Family Planning Clinic Preparedness for COVID-19

March 31, 2020

Michael Policar, MD, MPH, Professor Emeritus, Ob/Gyn, and Reproductive Sciences, University of California, San Francisco School of Medicine

Erin Saleeby, MD, MPH, Medical Director at Essential Access Health and Director of Women's Health Programs + Innovation for the Los Angeles County Department of Health Services

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of sexual + reproductive health care

Agenda

- Introduction + Welcome
- Clinical Guidelines
- Family Planning Clinic Pearls
- Telemedicine + Family PACT
- Title X Update
- Questions + Answers

Disclosure

- Speakers and planners have no financial conflicts to disclose.

COVID-19 Prevention + Management Strategies

Terminology

The Virus

- Initially: 2019 novel coronavirus (2019-nCoV)
- World Health Organization (on 2/11/20)
  - SARS-CoV-2 (**S**evere **A**cute **R**espiratory **S**yndrome **Co**rona**v**irus **2**)

The Respiratory Illness

- COVID-19: **Co**rona**vi**rus **d**isease 20**19**

Acute Respiratory Illness (ARI) Symptoms

- Fever, cough, shortness of breath (SOB; dyspnea)
- Uncommon: sore throat, nasal congestion

Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)

55,924 laboratory confirmed cases

- 88 % **fever**
- 68 % **dry cough**
- 38 % fatigue
- 33 % sputum production
- 19 % shortness of breath
- 14 % sore throat
- 14 % headache
- 15 % myalgia or arthralgia
- 11 % chills

– 5 % nausea or vomiting
– 5 % nasal congestion
– 4 % diarrhea
– 1 % hemoptysis
– 1 % conjunctival congestion

https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf

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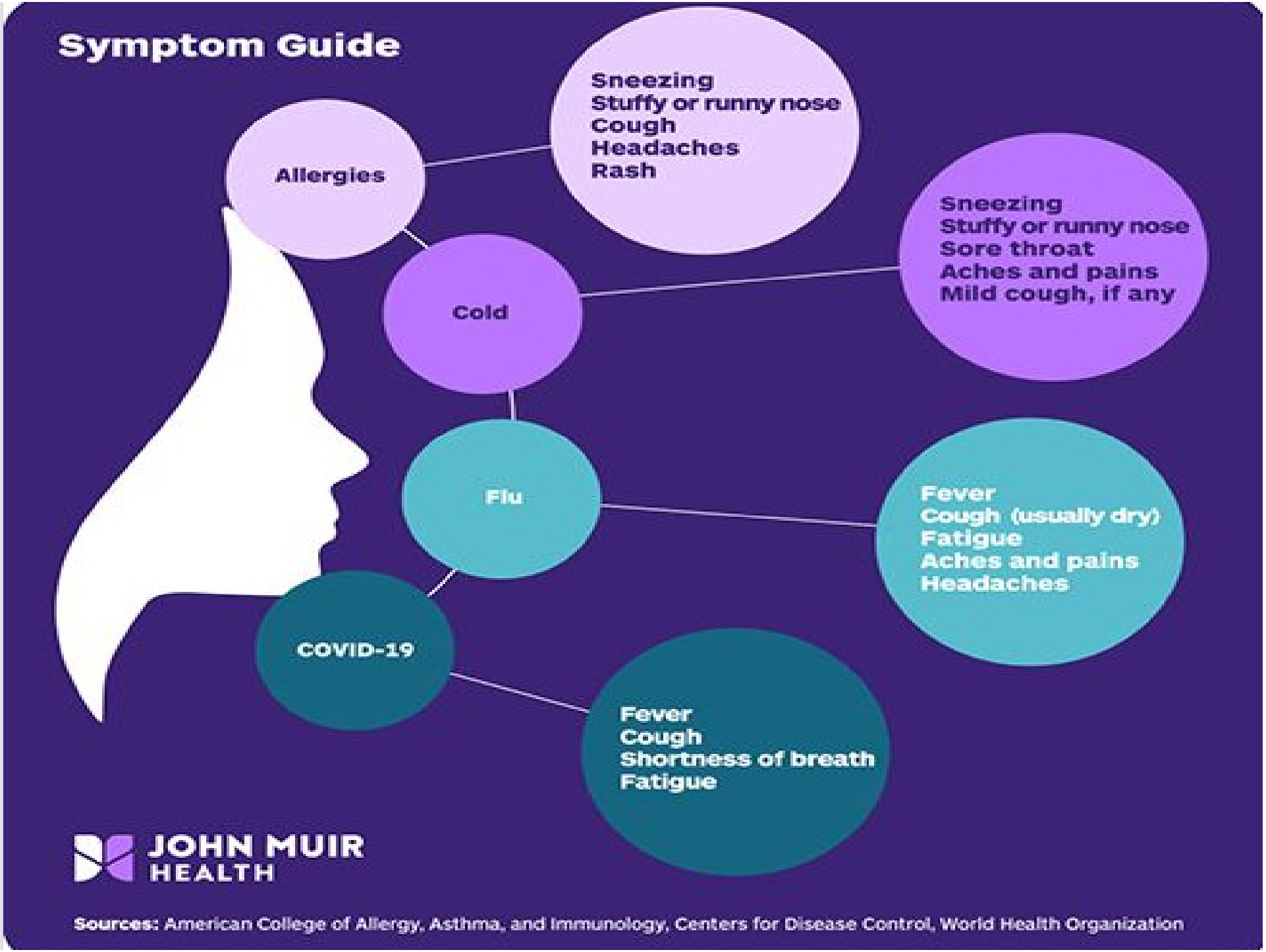
Symptom Guide
Allergies
Sneezing
Stuffy or runny nose
Cough
Headaches
Rash
Cold
Sneezing
Stuffy or runny nose
Sore throat
Aches and pains
Mild cough, if any
Flu
Fever
Cough (usually dry)
Fatigue
Aches and pains
Headaches
COVID-19
Fever
Cough
Shortness of breath
Fatigue
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Sources: American College of Allergy, Asthma, and Immunology, Centers for Disease Control, World Health Organization

Who Is Most at Risk for Infection?

- COVID-19 *and* flu most dangerous: ≥ 60 or chronic illness
  - Diabetes, chronic respiratory or cardiovascular disease
  - Cancer
  - Immunocompromise
- Death rates among infected men in China exceed those in women, especially ≥ late 40s
- Children: relatively rare (China: 2.4% < 19 yo); higher in US
- Pregnant women
  - So far, pregnancy is not an independent risk factor
  - No evidence of transplacental transmission

WHO 3/20

SARS-CoV-2 Testing

- Tests available rapidly elsewhere, but slow in US
  - Initial tests error-prone, time consuming, short supply
  - FDA now permits labs to develop own versions
  - More widely available, faster results
- Real-time reverse transcription–polymerase chain reaction (RT-PCR) detects SARS-CoV-2 antigen
  - Nasopharyngeal and oropharyngeal swabs used
- CDC guidelines re: who to test
  - If symptoms, may be flu tested; SARS-CoV-2 if neg
  - Ordering is “up to clinical judgement” of clinician
  - Often based on test availability: “who benefits most”

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html

How to Prevent Transmission - PPE

- In setting of community transmission: reasonable to consider ***masking all health care workers*** for all patient encounters
- When high population prevalence or critical workforce shortage: consider need to ***mask all patients*** and restrict or mask visitors

For all persons under investigation (PUI) or known COVID-19 positive patients:

Droplet + Contact:

Any patient with symptoms regardless of planned contact

- **Surgical mask**
- **Shield/goggles**
- **Gloves**
- **Gown**

Airborne:

Any aerosol generating procedure (Intubation, Nebulizers, High flow nasal canula, Deep suction)

- **All of the droplet + contact**
- **N95, PAPR, CAPR in lieu of surgical mask**

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The Mask Controversy

Initially, CDC advised against mask use for general public

- Concerns regarding effectiveness
- Preserve supply for health care workers

More recently

- Evidence states - there was value in other flu epidemics
- Surgical (or cloth) masks not perfect; “better than nothing”
- Main value is to reduce droplet transmission from a person who is infected, but is asymptomatic
- Recent orders by local officials in Los Angeles and elsewhere call for masks to be worn in public by all

What to Do if You or a Staff Member are Exposed…Think “Needle Stick” Precautions

Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19)

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

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Health Care Provider Exposure

- Allow asymptomatic HCP who has had an exposure to continue to work after consultation with occ health program
  - Report temp and absence of symptoms ***daily prior to work***
- Facilities could have exposed HCP wear a facemask at work for 14 days after the exposure event (if sufficient supply)
- If HCP develops even mild symptoms c/w COVID-19
  - Cease patient care activities
  - Don a facemask (if not already wearing)
  - Notify supervisor or occupational health prior to leaving

Low-Risk Exposures

- Self-monitoring with delegated supervision until 14 days after the last potential exposure
- Asymptomatic HCP are not restricted from work
  - Check temp twice daily; be alert for ARI symptoms
  - Afebrile and asymptomatic before reporting for work
  - If fever (≥ 100.0°F or subjective) OR ARI symptoms, self-isolate and notify public health authority
- Healthcare facilities could consider
  - Check temp and assess symptoms prior to work
  - Report temp and symptoms to Occ Med prior to work

Prepare for Loss of Clinic Staff

- Self-isolation
  - ARI symptoms
  - Contact with COVID-19 patient or PUI
    - Community exposure
    - Clinic exposure
- Caregiver role
  - Kids out-of-school or sick
  - Elderly parents
- Public health deployment

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UCSF Strategies: Taking Care of Staff

- Appoint a (trusted) COVID-19 team leader
  - Maintain staff hotline to team leader
- Staff check-in and in-service frequently (remote preferred; avoid contact and include those at home)
- Enforce your policies, especially for PPE
  - Maintain an equity lens
- Share sick days/PTO days with your colleagues

Appointment Triage

- **In-person appointment:** if delay of ***2-3 months duration*** would be harmful to patient health and safety
  - concern for gynecologic infection
  - suspected ectopic pregnancy
  - postoperative concerns that cannot be triaged by phone
  - persistent/profuse abnormal vaginal bleeding w/ anemia symptoms
- **By telehealth (virtual visit or phone appointment): time sensitive but not requiring examination**
  - contraceptive counseling and prescribing
  - asymptomatic ovarian cyst
  - management of menopausal symptoms
  - routine gynecologic or postoperative follow-up
  - mental or behavioral health screening
- **Deferred until COVID-19 subsides: preventive visits; routine screenings for average-risk patients**

Pre-Visit Screening

- Patients should be pro-actively instructed to call on or before the day they are scheduled to be seen to discuss the need to reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, fever) or if they think they have been exposed to COVID-19
- Health care clinicians should confirm whether a person is undergoing testing for COVID-19

Face-to-Face Tips + Tricks

- Virtual
  - Pre-visit History
- In-person - limited
  - Physical Exam
  - Clinic dispensed medication
- Provide counseling, plan, prescriptions and refills by phone
  - Even while patient still in exam room!
- Waiting room
  - Clear it out!
  - Patients may wait in car; send text when ready to be seen
  - No visitors (except essential caretakers)
- Exam Room
  - As few staff in room as necessary
  - No trainees

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COVID + Family Planning

Contraception – Virtual Initiation

First ask:

- Do you think you might be pregnant?
- Have you had a baby in the past 3 weeks?
- Have you had an abortion in the last week?
- Have you had unprotected sex in the last 5 days?
  - If yes, offer emergency contraception in addition to birth control method.
- When was your last period?
- Have you had unprotected intercourse since your last period?
- Are you currently breastfeeding and your baby is less than 6 months old?

A health-care provider can be reasonably certain that a person is not pregnant if pt has no symptoms or signs of pregnancy and meets any <u>one</u> of the following criteria:

- *Is ≤7 days after the start of normal menses*
- *Has not had sexual intercourse since the start of last normal menses*
- *Has been correctly and consistently using a reliable method of contraception*
- *Is ≤7 days after spontaneous or induced abortion*
- *Is within 4 weeks postpartum*
- *Is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [≥85%] of feeds are breastfeeds), amenorrheic, and <6 months postpartum*

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Contraception – Virtual Initiation

- Are you a smoker age 35 or older?
  - If yes, consider progestin only method (POM)
- Do you have high blood pressure?
  - If yes, consider POM or long acting reversible contraception (LARC)
- Have you had a blood pressure check in the last three months?
  - If no and no to #9, may start combined hormonal contraception with a three-month prescription and suggest BP check in next three months with refill given if BP normal.
- Have you had a heart attack or stroke?
  - If yes, consider POM or LARC.
- Do you have heart disease?
  - If yes, consider POM or LARC.
- Have you had a blood clot (thrombosis) in your lung or in your leg (NOT just varicose veins)?
  - If yes, consider POM or LARC.
- Do you have diabetes?
  - If yes, refer to CDC Medical Eligibility Criteria (MEC) for characterization of the condition and choice of methods.
- Do you have migraine headaches with aura?
  - If yes, consider POM or LARC.
- Do you have liver disease or have you had liver cancer?
  - If yes, refer to CDC MEC, consider LARC.
- Do you have gall bladder disease?
  - If yes, refer to CDC MEC for characterization of the condition and choice of methods.
- Have you had breast cancer?
  - If yes, refer to CDC MEC for characterization of the condition and choice of methods, consider LARC.
- Do you take medicine for high cholesterol?
  - If yes, refer to CDC MEC for characterization of the condition and choice of methods.
- Do you take medicine for seizures or tuberculosis?
  - If yes, refer to CDC MEC for specific medication and choice of methods.

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Table 1. Long-Acting Reversible Contraceptive Methods ⇦

Extended LARC Use

Brand Name	Medication and Device Type (Dose)	Initial Rate of Release (micrograms/day)	FDA-approved Duration of Use	Potential Efficacy Beyond FDA-approved Duration	Identifying Characteristics	Size of Device (Horizontal x Vertical, mm)	Inserter Tube Diameter (mm)	Percentage of Women Experiencing an Unintended Pregnancy in the First Year of Use (Typical Use)*
Kyleena	LNG-IUD (19.5 mg)	17.5	5 years	N/A	Blue strings; silver ring	28 x 30	3.8	0.20[†]
Liletta	LNG-IUD (52 mg)	19.5	4 years	+1 year[‡]	Blue strings	32 x 32	4.4	0.20[†]
Mirena	LNG-IUD (52 mg)	20	5 years	+2 years[§,‖]	Gray strings	32 x 32	4.4	0.20[†]
Skyla	LNG-IUD (13.5 mg)	14	3 years	N/A	Gray strings; silver ring	28 x 30	3.8	0.20[†]
Paragard	Copper T380A IUD (380 mm^2)	NA	10 years	+2 years[¶]	White strings	32 x 36	4.01	0.80
Nexplanon/ Implanon	Etonogestrel single-rod contraceptive implant (68 mg)	60–70	3 years	+1-2 years[‖,#]	N/A	40 x 2	N/A	0.05

Abbreviations: FDA=U.S. Food and Drug Administration, IUD=intrauterine device, LNG=levonorgestrel.

*Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397–404.

[†]For all LNG-IUDs

[‡]Creinin MD, Jansen R, Starr RM, Gobburu J, Gopalakrishnan M, Olariu A. Levonorgestrel release rates over 5 years with the Liletta® 52-mg intrauterine system. Contraception 2016;94:353–6.

[§]Rowe P, Farley T, Peregoudov A, Piaggio G, Boccard S, Landoulsi S, et al. Safety and efficacy in parous women of a 52-mg levonorgestrel-medicated intrauterine device: a 7-year randomized comparative study with the TCu380A. IUD Research Group of the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction. Contraception 2016;93:498–506.

[‖]McNicholas C, Swor E, Wan L, Peipert JF. Prolonged use of the etonogestrel implant and levonorgestrel intrauterine device: 2 years beyond Food and Drug Administration-approved duration. Am J Obstet Gynecol 2017;216: 586.e1–6.

[¶]Wu JP, Pickle S. Extended use of the intrauterine device: a literature review and recommendations for clinical practice. Contraception 2014;89:495–503.

[#]Ali M, Akin A, Bahamondes L, Brache V, Habib N, Landoulsi S, et al. Extended use up to 5 years of the etonogestrel-releasing subdermal contraceptive implant: comparison to levonorgestrel-releasing subdermal implant. WHO study group on subdermal contraceptive implants for women. Hum Reprod 2016;31:2491–8.

Cervical Dysplasia – ASCCP Guidance

- Individuals with LSIL may have postponement of diagnostic evaluations up to 6-12 months
- Individuals with HSIL, ASC-H should have documented attempts to contact and diagnostic evaluation scheduled within 3 months
- Individuals with high-grade disease without suspected invasive disease should have documented attempts to contact and procedures scheduled within 3 months
- Individuals with suspected invasive disease should have contact attempted within 2 weeks and evaluation within 2 of that contact (4 weeks from the initial report or referral)

Telehealth

Telehealth Billing

- Telehealth is *how* the service is provided to the patient…it is not the service itself
- In order to submit a claim for the service, a payer must cover the service in question, as well as allow the service to be administered via telehealth
- It is essential for providers to review each payer's policies regarding services provided via telehealth

Components of Telehealth Billing

- CPT codes, HCPCS codes, or both
- Service provider type
- Mode of delivery
  - Telephone: two-way audio-only communications
  - Synchronous: two-way audio/visual communications
  - Asynchronous: one-way electronic messaging
  - Store and forward: one-way transfer of data
- Length of time per encounter
- Previous or subsequent visit
- Originating/distant Site

ACOG Advice

- Most commercial payers are following the new Medicare guidelines for telehealth amid this emergency
- Covered for all traditional Medicare beneficiaries regardless of geographic location or originating site
- You are not required to have a pre-existing relationship with a patient to provide a telehealth visit
- You can use FaceTime, Skype, and other everyday communication technologies to provide telehealth visits
- Be sure to include ICD-10 diagnosis
  - U07.1: COVID-19 diagnosis

Managing Patients Remotely: Billing for Digital and Telehealth Services

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Telehealth (CMS)

Telehealth Visits

- Based on rules before March 6, 2020

Virtual Check-Ins

- Short patient-initiated communications with a healthcare practitioner

E-visits

- Non-face-to-face patient-initiated communications through an *online patient portal*

Telehealth Visit (CMS)

- Real time interactive audio ***and*** video telecommunications
- MD/DO, NP, PA, CNM, CRNA, clinical psychologists, clinical social workers, RDs, and nutrition professionals
- "To the extent the waiver requires that the patient have a prior established relationship with a practitioner, HHS will not conduct audits during this public health emergency"
  - 99201-99205: Office/outpatient E/M visit, new
  - 99210-99215: Office/outpatient E/M visit, established
  - **PLUS MODIFIER**
    - **02**: place of service
    - **95**: telehealth visit

What's New: Virtual Check In Visits

- Synchronous discussion over a telephone or through video or image *to decide whether an office visit or other service is needed*
- Initiated by the patient
- Established relationship with practice
- Not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available)
- Patient verbally consents to receive virtual check-in
- HCPCS code G2012: 5-10 min of medical discussion

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What's New: Digital E-Visits

- Patient must generate initial inquiry (patient portal, e-mail)
- Online digital E/M service for an established patient, MD or APP, for up to 7 days, cumulative time
  - 99421 5–10 min
  - 99422 11– 20 minutes
  - 99423 21 or more minutes
- Non-physician healthcare professional online A/M, for an established patient, for up to seven days, cumulative time
  - G2061 5–10 minutes
  - G2062 11–20 minutes
  - G2063 21 or more minutes

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Telephone E/M Services

- Telephone evaluation and management services for an established patient, cannot originate from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment
- May (or may not) be covered by commercial insurance
  - 99441 5-10 minutes
  - 99442 11-20 minutes
  - 99443 21-30 minutes

ACOG: Managing Patients Remotely: Billing for Digital and Telehealth Services

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Mod	Description
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications
GQ	Via asynchronous telehealth service
GT	Via interactive audio and video telecommunication

POS	Description
02	The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)

Check with individual payers for policies regarding POS codes

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Documentation Tips

- Documentation requirements for a visit conducted via telehealth are the same as for a face-to-face visit
- Visit note also include a statement including the:
  - Mode of telecommunication used
  - Location of the patient
  - Location of the provider
  - Names and roles of other participating staff
- Document patient consent (state, federal requirements)

Telehealth: Medi-Cal + Family PACT

- Family PACT previously covered *synchronous* telemedicine visits c/w Medi-Cal policy, using E/M -95
- Family PACT now covers
  - G 2012 (virtual check-in, 5-10 minutes)… useful
  - G 2010 (store and forward)… not
- 3/27/20: Family PACT providers may enroll and recertify clients through telehealth or other virtual/telephonic modalities
  - https://www.dhcs.ca.gov/services/ofp/Documents/OFP-Notice-COVID19-Update.pdf

KEEP CALM AND DO YOUR HOMEWORK

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Resources

- CDC Guidance for Healthcare Facilities
- CDC Information for Healthcare Professionals
- CDC COVID-19: Pregnancy and Breastfeeding
- WHO: Coronavirus
- CA Department of Public Health COVID-19
- CA Dept of Health Care Services COVID-19 Response
- The National Telehealth Policy Resource Center
- CMS: General Provider Telemedicine Toolkit

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ACOG Resources

- COVID-19 FAQs for Obstetrician–Gynecologists, Gynecology
- ACOG/SMFM Outpatient Management of Pregnant Women
- ACOG Managing Patients Remotely: Billing for Digital and Telehealth Services
- ACOG COVID-19 Topics

Resources

AAFP Checklist to Prepare Physician Offices for COVID-19

AAFP Using Telehealth to Care for Patients During the COVID-19 Pandemic

- Contains helpful list of telemedicine vendors

Title X + COVID-19

March 31, 2020

Nomsa Khalfani, PhD, Executive Vice President,
Programs + Strategic Initiatives

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Non-Traditional Service Delivery

Non-Traditional Service Delivery

- Self-Administration of Depo-subQ – established clients
- Drive-thru STI services
- Curbside pick-ups for hormonal contraception
- Mailing Contraception or STI testing kits
- Collaborating with local family planning clinics

Title X Regulations

Temporary Enforcement Discretion

- Temporarily OPA does not intend to bring enforcement actions against Title X recipients with respect to the requirement that nondirective pregnancy options counseling must be provided by physicians or advanced practice providers. See 42 C.F.R. § 59.14(b)(1)
  - (i). Specifically, for 30 days, and limited only to areas in which the COVID-19 response has pulled physicians and advanced practice providers from such tasks to focus on the COVID-19 response, OPA will not enforce this requirement.
  - During this time, non-enforcement will be contingent on appropriate documentation of the conditions set forth above.
  - In addition, OPA intends to fully enforce compliance with all other provisions of the Title X implementing regulations at 42 C.F.R. part 59, subpart A, including all other requirements related to nondirective counseling set out in section 59.14.

Telehealth in Title X

Telehealth Resources

- Effective March 17th, the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency

  https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html

Appropriate Services

- Contraceptive services: counseling and advice on contraception, surveillance of contraceptive pills, oral contraceptive pills, vaginal ring, patch, emergency contraception
- Sexually transmitted diseases services: Pre-exposure prophylaxis (PrEP) for HIV prevention, STI testing, and treatment
- Uncomplicated gynecological conditions: Candidiasis, Urinary tract infection (established clients)
- Use best clinical judgement
- Update clinical protocols to reflect services offered via telehealth/and or telephonic

Telehealth: Verbal Consent

- Obtain verbal consent and document in client's medical record. Share a digital copy with client, if possible.
- Obtain written consent when client returns to clinic.
- Include language that explains what telehealth or phone consult is, expected benefits and possible risks associated with it, and security measures
- Example of documentation
  - "Verbal consent to treat obtained via phone, and written consent will be obtained when client comes to clinic. Consent reviewed in detail with client, digital copy shared, and client verbalized understanding."

Documentation

- Not required to have a pre-existing relationship with a client to provide a telehealth visit
- Statement that the service was provided through telehealth or phone consult
- Location of the client and the provider
- Names and roles of any other persons participating in the telehealth or phone consult
- Minimum requirements to be established as a Title X client, see Administrative 1.19, Definition of a Title X Client; same as for a face-to-face encounter

Upcoming Events

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

Webinar 1: Addiction 101: Introduction to Addiction Screening + Treatment
April 9, 2020 - 12:00 PM - 1:00 PM

Webinar 2: Medication-Assisted Treatment (MAT) in the Primary Care Setting
May 18, 2020 - 12:00 PM - 1:00 PM

Webinar 3: Operationalizing Addiction Screening + Treatment
May 29, 2020 - 12:00 PM - 1:00 PM

Webinar 4: Problem Solving + Overcoming Challenges with Addiction Screening + Treatment
June 24, 2020 - 12:00 PM- 1:00 PM

Register at essentialaccesstraining.org for these and other Online Courses and On-Demand Webinars via our Learning Portal

Questions? Contact us at learningexchange@essentialaccess.org

Appendix

NYC Health

3.27.2020

https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-sex-guidance.pdf

1. Know How COVID-19 Spreads

- You can get COVID-19 from a person who has it
- Virus can spread to people who are within about 6 ft of a person with COVID-19 if a cough or sneeze
- Spread through direct contact with saliva or mucus
- We still have a lot to learn about COVID-19 and sex
  - Found in feces of people infected with the virus
  - Has not yet been found in semen or vaginal fluid
  - We know that other coronaviruses do not efficiently transmit through sex

2. Have Sex With People Close To You

NYC Health

You are your safest sex partner

- Masturbation will not spread virus
- Wash your hands (and any sex toys) with soap and water for at least 20 seconds before and after sex

The next safest partner is someone you live with

- Having close contact — including sex — with only a small circle of people helps prevent spreading COVID-19.

You should avoid close contact — including sex — with anyone outside your household

- If you have sex, have as few partners as possible

If you meet sex partners online or make a living by having sex, consider taking a break from in-person dates

- Video dates, sexting or chat rooms may be options

3. Take Care During Sex

- Avoid kissing anyone not part of small circle of contacts
- Rimming (mouth on anus) might spread COVID-19
- Condoms and dental dams can reduce contact with saliva or feces, especially during oral or anal sex
- Washing before and after sex is more important than ever
  - Wash hands often with soap for at least 20 seconds
  - Wash sex toys with soap and warm water
  - Disinfect keyboards and touch screens that you share with others (video chat, pornography, or anything else)

4. Skip Sex If You or Your Partner Is Not Feeling Well

- If you or a partner may have COVID-19, avoid sex and especially kissing
- If you start to feel unwell, you may be about to develop symptoms of COVID-19, which include fever, cough, sore throat or shortness of breath
- If you or your partner has a medical condition that can lead to more severe COVID-19, you may also want to skip sex
  - Lung disease, heart disease, diabetes, cancer or a weakened immune system (for example, having unsuppressed HIV and a low CD4 count)

5. Prevent HIV, Other STDs + Unplanned Pregnancy

- HIV: Condoms, pre-exposure prophylaxis (PrEP) and having an undetectable viral load all help prevent HIV
- Other STIs: Condoms help prevent other STIs
  - Visit nyc.gov/health and search STIs
- Pregnancy: Make sure you have an effective form of birth control for the coming weeks
  - Visit nyc.gov/health and search birth control