



# STD Treatment Options During COVID-19

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# Outline

- Introduction
- Review content of Dear Colleague Letter
- Drug shortage update
- Lessons from the field
- Q and A

# Dear Colleague Letter released April 6, 2020

- Guidance provided in response to questions from the field related to disrupted clinical care provision due to COVID-19
- Goal: Offer flexible, pragmatic harm-reduction approach
- Challenge: Heterogeneity of COVID-19 impact on individual jurisdictions, varying levels of resources available at local level
- Assumption: In-person care not achievable or scaled back due to public health measures necessitated for COVID-19 mitigation

# Priorities

- Prioritize visits at clinics that remain open with reduced staffing for patients who:
  - Have STD symptoms
  - Report STD contact
  - Are at risk for complications such as:
    - Individuals with vaginal discharge and abdominal pain
    - Pregnant persons with syphilis and their partners
    - Individuals with symptoms concerning for neurosyphilis
- Routine screening visits should be deferred until clinical schedules allow increased number of patient visits

# Strategies

- Implement phone or telemedicine-based approaches, including syndromic management of:
  - Male urethritis
  - Suspected primary or secondary syphilis
  - Vaginal discharge
  - Proctitis
- A triage protocol that includes identification and referral for additional evaluation individuals at risk for complications is essential.

# Partnerships and Innovation

- If an STD program is considering closing clinics, STD programs should try to establish relationships with other clinics and/or pharmacies that can provide preferred injectable treatments
  - Ceftriaxone
  - Bicillin
- Symptomatic patients and their known contacts could be referred to these sites for syndromic treatment

<b>Syndrome</b>	<b>Preferred Treatment</b> In clinic, or other location where injections can be given*	<b>Alternative Treatment</b> When only oral medications are available&
<b>Male urethritis syndrome</b>	<p>Ceftriaxone 250mg intramuscular (IM) in a single dose <b>PLUS</b> Azithromycin 1g orally in a single dose (If azithromycin is not available and patient is not pregnant, then doxycycline 100 mg orally twice a day for 7 days is recommended).</p> <p>If cephalosporin allergy is reported, gentamicin 240 mg IM in a single dose <b>PLUS</b> azithromycin 2 g orally in single dose is recommended.</p> <p>*When possible, clinics should make arrangements with local pharmacies or other clinics that are still open and can give injections.</p>	<p>Cefixime 800 mg orally in a single dose <b>PLUS</b> Azithromycin 1g orally in a single dose (If azithromycin is not available and the patient is not pregnant, doxycycline 100 mg orally twice a day for 7 days is recommended).</p> <p><b>OR</b></p> <p>Cefpodoxime 400 mg orally q 12 hours x 2 doses <b>PLUS</b> Azithromycin 1g orally in a single dose (If azithromycin is not available and the patient is not pregnant, doxycycline 100 mg orally twice a day for 7 days is recommended).</p> <p>If oral cephalosporin is not available or cephalosporin allergy is reported, azithromycin 2g orally in a single dose.</p> <p>&amp;Alternative regimens should be considered when recommendations treatments from CDC 2015 Treatment Guidelines are not available</p>









## Follow-up

- For alternative oral regimens, patients should be counseled that if their symptoms do not improve or resolve within 5-7 days, they should follow-up with the clinic or a medical provider
- Patients should be counseled to be tested for STIs once clinical care is resumed in the jurisdiction. Health departments should make an effort to remind clients who have been referred for oral treatment to return for comprehensive testing and screening and link them to services at that time
- All patients receiving regimens other than Benzathine penicillin G for syphilis treatment should have repeat serologic testing performed 3 months post-treatment

# Additional Guidance on Expedited Partner Therapy (EPT)

- EPT is an important harm reduction strategy in STD control
  - Reserved for situations where a partner would not otherwise receive treatment
- EPT legal restrictions vary by state
- EPT has been studied and shown to be safe and effective for gonorrhea and chlamydia
- CDC does not currently recommend the use of EPT for syphilis
  - No data exists on EPT for syphilis
  - Patients need a healthcare evaluation to determine stage of syphilis (e.g., early versus late) and to rule out complications (i.e., neurologic, ocular or otic symptoms), and pregnancy
  - Laboratory tests to confirm syphilis diagnosis and to follow response to care are essential and might not be available if EPT is employed

# Drug Shortages

Roxanne Barrow, MD, MPH

# STD Drug Availability

- DSTDP continues to monitor the situation and work closely with the FDA
- As of 5/7/2020, FDA reports **shortages of azithromycin**
- No shortages of key STD medications including
  - ceftriaxone, cefixime, cefpodoxime, doxycycline, gentamicin, penicillin, metronidazole
- Local distribution issues may impact availability of medications
- Notify health department regarding STD medication shortages

## STD Drug Availability (as of 5/7/2020)

Medication	FDA Drug Shortage	Update
Azithromycin	Yes (as of 4/14/2020)	<ul style="list-style-type: none"><li>• Several manufacturers</li><li>• Product available based on manufacturer</li><li>• See FDA drug shortage website for current availability</li></ul>
Benzathine penicillin	No	<ul style="list-style-type: none"><li>• One manufacturer: Pfizer</li><li>• No supply issues</li></ul>
Cefixime	No	<ul style="list-style-type: none"><li>• Two manufacturers of tablets: Ascend and Lupin</li><li>• Ascend: product available</li><li>• Increased production to meet market demand</li></ul>
Cefpodoxime	No	<ul style="list-style-type: none"><li>• Two main manufacturers: Sandoz and Aurobindo</li><li>• Increased demand</li><li>• No supply issues</li></ul>

# STD Drug Availability (as of 5/7/2020)

Medication	FDA Drug Shortage	Update
Ceftriaxone	No	<ul style="list-style-type: none"><li>• Several manufacturers</li><li>• Tight supply but no supply issues</li></ul>
Doxycycline	No	<ul style="list-style-type: none"><li>• Several manufacturers</li><li>• No supply issues</li></ul>
Gentamicin	No	<ul style="list-style-type: none"><li>• Two main manufacturers: Pfizer and Fresenius Kabi</li><li>• ASHP drug shortage website as of 3/30</li><li>• Not currently on the FDA drug shortage website- enough product is in the supply chain<ul style="list-style-type: none"><li>○ Pfizer: release expected in May</li><li>○ Fresenius Kabi: release expected in June</li></ul></li></ul>



# STD Drug Availability (as of 5/7/2020)

Medication	FDA Drug Shortage	Update
Metronidazole	No	<ul style="list-style-type: none"><li>• Several manufacturers</li><li>• Tight supply but no supply issues</li></ul>
Erythromycin (0.5%) ophthalmic ointment	Yes (as of 3/5/2019)	<ul style="list-style-type: none"><li>• Three manufacturers</li><li>• Product availability based on manufacturer</li><li>• See FDA drug shortage website for current availability</li></ul>
Lidocaine	Yes (as of 2/22/2012)	<ul style="list-style-type: none"><li>• Several manufacturers</li><li>• Product availability based on manufacturer</li><li>• See FDA drug shortage website for current availability</li></ul>

**Experiences from the frontline**

# Experience from the frontlines

**Dr. Hilary Reno, MD, PhD**

**Washington University in St. Louis PTC**

**Assistant Professor of Medicine, Infectious Diseases, Washington University in St. Louis**

**Medical Consultant, CDC, Division of STD Prevention**

**Medical Director, St. Louis County Sexual Health Clinic**

**Director, St. Louis STI Regional Response Coalition ([www.stlstirr.org](http://www.stlstirr.org))**

**Associate Medical Director, St. Louis STD/ HIV Prevention Training Center**

# St. Louis County Sexual Health Clinic, MO

\*Metropolitan area of 2.8 million, some public transport, racial disparities, high uninsured rate

\*Clinic demographics: 91% African-American, 90% uninsured, 60% men, 5-10% MSM, PrEP clinic

## March 17, first COVID19 case in St. Louis

### 1. Social Distancing:

- clinic space
- volume

### 2. Telemedicine available

- how and when to use

### 3. Develop priorities for future

## March 24, Stay At Home orders

### 1. Appointments only

- filling 2-3 days ahead

### 2. Masks/ PPE concerns

- lack of homemade masks

### 3. Regional Capacity

- Mapping regional test/ treat

## \* Lifting of Stay At Home

### 1. Increasing capacity

- Increase visits

- when to decrease screening visits?

- PrEP clinic (20% of all PrEP scripts in 6 weeks)

- ### 2. Public facing regional dashboard of services, with frequent updates.

# Experiences from the frontlines

**Dr. Jason Zucker, MD**

**Columbia University in NYC PTC**

Infectious Disease Specialist

Instructor in Medicine and Pediatrics at Columbia University Irving Medical Center

Core faculty at Columbia University PTC

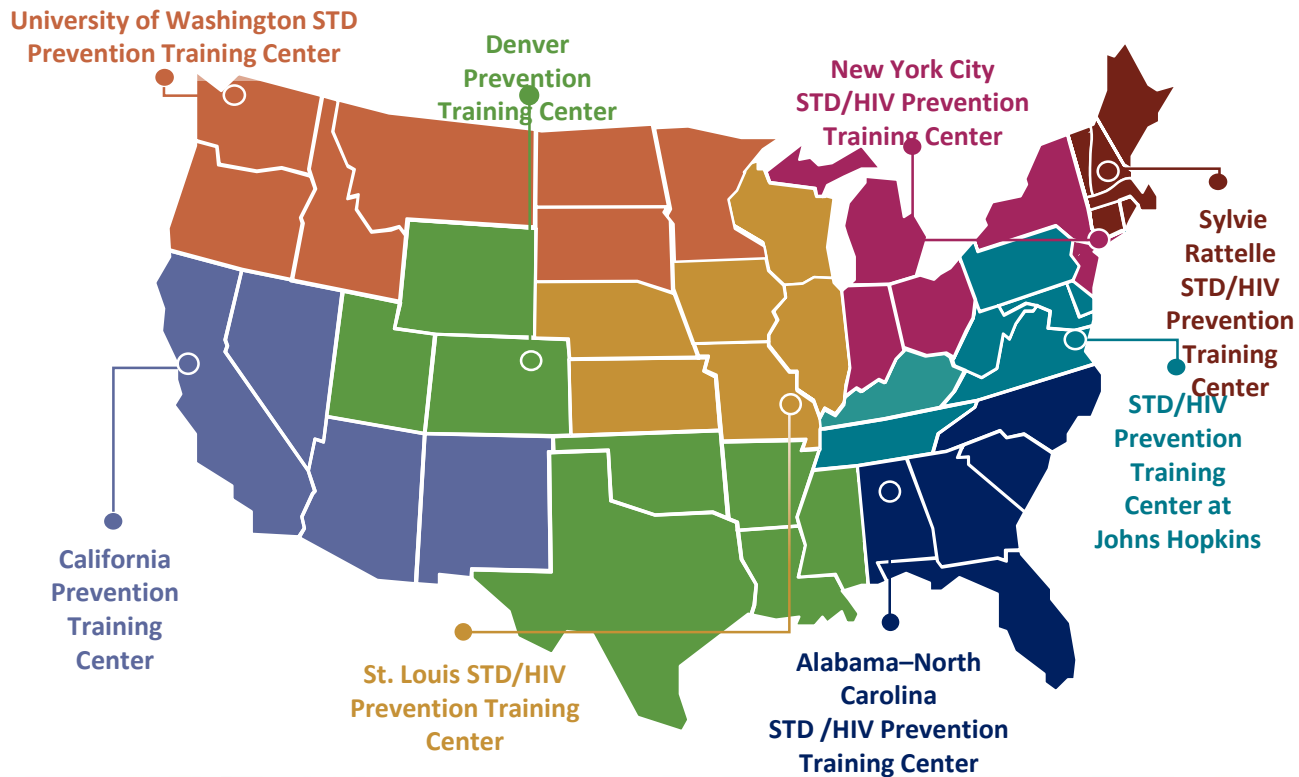
**Questions?**

## Common questions encountered to date:

- What is the cefixime dose for GC EPT?
  - Cefixime 800 mg PLUS azithromycin or doxycycline
- Is TOC recommended for alternative regimens for GC (particularly oral)?
  - Yes, TOC is recommended for alternative regimens for oral GC
- Where can I find resources for innovative approaches?
  - <https://www.ncsddc.org/covid-command-center-std-clinic-resources/>
  - <https://www.ncsddc.org/resource/covid-command-center-for-std-programs/>



# National Network of STD Clinical Prevention Training Centers





# National STD Curriculum


National STD Curriculum

Sign In








STD Modules Self-Study > STD Modules Quick Reference > Question Bank > Master Bibliography

**National STD Curriculum**

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



**STD Modules**

	<b>Chlamydia</b> Chlamydia Self-Study <b>CNE/CME</b> Track progress and receive CE credit	<b>Quick Reference</b> > Rapidly access info about Chlamydia	<b>Question Bank</b> <b>CNE/CME</b> Interactive board-review style questions with CE credit
	<b>Gonorrhea</b> Gonorrhea Self-Study <b>CNE/CME</b> Track progress and receive CE credit	<b>Quick Reference</b> > Rapidly access info about Gonorrhea	<b>Question Bank</b> <b>CNE/CME</b> Interactive board-review style questions with CE credit
	<b>HSV</b> Herpes Simplex Virus (HSV) HSV Self-Study <b>CNE/CME</b> Track progress and receive CE credit	<b>Quick Reference</b> > Rapidly access info about HSV	<b>Question Bank</b> <b>CNE/CME</b> Interactive board-review style questions with CE credit
	<b>HPV</b> Human Papillomavirus (HPV) HPV Self-Study <b>CNE/CME</b> Track progress and receive CE credit	<b>Quick Reference</b> > Rapidly access info about HPV	
	<b>PID</b> Pelvic Inflammatory Disease (PID) PID Self-Study <b>CNE/CME</b> Track progress and receive CE credit	<b>Quick Reference</b> > Rapidly access info about PID	
	<b>Syphilis</b> Syphilis Self-Study <b>CNE/CME</b> Track progress and receive CE credit	<b>Quick Reference</b> > Rapidly access info about Syphilis	
	<b>Vaginitis</b> Vaginitis Self-Study <b>CNE/CME</b> Track progress and receive CE credit	<b>Quick Reference</b> > Rapidly access info about Vaginitis	

Self Study Modules/ Topic Reviews

[www.std.uw.edu](http://www.std.uw.edu)



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## Additional Questions?

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

