

**Summary of Expedited Partner Therapy (EPT) Survey  
conducted by the IPP Clinical Services Workgroup  
Dec 2005 – Jan 2006**

Responses were gathered from the following:

- ◆ Colorado - 20 FP clinics; 5 STD clinics
- ◆ Montana - 4 FP clinics; 1 community health center clinic
- ◆ South Dakota – Unknown number of FP clinics

Questions included the following:

- ◆ Under what circumstances is EPT practiced?
- ◆ What are barriers to practicing EPT?
- ◆ What would be needed in clinics to make EPT a routine/standard practice?

**QUESTION:** Under what circumstances is EPT practiced?

**RESPONSES:**

Limited EPT

- ◆ Will send meds for male partners when a woman has been diagnosed with trichomoniasis.
- ◆ Attempts to get partner to come into the clinic have failed.
- ◆ Patient refuses to provide information about partners.

Routine EPT

- ◆ As a standard practice, medication or a prescription is given to a patient with the expectation that the patient will give the medication/prescription to their partner.

Alternative Partner Management Practices

- ◆ Require the partner to come into the clinic for treatment.
- ◆ Provide the original patient with referral cards.
- ◆ Work with DIS to ensure partners are notified and referred for exam/treatment.

**QUESTION:** What are barriers to EPT?

**RESPONSES:**

- ◆ Patient may have no knowledge of partner's allergies or current meds.
- ◆ Partner treatment is not tied to a specific individual.
- ◆ Partner may not receive meds or adequate information about infection.

- ◆ Unsure if EPT is good medical practice.
- ◆ Concerns about liability, loss of license to practice.

Negatively impacts ability to stem disease spread when:

- ◆ Partners do not receive counseling and educational messages.
- ◆ Partners of persons who are infected and treated but not tested will not be notified of exposure.
- ◆ No guidance from the state health department that EPT is a recommended practice.
- ◆ No standing orders for treatment.
- ◆ SHD guidelines that azithromycin should only be used for directly observed therapy.

Possible Barrier

- ◆ Clinics that rarely or never use EPT report that they do “an excellent job of getting partners in for treatment.”

**QUESTION:** What is needed to make EPT a routine/standard practice?

**RESPONSES:**

Medical directors need information about:

- ◆ The number of clinics practicing EPT.
- ◆ How EPT is currently being implemented.
- ◆ How EPT could/should be implemented.
- ◆ Why EPT is good medical practice.
- ◆ When EPT is supported by the state health department.

Clinicians need to know:

- ◆ When EPT is recommended by their clinical directors.
- ◆ That EPT is good medical practice and will not jeopardize their licenses.
- ◆ Guidance about how EPT is implemented in their clinic setting.