

Indian Health Service

Expedited Partner Therapy

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Expedited Partner Therapy (EPT)

- Clinical practice of treating sex partners of patients diagnosed with chlamydia or gonorrhea
- Provide medications or prescriptions without the health care provider first examining the partner
- Purpose is to prevent reinfection and further transmission
- Cost-saving/cost-effective

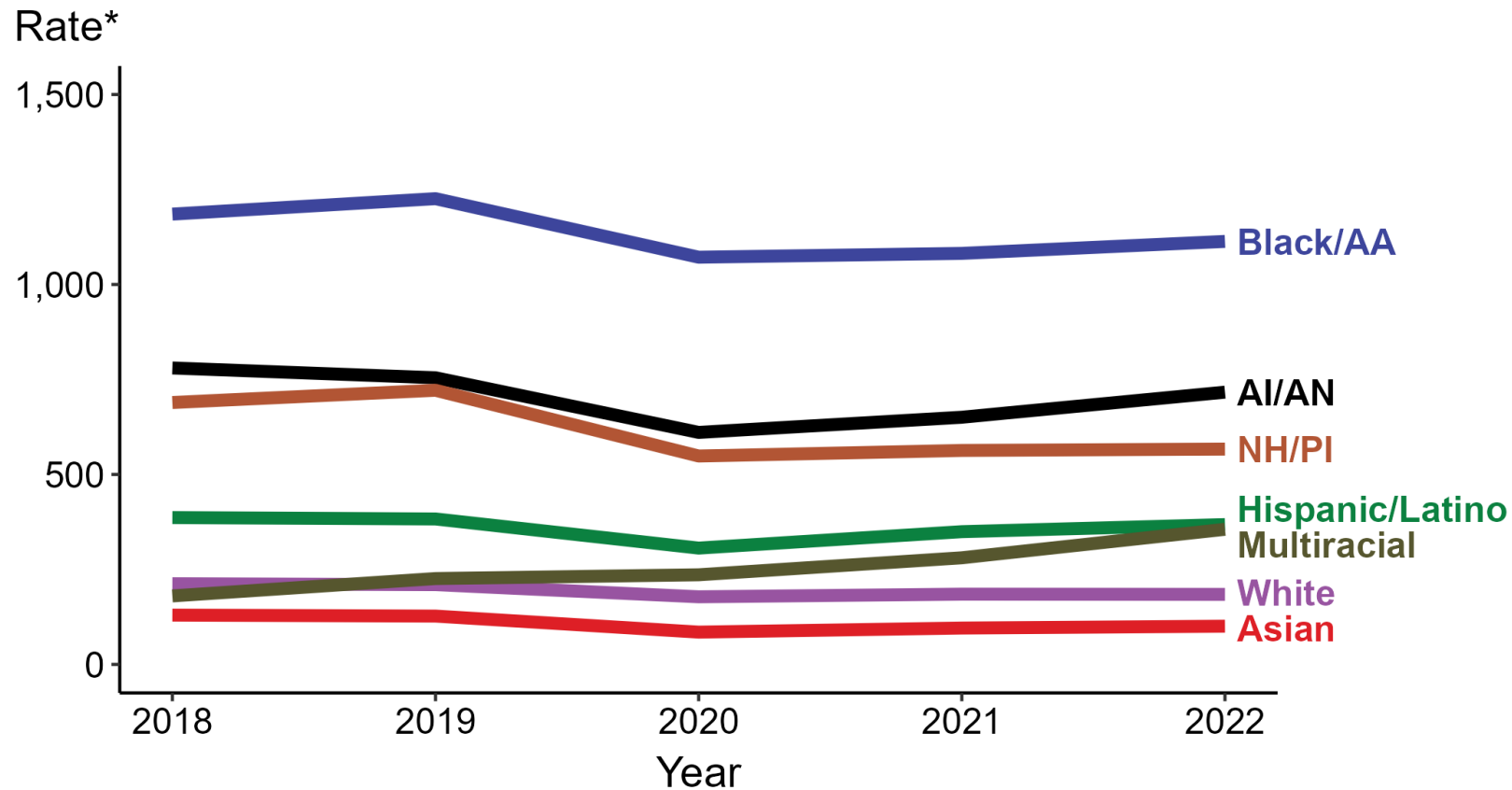


Expedited Partner Therapy (EPT)

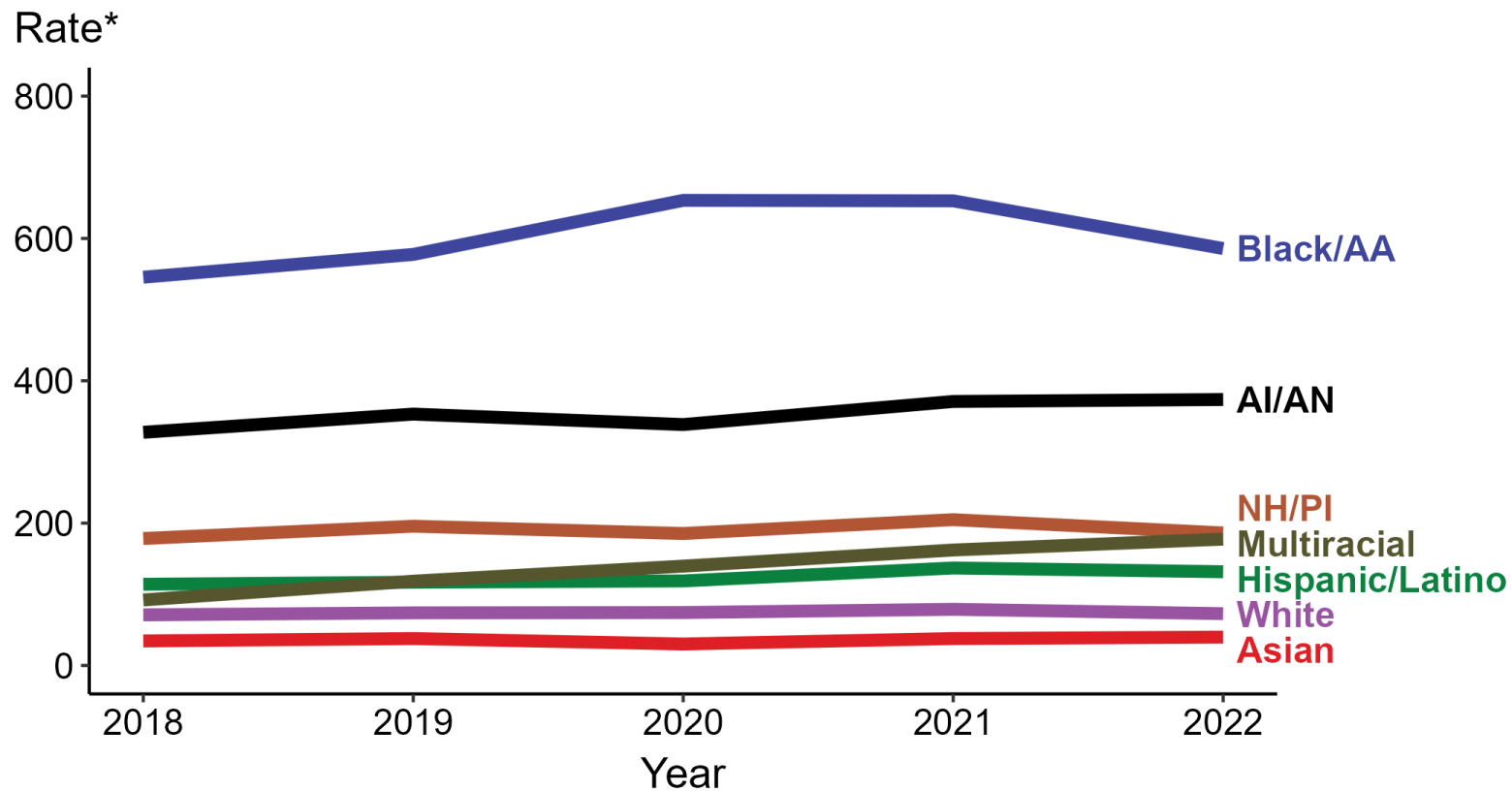
- Treatment can be achieved by:
 - Providing medication in the clinic without an exam
 - Issuing the medication (preferred) or a prescription to the patient to give to the partner
 - Delivery of medication to the partner in the field by clinic staff



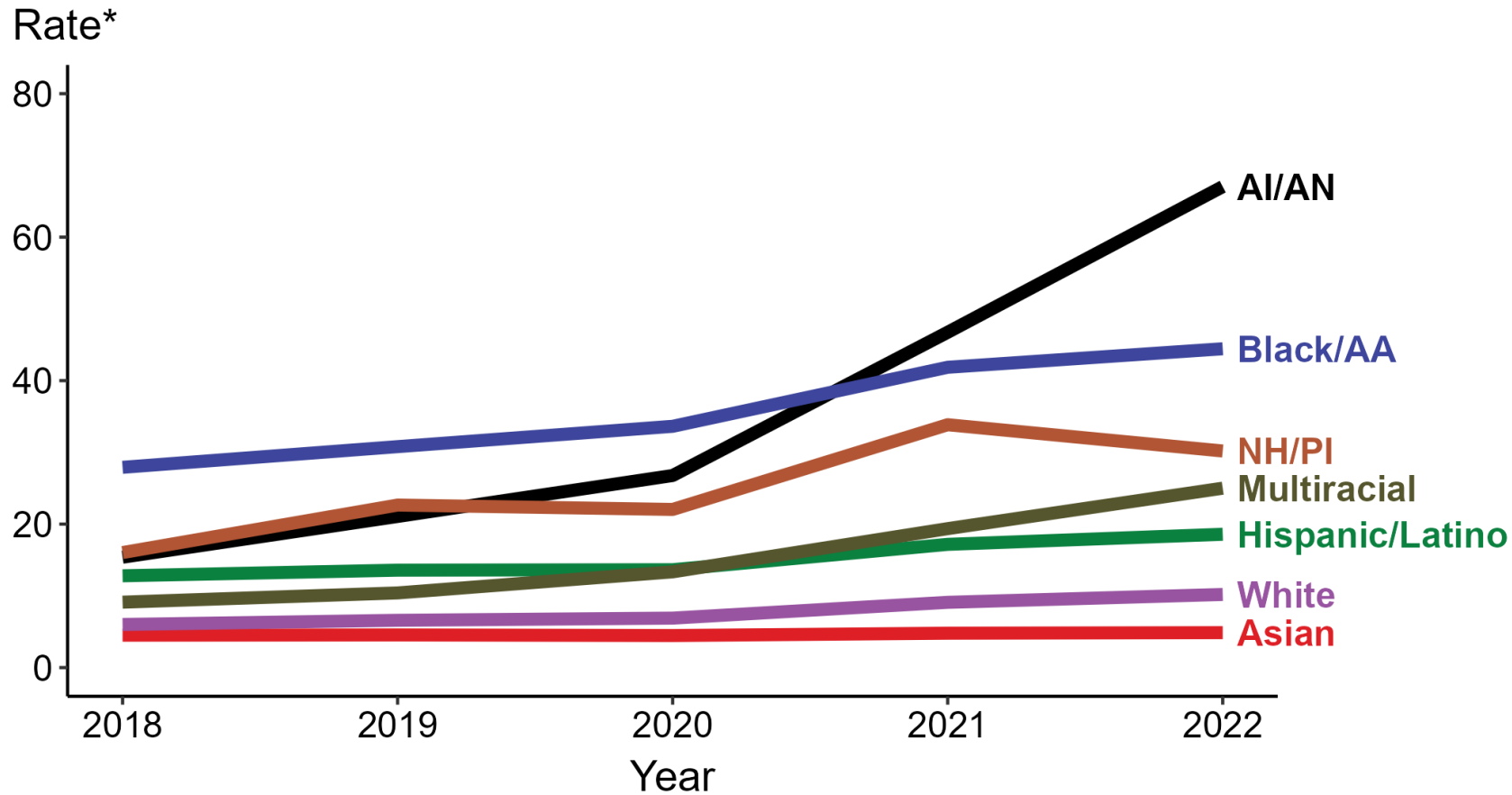
Chlamydia — Rates of Reported Cases by Race, United States, 2018–2022



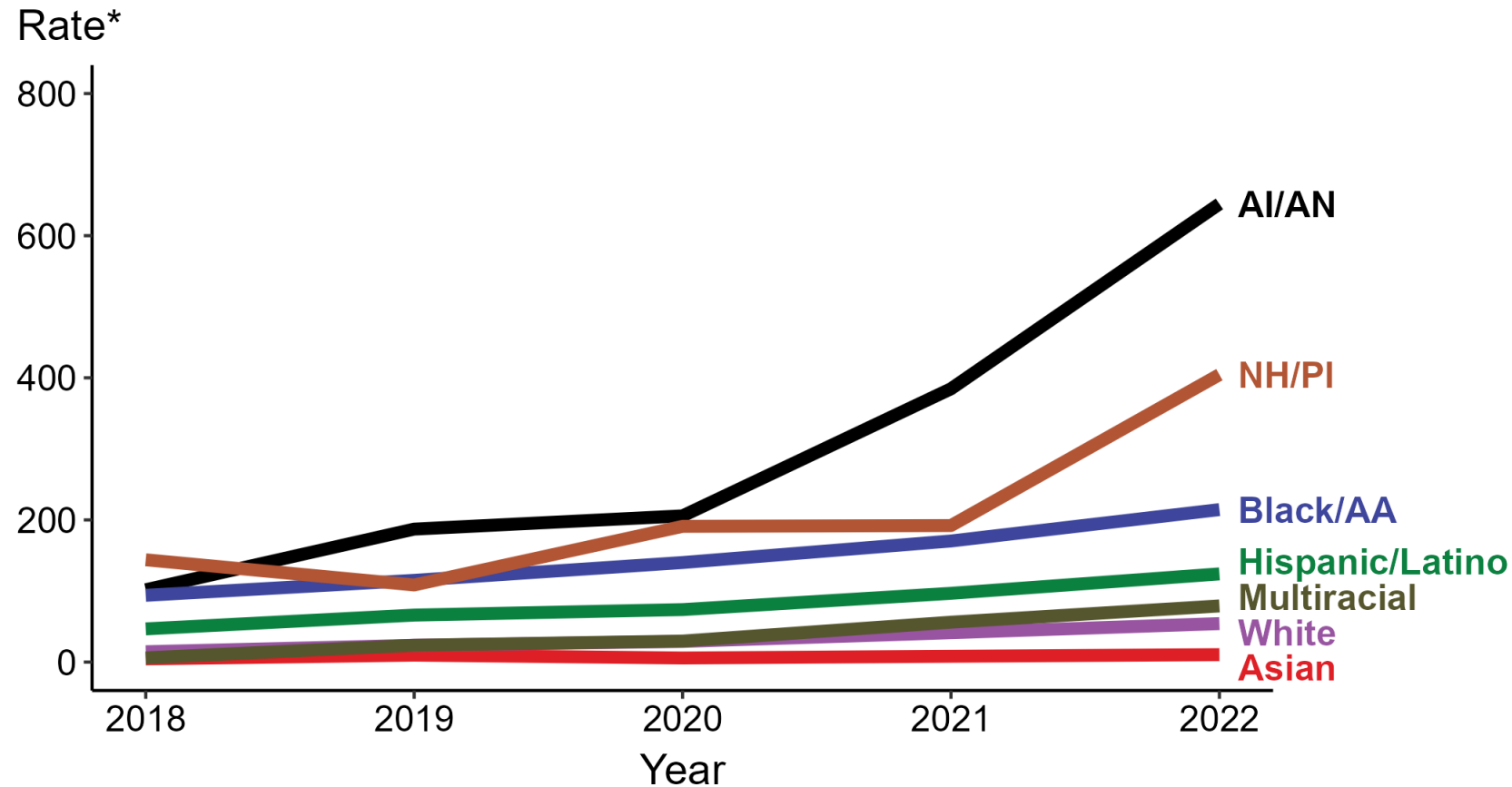
Gonorrhea — Rates of Reported Cases by Race, United States, 2018–2022



Primary and Secondary Syphilis — Rates of Reported Cases by Race, United States, 2018–2022



Congenital Syphilis — Rates of Reported Cases by Year of Birth, Race, United States, 2018–2022

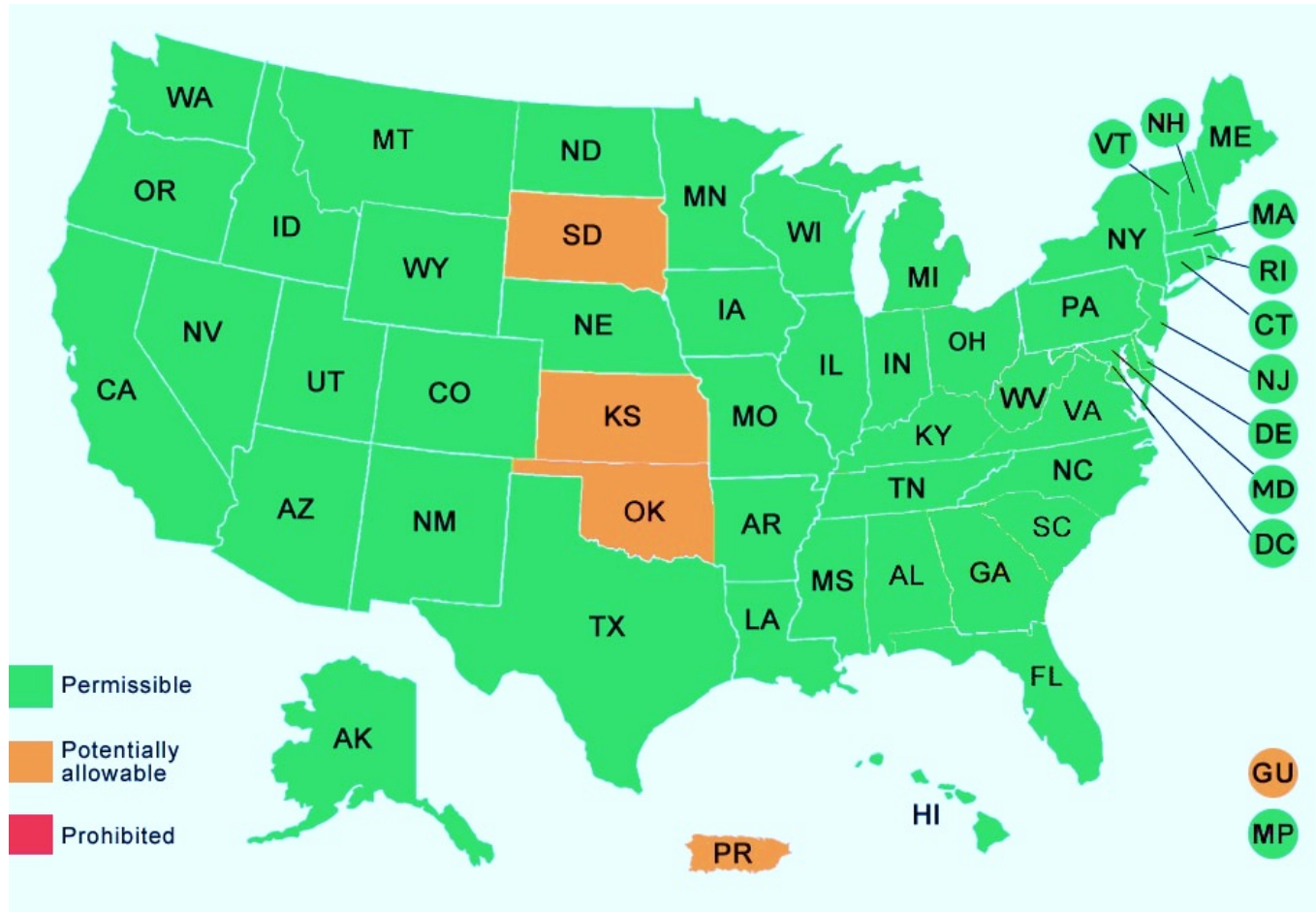


Importance

- To reduce STIs, timely testing and treatment is necessary
- However, if sexual partners are not receiving care, then the risk of reinfection remains
- Patients whose partners received EPT **were at least 29% less likely to reacquire STIs** than those who simply informed their partners to seek care
- Treatment is a form of prevention



Legal Status of EPT (2024)



Liability

- Under most state public health laws, EPT may be used by health care providers to diagnose and prescribe drugs for chlamydia and gonorrhea infections
- Clinicians who reasonably and in good faith render EPT are not subject to civil or criminal liability
- Contraindications
 - Counseling should include potential for adverse events, and instructions to seek emergent care if present
 - Pharmacists should ask about allergic reactions at the time of pick-up
 - Antibiotics should not be provided for partners with known severe allergies



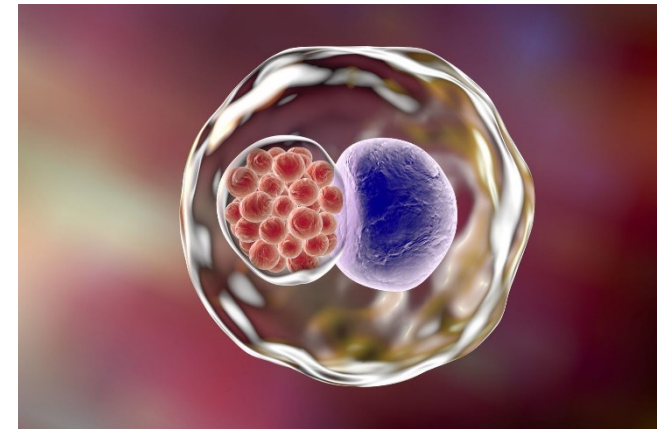
Medication Allergies

- Misconceptions re: penicillin allergy
 - Majority of patients listed as having a penicillin allergy are not allergic



Chlamydia (CT)

- **Standard Treatment:**
PO Doxycycline 100mg BID for 7 days
- **CT during Pregnancy:**
PO Azithromycin 1 g in a single dose
- **Expedited Partner Therapy (EPT):**
PO Azithromycin 1g in a single dose OR
PO Doxycycline 100mg BID for 7 days



Gonorrhea (GC)

- **Standard Treatment:**
 - <150 kg – IM Ceftriaxone 500mg in a single dose
 - >150 kg – IM Ceftriaxone 1g in a single dose
- **EPT:** PO Cefixime 800 mg in a single dose
(if IM Ceftriaxone 500 mg in a single dose cannot be given)
- **GC/CT coinfection with cephalosporin allergy:**
 - IM Gentamicin 240mg in a single dose PLUS
 - PO Azithromycin 2g in a single dose



Syphilis (Primary, Secondary, Early)

- **Standard Treatment:**

IM Benzathine penicillin G 2.4 million units
in a single dose

- **Nonpregnant Persons with Penicillin Allergy:**

PO Doxycycline 100mg BID for 14 days OR
PO Tetracycline 500mg QID for 14 days

- **Pregnant Persons:**

IM Benzathine penicillin G 2.4 million units
in a single dose



Syphilis (Late, Unknown Duration)

- **Standard Treatment:**

IM Benzathine penicillin G 2.4 million units; 3 doses in 1-week intervals

- **Nonpregnant Persons with Penicillin Allergy:**

PO Doxycycline 100mg BID for 28 days OR

PO Tetracycline 500mg QID for 28 days

- **Pregnant Persons:**

IM Benzathine penicillin G 2.4 million units; 3 doses in 1-week intervals

(Doses must be given no later than 9 days apart – otherwise, a full course of therapy should be repeated)



CMO Letter

- Presumptive treatment of syphilis for anyone having signs or symptoms of syphilis or with known exposure to syphilis
 - **Provide testing and treatment with Penicillin G Benzathine for all contacts and partners, including non-beneficiaries**
- Offer and provide DoxyPEP to appropriate populations indicated in the IHS guidelines to prevent bacterial STIs, including syphilis, chlamydia and gonorrhea



Policies

- IHS prescribers in IHS facilities
 - Can provide EPT regardless of state law
- EPT for non-beneficiaries
 - Can provide EPT to non-IHS beneficiaries according to the Indian Health Manual
- Syphilis:
 - Best practice: provide Benzathine penicillin G injections, NOT Doxycycline

1 Minnesota Sexual Health Clinic
123 Main Street, Minneapolis, MN 55404
612-555-5555

2 Date: January 1, 2022

3 Patient Name: EPT Partner AB

4 DOB: n/a or

5 Address: n/a or 111 EPT Drive, Minneapolis, MN 55404

Rx 6 EPT

7 Doxycycline hyclate 100 mg tablets
*May sub monohydrate or capsules based on cheapest option
Sig: Take 1 tab bid x 7 days
Quantity: 14 (fourteen) tablets / Refill: No

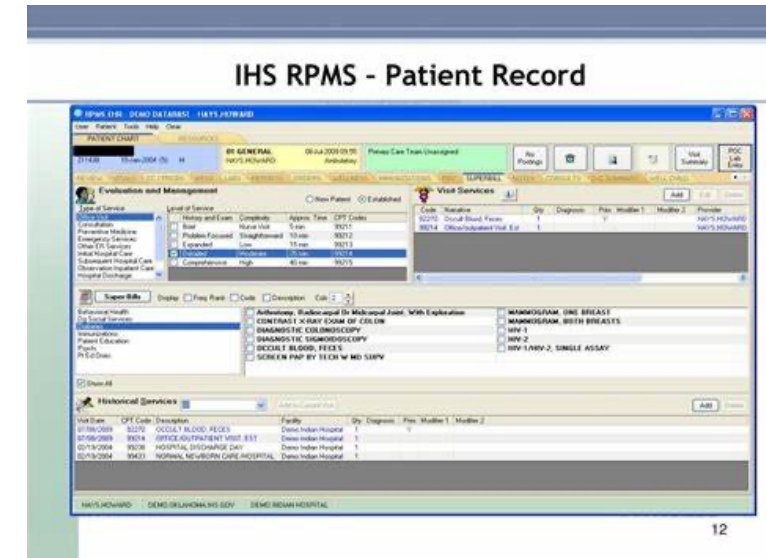
8 Prescriber Signature: Go

9 DEA or NPI: 123456785



Documentation for Non-Beneficiaries

- EHR (create chart vs no chart)
- When creating a chart: only document minimum information
- No chart: document on the beneficiary's chart that extra medication or Rx was provided



DoxyPrEP (Pre-Exposure Prophylaxis)

Take **Doxycycline 100mg daily** prior to having condomless sex

In a pilot study, 30 MSM living with HIV with previous syphilis (two or more episodes since HIV diagnosis) were randomly assigned to doxycycline 100 mg for 48 weeks versus a financial incentive-based behavioral intervention

Results: **73% reduction in any bacterial STI** at any site for the intervention group, without substantial differences in sexual behavior



DoxyPEP: Post Exposure Prophylaxis

Take **1 dose of Doxycycline 200mg** within 72 hours after condomless sex

- Found a **65% reduction in chlamydia, gonorrhea, and syphilis** among men who have sex with men (MSM) and transgender women
- CDC and IHS have released guidelines:
 - A reminder that current studies have shown effectiveness among MSM and transgender women, but not yet among cis-gender women or other populations
 - Only Doxycycline has been studied, no other antibiotics



Incentives

- Used to enhance screening and adherence to treatment
- \$30 limit per person/per visit
- Can not come in the form of cash or anything that can easily be converted into cash
- [IHS pharmacist-led STI screening program resulted in 10 fold increase using incentives](#)



Resources

- Sexually Transmitted Infections (STI) Initiative: STI Toolkit
- Reference the Syphilis Resources Hub online at <https://www.indiancountryecho.org/syphilis-resources>
- The Native Health Resources offer free materials, including print materials, social media posts, and short educational videos. Go to [Home | Native Health Resources](#)
- For questions about field testing and treatment policies and procedures, contact Tina Tah, Public Health Nursing Consultant, by e-mail at tina.tah@ihs.gov or Melissa Wyaco, Navajo Area Nursing Consultant, by e-mail at melissa.wyaco@ihs.gov

Contact Information

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