FREQUENTLY ASKED QUESTIONS

Delivering Sexual Health Services During COVID-19

essential access health

shaping the future of sexual + reproductive health care™

introduction + acknowledgements

COVID-19 has had widespread impacts on our healthcare system, including significant disruption to sexual health services.

The Delivering Sexual Health Services During COVID-19 FAQs have been adapted from an August 2020 webinar developed by the California Prevention & Training Center. Webinar content was created and presented by Dr. Ina Park and Dr. Rosalyn Plotzker of the University of California San Francisco.

- Listen to a recording of the webinar.

Additional resources and learning opportunities can be found through our Learning Exchange and Telehealth Essentials for Sexual + Reproductive Health Care.

thank you to the generous support of our funding partners:

- The California Endowment
- The California Health Care Foundation
- The California Wellness Foundation

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Telehealth Essentials for Sexual + Reproductive Health Care

The national coronavirus (COVID-19) public health crisis has fast-tracked significant transformations in our health care delivery system, including a necessary shift toward providing time-sensitive services through telehealth. Essential Access Health has compiled resources to support health providers in the delivery of quality family planning and STI testing and treatment through telehealth modalities.

- For more information, visit Telehealth Essentials: https://www.essentialaccess.org/programs-and-services/telehealth-essentials

Q: Can providers use at-home test kits for STIs?

A:

At-home STI screening test kits are either point-of-care tests with an immediate result or self-sampling kits with specimens mailed to a commercial lab.

Kits are typically sold directly to consumers or through online telehealth companies.

The types of tests can include HIV, GC/CT, syphilis, and trichomonas (for patients with a vagina).

Some companies also offer throat/rectal swabs for GC/CT, as well as blood spot tests for syphilis and hepatitis C.

Suggested Resource

- Self collection instructions available from CA Prevention Training Center: https://californiaptc.com/wp-content/uploads/2019/07/Throat-Self-Swab-Poster7-26-19.pdf

Q: Do insurance companies pay for at-home sampling or at-home screening test kits?

A: If the patient picks up a kit at the clinic, self-samples, and returns it to the clinic or lab, then has the same test performed per clinic routine, it should be covered by insurance.

A point-of care test purchased in a pharmacy (e.g., oral HIV test; cost about $45) is not usually covered.

For on-line STI home-testing products:

- Test kits start at $100, but have higher costs with multiple organisms.
- Interpretation of result and clinician advice is included with purchase of the kit.
- Often there is a separate charge for the lab to run the test.
- At-home test kits are usually **not** covered by HMO, Title X, or state programs.

Did You Know?

- California Senate Bill 306 – the STD Coverage + Care Act (Pan) seeks to expand access to STI prevention and treatment, and require coverage of at-home STI tests. Learn more in the SB 306 bill fact sheet.

Q: How can a client with vulvar irritation or a genital rash be evaluated remotely?

A: For recurrent genital herpes, treat empirically.

For a new lesion, ask the patient to submit a cell phone photograph of genital skin rash and consider conducting a virtual exam.

The HHS Office of Civil Rights issued a statement on March 20, 2020 advising not to "impose penalties for HIPAA violations against health care providers in connection with their good faith provision of telehealth using communication technologies during COVID-19."

- Acceptable platforms include Apple FaceTime, Google Hangouts, Zoom, Whats App.
- Platforms that are **not** acceptable include Facebook Live, TikTok, or other public facing platforms.

Evaluation may be covered as "Virtual Check-in": HCPCS code G2010. This applies to remote evaluation of recorded video and/or images submitted by an established patient, including interpretation and follow-up with the patient within 24 business hours.

Q: What if a client has a genital or anal ulcer? Can these findings be evaluated remotely?

A: For recurrent genital herpes, treat empirically.

For a new ulcer, an in-person exam is best, but if that is not possible, assess whether the area surrounding the ulcer is painful. The patient should photograph the ulcer and submit for review.

Patients presenting with multiple painful ulcers (especially bilaterally) are more likely to have genital herpes, while those presenting with a single painless ulcer are more likely to have primary syphilis.

If syphilis is suspected, arrange serologic tests for syphilis (i.e., RPR and TP-PA) to monitor treatment response.

For primary syphilis, if the patient cannot receive benzathine penicillin IM, the recommended treatment is doxycycline 100 mg twice daily x 14 days.

Pregnant patients with suspected syphilis **must** be referred for therapy, as there are no acceptable alternatives.

Q: What about self-sampling for vaginal discharge and curb-side pick-up/drop-off?

A: Some clinics have used curb-side for pick-up and drop-off of vaginal discharge sampling kits including a stoppered-plastic or glass tube with 1 cc of fresh saline and a pack of sterile cotton tipped swabs.

Patients can self-swab vaginal walls, immediately place the swab into the tube and cap, then drop sample off at clinic ASAP for wet mount.

This sampling kit can be used to sample for gonorrhea/chlamydia NAAT with (separate) appropriate collection containers.

Suggested Resource

- Self collection instructions available from CA Prevention Training Center: https://californiaptc.com/wp-content/uploads/2019/07/Throat-Self-Swab-Poster7-26-19.pdf

Q: What is syndromic treatment?

A:

Syndromic treatment is treatment based upon a “best guess” of diagnosis using symptoms and a description of physical findings, but without the use of laboratory tests.

This approach works best for:

- Penile-urethral GC/CT
- BV
- Candida Vaginitis
- +/- Genital Herpes

This approach is **not** good for cervical GC/CT, because it is not very specific (i.e. many false positives are possible, resulting in over-treatment).

Essential Access Health’s Patient-Delivered Partner Therapy Program

California clinic sites and local health jurisdictions are supplied with free medication to give, when appropriate, to patients diagnosed with chlamydia and/or gonorrhea.

- Learn more about the PDPT Program: https://www.essentialaccess.org/pdpt/chlamydia-gonorrhea-pdpt-distribution-program

Q: How can a client with vaginal discharge be evaluated and treated remotely?

A: Recurrence of BV or vaginal candidiasis can be treated based on a telephone or telemedicine visit.

For a new problem, obtain a thorough patient history via telehealth. Consider empiric treatment in the following scenarios:

- Malodorous discharge s/o BV or trichomoniasis >> metronidazole 500 mg BID 7 days will treat either.
- Vulvar irritation/itching + white discharge >> treat with fluconazole 150 mg PO or 3-day topical antifungal.

Telehealth Resources

- National Consortium of Telehealth Resource Centers, federally designated Telehealth Resource Centers: https://www.telehealthresourcecenter.org/
- KFF Telemedicine in Sexual + Reproductive Health: https://www.kff.org/womens-health-policy/issue-brief/telemedicine-in-sexual-and-reproductive-health/

Q: What if a client with vaginal discharge also has symptoms such as pelvic pain or dyspareunia?

A: The patient may have pelvic inflammatory disease (PID). Empiric treatment is **not** recommended. Instead, advise an in-person exam and antibiotic treatment.

If pursuing outpatient treatment for PID, treatment options include one of the following:

- Ceftriaxone 250 mg IM x 1, then doxycycline 100 mg PO BID for 14 days.
- Cefoxitin 2 grams IM plus probenecid 1 gram PO x 1, then doxycycline 100 mg PO BID for 14 days.

If BV is diagnosed or to improve anaerobe coverage, add Metronidazole 500 mg BID for 14 days to the above regimens.

Schedule the first follow-up visit in 48-72 hours. It is acceptable to start follow-up by phone/video visit, but ask patient to return if pain not improved.

Hospitalize for parenteral therapy if pelvic pain is the same or worse, the patient is unable to ingest PO medication, and/or a pelvic or adnexal mass has developed.

Q: Should clients with vaginal or penile discharge be treated empirically for GC/CT?

A:

CDC guidelines **do not** recommend empiric treatment for GC/CT in patients with **vaginal** discharge.

- For patients with new vaginal discharge who need evaluation, testing for GC/CT is recommended prior to treatment.
- An exception can be made for patients with known sexual contact exposure to GC/CT.

CDC guidelines **do** recommend empiric treatment for GC/CT in patients with **penile** discharge.

If patient **can** be seen in person, use ceftriaxone 250mg IM x 1 plus Doxycycline 100 mg PO twice a day for 7 days.

If patient **cannot** be seen in person for IM treatment, treat with Cefixime 800 mg PO x 1 AND Doxycycline 100 mg PO twice a day for 7 days.

Q: What if a client has a sore throat and suspects exposure to GC/CT through oral sex?

A: Empiric treatment is acceptable if testing is not an option, BUT note that:

- Symptomatic pharyngitis is more likely to be caused by non-sexually transmitted bacteria or viruses.
- Sore throat can also be a symptom of SARS-CoV2.

Note that pharyngeal GC/CT sampling may cause patients to gag or cough, so self-collection of throat swabs for GC/CT minimizes risk of COVID-19 exposure to the clinician.

Suggested Resources

- Self collection instructions available from CA Prevention Training Center: https://californiaptc.com/wp-content/uploads/2019/07/Throat-Self-Swab-Poster7-26-19.pdf
- Extragenital Screening for Gonorrhea & Chlamydia Toolkit: https://californiaptc.com/extragenital-screening/

Q: How should providers manage rectal symptoms, particularly if GC/CT is suspected?

A:

If possible, schedule an in-person exam and testing for GC/CT.

Because SARS-CoV-2 can be found in stool, self-collection of rectal swabs for GC/CT can minimize clinician risk of COVID-19 exposure.

Empiric treatment is acceptable if testing is not an option.

If patient cannot be treated with IM ceftriaxone, use cefixime 800 mg orally in a single dose plus doxycycline 100 mg orally twice a day x 7 days.

If the patient is pregnant or doxycycline is not available, then azithromycin 1g orally in a single dose can be used in place of doxycycline.

Q: How can providers use expedited partner therapy (EPT) for gonorrhea or chlamydia treatment?

A: EPT can be used by writing a prescription in the name of the partner or doubling the dose of the patient's medications.

It is critical during the COVID-19 epidemic to avoid the need for a client, or their partners, to be seen in-person.

CDC recommends EPT for cis heterosexual men and women.

Currently, there are no restrictions limiting use of EPT for certain populations, so EPT could also be used for cis men who have sex with men and for transgender clients.

Suggested Resources

- Interim CDC STD treatment guidelines during COVID-19 for symptomatic patients: https://www.std.uw.edu/covid-19/guidance/download
- National Guidelines & Best Practices for STD Management: https://californiaptc.com/clinical-std-training-services/#consultation

clinical considerations

Q: How can providers triage clients during COVID-19 if staff and resources are limited?

A:

Sample Prioritization (Triage) Template				
Postpone	**Phone call**	**Telemedicine**	**Schedule, as available**	**Same day**
Routine STI Screening and Pap test	Refills	Contraceptive counseling	IUD, implant placement or removal	Rectal pain, bleeding or purulent discharge
Most colposcopy (ASCCP)		DMPA-SQ counseling, instruction	DMPA-IM (clinic, curb-side)	Non-menstrual vaginal bleeding, pelvic pain (PID, IUD complication)
2nd 3rd dose HPV vaccine		Syndromic tx of STI, UTI		Sexual assault
		PEP/PrEP intake (still need in person labs)		

Q: Can SARS-CoV-2 (COVID-19) be sexually transmitted?

A: It is unknown whether the SARS-CoV-2 virus can be spread be through oral, vaginal, or anal sex.

Respiratory droplets and saliva are often exchanged during sex.

SARS-CoV-2 has been detected in the semen of men with acute infection and those that are recovering. However, the independent contribution of semen to infection is unclear.

In small studies in China among cis-women with severe COVID-19, SARS-CoV-2 not detectable in vaginal fluid.

Essential Access Health's STI Prevention Center

Our STI Prevention Center is a leading resource for providers, stakeholders, and community partners in best practices in STI prevention and treatment.

- Learn more about the STI Prevention Center: https://www.essentialaccess.org/programs-and-services/sti-programs

Q: What is “safer sex” when it comes to transmission of SARS-CoV-2 (COVID-19)?

A: Guidelines from the New York City Department of Health suggest:

- Masturbation or sex toys
- Video or text chatting (sexting)
- Wash hands before and after sex
- Wear face coverings during partner sex
- Try positions that avoid face-to-face contact
- Avoid oral and anal contact
- Use barrier methods if there is oral and anal sex
- Physical barriers such as walls (i.e. glory holes)

Suggested Resources

- New York City Department of Publich Health “Safer Sex and COVID-19”: https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-sex-guidance.pdf
- National Coalition of STD Directors “Sex and COVID-19 FAQ”: https://www.nastad.org/sites/default/files/resources/docs/sex_and_covid_faq2.pdf

Q: What needs to be considered for HIV PrEP delivery via telemedicine?

A: Already in use in multiple states to reach people who have limited access to in person PrEP providers, enrollment and follow-up interviews for asymptomatic patients can be conducted on the phone with a provider and PrEP navigator.

PrEP-related phlebotomy can be done at commercial laboratory draw station or in-person at clinic. Routine GC/CT screening for asymptomatic patients can be performed at home or at commercial lab draw stations (except for rectal/pharyngeal testing).

For PrEP patients who develop STI symptoms, an in-person evaluation is ideal. At the same time, assess for acute HIV signs and symptoms and test for HIV.

Some Tele-PrEP providers offer medication via mail delivery; others e-fax prescriptions to a local pharmacy.

Suggested Resources

- Online information on PrEP, including clinic search: https://PleasePrEPme.org
- Lousiana example using telehealth in delivery of PrEP care: https://www.louisianahealthhub.org/teleprep/

additional resources

Federal Guidance + COVID-19 Policy

- Guidance for Title X Providers from the Office of Population Affairs: COVID-19 Related Questions for Title X Grantees
- Centers for Disease Control and Prevention (CDC): The Use of Telehealth and Telemedicine in Public Health
- Centers for Medicare & Medicaid Services: CMS Telehealth Medicaid Fact Sheet
- U.S. Department of Health and Human Services: Notification of Enforcement Discretion for Telehealth Remote Communications (COVID-19)

California State Guidance + COVID-19 Policy

- CA Department of Health Care Services: Guidance for FPACT Virtual/Telephonic Communications (March 26, 2020)
- CA Department Managed Health Care: All Plan Letter Regarding Reimbursement for Telehealth Services (March 18, 2020)
- CA Office of the Governor: Executive Order Expanding Telehealth Services via Videochat + Applications Without Risk of Penalty
- DHCS: Remote Medi-Cal Enrollment + Re-Certification, Including Minor Consent During COVID-19

additional resources

Clinical Guidelines + Recommendations

- ASCCP: Interim Guidance for Timing of Diagnostic + Treatment Procedures for Patients with Abnormal Cervical Screening Tests
- CDC: Dear Colleague Letter Regarding STD Treatment Options + Covid-19
- CDC: Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020
- CDPH: Dear Colleague Letter Updated Gonorrhea Treatment
- Essential Access Health Learning Exchange: Family Planning Clinic Preparedness for COVID-19
- Family Planning National Training Center: What Family Planning Providers Can Do to Meet Client Needs During COVID-19
- UCSF: Contraceptive Care During Covid-19

Training Opportunities

- California Telehealth Resource Center: Telehealth Implementation Workshop
- Essential Access Health Learning Exchange:
  - Family Planning Clinic Preparedness for COVID-19
  - Contraceptive Care During COVID-19: Overcoming Challenges + Optimizing Opportunities
  - The Impact of Evolving Telemedicine Regulations on Family Planning Services in CA
  - Telehealth Essentials for Sexual + Reproductive Health Care
- National Consortium of Telehealth Resource Centers: Telehealth and COVID-19

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