT. See this report for additional information regarding potential adverse effects:
<https://www.cdc.gov/std/treatment/eptfinalreport2006.pdf>

However, EPT should be accompanied by information that warns of potential allergic reactions, to defer treatment and seek medical attention. The information should advise partners of the potential side effects of therapy and sources of care in the event of an adverse event. (pending link to partner brochure)

- Additional EPT guidelines, resources, and information are available at: <https://www.health.ny.gov/diseases/communicable/std/ept/index.htm>
- The New York City Department of Health and Mental Hygiene produces additional EPT-related health education materials available at: <https://www1.nyc.gov/site/doh/providers/health-topics/expedited-partner-therapy.page>.



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¹ <https://www.cdc.gov/std/treatment-guidelines/clinical-EPT>.

² New York State Department of Health, Chapter 298 of the Laws of 2019 Updated Interim Guidance for Public Health Law §2312 to expand expedited partner therapy (EPT) for other sexually transmitted infections (STIs): https://www.health.ny.gov/diseases/communicable/std/docs/ept_guidance.pdf

³ Pathela P, Braunstein SL, Blank S, Schillinger JA. HIV incidence among men with and those without sexually transmitted rectal infections: estimates from matching against an HIV case registry. *Clin Infect Dis*. 2013 Oct;57(8):1203-9. doi: 10.1093/cid/cit437. Epub 2013 Jun 25. PMID: 23800942.

⁴ Cohen MS, Hoffman IF, Royce RA, Kazembe P, Dyer JR, Daly CC, Zimba D, Vernazza PL, Maida M, Fiscus SA, Eron JJ Jr. Reduction of concentration of HIV-1 in semen after treatment of urethritis: implications for prevention of sexual transmission of HIV-1. AIDS CAP Malawi Research Group. *Lancet*. 1997 Jun 28;349(9069):1868-73. doi: 10.1016/s0140-6736(97)02190-9. PMID: 9217758.

⁵ Workowski KA, Bachmann LH, Chan PA, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. *MMWR Recomm Rep* 2021;70(No. RR-4):1–187. DOI: <http://dx.doi.org/10.15585/mmwr.rr7004a1external> icon.

⁶ Kissinger P, Mohammed H, Richardson-Alston G, et al. Patient delivered partner treatment for male urethritis: a randomized, controlled trial. *Clin Infect Dis* 2005;41:623–9. PMID:16080084 <https://doi.org/10.1086/432476>

⁷ Schillinger JA, Kissinger P, Calvet H, et al. Patient-delivered partner treatment with azithromycin to prevent repeated Chlamydia trachomatis infection among women: a randomized, controlled trial. *Sex Transm Dis* 2003 ; 3 0 : 4 9 – 5 6 . PMID:12514443 <https://doi.org/10.1097/00007435-200301000-00011>

⁸ Golden MR, Whittington WL, Handsfield HH, et al. Effect of expedited treatment of sex partners on recurrent or persistent gonorrhea or chlamydial infection. *N Engl J Med*. 2005;352(7):676-685. doi:10.1056/nejmoa041681.

⁹ Golden MR, Whittington WL, Handsfield HH, et al. Effect of expedited treatment of sex partners on recurrent or persistent gonorrhea or chlamydial infection. *N Engl J Med*. 2005;352(7):676-685. doi:10.1056/nejmoa041681.

¹⁰ Centers for Disease Control and Prevention. Expedited Partner Therapy in the Management of Sexually Diseases: Review and Guidance. Atlanta, GA: US Department of Health and Human Services, 2006. <https://www.cdc.gov/std/treatment/eptfinalreport2006.pdf>

¹¹ American Bar Association. Recommendation No. 116A. Adopted by the House of Delegates August 11-12, 2008. Chicago (IL): ABA; 2008. Available at: http://www.americanbar.org/content/dam/aba/directories/policy/2008_am_116a.authcheckdam.pdf. Retrieved October 30, 2018.

¹² ACOG Committee Opinion No. 737. *Obstet Gynecol*. 2018;131(6). doi:10.1097/aog.0000000000002621.

¹³ American Medical Association. Expedited partner therapy. In: Code of medical ethics of the American Medical Association: current opinions with annotations. 2014-2015 ed. Chicago (IL): AMA; 2015. p. 274–5.

¹⁴ Burstein GR, Eliscu A, Ford K, et al. Expedited Partner Therapy for adolescents diagnosed with chlamydia or gonorrhea: A position paper of the Society for Adolescent Medicine. *J Adolesc Health*. 2009;45(3):303-309. doi:10.1016/j.jadohealth.2009.05.010.

¹⁵ EPT Frequently Asked Questions for Health Care Providers and Pharmacists. <https://www.health.ny.gov/diseases/communicable/std/ept/index.htm>

¹⁶ New York State Public Health Law Section 2312—Expedited partner therapy for chlamydia trachomatis infection. Available at: <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>.

¹⁷ New York State Public Health Law Section 2312—Expedited partner therapy for chlamydia trachomatis infection. Available at: <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>.