South Carolina
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POSITION STATEMENT[1] ON THE USE OF EXPEDITED PARTNER THERAPY

South Carolina is continuing to experience an epidemic of sexually transmitted infections (STIs). While the numbers have decreased over the last three years, the number of STIs remains high. According to 2023 CDC data, per capita, South Carolina ranks 6th in the nation in cases of chlamydia, 9th in cases of gonorrhea; 19th in cases of primary and secondary syphilis; and 31st in cases of congenital syphilis.[2] Many such infections can be successfully treated if the infected individual seeks medical care in a timely fashion. While the treatment of one sexual partner will benefit that specific patient, without treating other partners, it does little to stop the spread of STIs in our communities.[3]

Trichomonas vaginalis (TV) infection is the most common curable sexually transmitted infection (STI).[4] Trichomoniasis is estimated to be the most prevalent nonviral STI worldwide, affecting approximately 2.6 million persons in the United States based on 2021 data from the CDC. In those with symptoms of infection, or trichomoniasis, the most common symptoms are vaginitis in women and urethritis in men. The majority of persons who have trichomoniasis (70%–85%) either have minimal or no genital symptoms, and untreated infections might last from months to years. Although many persons might be unaware of their infection, it is readily passed between sex partners during penile-vaginal sex or through transmission of infected vaginal fluids or fomites among women who have sex with women. Concurrent treatment of all sex partners is vital for preventing reinfections. Current partners should be referred for presumptive therapy. Partners also should be advised to abstain from intercourse until they and their sex partners have been treated and any symptoms have resolved.

The CDC recognizes that "[e]ffective clinical management of patients with treatable [STIs] requires treatment of the patients' current sex partners to prevent reinfection and curtail further transmission."[5] To this end, the CDC has concluded that Expedited Partner Therapy (EPT) "is a useful option to facilitate partner management, particularly for treatment of male partners of women with [STIs]."[6] EPT is "the clinical practice of treating the sex partners of patients

[1] The Board is authorized to "publish advisory opinions and position statements relating to practice procedures or policies authorized or acquiesced to by any agency, facility, institution, or other organization that employs persons authorized to practice under this chapter to comply with acceptable standards of practice." S.C. Code Ann. § 40-47-10(I)(1).
[2] https://www.cdc.gov/sti-statistics/media/pdfs/2025/09/2023_STI_Surveillance_Report_FINAL_508.pdf.
[3] Further adding to this problem, many individuals are more reluctant to schedule appointments with providers due to the COVID-19 pandemic.
[4] CDC STI Treatment Guidelines 2021, *available at* https://www.cdc.gov/std/treatment-guidelines/trichomoniasis.htm.
[5] *Expedited Partner Therapy*, CDC, *available at* https://www.cdc.gov/sti/hcp/clinical-guidance/expedited-partner-therapy.html.
[6] *Id.*

diagnosed with STIs by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner."[7] This allows partners to receive treatment quickly and prevents the need for a potentially complicated notification process.

The Board has permitted EPT pursuant to South Carolina Code § 40-47-113(B), which provides that:

> *[. . .] a licensee may prescribe for a patient whom the licensee has not personally examined under certain circumstances including, but not limited to, writing admission orders for a newly hospitalized patient, prescribing for a patient of another licensee for whom the prescriber is taking call, prescribing for a patient examined by a licensed advanced practice registered nurse, a physician assistant, or other physician extender authorized by law and supervised by the physician, continuing medication on a short-term basis for a new patient before the patient's first appointment, or prescribing for a patient for whom the licensee has established a physician-patient relationship solely via telemedicine so long as the licensee complies with Section 40-47-37 of this act.*

S.C. Code Ann. § 40-47-113(B) (emphasis added).

The Board issues this Position Statement to inform its licensees that it interprets S.C. Code Ann. § 40-47-113(B) to allow for the use of EPT. More specifically, the Board concludes that this provision allows licensees to prescribe for the sexual partners of patients diagnosed with an STI in accordance with CDC guidelines without establishing a licensee-patient relationship as otherwise required by S.C. Code Ann. § 40-47-113(A). The Board does not view such prescribing as unprofessional conduct.[8]

The Board updates this Position Statement to add Trichomonas to the list of permissible STIs for which EPT can be used to prescribe medications for a partner of a patient without the necessity of a practitioner-patient relationship.

[7] *Id*.

[8] Licensees are free to use their independent clinical judgment in determining whether to utilize EPT. This Position Statement should not be considered as imposing a requirement that licensees utilize EPT.