Expedited Partner Therapy (EPT)

Rock County Board of Health | Position Statement

February 2025

Rock County Public Health

OUR POSITION

In recognition of the high burden of sexually transmitted infections locally, the Rock County Board of Health recommends Expedited Partner Therapy as an effective, necessary service to reduce rates of chlamydia and gonorrhea infections and reinfections in Rock County.

BACKGROUND

Sexually transmitted infections (STIs) remain a significant public health threat. In 2023, over 1.6 million cases of chlamydia and 600,000 cases of gonorrhea were reported to the Centers for Disease Control and Prevention (CDC).[1] In Rock County, combined chlamydia and gonorrhea cases increased from 869 in 2015 to 1301 in 2021, a 45% increase.[2] While decreasing overall since 2021, more than 920 known cases of chlamydia and gonorrhea impacted Rock County residents in 2023. Chlamydia is the most prevalent reportable disease in Rock County, on average accounting for 50% of all confirmed reportable diseases. Untreated chlamydia and gonorrhea infections can lead to serious health consequences such as pelvic inflammatory disease, ectopic pregnancy, infertility, and may increase risk for becoming infected with HIV.[3] Many people experience multiple episodes of STI reinfection soon after treatment, often due to lack of adequate treatment in their sexual partner(s). Between 2019-2022, 19% of all local chlamydia and gonorrhea cases had a previous diagnosis within those same years, which may be due to reinfection by untreated partner(s).[4]

In response to high STI rates, evidence-based STI prevention strategies, like Expedited Partner Therapy (EPT), offer alternative treatment options. As defined by the CDC, EPT is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to take to their partner without the health care provider first examining the partner.[5] Despite high STI rates throughout Rock County, EPT is underutilized. From 2012-2022, EPT was offered or accepted in only .04% of chlamydia and gonorrhea cases in Rock County.[6]

EPT was first recommended by the CDC in 2006 as a method of reducing chlamydia and gonorrhea reinfection rates and increasing overall treatment rates.[7] Prior to 2006, EPT had been utilized informally for decades for patients with chlamydia, gonorrhea, syphilis, and trichomoniasis.[8] Several states, including Iowa, Minnesota, and Tennessee, enacted EPT legislation following the CDC's recommendation, but widespread legalization and adoption of EPT practices only occurred more recently. [9] As of July 2024, EPT is now permissible in 47 states.[9] In Wisconsin, EPT was legalized in 2010 under 2009 Wisconsin Act 280.[10] This law explicitly allows Wisconsin physicians, physician assistants, and certified advanced practice nurse prescribers to prescribe or dispense antibiotics for chlamydia, gonorrhea, or trichomoniasis for the sex partners of patients without also examining the sex partner. Though EPT has been legal in Wisconsin for over a decade, it remains underutilized in Rock County, indicating an opportunity for healthcare providers to increase the offer of EPT when treating chlamydia and gonorrhea.

PUBLIC HEALTH IMPACT

The practice of EPT has numerous positive implications for community members, healthcare providers, and healthcare systems:

- EPT is more cost effective than standard referral for health systems[11]
- EPT reduces rates of chlamydia and gonorrhea reinfection[12]
- EPT may decrease ongoing transmission of chlamydia and gonorrhea at the community level[13]
- EPT increases rates of partner notification and treatment[14]
- EPT promotes policy- and system-level change that enables population health

Through these benefits, EPT can facilitate more efficient, equitable, and accessible health care, helping to remove barriers from receiving sexual health care. Further, when EPT medication is provided directly to the primary patient to deliver to their sex partner(s), it removes additional barriers like transportation, cost, confidentiality and/or treatment delay due to scheduling issues. Providing medication directly to the primary patient may also be more convenient for providers, as it can decrease patient load and increase provider capacity.

Though it is currently unknown why rates of EPT provision and acceptance are low in Rock County, evidence suggests there are barriers that impact successful implementation of EPT among providers, patients, healthcare systems, and pharmacists. Common barriers to successful EPT implementation include medication cost, insurance prescription coverage, provider apprehension (i.e., fear of liability, malpractice, adverse events, etc.), insufficient patient disclosure, and incomplete understanding of EPT legality and practices.[15,16,17,18,19]

It is also important to acknowledge EPT's current limitations. EPT has been demonstrated to be effective for heterosexual men and women through extensive research. However, data on EPT's efficacy among men who have sex with men is limited. Despite disproportionate rates of STIs among this population, EPT is not well prescribed or utilized among men who have sex with men due to high risks of HIV coinfection and a lack of data that describes and supports how to implement EPT among this population.[20,21,22] EPT may not be clinically appropriate for all patients, especially those who are pregnant or who have a co-diagnosis with syphilis.

RECOMMENDATION

Timely, appropriate treatment of STIs is critical to prevent ongoing community transmission and maintain Rock County's downward trend in transmission. Strengthening EPT in Rock County involves residents and multi-sector partners, which presents an opportunity for Rock County Public Health to provide support and remove barriers at each step in the EPT process. In partnership, Rock County Public Health encourages community members, healthcare providers, and healthcare systems to put in practice the following EPT recommendations, which could help decrease STI rates in the Rock County community:

- **Rock County Community Members**: Utilize care and resources that promote sexual health for yourself and your partner(s), including requesting EPT from a medical provider if you are diagnosed with a treatable STI.
- **Rock County Healthcare Providers**: Offer and encourage EPT for patients diagnosed with chlamydia, gonorrhea and/or trichomoniasis in accordance with 2009 Wisconsin Act 280, providing EPT medication directly to the primary partner to deliver to their partners, when possible.
- **Rock County Healthcare Systems**: Support providers and patients in accessing EPT by updating organizational policies and integrating processes into electronic health record systems to streamline implementation.

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APPROVAL HISTORY

☑ The Board of Health has reviewed and adopted this document as the official position of the Rock County Board of Health.

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