

## PHSKC Sexual Health Clinic COVID-19 Plan to Decrease In-person Visits

In order to promote social-distancing, and decrease face-to-face contact, patient visits that can be deferred or conducted over the phone or via video (aka. Telemedicine) should be used. The below are patient care scenarios that can be used to this effect.

In order to inform current patients of these changes and encourage the use of telemedicine, we can send a mychart message blast. For patients who are not yet STD clinic patients, we will advertise these changes on the website. For patients who arrive at our clinic, depending on staffing levels, patients will either be seen or directed to call.

Please note, the gonorrhea treatment recommendations have not been tested in clinical trials, but are based on known PK/PD and expert opinion.

Recommendations, in order of changes:

1. Recommend deferring HIV/STD screening only visits.
  - a. First step, only MSM, Trans persons who have sex with men and IVDU who have not screened for HIV in the last 12 months should be seen for screening
  - b. Second step, defer all screening visits.
2. Contacts to gonorrhea, chlamydia and syphilis
  - a. If DIS identify contacts who need treatment, they will transfer patient call to provider of the day. Provider of the day will do telephone visit and send Rx to local pharmacy.
  - b. Patients can call for telemedicine visits.
  - c. Oral medications for contacts:
    - i. Syphilis – doxy 100mg BID x 14 days
    - ii. Chlamydia – azithromycin x 1 or doxy 100mg bid x 7 days
    - iii. Gonorrhea – cefixime 800mg x 1 plus azithromycin 1g
3. Patients who screened positive and need treatment
  - a. Almost all infections that we treat can be managed with oral medications, with the exception of neurosyphilis
  - b. For syphilis – don't forget to extend doxy dosing to 28 days if late latent/unknown duration
  - c. When site of infection is known, otherwise per above:
    - i. Rectal chlamydia: doxy 100mg bid x 7 days
    - ii. Pharyngeal gonorrhea: cefixime 800mg BID x 2 doses plus azithromycin 2 g (Ok to separate AZM into two 1g doses, dosed with cefixime doses)
      1. Note: in the STD Clinic we will be doing home TOC for anyone treated with this regimen – see separate home TOC protocol
    - iii. Non-pharyngeal gonorrhea: cefixime 800mg x1 plus azithromycin 1g x 1
4. Symptomatic patients
  - a. Although in person visits for symptomatic patients are ideal for diagnostic and treatment purposes, with the help of telemedicine, we can defer most visits. *(We recognized that this syndromic approach will limit case count for epi purposes and may expose some individuals to antibiotics which might not have been necessary had they*

*come in. However, given the ongoing COVID-19 pandemic, we believe the benefit of avoiding face-to-face contact outweighs these risks.)*

- b. The following treatments are suggestions and do not supplant clinician evaluation and judgement.
  - c. Secondary syphilis can be diagnosed over video (i.e. rash)
    - i. Don't forget to evaluate for neurosyphilis symptoms!
  - d. Genital ulcer disease – if in doubt, treat for both syphilis and HSV
  - e. Urethral discharge – Cefixime 800mg + doxy 100mg bid x 7 days
  - f. Persistent urethral discharge –
    - i. Add moxi 400mg PO qday x 10 days
    - ii. Consider MTZ for trich if heterosexual man
    - iii. If persistent urethral discharge after moxi, need to come in for diagnostic testing
  - g. Anorectal symptoms – use patient complaint as a guide
    - i. Discharge: cefixime 800mg and doxy 100mg bid x 7 days
    - ii. Pain: add acyclovir
  - h. Vaginal discharge – can use symptomatology to guide treatment
    - i. Frothy or smelly – Metronidazole 500mg BID x 7 days
    - ii. Cottage cheese – fluconazole 150mg po x1, may repeat x2 q72 h
    - iii. Pus like/yellow – cefixime 800mg plus azithromycin 1g
      - 1. Don't forget to eval for PID symptoms!
5. Patients who absolutely need to be seen or need diagnostics, and also so we can offset ER visits
- a. Neurosyphilis work up and evaluation and treatment
  - b. Acute HIV
  - c. Contact to HIV

**\*\*NOTE:** Cefixime may be difficult to find. Many local pharmacies do not stock cefixime, and per report McKesson has the drug on back order. If cefixime is unavailable, alternative options are:

Non-pharyngeal GC: cefpodoxime 400mg PO q12 hours x 2, plus azithromycin 1 g

Pharyngeal GC: cefpodoxime 400mg PO q12 hour x 4 doses, plus azithromycin 2g