Background

The treatment of sex partners of individuals with sexually transmitted infections (STIs) is a key intervention strategy to effectively reduce transmission of these infections. Traditionally this preventative measure has been accomplished through partner notification by the infected individual as required by 10A NCAC 41A.0204. Partner notification and referral have had a variable impact on the control of STIs.

Until 2010, the North Carolina Division of Public Health, in accordance with the North Carolina Board of Medicine practice guidelines, required clinical evaluation and treatment of partners exposed to a STI. In November 2009 the NC Board of Medicine endorsed exceptions to the guidelines in accordance with the CDC recommendations for management of partners of individuals with certain STIs. The NC Medical Board Position Statement 4.1.1 states:

"Prescribing for an individual whom the licensee has not met or personally examined may also be suitable when that individual is the partner of a patient whom the licensee is treating for certain publicly reported infectious diseases, including sexually transmitted infections, most commonly gonorrhea and chlamydia. Partner management of patients with these conditions should be consistent with the applicable standard of care and include the following items:

- *Signed prescriptions of medication of the appropriate quantity and strength sufficient to provide curative treatment for each partner named by the infected patient. Notation on the prescription should include the statement: 'Expedited partner therapy.'*
- *Signed prescriptions to named partners should be accompanied by written material that states that clinical evaluation is desirable; that prescriptions for medication or related compounds to which the partner is allergic should not be accepted; and that lists common medication side effects and the appropriate response to them.*
- *Prescriptions and accompanying written material should be given to the licensee's patient for distribution to named partners.*
- *The licensee should keep appropriate documentation of partner management. Documentation should include the names of partners and a copy of the prescriptions issued or an equivalent statement."*

According to the CDC's Sexually Transmitted Infections Treatment Guidelines, expedited partner therapy (EPT) "is a harm-reduction strategy and the clinical practice of treating the sex partners of persons with diagnosed chlamydia or gonorrhea, who are unable or unlikely to seek timely treatment, by providing medications or prescriptions to the patient as allowable by law." EPT should be an oral regimen, making it ideal for treatment of chlamydia exposure, but limited in its use for the treatment of gonorrhea. Though data indicate EPT may have a role in partner management of trichomoniasis, no partner management intervention has been shown to be more effective than any other at reducing trichomoniasis reinfection rates. There is limited data regarding the use of EPT for gonorrhea or chlamydia infections among men who have sex with men (MSM), so shared clinical decision making regarding EPT is recommended.

EPT represents an additional strategy for partner management that is meant to supplement , not replace other public health diseases prevention measures. A culturally competent sexual history, thorough medical examination, and testing for presumed STIs remains the preferred approach to assuring exposed partners receive appropriate treatment.

NC DPH Communicable Disease Branch Guidance

Best Practice Use of EPT

Best practice use of EPT by North Carolina local health department (LHD) providers is limited to treatment of a) female sex partners of any male or female diagnosed with chlamydia and b) heterosexual male partners of females diagnosed with chlamydia. Indications for EPT use include:

- the index case has a diagnosis of chlamydia within the prior 60 days
- the index case has been examined, tested, and treated in the LHD that is providing the EPT
- the partner is not MSM
- the partner is unlikely to seek examination and treatment per index case report
- the partner has no known allergy or contraindication to the first line treatment per index case report

Potential Use of EPT

Use of EPT may be considered for the treatment of female partners and heterosexual male sex partners of patients diagnosed with gonorrhea or trichomoniasis Current first line gonorrhea treatment recommendations involve an intramuscular injection of ceftriaxone, which is not eligible for EPT. Therefore, LHD physicians or advanced practice providers (APPs) should determine whether use of an oral regimen of cefixime as EPT for gonorrhea treatment is appropriate for partners who are unlikely to otherwise access timely evaluation and treatment. LHD providers also must assess on a case-by-case basis whether to implement EPT for the partners of patients diagnosed with trichomoniasis. Use of EPT for gonorrhea and trichomoniasis is the decision of the LHD provider and the agency assumes responsibility for any necessary policies and procedures to support this use of EPT.

Shared Clinical Decision Making for EPT

Because of the limited data regarding use of EPT among MSM diagnosed with chlamydia or gonorrhea infections and their partners, physicians and APPs should use shared clinical decision making when assessing these situations. Use of EPT for these partners is the decision of the LHD provider and the agency assumes responsibility for any necessary policies and procedures to support this use of EPT.

Contraindication to Use of EPT

EPT should not be used for partner treatment when:

- the patient is diagnosed with NGU, syphilis, MPC, PID, herpes, or other STIs not addressed in this guidance
- per the index patient's report, the partner has clinical symptoms of an STI, since this necessitates an examination by a medical provider

- per the index patient's report, the partner has known allergies or other contraindications to the EPT treatment regimen

LHD Requirements When Implementing EPT

Local health departments must establish appropriate policies and procedures for EPT use. These policies and procedures should indicate:

- use of CDC-recommended treatment based on current CDC STI Treatment Guidelines
- the eligibility requirements for use of EPT
- requirements for individual APP or physician order for implementation of EPT (i.e., no use of standing orders by STDERRN or RN to implement EPT).
- requirements for documentation of EPT in the index patient's medical record
- documentation of the partner assessment for use of EPT:
    - Does the partner have signs/symptoms of infection
    - Is the partner an MSM
    - Is the partner likely to seek examination and treatment
    - Does the partner have allergies or contraindication to treatment
- requirements for pharmacy documentation when EPT is dispensed from the LHD pharmacy
- requirements for documentation of prescriptions for EPT
- required counseling and educational materials that must be given to the index patient to deliver to the partner(s) receiving EPT (medication information, treatment instructions, advice on when to seek medical care, and general STI education)
- required counseling and follow-up for the index patient regarding the use of EPT for partners and the importance of partner notification and treatment in reducing rates of reinfection

Prescription and Pharmacy Documentation

If a LHD provider writes a prescription for the EPT medication:

- the prescription may be written in the partner's name with inclusion of an identifier that links back to the index patient (i.e. Partner Name, EPT MRN 12345).
- if the partner(s) name is unknown the provider may write the prescription in the name of the index patient with inclusion of an identifier that this is EPT for a partner (i.e. Index Patient Name, EPT1)

When dispensing medication from the LHD pharmacy:

- documentation may include the partner's name with inclusion of the identifier linking back to the index patient (e.g. index patient's name, or index patient's MRN)
- if the partner's name is not known, the pharmacy may document using the index patient name and an identifier of EPT for a partner (i.e. Index Patient Name EPT Partner ABC). When the partner name is not known, the pharmacy may label the EPT medication in a way that links back to the index patient, without using personally identifiable information. For example, the medication bottle could be labeled using the format of : EPT *Index Patient MRN – ABC,* where the last number links to the partner listed on the pharmacy documentation. If the index patient

has two unnamed partners, the EPT medication bottles could be labeled as “EPT 12345-ABC” and “EPT 12345-BCD”.

- if a local health department RN with pharmacy training is dispensing the ordered medication, they should follow their agency policy for pharmacy documentation.
- if the agency policy requires a name for each partner, then the EPT policy should indicate that EPT will only be provided to partners for whom the index patient can provide names.

References:

- Sexually Transmitted Infections Treatment Guidelines, 2021 Expedited Partner Therapy Expedited Partner Therapy (cdc.gov)
- 2021 CDC STI Treatment Guidelines Table of Contents - STI Treatment Guidelines (cdc.gov)
- North Carolina Medical Board Position Statement 4.1.1: Contact With Patients Before Prescribing (ncmedboard.org)
- North Carolina Board of Pharmacy, Pharmacist Frequently Asked Questions http://www.ncbop.org/faqs/pharmacist/ExpeditedPartnerTherapyFAQsRevJan2023.pdf
- Taking a Sexual History (A Guide to Taking a Sexual History (cdc.gov))