



Technical Bulletin

Division of Public and Behavioral Health



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Topic: Expedited Partner Therapy
Contact: Elizabeth Kessler, STD & Adult Viral Hepatitis Program Manager
Jennifer Somdahl, Syphilis Coordinator
Office of Public Health Investigations and Epidemiology
To: Health Care Providers Treating Chlamydia or Gonorrhea

Current Situation

Nationally since 2014, the number of reported chlamydia and gonorrhea cases has continued to rise. In 2018, Nevada ranked 14th in the United States for its chlamydia rate with a rate of 584.0 per 100,000 population, higher than the national average of 539.9 per 100,000 population¹. Gonorrhea rates in 2018 ranked 12th in the nation with 216.0 cases per 100,000, higher than the national average of 179.1 cases per 100,000 population.¹ From 2017 to 2018 chlamydia rates increased by 7.7% and gonorrhea rates increased by 15.5% in Nevada.²

Background

According to the 2015 Centers for Disease and Control (CDC) Sexually Transmitted Diseases Treatment Guidelines, Expedited Partner Therapy (EPT) or patient delivered partner therapy (PDPT), is the clinical practice of treating the sex partners of persons who receive a chlamydia or gonorrhea diagnosis through prescribed medications to the patient.³ Under Nevada Administrative Code ([NAC 441A.200\(2\)\(f\)](#)), EPT is permissible in Nevada.³ These laws include the use of the most current CDC Sexually Transmitted Treatment Guidelines, which include the use of EPT for patients with chlamydia and gonorrhea.

Recommendations

Nevada Division of Public and Behavioral Health (DPBH) considers the EPT standard of care based on the recommendations from the 2015 CDC STD Treatment guidelines.⁴ Clinicians who treat patients for chlamydia or gonorrhea are strongly advised to review and comply with current CDC recommendations and be aware of the alarming increase in STD trends in Nevada.

- Symptomatic partners receiving EPT should be encouraged to seek medical attention through educational counseling of index cases with written materials.
- Health care providers and staff should work with their agency's pharmacy and therapeutics to ensure EPT medications are available.
- Providers who know of, or provide services to, a case or suspected case of gonorrhea or chlamydia are required by law (NAC 441A.230) to report the case or suspected case to their local health authority. Reporting forms can be found at:

http://dpbh.nv.gov/Programs/OPHIE/Public_Health_Informatics_and_Epidemiology_-_Home/

Summary Guidance for the Use of EPT⁴

Eligible Patients: Persons with a clinical diagnosis of Chlamydia trachomatis (chlamydia) or Neisseria gonorrhoea (gonorrhea), preferably confirmed with a laboratory test, particularly when other management strategies are unavailable and impractical, or unlikely to be successful.

Eligible Partners: Patients with sex partners treated for chlamydia and/or gonorrhea who were exposed within the previous 60 days (or most recent sex partner if none in the previous 60 days), and who are unable or unlikely to seek medical care.

- ***EPT is not recommended in the following situations:*** gonorrhea and chlamydial infection in men who have sex with men, women with trichomoniasis, patients with infectious syphilis, and pregnant women.

First-choice Partner Management Strategy: Attempt to refer partners for complete clinical evaluation, STD/HIV testing, counseling, and treatment.

Recommended Drug Regimens for Sex Partners Receiving EPT: *

- **Patients diagnosed with chlamydia, but not gonorrhea: ****
 - Azithromycin 1 gram orally in a single dose OR
 - Doxycycline 100 mg orally BID for 7 days
- **Patients diagnosed with gonorrhea but not chlamydia: ****
 - Ceftriaxone 250 mg IM in a single dose PLUS
 - Azithromycin 1 gram orally in a single dose
- **Patients diagnosed with both gonorrhea and chlamydia: ****
 - Ceftriaxone 250 mg IM in a single dose PLUS
 - Azithromycin 1 gram orally in a single dose

Informational Materials: Health care professionals must provide patients participating in EPT with counseling and written materials to include:

- A warning about administering EPT to pregnant partners;
- Information about the antibiotic and dosage prescribed or provided;
- Information about the treatment and prevention of STDs;
- The requirement of abstinence until a period of time after treatment;
- Notification of the importance of sex partners to receive testing for HIV and other STDs;
- Notification of the risk to self, others, and the public health if the STD is not completely treated;
- The responsibility of the sex partner to inform his/her sex partner(s) of the STD risk and importance of examination and treatment; and
- Other information deemed necessary by the Local Health Department.

Patient Re-testing: Patients treated for chlamydia and/or gonorrhea should be re-tested *three (3) months* after the treatment to identify possible re-infection.

Liability: Health care providers or pharmacists who dispense EPT in accordance with [NAC 441A.200\(2\)\(f\)](#) shall **not** be subject to liability or be deemed to have engaged in unprofessional conduct.

** Use of trade names is for identification only and does not imply endorsement.*

*** ceftriaxone 250 mg IM in a single dose or IF NOT AN OPTION cefixime 400 mg orally in a single dose OR single-dose injectable cephalosporin regimens PLUS azithromycin 1 gram orally in a single dose OR doxycycline 100 mg orally twice a day for 7 days.*

References:

1. CDC STD Surveillance Report. Available online at: <https://www.cdc.gov/std/default.htm>
2. DPBH 2018 Fast Facts. Available online at: [http://dphh.nv.gov/Programs/STD/dta/Publications/Sexually Transmitted Disease \(STD\) Prevention and Control Program- Publications/](http://dphh.nv.gov/Programs/STD/dta/Publications/Sexually_Transmitted_Disease_(STD)_Prevention_and_Control_Program-Publications/)
3. Nevada Administrative Code 441A. Available online at <https://www.leg.state.nv.us/NAC/NAC-441A.html>
4. STD Treatment Guidelines, 2015. Available online at <http://www.cdc.gov/std/treatment/>.
5. Expedited Partner Therapy in the Management of Sexually Transmitted Diseases. 2006. Available online: www.cdc.gov/std/EPT

For More Information:

Elizabeth Kessler, Nevada DPBH STD & Adult Viral Hepatitis Program Manager, ekessler@health.nv.gov

Jennifer Somdahl, Nevada DPBH Syphilis Coordinator/Community Health Nurse II, jsomdahl@health.nv.gov

Ihsan Azzam, Ph.D., MD
Chief Medical Officer

Lisa Sherych,
Administrator