Understanding the Policy, Legal and Practice Barriers to Treating the Partners of Adolescents with Sexually Transmitted Infections

Statement of Problem

Even though adolescents and young adults account for only one quarter of the sexually active population, they acquire half of all new sexually transmitted infections (STIs) each year in the United States. Expedited Partner Therapy (EPT), the treatment of the sexual partner(s) of a patient with an STI without being seen by a medical professional for an exam or counseling, is an effective method in preventing reinfection. However, due to a variety of barriers, and potentially augmented by a complex policy environment, EPT is not used frequently in treating adolescents with STIs.

Description

This project aims to understand current practice with respect to EPT and adolescents, potential barriers to provision of EPT, and provider knowledge of state legal policy around EPT. To learn about providers' knowledge, we will survey a sample of providers who likely treat adolescents in three differing state legal environments where EPT is: (a) explicitly legal; (b) permissible but not directly referenced in law; and (c) potentially allowable. The legal and policy teams reviewed laws and policies to categorize states in these three categories, and then we randomly selected states for the study survey.

Ultimately, we aim to inform program and policy changes to broaden the provision of EPT to adolescents and ensure that all adolescents can receive care to meet their unique health needs.

Next Steps

We plan to share results at national meetings and also partner with local organizations to implement and evaluate programs focusing on providing EPT to adolescents.

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Related Tools & Publications

Preventing Chlamydia and Gonorrhea Reinfection through Increased Use of Expedited Partner Therapy
Evidence to Action Briefs
Dec 2016

Variation in Practice of Expedited Partner Therapy for Adolescents by State Policy Environment
Article
Aug 2015