Assistant Commissioner Bureau of Hepatitis, HIV, and Sexually Transmitted Infections

42-09 28th Street Queens, NY 11101 June 5, 2025

via electronic submission: regsqna@health.ny.gov

Re: Expedited Partner Therapy for Sexually Transmitted Infections [I.D. No. HLT-14-25-000004-P]

Dear Ms.

The New York City Department of Health and Mental Hygiene (NYC Health Department) appreciates the opportunity to submit comments in response to the New York State Department of Health's proposed rule amending section 23.5 of title 10 of New York Codes, Rules and Regulations (10 N.Y.C.R.R. §23.5), which sets forth definitions, eligibility criteria, and other matters related to expedited partner therapy (EPT) for sexually transmitted infections (STIs).

The NYC Health Department supports the proposed action to amend 10 N.Y.C.R.R. §23.5 to align with New York State Public Health Law §2312 by defining EPT as a strategy for STIs more generally and by expanding eligibility by stating that patients eligible for EPT are those diagnosed with an STI for which the Centers for Disease Control and Prevention (CDC) recommends the use of EPT for partner management.

The NYC Health Department supports all proposed amendments to 10 N.Y.C.R.R. §23.5 except for the deletion of the language in §23.5(c)(2) that states that EPT may not be provided for a patient's partners when the patient diagnosed with an STI is also found to have syphilis infection. While the CDC¹ and New York State² do not include syphilis in the list of STIs for which the use of EPT is recommended, it is important to retain this exclusion in 10 N.Y.C.R.R. §23.5 for the medical protection of the partner who may also be infected with syphilis, as the recommended EPT treatment for gonorrhea, chlamydia, or trichomoniasis would not fully treat syphilis. Recommended management of syphilis varies significantly depending on stage of disease, and providers and health departments should make every effort to identify, engage, and test partners of patients found to have syphilis coinfection. Further, since §23.5(c)(2) currently includes the syphilis restriction and provider-facing materials by the New York State Department of Health explicitly state that patients known to have syphilis in addition to gonorrhea, chlamydia, and

¹ Kimberly A. Workowski *et al., Sexually Transmitted Infections Treatment Guidelines 2021*, 70(4) MORBIDITY & MORTALITY WEEKLY REPORT (Jul. 23, 2021), *available* here.

² N.Y.S. HIV Clinical Guidelines Program, Questions, Answers, and Best Practices for Expedited Partner Therapy (EPT): Definition, Legality, and Eligibility (last updated Oct. 31, 2023), available here.

trichomoniasis are ineligible for EPT,³ deleting it could signal to providers that EPT is newly permissible for patients with syphilis coinfection. As such, language stating that EPT may not be provided for a patient's partners when the patient diagnosed with an STI is also found to have syphilis infection should remain in §23.5(c)(2). We agree that language stating that EPT may not be provided for a patient's partners when the patient diagnosed with an STI is also found to have gonorrhea infection or HIV infection should be deleted in §23.5(c)(2), as this is consistent with current guidance.

Regarding paragraph §23.5(c)(1), the sentence, "If the patient's sexual partner(s) are pregnant or suspect possible pregnancy, some EPT medications are not recommended, and the partner(s) should seek medical care as soon as possible" is repeated twice in this provision. We also suggest that "suspect possible pregnancy" be modified to read, "or there is a suspicion of possible pregnancy."

Thank you for the opportunity to comment on this important matter.

Sincerely,

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Assistant Commissioner

Bureau of Hepatitis, HIV, and Sexually Transmitted Infections

³ N.Y.S. HIV Clinical Guidelines Program, Questions, Answers, and Best Practices for Expedited Partner Therapy (EPT): Definition, Legality, and Eligibility (last updated Oct. 31, 2023), available here. See, e.g., N.Y.S. DEP'T OF HEALTH, EXPEDITED PARTNER THERAPY: A SUMMARY FOR HEALTH CARE PROVIDERS (Apr. 2022), available here; EPT: FAQs FOR HEALTH CARE PROVIDERS AND PHARMACISTS (Jan. 2024), available <a href=here.