

# **SEXUAL HEALTH CLINICS AND OUR NATION'S COVID-19 RESPONSE**



**National Coalition  
of STD Directors**

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A summary report describing the impact of the COVID-19 pandemic on sexual health clinics

## Introduction

Between December 2019 and the end of June 2020, the COVID-19 global pandemic caused by the SARS-CoV-2 novel coronavirus infected over 10 million people and caused over half a million deaths around the world. With over 2.5 million people infected and about 130,000 deaths, the United States was the worst hit country in absolute numbers.

The pandemic has severely strained healthcare systems around the country. Sexual health clinics have been no exception. Almost all sexual health clinics in the country have been forced to either shut down or to drastically limit hours and services.

Using information and anecdotes from the Clinic COVID-19 calls organized by NCSDDC between March and July 2020, this report will describe the impact of the pandemic on a variety of sexual health services, including how sexual health clinics have adapted to the pandemic and adopted new practices, and what can be expected moving forward.

This report is meant to supplement NCSDDC's [Phase I COVID-19 and the State of the STD Field](#) report, which are a summary of findings from surveys of health department STD programs, DIS, and STD clinics.

## About NCSDDC

National Coalition of STD Directors is a national organization representing health department STD directors, their support staff, and community-based organizations across 50 states, seven large cities, and eight US territories. NCSDDC advances effective STD prevention programs and services in every community across the country.

For more information, contact NCSDDC at [info@ncsddc.org](mailto:info@ncsddc.org)

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## Themes and Best Practices

### Impact of COVID-19 on Sexual Health Clinics

Since the start of the COVID-19 pandemic, sexual health clinics have had to make decisions on staying open or shutting down, adjusting services, how to best maintain the safety of patients and staff, and contingency planning. Several factors have led to the shutting down or reduction in services by sexual health clinics. The highly infectious nature of the virus that causes COVID-19, the national shortage of personal protective equipment (PPE), stay-at-home orders, the disproportionate impact of the virus on healthcare providers, and the assignment of sexual health clinic staff such as Disease Intervention Specialists (DIS) and contact tracers to COVID-19 work are some key factors.

Those sexual health clinics that have remained open have adopted a variety of measures to keep healthcare personnel and patients safe. These include limiting or ending walk-in services, limiting the number of appointments, seeing patients only for essential services such as treatment for individuals with known positive results, asking patients to postpone elective services, and requiring a telehealth screening call prior to a visit. Many sexual health clinics have proactively taken on a harm reduction approach to protect patients and staff.

Sexual health clinics have also adopted practices such as asking patients to wait in the parking lot until their appointment, measuring temperatures at the entrance of facilities, limiting visit durations, requiring face masks, spacing out seating in waiting rooms to enable social distancing, and implementing enhanced cleaning procedures. Others have made staffing changes such as having only essential staff come into work, rotating staff work days to limit exposure, and asking staff such as insurance navigators, PrEP coordinators, and DIS to work remotely.

Some sexual health clinics, such as one in a low morbidity state in the Midwest, made the decision early on to stay open in order to relieve the pressure on emergency rooms and urgent care centers. Many others rapidly expanded telehealth to complement or make up for reduced in-person services. Others have devised creative solutions to cope with the PPE shortage. In addition to taking harm reduction measures, sexual health clinic providers and staff have demonstrated incredible courage by reporting to work despite serious concerns about their own health or the health of vulnerable family members.

In light of the unprecedented challenges posed by the pandemic, many sexual health clinics have made contingency plans to provide services. Many have taken steps to ensure that groups that are already vulnerable and at higher risk - such as those without health insurance, older people, racial minorities, and sexual and gender minorities - are able to access life-saving services.

### Sexual Health Clinic Services

Sexual health clinics have had to make decisions about what services qualify as essential, what services are elective and can be postponed, and what services can be provided through telehealth to minimize physical contact. The highly infectious nature of the coronavirus and the national shortage of PPE have played a key role in the shutting down or service limitations at clinics.

Some of the best practices that have evolved during the pandemic are limiting routine screening, instituting appointment only policies for visits at clinics, advising patients with symptoms of COVID-19 to avoid coming in, and prioritizing higher risk patients with symptoms for treatment. For example, if a patient demonstrates COVID-19 symptoms and they require STD services, they are seen in a dedicated exam room by providers attired in full PPE. Some clinics have prioritized treatment for diseases such as syphilis and resistant gonorrhea and have halted pharyngeal chlamydia and gonorrhea tests to reduce risk.

The CDC has advised that safety measures and harm reduction practices need to be tailored for each context and that staff and provider safety should be the foremost priority. Measures that do not require or minimize physical contact, such as phone calls, face chats, or texting are recommended. Asymptomatic screening should be a lower priority and put on hold. At-home self-collection testing has great potential and should be given consideration. DIS work should be done remotely to the extent possible. Despite the challenges posed by the pandemic, it is crucial that the needs of patients be prioritized and that medical services not be halted. If a sexual health clinic is closing, staff should reach out to other clinics to establish relationships and refer patients for continued care.

STDs are increasingly being treated syndromically and there is now a preference for oral medications as injectables require person-to-person contact. The use of pharmacies that can deliver to patients rather than ask patients to come to them is also high. Early on in the pandemic, the CDC encouraged sexual health clinics to identify and build partnerships with local pharmacies but the clinics had limited capacity to do so. As a harm reduction measure, EPT using doxycycline should be considered a best practice, although adherence and course completion can be problems. By presumptively treating partners, missed cases and STD spread can be minimized.

### **From the Field - Impact of COVID-19 on Sexual Health Clinics**

**When a high morbidity large city, became the global epicenter of the pandemic in March, only one of nine sexual health clinics was kept open to provide all STD treatment and screening, HIV treatment, PrEP services, and contraceptives.**

**A sexual health clinic in a mid-morbidity Western city, stopped offering asymptomatic testing, face-to-face PrEP visits, quick tests, and pharyngeal swabs. They continued offering symptomatic evaluations, treatment, Expedited Partner Therapy (EPT), contact treatment, syphilis treatment, initiating PrEP, and PEP evaluations. The number of patient visits were cut, screenings were conducted outdoors, and medical history taking was shortened. Prescriptions were called into the patient's local pharmacy instead of being dispensed at the clinics.**

**In a high morbidity Western state, many sexual health clinics and family planning clinics which provide STD services have closed or reduced services. Testing and treatment services are currently minimal and limited to those with symptoms while screening visits have been postponed. Telehealth has been implemented and injectable treatments are only given where clinically necessary. Clinics sent at-home test kits to patients as sexual health clinics sought to move to self-collected swabs to interrupt transmission of STDs in line with CDC advice.**

**In a high morbidity Eastern state, one of two sexual health clinics stayed open. The clinic website was updated asking people to call before visiting as lots of people were walking in, perhaps due to the closing of family planning clinics. They handled about 40 patients a day in person compared to 80-120 before the pandemic and a third of these patients were contacted by phone calls. They did not do DIS partner referrals for gonorrhea and chlamydia which were handled by calling in prescriptions.**

**In a high morbidity Eastern city, one of two sexual health clinics stayed open and the clinic arranged in-person visits only for urgent issues. For other issues, they are used telehealth which has seen an exponential increase in demand. The Johns Hopkins University Hospital is provided priority care for women with syphilis and tested all pregnant women for COVID-19. All obstetrician-gynecologist visits were conducted via Zoom.**

## Sexual Health Clinics and COVID-19 Testing

Sexual health clinics can play a crucial role in slowing and halting the COVID-19 pandemic by using their specialized resources and infrastructure such as DIS and contact tracers. However, there are concerns that COVID-19 will lead to the shutting down of sexual health clinics and interruption of services due to the diversion of staff and resources. There are also questions about whether sexual health clinics should, or are able to, safely conduct COVID-19 testing. Each clinic will have to resolve the tensions inherent in these competing demands.

The stimulus bills passed by Congress and the bills currently being considered present significant opportunities for sexual health clinics to bolster their DIS and clinic staff, increase lab capacity, expand services, and strengthen infrastructure. While these measures can help with the ongoing pandemic, they can also be retooled to provide sexual health services in the future. NCSO has engaged with members of Congress and allies to advance funding requests for these purposes.

NCSO has also conducted a major media push to tell the story of the work done by STD contact tracers and DIS over the past 40 years and what role sexual health clinics and staff can play during the current crisis. Sexual health clinic administrators and DIS can raise awareness on the role of the DIS workforces and take advantage of the ongoing and enormous media coverage on contact tracing. They should be prepared to engage with the media and highlight their work in contact tracing. Sexual health clinics can also offer their DIS staff as useful COVID-19 fighting resources to state and local health officials.

NCSO has established an [online COVID-19 Command Center for STD Programs](#) as a central information and action hub with useful information for sexual health clinics. There have been over 50,000 unique individual hits on the NCSO website since the beginning of the pandemic.

In April, NCSO and the Association of State and Territorial Health Officers (ASTHO) [partnered to produce and release an online training on contact tracing](#). The CDC reviewed and provided input for the training package and it was also medically reviewed. It includes four modules - on the basics of COVID-19, basics of contact tracing, interview techniques, and monitoring and evaluation. By late June, over 35,000 people from every state had completed the training. Many sexual health clinics and state health departments are including the NCSO-ASTHO contact training package in their formal training programs.

In a high morbidity city in the Midwest, a LGBTQ specialty Federally Qualified Health Center (FQHC) set up tents for COVID-19 evaluation and screening within a few days of a stay-at-home order being issued. As COVID-19 disproportionately affects African Americans and Latinos, the clinic partnered with organizations serving these communities to expand their reach and hired bilingual contact tracers. They also stood up two mobile units and screened 300-400 people a day.

Some sexual health clinics have creatively engaged with state health authorities to expand contact tracing activities. In a small New England state with very low morbidity, sexual health clinics deployed personnel to a national guard site. They developed contact tracing protocols and trained 60 troops. The training included videos, observation of DIS staff in action, and information on respecting privacy. Sexual health clinic staff supervised the work of the troops and conducted quality control on site. This innovative program greatly enhanced the state's contact tracing efforts.

## At Home Self-Collection Testing

At home self-collection testing (AHSC) has emerged as a viable alternative to in-person STD testing. Millions of people are confined at home and traveling to get tested at clinics poses many hazards. Supporting STD screening by relying on AHSC presents many opportunities although there are challenges such as higher costs, accuracy issues, and regulatory barriers.

Sexual health clinics around the country have established or expanded AHSC services. In an east coast city with high morbidity, clinics are working on developing a protocol and expanding their ability to do AHSC by mailing self-collect kits with a return envelope.

**[NCS D has hosted a series of AHSC webinars](#)** that cover the rationale of home testing, the regulatory environment, examples of testing, an exploration of the range of possibilities, and discussion of cost as a barrier. NCS D continues to issue technical guidance on AHSC and will work with industry partners to make home testing possible.

### **From the Field – At Home Self-Collection Testing**

**In a high morbidity Eastern city, clinics partnered with Johns Hopkins University on an innovative program where patients can register on the [iwantthekit.com](#) site and receive HIV and gonorrhea testing kits in the mail.**

**In a high morbidity Western city, the At Home Prevention Program directs patients to a website where they can request free supplies that include a screening packet, lube, condoms, and handouts on COVID-19, HIV, and risk reduction. The packages are bilingual in Spanish and contain visual aids to self-administer tests.**

## **Telehealth**

Remote sexual health services including PrEP uptake have become a major area of service expansion during the ongoing pandemic. Sexual health clinics around the country have implemented telehealth programs to conduct STD screening, diagnosis, and treatment by prescribing oral medications. Many clinics have made a telehealth screening call a requirement before asking patients with symptoms to come in for testing. Screening calls allow for medical history taking and for reduction in person-to-person contact and reduces the duration of medical visits. HRSA has encouraged telehealth and described it as a critical mode of healthcare delivery. The CDC has issued a ‘dear colleague’ letter with rationale for telehealth and emphasized its use in clinical guidance.

Owing to the danger that COVID-19 poses to those with underlying serious health conditions, some clinics have seen an influx of HIV positive patients out of care who have been re-linked to care.

### **From the Field - Telehealth**

**Clinics in a high morbidity large city, pivoted quickly by opening a telehealth practice and developing guidelines. Telehealth will be used during and after the pandemic. State authorities promoted telehealth and discouraged traveling to receive injectables. STDs were treated presumptively without testing or sample collection.**

**In a mid-morbidity Western city, clinics used Zoom for telehealth. Despite having no previous experience, a leading FQHC was able to move 40 providers to telehealth in a few weeks. Patients were shipped testing kits for AHSC.**

**In a mid-morbidity Western city, pharmacies can mail PrEP to patients and they reduced office visits by eliminating protocols for patients to visit a month after starting PrEP to follow up (except for youth who are poor at adhering). They also created a HIV and TelePrEP guide.**

## **Medications**

The availability of various medications used to treat STDs can change or evolve rapidly under current circumstances. Due to rumors or incorrect media reports that certain medications can treat or prevent COVID-19, many medications can suddenly and unexpectedly be unavailable due to hoarding by patients and clinics. Medications such as azithromycin were or continue to be in short supply despite their unproven effectiveness in treating or preventing COVID-19. Other medications such as NSAIDs have been reported in the media to be harmful for COVID-19 patients and the FDA has issued a statement dispelling this rumor.

In many cases there may not be actual medication shortages due to inadequate production by manufacturers but rather fragilities with the supply chain and problems with logistics and distribution. These issues can delay the arrival of medications where and when they are needed. In other cases, certain medications may be commandeered by the federal or state governments for the COVID-19 response, causing them to be in short supply to treat STDs.

The CDC has asked sexual health clinic staff to check the FDA's medication supply website periodically for updates on shortages. It has also asked sexual health clinics to reach out to their CDC program specialist if there are reports of shortages of medications so they can be investigated. In May, the CDC [issued updated treatment guidelines and other resources](#) to help sexual health clinics adapt to COVID-19 related disruptions (such as inability to provide injectables) and to be able to continue providing effective STD prevention and care services.

Sexual health clinics should check with local pharmacies to ensure that a medication is available before prescribing it so that patients are not inconvenienced or do not have to return to the clinic. They should also have a list of alternative medications on hand in case primary medications are in short supply.

## Looking Ahead

The impact of the COVID-19 pandemic on sexual health clinics around the United States has been adverse and severe. Many clinics have been forced to shut down or sharply curtail services. At the same time, this unprecedented emergency has enabled the rise of innovative and creative practices such as telehealth and AHSC. It has also put a national spotlight on contact tracing and DIS, which have been an integral part of STD interventions for four decades.

Innovations such as telehealth and AHSC, despite some limitations and drawbacks, will likely be sustainable in a post-pandemic world. Several sexual health clinics have announced their intention to continue these practices. While there will be challenges such as high cost and ensuring accuracy, clinics should be prepared to embrace these innovations and to use them as complementary services to traditional in-clinic services. Sexual health clinics will also face questions about their future as the pandemic continues and eventually tapers off. These include:

- What is next in terms of how sexual health clinics will recover after the pandemic?
- What will a new 'normal' look like for sexual health clinics and services?
- How can sexual health clinics better adapt to future pandemics and other emergencies?
- In light of the recent spotlight on the harms caused by systemic racism, how will sexual health clinics ensure that racial minorities are equitably served?
- Will the 2020 surveillance report find lower or higher rates of STDs? Or will STD rates be underreported?

Even as the COVID-19 pandemic shows no signs of abating soon, and even as sexual health clinic services continue to be severely disrupted, the clinics have been and will continue to remain crucial access points for addressing STD epidemics. Sexual health clinics have also proven to be indispensable partners for state health department and federal responses to the pandemic. While the human tragedy and the economic impact of the pandemic has been devastating, sexual health clinics also have an unprecedented opportunity to evolve and adapt their services so they can provide more effective services in the future.