

GYT
GET YOURSELF TESTED

SYPHILIS STRIKES BACK

talk test treat

TREAT ME RIGHT.
I MATTER.
MY HEALTH MATTERS.

STD Awareness Week

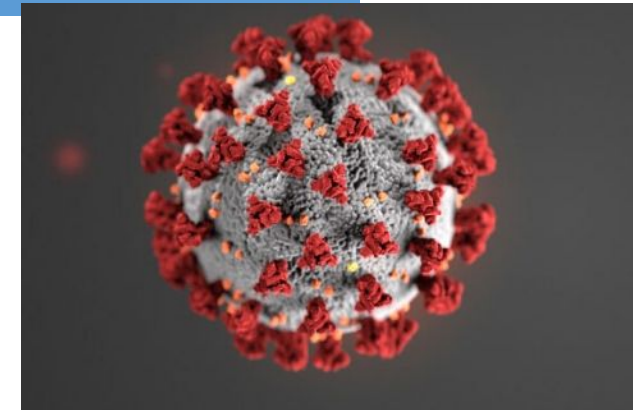
April 12-18

Get Yourself Tested • Talk. Test. Treat. • Syphilis Strikes Back • Treat Me Right

www.cdc.gov/std/saw | #STDweek

Providing STD Services in the Era of COVID-19

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COVID-19 Global Timeline

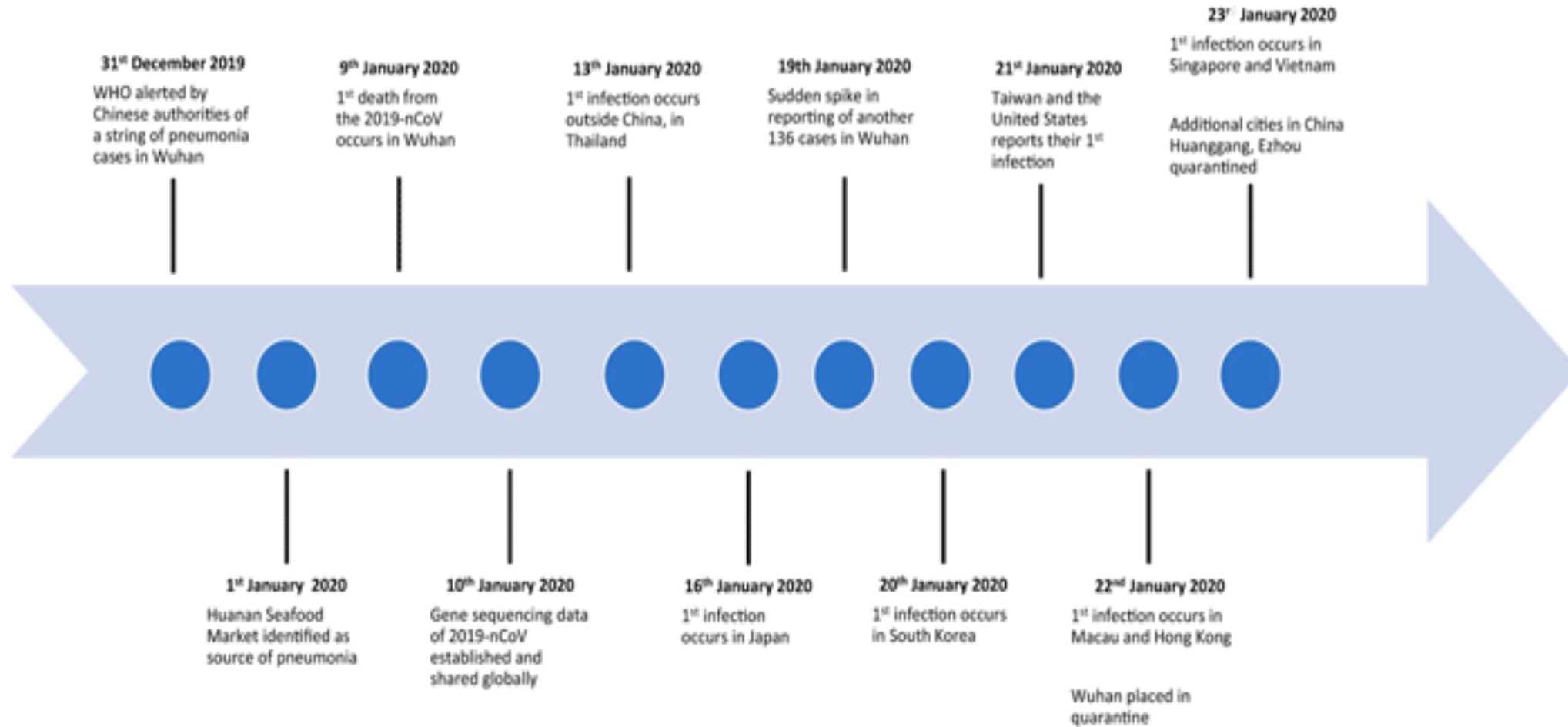
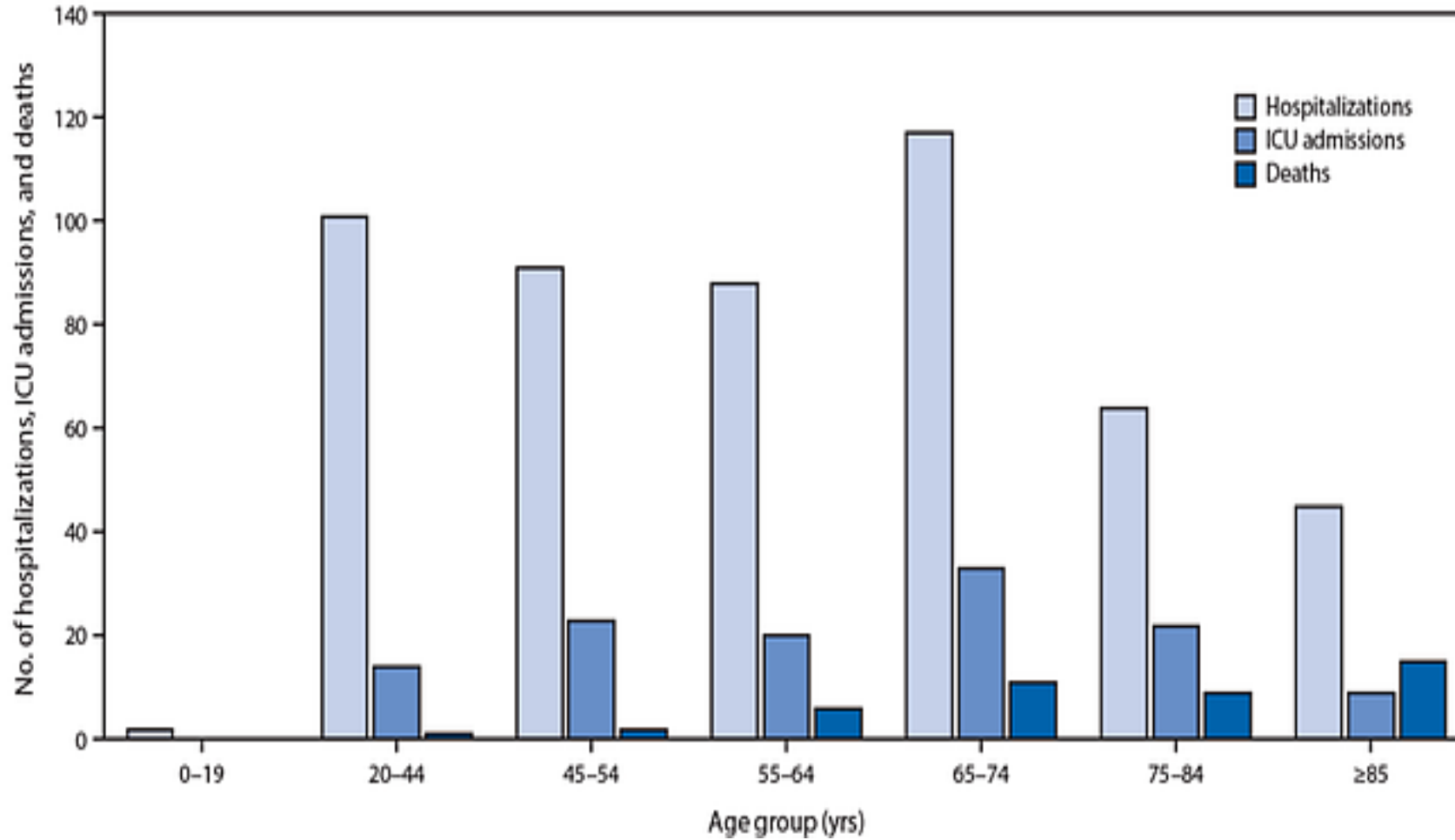


FIGURE 2. Coronavirus disease 2019 (COVID-19) hospitalizations,* intensive care unit (ICU) admissions,[†] and deaths,[§] by age group — United States, February 12– March 16, 2020

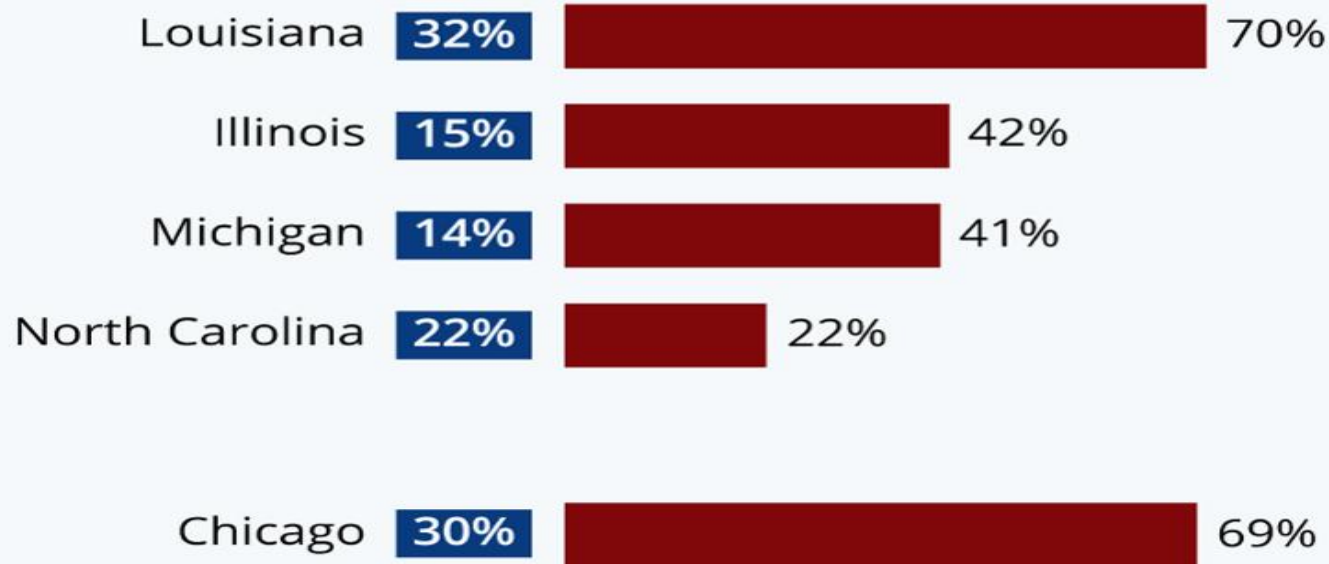


Young adults
at risk for
COVID-19

COVID-19's Devastating Impact On African Americans

African American share of state/city populations and COVID-19 deaths (as of Apr 06, 2020)

■ Share of state/city's population ■ Share of COVID-19 deaths

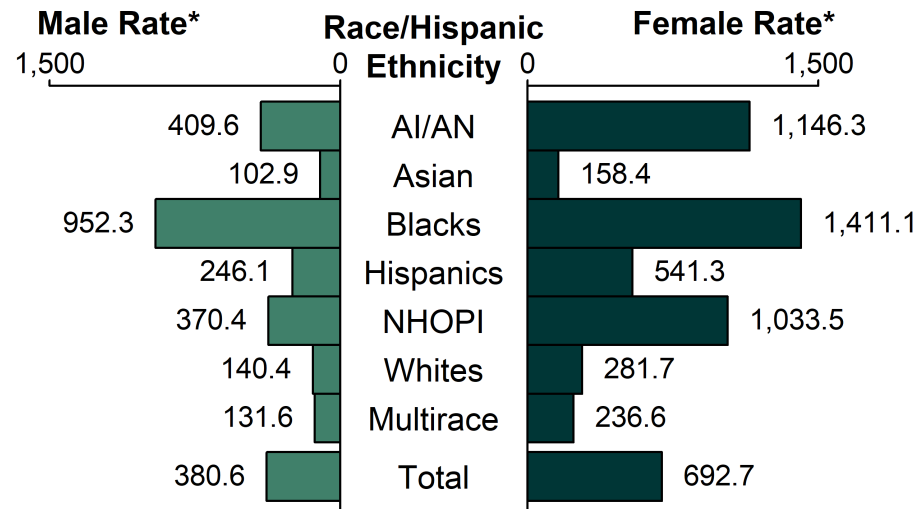


Sources: 2010 Census, respective state/city health departments



Race/Ethnicity and STDs

Figure S. Chlamydia — Rates of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2018

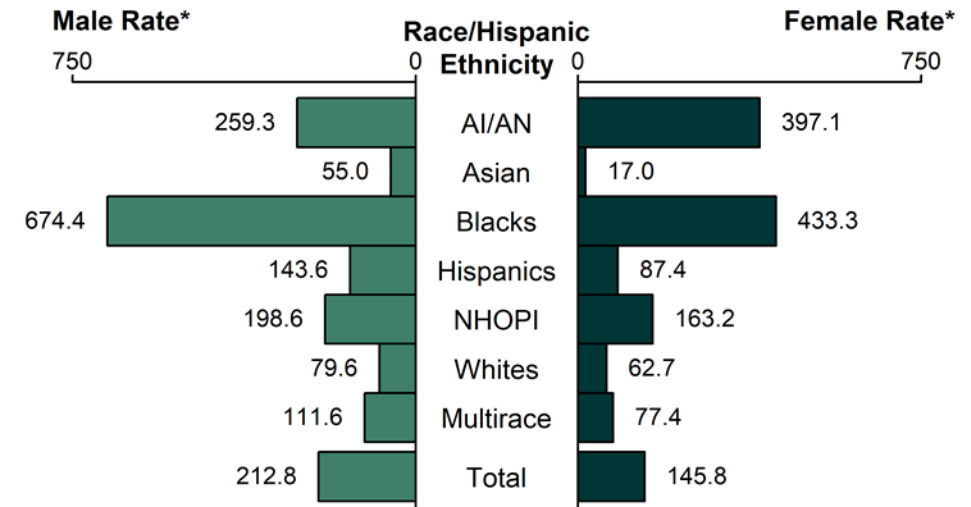


* Per 100,000.

NOTE: See Section A1.5 in the Appendix for information on race/Hispanic ethnicity in STD case reporting.

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPI = Native Hawaiians/Other Pacific Islanders.

Figure U. Gonorrhea — Rates of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2018



* Per 100,000.

NOTE: See Section A1.5 in the Appendix for information on race/Hispanic ethnicity in STD case reporting.

ACRONYMS: AI/AN = American Indians/Alaska Natives; NHOPI = Native Hawaiians/Other Pacific Islanders.

Impact of COVID-19 on Sexual Health Services- an Informal Survey

- NYC STD PTC conducted survey of STD services in NYS (n=18) and outside NYS but within NYC PTC region (n=10)
- Compared services before April 1st
 - 36% respondents indicated that their clinics were closed
 - 10% of respondents still offered STD testing for asymptomatic clients (NYS)
 - 57% of respondents outside NYS offered STD testing for asymptomatic clients
 - 76% of providers started syndromic management at the beginning of the COVID pandemic

April 6, 2020: CDC Releases Dear Colleague Letter

- Anticipated need to modify CDC STD treatment guidelines due to COVID-19 mitigation measures
- Goal: offer flexible, pragmatic harm reduction approach with the understanding that jurisdictions were variably impacted by COVID and that resources and healthcare personnel would be diminished
 - E.g. reduced testing capacity and reduced manpower

Priorities Identified

- Patients with STD symptoms
- Patients reporting STD contact
- Individuals at risk for complications
 - Women with vaginal discharge and abdominal pain
 - Pregnant women
 - Individuals with symptoms concerning for neurosyphilis
- Deferred routine screening

Strategies for Providing Care

- Scale up of home or telemedicine based services
- Establish network of local care providers for in-person referrals for testing and treatment
- Create triage protocols for health care providers
- Establish syndromic management antimicrobial recommendations
 - Male urethritis
 - Suspected primary or secondary syphilis
 - Vaginal discharge
 - Proctitis

Therapeutic Considerations During COVID-19

- Impact of not having clinic visits
 - No visualization of symptoms
 - Unable to do cultures
 - Unable to give IM medications
 - Site of infection (harder to treat pharyngeal infections with orals)
- For GC, pharmacokinetic/pharmacodynamic (PK/PD) considerations weighed in heavily with dosing recommendations
 - Cefixime dose increased to 800mg
 - Cefpodxime dose based on PK/PD considerations (400mg po q 12 x 2 doses)
 - Expert opinion
 - Unpublished efficacy study

Changes to Treatment Protocols

2015 STD guidelines

Non- gonococcal urethritis or cervicitis

Azithro (preferred due to M genitalium) or doxy

Gonococcal Urethritis

Ceftriaxone Plus Azithromycin

2020 COVID guidelines

• **Male Urethritis Syndrome**

- Ceftriaxone 250mg IM single dose PLUS Azithromycin 1 g oral single dose
- If azithromycin not available, and patient not pregnant- doxycycline 100mg BID x 7 days
- If cephalosporin allergy
 - Gent 240mgIM PLUS azithromycin 2 g single doses

Urethritis/Cervicitis: Oral Alternatives

2015 STD treatment alternatives

Non gonococcal:

Erythromycin, Levofloxacin, ofloxacin

Gonococcal:

Cefixime 400mg PLUS

Azithromycin 1 gram

2020 COVID treatment recommendations

- Cefixime 800mg **PLUS**

Azithromycin 1 g (if not available and not pregnant doxycycline 100mg BID x 7 days)

Or

Cefpodoxime 400mg Q12 x 2 doses PLUS Azithromycin 1 g (or doxy as above)

If cephalosporin not available or allergy:

Azithromycin 2 g oral single dose

Treatment for Genital Ulcer Disease: Presumed Syphilis Based on History

Preferred Treatment (injections)	Alternative when only oral therapy available
Benzathine penicillin G, 2.4 million units IM in single dose	Males and non – pregnant females: Doxycycline 100mg oral BID x 14 days
	Pregnant: Benzathine penicillin G, 2.4 million units IM in single dose

Assess for pregnancy (must use injectable)

Assess for neurosyphilis (CNS dysfunction, auditory, meningitis, mental status changes)

THEY NEED TO BE SEEN- possible admission

Changes to Vaginal Discharge Management: Syndromic with Decision Support Clues Provided

Syndrome	Preferred Treatment: in clinic, or other location (when injections possible)	Alternative: when oral medications are only option
Vaginal discharge in women without lower abdominal pain, dyspareunia or other signs concerning for pelvic inflammatory disease (PID)	Treatment guided by exam and lab results	Discharge suggestive of bacterial vaginosis or trichomoniasis (frothy, odor): Metronidazole 500mg BID x 7 days Discharge cottage cheese-like with itching: Treat for candida

Proctitis: No Changes Except Oral Options

Preferred Treatment: Injections available

Ceftriaxone 250mg IM PLUS Doxycycline 100mg BID x 7 days

If doxycycline not available, 1 g of azithromycin single dose

Alternative Treatment: only oral medications available

Cefixime 800mg PLUS doxycycline 100mg BID x 7 days

If doxycycline not available or pregnant: use azithromycin 1 g

Or Cefpodoxime 400mg BID x 2 doses plus doxycycline 100mg BID x 7 days (again azithromycin if pregnant or doxy not available).

General Suggestions

- When possible, clinics should make arrangements with local pharmacies or other healthcare settings who may be able to provide injections.
- Alternative regimens should be considered when recommended treatments from the CDC 2015 Treatment Guidelines are not available
- In other words: use your clinical judgement

Follow Up Management

- Counseling for patients
 - Follow up if no improvement in 5-7 days
 - Return for testing once clinic is open
- Management
 - All patients receiving oral treatment for syphilis should have repeat serology in 3 months post treatment (in 2015 guidelines it is 6-12 months)

What is Missing from the CDC Letter?

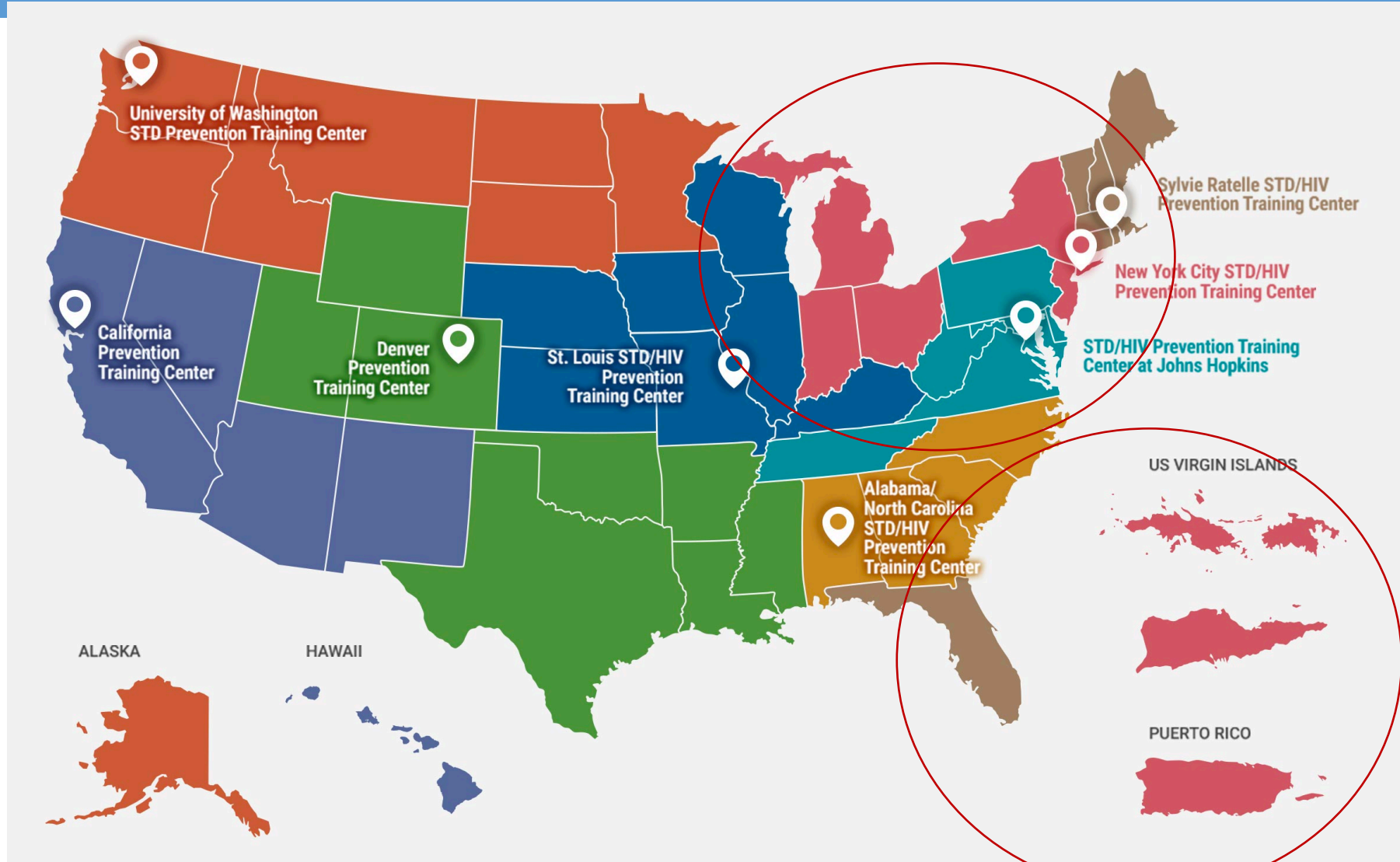
- Expedited Partner Therapy
 - Yes, give it and even for MSM population (unofficially)
 - EPT dosing recommendations → our recommendation is use same dose as the treatment recommendations
 - Not addressed for syphilis
- CDC does NOT SUPPORT azithromycin for syphilis treatment
 - Not for pregnant women
 - Not for missed doses
 - Not for congenital infections

Drug Shortages




- Azithromycin: 4/14/20
- Gemifloxacin: 5/25/2015
- Erythromycin (0.5%) ophthalmic ointment: March 5, 2019

NNPTC – National Network of STD Prevention Training Centers Map



Clinical Consultation and Technical Assistance

GOT A TOUGH STD QUESTION?
Get FREE expert STD clinical consultation at your fingertips



Ask your question

National STD experts review

Response within 1-5 business days, depending on urgency

Log on to www.STDCCN.org for medical professionals nationwide

- Provides STD clinical consultation services within 1-5 business days, depending on urgency, to healthcare providers nationally
- Your consultation request is linked to your regional PTC's STD faculty
- Just a click away!
- www.STDCCN.org