

# Recommended EPT Regimen Quick Reference

Statutory authority expressly AUTHORIZES EPT in the State of Minnesota under Minnesota Statutes, Section 151.37 Subd. 2(g).



All sexual partners **within the last 60 days** may be offered EPT



If no sexual partners in **last 60 days**:  
The **single most recent** sexual partner may be offered EPT

Infection	Preferred Regimen	Alternative Regimens	Safe in Pregnancy*
<b>Chlamydia</b>	Doxycycline 100 mg orally twice daily for 7 days	Azithromycin 1 gram orally for one dose	Azithromycin 1 gram orally for one dose†
<b>Gonorrhea</b>	Cefixime 800 mg orally for one dose	Cefpodoxime 400 mg orally for one dose	Either the preferred <u>or</u> alternative regimen
<b>Trichomoniasis</b>	Female Metronidazole 500 mg orally twice daily for 7 days	Tinidazole 2 grams orally for one dose‡	Metronidazole 500 mg orally twice daily for 7 days
	Male Metronidazole 2 grams orally for one dose		

**\*ALL pregnant partners of index cases should be linked to prenatal care in addition to receiving the recommended antimicrobial treatment regimen(s) listed above**

† For pregnant persons who have contraindications for azithromycin being used for chlamydia EPT, amoxicillin 500 mg orally three times daily for 7 days is an acceptable alternative for EPT

‡ For females in whom a 7 day course of metronidazole is not feasible for Trichomoniasis, 2 grams of metronidazole orally for one dose is an acceptable alternative for EPT

## Beta Lactam Allergy Considerations

- Only a small fraction (1% or less) of those labeled with a penicillin allergy are truly allergic
- Be sure to check the details of the allergy – gastrointestinal side effects are expected and are not allergies!
- “Cross-reactivity” is primarily determined by the similarity of side chains on the penicillin and cephalosporin molecules
- Neither cefixime nor cefpodoxime share side chains with any of the penicillins, making any “cross-reactivity” extremely unlikely

