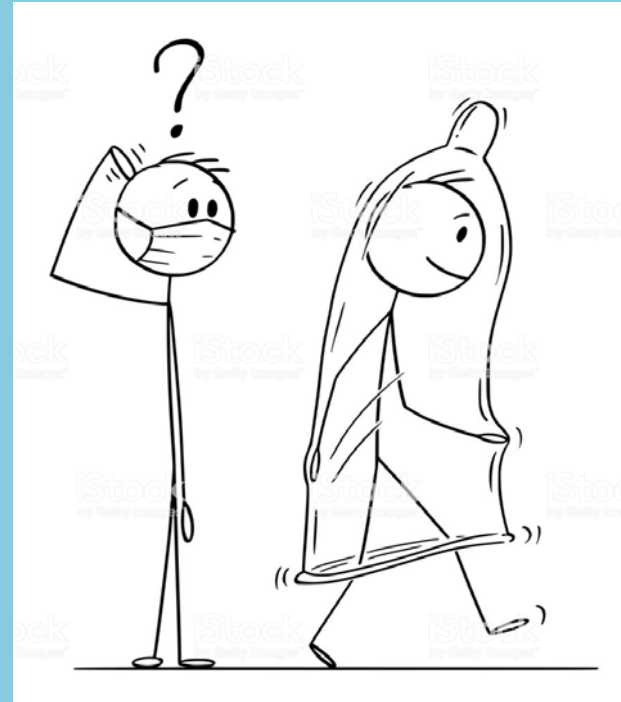


# Delivering Sexual Health Services in the Time of COVID-19

June 11, 2020



California PTC



# Today's Speakers



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## Interim STD Treatment Recommendations During COVID-19 for Symptomatic Patients

This table summarizes [interim CDC guidance from April 2020](#) for scenarios when in-person clinical exams are limited. In-person examination for symptomatic patients is preferred when possible.

Syndrome	Preferred Treatments (In clinic or other settings where IM route feasible <sup>1</sup> )	Alternative Treatments (when only oral regimens are feasible <sup>2</sup> )	Follow-up
Penile discharge or urethritis syndrome  (presumptive treatment for GC and CT)	Ceftriaxone <sup>3</sup> 250 mg IM <b>PLUS</b> Azithromycin 1 gm PO  (If azithromycin not available and patient is not pregnant, can use Doxycycline 100 mg PO twice a day for 7 days)	Cefixime <sup>4</sup> 800 mg PO <b>PLUS</b> Azithromycin 1 gm PO OR Cefpodoxime <sup>4</sup> 400 mg PO Q 12 hr X 2 doses <b>PLUS</b> Azithromycin 1 gm PO  (If azithromycin not available and patient is not pregnant, can use Doxycycline 100 mg PO twice a day for 7 days)	If treated with alternative oral regimens, counsel patients to seek follow-up in 5-7 days if symptoms do not improve.  Counsel patients to be tested for STIs/HIV once in-person clinical care resumes. Health departments should make efforts to assist with: - Follow-up reminders for comprehensive STI testing/screening for clients who received alternative oral regimens - Linkage to services when open
Vaginal discharge without suspected pelvic inflammatory disease (PID) <sup>5</sup>	Treatment guided by exam and laboratory results	Discharge/odor suggestive of bacterial vaginosis or trichomoniasis: Metronidazole 500 mg PO twice a day for 7 days  Discharge (cottage cheese-like) with genital itching: Fluconazole 150 mg PO	
Genital Ulcer Disease (GUD), Suspected Primary or Secondary Syphilis <sup>6</sup>	Benzathine penicillin G 2.4 million units IM	Males and non-pregnant females: Doxycycline 100 mg PO twice a day for 14 days  Pregnant patients: Benzathine penicillin G 2.4 million units IM	Patients treated for syphilis with non-benzathine penicillin regimens should have serologic testing done 3 months after treatment
Proctitis Syndrome <sup>7</sup>	Ceftriaxone 250 mg IM <b>PLUS</b> Doxycycline 100 mg PO twice a day for 7 days  (If doxycycline is not available or patient is pregnant use azithromycin 1 gm PO)	Cefixime 800 mg PO <b>PLUS</b> Doxycycline 100 mg PO twice a day for 7 days OR Cefpodoxime 400 mg PO Q 12 hr X 2 doses <b>PLUS</b> Doxycycline 100 mg PO twice a day for 7 days  (If doxycycline is not available or patient is pregnant use azithromycin 1 gm PO)	
Expedited Partner Therapy	If patient diagnosed w/CT: Azithromycin 1 gm PO If patient diagnosed w/GC or presumptively treated: Cefixime <sup>4</sup> 800 mg PO <b>PLUS</b> Azithromycin 1 gm PO OR Cefpodoxime <sup>4</sup> 400 mg PO Q 12 hr X 2 doses <b>PLUS</b> Azithromycin 1 gm PO  (If azithromycin not available and partner is not pregnant, can use Doxycycline 100 mg PO twice a day for 7 days)		

## Interim STI Treatment Recommendations



California PTC

<https://californiaptc.com/wp-content/uploads/2020/04/InterimSTDtxGuidelines-CAPTC.pdf>

# Sample Prioritization (Triage) Template

Postpone	Phone call	Telemedicine	Schedule, as available	Same day
Routine STI Screening and Pap test	Method refills	Contraceptive counseling	IUD, implant placement or removal	Rectal pain, bleeding or purulent discharge
Most colposcopy (ASCCP)		DMPA-SQ counseling, instruction	DMPA-IM (clinic, curb-side)	Non-menstrual vaginal bleeding, pelvic pain (PID, IUD complication)
2 <sup>nd</sup> 3 <sup>rd</sup> dose HPV vaccine		Syndromic tx of STI, UTI		Sexual assault
		PEP/PrEP intake (still needs in person labs)		

What is “syndromic  
treatment?”



# Syndromic Management

- Treatment based upon a “best guess” of diagnosis, using symptoms and a description of physical findings, but without the use of laboratory tests
- This approach works for:
  - Penile-urethral GC/CT, BV, candida vaginitis, +/- genital herpes, not good for cervical GC/CT)
  - Not very specific (i.e., many false positives possible, resulting in over-treatment)

How can a client with a vaginal discharge be evaluated remotely?





# Vaginal Discharge: Remote Evaluation

- Recurrence of BV or vaginal candidiasis, treat based on a telephonic or telemedicine visit
- For a new problem, obtain a thorough patient history via telehealth; consider empiric treatment
  - Malodorous discharge s/o BV or trichomoniasis, metronidazole 500 mg BID 7 days will treat either
  - Vulvar irritation/itching + white discharge, treat with fluconazole 150 mg PO or 3-day topical antifungal

# Self-Sampling and Curb-side Pick-Up/Drop-Off

- Some clinics have used curb-side for pick-up and drop-off of vaginal discharge sampling kits
  - Stoppered-plastic or glass tube with 1 cc of fresh saline
  - Pack of sterile cotton tipped swabs
- At home, swab vaginal walls, immediately place the swab into the tube and cap, then drop it off at the clinic asap
- Can be used to sample for gonorrhea/ chlamydia NAAT with (separate) appropriate collection container

# Summary of Vaginitis Findings

	<b>Itch/ Burning</b>	<b>Malodor</b>	<b>Frothy</b>	<b>Color</b>
<b>Candida</b>	<b>I: Yes B: Sometimes</b>	<b>No</b>	<b>No</b>	<b>White</b>
<b>Trichomoniasis</b>	<b>I: Yes B: No</b>	<b>Yes</b>	<b>Yes</b>	<b>Yellow Sometimes white</b>
<b>Bacterial vaginosis</b>	<b>No</b>	<b>Yes</b>	<b>Yes</b>	<b>White “homogenized milk”</b>
<b>DIV</b>	<b>Yes</b>	<b>No</b>	<b>No</b>	<b>Profuse white or green</b>
<b>Physiologic</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>White</b>

Should clients with  
vaginal discharge be  
treated for GC/CT?

What about penile  
discharge?



## Vaginal Discharge: What about GC/CT?

- CDC guidelines do not recommend empiric treatment for GC/CT in patients w/vaginal discharge
- For patients with new vaginal discharge who need evaluation, testing for GC/CT is recommended prior to treatment
  - Exception is patients with known sexual contact to GC/CT

## Penile Discharge: What about GC/CT?

- CDC guidelines DO recommend empiric treatment for GC/CT:
- If patient is able to be seen in person, use ceftriaxone 250mg IM plus Doxycycline 100 mg PO twice a day for 7 days
- If patient cannot be seen in person for IM treatment, treat with Cefixime 800 mg PO AND Doxycycline 100 mg PO twice a day for 7 days

What if the client with vaginal discharge also has symptoms such as pelvic pain or dyspareunia?



# Vaginal Discharge with Pelvic Pain or Dyspareunia

- The patient may have pelvic inflammatory disease
- Not recommended to treat that empirically
  - Advise in-person exam and antibiotic treatment



# Outpatient Treatment of PID

- Ceftriaxone 250 mg IM
  - then doxycycline 100 mg PO BID for 14 days OR
- OR

- Cefoxitin 2 grams IM plus probenecid 1 gram PO,
  - then doxycycline 100 mg PO BID for 14 days

If BV is diagnosed or to improve anaerobe coverage

- Add: Metronidazole 500 mg BID for 14 days

# Acute PID: Out-Patient Follow-up

- Schedule first follow-up visit in 48-72 hours, ok to start by phone/video visit but ask patient to return if pain not improved
- Hospitalize for parenteral therapy if
  - Pelvic pain is the same or worse
  - Unable to ingest medication
  - Pelvic or adnexal mass has developed

How can a client with vulvar irritation or a genital rash be evaluated remotely?



# Genital Rash: Remote Evaluation

- Recurrent genital herpes: treat empirically
- New lesion
  - Submit cell phone photograph of their genital skin rash
  - May be covered as “Virtual Check-in”: HCPCS code G2010
    - Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours

# Telehealth and HIPAA

- HHS Office of Civil Rights issued statement 3/20/20
- “not impose penalties for HIPAA violations against healthcare providers in connection with their good faith provision of telehealth using communication technologies during the COVID-19”
- Acceptable platforms include Apple FaceTime, Google Hangouts, Zoom, Whats App
- Not acceptable: Facebook Live, TikTok, or other public facing platforms
- <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>

What if the client has a  
genital or anal ulcer?



# Genital or Anal Ulcer: Remote Evaluation

- Recurrent genital herpes: treat empirically
- New ulcer: In person exam is best, but if not possible,
  - Assess whether the area surrounding the ulcer is painful
  - Photograph the ulcer, then submit it
- Patients presenting with multiple painful ulcers (especially bilaterally) are more likely to have genital herpes, while those presenting with a single painless ulcer are more likely to have primary syphilis

# Genital or Anal Ulcer: Remote Evaluation

- If syphilis is suspected, arrange serologic tests for syphilis (i.e., RPR and TP-PA), to monitor treatment response
- Primary syphilis: if the patient cannot receive benzathine penicillin IM, recommended treatment is doxycycline 100 mg twice daily x 14 days.
- Pregnant patients with suspected syphilis must be referred for IM therapy, as there are no acceptable alternatives.



How should providers  
manage patient's rectal  
symptoms, particularly if  
GC/CT is suspected?



# Rectal Symptoms: Remote Evaluation


- Ideally, schedule an in-person exam and testing for GC/CT
- SARS-CoV-2 can be found in stool, self-collection of rectal swabs for GC/CT can minimize clinician risk

Self collection instructions are available from CA Prevention Training Center

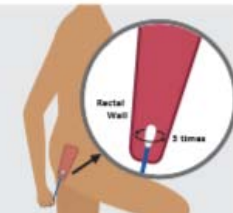
[https://californiaptc.com/wp-content/uploads/2019/07/Rectal-Self-Swab-Poster\\_7-26-19a.pdf](https://californiaptc.com/wp-content/uploads/2019/07/Rectal-Self-Swab-Poster_7-26-19a.pdf)

**Rectal Self-Swab Collection Instructions**  
*Instrucciones para obtener muestras rectales con un hisopo*


**1** Open swab package and remove one clean swab.  
*Abra el paquete de hisopos y tome un hisopo limpio.*




**2** Insert the clean swab about 1 inch into the anus and rotate swab against the rectal wall at least 3 times.  
*Introduzca el hisopo aproximadamente 1 pulgada dentro del ano y gire el hisopo contra la pared rectal al menos 3 veces.*




**3** Without spilling the liquid inside, carefully remove the cap from the tube with the 'Rectal' label. Place the swab in the tube (swab side down).  
*Sin derramar el líquido que contiene, con cuidado quite la tapadera del tubo con etiqueta que dice "Rectal". Coloque el hisopo en el tubo, con la muestra hacia abajo.*




**4** Carefully break the swab shaft at the line.  
*Con cuidado rompa el mango del hisopo a la altura de la línea.*



**5** Put cap back tightly on tube to prevent any leaking.  
*Ponga la tapadera al tubo, apretándola para evitar escurrimiento.*



**6** Wash your hands. Place tube back into the Specimen Cabinet.  
*Lávese las manos. Regrese el tubo al gabinete de muestras.*



Courtesy of Santa Clara County Public Health Department

California PTC

Instructions are based on the use of the Sigma-Gamma 2 device. Differences in packaging and design may exist. Instructions are based on the use of the Sigma-Gamma 2 device. Los aparatos son empaquetados y los diseños pueden variar.

# Rectal Symptoms: Remote Evaluation

- Empiric treatment acceptable if testing is not an option,
  - If can't treat with IM, use cefixime 800 mg orally in a single dose plus doxycycline 100 mg orally twice a day x 7 days
  - If the patient is pregnant or doxycycline is not available, then azithromycin 1g orally in a single dose can be used.

What if the client has a sore throat and suspects exposure to GC/CT through oral sex?



# Sore Throat and Suspicion of GC/CT Through Oral Sex

- Pharyngeal sampling may cause patient to gag/cough
- Self-collecting throat swab for GC/CT minimizes risk to the clinician

Self collection instructions available from CA Prevention Training Center

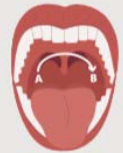
<https://californiaptc.com/wp-content/uploads/2019/07/Throat-Self-Swab-Poster7-26-19.pdf>

## Throat (Pharyngeal) Self-Swab Collection Instructions *Instrucciones para obtener muestras de la garganta con un hisopo*

- 1 Open swab package and remove one clean swab.  
*Abra el paquete de hisopos y tome un hisopo limpio.*

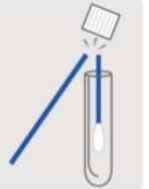


- 2 Open mouth wide and gently rub the key areas of the throat highlighted in the picture following the path of the arrow from Point A to B.  
*Abra la boca grande y suavemente frote con el hisopo las áreas de la garganta que se indican en la imagen, siguiendo la ruta de la flecha del Punto A al B.*



- 3 Carefully remove the swab without touching other areas of the mouth (teeth, cheeks, tongue or gums).  
*Con cuidado, saque el hisopo sin tocar otras áreas de la boca (dientes, mejillas, lengua o encías).*

- 4 Without spilling the liquid inside, carefully remove the cap from the tube with the "Throat" label. Place the swab in the tube (swab side down).  
*Sin derramar el líquido que contiene, con cuidado quite la tapadera del tubo con etiqueta que dice "Throat" (garganta). Coloque el hisopo adentro del tubo, con la muestra hacia abajo.*



- 5 Carefully break the swab shaft at the line.  
*Con cuidado rompa el mango del hisopo a la altura de la línea.*

- 6 Put cap back tightly on test tube to prevent any leaking.  
*Ponga la tapadera al tubo, apretándola para evitar escurrimiento.*



- 7 Wash your hands. Give the sealed test tube to the staff.  
*Lávese las manos. Entregue al personal el tubo que contiene la muestra.*



Courtesy of Santa Clara County Public Health Department

Instructions are based on the use of the Aptima Combo 2 Assay.  
Appearance of packaging and swabs may vary.  
Instrucciones se basan en el uso del Aptima Combo 2 Assay. La apariencia del empaque y los hisopos pueden variar.

# Sore Throat and Suspicion of GC/CT Through Oral Sex

- Empiric treatment is acceptable if testing is not an option, BUT
  - Symptomatic pharyngitis is more likely to be caused by non-sexually transmitted bacteria, viruses and can also be a symptom of SARS-CoV2

What is “safer sex” when it comes to transmission of SARS-CoV-2?



# Safer sex tips

- Masturbation/sex toys
- Video or text chatting, sexting
- Selective kissing/sex partners
- Barrier methods for oral/anal sex
- Avoiding oral/anal contact
- Washing hands before/after sex

Handouts from Oregon End HIV

<https://www.oregon.gov/oha/PH/DiseasesConditions/HIVSTD/ViralHepatitis/HIVPrevention/Pages/index.aspx>

**SEX** *in the time of* **COVID-19**

Practice these tips for sexual health to keep you safe during COVID-19.

 <p><b>You are your safest sex partner</b> Masturbate, use toys. Take this time to find out what makes you feel good.</p>	 <p><b>Get off while maintaining your distance</b> The phone, sexting and web chat platforms can be ways to connect socially and sexually without exchanging fluids.</p>
 <p><b>Selective kissing</b> Kissing can easily pass COVID-19. Avoid kissing anyone who is not part of your small circle of close contacts.</p>	 <p><b>Use condoms</b> Condoms and dental dams can reduce contact with saliva or feces, especially during oral or anal sex.</p>
 <p><b>Press pause</b> Rimming (mouth on anus) might spread COVID-19. Virus in feces may enter your mouth.</p>	 <p><b>Wash your hands</b> Washing up before and after sex is more important than ever. Wash hands often with soap and water for at least 20 seconds.</p>



an Oregon Health Authority and community initiative  
Learn more about HIV testing at [EndHIVOregon.org](https://endhivoregon.org)

These tips are intended for consenting sexually-active adults.  
These tips modified from New York City Health Department's tips located at <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-sex-guidance.pdf>



Can SARS-CoV-2 be sexually  
transmitted?



# SARS-CoV-2 and Sexual Transmission

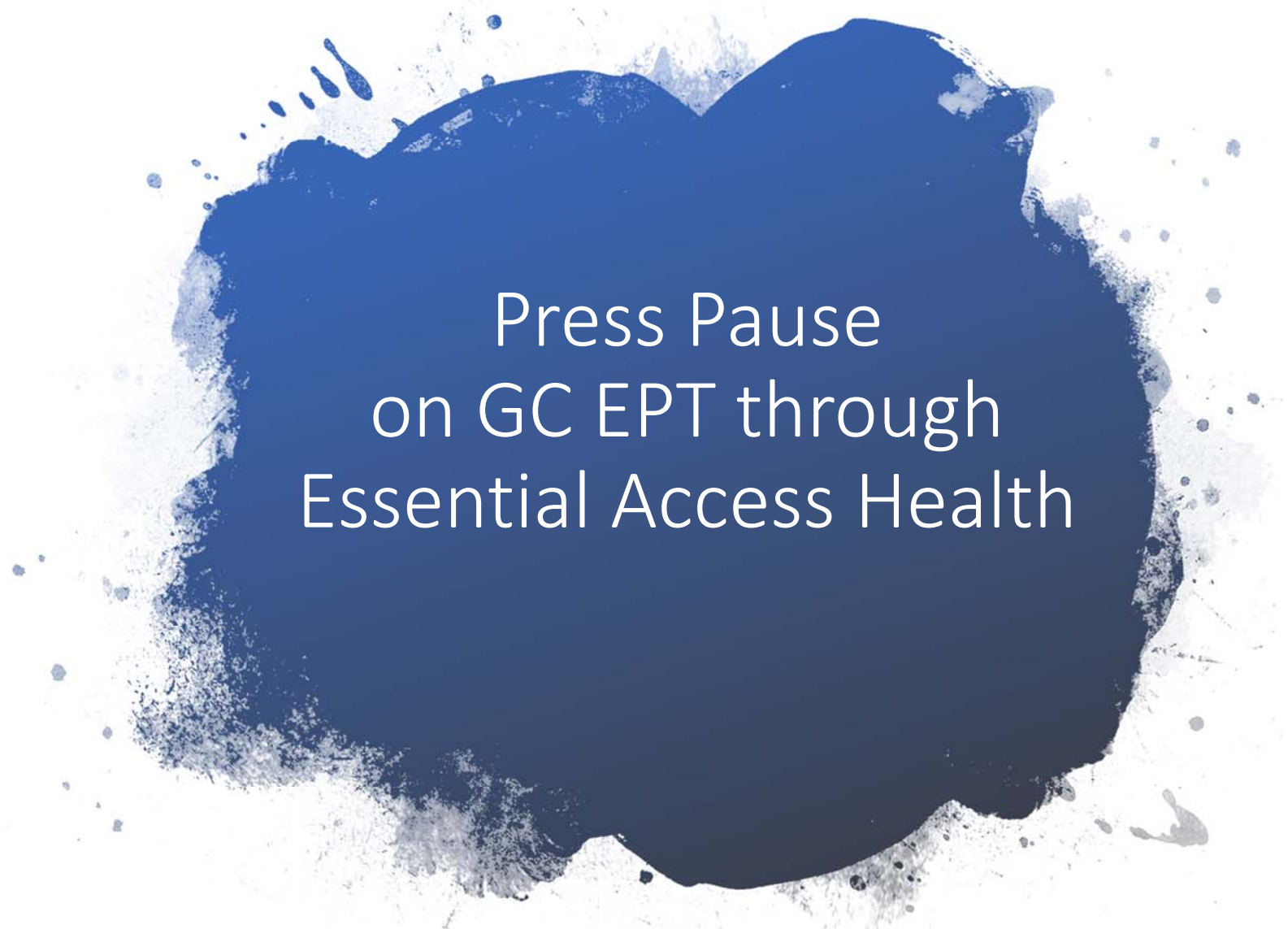
- SARS-CoV-2 has been detected in the semen of men with acute infection and those that are recovering.
- Not known if virus can be spread be through oral/vaginal/anal sex
  - Respiratory droplets and saliva often exchanged during sex, independent contribution of semen to infection is unclear
- In small studies in China among cis-women with severe COVID-19, SARS-CoV-2 not detectable in vaginal fluid

How can providers use expedited partner therapy (EPT) for gonorrhea or chlamydia treatment?



# Expedited Partner Therapy for GC/CT

- EPT can be used by writing a prescription in the name of the partner or doubling the dose of the patient's medications
  - Critical during the COVID-19 epidemic to avoid the need for a client, or their partners, to be seen in a face-to-face visit
- CDC recommends EPT for cis heterosexual men and women
  - Currently, no restrictions limiting use of EPT for certain populations.
  - Could be used for cis men who have sex with men and transgender clients to avoid a face-to-face visit



Press Pause  
on GC EPT through  
Essential Access Health

What needs to be considered  
for HIV PrEP delivery via  
telemedicine?



# HIV PrEP via Telemedicine

- PrEP Telehealth has been used in multiple states already to reach people who have limited access to in person PrEP providers
  - <https://www.pleaseprepme.org/online-providers>
- Enrollment and follow-up interviews for asymptomatic patients can be conducted on the phone with provider and PrEP navigator
- PrEP-related phlebotomy can be done at commercial laboratory draw station or in-person at clinic (if clinic is operating)

## Online Ways to Access PrEP: Putting Technology to Work

With a telemedicine service, there is no need to physically go to a doctor's office for a PrEP prescription. Various PrEP telemedicine programs are available now in all or nearly every state; be sure to check that these options are available where you live. This page will be updated as the online space grows.

The telemedicine companies highlighted below supplied the following information about their services.

Questions? [Chat with us!](#)

### Telemedicine providers

+ MISTR and SISTR

+ Nurx

+ PlushCare

+ Push Health

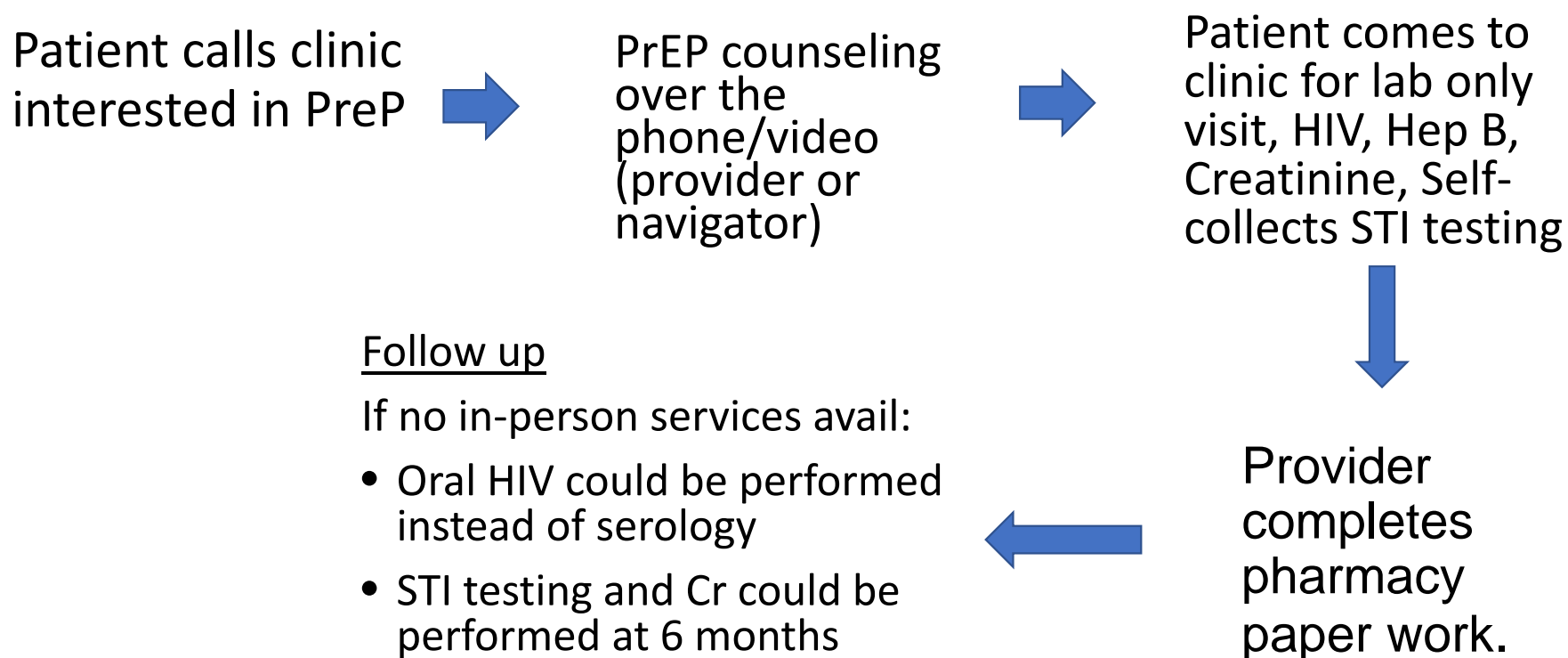
+ Virtual PrEP Program for Adolescents and Young Adults



# HIV PrEP via Telemedicine

- Routine GC/CT screening for asymptomatic pts either performed at home or at commercial lab draw stations (in this case, may not get rectal/pharyngeal testing)
- Some Tele-PrEP providers offer medication via mail delivery, others e-fax prescription to local pharmacy
- For patients who develop STI symptoms, an in person evaluation is ideal. Also assess for acute HIV signs and symptoms, and do HIV testing.

# Delivering PrEP Using Mixed Telehealth/ In-person approach



Can providers use at-home test kits for STIs?



# Screening and Testing for STIs at Home

- At-home *sampling* vs. at-home *screening* test kits
  - Self-samples of vaginal fluid, urine collection, and in some cases, rectal or pharyngeal swabs (same collection technique used in clinic), are transported back to the clinic for curbside drop-off or to a contracted lab test-deposit site.
  - Vaginal swab or urine for cis females/transmales would be tested for GC/CT, +/- trichomonas.
  - Urine for cis-males and transfemales would be tested for GC/CT.
    - Rectal and pharyngeal swabs in this population would typically be tested for GC/CT.

# At-Home STI Testing

- At-home STI screening test kits are either point of care tests, with an immediate result, or self-sampling with specimens mailed to a commercial lab.
  - Typically are sold directly to consumers or through on-line telehealth companies. More information about the options and how to use them can be found [here](#).
- The types of tests can include HIV, GC/CT, syphilis, trichomonas (for patients with a vagina).
- Some companies also offer throat/rectal swabs for GC/CT, as well as blood spot tests for syphilis and hepatitis C.

<https://www.kff.org/womens-health-policy/issue-brief/telemedicine-in-sexual-and-reproductive-health/>

Do insurance companies  
pay for at-home  
sampling or at-home  
screening test kits?



# Insurance Coverage of Home STD Tests

- If the patient self-samples, returns it to the clinic or lab, then has the same test performed per clinic routine, it should be covered
- A point-of care test purchased in a pharmacy (e.g., oral HIV test; cost about \$45) usually is not covered
- On-line STD home-testing products
  - Test kits start at \$100; higher with multiple organisms
  - Interpretation of result and clinician advice included with kit
  - Often a *separate* charge for the lab to run the test
  - Usually not covered by HMO, Title X, or state FP programs

# Drug Shortage Information





## STD Drug Availability (as of 6/9/2020)

Medication	FDA Drug Shortage	Update
Azithromycin	Yes (as of 4/14/2020)	<ul style="list-style-type: none"><li>• Several manufacturers</li><li>• Product available based on manufacturer</li><li>• See FDA drug shortage website for current availability</li></ul>
Benzathine penicillin G	No	<ul style="list-style-type: none"><li>• One manufacturer: Pfizer</li><li>• No supply issues</li></ul>
Cefixime	No	<ul style="list-style-type: none"><li>• Two manufacturers of tablets: Ascend and Lupin</li><li>• Ascend: product available</li><li>• Increased production to meet market demand</li></ul>
Cefpodoxime	No	<ul style="list-style-type: none"><li>• Two main manufacturers: Sandoz and Aurobindo</li><li>• Increased demand</li><li>• No supply issues</li></ul>

## STD Drug Availability (as of 6/9/2020)

Medication	FDA Drug Shortage	Update
Ceftriaxone	No	<ul style="list-style-type: none"><li>• Several manufacturers</li><li>• Tight supply but no supply issues</li></ul>
Doxycycline	No	<ul style="list-style-type: none"><li>• Several manufacturers</li><li>• No supply issues</li></ul>
Gentamicin	No	<ul style="list-style-type: none"><li>• Two main manufacturers: Pfizer and Fresenius Kabi</li><li>• ASHP drug shortage website as of 3/30</li><li>• Not currently on the FDA drug shortage website- enough product is in the supply chain<ul style="list-style-type: none"><li>○ Pfizer: release expected in May</li><li>○ Fresenius Kabi: release expected in June</li></ul></li></ul>

## STD Drug Availability (as of 6/9/2020)

Medication	FDA Drug Shortage	Update
Metronidazole	No	<ul style="list-style-type: none"><li>• Several manufacturers</li><li>• No supply issues</li></ul>
Erythromycin (0.5%) ophthalmic ointment	Yes (as of 3/5/2019)	<ul style="list-style-type: none"><li>• Three manufacturers</li><li>• Product availability based on manufacturer</li><li>• See FDA drug shortage website for current availability</li></ul>
Lidocaine	Yes (as of 2/22/2012)	<ul style="list-style-type: none"><li>• Several manufacturers</li><li>• Product availability based on manufacturer</li><li>• See FDA drug shortage website for current availability</li></ul>

# Clinical Resources



## Extragenital Screening for Gonorrhea & Chlamydia Toolkit

<https://californiaptc.com/extragenital-screening/>



## National Guidelines & Best Practices for STD Management

<https://californiaptc.com/clinical-std-training-services/#consultation>



## Clinical Consultation

<https://www.stdccn.org/default.aspx>

Syphilis management? Resistant gonorrhea? STD treatment?

## GOT A TOUGH STD QUESTION?

Get FREE expert STD clinical consultation at your fingertips

Ask your question

National STD experts review

Response within 1-5 business days, depending on urgency

Log on to **www.STDCCN.org** for medical professionals nationwide

# QUESTIONS?

# THANK YOU!



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# Upcoming Events



## Medication-Assisted Treatment for Substance Use Disorder in a Family Planning or Primary Care Setting Free Webinar Series

Problem Solving + Overcoming Challenges with  
Addiction Screening + Treatment  
June 24, 2020 - 12:00 PM- 1:00 PM

Register at [essentialaccesstraining.org](https://essentialaccesstraining.org) for these and other Online Courses and  
On-Demand Webinars via our Learning Portal

Questions? Contact us at [learningexchange@essentialaccess.org](mailto:learningexchange@essentialaccess.org)