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**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
*Helping people. It's who we are and what we do.*



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## Technical Bulletin

**Date:** May 24, 2021  
**Topic:** Expedited Partner Therapy  
**Contact:** Elizabeth Kessler, MPH, STD & Hepatitis Program Manager  
**To:** Health Care Providers Treating Chlamydia and/or Gonorrhea

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### Situation:

Nationally since 2014, the number of reported chlamydia and gonorrhea cases has continued to rise. In 2019, Nevada ranked 17<sup>th</sup> in the United States for its chlamydia rate with a rate of 587.5 per 100,000 population, higher than the national average of 552.8 per 100,000 population<sup>1</sup>. Gonorrhea rates in 2019 ranked 15<sup>th</sup> in the nation with 214.8 cases per 100,000, higher than the national average of 188.4 cases per 100,000 population.<sup>1</sup> The State Board of Pharmacy has revised regulations under Nevada Revised Statutes ([NRS 639.070 and 639.210](#))<sup>2</sup> to allow for the use of Expedited Partner Therapy in treatment of these infections.

### Background:

According to the 2015 Centers for Disease and Control (CDC) Sexually Transmitted Diseases Treatment Guidelines, and the Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020,<sup>3,4</sup> Expedited Partner Therapy (EPT) or patient delivered partner therapy (PDPT), is the clinical practice of treating the sex partners of persons who receive a chlamydia or gonorrhea diagnosis through prescribed medications to the patient.<sup>3</sup> Under Nevada Administrative Code ([NAC 441A.200\(2\)\(f\)](#)), EPT is permissible in Nevada.<sup>5</sup> These laws include the use of the most current CDC Sexually Transmitted Treatment Guidelines, which include the use of EPT for patients with chlamydia and gonorrhea.

### Recommendations:

- Nevada Division of Public and Behavioral Health (DPBH) considers EPT within standards of care based on the recommendations from the 2015 CDC STD Treatment guidelines and the Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020.<sup>3,4</sup> Clinicians who treat patients for chlamydia or gonorrhea are strongly advised to review and comply with current CDC recommendations and be aware of the alarming increase in STD trends in Nevada.
- Asymptomatic partners receiving EPT should be encouraged to seek medical attention through educational counseling of index cases with written materials, including written treatment instructions for the index case's partner(s). (see informational materials section below)
- Providers who know of, or provide services to, a case or suspected case of gonorrhea or chlamydia are required by law (NAC 441A.230) to report the case or suspected case to their local health authority. Reporting forms can be found at:  
[http://dpbh.nv.gov/Programs/OPHIE/Public\\_Health\\_Informatics\\_and\\_Epidemiology\\_-\\_Home/](http://dpbh.nv.gov/Programs/OPHIE/Public_Health_Informatics_and_Epidemiology_-_Home/)

## **Summary Guidance for the Use of EPT<sup>4</sup>**

**Eligible Patients:** Partners to persons with a clinical diagnosis of *Chlamydia trachomatis* or *Neisseria gonorrhoea*, preferably confirmed with a laboratory test, who are unable or unlikely to seek a medical evaluation.

**Eligible Partners:** Asymptomatic heterosexual partners who were exposed within the previous 60 days (or most recent sex partner if none in the previous 60 days), and who are unable or unlikely to seek medical care.

- **EPT is not recommended in the following situations:** gonorrhea and chlamydial infection in men who have sex with men, women with trichomoniasis, patients with infectious syphilis, and pregnant women.

**First-choice Partner Management Strategy:** Attempt to refer partners for complete clinical evaluation, STD/HIV testing, counseling, and treatment.

### **Recommended Drug Regimens for Sex Partners Receiving EPT: \***

- **Patients diagnosed with chlamydia, but not gonorrhea: \*\***
  - Doxycycline 100 mg orally BID for 7 days OR
  - Azithromycin 1 gram orally in a single dose
- **Patients diagnosed with gonorrhea but not chlamydia: \*\***
  - 800 mg oral dose of cefixime
- **Patients diagnosed with both gonorrhea and chlamydia: \*\***
  - 800 mg oral dose of cefixime PLUS
  - Doxycycline 100 mg orally BID for 7 days

**Informational Materials:** Health care professionals must provide patients participating in EPT with counseling and written materials to include:

- A warning about administering EPT to pregnant partners;
- Information about the antibiotic and dosage prescribed or provided;
- Information about the treatment and prevention of STDs;
- The requirement of abstinence until a period of time after treatment;
- Notification of the importance of sex partners to receive testing for HIV and other STDs;
- Notification of the risk to self, others, and the public health if the STD is not completely treated;
- The responsibility of the sex partner to inform his/her sex partner(s) of the STD risk and importance of examination and treatment; and
- Other information deemed necessary by the Local Health Department.

**Patient Re-testing:** Patients treated for chlamydia and/or gonorrhea should be re-tested *three (3) months* after the treatment to identify possible re-infection.

**Liability:** Health care providers or pharmacists who dispense EPT in accordance with [NAC 441A.200\(2\)\(f\)](#) shall **not** be subject to liability or be deemed to have engaged in unprofessional conduct.

### **Resources:**

1. *CDC STD Surveillance Report.* Available online at: <https://www.cdc.gov/std/default.htm>
2. *Nevada Revised Statutes Chapter 639.* Available online at: <https://www.leg.state.nv.us/NRS/NRS-639.html>
3. *STD Treatment Guidelines, 2015.* Available online at <http://www.cdc.gov/std/treatment/>.
4. *Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020.* Available online at: [https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm?s\\_cid=mm6950a6\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm?s_cid=mm6950a6_w)
5. *Nevada Administrative Code 441A.* Available online at <https://www.leg.state.nv.us/NAC/NAC-441A.html>
6. *DPBH 201 Fast Facts.* Available online at: [http://dphh.nv.gov/Programs/STD/dta/Publications/Sexually Transmitted Disease \(STD\) Prevention and Control Program- Publications/](http://dphh.nv.gov/Programs/STD/dta/Publications/Sexually%20Transmitted%20Disease%20(STD)%20Prevention%20and%20Control%20Program-Publications/)
7. *Expedited Partner Therapy in the Management of Sexually Transmitted Diseases.* 2006. Available online: [www.cdc.gov/std/EPT](http://www.cdc.gov/std/EPT)

**Questions:**

For updated guidance, please review the DPBH Technical Bulletin [website](#) and Nevada's health response [website](#) regularly. Email [dpbhepi@health.nv.gov](mailto:dpbhepi@health.nv.gov) with questions. Providers may also contact the Nevada Division of Public and Behavioral Health (DPBH): (775)-684-5911 (M-F 8:00 AM to 5:00 PM); (775)-400-0333 (after hours).



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