



# Expedited Partner Therapy Fact Sheet for Medical Providers

In Arizona, the rates of sexually transmitted diseases (STD) are steadily increasing. Since 2008, A.R.S. §32-1401.27 and 32-1854 has allowed physician assistants, nurse practitioners, and allopathic, naturopathic, or osteopathic physicians to **dispense or prescribe antimicrobial medications to contacts of patients with certain communicable diseases without performing a physical exam.** The practice of treating the partners of patients for STDs such as gonorrhea and chlamydia without performing a physical exam is referred to as expedited partner therapy (EPT). EPT is legal and being utilized in all but 11 states.

## Current EPT Recommendations



### Chlamydia

100 mg doxycycline 2x  
per day, for 7 days\*\*  
OR  
1 gm azithromycin PO



### Gonorrhea\*

800 mg cefixime PO

\*Current CDC recommended treatment for GC is 500 mg Ceftriaxone IM.

\*\*If non-pregnant and co-infected with CT/GC, cefixime and doxycycline are recommended for EPT.

For more information and frequently asked questions on EPT:  
The CDC website on Expedited Partner Therapy:  
<http://www.cdc.gov/std/Treatment/EPTFinalReport2006.pdf>

The CDC 2021 STI Treatment Guidelines:  
<https://www.cdc.gov/std/treatment-guidelines/default.htm>

The CDC 2020 Updated Treatment Guidelines for Gonococcal Infection:  
<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6950a6-H.pdf>

The Arizona Department of Health Services' STD website:  
<http://www.azdhs.gov/std>

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## Key Points

- EPT is a useful option to prevent re-infection of patients with chlamydia or gonorrhea.
- EPT is at least equivalent in efficacy to standard partner management for gonorrhea and chlamydia.
- EPT is a cost-effective partner management strategy.
- EPT may be considered for pregnant partners. However, all pregnant women should be referred for comprehensive prenatal care that includes syphilis and HIV testing in addition to chlamydia and gonorrhea. Neither azithromycin nor cefixime are contraindicated in pregnancy.
- EPT should be accompanied by fact sheets that advise the recipients to seek personal health care in addition to the medication. These fact sheets in English and Spanish are available at: <http://www.azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/std-control/index.php#resources-providers>.
- Costs of medications used for partner treatment cannot be charged to the patient's insurance. The cost of medication must be paid by the partner or the original patient.

## Points To Discuss With Patients

- Patients and partners should not engage in sexual activity for 7 days post treatment.
- Patients and partners should be referred for STD retesting in 3 months.
- Clinicians should discuss possible allergic reactions to antibiotics.
- Clinicians should advise patients to have partners examined by a medical provider for STD testing and treatment.
- Clinicians should direct patients to visit the CDC website for more information on STDs (<http://www.cdc.gov/std/default.htm>).