

# **Tele-Sexual Health During the COVID-19 Pandemic**

Learning Community: Session 2  
January 25th, 2022

# Tele-Sexual Health During the COVID-19 Pandemic

- Agenda

- COVID Trends and Sexual Health Service Availability trends
- STI Treatment and EPT
- Tele-PrEP
  - Video/Phone Visits
  - Routine Lab options
  - Prescriptions
- Post Exposure Prophylaxis via telehealth



Supplemental Table One: Description Changes in Clinical Service Provision for All Respondents					
Clinic Services	Prior to March 1st, 2020	Starting April 1st, 2020 on a Regular basis (no change)	Starting April 1st only on an Emergency Basis	Never had capacity to do this	Change in Services
Have E-prescribing capabilities	43	12	3	12	-72%
Offer STI testing to asymptomatic individuals	58	12	6	0	-79%
Offer STI testing to symptomatic individuals	59	15	5	0	-75%
Offer STI treatment on site	59	15	6	0	-75%
Offer Expedited partner therapy	46	12	7	10	-74%
Offer PrEP Initiations	34	8	4	20	-76%
Offer PrEP follow ups	32	6	2	22	-81%
Offer PEP Initiations	25	3	1	30	-88%
Offer nPEP Initiations	23	3	2	31	-87%
Offer PEP/nPEP Follow Ups	27	4	2	27	-85%
Offer Reproductive Health Services	49	11	3	9	-78%
Offer Emergency Contraception	46	14	1	11	-70%
Offer Pregnancy Termination Services (both medication and procedural)	7	0	1	48	-100%
Offer HIV testing	58	13	6	2	-78%
Offer services for newly infected HIV positive individuals	29	8	3	28	-72%
Offer follow up HIV primary care	22	3	2	35	-86%
Bill for services	51	12	2	6	-76%
Collaborations with Urgent Care Centers	35	8	3	21	-77%
Collaborations with Pharmacies	41	8	2	16	-80%
Have a Telehealth option in place	10	18	13	19	80%

- 73 sexual health service providers were surveyed by April 20th (61 outside of NYS; 12 within NYS)
- Respondents were asked to list services they provided prior to March 1<sup>st</sup> and then after April 20th
- Our survey demonstrated the significant decline in access to sexual health services across the Northeast.



THE REAL WORLD OF STD PREVENTION

# The Potential Impact and Availability of Sexual Health Services During the COVID-19 Pandemic

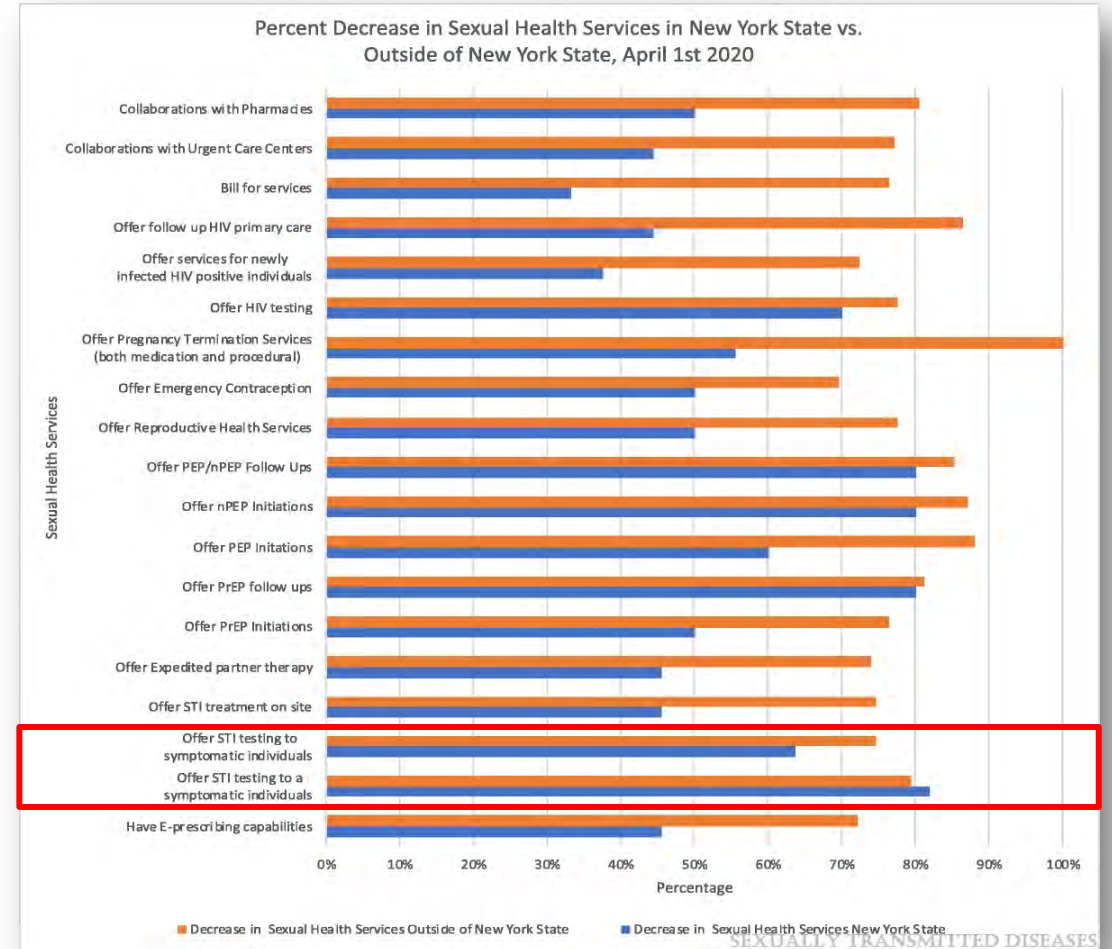
Gowri Nagendra, MPH,\* Caroline Carnevale, DNP, MPH, AAHIVS, † Natalie Neu, MD, MPH, ‡ Alwyn Cohall, MD, § and Jason Zucker, MD, MS ¶

**Abstract:** As the COVID-19 pandemic causes upheaval in New York City (NYC), 1 consequence is the accessibility of sexual health services. The NYC STD Prevention Training Center at Columbia University administered an online provider survey to understand how the COVID-19 pandemic is affecting the availability of sexual health care services regionally.

On March 1, 2020, Governor Cuomo of New York State (NYS) announced New York's first case of the SARS-CoV-2, a novel coronavirus 2019 known as "COVID-19."<sup>1</sup> Since this first case, New York City (NYC) has emerged as the epicenter in the United States for the COVID-19 pandemic. National Sexually Transmitted Disease (STD) awareness month falls in April 2020, and this month is traditionally dedicated to reaching out to communities to enhance recognition about the importance of preventing, testing, and treating sexually transmitted infections (STIs). In 2017, NYC case rates for chlamydia were 839.69 per 100,000, 275.15 per 100,000 for gonorrhea, and 21.07 for primary

preexposure prophylaxis appointments have been canceled. If you have had a recent exposure, need postexposure prophylaxis, or have an urgent question, please call the triage nurse."<sup>4</sup> The NYC Planned Parenthood clinics moved to a virtual appointment only model: "All services will be virtual, except for abortion services and select in-person visits."<sup>5</sup> Finally, New York-Presbyterian Hospital's human immunodeficiency virus (HIV) Prevention Program began tapering services starting March 19, 2020, limiting onsite visits to only urgent cases, such as postexposure prophylaxis. Those patients with symptomatic STIs were discouraged from coming into clinic to avoid their risk of COVID-19 exposure and were treated presumptively with a corresponding telehealth visit. Preexposure prophylaxis prescriptions were refilled without quarterly STI and HIV screening. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>.

It is understood that even in the time of "stay-at-home" orders (New York State instituted on March 22, 2020) and

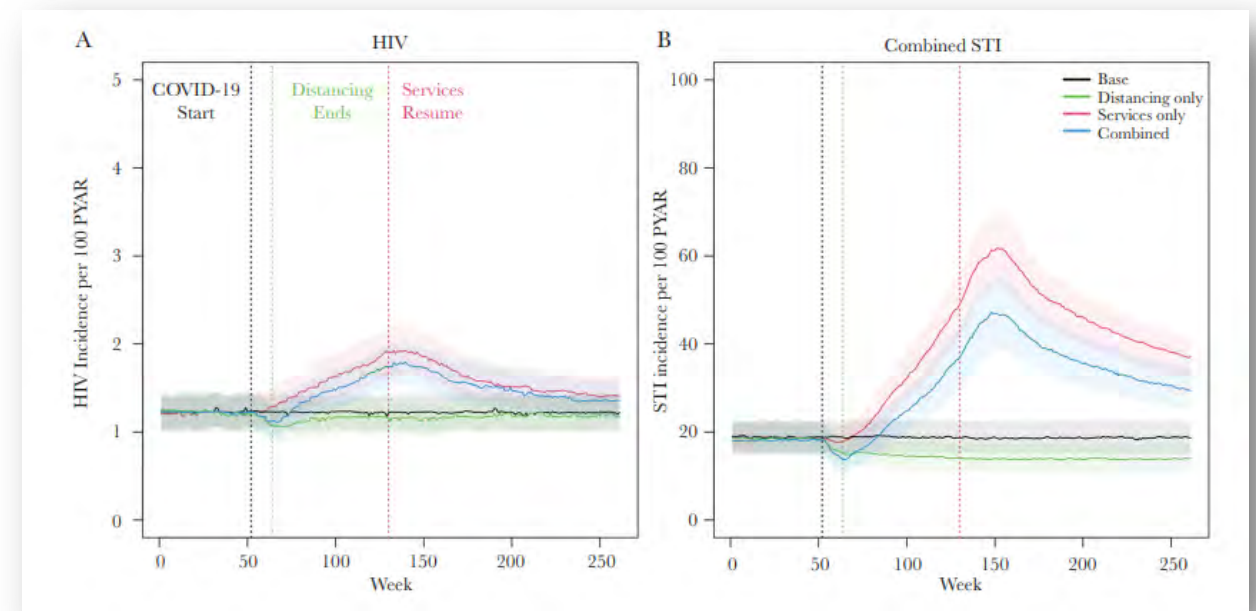


# Projected HIV and Bacterial Sexually Transmitted Infection Incidence Following COVID-19–Related Sexual Distancing and Clinical Service Interruption

Samuel M. Jenness,<sup>1,2</sup> Adrien Le Guillou,<sup>1,2</sup> Christina Chandra,<sup>1</sup> Laura M. Mann,<sup>1</sup> Travis Sanchez,<sup>1</sup> Daniel Westreich,<sup>3</sup> and Julia L. Marcus<sup>4,5</sup>

If distancing lasted only 3 months but service interruption lasted 18 months, the total 5-year population impact would be an additional:

- 890 HIV cases
- 57,500 STI cases



# Tele-Sexual Health During the COVID-19 Pandemic

Daily Trends in Number of COVID-19 Cases in The United States Reported to CDC



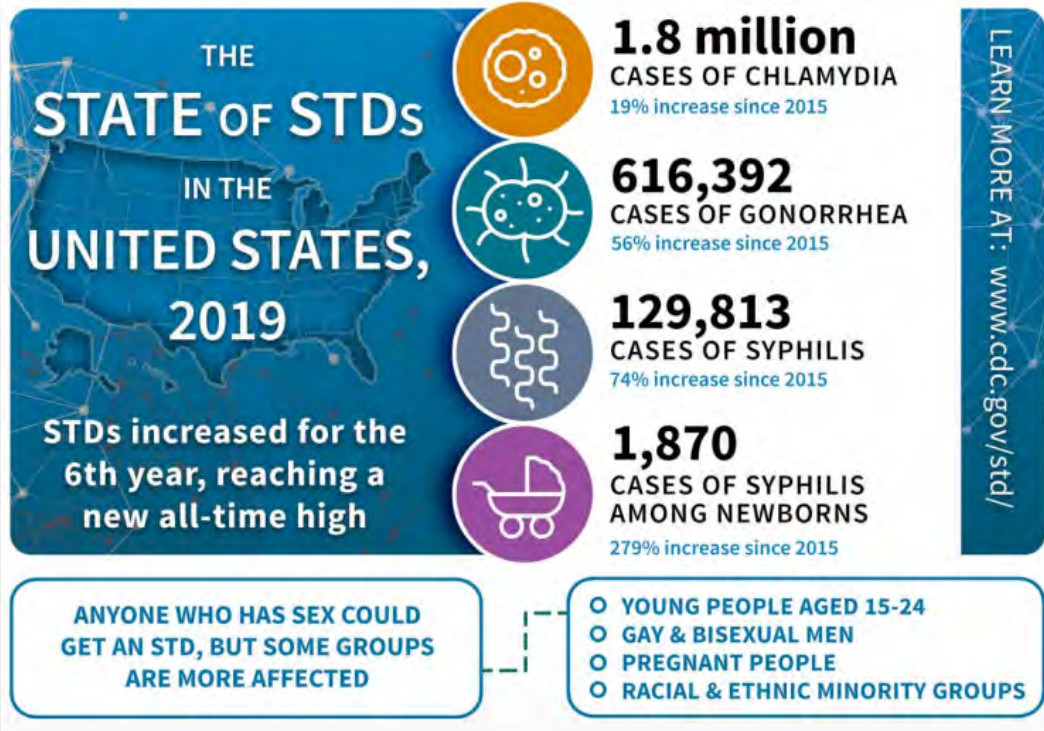


# NYP HIV Prevention Program: *During* COVID-19

- Starting March 22<sup>nd</sup> 2020 at NYP.....
  - The majority of Ambulatory Clinics at NYP closed. Ours were consolidated to one clinic site
  - All visits were transitioned to telemedicine via our Epic CONNECT platform
  - While obtaining tests for STI screening quarterly is optimal, this is not always safest for patients during the COVID pandemic



# Tele-Sexual Health During the COVID-19 Pandemic



- Presumptive STI Treatment for **Symptomatic** Patients during times of quarantine and pandemic precautions
- First conduct a televisit (phone, video) and take an in-depth sexual history
  - C/O Dysuria, Discharge, Throat Pain, Rectal Pain
    - Cover for Gonorrhea/Chlamydia
      - Cefexime 400mg x 2 once
      - Doxycycline BID x 7 days or Azithro 1G
  - C/O Painless lesion, Rash
    - Cover for Syphilis
      - Doxycycline BID x 14 days



# Tele-Sexual Health During the COVID-19 Pandemic



- Expedited Partner Therapy for ***Partners of Symptomatic*** Patients or ***Partners of Asymptomatic Patients who had a positive test*** during times of quarantine
- Gonorrhea
  - Cefexime 400mg x 2 Once
- Chlamydia
  - Doxycycline 100mg BID x 7 days or Azithromycin 1gram once
- Syphilis
  - Doxycycline 100mg BID x 14 days
- Trichomoniasis
  - Metronidazole 500mg BID x 7 days

# Tele-Sexual Health During the COVID-19 Pandemic

- Quarterly PrEP Visits
  - **\*\*HIV Test\*\*** : ensuring that patients have not seroconverted
  - **\*\*STI Screening \*\*** : ensuring that patients do not have an untreated asymptomatic STI
  - BMPs and UA: once PrEP tolerability has been proven can move to every 12 months



# Tele-Sexual Health During the COVID-19 Pandemic

- Options for remote testing
  - At home HIV tests
    - Pros
      - Immediate results
      - Patient can obtain the kit at their leisure and test at their leisure
    - Cons
      - Expensive ~\$45-50 per kit
      - Clinics may not receive results
      - 3<sup>rd</sup> Generation tests





# Tele-Sexual Health During the COVID-19 Pandemic

- Options for remote testing
  - Quest/Lab Corp or Satellite Free-Standing lab
    - Pros
      - Patient does not need to enter a clinic or hospital
      - Usually closer to patient's home
      - 4<sup>th</sup> Generation HIV tests
    - Cons
      - Insurance Barriers
      - Most sites do not do 3 site GC/CT testing



# NYP HIV Prevention Program: *During* COVID-19

- NYP Prevention @Home Pilot
  - CHTG Orasure/Oraquick Test sent separately
  - 3 site GC/CT testing
  - Hemaspot 4<sup>th</sup> generation HIV test
  - Instructions
  - Return envelope



# NYP HIV Prevention Program: *During* COVID-19

NewYork - Presbyterian Hospital HIV Prevention @Home Program  
Patient Demographics (Kits Not Returned vs Kits Returned)  
4/1/2020 - 7/8/2020

Demographic Characteristics	Overall N=201	N	Kits Not Returned N=52	N	Kits Returned N = 149	N	p-value <sup>▲</sup>
Age	30 (26,35)	201	31 (25, 36) <sup>§</sup>		29 (25,34) <sup>§</sup>		0.6
Sex at Birth		201		52		149	0.2
Male	195 (97%)		49 (94%)		146 (98%)		
Female	5 (2.5%)		2 (3.8%)		3 (2%)		
Other	1 (0.5%)		1 (1.9%)		9 (0%)		
Gender		201		52		149	0.4
Male	194 (97%)		49 (94%)				
Female	6 (3%)		3 (5.8%)		3 (2%)		
Other	1 (0.5%)		0 (0%)		1 (0.7%)		
African American	34 (20%)	172	13 (31%)		21 (16%)		0.061
Hispanic	90 (54%)	167	22 (54%)		68 (54%)		>0.9
Length of Time enrolled as a patient in NYP-HPP*	727 (336, 1015)	201	630 (420, 890) <sup>§</sup>		755 (335, 1030) <sup>§</sup>		0.14
Orasure Results Documented	108 (54%)	201	9 (17%)	52	99 (66%)	149	<0.001
Pre-Visit Paperwork Completed	108 (100%)	108	21 (100%)	52	87 (100%)	149	<0.9
STI Results							0.004
Negative	130 (87%)		N/A		130 (87%)		
Positive	19 (13%)		N/A		19 (13%)		

<sup>§</sup>Statistics presented: median (IQR); n(%)

<sup>▲</sup> Statistical tests performed: Wilcoxon rank-sum test; Fisher's exact test; chi-squared test of independence

\* NewYork-Presbyterian HIV Prevention Program

- Overall, @Home Testing was well adopted by patients (4/20-7/20)
  - 201 samples sent – 149 (74%)
  - 19 patients with positive STIs (13%)
  - Only 1 insufficient sample
- Limitations
  - No testing for syphilis
  - Long time (15 days) for mail to turn packages around

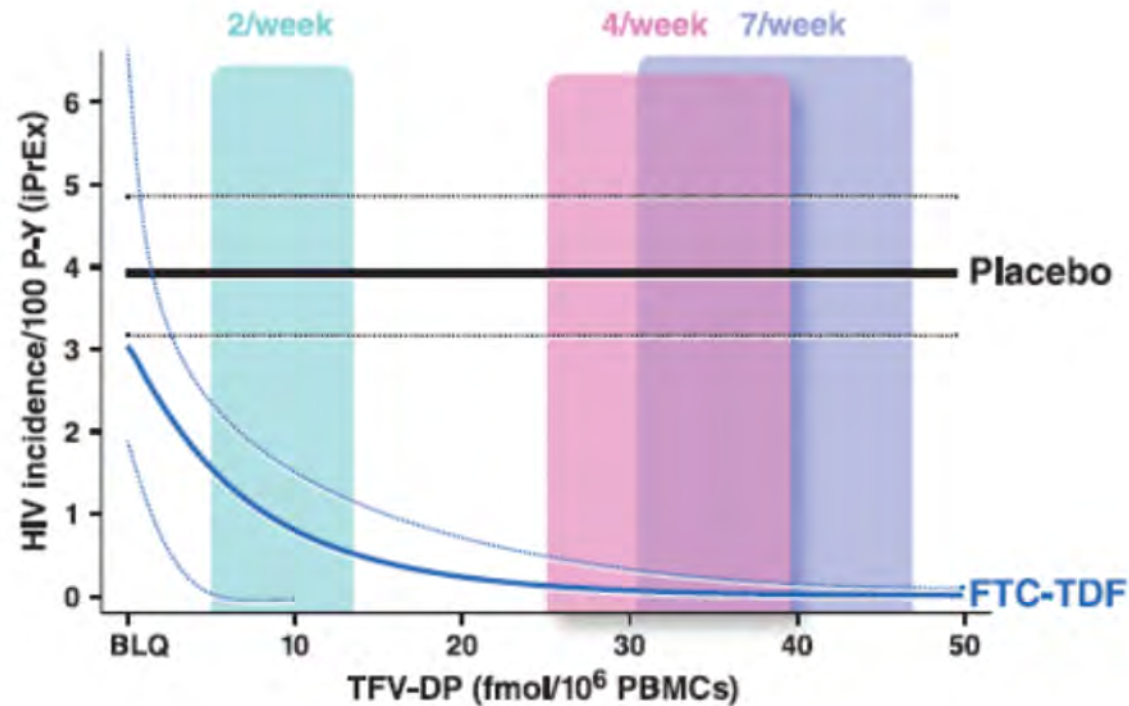
Carnevale C, Richards P, Cohall R, Choe J, Zitaner J, Hall N, Cohall A, Whittier S, Green DA, Sobieszczyk ME, Gordon P, Zucker J. At-Home Testing for Sexually Transmitted Infections During the COVID-19 Pandemic. Sex Transm Dis. 2021 Jan;48(1):e11-e14..



# Tele-Sexual Health During the COVID-19 Pandemic

## Alternative Dosing Methods

4 doses of TDF/FTC per week have been proven to reduce HIV risk by 96-100%



- Grant, R. M., Anderson, P. L., McMahan, V., Liu, A., Amico, K. R., Mehrotra, M., ... & iPrEx Study Team. (2014). Uptake of pre-exposure prophylaxis, sexual practices, and HIV incidence in men and transgender women who have sex with men: a cohort study. *The Lancet infectious diseases*, 14(9), 820-829.

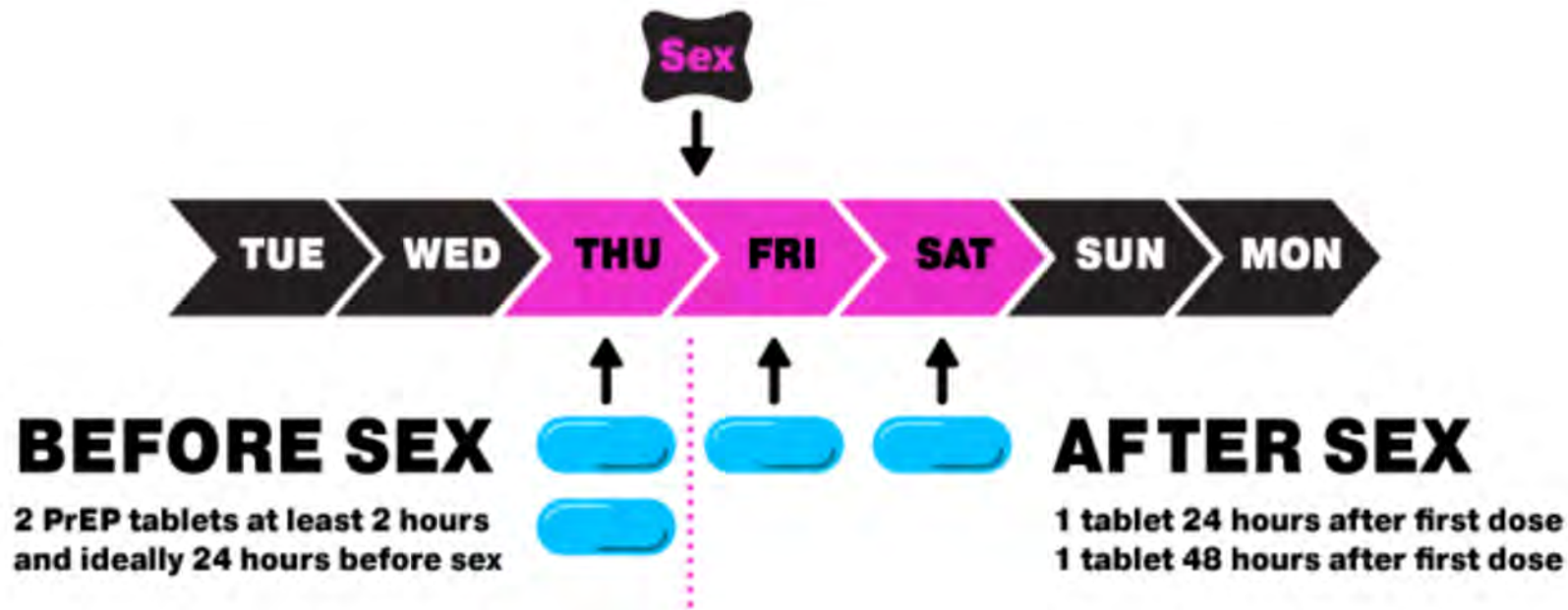
# Tele-Sexual Health During the COVID-19 Pandemic

## Alternative Dosing Methods

- Updated new CDC PrEP Guidelines discuss the use of Non-Daily Oral PrEP regimens for MSM.
  - *“No clinical trial or observational cohort data are yet available that assess the efficacy of the 2-1-1 regimen in US MSM and no submission of data has been made for FDA review and approval of this dosing schedule*  
**HOWEVER**
  - *... International AIDS Society-USA has recommended “2-1-1” dosing as an optional, offlabel, alternative to daily dosing for MSM, and some local guidelines have also recommended it for selected MSM.”*

# Tele-Sexual Health During the COVID-19 Pandemic

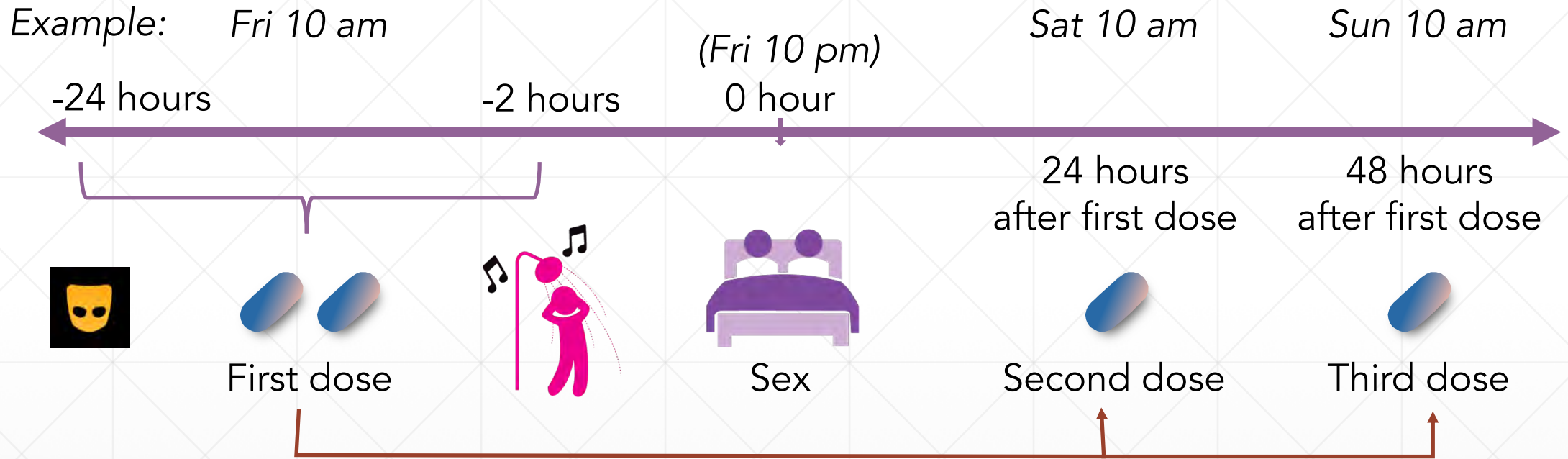
## Alternative Dosing Methods



If sexual activity continues, take 1 PrEP tablet every 24 hours until 48 hours after last sex. (Adapted from i-Base.info.)



# PrEP "On Demand"



Your dates:

Your times:



# Tele-Sexual Health During the COVID-19 Pandemic

## Alternative Dosing Methods

- Screening for On Demand Dosing
  - MSM (preferably over 24 years old)
  - Has sex less than 2x per week
  - Patient able to adhere to quarterly visits/STI screening
  - Expressed understanding of dosing schedule
- Exclusion Criteria
  - Individuals engaging in vaginal sex
  - IV Drug users
  - Adolescents
  - Has sex more than 2x per week
  - Individuals taking TAF/FTC

# Tele-Sexual Health During the COVID-19 Pandemic

- PEP during the Pandemic
  - In a perfect world = labs and clinic visit and 28 day PEP administration would all be in the same day
  - In this dystopia = maybe the meds and “stopping the clock” is the most important part
- Have a televist to provide education and anticipatory guidance in taking PEP
- Try for baseline testing, 30 day testing might be equally as important to determine HIV negativity and transition to PrEP

**Exposed to HIV?** The clock is ticking!



To be effective, **PEP** must begin **within 72 hours** of exposure



# Tele-Sexual Health During the COVID-19 Pandemic

- Conclusions
  - Unfortunately, it seems that making accommodations for virtual sexual health visits due to the pandemic is far from over
  - We recommend:
    - Be creative and offer diverse testing & treatment & visit options
    - Create collaborations with CBOs or external partners that can conduct visits when you can't or draw blood when you can't
    - Consider giving one month of PrEP to hold someone over
    - Educate patients that if they are in a period of quarantine or social distancing that stopping PrEP is okay
      - But educate patients on how to safely start back on PrEP

# Next Learning Community Session

**Date:** March 29, 2022

12-1pm EST

**Topic:** Updated CDC PrEP Guidelines

**Presenter:** Dr. Jason Zucker

# NYC STD Prevention Training Center (PTC)

The CDC-funded NYC STD Prevention Training Center at Columbia University provides a continuum of education, resources, consultation and technical assistance to health care providers, and clinical sites. [www.nycptc.org](http://www.nycptc.org)



## Didactic Presentations

Webinars, conferences, trainings and grand rounds presentations to enhance and build knowledge

## Clinical Consultation Warmline

Clinical guidance regarding STD cases; no identifying patient data is submitted  
[www.stdccn.org](http://www.stdccn.org)

## Technical Assistance

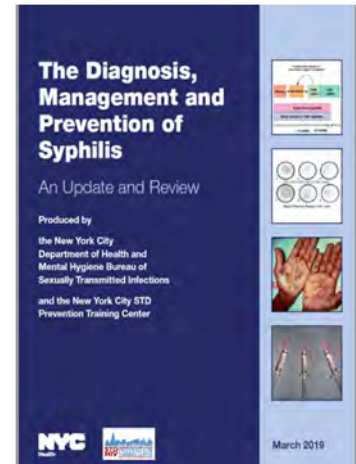
Virtual and on-site technical assistance regarding quality improvement, clinic implementation and best practices around sexual health provision

## Resources

Clinical guidance tools regarding the STD treatment guidelines, screening algorithms and knowledge books, such as the **Syphilis Monograph**.

To download a copy please visit:  
<http://bit.ly/SyphilisMonograph2019PTC>

***For more information please contact:  
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# Questions?

