

# Expedited partner therapy (EPT): From evidence to policy to implementation

Jenna Slutsker, MPH (she/her)  
STI Programs

Bureau of Hepatitis, HIV, and Sexually Transmitted Infections

*Envisioning a New York City without transmission or illness related to viral hepatitis, HIV, and sexually transmitted infections.*

# Background and evidence for EPT



# Health alert highlighting increases in STI among young women in NYC

## 2022 Health Alert # 3

### Increases in gonorrhea and syphilis among females in New York City

Please Share this Alert with Colleagues in: Primary Care, Pediatrics, Adolescent Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Urgent Care, Emergency Medicine, Infectious Diseases

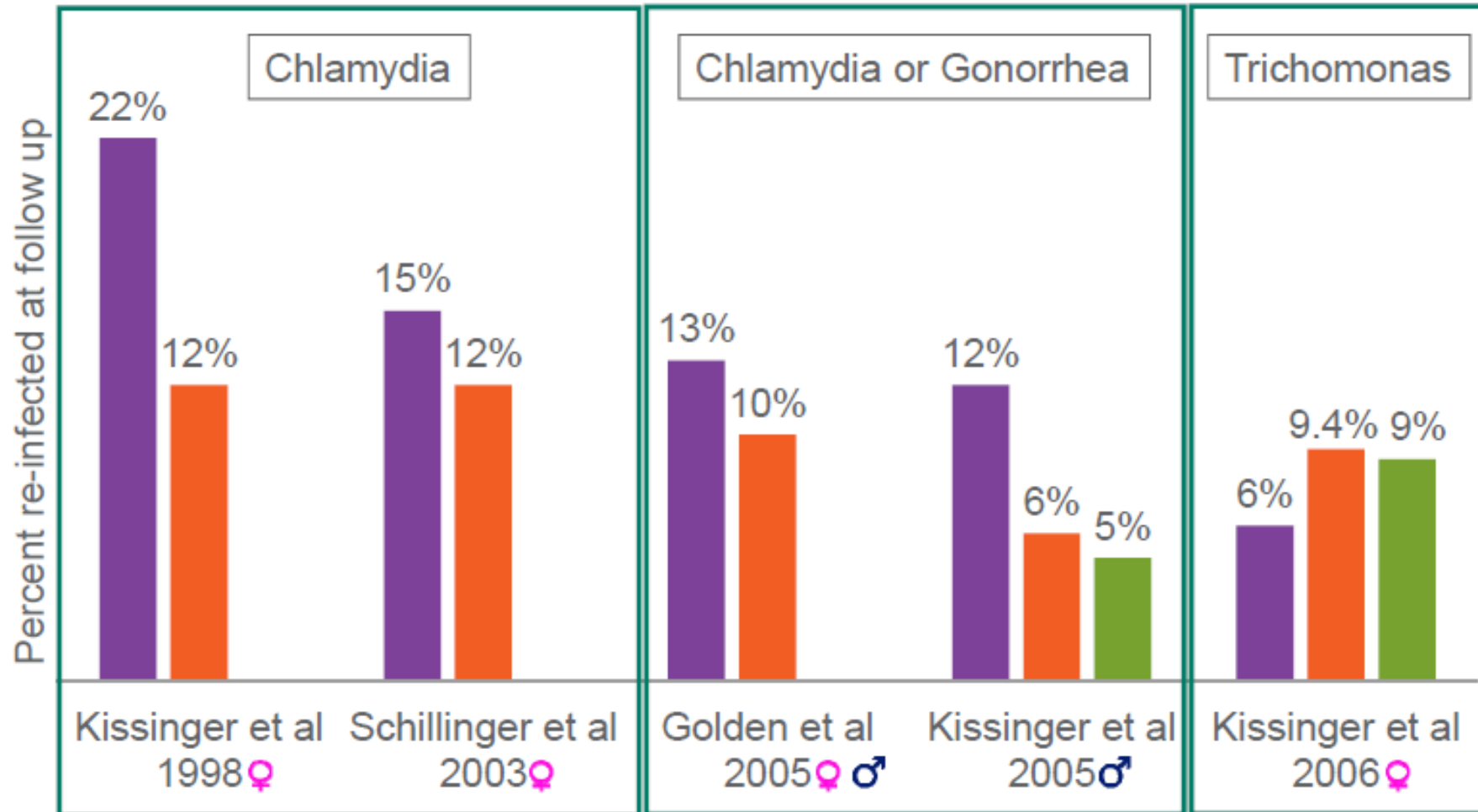
- Reported diagnoses of *Neisseria gonorrhoeae* infections (gonorrhea, GC) and primary and secondary (P&S) syphilis are increasing in NYC among people reported as female (“females”), with most cases among those reported as Black and Latino. Many New Yorkers have delayed routine sexually transmitted infection (STI) screening during the COVID-19 pandemic.
- Resume annual GC and *Chlamydia trachomatis* (chlamydia, CT) screening for sexually active females under 25 years of age, per Centers for Disease Control and Prevention (CDC) [recommendations](#). Screen for syphilis in females with history of incarceration or transactional sex work.
- Screen for syphilis three times during all pregnancies: at (1) first prenatal care examination, (2) 28-32 weeks’ gestation, and (3) delivery, per [NYC Health Code](#) and [New York State \(NYS\) Public Health Law](#).
- In 2021, the Centers for Disease Control and Prevention (CDC) updated its [STI treatment guidelines](#), including for GC and CT. CDC now recommends only a single 500 mg intramuscular dose of ceftriaxone for uncomplicated GC. Treatment for coinfection with CT with oral doxycycline (100 mg twice daily for 7 days) should be administered when chlamydial infection has not been excluded.
- Maintain vigilance for GC treatment failures. Increased minimum inhibitory concentrations of azithromycin, cefixime, and ceftriaxone have been observed among GC isolates in the U.S., including NYC.

# Sex partner management strategies

- Patient (self) referral – Patients are instructed to notify their sex partners to seek treatment
- Provider referral – Public health worker or clinician contacts the patients' sex partners to notify about the need for treatment
- Expedited partner therapy (EPT) – Clinician provides medication or prescription to patient, who brings it to their sex partners, without the clinician first examining the partner

# PDPT Effectiveness in Randomized Controlled Trials

Reduces reinfection with chlamydia & gonorrhea, but not trichomonas



■ Patient referral ■ PDPT ■ Patient referral + info for partner



Trelle S, et al. Improved effectiveness of partner notification for patients with sexually transmitted infections: systematic review. *BMJ*. 2007;334:354. Slide courtesy of Stella Morris, CDPH STD CB

# CDC and national professional society endorsements

Centers for Disease Control (2006 White Paper, Treatment Guidelines)

American Medical Association (June 2006)

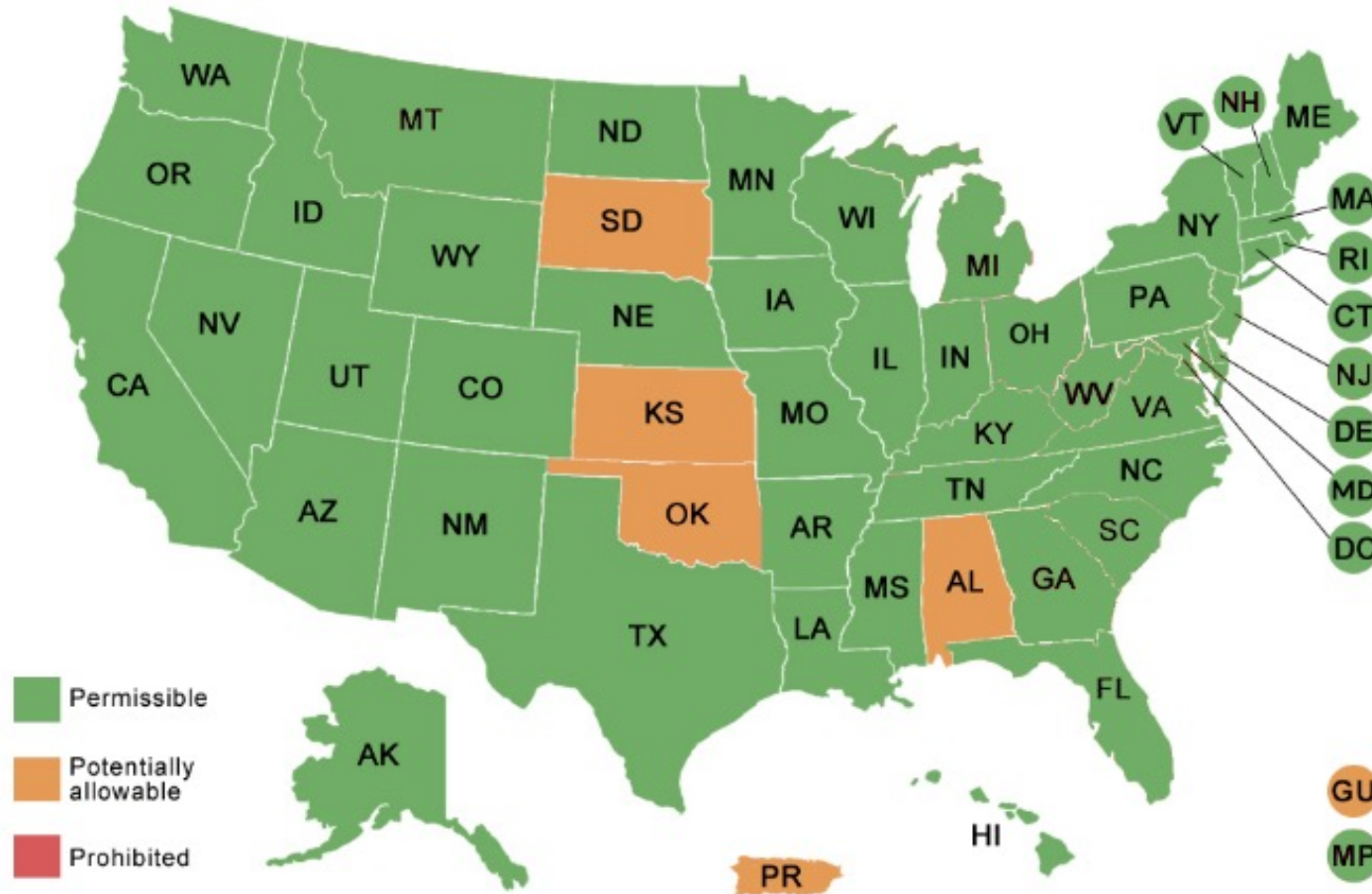
American Bar Association (August 2008)

American Academy of Pediatrics (March 2009)

Society for Adolescent Medicine (September 2009)

American College of Obstetricians and Gynecologists (August 2011)

# Legal status for EPT (Oct 2023)



✅ EPT is permissible in 46 states:

🟡 EPT is potentially allowable in 4 states:

❌ EPT is prohibited in 0 states:

# EPT laws and regulations in New York State





# Timeline for EPT legality in New York State

**Jan 2009:**  
Law legalizing  
EPT for CT

**Oct 2010:**  
Regulations  
adopted

**Mar 2011:**  
Provider  
guidelines  
finalized

**2016 (annual):**  
Waiver from e-  
prescribing  
mandate

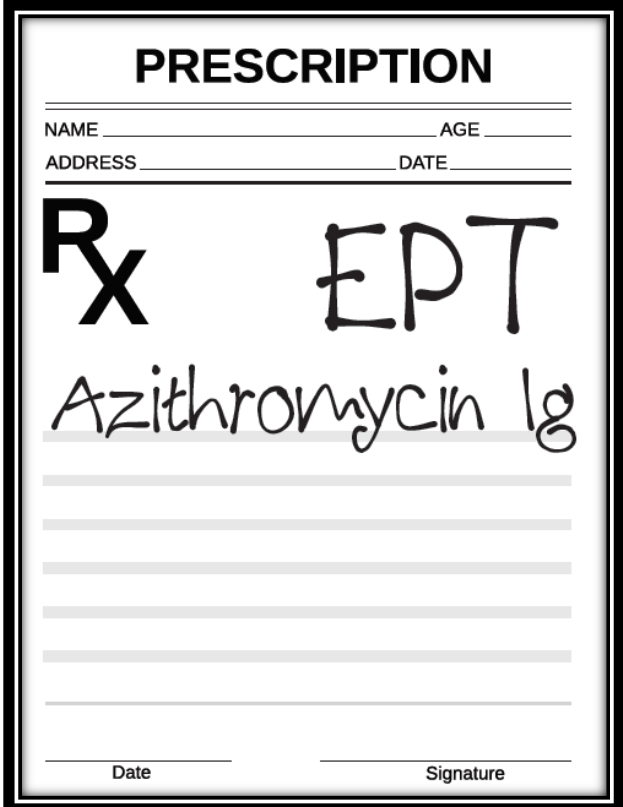
**Jan 2020:**  
Law legalizing EPT  
for STIs  
recommended by  
CDC

# New York State Laws and Regulations

- **EPT is authorized** under New York Codes, Rules, and Regulations (NYCRR) section 23.5, of Title 10, and Section 2312 of NYS Public Health Law
- Permissible for chlamydia, gonorrhea, and trichomoniasis (lab confirmed or clinically diagnosed)
  - EPT not used if patient is co-infected with syphilis
- Provider and pharmacist are **protected from liability**
- Patients must be given information materials to deliver to their sex partners along with EPT
- EPT may be dispensed by medication in hand or prescription form

# Paper EPT Prescriptions in New York State

- EPT must be written in the body of the prescription form
- EPT law overrides the requirement that prescriptions include a patient's name, address, and age
- E-prescribing mandate has been waived for EPT until 3/24/2024, renewed annually

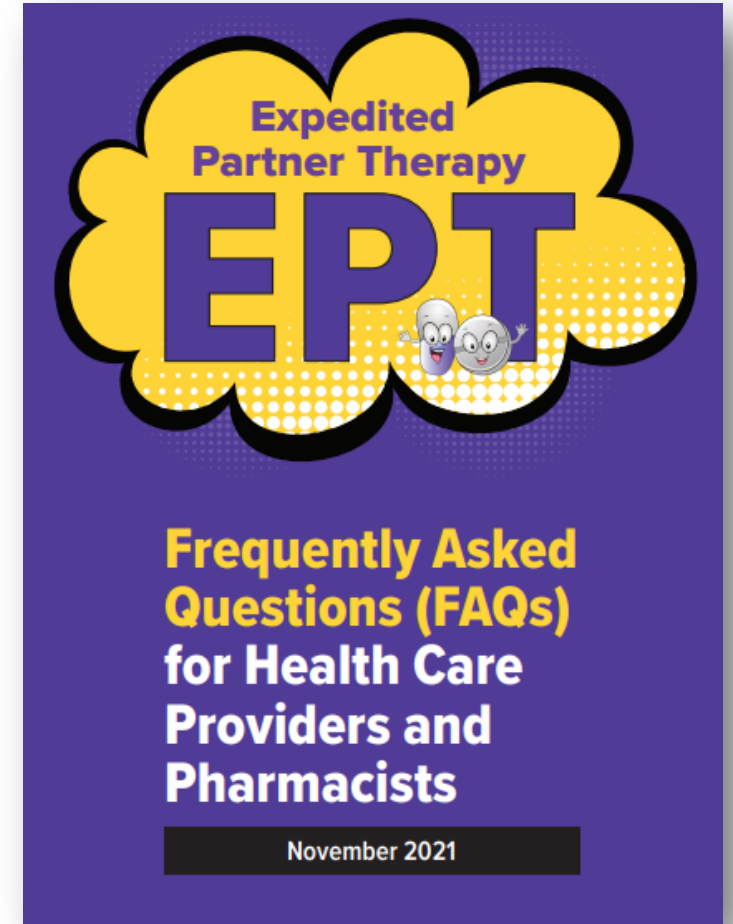


The image shows a sample prescription form titled "PRESCRIPTION". It has fields for "NAME", "AGE", "ADDRESS", and "DATE". The body of the form contains handwritten text: "Rx EPT" and "Azithromycin 1g". At the bottom, there are lines for "Date" and "Signature".

*Sample EPT Script (for chlamydia)*

# Electronic EPT prescriptions in New York State

- Include “EPT” in the notes field
- If the sex partner’s name, address, and DOB are available at the time of prescribing, they should be entered
- If sex partner info is not available at the time of prescribing, enter the following:
  - First name: Expedited
  - Last name: Partner
  - Gender: Use available values
  - Date of Birth: Use 1/1/1901 if unknown
  - Street: “Pharmacy Should Request Address”
  - City, State, and Zip: Default to the City, State, and Zip of the prescriber or pharmacy



# Health education materials

- NYS Public Health Law requires that health education materials are distributed when providing EPT
- Free EPT materials for chlamydia, gonorrhea, and trichomoniasis are available online from NYC and NYS



## Expedited Partner Therapy (EPT) for Chlamydia: A Guide for Partners Who Received Doxycycline

**Why am I getting this prescription or medicine?**

One of your sex partners was diagnosed with chlamydia, an infection that spreads during oral, anal or vaginal sex. A health care provider gave your sex partner a prescription or medicine to give to you so that you can be treated for chlamydia. You also need treatment so you do not develop serious health problems, reinfect your sex partner(s) or pass the infection to others.

**What is chlamydia?**

Chlamydia is a sexually transmitted infection (STI) that spreads during oral, anal or vaginal sex. People who have chlamydia usually do not have symptoms. If people do have symptoms, they can include pain or burning during urination, and pus or discharge from the penis, vagina or anus. You can give chlamydia to others even if you do not have symptoms.

**What is this medicine?**

The medicine is an antibiotic called doxycycline. It will cure your chlamydia infection but will not treat other STIs. It is safe and almost 100% effective when taken correctly.

Before taking doxycycline, talk to a health care provider if you have any serious, long-term health problems such as kidney, heart or liver disease; or if you are taking blood thinners, anti seizure medications or penicillin antibiotics (ampicillin, amoxicillin or Augmentin, or Pen-VK or penicillin V potassium).

**Do not** take doxycycline if **any** of the following are true:

- You are pregnant, think you could become pregnant in the next two weeks or are currently breastfeeding.
- You have ever had a bad reaction (such as breathing trouble, chest tightness, closing of the throat, swelling of the lips or tongue, or rash) or allergy to any antibiotics, including doxycycline (Vibramycin), minocycline (Minocin), or tetracycline (Panmycin).

If you have any of these conditions, visit a health care provider or clinic as soon as possible so they can give you a different medicine that cures chlamydia.

**Why should I take this medicine?**

If not treated, chlamydia can lead to serious health problems such as:

- Infertility — not being able to have children
- Ectopic pregnancy — a pregnancy outside the uterus, which can be life-threatening
- Infection in the testicles, which causes pain and fever
- Pelvic inflammatory disease (PID) — a painful disease that involves the uterus, fallopian tubes and ovaries

**How should I take this medicine?**

- Take the medicine by mouth. Do not share it with others. You need to take the full treatment for it to work.



# Recent New York State efforts around EPT



Department of Health

KATHY HOCHUL  
Governor

MARY T. BASSETT, M.D., M.P.H.  
Commissioner

KRISTIN M. PROUD  
Acting Executive Deputy Commissioner

## Expedited Partner Therapy (EPT) to treat persons exposed to Chlamydia, Gonorrhea, and/or Trichomoniasis

### NYSDOH Position Statement 2021

*In 2019, the New York State Department of Health (NYSDOH) issued a position statement in support of the use of EPT for the treatment of partners of individuals with chlamydia. On January 1, 2020 Chapter 298 of the Laws of 2019 went into effect, expanding New York State Public Health Law (PHL) §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 for partner management.<sup>1,2</sup> In consideration of the expansion of the law, and in support of a larger shift toward a comprehensive sexual health framework, the original position statement has been revised to: support expanding the use of EPT to include gonorrhea and trichomoniasis, remove exclusionary language, and include updated treatment guidelines.*



NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE HIV · HCV · STIs · SUBSTANCE USE · LGBT HEALTH HIVQUAL · CELTRAINING



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■ HEPATITIS CARE  
■ SEXUAL HEALTH

■ HIV TREATMENT  
■ PRIMARY AND SPECIALTY HIV CARE  
■ PERINATAL HIV PREVENTION

■ PEP AND PREP  
■ HPV-RELATED CANCER PREVENTION  
■ SUBSTANCE USE

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## Questions, Answers, and Best Practices for Expedited Partner Therapy (EPT)

[Download Printable PDF](#) [Download Pocket Guide](#) [Download Slide Set](#)

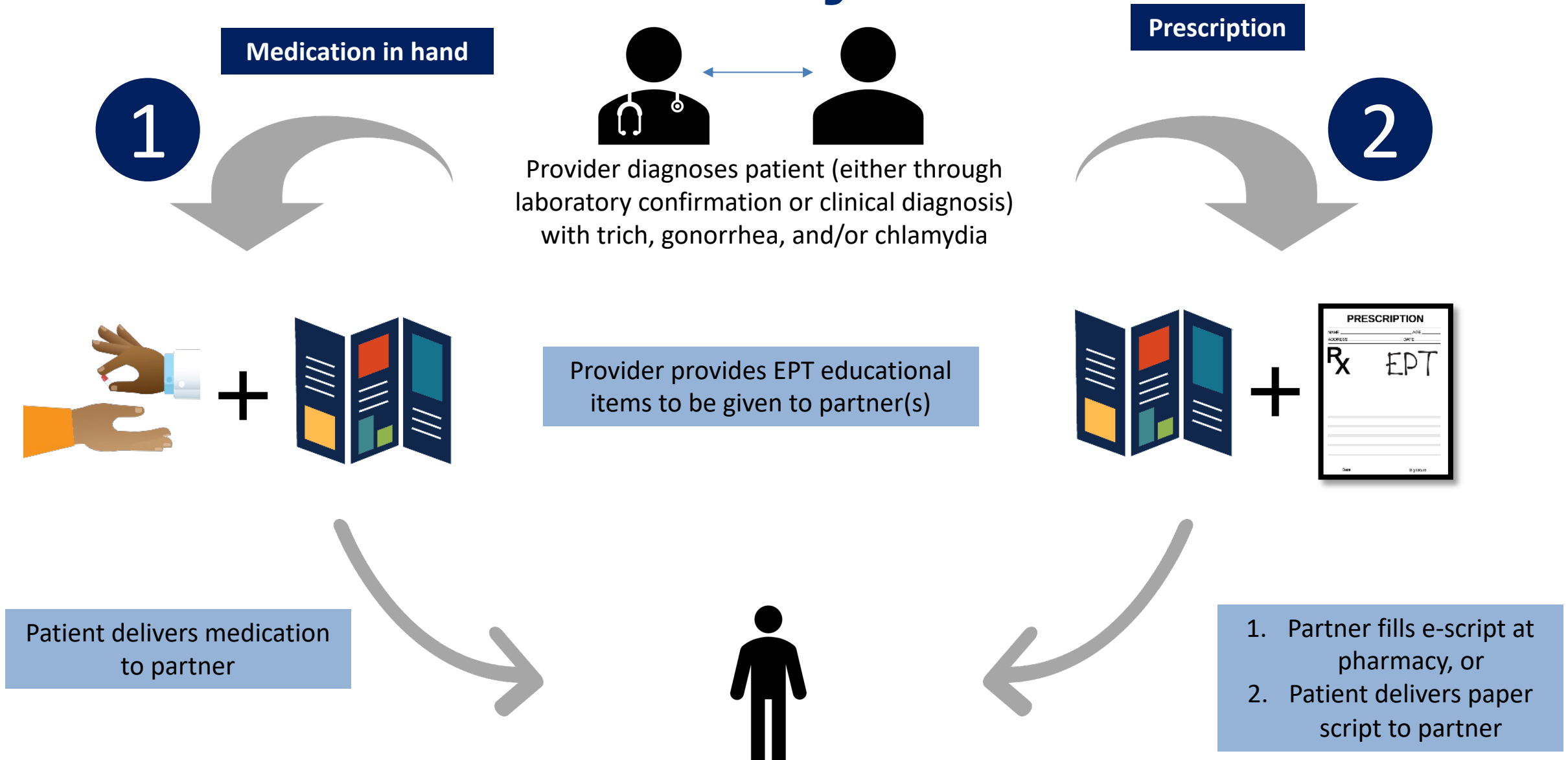
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- [Purpose of This Guidance](#) +
- [Definition, Legality, and Eligibility](#) +
- [Treatment, Medications, and Follow-Up](#) +
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# Modalities for practicing EPT



# EPT can work in two ways:





# Overview of STI reporting requirements

- NYC Health Code:
  - Dual provider and laboratory reporting of 7 STIs
- Provider reports contain valuable details not available on lab reports
  - Demographics
  - Symptoms and Treatment
  - Gender of sex partners
  - Partner management (EPT)
  - PrEP use
- 32% lab-reported cases have a provider report

The image shows a screenshot of a medical report form titled "Sexually Transmitted Diseases". The form includes a header for "Patient Last Name" and a section for "For All STD Reports". Three purple boxes with arrows point to specific sections: "EPT" (Partner management), "PrEP" (Pre-exposure prophylaxis), and "Partner gender".

**For All STD Reports**

As of the date of this report,

**Were any of this patient's sex partners notified of possible exposure to an STD?** (Check all that apply)

- Yes, our office notified the partner(s)
- Yes, the patient was asked to notify partner(s)
- No
- Unknown

**Did you provide treatment for any of this patient's partners?** (Check all that apply)

- Yes, I saw the sex partner(s) in my office
- Yes, I gave extra medication for \_\_\_ (#) partner(s)
- Yes, I wrote a prescription for \_\_\_ (#) partner(s)
- Yes, some other way (specify): \_\_\_\_\_
- No
- Unknown

**Is the patient on pre-exposure prophylaxis (PrEP) to prevent HIV infection?**

- Yes, started PrEP at time of current STD diagnosis
- Yes, already on PrEP at time of current STD diagnosis
- No
- Unknown

**Please indicate gender of sexual partners in the past year:** (Check all that apply)

- Males
- Females
- Transgender Male to Female
- Transgender Female to Male
- Unknown

**Chancroid**

Specify type of specimen:

- Penile  Vaginal  Endocervical
- Anorectal  Oropharyngeal
- Other: \_\_\_\_\_

Specimen collection date: \_\_\_/\_\_\_/\_\_\_

Treatment: \_\_\_\_\_

Treatment date: \_\_\_/\_\_\_/\_\_\_  Unknown

**Granuloma inguinale**

Specify type of specimen:

- Penile  Vaginal  Endocervical
- Anorectal  Oropharyngeal
- Other: \_\_\_\_\_

Specimen collection date: \_\_\_/\_\_\_/\_\_\_

Treatment: \_\_\_\_\_

Treatment date: \_\_\_/\_\_\_/\_\_\_  Unknown

**Lymphogranuloma venereum**

Clinical Presentation (Check all that apply)

- Proctitis  Lymphadenopathy
- Bubo  Skin lesion
- Other: \_\_\_\_\_

Specimen collection date: \_\_\_/\_\_\_/\_\_\_

Treatment: \_\_\_\_\_

Treatment date: \_\_\_/\_\_\_/\_\_\_  Unknown

**Chlamydia (CT)**

Specify type of specimen:

- Endocervical  Urethral  Anorectal
- Oropharyngeal  Urine

**Herpes, neonatal**

Herpes simplex virus infection in infants aged 60 days and younger.

- Clinical diagnosis

**Syphilis\*\***

Stage:

- Congenital
- Primary, chancre present (Check all that apply)

**Syphilis Test Types: (Check all that apply)**

1. Serologic tests for syphilis

A. Non-treponemal Test

- RPR  Reactive  Non-reactive
- Titer: \_\_\_\_\_
- VDRL  Reactive  Non-reactive
- Titer: \_\_\_\_\_
- Specimen collection date: \_\_\_/\_\_\_/\_\_\_

B. Treponemal Test

# Challenges to providing EPT by prescription

- Many reasons EPT by prescription may not work as well as medication:
  - Requires more steps than EPT by medication<sup>1</sup>
  - Medication may be cost-prohibitive, especially for adolescents<sup>2</sup>
  - Electronic prescribing introduces new challenges<sup>3</sup>
  - Pharmacists may refuse to fill EPT prescriptions, especially with “no name”<sup>4</sup>
  - Areas with highest STI incidence may have fewer pharmacies<sup>5</sup>

1. Schillinger et al. STD. 2016; 43:S63-75

2. Reid et al. STD. 2016; 43(11):679-684

3. McCool-Myers et al. J Public Health Manag Pract. 2020; 26(6):585-589

4. Borchardt et al. STD. 2018; 45(5): 350–353

5. Qin et al. ACOG. 2018; 218(5): 504-e1-e6

# Local findings on EPT practices



# Local findings on EPT practices in NYC

- Introcaso CE, Rogers ME, Abbott SA, Gorwitz RJ, Markowitz LE, Schillinger JA. Expedited partner therapy in federally qualified health centers – New York City, 2012. *STD.* 2013;40(11):881-885
- Vaidya S, Johnson K, Rogers M, Nash D, Schillinger JA. Predictors of index patient acceptance of expedited partner therapy for *Chlamydia trachomatis* infection and reasons for refusal, sexually transmitted disease clinics, New York City, 2011 to 2012. *STD.* 2014;41(11):690-694
- Oliver A, Rogers M, Schillinger JA. The impact of prescriptions on sex partner treatment using expedited partner therapy for *Chlamydia trachomatis* infection, New York City, 2014-2015. *STD.* 2016;43(11):673-678
- Reid A, Rogers ME, Arya V, Edelstein ZR, Schillinger JA. Pharmacists' knowledge and practices surrounding expedited partner therapy for *Chlamydia trachomatis*, New York City, 2012 and 2014. *STD.* 2016;43(11):679-684
- Okah E, Arya V, Rogers M, Kim M, Schillinger JA. Sentinel surveillance for expedited partner therapy prescriptions using pharmacy data, in 2 New York City neighborhoods, 2015. *STD.* 2017;44(2):104-108
- Slutsker JS, Tsang LB, Schillinger JA. Do prescriptions for expedited partner therapy for chlamydia get filled? Findings from a multi-jurisdictional evaluation, United States, 2017-2019. *STD.* 2020;47(6):376-382
- Gary DE, Klingler EJ, Slutsker JS. Patient-reported experiences filling expedited partner therapy prescriptions for chlamydia, including recommendations for mitigating encountered obstacles, New York City, 2019 to 2020. *STD.* 2023;50(11):746-752

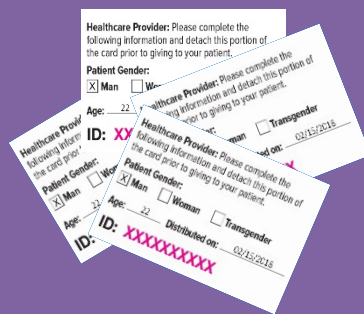
# Do prescriptions for EPT for chlamydia get filled?

**Objective:** To measure the percent of prescriptions for EPT that get filled, after eliminating the cost barrier

1) McKesson develops EPT discount cards



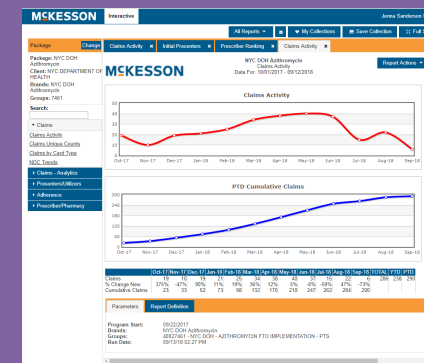
2) Recruit and train clinical partners to distribute cards



3) Patient or sex partner presents card at any pharmacy



4) McKesson tracks redemption of cards



# EPT discount cards with educational materials



### What is this medicine?

The medicine you are getting is an antibiotic; it will cure your chlamydia infection but will not treat other STIs you may have.

#### ⚠ DO NOT TAKE this medicine if *any* of the following are true:

- You have lower stomach pain, cramps, pain during sex, throwing up, pain in the testicles (balls) or a fever.
- You are allergic or have ever had a bad reaction, rash, or allergy to any antibiotics, including: azithromycin (Zithromax), erythromycin or clarithromycin (Biaxin).
- You have any serious, long-term health problems like kidney, heart or liver disease; seizures; or you are taking blood thinners.

If any of the above is true and you cannot take the medicine, you should see a health care provider as soon as possible so they can give you another medicine that cures chlamydia.

### How should I take the medicine?

- Take **all** of this medicine right away (by mouth). Do not share the medicine; you need to take all of it for it to work.
- If you throw up within an hour of taking the medicine, it will not work and you will have to get more. Get help by calling your doctor, and saying you need treatment for exposure to chlamydia.

### What should I do next?

- **Do not have sex (vaginal, oral or anal) for at least 7 days after you and your sex partners have been treated.** The medicine takes 7 days to work. You can get chlamydia again if you have sex before the medicine cures you and your partner.
- **See a doctor and get checked for other STIs (including HIV).** Even if you take the medicine, it is important to get tested for other STIs because you can have more than one STI at a time. This medicine only cures chlamydia.

### Why am I getting a prescription?

One of your sex partners has been diagnosed and treated for chlamydia (pronounced klah-MIH-dee-ah), a disease that is transmitted by having sex. You also need to be treated so you don't develop serious health problems, re-infect your sex partner, or pass it on to others.

### What is chlamydia?

Chlamydia is a sexually transmitted infection (STI) spread through oral, anal and vaginal sex. People who have chlamydia, and especially women, usually have no symptoms. If there are symptoms, they can include pain or burning during urination, and pus or discharge from the penis, vagina or anus. Even without symptoms, chlamydia can be passed on to sex partners.

### Why should I take this medicine?

If not treated, chlamydia infections can lead to serious health problems like infertility (not being able to have children) and pelvic inflammatory disease. This disease can be very painful and can affect the uterus, fallopian tubes and ovaries. It can also lead to an unusual pregnancy in the fallopian tubes (ectopic pregnancy).

### What is Expedited Partner Therapy?

A health care provider has given your sex partner a prescription to give to you so that you can be treated for chlamydia. This is called Expedited Partner Therapy (EPT) and is a convenient, fast and private way for you to be treated.

### Is Expedited Partner Therapy legal and is it safe?

Yes, New York State law allows health care providers to provide a prescription to patients diagnosed with chlamydia so they can give it to their partners. The medicine, called azithromycin (pronounced a-ZITH-row-MY-sin), is safe and almost 100% effective when used as directed.

### Will this medicine cure all STIs?

NO. This medicine will **ONLY** cure chlamydia. If you think that you may have been exposed to other STIs or you just want to be sure you don't have anything else, you should visit a health care provider and discuss your concerns.

## Other Questions You May Have.



### What if I don't think I have chlamydia?

Many STIs don't cause symptoms. You can have chlamydia even if you feel fine. Because you had sex with someone who has chlamydia, you might also have it, and you should be treated.

### What if I have questions?

You can call the phone number on the prescription, or visit [nyc.gov/health/ept](http://nyc.gov/health/ept) for answers to your questions.

### What can I expect when I go to the pharmacy to pick up the medicine?

Give the pharmacist the prescription and the free treatment card on the back of this brochure. The medicine will be free so your insurance will not be billed. To fill the prescription, the pharmacist may ask for your name, address, and date of birth.

### Does azithromycin cause side effects?

Not always, but if there are side-effects, they may include one or more of the following: diarrhea, nausea, stomach ache, headache and throwing up. These are common and not dangerous. But if you throw up within an hour of taking the medicine, you need to visit a clinic or a doctor to get more medicine because the medicine did not have time to work.

### What kind of side effects can be dangerous?

It is rare, but some people do experience serious allergic reactions. These reactions can cause trouble breathing, chest tightness, closing of the throat, swelling of the lips or tongue and hives (itchy bumps on the skin). If you have any of these problems after taking this medicine, immediately call 911 or go to the nearest emergency room.

### What if I don't take the medicine?

If you decide not to take the medicine, you should see a health care provider to get tested as soon as possible. Chlamydia that is not treated can lead to serious health problems and can be spread to sex partners.

### What if I am pregnant or think I may be pregnant?

This medicine is widely used and well tolerated during pregnancy. After you take the medicine, see a health care provider as soon as possible. You should be tested for other STIs that can be passed on to a baby during pregnancy and delivery. Tell the provider you were treated because your sex partner had chlamydia.

# Characteristics of participating health facilities (N = 32)

| Characteristic                                       | Number | Percentage |
|--|--------|------------|
| <b>Jurisdiction of participating health facility</b> |        |            |
| New York City  | 8      | 25%        |
| New York State (outside New York City)               | 17     | 53%        |
| Maryland   | 6      | 19%        |
| California   | 1      | 3%         |
| <b>Type of health care setting</b>                   |        |            |
| Student health center                                | 3      | 9%         |
| Hospital-affiliated clinic                           | 6      | 19%        |
| Community health center                              | 20     | 63%        |
| Publicly-funded STI clinic                           | 3      | 9%         |
| <b>Experience with EPT</b>                           |        |            |
| No experience before starting project                | 7      | 23%        |
| Less than one year                                   | 2      | 6%         |
| One to two years                                     | 3      | 10%        |
| Longer than two years                                | 19     | 61%        |

# Distribution and redemption of EPT discount cards

| Characteristic | Distributed cards | Redeemed cards |         | p-value |
|----------------|-------------------|----------------|---------|---------|
|                |                   | Number         | Percent |         |
| <b>Total</b>   | 931               | 382            | 41%     |         |



# Distribution and redemption of EPT discount cards

| Characteristic                      | Distributed cards | Redeemed cards |         | p-value |
|-------------------------------------|-------------------|----------------|---------|---------|
|                                     |                   | Number         | Percent |         |
| <b>Total</b>                        | 931               | 382            | 41%     |         |
| <b>Sex (index patient)</b>          |                   |                |         | 0.009   |
| Female                              | 651               | 286            | 44%     |         |
| Male                                | 271               | 94             | 35%     |         |
| <b>Age in years (index patient)</b> |                   |                |         | 0.001   |
| ≤ 18 years                          | 163               | 49             | 30%     |         |
| > 18 years                          | 736               | 322            | 44%     |         |

# Characteristics of pharmacies

- 160 pharmacies processed  $\geq 1$  cards and dispensed free EPT medication
- 382 cards were redeemed in multiple types of pharmacies:
  - 211 (55%) in chain pharmacies
  - 54 (14%) in community pharmacies
  - 14 (4%) in retail pharmacies
  - 103 (27%) in clinic pharmacies
- 196 cards (56%) were redeemed on the same day as distribution, and another 56 (16%) on the day after distribution

# Project conclusions

- 41% of EPT discount cards were redeemed at a pharmacy
  - Redemption lowers to 34% when excluding a large student health center with an on-site pharmacy
- Redemption significantly lower when the index patient was  $\leq 18$  years
  - **Whenever possible, EPT should be provided as medication in-hand, especially for young people**

# Patient-reported experiences filling EPT prescriptions for chlamydia

**Objective:** To investigate the experiences of young women with filling EPT prescriptions for chlamydia in NYC and to gather information on factors that would make it easier to obtain EPT medication

# Data sources and study population

## Study population

- People with a new chlamydia infection from July 2019 to January 2020 who were:
  - Reported to DOHMH as female and 15-24 years
  - Had a healthcare provider report indicating provision of prescription-EPT

## Data collection

- Conducted telephone interviews using a standard survey that explored:
  - Experiences with filling an EPT prescription for the most recent sex partner
  - Factors that would make it easier to obtain EPT medication

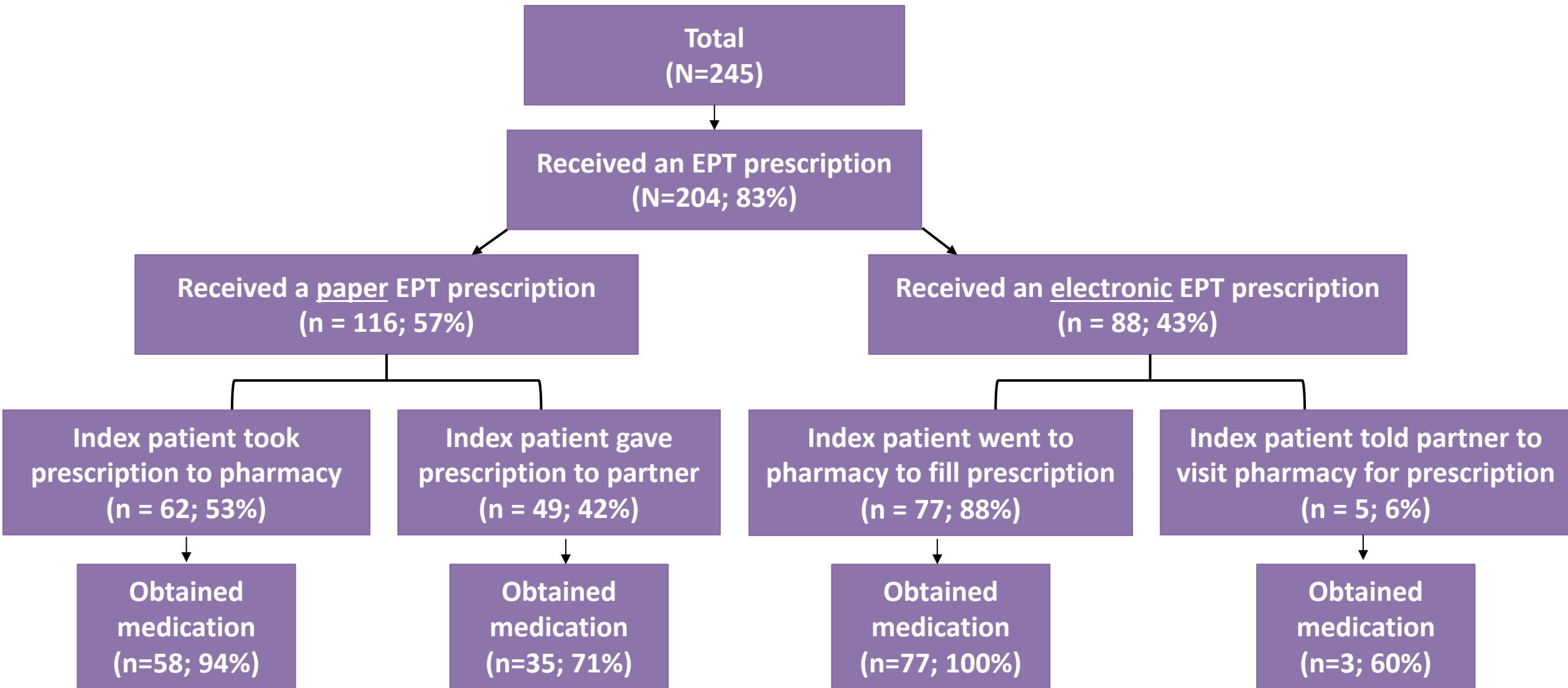
## Analysis

- Used descriptive analyses to characterize experiences with filling an EPT prescriptions
- Identified major themes from open-ended responses

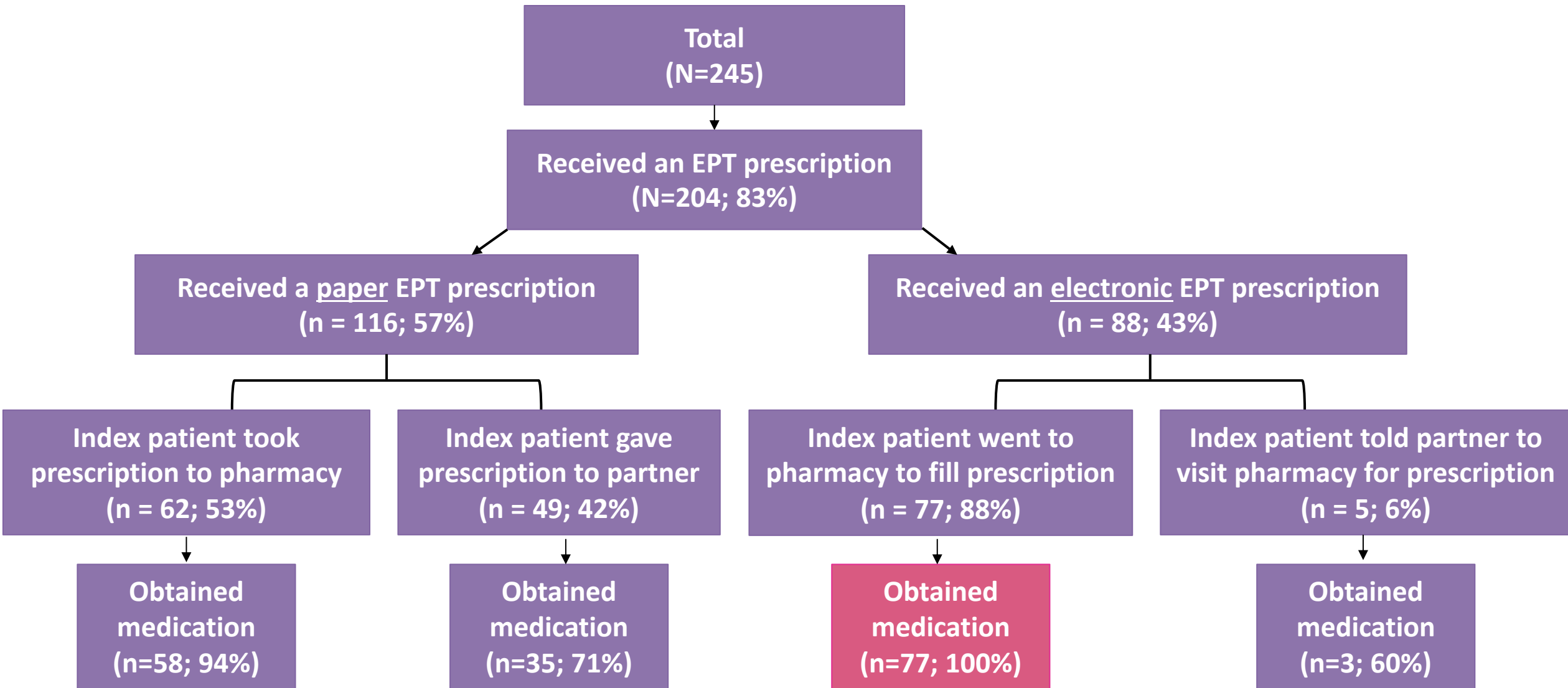
# Characteristics of patients interviewed (N = 245)

| Characteristic                          | Number     | Percentage |
|---|------------|------------|
| <b>Mean age in years (SD)</b>           | 20.1 (2.2) |            |
| <b>Borough of residence</b>             |            |            |
| Bronx                                   | 122        | 50%        |
| Brooklyn                                | 33         | 14%        |
| Manhattan                               | 48         | 20%        |
| Queens                                  | 41         | 17%        |
| Staten Island                           | 1          | 0.4%       |
| <b>Reporting provider type</b>          |            |            |
| Community health center                 | 99         | 40%        |
| Health + Hospitals facility             | 45         | 18%        |
| Hospital-affiliated facility            | 59         | 24%        |
| Sexual and reproductive health facility | 8          | 3%         |
| Student health center                   | 21         | 9%         |
| Urgent care center                      | 10         | 4%         |

# Experiences with filling EPT prescription among interviewed people



# Experiences with filling EPT prescription among interviewed people





# Factors that would make it easier to obtain EPT treatment

**43 index patients reported ways to improve their experience filling an EPT prescription, including factors related to:**

## Payment (n=22)

- Need to pay for medication in cash
- Challenges with prescription coverage

## Healthcare providers (n=19)

- Inconveniences related to the EPT prescription
- Poor communication

## Pharmacies (n=12)

- Limited pharmacist experience with “nameless” EPT prescriptions
- Lack of confidentiality

# Project conclusions

- Nearly all patients who attempted to fill their EPT prescription reported obtaining medication
- Despite this successful outcome, patients faced numerous barriers when filling EPT prescriptions (e.g., out-of-pocket costs, inconveniences)
- Patients recommended medication-EPT at the point of care as a “much easier” and “less tedious” approach to partner treatment

# Next steps to support EPT in NYC



# Medication EPT Distribution Program

- **Objective:** Increase access to CDC-recommended treatment for chlamydia, gonorrhea, and trichomoniasis for both patients newly diagnosed with an STI (“index patients”) and their sex partners
- Designed based on the California Department of Public Health’s EPT Distribution Program



The screenshot shows the Essential Access Health website. At the top left is the logo for Essential Access Health, which consists of a stylized 'e' made of three overlapping circles in blue, green, and red, followed by the text 'essential access health'. To the right of the logo are five navigation links: '→ PROGRAMS + SERVICES', '→ LEARNING EXCHANGE', '→ RESEARCH CENTER', '→ POLICY + ADVOCACY', and '→ ABOUT'. Below the navigation is a large purple heading that reads 'ept distribution program'. Underneath this heading is a sub-heading: 'Chlamydia / Gonorrhea EPT Distribution Program'. The main text describes the program: 'Essential Access Health's Chlamydia/Gonorrhea (CT/GC) Expedited Partner Therapy Distribution Program is designed to ensure that exposed sex partners of patients diagnosed with a CT/GC infection receive timely treatment to prevent repeat infection.' Below this text is another paragraph: 'Expedited partner therapy (EPT) is **not** intended as a first-line partner management strategy. It is an evidence-based alternative for treating sex partners who are unable or unlikely to visit a health center. This program is intended for uninsured or underinsured sex partners of patients diagnosed with a CT/GC infection.' On the right side of the page, there are three purple buttons: 'ELIGIBILITY REQUIREMENTS', 'REGISTRATION', and a partially visible button below it.

# Health facilities order medications through an online portal

- Each health facility registered to participate in the program and placed orders for medication in an online portal



## NYC Department of Health Medication-EPT Distribution Program

**Welcome to the NYC Department of Health Medication-EPT Distribution Program!**

Hi, . Thank you for your interest in participating in the Medication-EPT Distribution Program with !

The Medication-EPT Distribution Program is designed to have two main contacts per health facility. Depending on the structure of your organization, the same staff member may fulfill both roles. An overview of the roles and responsibilities for each contact is outlined in the table below.

# Medication orders ship directly to the health facility

- Preferred and alternative regimens for EPT from the CDC 2021 STI Treatment Guidelines are available for ordering:
  - Doxycycline (100 mg 2 times/day for 7 days)
  - Azithromycin (1 g in a single dose)
  - Cefixime (800 mg in a single dose)
  - Metronidazole (2 g in a single dose)
  - Metronidazole (500 mg 2 times/day for 7 days)
- Medications are repackaged into a single-course per bottle and shipped directly to health facility



# Health facilities distribute medications and document per protocol

- Each health facility partnered with DOHMH to develop a protocol for distributing and monitoring medications
- Implementation and evaluation planning is underway

PERPETUAL INVENTORY RECORD FOR HEALTH FACILITY X

REGIMEN: Doxycycline (100 mg 2 times/day for 7 days)  
NDC: 00143-9803-05

| DATE |    |    | DESCRIPTION                    | INDEX PATIENT MRN | QTY FOR INDEX PATIENT | QTY FOR SEX PARTNER | RECEIVED QTY | ISSUED QTY | RETURNED QTY | BALANCE ON HAND | STAFF SIGNATURE |
|------|----|----|--------------------------------|-------------------|-----------------------|---------------------|--------------|------------|--------------|-----------------|-----------------|
| 10   | 13 | 22 | Received medication from DOHMH |                   |                       |                     | 20           |            |              | 20              | BT              |
| 10   | 14 | 22 | Dispensed                      | ABC123            | 1                     | 1                   |              | 2          |              | 18              | CS              |
| 10   | 18 | 22 | Dispensed                      | DEF456            | 1                     | 3                   |              | 4          |              | 14              | TE              |
| 10   | 20 | 22 | Received medication from DOHMH |                   |                       |                     | 10           |            |              | 24              | BT              |
| 10   | 24 | 22 | Dispensed                      | GHI789            | 1                     | 2                   |              | 3          |              | 21              | JS              |
|      |    |    |                                |                   |                       |                     |              |            |              |                 |                 |
|      |    |    |                                |                   |                       |                     |              |            |              |                 |                 |
|      |    |    |                                |                   |                       |                     |              |            |              |                 |                 |

# Takeaway messages





# Takeaway messages

- EPT is a legal alternative for sex partner management in New York State
- EPT can be provided for gonorrhea, chlamydia, and trichomonas
- EPT may be dispensed by medication-in-hand or prescription
  - Efficacy of prescription EPT has never been established
  - Many barriers exist to practicing EPT by prescription in real-world settings
- Whenever possible, EPT should be provided as medication in-hand

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