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TO: Sexual Health Providers, Family Planning Providers, Pharmacists, Hospitals, Emergency Rooms, Community Health Centers, Urgent Care, College Health Centers, Local Health Departments, Community Based Organizations, Internal Medicine, Obstetrics and Gynecology, Pediatric, Adolescent Medicine, Family Medicine, Infectious Disease, and Primary Care Providers

FROM: New York State Department of Health, AIDS Institute, Office of Sexual Health & Epidemiology, Office of the Medical Director

SUBJECT: Chapter 298 of the Laws of 2019 Updated Interim Guidance for Public Health Law §2312 to expand expedited partner therapy (EPT) for other sexually transmitted infections (STIs)

DATE: December 3, 2020

Dear Colleagues,

Expedited Partner Therapy (EPT) is the clinical practice of providing individuals with medication or a prescription to deliver to their sexual partner(s) as presumptive treatment for a sexually transmitted infection (STI), without completing a clinical assessment of those partners.

On January 1, 2020 Chapter 298 of the Laws of 2019 went into effect, expanding New York State Public Health Law §2312 to permit expedited treatment for STIs for which the U.S. Centers for Disease Control and Prevention (CDC) recommends the use of expedited therapy. Prior to this change, EPT was allowable in New York State for chlamydia only. The CDC currently includes EPT as an option for management of sex partner(s) for chlamydia (*Chlamydia trachomatis*), gonorrhea (*N. Gonorrhoeae*), and/or trichomoniasis (*Trichomonas vaginalis*) sexually transmitted bacterial infections. This letter offers updated interim guidance on EPT in light of this law change.

Health care providers may provide an index patient with medication or a prescription for chlamydia, gonorrhea, and/or trichomoniasis treatment for their sexual partner(s) without a prior medical evaluation or clinical assessment of those partners. EPT should be used in addition to other prevention measures such as partner services [i.e., notifying partner(s) of the possibility of exposure to an STI and referring to a provider for care] or patient referral [i.e., patient informs partner(s) of exposure to an STI and need for follow-up with appropriate services], when those services are available. Partner notification and services carried out by health department staff are available for patients who are eligible for EPT.

Provision of EPT for any of these STIs is best made through shared clinical decision-making between the patient and their provider. Provision is permissible to all persons in NYS except for persons co-infected with syphilis and victims of sexual assault/abuse.

INTERIM GUIDANCE ON THE PROVISION OF EPT

Eligibility Criteria for EPT

EPT can be provided for sexual partner(s) of patients diagnosed (either through laboratory confirmation or clinical diagnosis) with chlamydia, gonorrhea, and/or trichomoniasis infection(s).

- Index patients can provide EPT to any person with whom they have had a sexual encounter since their last STI screening prior to the current diagnosis.
- Partner(s) who are unable or unlikely to seek timely clinical services are ideal candidates for STI treatment via EPT.
- If the patient's sexual partner(s) are pregnant or suspect possible pregnancy, some EPT medications may not be recommended. The partner(s) should seek medical care as soon as possible.

EPT cannot be provided for

- **The index patient's partner(s) if the patient seen by the health care practitioner is found to be concurrently infected with syphilis** at time of chlamydia, gonorrhea, and/or trichomoniasis diagnosis. This exclusion exists for the medical protection of the partner who may be infected with syphilis, as EPT for the other listed STIs would not fully treat syphilis.
- **Cases involving suspected or confirmed child abuse, sexual abuse/assault, or where the patient's safety may be impacted.** EPT should not be used as a strategy for criminological treatment or purposes. For more resources, please see the Sexual Violence Prevention Program: https://www.health.ny.gov/prevention/sexual_violence/

Providing Medication for EPT

The medication for EPT may be dispensed directly at the point of care or prescribed. The preferred method is dispensing in a pre-packaged "partner pack" that includes medication, informational materials, and clinic referral. If a health care provider offers EPT in this way:

- EPT medication must be labeled with the name and address of the dispenser, directions for use, date of delivery, the proprietary or brand name of the drug, and the strength of the contents (NYS Education Law Title VIII, Article 137: Section 6807).

If a health care provider provides EPT using a prescription instead, the designation EPT must be written in the body of the prescription form above the name of the medication and dosage for all prescriptions issued; the written designation EPT shall be enough for the pharmacist to fill the prescription whether the name, address, and date of birth of the sexual partner(s) are available. In addition to providing EPT, the medical provider:

- **Should** advise index patients to return for medical care three months after treatment for follow-up and additional STI screening and HIV testing.
- **Should** counsel the index patient to notify sexual partner(s) that they may have been exposed to chlamydia, gonorrhea, and/or trichomoniasis and should seek evaluation and treatment. Even if the partner(s) are asymptomatic, providers should presume that the partner(s) are pre-symptomatic or asymptomatic carriers.
- **Must** ensure that informational materials are made available for the index patient and their sexual partner(s).

- **Must** counsel the index patient to instruct their sexual partner(s) to read the partner information prior to the partner(s) taking the medication.

The index patient's sexual partner(s) are considered cured if the EPT regimen is taken as prescribed and the partner has abstained from sexual contact during the recommended time frame directed by the provider.

Health Education Materials

NYS Public Health Law requires that health education materials be distributed when providing EPT (medication and prescription). The provision of EPT health educational materials for chlamydia can be retrieved via print or accessed on the New York State Department of Health EPT page at <https://www.health.ny.gov/diseases/communicable/std/ept/index.htm>. **EPT educational materials specific for gonorrhea and trichomoniasis are currently being developed. Until they are available, providers of EPT for gonorrhea and/or trichomoniasis must create their own educational materials that cover the following points:**

- Disclose the risk of potential adverse drug reactions, including allergic reactions, and the possibility of dangerous interactions between EPT and other medications that the sexual partner(s) may be taking.
- Recommend that partners who have allergies to antibiotics or who have serious health problems should **not** take the medication and should seek care as soon as possible so a health care provider can provide the best treatment for them.
- Inform the partner(s) that if symptoms of a more serious infection are present (such as abdominal, pelvic, or testicular pain, fever, nausea, or vomiting) they should seek medical care as soon as possible.
- Recommend that sexual partner(s) who are or could be pregnant consult a health care provider as soon as possible for follow-up care.
- Instruct the patient and their partner(s) to abstain from sexual activity for at least seven days after treatment of both the patient and partner in order to decrease the likelihood of recurrent infection.
- Inform the patient and their partner(s) on how to prevent chlamydia, gonorrhea, and/or trichomoniasis reinfection.
- Inform the partner(s) that they may be affected by other STIs that may be left untreated by the delivered medication.
- Encourage the partner(s) to consult a health care provider for a complete STI evaluation, including HIV testing, as a preferred alternative to EPT regardless of whether they take the medication.

Reporting Requirements

For all New York State jurisdictions, physicians are required by law to:

- Report cases to the local health officer (NYS Public Health Law, Article 21, Title 1, Section 2101; NYS Codes, Rules and Regulations, Title 10, Chapter 1, Part 2, Section 2.10), and
- Cooperate with state and local health officials' efforts to determine the source and control the spread of sexually transmitted disease (NYS Codes, Rules and Regulations, Title 10, Chapter 1, Part 2, Section 2.6).

In New York City (NYC), report all cases of chlamydia and gonorrhea using Reporting Central online via NYCMED at www.nyc.gov/health/nycmed. Alternatively, the Universal Report Form (<https://www1.nyc.gov/assets/doh/downloads/pdf/hcp/urf-0803.pdf>) can be mailed to the NYC Department of Health and Mental Hygiene, 42-09 28th Street, CN-22, Long Island City, NY 11101 or faxed to 347-396-7355. Providers can also report cases by phone by calling by calling the Provider Access Line at (866) 692-3641.

In New York State (outside New York City), report all cases of chlamydia and gonorrhea diagnosis to the local health department in which the diagnosed person resides by submitting the completed confidential case report form (Form DOH-389). Confidential case report forms may be obtained by calling (518) 474-0548.

Local health departments are required under NYS Public Health Law Article 6 to document the use of EPT and the number of sexual partners for whom EPT was provided on the relevant case reporting form.

For questions or inquiries on EPT, please contact the NYSDOH Office of Sexual Health and Epidemiology at ept@health.ny.gov.

Sincerely,

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Table 1. Expedited Partner Therapy Recommendations for Index Patients and their Sexual Partners¹

STI	Treatment for Index Patient	Treatment for Index Patient's Sexual Partner(s)	Follow-up
Chlamydia (Chlamydia Trachomatis)	<p><u>Recommended Treatments:</u> Azithromycin 1 gram orally in a single dose OR Doxycycline 100 mg orally twice a day for 7 days</p> <p><u>Alternative treatments:</u> Erythromycin base 500 mg orally four times a day for 7 days OR Erythromycin ethylsuccinate 800 mg orally four times a day for 7 days OR Levofloxacin 500 mg orally once daily for 7 days OR Ofloxacin 300 mg orally twice a day for 7 days</p>	(same as index patient)	<p>For alternative oral regimens, patients should be counseled that if their symptoms do not improve or resolve within 5-7 days, they should follow-up with the clinic or a medical provider.</p> <p>Patients should be counseled to be tested for STIs. Health departments should remind clients who have been referred for oral treatment to return for comprehensive testing and screening and link them to services at that time.</p>
Gonorrhea² (N. Gonorrhoeae)	<p>See Box 1 for CDC recommended regimens for uncomplicated gonococcal infections.</p>	<p><u>Recommended Treatments:</u> Cefixime 800mg in a single dose-where concurrent chlamydia infection has been excluded. Otherwise, Cefixime 800mg AND 100mg of oral doxycycline twice daily for 7 days.</p>	
Trichomoniasis (Trichomoniasis Vaginalis)	<p><u>Recommended Treatments:</u> Metronidazole 2 grams orally in a single dose OR Tinidazole 2 g orally in a single dose</p> <p><u>Alternative treatments:</u> Metronidazole 500 mg orally twice a day for 7 days</p>	(same as index patient)	

¹ Treatment recommendations subject to change following the release of the 2021 CDC STD Treatment Guidelines

² Revised per updated treatment guidelines released December 18, 2020: [Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020](#)