



# UTILIZING EXPEDITED PARTNER THERAPY (EPT) TO SUPPORT PENNSYLVANIA YOUTH'S SEXUAL HEALTH

Rates of sexually transmitted infections (STIs) are at an *all-time high* ↗, increasing annually since 2013. Chlamydia, gonorrhea, and trichomoniasis are among the most common STIs in the United States, with nearly 60,000 new cases of chlamydia and 16,000 new cases of gonorrhea reported in Pennsylvania each year. While *Philadelphia* ↗ has Pennsylvania's highest STI rates, they are on the rise across the state. Suburban and rural areas such as *Dauphin, Sullivan, and Delaware counties* ↗ report some of the state's highest rates of chlamydia and gonorrhea. STI rates have been *exacerbated* ↗ further by the COVID-19 pandemic, as a direct and indirect result of public health agencies and health systems shifting resources and attention away from STIs.

Expedited partner therapy (EPT)—a widely supported, evidence-based practice—can help stop the spread of STIs among youth. New data on the financial cost and long-term health implications of untreated STIs reinforces the need for EPT legislation that clearly permits health care providers and pharmacists to treat the unnamed partners of individuals with STIs. Building on a 2018 PolicyLab policy brief, this issue brief highlights current evidence of the effectiveness of EPT and the way forward in employing EPT to curb rising STI rates in Pennsylvania.



## Expedited partner therapy (EPT)

is a patient-delivered partner therapy used to help prevent spread of STIs like chlamydia, gonorrhea, and trichomoniasis by providing the patient with extra medication or a prescription to give to their sex partner(s) who are unable or unwilling to seek treatment.

## STIs DISPROPORTIONATELY AFFECT ADOLESCENTS AND YOUNG ADULTS AGES 15 TO 29

If left untreated, STIs can cause serious complications, including pelvic inflammatory disease, increased risk of HIV transmission, infertility, ectopic pregnancy, miscarriage and chronic pain. Unlike other conditions, many STIs do not have noticeable symptoms, so individuals may not know they are infected until it is too late.

In addition to experiencing *high rates* of STI infection, adolescents are at elevated risk of being reinfected. *Many adolescents are reinfected* within 3 to 6 months, usually because of resumed sexual contact with an untreated partner. Internal data from Children's Hospital of Philadelphia's (CHOP) primary care network demonstrates that the reinfection rate for chlamydia, gonorrhea, and trichomoniasis in adolescents is high (30%), with most reinfections occurring within a year of the initial diagnosis.

STIs are also financially costly to both individuals and the health system. For cases of chlamydia and gonorrhea *acquired in 2018 alone*, the estimated total *lifetime cost* is \$1 billion. The good news is that these infections are easily curable with oral antibiotics and lend themselves to treatment via EPT.

## EPT CAN HELP TO CURB THE SPREAD OF STIs

Based on a *systematic review* of the scientific literature, EPT is recommended and supported by key organizations that study adolescent health.

### EPT is officially recommended by:

- Centers for Disease Control and Prevention (CDC)

### EPT is a key component of:

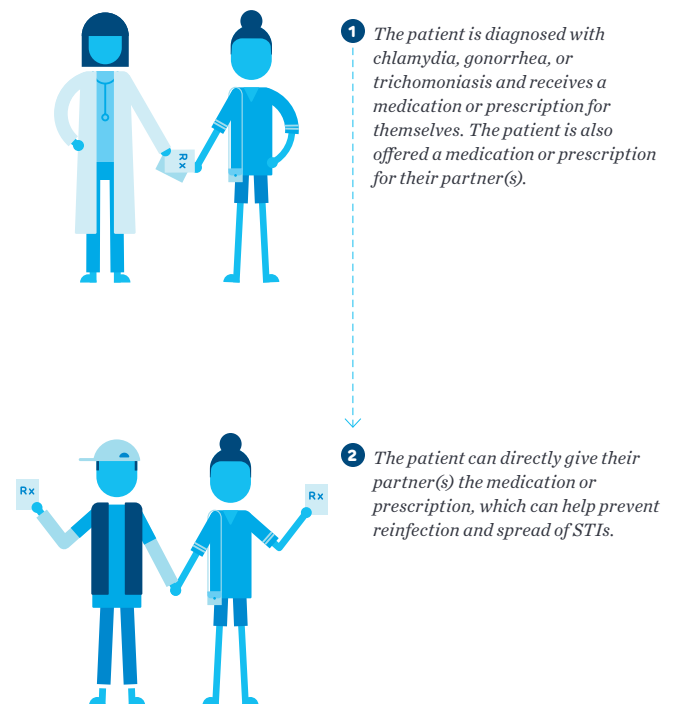
- U.S. Department of Health and Human Services' *STI National Strategic Plan 2021*
- National Academies of Sciences, Engineering, and Medicine's 2021 Sexually Transmitted Infections Consensus *report*

### EPT is also widely supported by professional medical organizations, including:

- American Academy of Family Physicians (AAFP)*
- American Academy of Pediatrics (AAP)*
- American College of Emergency Physicians (ACEP)*
- American College of Obstetricians and Gynecologists (ACOG)*
- Infectious Diseases Society of America (IDSA)*
- Society for Adolescent Health and Medicine (SAHM)*

Most physicians agree that EPT is an *effective* way to help prevent STI spread and reinfection and would *benefit* their patients. Patients are *as likely*, if not more likely, to choose and comply with EPT as they are with the standard patient referral method, which is when a medical provider advises a patient to tell their partner to seek out testing and treatment for a possible infection. U.S. clinical trials found that EPT reduced rates of chlamydia and gonorrhea *reinfection* and *increased* partner utilization of antibiotics when compared with standard partner referral.

## HOW EPT WORKS:



## PENNSYLVANIA NEEDS A CLEAR LAW TO ALLOW EPT

EPT laws vary by state. Research shows that states that made EPT *expressly permissible* [↗](#) with explicit authorizing statutes saw more people report the use of EPT, and that *lack of EPT legislation* [↗](#) is associated with increased STI rates. While STIs are costly to both the individual and the health system, **EPT is shown to be *cost-effective* [↗](#) from a societal and health system perspective when compared with standard partner referral.**

Multiple studies, including a 2015 PolicyLab *study* [↗](#), have shown that medical providers and dispensing pharmacists are confused about EPT regulations, which limits EPT use and effectiveness. This *limited awareness* [↗](#) is true even in states where EPT is permissible but there is not a law explicitly authorizing it.

*Research* [↗](#) shows that unclear legal status and fear of liability are major barriers to health care providers' use of EPT, and that passing state legislation that specifically authorizes EPT and removing any regulatory barriers to the use of EPT facilitates increased uptake. Several states, including Pennsylvania, have additional barriers that impact EPT. For example, prescribing rules present barriers when patients are required to disclose the name and contact information of their partner(s) for prescription labels, requiring medical providers to perform an in-person exam of the patient's partner(s), and requiring medical providers to provide counseling directly to the patient's partner(s). These prescribing rules run counter to the very tenets that make the *practice of EPT successful* [↗](#) and would need to be addressed as part of a legislative effort.

Clear legal authority to prescribe EPT would require a narrow exception to certain prescribing rules and must expressly allow provider and pharmacist to prescribe and furnish EPT antibiotics without liability. Addressing these barriers would significantly benefit both patients and providers.

## OFFERING EPT TO ADOLESCENTS

Adolescents are disproportionately affected by STIs, reinfection and complications from STIs. Some health care providers worry about needing parental consent to prescribe EPT to minors. However, Pennsylvania laws regarding STI-related services clearly allow all *minors* [↗](#) to consent to STI testing and treatment regardless of their age.

Another potential concern relates to cases that involve minors and older partners, which may indicate illegal sexual activity. Every state, including *Pennsylvania* [↗](#), has mandatory reporting requirements for inappropriate or illegal sexual activity that apply regardless of whether or not the provider is offering EPT.

If Pennsylvania explicitly authorizes EPT, clear understanding of these laws should reduce concerns about providing EPT as part of appropriate care to minor patients.

## RECOMMENDATIONS FOR PENNSYLVANIA

→ **Pennsylvania should enact a *law* [↗](#) that expressly permits the use of EPT to treat STIs such as chlamydia, gonorrhea and trichomoniasis.**

→ **The law should include language that allows EPT prescriptions without any identifying information of the partner and authorizes health care providers and pharmacists to provide antibiotics without liability.**

→ **With this legal authority in place, there are additional measures that would maximize EPT effectiveness by clarifying any remaining clinical, legal or administrative uncertainty:**

- The Pennsylvania Department of Health and State Board of Pharmacy should clarify their support of EPT through public statements of leadership and other communication channels.
- Health care providers and systems should establish clear treatment guidelines to support the use of EPT.

These actions will create a safe practice environment and encourage Pennsylvania's medical providers to use EPT to treat their patients, including adolescents, and help to curb the spread of STIs in Pennsylvania.

 **FOR QUESTIONS OR FURTHER DISCUSSION,**  
CONTACT: Sarah M. Wood, woods@chop.edu

## THE AUTHORS


**Erin F. Flynn, MD**, is a pediatric resident physician in the Health Policy Advanced Skills track at Children's Hospital of Philadelphia (CHOP) whose work focuses on the impact of policy and systems factors on the health of children and adolescents.

**Polina Krass, MD**, is a pediatrician at CHOP, a research affiliate at PolicyLab, and a National Clinical Scholar at the University of Pennsylvania whose work focuses on evaluating the impact of policy change on adolescent health outcomes, including reproductive health, mental health and firearm-related injury.

**Cynthia J. Mollen, MD, MSCE**, is a pediatric emergency medicine physician, a faculty member at PolicyLab, and chief of CHOP's division of emergency medicine whose work focuses on utilizing the emergency department for interventions related to public health issues affecting adolescents.

**Sarah M. Wood, MD, MSHP**, is a pediatrician and adolescent medicine specialist, a faculty member at PolicyLab, and the assistant director of Adolescent HIV Services at CHOP whose work focuses on the prevention of HIV and STIs in adolescents.

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**PolicyLab is a Center of Emphasis within Children's Hospital of Philadelphia's Research Institute, one of the largest pediatric research institutes in the country.**

### PolicyLab

Children's Hospital of Philadelphia  
2716 South Street  
Roberts Center for Pediatric Research,  
10th Floor  
Philadelphia, PA 19146

**P** 267-426-5300

**F** 267-426-0380

PolicyLab@chop.edu

[policylab.chop.edu](mailto:policylab.chop.edu)

 @PolicyLabCHOP