

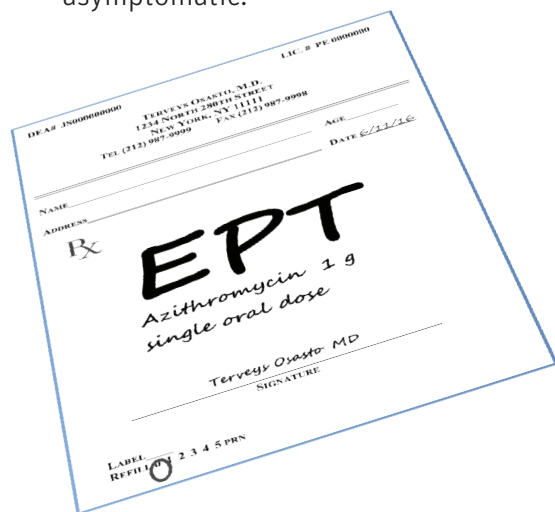
# Expedited Partner Therapy for Chlamydia

## Patient-delivered partner treatment to prevent reinfection

**Chlamydia trachomatis (chlamydia)** is the most frequently reported infectious disease in the United States and in New York City (NYC).<sup>1,2</sup> The number of reported cases of chlamydial infection in NYC is increasing: in 2016, there were 66,632 cases, a 62% increase from 2006.<sup>3,4</sup>

Chlamydia is a leading cause of infertility, pelvic inflammatory disease (PID), chronic pelvic pain, and ectopic pregnancy. Repeated chlamydial infections are common, and each reinfection increases the risk of these serious sequelae. Having an untreated sex partner is an important risk factor for reinfection, so treating the partners of individuals diagnosed with chlamydia is critical to preventing these outcomes.

Partners of the original, or index, patient should be evaluated, treated, and counseled about sexually transmitted infections (STIs) by a health care provider soon after the index patient is diagnosed and treated for chlamydia. However, many partners may not access these services, especially because most infections are asymptomatic.



Expedited partner therapy (EPT) is an innovative, evidence-based tool that health care providers can use along with other partner management strategies. With EPT, an index patient diagnosed with chlamydia receives prescriptions or medications to take to his or her partners. The partners do not need to be examined by a health care provider to receive treatment.

EPT decreases rates of chlamydial reinfection among index patients and increases the proportion of partners receiving treatment for chlamydia.<sup>5</sup> EPT also helps interrupt the ongoing transmission of chlamydia.<sup>5</sup>

EPT has been available in some other states since 2001; in California, where an EPT hotline was maintained, there were no adverse events and/or life-threatening allergic reactions reported (Heidi Bauer, MD, written communication, 2011).

## What Is the EPT Law?

The New York State (NYS) EPT law permits health care providers (ie, physicians, midwives, nurse practitioners, and physician assistants) to provide treatment to partners of chlamydia-infected index

patients without a clinical assessment of the partners (see **Resources** for full text).<sup>6</sup> Chlamydial infection in the index patient may be either laboratory confirmed or clinically diagnosed. Partner treatment may be provided in the form of either medication or prescription.

EPT has been legal for chlamydia in New York State since 2009; regulations accompanying the law were adopted in 2010.<sup>6</sup> Health care providers and pharmacists who provide EPT according to New York State Public Health Law and New York State Department of Health regulations will not be subject to liability or be deemed to have engaged in unprofessional conduct.<sup>6</sup> The EPT law overrides the general requirement that prescriptions include a patient's name, address, and age.

## Who Is Eligible for EPT?

EPT may be given to patients of any age with a chlamydia diagnosis and should be provided for partners with whom the index patient had sex in the 60 days prior to his or her treatment for chlamydia (or for the most recent partner if the index patient had none in the previous 60 days).<sup>7</sup>

## Caveats:

- EPT *may not* be given if the index patient is coinfecting with gonorrhea or syphilis<sup>6</sup> because the medication used does not adequately treat gonorrhea or syphilis. Coinfected partners could be mistakenly reassured by treatment and not seek care for these other infections.
- EPT *may not* be given if the index patient is coinfecting with HIV and *is not* recommended for men who have sex with men (MSM) due to the lack of data on the effectiveness of this strategy in that population and the increased prevalence of other STIs and HIV among MSM.<sup>7,8</sup>
- EPT *should not* be given if it would put the index patient's or partner's safety at increased risk, for example, where intimate partner violence or sexual abuse is suspected.<sup>7</sup>

used single-dose therapy and treating chlamydia with doxycycline requires a 7-day regimen. The names of partners should not be written in the index patient's medical record to prevent inadvertent release of partners' health information.

*Prescribing:* For detailed information on how to prescribe EPT and how EPT prescriptions may be filled, see **Box**, page 4.

*Dispensing:* Some medical offices may choose to dispense medication for partners at no cost instead of writing a prescription; this can help to ensure confidentiality and remove cost barriers, especially for adolescents.

If an index patient suggests that a partner is allergic to azithromycin, erythromycin, clarithromycin, or any macrolide or ketolide, providers should not dispense azithromycin or write a prescription for it. That partner should instead seek clinical evaluation.

## How to Provide EPT

The recommended EPT treatment is azithromycin, 1 gram in a single oral dose. Doxycycline is not recommended for EPT due to lack of data. Efficacy studies of EPT have all

For more information on EPT or a related medical consult, contact the NYC Health Department at [EPT@health.nyc.gov](mailto:EPT@health.nyc.gov).

## EPT PRESCRIBING AND FILLING

The New York State Commissioner of Health has **waived** the electronic prescribing mandate in situations requiring the use of EPT. **Providers can continue to use paper prescriptions for the treatment of sex partner(s) of patients infected with chlamydia.**

**For the latest information on the continued permissible use of EPT, please visit [nyc.gov/health/ept](http://nyc.gov/health/ept).**

### **EPT prescriptions must include:**

- Name and address of the prescribing provider and date issued.
- **The initials EPT in the body of the prescription form**, above the name and dosage of the medication.
- Directions for the use of the drug by the patient (ie, azithromycin, 1 gram taken in a single oral dose).
- The name, address, and date of birth of the partner if available. **If the partner's name, address, and date of birth are not available, the designated areas may be left blank if using paper prescriptions.**

### **A separate prescription must be provided for each partner:**

- **Providers should not prescribe treatment for a partner by adding extra doses of medication to an index patient's prescription.**

**Liability:** Health care providers or pharmacists who prescribe or dispense drugs in accordance with the EPT law and regulations will not be held legally or professionally liable.<sup>6</sup>

**Payment for the medication:** Medication may be paid for by the person who picks up the prescription or by the partner's health insurance. Pharmacists should not bill the partner's prescription under the index patient's name. Some medical offices may choose to dispense medications for partners at no cost instead of writing a prescription to remove cost barriers and to ensure confidentiality, especially for adolescents.

**If the partner is allergic to azithromycin:** EPT should not be used to treat a partner who is known to be allergic to azithromycin, erythromycin, clarithromycin, or any macrolide or ketolide. The partner should be instructed to see a physician for evaluation and appropriate treatment.

**Potential drug interactions with azithromycin:** If the index patient suggests a partner is at risk for a possible drug interaction with azithromycin, EPT should not be dispensed. The partner should be referred to a physician or emergency room for appropriate treatment.

**Record-keeping for EPT prescriptions:** EPT prescriptions should be filed like prescriptions for any noncontrolled substances.

**Whether dispensing medication or writing prescriptions, providers are required by NYS EPT regulations to give the index patient health education materials (Resources) to be delivered to the partner(s) that<sup>6</sup>:**

- Encourage the partner(s) to seek evaluation for STIs from a health care provider as a preferred alternative to EPT, whether or not they take the medication.
- Explain the risk of potential adverse drug reactions, including allergic reactions and interactions with other medications.
- Tell the partner that he or she may be infected with other STIs that the prescribed medicine may not treat.
- Encourage partners, especially the following, to seek medical care as soon as possible:
  - Pregnant partners
  - Partners who have symptoms of a more serious infection (eg, abdominal, pelvic, or testicular pain, fever, nausea, or vomiting)
  - Partners at high risk for HIV infection.
- Instruct the index patient and the partner to abstain from all sexual activity for at least 7 days after

both the index patient and the partner are treated to decrease the risk of chlamydial reinfection.

- Inform the index patient and the partner how to prevent chlamydial reinfection.

The NYC Health Department can provide you with patient and partner materials in English and Spanish. Go to [nyc.gov/health/ept](http://nyc.gov/health/ept).

**After EPT:** Three months after treatment, retest the index patient for chlamydia to rule out reinfection.<sup>1</sup>



## Reporting

Health care providers diagnosing chlamydia and laboratories detecting chlamydia in submitted specimens from New York City residents are legally obligated to report cases to the New York City Department of Health and Mental Hygiene.<sup>9</sup>

Report all chlamydia cases through Reporting Central or by using the

Universal Reporting Form, both available online at [www1.nyc.gov/site/doh/providers/reporting-and-services/reporting-central.page](http://www1.nyc.gov/site/doh/providers/reporting-and-services/reporting-central.page), or by calling **1-866-NYC-DOH1 (1-866-692-3641)**.

When reporting, specify whether EPT was used to treat the partners of the reported case, and if so, the number of partners for whom medication was dispensed or prescriptions written. Partner names should not be provided.

## Resources

For more information on EPT or a related medical consult, contact the NYC Health Department at [EPT@health.nyc.gov](mailto:EPT@health.nyc.gov).

New York City Department of Health and Mental Hygiene

- EPT Program: [nyc.gov/health/ept](http://nyc.gov/health/ept)
  - Materials for Patients, Partners, Pharmacists, and Health Care Providers
  - New York State EPT Law and Regulations
- Chlamydia Web page: [www1.nyc.gov/site/doh/health/health-topics/chlamydia.page](http://www1.nyc.gov/site/doh/health/health-topics/chlamydia.page)
- Adverse Events Reporting: Providers: To report an adverse event related to EPT, call the provider access line: **1-866-NYC-DOH1 (1-866-692-3641)**
- New York City Sexual Health Clinics: [www1.nyc.gov/site/doh/services/sexual-health-clinics.page](http://www1.nyc.gov/site/doh/services/sexual-health-clinics.page)
- New York State Department of Health STD Web page: <http://www.health.ny.gov/diseases/communicable/std>
- Centers for Disease Control and Prevention. 2015 Sexually Transmitted Diseases Treatment Guidelines: <https://www.cdc.gov/std/tg2015>

## References

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9. New York City Health Code §11.03 and 13.03.



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