
Expedited Partner Therapy (EPT) for Private Practitioners in Virginia - Frequently Asked Questions -

Question: What is EPT?

Answer: Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with sexually transmitted infections (STIs) without an intervening medical evaluation. It is sometimes referred to as patient-delivered partner therapy (PDPT). It is an evidence-based strategy in which antibiotic therapy (or a prescription for antibiotic therapy) is given to patients for them to deliver to any of their partners who are unlikely or unable to obtain a timely medical assessment. The ultimate goal of EPT is to reduce the likelihood of reinfection for the index patient, prevent sequelae, and halt the further spread of infection.

Question: Do I have to use EPT?

Answer: No. EPT is an optional tool to help with managing partner treatment. Medical practitioners should use their best clinical judgment to determine which patients and partners are good candidates for this treatment option.

Question: Can private medical practitioners use EPT in Virginia?

Answer: Yes. As of July 1, 2020, the Code of Virginia [[Section §54.1-3303.B](#)] was revised to authorize all practitioners in Virginia, regardless of employment with the Department of Health, to practice EPT.

Question: Is it better to dispense or prescribe EPT?

Answer: The Centers for Disease Control and Prevention (CDC) recommends dispensing medications directly to the index patient for their partner(s) when possible. However, clinicians should consider costs and patient/partner circumstances.

Question: If EPT is dispensed or prescribed, who is responsible for obtaining the medical and drug history for the partner(s)?

Answer: As of July 1, 2020, the requirement to obtain medical and drug history for the partner as part of establishing a bona fide practitioner-patient relationship is waived when a practitioner is providing EPT consistent with current CDC recommendations (Code of Virginia, [Section §54.1-3303.B](#)).

Question: Can EPT be offered to patients/partners younger than 18 years?

Answer: Yes, the CDC recommendations do not place any restrictions on the practice of EPT by age.

Question: Can EPT be offered to men?

Answer: Yes, EPT may be used regardless of the index patient's gender, or that of their partner(s). CDC has concluded that EPT may be a particularly useful option for treatment of male partners of women with chlamydial infection or gonorrhea.

Question: Can EPT be offered to men who have sex with men (MSM)?

Answer: Yes, but EPT should not be *routinely* offered to MSM because of a high risk for coexisting infections (especially undiagnosed HIV infection) in their partners.

Question: What are the recommended treatment regimens for EPT?

Answer: For **chlamydial infections** (without concurrent gonococcal infection), the partner may be treated with **Doxycycline** (e.g. Vibramycin) 100mg 2 times/day for 7 days, or with **Azithromycin** (e.g. Zithromax) 1 g orally in a single dose for partner who may be pregnant or when adherence to a multi-day dosing regimen is a considerable concern.

For **gonococcal infections**, the partner may be treated with **Cefixime** (e.g. Suprax) 800 mg orally in a single dose, provided that concurrent chlamydial infection in the patient has been excluded. Otherwise, the partner should also be treated with **Doxycycline** (e.g. Vibramycin) 100mg 2 times/day for 7 days (or with **Azithromycin** 1 g orally in a single dose for partner who may be pregnant or when adherence to a multi-day dosing regimen is a considerable concern). For additional information, see the [CDC's treatment guidelines](#).

Question: Can EPT be used for gonorrhea? What about antibiotic resistance?

Answer: If a partner cannot be linked to evaluation and treatment in a timely fashion, EPT with either ceftriaxone (500 mg via single intramuscular dose) **or** cefixime (800mg orally in a single dose) should be considered. Dual treatment with either doxycycline (100 mg taken orally 2 times/day for 7 days) or azithromycin (1 g orally in a single dose) should be provided if chlamydial infection is also present or suspected. According to the CDC, not treating partners is significantly more harmful than is the use of EPT for gonorrhea.

Question: Can EPT be used for the management of Trichomoniasis?

Answer: Yes. According to the CDC, existing data indicate that EPT also might have a role in partner management for trichomoniasis; however, no partner management intervention has been reported to be more effective than any other in reducing trichomoniasis reinfection rates. The evidence supporting EPT use for chlamydia and gonorrhea is stronger.

Question: Are EPT medications safe for people with penicillin allergies?

Answer: Serious adverse reactions, including anaphylaxis, with the recommended EPT treatment regimens are very rare. Furthermore, there is no evidence that cephalosporin use in penicillin-allergic patients results in an increased risk of anaphylaxis when using second- and third-generation cephalosporins (such as ceftixime). (More information: <http://pediatrics.aappublications.org/content/115/4/1048.long>)

Question: What is my legal liability if I dispense or prescribe EPT?

Answer: The legal liability for dispensing or prescribing EPT is no different than for dispensing or prescribing any other treatment. However, if EPT is provided consistent with CDC treatment recommendations, the practitioner's individual liability would be minimized in the event of an adverse drug reaction. According to a position statement from the Society for Adolescent Medicine, "In EPT programs in which adverse events have been monitored since 2001, no drug-related adverse effects or lawsuits arising from the type of care have been documented" (source: <https://www.ncbi.nlm.nih.gov/pubmed/19699429>)