Abstract

Expedited Partner Therapy (EPT) is an important strategy in reducing reinfection for clients with a positive chlamydia or gonorrhea lab test. It also reduces the time it takes to treat partners, therefore decreasing the rapid spread of these diseases. In 2012, the Alaska Section of Public Health Nursing began to establish an EPT process. The purpose of this program evaluation was to determine uptake in EPT clinical services and to identify barriers both in the process and in staff knowledge and support of EPT practice. Several methods of data collection were used including historical data review, focus group discussion and online survey. Based on the data review, EPT was offered to only 13.7% of clients with a positive chlamydia and/or gonorrhea tests, although of the clients who used EPT, 94.7% reported that using EPT was a positive option for them. Both the focus group discussion and online survey demonstrated that the process set up for provision of EPT by public health nurses was lengthy and difficult for staff to follow. There were also barriers with nurses using EPT due to fear of a potential allergic reaction (35.4%) and fear it could increase antimicrobial resistance (12.5%). The recommendations made were to: reduce the number of required steps of the process for providing EPT to clients; provide ongoing education on evidence-based reporting of EPT services; and to provide support for the public health nurse staff.