Children's Hospital of Philadelphia PolicyLab

Preventing Chlamydia and Gonorrhea Reinfection through Increased Use of Expedited Partner Therapy

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The Centers for Disease Control and Prevention (CDC) reported more than 1.5 million chlamydia and 400,000 gonorrhea cases in 2015, mostly in adolescents and young adults. A relatively simple treatment can cure most patients of chlamydia and gonorrhea, but treating an infected patient is not always enough to keep them healthy. Patients treated for sexually transmitted infections (STI) are often at risk of being reinfected because their partners remain untreated. Persistent and recurring infections can cause serious and long- term health problems, including chronic pain and infertility. Successful treatment of any STI patient must include treating infected partners. When the partner is unwilling or unable to present for a clinical evaluation, expedited partner therapy (EPT) can be an important and e ective treatment option. EPT is the practice by which a clinician provides the patient with extra medication or a prescription to give directly to his or her partner.

Although most providers agree that EPT can help prevent reinfection and provide higher quality care for their patients, few actually report ordering this service. A number of legal, financial and administrative barriers limit the use of this treatment option, and these barriers can vary significantly by state. This Evidence to Action brief identifies these barriers and offers recommendations for how states can improve the legal status surrounding EPT in order to provide safe practice environments for providers.

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  Aug 2015