Teens and Telehealth: Sexually Transmitted Infections (STI's)

Telehealth presents new challenges and opportunities for providers caring for teenagers and young adults. How does clinical management change for urgent, typically confidential concerns when social distancing is a necessary barrier to in-person care?

1. **Teenagers often present with sexual health concerns. If a teen or young adult presents with concerns about sexually transmitted infections, can we address their concerns by telehealth?**

   Sexual health concerns can be initially, and in some cases entirely, managed via telehealth. Providers can utilize shared decision making to weigh the risk of managing sexually transmitted infections by telehealth against having to negotiate the burdens, risks and barriers of presenting for an in-person visit. A comprehensive, sensitive and inclusive sexual history can be collected during the video visit, and the need for follow up in-person care determined on an individual patient basis. For patients who present with concern for a possible STI or for outright STI testing/treatment, providers should collect a detailed history of sexual practices, risks, and exposures, and offer appropriate counseling and treatment when clinically indicated.

2. **In what situations can sexually transmitted infections be treated empirically, based on symptom history, when an in-person visit for a physical examination or laboratory testing is not possible?**

   A telehealth visit may not be sufficient for every clinical situation in which patients voice concern about STI exposure or have other sexual health concerns. One specific clinical situation ideal for telehealth management is care of individuals who are

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asymptomatic, but suspect an STI exposure after unprotected sex, or have been told by a partner about a positive test result. These patients can be treated empirically based on possible or reported exposures. This concept is already applied under the notion of expedited partner therapy (EPT), in which STI treatment is provided for sexual partners of patients without the need for a health care visit.

As with EPT, medication prescribed empirically should be accompanied by treatment instructions, appropriate warnings about taking medications (if the partner is pregnant or has an allergy to the medication), general STI health education and counseling, and a statement advising that partners seek repeat evaluation if experiencing continued symptoms.

For syndromic STI management, providers can refer to the World Health Organization's "Guidelines for Management of Sexually Transmitted Infections", or the CDC's "Recommendations for Providing Quality STD Clinical Services". Syndromic treatment is used for patients with vaginal discharge, penile discharge, and rectal symptoms and outlines treatment for the most probable common etiologies.

Providers may already be comfortable treating empirically for clear clinical presentations, eg simple vaginal candidiasis, bacterial vaginitis without concern for PID, or painful ulcerations consistent with Herpes Simplex infection. For patients meriting treatment in which injectable medication is standard, but who are unable to present for in-person care, alternative oral antibiotic regimens can be considered (e.g, cefixime and azithromycin for the treatment of gonorrhea and chlamydia). Planned telehealth follow up, precautions for return to care and follow up lab testing once in-person care is possible are important components of employing second-line treatment strategies.

3. What clinical situations merit prompt, in-person care for medical evaluation, when STI exposure is a concern?

Patients should present for an in-person visit when specific physical exam (e.g a pelvic exam or examination of another sensitive body area that should not be performed over camera) or laboratory evaluation is critical for a diagnosis which can have serious sequela without prompt management. Optimizing testing and treatment protocols incorporating procedure-only visits can minimize risk from in-person care during strict social distancing.

Specific clinical situations include:

- Concern for pelvic inflammatory disease
- Testicular pain or swelling
- Clinical suspicion for syphilis (eg primary chancre)

- Concern about an HIV exposure
- Patients with persistent symptoms following empiric treatment or syndromic management for STI, or treated with second-line therapies
- Sexual assault or suspected victim of sexual trafficking; or behaviorally high-risk patients requiring comprehensive in-person evaluation, with high probability of requiring lab testing, initiation of a multiple drug regimen, empiric treatment for STI's

4. **Are there situations in which a telehealth assessment followed up by lab testing only is appropriate for directing care (e.g., for a quick lab-only visit or labs collected at an outpatient lab service center)?**

   Shared decision-making is important to determine if lab testing for STIs is essential to the treatment plan. Part of that decision-making is individual providers' clinical expertise with STI management, and knowledge about the patient. Patients may want to know if they indeed have a sexually transmitted infection and may not want to take additional antibiotics without a lab-confirmed diagnosis. On the other hand, some patients may prefer empiric treatment, as it may be difficult to present for in-person lab-testing, or they may be unable to do so promptly.

   Patients may need to come in for a brief lab visit if they are at risk of syphilis or recently treated for syphilis so RPRs can be trended. Patients on HIV Pre-Exposure Prophylaxis (HIV PrEP) may also need lab-only visits as part of their routine follow up.

   In some ways, presenting to clinic for in-person testing and/or treatment may be the only way that adolescents can receive confidential treatment. Being able to provide a range of options for assessment and treatment, and communicating clearly about how teens and young adults can access these services, is important to protect access to essential medical care for youth. Telehealth is another option that can increase access, protect confidentiality, and if utilized judiciously, prevent unnecessary in-person care when communities are under strict social distancing rules.

Peer-to peer-consultation with an Adolescent Medicine specialist is always available and currently recommended before scheduling new patient consults. During weekday business hours, call 202-476-4880 and ask to speak to the Adolescent Medicine physician on call.

Resources for further reading

Clinical References

- CDC's Guidance on STD Care and Prevention during Disruption of Clinical Services, April 6,2020: https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-04062020.pdf
- CDC STD Treatment Guidelines 2015 https://www.cdc.gov/std/tg2015/default.htm
- CDC STD Treatment Guideline App
- WHO Guidelines for Management of Sexually Transmitted Infections: https://www.who.int/hiv/topics/vct/sw_toolkit/guidelines_management_sti.pdf
- Children's National Hospital PEP and PrEP Hotline. Email: PrEPServicesSIS@childrensnational.org Phone: 202-476-7779. After hours On-Call number: 202-476-5000, ask for Special Immunology Services.

Home Testing Options:

- **FREE**: https://www.iwantthekit.org/testing/

Condom Education:

- http://teentalk.ca/wp-content/uploads/2014/05/Condom-Demonstration-20162.pdf
- https://www.bedsider.org/methods/condom
- https://powertodecide.org/sexual-health/your-sexual-health/articles-about-healthy-sex-life/how-get-your-partner-wear-condoms
- https://powertodecide.org/sexual-health/your-sexual-health/articles-about-healthy-sex-life/how-avoid-6-common-condom-problems