Subject: Testimony on the Importance of Expedited Partner Treatment for Sexually Transmitted Infections
February 5, 2024

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To whom it May concern,

I am writing to provide testimony on the crucial significance of expedited partner treatment (EPT) in the context of sexually transmitted infections (STIs). As a physician at HCA's Kansas City Women's Clinic and previously at Saint Luke's South Women's Health, I have had the privilege of witnessing the positive impact of EPT on public health outcomes. While now serving a more diverse an undersurface patient population I can attest the importance of expedited partner treatment. I have had numerous pregnant patients return repeatedly infected with chlamydia as well as gonorrhea as there partners were not treated. My most recent patient I can give an example of was pregnant and was not taking her treatment until her partner could get in with a provider to be treated so that they could be treated at the same time and not continue to pass it back and forth. Her partner was unable to make an appointment for 8 weeks with a provider and patient not take her treatment. This led to a huge delay in her treatment in pregnancy which can increase her risk of preterm labor, delivery and risks to the neonate. Not allowing expedited partner treatment creates a huge disparity for our low resource and underserved populations further widening the gap inqualities in our healthcare system.

The effectiveness of EPT lies in its ability to reach individuals who may not otherwise seek timely medical attention or disclose their exposure to healthcare providers. The benefits of EPT are manifold. Firstly, it reduces the risk of ongoing transmission within sexual networks, thereby contributing significantly to the overall control of STIs. Secondly, it addresses barriers such as stigma and fear that often hinder individuals from notifying their partners and seeking appropriate medical care. By facilitating the treatment of exposed partners, EPT becomes a valuable tool in the effort to curb the prevalence of STIs.

Furthermore, numerous studies have demonstrated the effectiveness and safety of EPT, making it a well-established and evidence-based practice in the field of sexual health. Its inclusion in public health strategies is a testament to its potential to enhance the efficiency of STI control programs.

In conclusion, I strongly advocate for the continued recognition and integration of expedited partner treatment into comprehensive STI prevention and control efforts. Its ability to break the chain of transmission, improve partner notification, and ultimately reduce the burden of STIs makes EPT an indispensable component of public health initiatives.

Thank you for considering this testimony, and I remain at your disposal for any further inquiries. Unfortunately, I will be out of the country on the day of testimony in-person otherwise I would be there in person.

Sincerely,

Dr Jennifer Litwin