# WNY R-AHEC Providing Healthcare in a Pandemic Webinar Series

## Treatment of COVID-19 and other Infectious Diseases of Public Health Importance: Part II

Daniela E. DiMarco, MD, MPH

Assistant Professor of Medicine, Infectious Diseases

University of Rochester Medical Center

December 8, 2020

CLINICAL EDUCATION INITIATIVE

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE

Center for Community Practice

CLINICAL EDUCATION INITIATIVE

# Disclosures

- None

CLINICAL EDUCATION INITIATIVE

# Objectives

- Review local epidemiologic trends for reportable communicable diseases with recent NYS Health Alerts
- Review alternative strategies for offering sexual health, HIV, and HCV services during the COVID-19 pandemic
- Discuss current CDC and NYS AIDS Institute guidance for prevention and treatment of HIV and STIs during the pandemic

# 2019 STI Surveillance Changes Highlighted for New York State (excluding New York City)

## CHLAMYDIA

**2.0%**

**2018**: 47,225| **2019**: 48,183

**6** consecutive years of increases

**3.3%** increase among **males**

**64.9%** of diagnoses among **females**

**7.1%** increase in cases in the **Rochester Region***

## GONORRHEA

**6.5%**

**2018**: 11,194| **2019**: 11,923

**6** consecutive years of increases

**9.3%** increase among **males**

**59.2%** of diagnoses among **males**

**22.8%** increase in cases in the **Rochester Region***

## EARLY SYPHILIS

**28.4%**

**2018**: 1,232 | **2019**: 1,582

**9** consecutive years of increases

**35.6%** increase among **females**

**86.3%** of diagnoses among **males**

**50.0%** increase in cases in the **Capital District***

## CONGENITAL SYPHILIS

**11.1%**

**2018:** 9| **2019**: 10

**3** consecutive years of increases

**78.3%** of potential **congenital syphilis cases** were **averted** in 2019

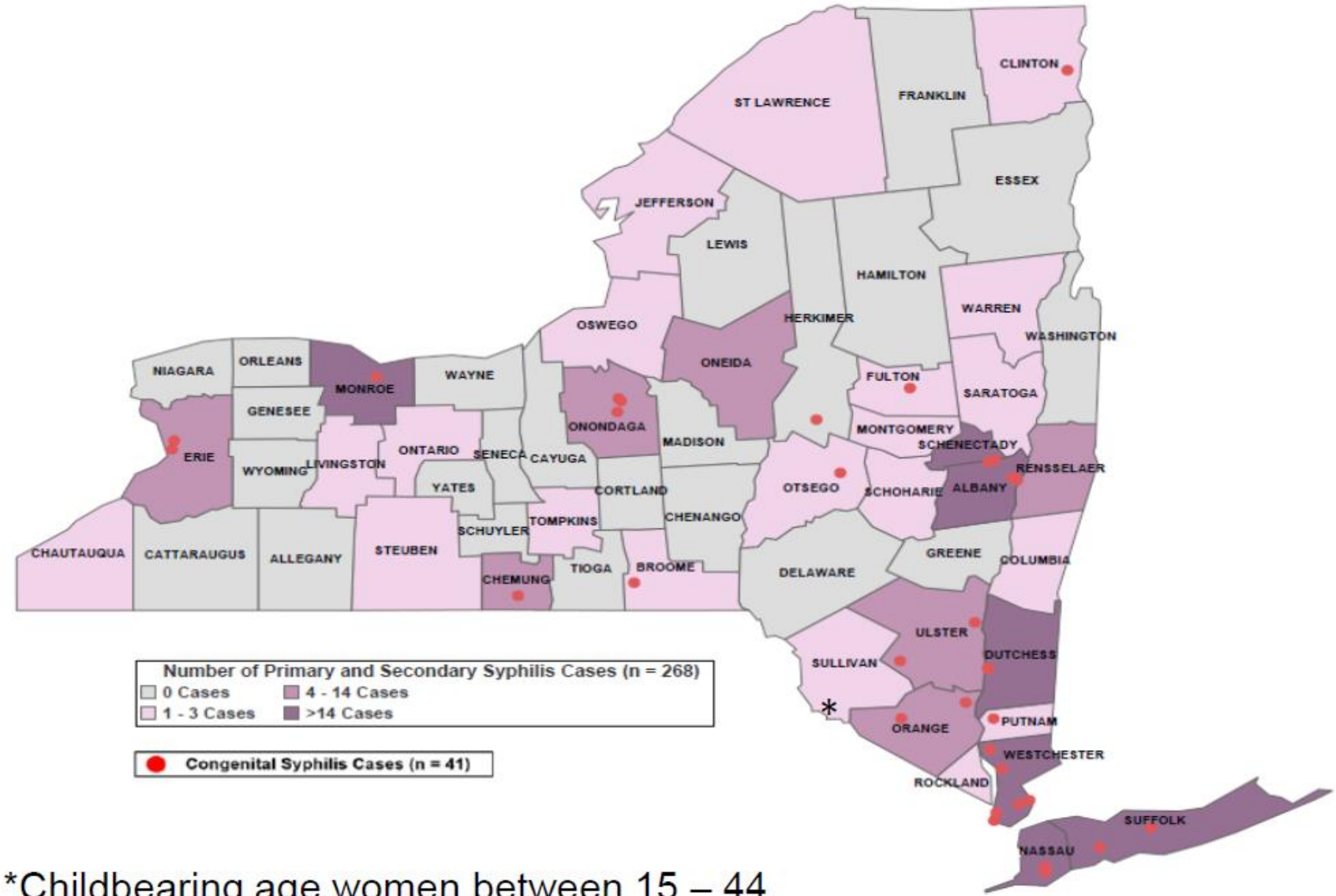
NEW YORK STATE | Department of Health

Created by: Office of Sexual Health and Epidemiology

*Regional data displays region with the largest percent increase

**Office of Sexual Health and Epidemiology**

# Although preventable, Congenital Syphilis continues to occur annually‡



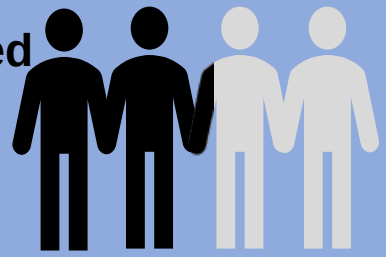

*Childbearing age women between 15 – 44

‡ Data depicted from 2013 - 2019

NEW YORK STATE | Department of Health | AIDS Institute

# Certain Populations are Disproportionality Affected by STIs

**54%** of STIs are diagnosed among people younger than 26 years of age




**93%** of primary & secondary syphilis diagnoses are among **males**;

**84%** of these male diagnoses are among **Men who have Sex with Men (MSM)**

**Pregnant persons can transmit STIs to their infant during pregnancy, leading to severe health outcomes**

**Black non-Hispanic, Hispanic and Native American individuals are disproportionality impacted by STIs**

New York State - 2018

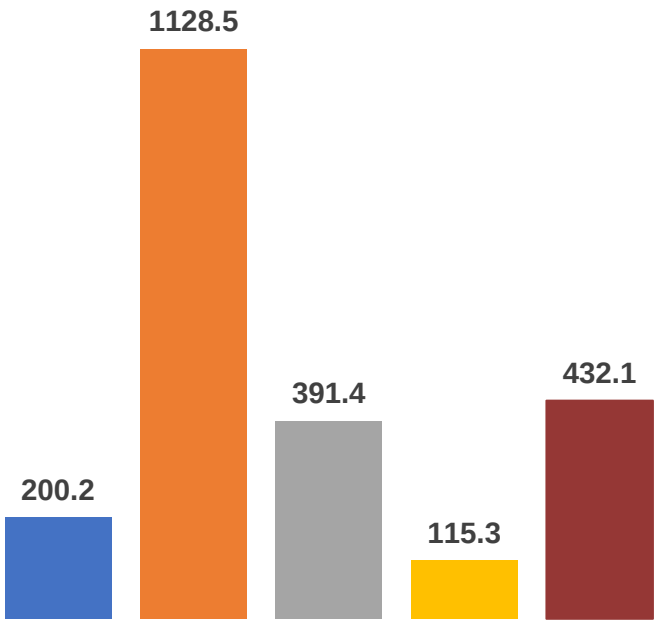
NEW YORK STATE | Department of Health

Created by: Office of Sexual Health and Epidemiology

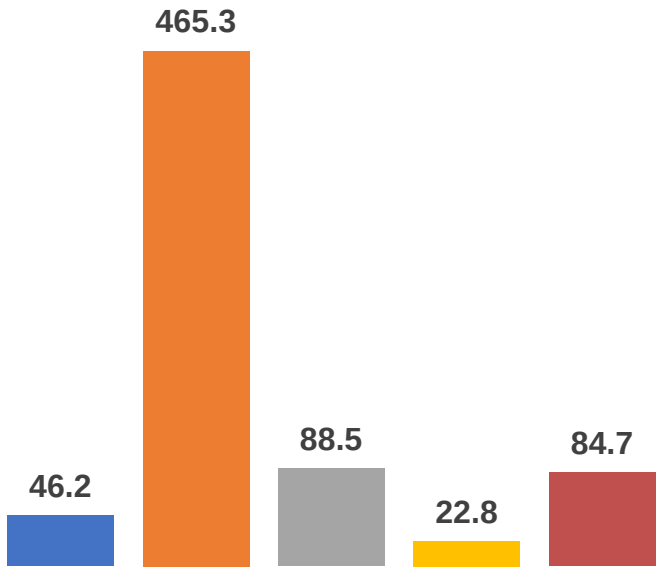
**Office of Sexual Health and Epidemiology**

# Black, non-Hispanic (NH), Hispanic and Native American Persons are Disproportionately Impacted by STIs**

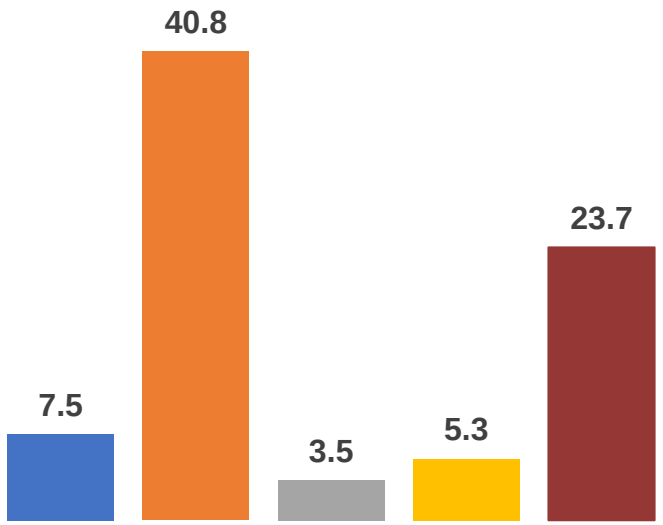
White, NH
Black, NH
American Indian/Alaskan Native, NH
Asian/Native Hawaiian/Pacific Islander, NH
Hispanic




Chlamydia Rates*




Gonorrhea Rates*




Early Syphilis Rates*

*Rates are age adjusted and per 100,000 by race/ethnicity
**Data are specific to New York State excluding New York City – 2019.
Data as of January 15, 2020 and will change prior to surveillance close out in Spring 2020

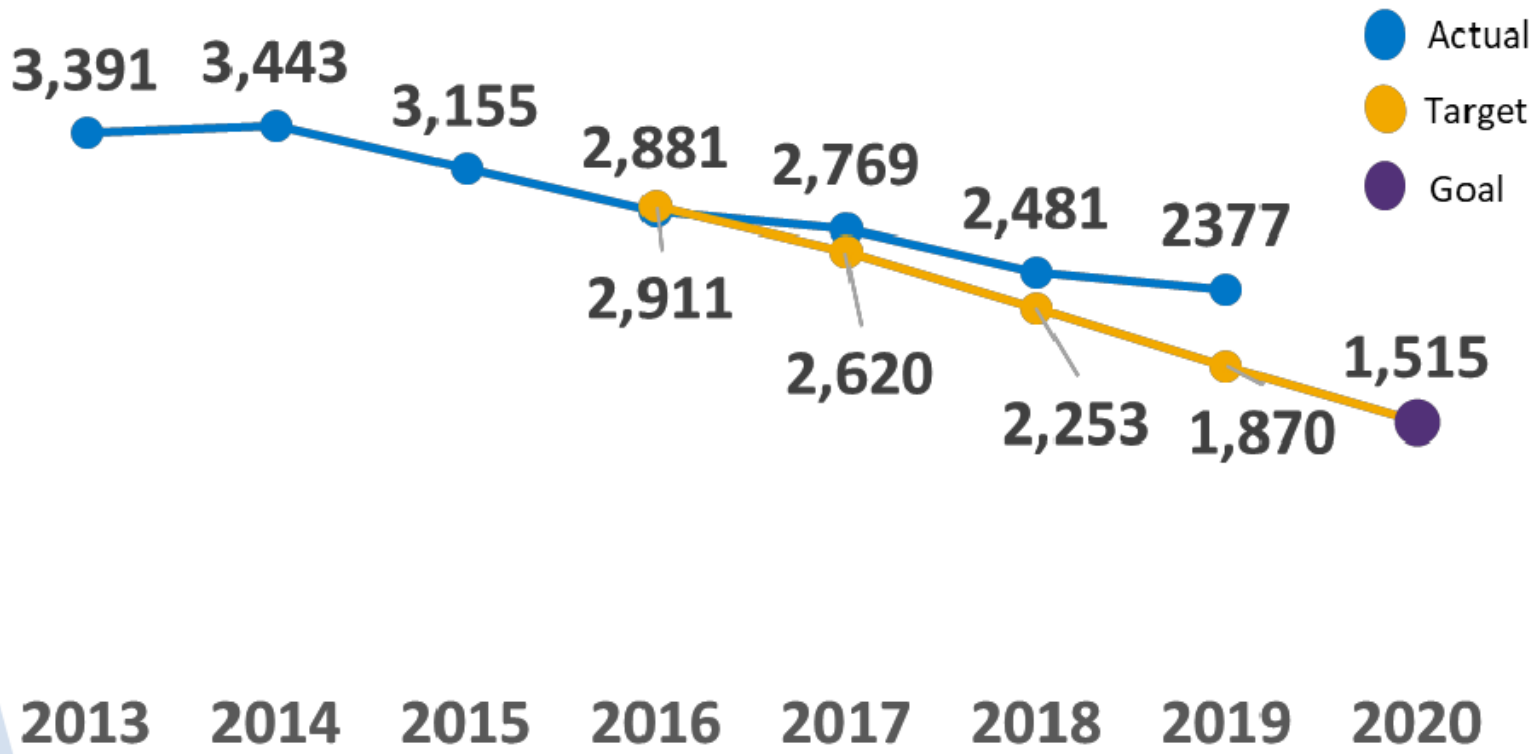
NEW YORK STATE | Department of Health

Created by: Office of Sexual Health and Epidemiology

Office of Sexual Health and Epidemiology

# New HIV Diagnoses

**By the end of 2020, reduce the number of new HIV diagnoses by 55%.**



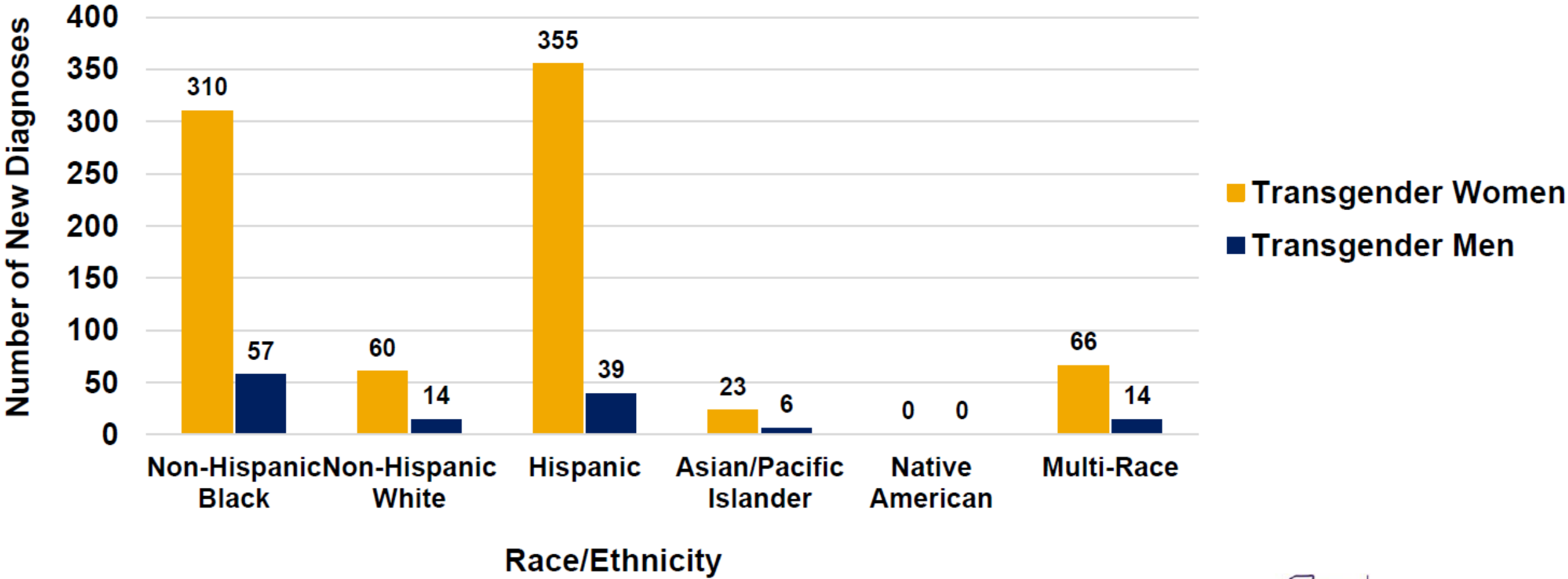

**Measure:** Number of people reported with newly diagnosed HIV.

**Data Sources**: NYS HIV Surveillance System. 2013 – 2015 data as of January 2017 to set target values. 2016 actual data as of September 2017. 2017 actual data as of June 2018. 2018 actual data as of June 2019. 2019 actual data as of June 2020

**ETE Metric Dashboard**: http://etedashboardny.org/metrics/

Slide: Joanne Morne, NYS 2020 ETE Summit

# Transgender Persons,[1] Newly Diagnosed with HIV by Race/Ethnicity, NYS, 2010-2019*




AI/DEEP/BHAE

NEW YORK STATE Department of Health

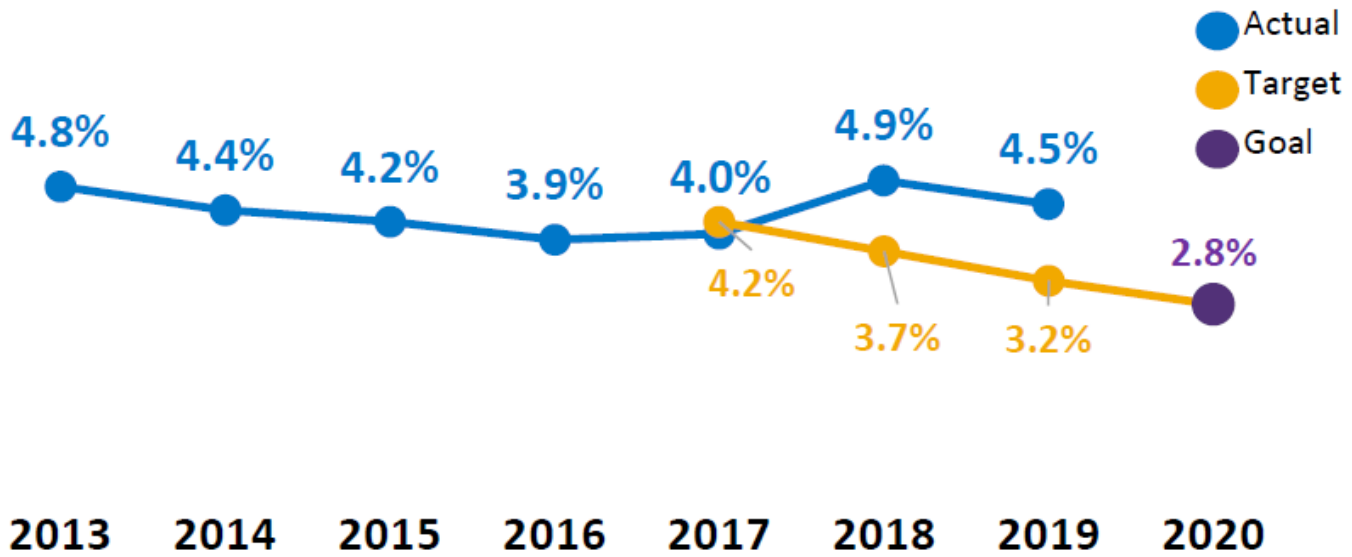
[1]Data prior to 2010 are incomplete
*Data as of June 2020

Slide: Joanne Morne, NYS 2020 ETE Summit

# Newly Diagnosed HIV Among Persons With a History of Injection Drug Use

**By the end of 2020, reduce the percentage of newly diagnosed persons with a history of injection drug use to 2.8%.**

**Definition: The number of persons newly diagnosed with HIV who have a history of injection drug use. Includes persons newly diagnosed with an IDU and MSM/IDU risk history.**

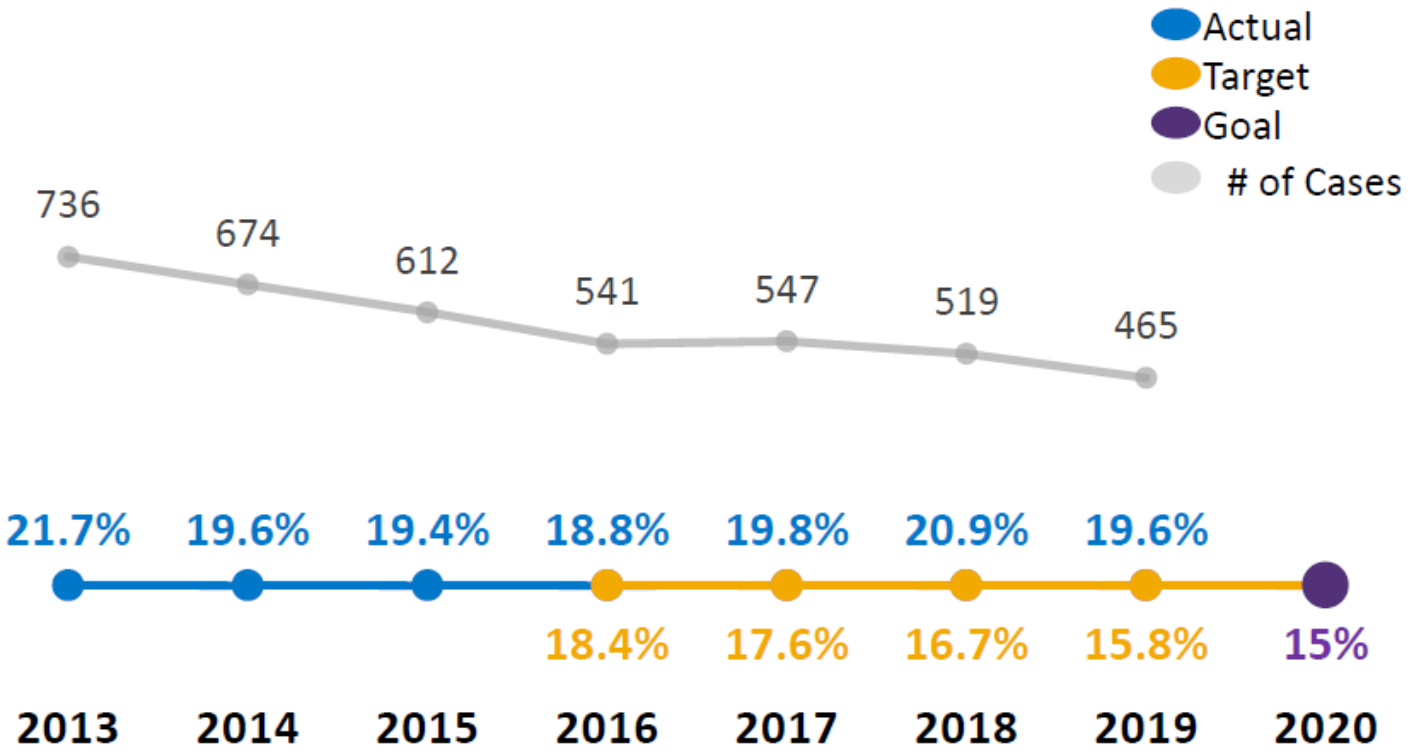



**Data Sources:** NYS HIV Surveillance System. 2013 – 2015 data as of January 2017 to set target values. 2016 actual data as of September 2017. 2017 actual data as of June 2018. 2018 actual data as of June 2019. 2019 data as of June 2020
**ETE Metric Dashboard**: http://etedashboardny.org/metrics

Slide: Joanne Morne, NYS 2020 ETE Summit

# Concurrent AIDS Diagnosis

**By the end of 2020, reduce the proportion of persons with a diagnosis of AIDS within 30 days of HIV diagnosis to 15%.**




**Measure:** CD4 <200 (Stage 3 HIV) within 30 days of diagnosis.

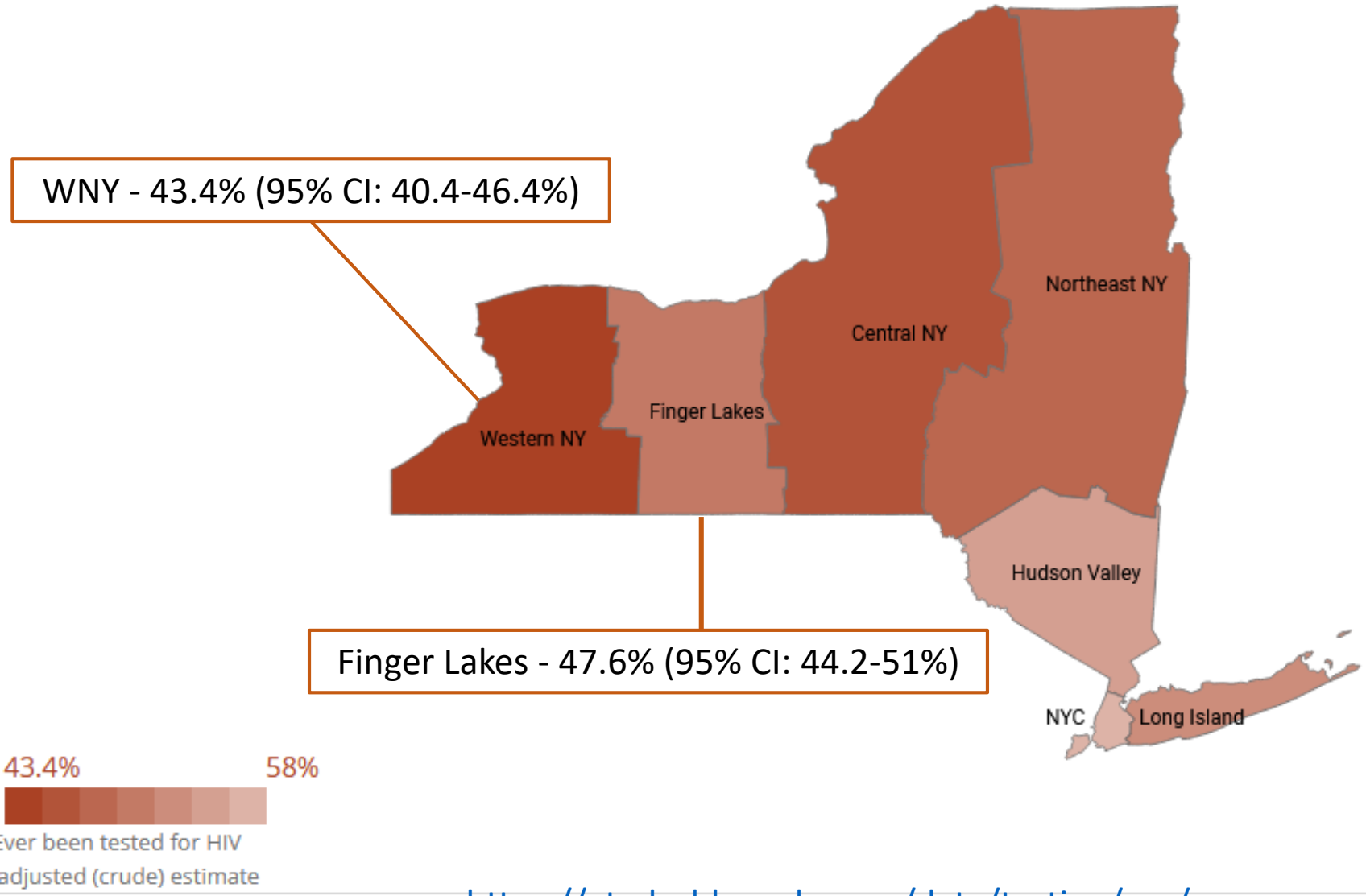
**Data Sources:** NYS HIV Surveillance System. 2013 – 2015 data as of January 2017 to set target values. 2016 data as of September 2017. 2017 data as of June 2018. 2018 data as of June 2019. 2019 data as of June 2020

**ETE Metric Dashboard**: http://etedashboardny.org/metrics

Slide: Joanne Morne, NYS 2020 ETE Summit

Line Chart | Bar Chart | Region Map

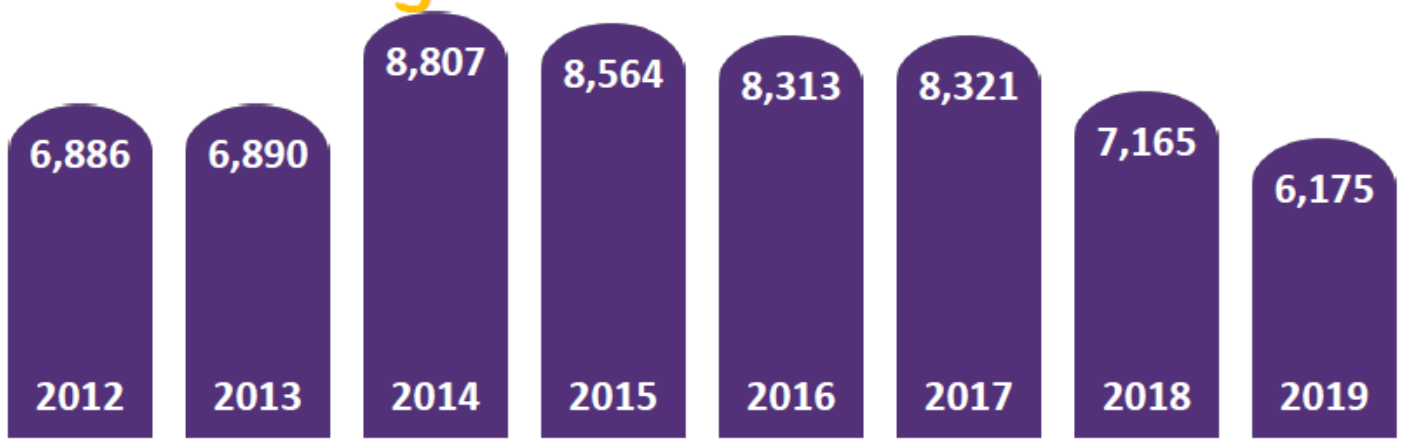
**Percentage who have ever been tested for HIV by Ryan White Region Total, 2018**



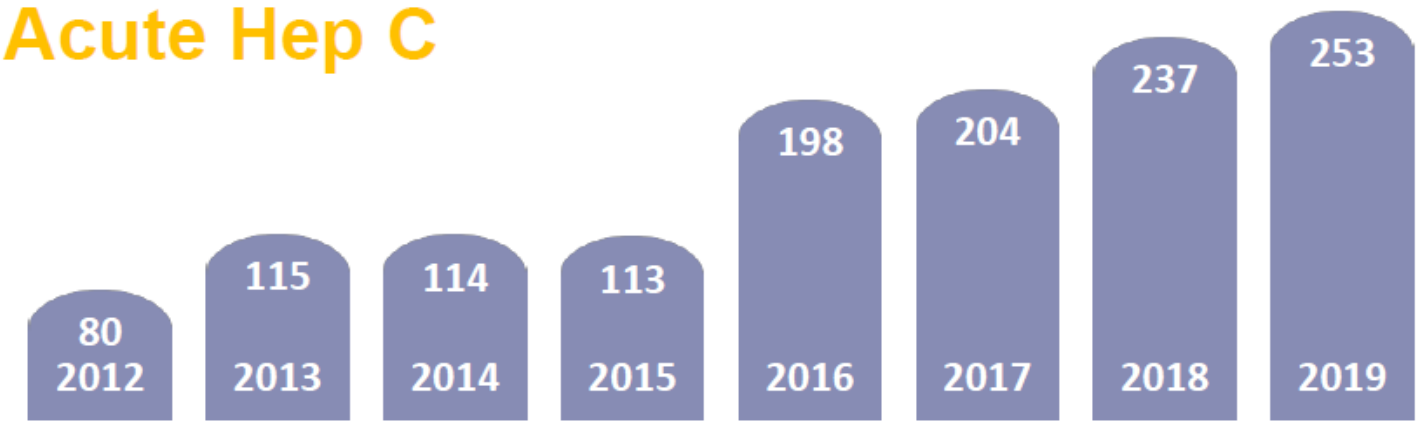

https://etedashboardny.org/data/testing/nys/

# Newly Reported Hepatitis C Diagnoses by Year: New York (Excluding NYC), 2012-2019

## All New Diagnoses




## Acute Hep C




- 14% decrease in all newly reported hepatitis C diagnoses since 2018
- Acute hepatitis C diagnoses increased 7% since 2018

Source: NYS DOH Communicable Disease Electronic Surveillance System, 2020
Data current as of 10/25/2020. Data are preliminary and subject to change.

NEW YORK STATE | Department of Health

Slide: Joanne Morne, NYS 2020 ETE Summit

CLINICAL EDUCATION INITIATIVE

# Recent Health Alerts

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO, Governor | HOWARD A. ZUCKER, M.D., J.D., Commissioner | LISA J. PINO, M.A., J.D., Executive Deputy Commissioner

**To:** Sexual Health Clinics, Hospitals, Emergency Rooms, Community Health Centers, College Health Centers, Local Health Departments, Community Based Organizations, Internal Medicine, Family Medicine, Infectious Disease, OB/GYN, Planned Parenthood, Primary Care Providers, County Jails, Public Safety Community, and Urgent Care Centers

**From:** New York State (NYS) Department of Health (DOH), AIDS Institute

**Date:** October 15, 2020

**HEALTH ADVISORY: INCREASED NUMBER OF HIV DIAGNOSES IN MONROE COUNTY**

- **The number of new diagnoses of Human Immunodeficiency Virus (HIV) infection among residents of Monroe County is elevated in 2020.**
- **Preliminary data indicate the number of new HIV diagnoses in 2020 is expected to exceed the number of new diagnoses in recent past years (2016-2019: N=55/year; 2020: N=55 as of September 2020).**
- **The number of new diagnoses among persons with a history of injection drug use (IDU) has been elevated since 2019. There have been 10 diagnoses among persons with a history of IDU so far in 2020; there were 10 in all of 2019 and the average for 2013-2018 was less than 5 per year.**

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO, Governor | HOWARD A. ZUCKER, M.D., J.D., Commissioner | LISA J. PINO, M.A., J.D., Executive Deputy Commissioner

**To:** Sexual Health providers, Local Health Departments, Family Planning providers, Hospitals, Emergency Rooms, Community Health Centers, College Health Centers, Local Health Departments, Community Based Organizations, Internal Medicine, Family Medicine, Infectious Disease, OB/GYN, and Primary Care Providers

**From:** New York State Department of Health, AIDS Institute

**Date:** July 14, 2020

**HEALTH ADVISORY: GONORRHEA INCREASING IN MONROE COUNTY AND COUNTIES WITHIN THE CAPITAL DISTRICT REGION[1]**

- **In Monroe County, reported gonorrhea diagnoses increased by 23% from 2018 to 2019. Preliminary data show a 75% increase during January-March 2020 compared to the same time period in 2019.**
- **In the Capital District Region, reported gonorrhea diagnoses increased by 20% from 2018 to 2019. Preliminary data show a 68% increase during January-March 2020 compared to the same time period in 2019.**
- **Recent increases in the Capital District Region and Monroe County have occurred among all racial and ethnic groups, with people who identify as non-Hispanic Black experiencing the highest incidence rates.**
- **Sexual health services such as testing at the anatomic site(s) of sexual exposure, offering three-site testing, providing expedited partner therapy for gonorrhea, and promoting linkage to partner services and HIV PrEP, where indicated, are encouraged.**

CLINICAL EDUCATION INITIATIVE

# Healthcare during a Pandemic

- In-person care is limited to varying degrees depending on:
  - Local COVID-19 prevalence and associated restrictions
  - Severity/potential morbidity of illness
  - Availability of staff, PPE, facilities
- Alternatives to in-person care:
  - Defer some services
  - Telemedicine models or hybrid operations
  - In-home testing, or at least home-collection of tests
  - Lab only visits

CLINICAL EDUCATION INITIATIVE

# Reality

- COVID-19 Pandemic
- Social distancing and closures in place
- Constant flow of new information; uncertainty
- Anxiety among staff and patients
- Shortages of PPE, approved disinfectants, and test kits for STIs requiring swabs

# Goals

- Safety for patients and staff
- Continue to provide essential health services
- Minimize need for patients to leave home
- Minimize patient contact with the healthcare system, particularly if they are well

CLINICAL EDUCATION INITIATIVE

# Challenges for Diagnosis and Treatment

- STI screening and treatment
  - Exam
  - Testing - wet prep, Gram stain, NAATs, blood
  - No-cost meds and DOT
  - Immunizations
- HIV/HCV treatment
  - Testing – viral load, safety labs
  - Immunizations
- PrEP initiation and maintenance
  - Testing – HIV and STIs, creatinine
  - Immunizations

CLINICAL EDUCATION INITIATIVE

# Opportunities

- Syndromic management of STIs with alternative oral regimens
- Expedited partner therapy (EPT) for STIs
- Telemedicine for HIV and HCV care, and TelePrEP/PEP
- Extended interval PrEP visits
- Doxycycline for bacterial STI prophylaxis in high risk MSM on PrEP
- In-home HIV rapid self-testing
- Reaching new populations
- Pharmacy home-delivery
- In-home collection of lab-processed tests (Trillium @Home, MyLabBox, etc.)

CLINICAL EDUCATION INITIATIVE

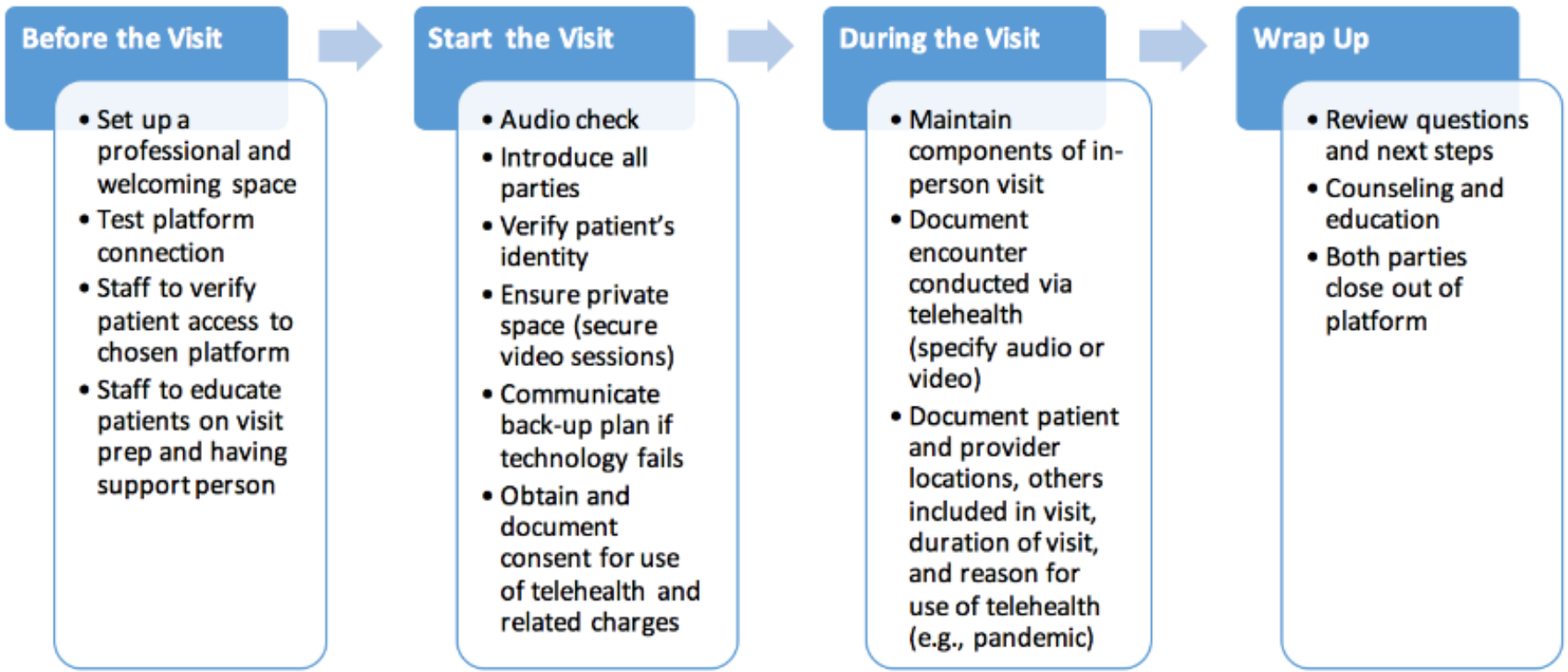
# The Process

- Create a phone triage algorithm
  - COVID-19 symptom/exposure screen and chief complaint
  - Conduct phone screening prior to arrival or entry if possible
  - Designate priority visit criteria
  - Develop a plan for those who will have preventive services deferred
- Advertise change in the clinic entry/intake process
  - Requires a culture change in some clinic settings – “Call First” policy
  - Those with positive COVID-19 screen (e.g. travel, exposure, symptoms) should be managed by phone whenever possible
- Develop follow up plans for those being treated or followed with alternatives to usual standard of care
- Consider variety of telemedicine visit types

CLINICAL EDUCATION INITIATIVE

# THE CLINICAL ENCOUNTER

Below is an overview of an example telemedicine workflow:




**Adapted from the Northwest Regional Telehealth Resource Center's "Quick Start Guide to Telehealth During the current public health emergency"**

https://ceitraining.org/documents/covid-19/Telemedicine_Document_6.8.pdf

CLINICAL EDUCATION INITIATIVE

# Telemedicine Summary

## BENEFITS

- Allows for maintenance of social distancing practices
- May help patients cope with social isolation
- Improves patient access to care
- Ideal for visits that do not require exam, e.g. adherence, counseling

## LIMITATIONS

- Communication may be less effective than in-person
- Requires patient to have access to phone/internet and safe/private space
- Lack of physical exam
- Most diagnostic or screening tests cannot be done at home
- Treatment limited to oral medications

https://ceitraining.org/documents/covid-19/Telemedicine_Document_6.8.pdf

CLINICAL EDUCATION INITIATIVE

# Essential Services

- STI symptoms
- Treatment
  - PHR/DIS Referral
- PrEP/PEP
- Sexual assault
- Pregnancy
- Confirmed/unconfirmed contact (to syphilis, trich, GC, CT, HIV, or STI syndromes)
- HIV testing**

<u>Deferred Services:</u>

- Routine screening
- Vaccines only

CLINICAL EDUCATION INITIATIVE

# Process (cont.)

- Designate staff for teleworking when clinical space is limited
- Daily COVID-19 screening program for on-site staff
- Look for local partners who may offer complementary services
- Continuous review of local data and policies, as well as process improvement
- Transparency and communication with staff
- For clinics with on-site medications, med pick up at door rather than entry to clinical space vs. electronic prescription to local pharmacy

CLINICAL EDUCATION INITIATIVE

# Information that can be obtained by phone

- CC/HPI, medical history, meds, allergies, risk assessment
- Insurance/registration details
- Consent to treat
- Partners/contacts
- Behavioral counseling

- For patients without phone availability, conduct abbreviated in-person assessment with the essential elements to provide the necessary care

CLINICAL EDUCATION INITIATIVE

# Ensure a Safe Clinical Space for Patients and Staff

- Reduction in waiting room occupancy
  - Patients with positive COVID-19 screening questionnaire that need to be seen should be taken directly to exam room with minimal to no contact to other patients/staff if possible
- Enhanced cleaning protocols with EPA or NYS approved disinfectants for SARS-CoV-2
- Masks and hand hygiene for patients receiving on-site care
- Appropriate PPE for staff including
  - All encounters: Eye protection, mask, and gloves
  - Positive item on COVID-19 screen: Add gown and appropriate donning/doffing
- Separate staff workspaces as much as possible, and minimize shared workstations

CLINICAL EDUCATION INITIATIVE

# In the exam room

- Maintain social distancing
- Minimize face-to-face time when possible, conduct non-exam portion of assessment by phone when able
  - Limit in-person time to exam and phlebotomy when possible
  - Have patients self-obtain swabs when possible, particularly oropharyngeal
- Defer oral exams unless patient requires syphilis staging or has oropharyngeal symptoms
- Reserve pharyngeal STI testing for MSM and those with symptoms, can defer if would not change management
  - Supply shortages may necessitate further restrictions

CLINICAL EDUCATION INITIATIVE

# STI Care during COVID-19

- For asymptomatic self-reported or confirmed contacts to:
  - CT, NGU, or trich – Erx*
  - GC, Cervicitis, PID – Erx*
  - Syphilis – in-person testing/treatment visit for Benzathine penicillin
    - possible transition to doxycycline for non pregnant patients
- For those with typical symptoms of STI syndrome (urethritis, cervicitis, vaginitis)
  - Aim to treat empirically with Erx* (see CDC April 2020 DCL)
- If abdominal pain, symptoms of proctitis, symptoms of syphilis, unclear presentation → In-person visit advised
- PEP/PrEP with necessary on/off-site lab testing (including 4$^{th}$ gen HIV test)

*Meds can be picked up onsite at door if uninsured or unable to fill Rx

CLINICAL EDUCATION INITIATIVE

# CDC Dear Colleague Letter (4/6/20)

- Harm reduction approach
- “Flexible and pragmatic”
- Syndromic management if necessary
- Recommend f/u testing in 3 months

**Table 1. Therapeutic options to consider for symptomatic patients and their partners when in person clinical evaluation is not feasible:**

| Syndrome | Preferred Treatment: In clinic, or other location where injections can be given* | Alternative Treatment: 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).<br><br>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).<br>**OR**<br>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).<br><br>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.<br><br>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.<br><br>All patients receiving regimens other than Benzathine penicillin for syphilis treatment should have repeat serologic testing performed 3 months post-treatment. |
| **Genital ulcer disease (GUD) Suspected primary or secondary syphilis[**]** | Benzathine penicillin G, 2.4 million units IM in a single dose. | Males and non-pregnant females: Doxycycline 100 mg orally twice a day for 14 days.<br>Pregnant: 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.<br>**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).<br>**OR**<br>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

CLINICAL EDUCATION INITIATIVE

# Syndromic Treatments (Oral)

Recommended 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.

https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-04062020.pdf

# HIV and HCV Prevention and Care

- A bit more challenging, blood testing periodically required
  - Types of test by phlebotomy vs. fingerstick sampling vs. oral swab
- Pre-screening by phone to determine need for in-person care
- Consider telemedicine visits with separate visit to lab, delayed labs by short duration for reassessment of COVID-19 risk, or home draw/home specimen collection if available
- Extended intervals between visits and labs for clinically stable individuals

CLINICAL EDUCATION INITIATIVE

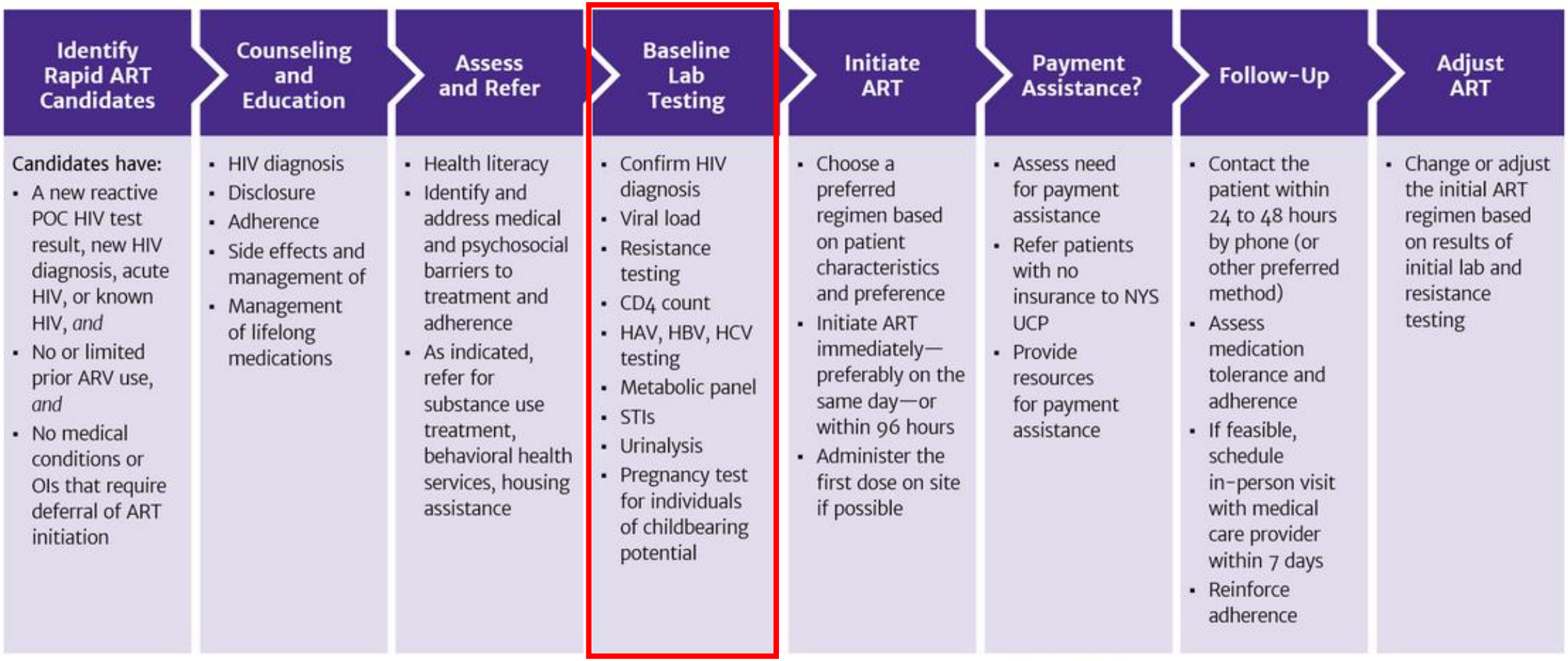
# HIV

- Continue to offer HIV screening during primary care and urgent care visits, even when done by telemedicine or if labs will be delayed
- HIV 1st visit for new diagnoses ideally in-person
  - PCPs and other providers making the diagnosis can provide rapid initiation of ART
- For maintenance ART, Rx 90 day supply*, use pharmacies with home delivery when available
- Screen for depression, anxiety, substance use, housing and food insecurity, and interpersonal violence
- Evaluate for changes in employment or insurance that may impact ability to obtain ART

A. Radix et al. Rapid Antiretroviral Therapy (ART) Initiation during COVID-19, https://www.hivguidelines.org/antiretroviral-therapy/rapid-art-covid-19/

CLINICAL EDUCATION INITIATIVE

## Figure 1. Protocol for Rapid Antiretroviral Therapy Initiation




**New York State Department of Health AIDS Institute: www.hivguidelines.org**

A. Radix et al. Rapid Antiretroviral Therapy (ART) Initiation during COVID-19, https://www.hivguidelines.org/antiretroviral-therapy/rapid-art-covid-19/

CLINICAL EDUCATION INITIATIVE

# nPEP and PrEP

- PEP – In-person exam and baseline test asap
  - PEP Hotline – (844) PEP4NOW
  - Can E-Rx meds
  - Follow up after baseline can be done with telemedicine clinician visit plus labs
- PrEP – Telemed or in-person visit but will need labs
  - E-Rx for 90 days, look for pharmacies that provide home delivery
  - Use 4$^{th}$ gen Ab/Ag HIV testing whenever possible
- nPEP and PrEP are essential elements of HIV prevention, there are referral centers, helplines, and national telemedicine platforms if these services are limited in your area
- Ensure counseling with all visits

CLINICAL EDUCATION INITIATIVE

# HCV

- Continue to offer screening at primary and urgent care visits, even if by telemedicine or labs will be delayed
  - HCV Ab w/reflex to RNA
- Consider use of blood testing to assess for fibrosis (limit in-person enc.)
- For asymptomatic patients, discuss risks vs. benefits for treatment now or deferred
  - Transmission risks include: ongoing IDU with shared needles, unprotected sex
- Treatment with oral direct-acting antiviral regimens amenable to telemedicine care with lab monitoring (can incorporate with MAT)
- Set up meds for home delivery

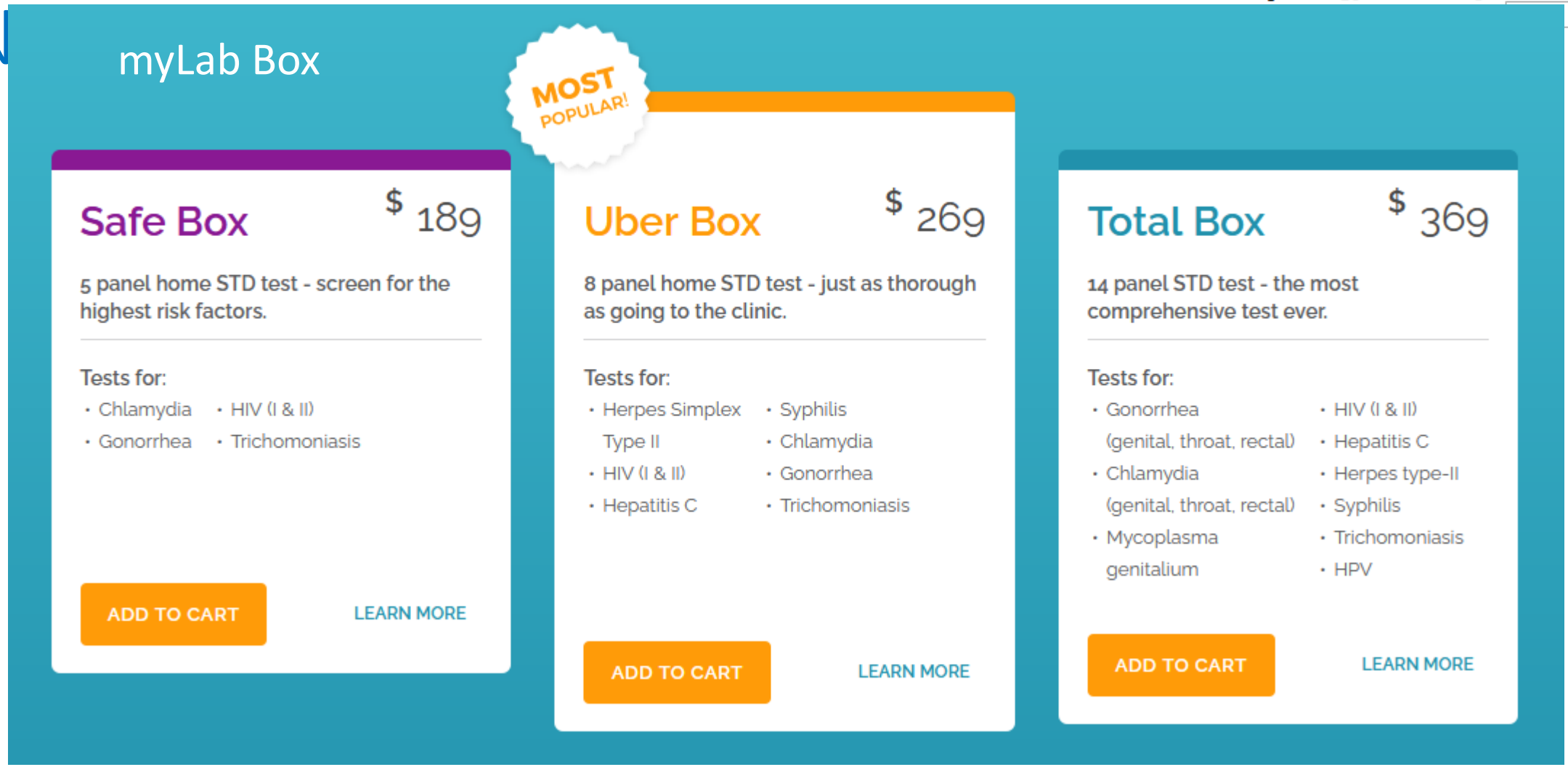
# Non-Traditional Free Testing Options

- Linkage to care based on results or interest in PrEP services
- NYS Home Test Giveaway: https://www.health.ny.gov/diseases/aids/consumers/testing/


- Trillium test@home: https://www.trilliumhealth.org/services/trillium-at-home

CLINICAL EDUCATION INITIATIVE

N




Services by Platform
(as of 11/16/2020)
Click on a box to see more information about the platform.

Filter Results
State
New York
Accepts Insurance

| | Pill | Patch | Ring | EC | STI Testing |
|---|---|---|---|---|---|
| UpScript | ■ | | | ■ | |
| Virtuwell | ■ | ■ | ■ | ■ | ■ |

1. https://www.mylabbox.com/at-home-std-kits/all/
2. https://www.kff.org/coronavirus-covid-19/issue-brief/a-look-at-online-platforms-for-contraceptive-and-sti-services-during-the-covid-19-pandemic/

CLINICAL EDUCATION INITIATIVE

# Additional NYS Clinician Resources

- NYS Clinical Education Initiative
  - Strategies for Provision of Telemedicine Services for HIV, STIs, HCV, and Drug User Health in NYS during the COVID-19 Pandemic: https://ceitraining.org/documents/covid-19/Telemedicine_Document_6.8.pdf
- NYS AIDS Institute Clinical Guidelines Program
  - Strategies for STI Screening and Treatment during COVID-19: https://www.hivguidelines.org/sti-care/sti-covid-19-guidance/
  - Rapid Antiretroviral Therapy (ART) Initiation during COVID-19: https://www.hivguidelines.org/antiretroviral-therapy/rapid-art-covid-19/

CLINICAL EDUCATION INITIATIVE

# Telemedicine Resources

- American College of Physicians:
  - Telehealth Coding and Billing during COVID-19
- US Department of Health and Human Services:
  - Discretion for Telehealth Remote Communications During the COVID-19 Pandemic
- NYS DOH:
  - Medicaid Telehealth Services during the Coronavirus Emergency
  - Comprehensive Guidance Regarding Use of Telehealth During COVID-19
- CDC:
  - May 2020 DCL with Guidance on HIV testing and PrEP during the pandemic
  - April 2020 DCL with Oral Alternative Regimens for STI Syndromic Mgmt. (and EPT)
  - HIV Self-Testing

# QUESTIONS?

NYS Sexual Health
Center of Excellence
853 West Main St. Rochester, New York
585.274.3044