

Love in the Time of COVID-19: CDC STD Interim Guidance

Hillary Liss, MD

Clinical Associate Professor
Harborview Medical Center
University of Washington

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Love **Sex** in the Time of COVID-19: CDC STD Guidance

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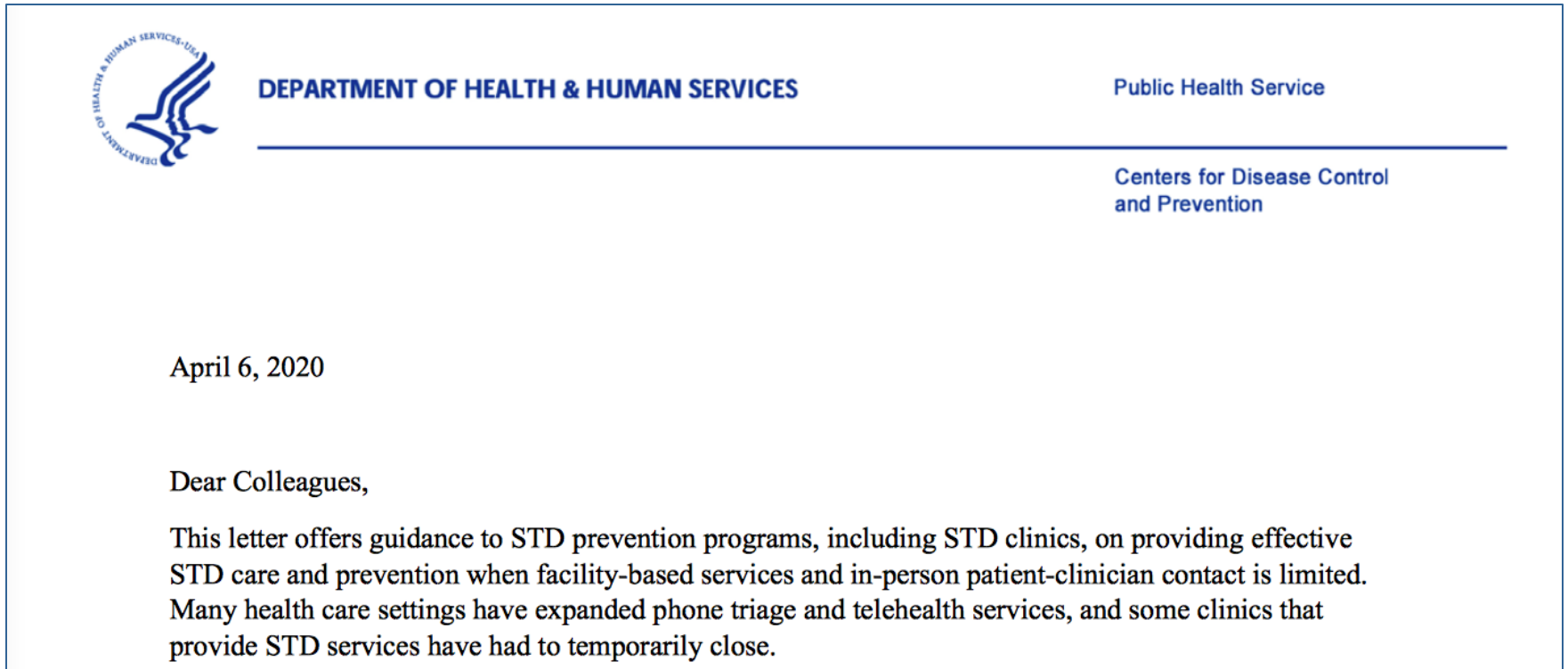
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Disclosures

None

CDC Guidance for STD Management when Clinical Services Disrupted

- Dear Colleague Letter released April 6, 2020



CDC Guidance for STD Management when Clinical Services Disrupted: Goals

- Offer flexible and pragmatic harm reduction approach
- Minimize reductions in STD care and treatment
- Not intended to replace 2015 STD Treatment Guidelines
 - Only for use when in-person visits not possible
 - Appropriate precautions to prevent SARS-CoV-2 transmission emphasized
- If unable to provide services, establish relationships with other clinics and pharmacies to provide treatment
- Create phone or telemedicine-based triage
 - Identify individuals who need in-person evaluation
 - Determine who is eligible for syndromic management

Which patients need in-person visits?

- Symptomatic patients
- Known STD contacts
- Individuals at risk for complications
 - Concern for PID: vaginal discharge and abdominal pain
 - Pregnant with syphilis
 - Symptoms concerning for neurosyphilis
- Routine screening visits should be deferred

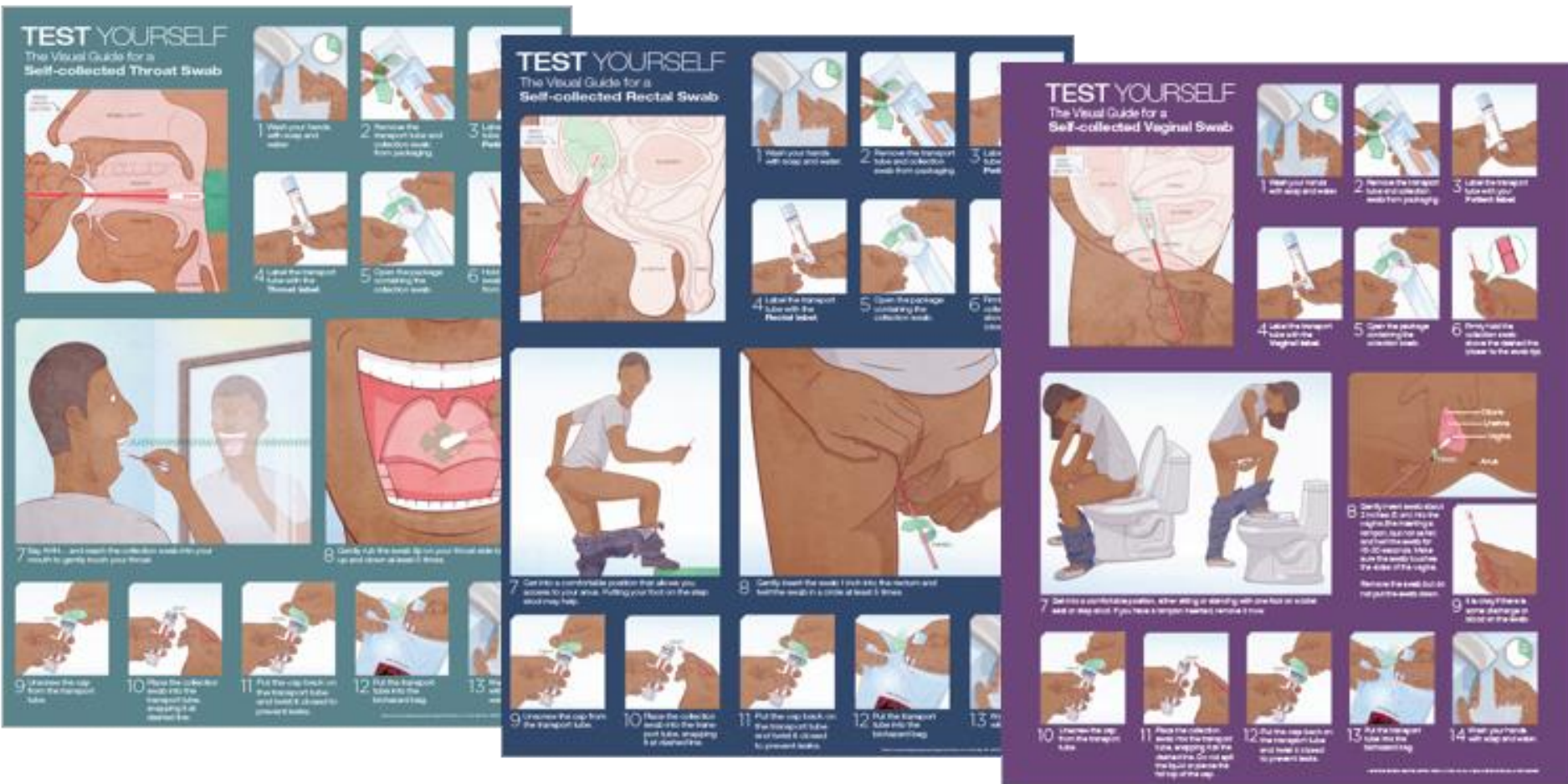
Conditions appropriate for syndromic management without in-person evaluation

- Male urethritis
- Suspected primary or secondary syphilis
- Vaginal discharge
- Proctitis

Other considerations for triage

- Concurrent COVID-19 symptoms
- Transportation issues
- Adherence
- Availability of home or non-clinic-based testing

If in-person visit, consider self-testing



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Syndromic management guidance

- CDC table for preferred and alternative treatments
- Preferred are consistent with 2015 CDC STD Guidelines
- Alternative are all oral regimens
 - Pharmacokinetics weighed in heavily
 - Cefixime dose increased to 800 mg rather than 400 mg
 - Cefpodoxime dose given twice: 400 mg PO Q 12 hr x 2
 - Expert opinion
 - Unpublished efficacy study

Penile discharge or urethritis syndrome

Presumptively treat for GC and CT

Preferred Treatments (In settings where IM route feasible)	Alternative Treatments (When only oral regimens feasible)
Ceftriaxone 250 mg IM [†] <u>PLUS</u> Azithromycin 1 gm PO*	Cefixime <u>800</u> mg PO [‡] <u>PLUS</u> Azithromycin 1 gm PO* OR Cefpodoxime 400 mg PO [‡] Q 12 hr X 2 doses <u>PLUS</u> Azithromycin 1 gm PO*

[†]If cephalosporin allergy → Gentamicin 240 mg IM plus Azithromycin 2 gm orally

[‡]If allergy or oral cephalosporins unavailable → Azithromycin 2 gm orally

*If azithromycin not available and patient is not pregnant, can substitute
Doxycycline 100 mg PO twice a day for 7 days

Vaginal discharge without suspected PID

If symptoms of PID → needs in-person evaluation

Preferred Treatments (In settings where IM route feasible)	Alternative Treatments (When only oral regimens are feasible)
Treatment guided by exam and lab results	<ul style="list-style-type: none">• Discharge/odor suggestive of BV or trich: Metronidazole 500 mg PO twice a day for 7 days• Discharge (curdy) with genital itching: Fluconazole 150 mg PO or topical anti-fungals

Genital ulcer disease (GUD), suspected primary or secondary syphilis

If symptoms of neurosyphilis → needs in-person evaluation

Preferred Treatments (In settings where IM route feasible)	Alternative Treatments (When only oral regimens are feasible)
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

IMPORTANT: Patients treated for syphilis with non-benzathine penicillin regimens should have serologic testing done 3 months after treatment

Proctitis

Preferred Treatments (In settings where IM route feasible)	Alternative Treatments (When only oral regimens are feasible)
Ceftriaxone 250 mg IM <u>PLUS</u> Doxycycline 100 mg PO twice a day for 7 days*	Cefixime <u>800</u> mg PO <u>PLUS</u> Doxycycline 100 mg PO twice a day for 7 days* OR Cefpodoxime 400 mg PO Q 12 hr X 2 doses <u>PLUS</u> 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 (EPT)

CONTACT TO:	EXPEDITED PARTNER THERAPY
Chlamydia	Azithromycin 1 gm PO*
Gonorrhea, diagnosed or presumptive	Cefixime <u>800</u> mg PO <u>PLUS</u> Azithromycin 1 gm PO* OR Cefpodoxime 400 mg PO Q 12 hr x 2 doses <u>PLUS</u> 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

Follow-Up

- If alternative oral regimen used → follow-up in 5-7 days if no improvement
- Counsel patients to come in for STD/HIV testing when in-person clinical care resumes
 - Use PH, other tracking systems to send reminders, linkage to services at that time

Azithromycin shortage

- FDA reported shortage 4/14/2020
- Use alternate therapy, likely doxycycline for:
 - CT
 - GC (as part of dual therapy)
 - NGU
 - Cervicitis
 - M. genitalium
- FDA predicts more availability early 5/2020
 - Check FDA Drug Shortage website for updates
www.accessdata.fda.gov/scripts/drugshortages/default.cfm

Murky areas

- EPT for MSM?
- Is Test of Cure recommended for alternative regimens?
- For pregnant women with PCN allergy or without access to PCN, is Azithromycin 2 gm an option?

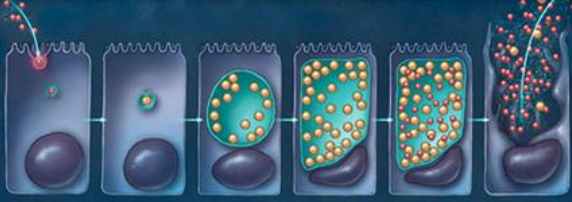
National STD Curriculum: www.std.uw.edu

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National STD Curriculum

Funded by a grant from the Centers for Disease Control and Prevention



STD Modules

 Chlamydia	Chlamydia Self-Study CNE/CME Tracking progress and receiving CE credit	Content View > Quick viewing of Chlamydia STD Module	Question Bank > Interactive board-review style questions
 Gonorrhea	Gonorrhea Self-Study CNE/CME Tracking progress and receiving CE credit	Content View > Quick viewing of Gonorrhea STD Module	Question Bank > Interactive board-review style questions
 HSV Herpes Simplex Virus (HSV)	HSV Self-Study CNE/CME Tracking progress and receiving CE credit	Content View > Quick viewing of HSV STD Module	Question Bank > Interactive board-review style questions
 HPV Human Papillomavirus (HPV)	HPV Self-Study CNE/CME Tracking progress and receiving CE credit	Content View > Quick viewing of HPV STD Module	
 PID Pelvic Inflammatory Disease (PID)	PID Self-Study CNE/CME Tracking progress and receiving CE credit	Content View > Quick viewing of PID STD Module	
 Syphilis	Syphilis Self-Study CNE/CME Tracking progress and receiving CE credit	Content View > Quick viewing of Syphilis STD Module	
 Vaginitis	Vaginitis Self-Study CNE/CME Tracking progress and receiving CE credit	Content View > Quick viewing of Vaginitis STD Module	

STD Clinical Consultation Available: www.stdccn.org

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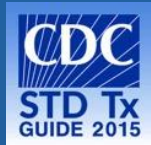
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STD Treatment Guidelines Apps

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Any Burning Questions?

Acknowledgment

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