



Central Michigan District Health Department

Promoting Healthy Families, Healthy Communities



Jennifer Morse, MD, MPH, FAAFP
Medical Director

Steve Hall, RS, MS
Health Officer

Main Office
2012 E Preston Ave.
Mt. Pleasant, MI 48858
Administration 989-773-5921
FAX: 989-773-4319

Branch Offices:

Arenac County
4489 West M-61
Suite 3
P.O. Box 734
Standish, MI 48658
989-846-6541
FAX: 989-846-0431

Clare County
815 N. Clare Ave.
Suite B
Harrison, MI 48625
989-539-6731
FAX: 989-539-4449

Gladwin County
103 N. Bowery
Gladwin, MI 48624
989-426-9431
FAX: 989-426-6952

Isabella County
2012 E. Preston Ave.
Mt. Pleasant, MI 48858
989-773-5921
FAX: 989-773-4319

Osceola County
22054 Professional Dr.
Suite D
Reed City, MI 49677
231-832-5532
FAX: 231-832-1020

Marion Human Services
101 E. Main St.
P.O. Box 39
Marion, MI 49665
231-743-9877
FAX: 231-743-2140

Roscommon County
200 Grand Ave.
Suite A
Prudenville, MI 48651
989-366-9166

Dear Provider,

We would like to provide you with information about Expedited Partner Therapy (EPT). Providers can dispense or prescribe EPT to sexual partners of their patients, however the health department cannot unless we see your patient or their partner in our clinic. EPT is the fully legal clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner. Patients diagnosed with CT or GC cannot be considered adequately treated until all of their partners have been treated. Traditional methods of notifying, treating, and educating sex partners are still considered the gold standard. However, when a partner is unable or unlikely to seek care, EPT is a proven effective intervention.

It has been three years since the use of expedited partner therapy (EPT) was authorized in Michigan by Public Act 525. EPT has long been recommended as an alternative strategy to assure sexual partners of patients with uncomplicated *Chlamydia trachomatis* (CT) or *Neisseria gonorrhoeae* (GC) are treated^{1,2}.

You do not need to create individual medical records or charts for each partner you treat. It is ideal to document the provision of EPT in the index patient's record, and include the number of partners treated, name of drug prescribed, dosage, and quantity provided for each partner.

Challenges to providing EPT often occur when using electronic medical records and electronic prescribing, especially if the partner is not a patient in your practice or the name or date of birth of the partner is not known. Your EHR provider may already have an EPT order set in place or have created work arounds for EPT. If not, we encourage you to speak with your EHR representative or manager to consider the following options:

- Create an order set that will print the appropriate prescription
 1. The prescription can be faxed to the appropriate pharmacy or given to the patient to hand deliver to their partners

¹ Centers for Disease Control and Prevention. Expedited partner therapy in the management of sexually transmitted diseases. Atlanta, GA: US Department of Health and Human Services, 2006.

² American College of Obstetricians and Gynecologists. Expedited partner therapy in the management of gonorrhea and chlamydial infection. *Obstet Gynecol* 2015; 125: 1526-1528.

2. If partner name is not known, use “Expedited Partner Therapy”; if date of birth is not known, use “1/1/current year”
- Create a “dummy” patient record for “EPT Partner” and use it when generating EPT prescriptions, then follow step 1-2 above
 - Write prescription on traditional Rx pad, then follow step 1-2 above
 - Or use another solution that is appropriate for your situation

Providing EPT

The partners of infected clients within the 60 days prior to treatment are the best candidates for EPT. If the last sexual encounter was more than 60 days prior, the most recent sexual partner(s) should be treated. There is no limit on how many partners can be provided treatment via EPT. If a partner is pregnant, every effort should be made to contact her for a referral to pregnancy services and/or pre-natal care.

EPT is only recommended for the treatment of CT, GC and Trich.

- *For sexual partners of patients with CT, but not GC:*
Doxycycline 100mg orally, BID x 7days is preferred if concerned about noncompliance then use Azithromycin (Zithromax) 1 gram orally in a single dose.
- *For sexual partners of patients with GC:*
Cefixime (Suprax) 800 mg orally in a single dose.
(If dual infected will need prescription for both)
- *For sexual partners of patients with Trichomoniasis:*
Metronidazole 2 gms orally in a single dose or
Tinidazole 2 gms orally in a single dose.

If a prescription is provided:

- Individual prescriptions are given for each partner
- The prescription should be made out in the partner’s name, if possible
- If the partner’s name is unknown, the prescription is made out to “Expedited Partner Therapy”
- In this instance, use January 1 of the current year as the date-of-birth.

Clinical services provide the opportunity to confirm the exposure and/or diagnosis, examine the patient, test for other STDs including HIV, ensure treatment, and offer additional services such as family planning, vaccinations, and risk-reduction counseling. An opportune time for this would be for retesting after treatment.

EPT should not be used for the following:

- In cases of suspected child abuse or sexual assault.
- In situations where a patient’s safety is in question.
- For partners with known allergies to antibiotics.
- For patients who are co-infected with STDs other than chlamydia, gonorrhea or Trich.
- For treating gonorrhea among men who have sex with men, due to the lack of data to demonstrate the effectiveness in this population and the risk of missing STD/HIV co-infections.

Education

Sexual partner and any sexual contacts in the last 60 days preceding onset of symptoms or diagnosis must be informed of possible infection and provide written materials about the importance of seeking evaluation for any symptoms suggestive of complications (e.g., testicular pain in men and pelvic or abdominal pain in women). An information sheet can be found at

https://www.michigan.gov/documents/mdch/EPT_Information_Sheet_for_Patients_and_Partners_494242_7.pdf

- Patients should be instructed to abstain from sexual intercourse until they and their sex partners have completed treatment. Abstinence should be continued until 7 days after a single-dose regimen or after completion of a multiple-dose regimen.
- Effort must be taken to provide Medication Information Sheet, and STD education and information
- Provide contraceptive information, if indicated
- Encourage consistent and correct condom use to prevent STDs

FOLLOW-UP

High prevalence of chlamydia and gonorrhea infection has been observed in women and men after treatment; therefore, the CDC recommends that these patients be retested 3 months after treatment, regardless of whether they believe their sex partners were treated. Instruct them to abstain from any sex for 7 days following treatment. Condom use is highly recommended and encouraged until retesting in 3 months and confirmed negative test results. As a healthcare provider we see various diverse populations of people and the best practice is to get people treated as soon as possible and as easily as possible to curtail further transmission. Please refer to the most recent guidelines included from MDHHS. If you have any questions or concerns please contact me or your local health department branch, STD/Family Planning Department.

Sincerely,



Jennifer Morse, MD, MPH, FAAFP
Medical Director
Central Michigan District Health Department
989-773-5921 ext. 1427
jmorse@cmdhd.org