

Expedited Partner Therapy (EPT): Reducing STI Reinfection and Advancing Health Equity.

Jenny Waugh, MA, CHW, ABS

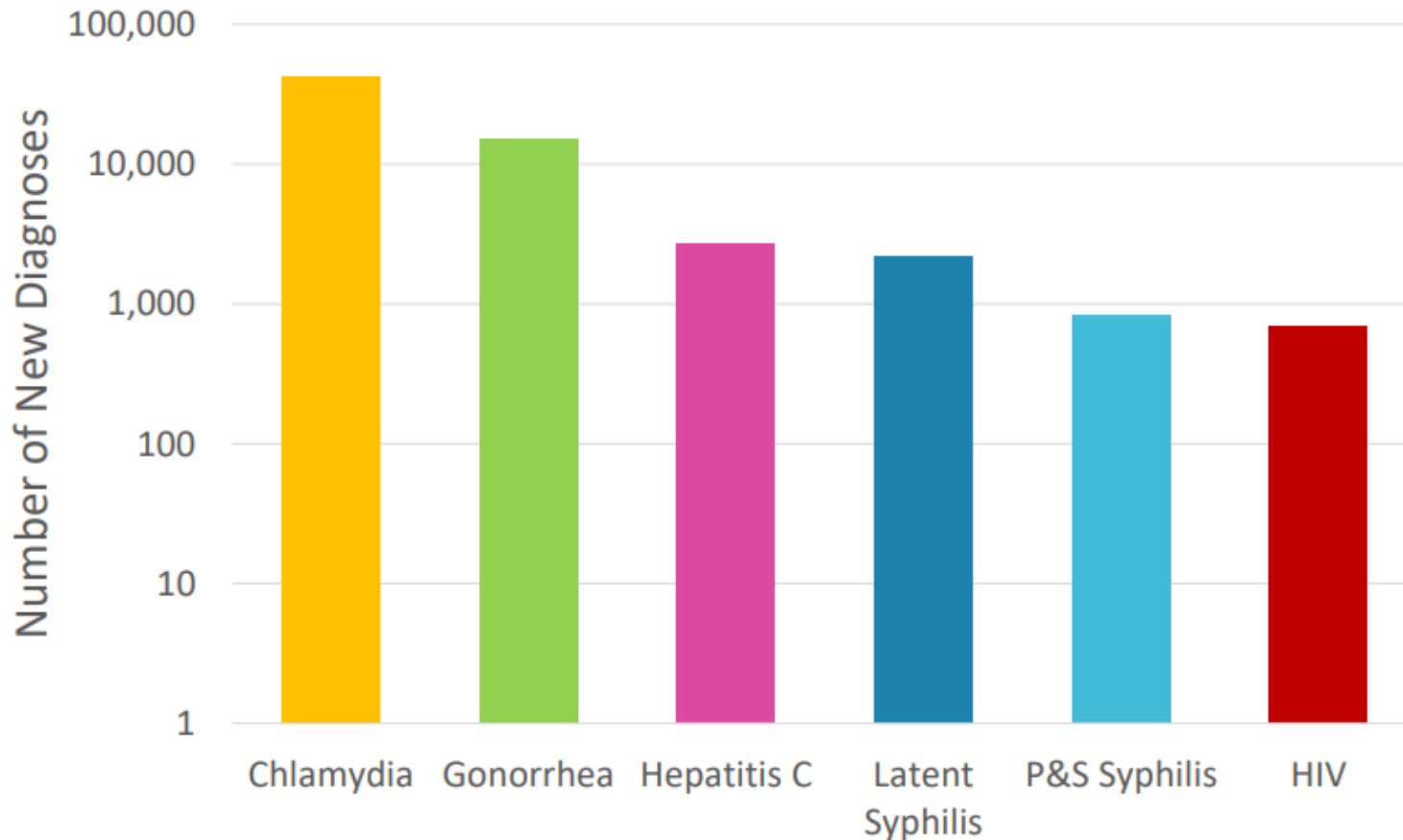


Mission

MDHHS provides services and administers programs to improve the health, safety, and prosperity of the residents of the state of Michigan.

STI diagnoses at a glance

New STI Diagnoses in Michigan, 2023



	# of New Diagnoses	Diagnosis Rate (per 100,000)
Chlamydia	42,957	428.0
Gonorrhea	15,277	152.2
Hepatitis C	2,729	27.9
Latent Syphilis	2,178	21.7
P&S Syphilis	845	8.4
HIV	696	6.9

Sexually Transmitted Statistics.

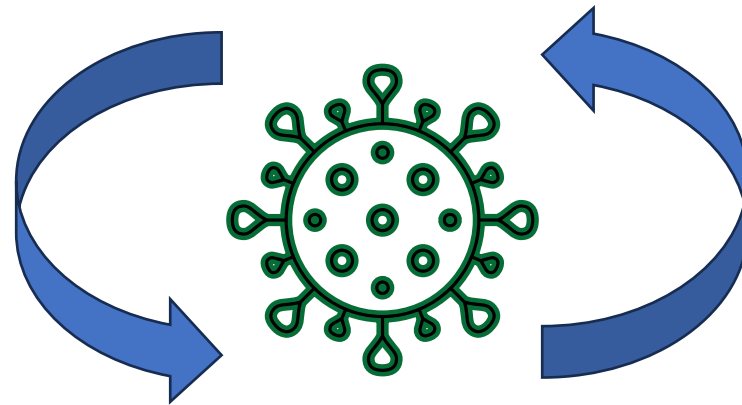
- **All STIs are treatable, and most are completely curable.** However, untreated STIs can lead to long-term complications, including chronic pain, ectopic pregnancy, and infertility.
- Women are disproportionately impacted by STIs, experiencing more frequent and more serious complications than male partners.
- An estimated 10%–20% of females with chlamydia or gonorrhea develop pelvic inflammatory disorder (PID) if the infection is not treated.

STI Complications.

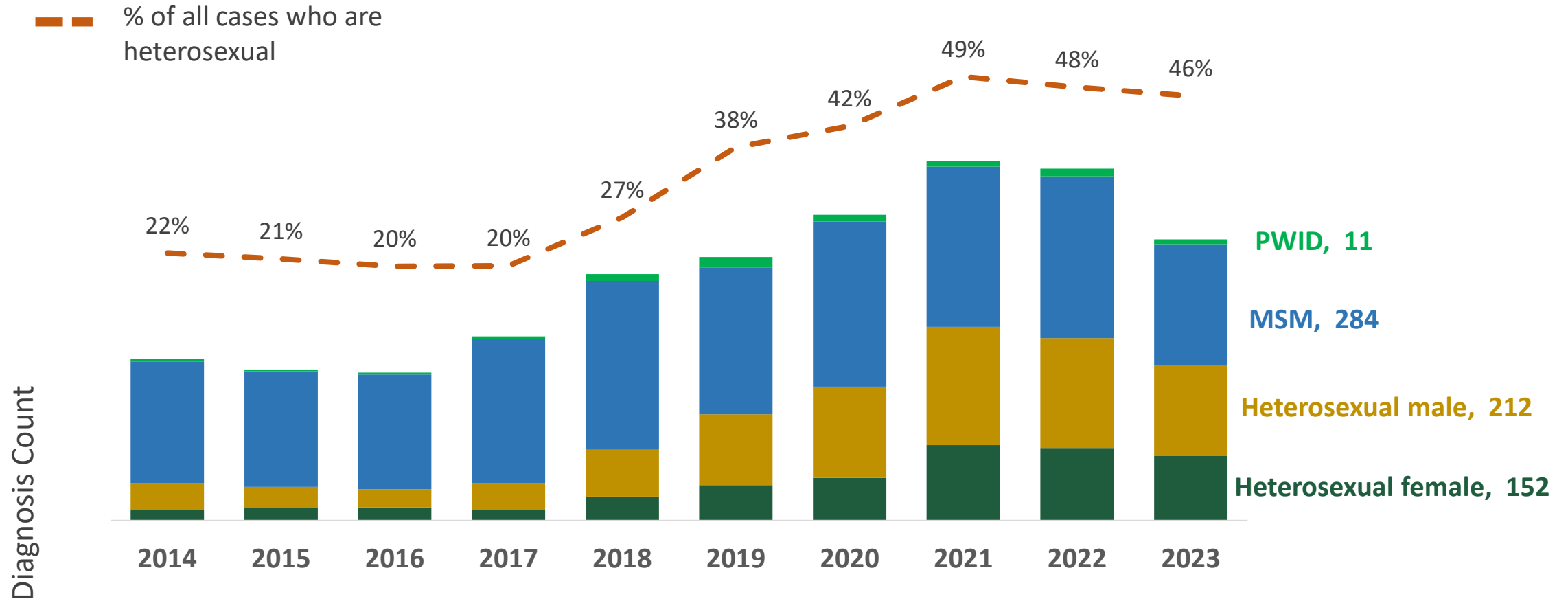
- Pelvic Inflammatory Disorder (PID)
- Increased risk of HIV infection.
- Disseminated gonococcal infection (DGI).
- Vertical transmission of HIV and syphilis.
- Infertility.

Reinfection.

- Many adolescents treated for either infection are reinfected within 3-6 months, typically as a result of resumed sexual contact with an untreated partner.
- On average, 14% of women with chlamydia and 12% of women with gonorrhea will be reinfected, with younger women at higher risk.



P&S Syphilis Trends – Exposure factors



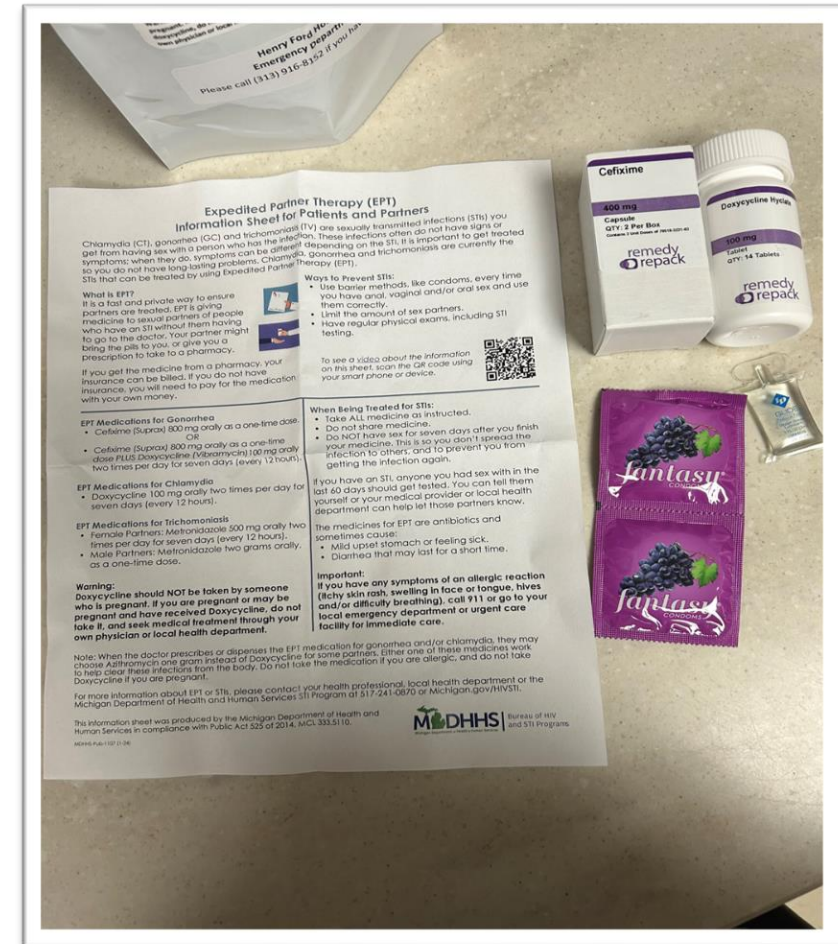
Expedited Partner Therapy (EPT)

Also known as Expedited Partner Treatment, EPT is the clinical practice of providing individuals with medication or a prescription to deliver to their sexual partner(s) as presumptive STI treatment, **without completing a clinical assessment of those partners.**

EPT in Action.

- Patients diagnosed with **chlamydia** or **gonorrhea**, are given either a written prescription or medication packet to distribute to their sexual partners.

Rx	Dr. Jane Doe, MD 12345 ABC Lane, Suite 1200 Hometown, USA 00231 900-000-0000 <small>(Prescribing Providers Detailed Contact Information)</small>
	Name: EXPEDITED PARTNER THERAPY (EPT) Date of Birth: January 1, 2024
Chlamydia EPT Treatment Regimen <input type="checkbox"/> Doxycycline 100 mg orally 2 times/day for 7 days.	
Gonorrhea EPT Treatment Regimen <input type="checkbox"/> Cefixime (Suprax) 800 mg orally in a single dose.	
Dual Chlamydia and Gonorrhea EPT Treatment Regimen <input type="checkbox"/> Cefixime (Suprax) 800 mg orally in a single dose PLUS Doxycycline (Vibramycin) 100mg orally 2 times/day for 7 days	
Date: _____	Provider Signature: X _____
DO NOT REFILL <small>Note: When prescribing or dispensing EPT for Chlamydia and/or Gonorrhea, Azithromycin 1 gram orally should be substituted for Doxycycline when partner is, or might be, pregnant, or if partner is unlikely to adhere to 7-day regimen.</small>	





Dr. Jane Doe, MD
12345 ABC Lane, Suite 1200
Hometown, USA 00231
000-000-0000

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Name: EXPEDITED PARTNER THERAPY (EPT)

Date of Birth: January 1, 2024

Chlamydia EPT Treatment Regimen

Doxycycline 100 mg orally 2 times/day for 7 days.

Gonorrhea EPT Treatment Regimen

Cefixime (Suprax) 800 mg orally in a single dose.

Dual Chlamydia and Gonorrhea EPT Treatment Regimen

Cefixime (Suprax) 800 mg orally in a single dose **PLUS** Doxycycline (Vibramycin) 100mg orally 2 times/day for 7 days

Date: _____

Provider Signature: **X** _____

DO NOT REFILL

Note: When prescribing or dispensing EPT for Chlamydia and/ or Gonorrhea, Azithromycin 1 gram orally should be substituted for Doxycycline when partner is, or might be, pregnant; or if partner is unlikely to adhere to 7-day regimen.

If the partner's name and DOB are unknown, the script can be written for 'Expedited Partner Therapy' with January 1st of the current year as DOB.

Current EPT Guidelines.

- [Michigan Public Act 525 of 2014 \(MCL 333.5110\)](#) authorized the use of EPT for certain STIs as designated by the state health department. In April 2020, MDHHS designated chlamydia, gonorrhea and trichomoniasis as infections for which the use of EPT is appropriate and recommended.
- Under MCL 333.17754a, there are several exemptions to the law including provisions for EPT. EPT is exempt from electronic prescribing and should continue to be offered via written prescription or medication packets.

EPT Eligibility.

- Patients with a clinical diagnosis of sexually transmitted chlamydia or gonorrhea **confirmed by a positive laboratory test.**

or

- Patients without laboratory confirmation when the provider has a **high clinical suspicion** for chlamydia or gonorrhea based on symptoms, and is concerned about loss of follow-up.

Best Candidates for EPT.

- Partners of patients diagnosed with STIs **who are unlikely or unable to access timely evaluation and treatment.**
 - Partners unable to afford medication.
 - Partners that do not have a PCP.
 - Patients that may be lost to follow-up.

Why EPT?

- Michigan EPT laws **facilitate complete treatment** of exposed sexual partners, without requiring partners to be seen by a health care provider.
 - This amendment to Public Act 525 of 2014 authorized the use of EPT in Michigan in January 2015.
- While EPT isn't a substitute for in-person care, it provides a critical safety net when timely treatment might otherwise be missed.
 - EPT fills the gap, offering timely treatment to reduce transmission and protect partners.
- Eliminating barriers to treatment = more effective treatment intervention.
 - Low effort, high impact.
- Acknowledging stigma as barrier.



Health Equity.

- Communities most impacted by STIs face barriers and competing priorities accessing treatment.
- Michigan STI case review informs that patients regularly report experiencing barriers including transportation, housing insecurity, mental health, and domestic violence.
- EPT bypasses structural access issues by directly reaching partners who may be unable to engage in care, regardless of what that reason may be.

Patient-Centered Care.

- EPT is patient-centered, patient-led care.
 - Empowering the patient to *literally* take their sexual health into their own hands.
- Encourages healthy sexual communication and risk negotiation between partners.
- Reinforces harm reduction and trauma-informed practice: no clinic visit required, no questions asked.

EPT is an effective, innovative intervention.

Why aren't all clinicians implementing EPT?

Barriers to EPT.

- Provider Concerns
 - Lack of knowledge, discomfort discussing sexual health, liability concerns, time constraints in a busy clinic setting.
- Legal and Policy
 - EPT policies can be complex for clinicians.
 - Prior to 2020, legal uncertainties led to provider hesitancy, especially prescribing to an individual who is not their patient.

Barriers to EPT.

- Pharmacy Roadblocks
 - Lack of awareness, hesitancy from pharmaceutical professionals.
 - Limited access to pharmacies, cost of medications for the uninsured.
- Patient Considerations
 - Social stigma, discomfort discussing sexual health, health literacy.

EPT Champions.

- Public-Private partnership with 2 Emergency Departments in priority areas.
 - Reported successes and challenges.
- A total of 491 kits were given to patients in both EDs from February 2022-December 2024.
 - Some unexpected outcomes:
 - Most single kits (for one sex partner) were given to 25–39-year-olds.
 - Most multiple kits (for more than one sex partner) were given to 30-39-year-olds. Majority men.
 - Ten (10) kits were given to 60+ aged persons.
 - More than two thirds (66%) of kits were given to women
 - More than three fourths (75%) of kits were given to African Americans.

Summary.

- **EPT supports public health goals, while centering patient trust and autonomy.**
 - EPT prevents long-term complications including infertility, pelvic inflammatory disorder, and increased HIV transmission.
 - EPT empowers individuals to take control of their sexual health, helping to remove barriers to care for their sexual partner, and preventing reinfection themselves.

Resources.

EPT QR link

Jenny Waugh
Program and Policy Coordinator
waughj1@michigan.gov
517-512-0066

References.

- CDC. STI Treatment Guidelines. 29 June 2021, <https://www.cdc.gov/std/treatment-guidelines/toc.htm>.
- Michigan Department of Health and Human Services. Guidance for Health Care Providers: Expedited Partner Therapy (EPT) for Chlamydia, Gonorrhea, and Trichomoniasis, 2021.
 - https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder4/Folder32/Folder3/Folder132/Folder2/Folder232/Folder1/Folder332/Expedited_Partner_Therapy_Guidance_for_Health_Care_Providers.pdf?rev=56ab4e1a513b4fab803eafa823d24edd
- Michigan Department of Health and Human Services. STI Trends in Michigan, 2012 – 2023.
- Aral SO, Hawkes S, Biddlecom A, Padian N. Disproportionate impact of sexually transmitted diseases on women. *Emerg Infect Dis.* 2004 Nov;10(11):2029-30. doi: 10.3201/eid1011.040623_02. PMID: 16010734; PMCID: PMC3329016.