



New Mexico Department of Health Guidelines for Expedited Partner Therapy for Sexually Transmitted Diseases

Background:

On January 10th, 2007, the New Mexico Practice Act was amended to allow for Expedited Partner Therapy for sexually transmitted diseases (STDs). Expedited Partner Therapy (EPT) is the practice of treating the sex partners of patients diagnosed with certain STDs by providing treatment to the partners *without medical evaluation*.

The CDC published a complete review of EPT studies and recommendations in 2006: “Expedited Partner Therapy in the Management of Sexually Transmitted Diseases: Review and Guidance” <http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>.

The epidemiology of STIs in New Mexico demonstrates the need for multiple strategies to reduce the incidence of sexually transmitted infections, including the use of EPT for partners who are unable or unlikely to seek timely treatment.

The New Mexico Medical Practice Act allows health professionals to offer EPT to partners of patients with STDs under the guidelines developed by the New Mexico Department of Health (NMDOH). The guidelines follow:

Expedited Partner Therapy Guidelines:

Evidence for EPT:

Evidence supporting EPT is based on three U.S. clinical trials involving heterosexual men and women with chlamydia or gonorrhea. All three trials reported that more partners were treated when patients were offered EPT, and two reported statistically significant decreases in the rate of reinfection. U.S. trials and a meta-analysis of EPT revealed that the magnitude of reduction in reinfection of index patients, compared with patient referral, differed according to the STI and the sex of the index patient. However, across trials, reductions in chlamydia prevalence at follow-up were approximately 20%, and reductions

in gonorrhea were approximately 50% at follow-up.

General Principles:

1. Best practice is for all partners of a patient diagnosed with an STD to be evaluated, examined, tested, counseled, and treated by a medical provider. Ideally, a written referral is provided for the partner that states the diagnosis, the treatment needed, and where the partner can obtain medical care.
2. Providers should ask patients to notify all their sexual contacts from the past two months. If there were no partners in the past two months, then the most recent sexual partner should be notified.
3. For the sex partners of persons with diagnosed chlamydia, gonorrhea, or trichomonas, who are unable or unlikely to seek timely treatment, a provider may offer EPT.
4. Published studies of EPT effectiveness have primarily included heterosexual individuals. There is less certainty of the effectiveness of EPT due to limited evidence and complexity in certain aspects of care in the following populations:
 - Men who have sex with men (MSM)
 - Adolescents
 - Pregnant women
5. **EPT is permissible** in the above populations, however health care clinicians should make a good faith effort to educate the index patient and their partner(s) about the importance of timely medical evaluation, testing, and treatment using preferred treatment regimens, and use their best judgment to determine whether EPT is appropriate.
6. Index patients and partners should abstain from sex for at least seven days after completing their treatment and until seven days after all partners have been treated, to decrease the risk of recurrent infection.
7. Partners should be advised to seek clinical services for re-testing three months after treatment.
8. Medications should not be provided to treat the partners of partners to the index case.

EPT for MSM:

There are no studies demonstrating the effectiveness of EPT for men who have sex with men (MSM). Ideally, MSM who are contacts to gonorrhea or chlamydia should be examined and tested for other STDs, such as syphilis and HIV. CDC currently recommends shared clinical decision making regarding EPT for MSM, taking into consideration limited data and potential for other bacterial STIs. If the patient feels that their partner(s) would be unwilling or unable to seek care, then EPT may be provided.

EPT for Adolescents:

EPT may be provided for adolescent partners.

Section 24-1-9 NMSA 1978: Capacity to consent to examination and treatment for a sexually transmitted infection. (2017)

Any person regardless of age has the capacity to consent to an examination and treatment by a licensed health care provider for any sexually transmitted infection.

EPT for Pregnant Partners:

Generally, pregnant partners should be referred to their prenatal care or other provider for care. However, if the patient feels that their partner(s) are unable or unlikely to seek timely treatment, then EPT may be provided. See 2021 CDC STD Guidelines for treatment options in pregnancy: [STI Treatment Guidelines \(cdc.gov\)](https://www.cdc.gov/std/treatment-guidelines/).

EPT for Female Partners:

Female recipients of EPT should be strongly encouraged to seek medical attention for any symptoms concerning for PID, in addition to accepting therapy. This should be accomplished through written materials that accompany medication, by counseling of the index case and, when practical, through counseling by a pharmacist or other personnel. In addition, EPT medication choice should be adjusted in situations where the partner may be pregnant.

Contacting Partners:

Whenever possible, telephone contact should be made with the sexual partner(s) to explain the reason for providing EPT, to ask about allergies to medications, medical problems, medications being taken, symptoms of STDs, and to answer questions. Female partners for EPT should be asked if they are pregnant or breastfeeding.

NMDOH Partner Services Program:

The index patient may be contacted for contact tracing by NMDOH Disease Intervention Specialists (DIS). The DIS contact people with new cases of syphilis and HIV, but only contact people with gonorrhea or chlamydia if they are high risk (pregnant, under 16, more than 3 infections in a year, etc.). This further highlights the need for providers to offer EPT.

Partners can be provided information about Public Health Offices where STD testing and treatment are provided at no cost. A list of public health offices is here: [Public Health Offices \(nmhealth.org\)](https://www.nmhealth.org/).

Documentation:

Sexual partners do not require a medical chart in order to be provided with EPT. A note in the index patient's chart should document the number of partners who are being provided with EPT, the medication and dosage being provided, and whether the partner is known to be allergic to any medications. The names of partners receiving EPT should not be written in the index patient's chart.

Clinicians are required to report gonorrhea and chlamydia infections to the NMDOH. Record the number of EPT prescriptions on the form used to report the index patient's

infection. A separate reporting form is not needed for partners given EPT, since these are not confirmed infections. Trichomonas is not reportable.

Reporting forms are available on the NMDOH website: [Sexually Transmitted Diseases \(nmhealth.org\)](https://www.nmhealth.org)

Prescribing EPT:

The New Mexico Board of Pharmacy adopted language to permit EPT under NMDOH Guidelines on Oct. 29, 2007 (see references).

Providing patients with packaged oral medication is the preferred approach because the efficacy of EPT using prescriptions has not been evaluated, obstacles to EPT can exist at the pharmacy level, and many persons (especially adolescents) do not fill the prescriptions provided to them by a sex partner.

EPT medication or prescriptions should be accompanied by educational materials for the partner, including information about the STD, treatment instructions, medication information (including information about potential adverse effects, allergic reactions and safety in pregnancy), and advice on seeking medical care for further STD testing and evaluation for any STD symptoms, particularly PID.

Medication may be provided in the following ways:

1. Medication may be provided to the index patient to take to his or her partner(s).
2. Separate prescriptions may be written/called-in/e-prescribed to retail pharmacies for the index patient and his or her partner(s).
3. If the index patient will not, or is not able to, identify the partner(s) by name, the provider may write a prescription for an “unnamed partner.”

Medication for EPT should be provided for all sexual partners within the two months prior to diagnosis or onset of symptoms. If there were no partners in the past two months, then the most recent sexual partner should be treated.

Recommended Treatments:

Refer to CDC STI Treatment Guidelines, 2021: [STI Treatment Guidelines \(cdc.gov\)](https://www.cdc.gov)

- Chlamydia: [Chlamydial Infections - STI Treatment Guidelines \(cdc.gov\)](https://www.cdc.gov)
- Gonorrhea: [Gonococcal Infections - STI Treatment Guidelines \(cdc.gov\)](https://www.cdc.gov)
 - EPT for gonorrhea infections: [CDC - Gonorrhea and Expedited Partner Therapy](https://www.cdc.gov) (updated 2/26/21)
 - Partners of patients with gonorrhea should be co-treated for chlamydia unless the index case has a negative chlamydia NAAT test. It is not recommended that patients with chlamydia be co-treated for gonorrhea.
- Trichomoniasis: [Trichomoniasis - STI Treatment Guidelines \(cdc.gov\)](https://www.cdc.gov)

CDC notes that EPT might have a role in partner management for trichomoniasis however, no partner management intervention has been demonstrated to be superior in reducing reinfection rates.

- Other STDs:
These EPT guidelines are only for treatment of gonorrhea, chlamydia, and trichomonas. There is limited evidence to support EPT for other STDs.

Written Information for Partners:

EPT should be accompanied by written materials that include descriptions of the STD of concern, symptoms of infection, advice that medical evaluation is preferable to self-treatment, where to go for STD care, and information about the medication and potential adverse and allergic reactions.

Index patients and partners should abstain from sex for at least seven days after completing their treatment and until seven days after all partners have been treated, to decrease the risk of recurrent infection.

Providers should advise the index patient to tell their partner(s) that it is important to read the information contained in the medication sheet before taking the medication.

Re-testing and Tests-of-Cure:

Partners should be advised to seek clinical services for re-testing three months after treatment. Tests-of-cure are not recommended for EPT.

Consultations:

For questions about EPT, contact the NMDOH STD Program at: 505-476-3636. Afterhours, a medical epidemiologist can be reached by calling: 505-827-0006.

REFERENCES:

1. "Expedited Partner Therapy in the Management of Sexually Transmitted Diseases: Review and Guidance," Centers for Disease Control and Prevention (CDC), 2006.
<http://www.cdc.gov/std/treatment/EPTFinalReport2006.pdf>.
2. Guidance on the Use of Expedited Partner Therapy in the Treatment of Gonorrhea: [CDC - Gonorrhea and Expedited Partner Therapy](#)
3. STI Treatment Guidelines, 2021. Centers for Disease Control and Prevention (CDC) MMWR 2021: [STI Treatment Guidelines \(cdc.gov\)](#)
4. NM Medical Practice Act EPT Exemption 1/10/2007: [16.10.8 NMAC](#)
5. NM Board of Pharmacy EPT Exemption 10/29/2007: [16.19.4 NMAC](#)