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To: San Joaquin County Medical Community

From: Maggie Park, MD, Health Officer 

Health Alert

STD Evaluation and Treatment during COVID-19

It is essential that the medical community continues to provide effective sexually transmitted disease (STD) care and prevention during this COVID-19 pandemic. Many clinical settings now are primarily using phone triage and telehealth services which makes it difficult to diagnose and treat STDs. This could cause a subsequent increase in sexually transmitted disease in our community. The rates of syphilis in San Joaquin County are already very high with increased cases of congenital syphilis.

We need your cooperation to ensure reductions in STD care and treatment are kept to a minimum during this difficult time. The following guidance can help you and your staff continue to identify STDs and provide treatment:

1. Prioritize office appointments for patients with STD symptoms, those reporting STD contact, and individuals at risk for complications (i.e. women with vaginal discharge and abdominal pain, pregnant women with syphilis, individuals with symptoms concerning for neurosyphilis). Routine screening visits should be deferred until the emergency response is over.
2. Phone or telemedicine-based triage, including syndromic management of male urethritis, suspected primary or secondary syphilis, vaginal discharge and proctitis, should be implemented (see Table 1 below from the CDC).
3. The triage protocol needs to include identification and scheduling of in-person clinic visits for additional evaluation of individuals at risk for complications and those who may have STDs that require in-clinic treatment, such as ceftriaxone or benzathine penicillin. Patients being treated for primary and secondary syphilis must have an RPR test on same day as treatment is given.
4. Continue to follow recommendations in the *2015 STD Treatment Guidelines* (<https://www.cdc.gov/std/tg2015/toc.htm>) and the *Recommendations for Providing Quality STD Clinical Services, 2020* (<https://www.cdc.gov/std/qcs/default.htm>), with appropriate precautions to prevent COVID-19 transmission to patients and providers, per the *CDC Guidance for Healthcare Providers* at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>).

We appreciate your continued commitment to combating STDs and HIV in our county in the face of the COVID-19 pandemic. If you have any questions or concerns about STD evaluation and treatment, and to report an STD in your patients please call the San Joaquin County HIV/STD Program at (209) 468-3845.

Table 1. Therapeutic options to consider for symptomatic patients and their partners when in person clinical evaluation is not feasible (developed by CDC):

Syndrome	Preferred Treatments In clinic, or other location where injections can be given*	Alternative Treatments When only oral medications are available&	Follow-up
Male urethritis syndrome	Ceftriaxone 250mg intramuscular (IM) in a single dose PLUS 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). If cephalosporin allergy is reported, gentamicin 240 mg IM in a single dose PLUS azithromycin 2 g orally in single dose is recommended.	Cefixime 800 mg orally in a single dose PLUS 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). OR Cefpodoxime 400 mg orally q12 hours x 2 doses PLUS 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). If oral cephalosporin is not available or cephalosporin allergy is reported, azithromycin 2g orally in a single dose.	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.
Genital ulcer disease (GUD) Suspected primary or secondary syphilis⁺⁺	Benzathine penicillin G, 2.4 million units IM in a single dose.	<u>Males and non-pregnant females:</u> Doxycycline 100 mg orally twice a day for 14 days.	All patients receiving regimens other than Benzathine penicillin for syphilis treatment should have repeat serologic testing performed 3 months post-treatment.
		<u>Pregnant:</u> Benzathine penicillin G, 2.4 million units IM in a single dose.	
Vaginal discharge syndrome in women without lower abdominal pain, dyspareunia or other signs concerning for pelvic inflammatory disease (PID)	Treatment guided by examination and laboratory results.	Discharge suggestive of bacterial vaginosis or trichomoniasis (frothy, odor): Metronidazole 500 mg orally twice a day for 7 days.	
		Discharge cottage cheese-like with genital itching: Therapy directed at candida.	
Proctitis syndrome[#]	Ceftriaxone 250mg IM in a single dose PLUS doxycycline 100 mg orally twice a day for 7 days. If doxycycline not available or the patient is pregnant, azithromycin 1g orally in single dose recommended.	Cefixime 800 mg orally in a single dose PLUS doxycycline 100 mg orally bid for 7 days (if doxycycline not available or the patient is pregnant, azithromycin 1g orally in single dose recommended). OR Cefpodoxime 400 mg orally q12 hours x 2 doses PLUS doxycycline 100 mg orally bid for 7 days (if doxycycline not available or the patient is pregnant, azithromycin 1g orally in single dose recommended).	

When possible, clinics should make arrangements with local pharmacies or other clinics that are still open and can give injections

&Alternative regimens should be considered when recommended treatments from the 2015 CDC STD Treatment Guidelines are not available

⁺⁺All pregnant women with syphilis must receive Benzathine penicillin G. If clinical signs of neurosyphilis present (e.g. cranial nerve dysfunction, auditory or ophthalmic abnormalities, meningitis, stroke, acute or chronic altered mental status, loss of vibration sense), further evaluation is warranted

[#]Consider adding therapy for herpes simplex virus if pain present