The Pediatrician's Role in HIV and STI Testing and Treatment: A 2022 Update

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*some slides adapted from Patricia Kapunan, MD, MPH

A few notes about today's Grand Rounds

- All lines are muted throughout the presentation.
- Please use the Q&A to ask questions or make comments.
- We will be recording the session.
- Today's recording and materials will be posted to the PHN website 3 business days following the presentation:

https://pediatrichealthnetwork.org/

Speakers

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Disclosures: None

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Learning Objectives for Today's Talk

- Review information needed to obtain comprehensive and inclusive sexual history
- Briefly explain impact of pandemic on youth sexual health
- Identify screening recommendations for sexually transmitted infections in certain populations
- Recognize changes in treatment regimens for the most common sexually transmitted infections in primary care setting
- Recognize current approaches to HIV pre-exposure prophylaxis (PrEP), indications and side effects, and key elements in PrEP cascade of care

Case Presentation

- Robert is a 17-year-old MSM presenting with complaints of rectal pain and bleeding for one week
- No significant past medical history
- Sexual history: 5 partners per month, bottom (preference for receptive anal sex), no condom use, 6 STI diagnoses in the past year
- Does not know HIV status of past partners
- Last sexually active 2 weeks ago with casual partner
- No significant substance use except occasional marijuana

Poll questions…

Adolescent and Young Adult Sexual Health

Factors contributing to increased vulnerability to STIs during adolescence include:

- having multiple sex partners
- having sequential sex partnerships of limited duration or concurrent partnerships
- failing to use barrier protection consistently and correctly
- having lower socioeconomic status, and facing multiple obstacles to accessing health care
- biological vulnerability of cervical tissue in adolescence

Assurance of confidentiality is crucial yet complex - All 50 states and the District of Columbia explicitly allow minors to consent for their own STI services; yet laws vary regarding ability to disclose and EOB statements, etc.

Taking a sexual history: Being sensitive and inclusive

A sexual history should be taken as part of routine health care; *routinely done as part of psychosocial assessment (HEADSS) in ALL visits with adolescent and young adult patients regardless of chief complaint.

5 P's helpful to assess what site should be tested for screening for STI's

1. Partners
2. Practices
3. Protection from STIs
4. Past History of STIs / Treatment history
5. Pregnancy Intention/Prior Pregnancy

Pandemic Adolescent Health: General Health Services

The pandemic has impacted and transformed health services for youth in a variety of ways.

- Interruption of preventative health services including vaccinations and routine STI screenings
- Telehealth and virtual communication have assumed more priority due to physical distancing constraints impacting care
- Traditional barriers to care for teenagers are now augmented by new access barriers
- Delayed or deferred care results in higher acuity at presentation

Pandemic Adolescent Health: SRH Services

Lewis R, et al (2021). Disrupted prevention: condom and contraception access and use among young adults during the initial months of the COVID-19 pandemic. An online survey. *BMJ Sex Reprod Health*, Published online first: 11 Mar 21. doi: 10.1136/bmjsrh-2020-200975.

- Some key findings:
  - **Confusing messages about contraception causing distress/anxiety**
  - **Limited STI testing availability contradicts messaging about routine/asymptomatic testing**
  - **Changes in sexual behavior – more unprotected sex, avoiding sex, stopping contraceptive method**

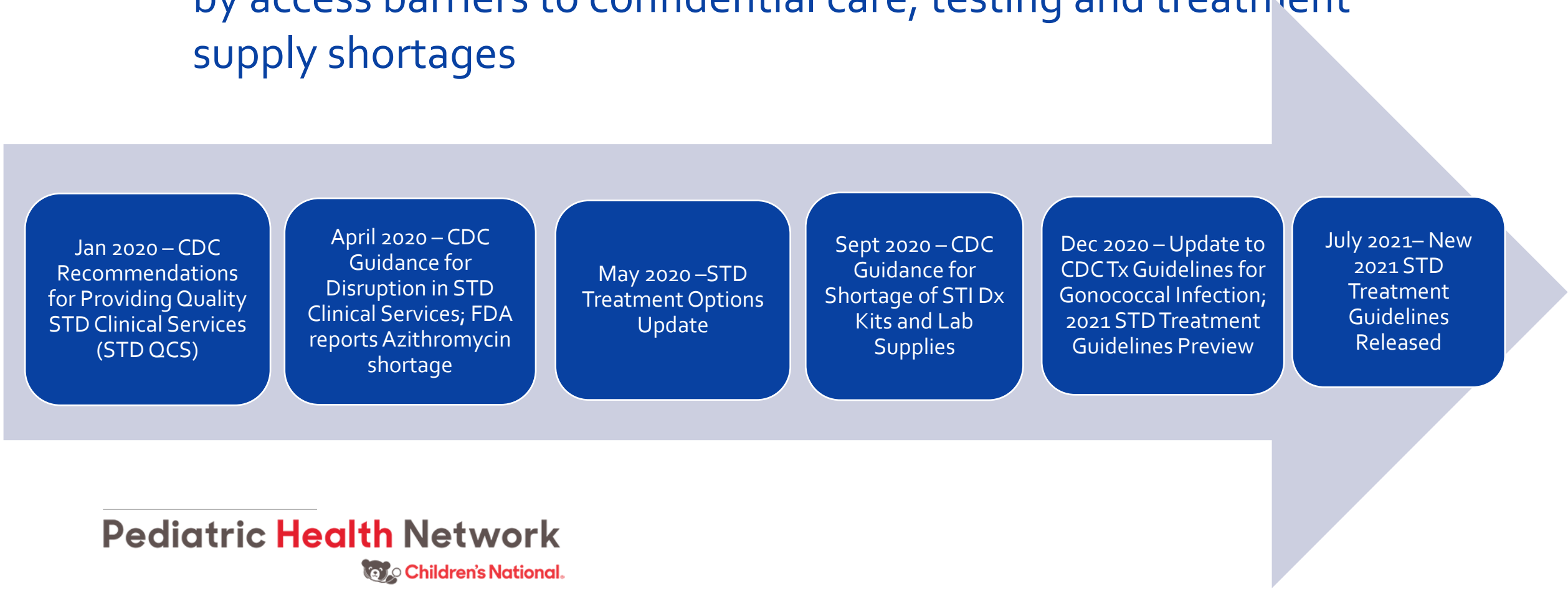
Telehealth: STI Management

Most concerns can be initially or entirely managed via telehealth

- Detailed risk assessment, counseling and empiric treatment
- Need for in-person care can be determined on an individual basis
- Syndromic management can additionally limit in-person care; close follow up is prudent
- In-person care is indicated when sensitive physical exam or medical procedures are critical for management

Pandemic Adolescent Health: SRH Services

- Sexual and Reproductive health has been specifically challenged by access barriers to confidential care, testing and treatment supply shortages



Context of screening recommendations

Screening guidelines represent the evidence-based recommendations and applies to asymptomatic, sexually active adolescents and adults in areas of average epidemiological risk.

Risk level (or whether to follow high risk recommendations) should be assessed on an individual and practice level based on:

1. Type of clinic practice (e.g. specialty clinic, or gen. peds with high proportion of teens, urgent care)
2. Prevalence of disease observed in your clinical setting (e.g. trichomonas)
3. Epidemiologic data for the geographical practice area
4. Individual sexual practices and behaviors of each patient

CDC Recommended STI Screening

Assigned females at birth (Sexually active persons under 25 years of age):

- Annual screening: *Chlamydia trachomatis, Neisseria gonorrhea, HIV*
- High risk: RPR

Assigned males at birth (having only insertive penile sex with persons with vagina):

- Annual screening: *HIV*
  - (screening of sexually active young males should be considered in clinical settings serving populations with a high prevalence of chlamydial or gonococcal infection): Annual *Chlamydia trachomatis, Neisseria gonorrhea*

Men who have sex with men (MSM/engaging in receptive anal intercourse):

- Annual screening: *Chlamydia trachomatis, Neisseria gonorrhea, HIV, RPR* – at sites of contact (urethra, rectum, pharynx) regardless of condom use *(*Every 3 to 6 months if at increased risk)

Persons living with HIV:

- Annual screening: *Chlamydia trachomatis, Neisseria gonorrhea, RPR*

In reality - What should I be ordering?

1. Neisseria gonorrhea & Chlamydia trachomatis Nucleic Acid Amplification Test (NAAT)
   - Throat swab
   - GU sample (urine or cervical swab)
   - Rectal swab
2. Serum 4th generation HIV (HIV1/2 Antibody)
3. Serum RPR
4. Trichomonas PCR – if there is high prevalence in your patient population
   - Urine or cervical swab

Clinical Update 12/20/21:

Management of Uncomplicated Gonorrhea

- Ceftriaxone (monotherapy & higher dose)
  - A **single 500 mg IM dose of ceftriaxone*** *(increased from 250mg)* is now recommended for uncomplicated gonorrhea. Dose is 1 gram for persons weighing ≥150 kg (300 lbs).
  - Azithromycin is no longer recommended as adjunct due to increase *N. gonorrhoeae* resistance to macrolides
- Chlamydia coinfection
  - Oral doxycycline (100 mg BID x 7 days) should be administered **when chlamydial infection is confirmed or has not been excluded**
- Test of cure now recommended for oropharyngeal gonorrhea treatment, especially if given inferior treatment with 800mg PO cefixime x 1 dose.

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Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020. MMWR 69(50);1911–1916. https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm?s_cid=mm6950a6_w

Chlamydia Treatment

First line treatment: Doxycycline 100mg BID x 7 days (different 1st line & longer duration of treatment)

- Higher rates of treatment failure among men for azithromycin than for doxycycline
- Doxycycline is more efficacious for rectal C. trachomatis infection for men and women than azithromycin
  - **A randomized trial for the treatment of rectal chlamydia infection among MSM reported microbiologic cure was 100% with doxycycline and 74% with azithromycin***

Alternative treatment: azithromycin 1 gm orally in a single dose (for women)

- Concerns about compliance – may give single dose regimen, but need to remain diligent about 3-month testing follow up testing for reinfection

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*Dombrowski JC, Wierzbicki MR, Newman LM, et al. Doxycycline versus azithromycin for the treatment of rectal chlamydia in men who have sex with men: a randomized controlled trial. Clin Infect Dis 2021;ciab153. PMID:33606009 https://doi.org/10.1093/cid/ciab153

Trichomonas Treatment

- Women: metronidazole 500mg orally 2x/day x 7days (longer duration of therapy)
- Men: metronidazole 2grams orally in single dose
- Retesting 3 months after diagnosis of chlamydia, gonorrhea, or trichomoniasis can detect repeat infection and potentially can be used to enhance population-based prevention.

Pelvic Inflammatory Disease

Recommended Intramuscular or Oral Regimens for Pelvic Inflammatory Disease

- Ceftriaxone 500 mg* IM in a single dose **plus** Doxycycline 100 mg orally 2 times/day for 14 days **PLUS metronidazole 500 mg orally 2 times/day for 14 days** **(3rd drug regimen now recommended)**

Women who do not respond to IM or oral therapy within 72 hours should be reevaluated to confirm the diagnosis and be administered therapy via IV route.

* For persons weighing ≥150 kg, 1 g of ceftriaxone should be administered.

Expedited Partner Therapy

Expedited Partner Therapy (EPT) - the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.

- A physician, advance practice registered nurse, or a physician's assistant who diagnoses a chlamydia, gonorrhea or trichomoniasis infection in a patient may prescribe and dispense antimicrobial drugs to the patient's sexual partner for treatment of that STI without an examination of the sexual partner.
  - NOTE: CDC does not recommend EPT for trichomoniasis but allowable in DC, VA, and MD by law.

Gonorrhea: providers should still consider EPT for partners of patients diagnosed with gonorrhea who are unlikely to access timely evaluation and treatment

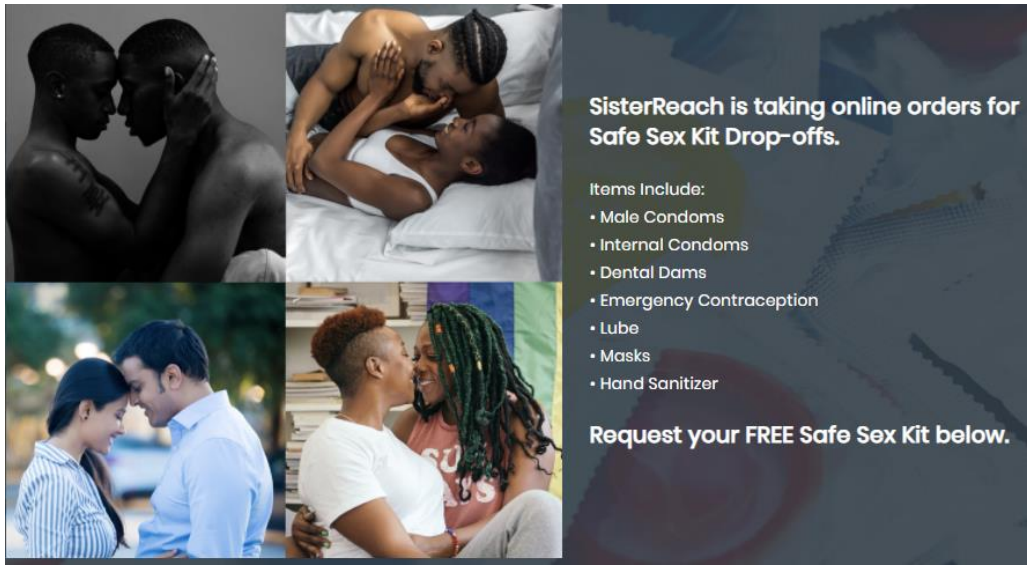
- Cefixime- single 800 mg dose
- If a chlamydia test result **has not been documented,** the partner should be treated with the single dose of oral cefixime 800 mg **PLUS** oral doxycycline 100 mg 2 times/day for 7 days.

Expedited Partner Therapy in the Management of Sexually Transmitted Diseases
https://www.cdc.gov/std/ept/default.htm

Programs for free delivery of condoms & sexual and reproductive health supplies:

DC Dept. of Health

- DC residents can get information and order a test for mailing to their DC address at GetCheckedDC.org [getcheckeddc.org]
- DC Health and Wellness Center at (202) 741-7692
  - Patients with symptoms Mon/Wed/Fri 9am-3pm
  - Patients with NO symptoms - express clinic, no doctor present Tue 8:15-3p/Thur 8:15am -11:15am
  - For uninsured DC residents, services will be covered free of charge



Other websites

https://www.sisterreach.org/safe-sex-kit.html

https://sexisdc.org/freecondoms/

https://sexualbeing.org/get-condoms/free-condoms/

https://dchealth.dc.gov/service/condoms-and-condom-information

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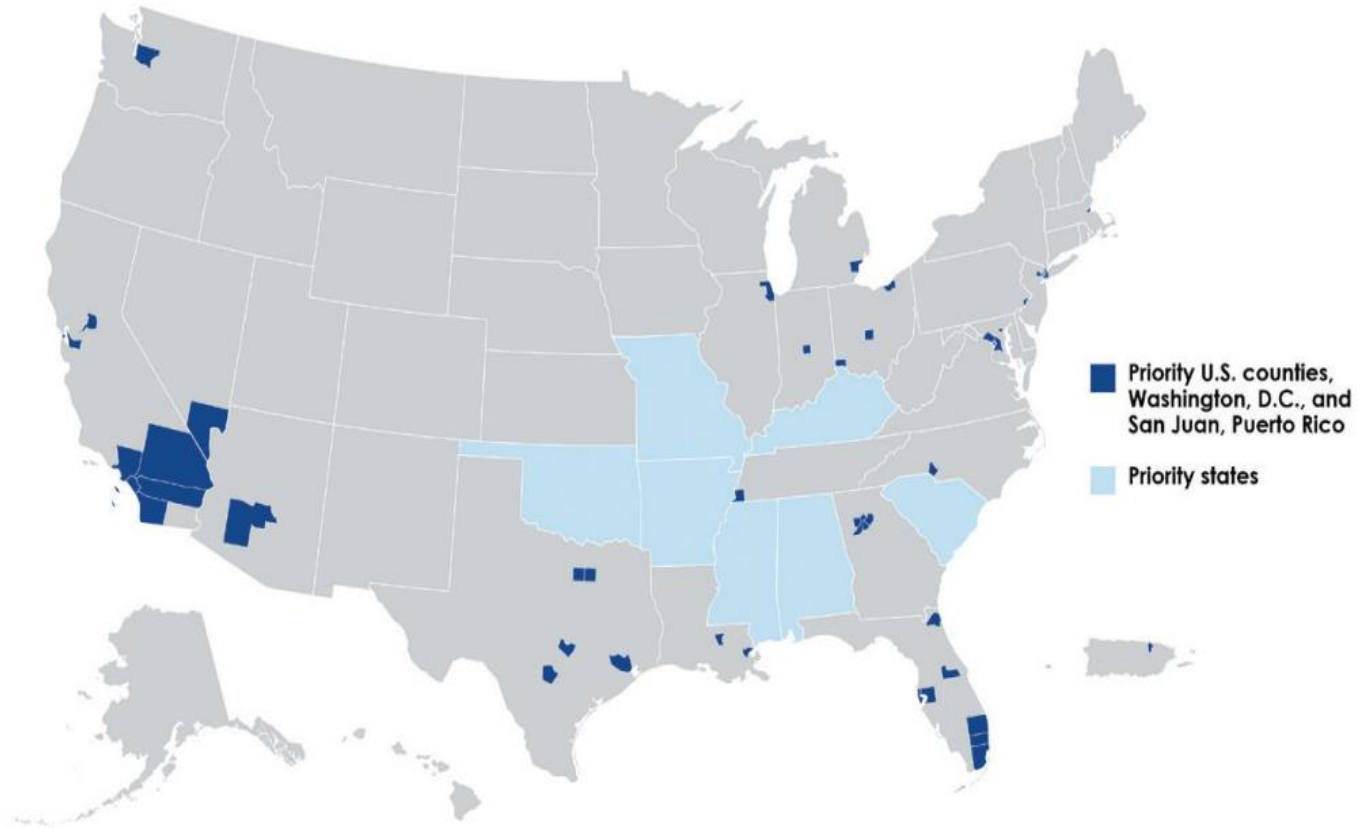
ENDING THE EPIDEMIC: A PLAN FOR AMERICA

USA Areas where HIV Transmission Occurs more Frequently



>50% of new HIV diagnoses occurred in **48 counties, Washington, DC, and San Juan, Puerto Rico**

Seven states have a substantial rural burden

Washington, DC

Maryland:
Baltimore City
Montgomery County
Prince George's County

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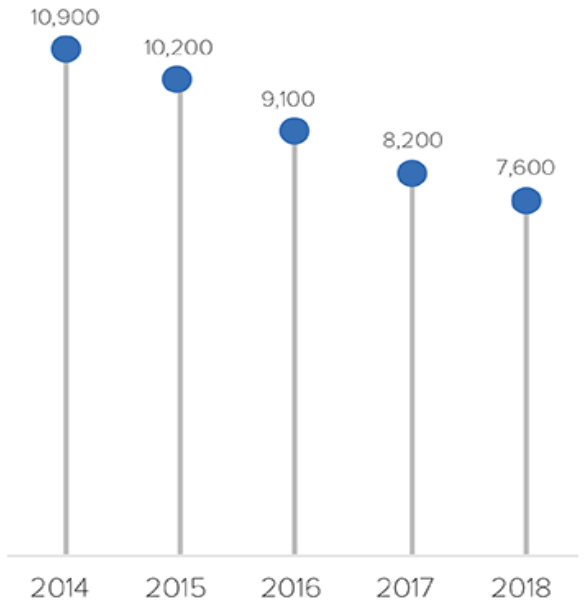
https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

Estimated HIV Infections Among Youth in the US, 2014-2018

The estimated number of annual HIV infections decreased among youth.



Source: CDC. Estimated HIV incidence and prevalence in the United States, 2014–2018. *HIV Surveillance Supplemental Report* 2020;25(1).

Ending the HIV Epidemic

Overall Goal: Decrease the estimated number of new HIV infections to 9,300 by 2025 and 3,000 by 2030.

There were an estimated **36,400 NEW HIV INFECTIONS** in the US in 2018. Of those, 21% (7,600) were among youth aged 13 to 24 years.

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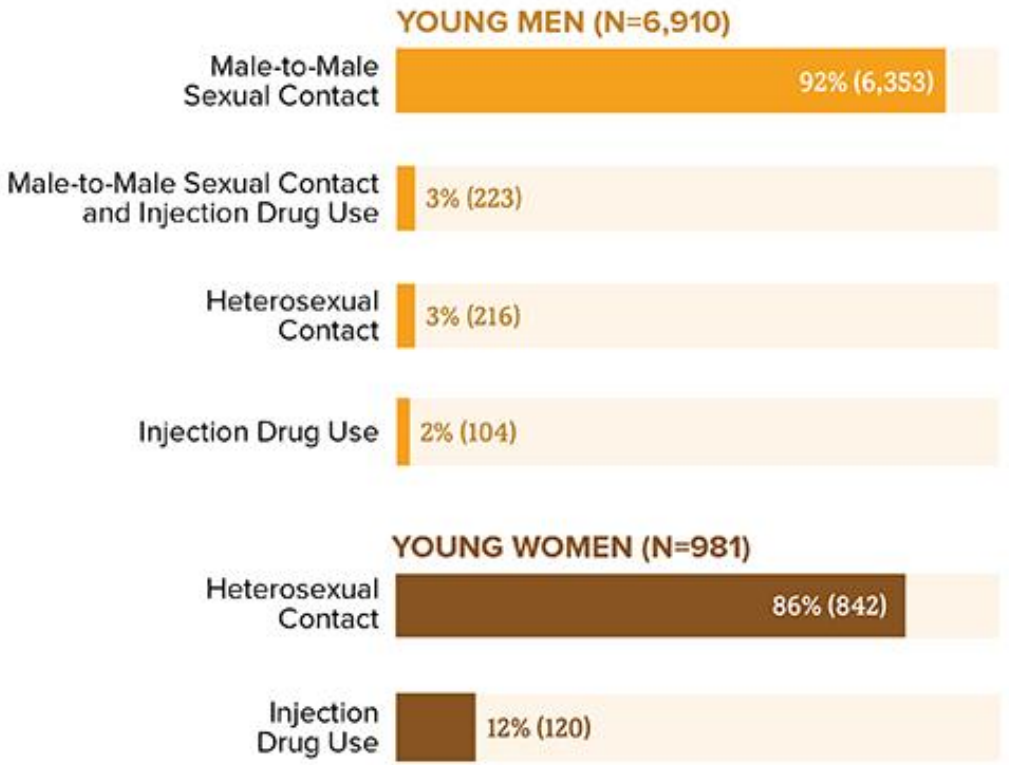
CDC. Estimated HIV incidence and prevalence in the United States, 2014–2018. HIV Surveillance Supplemental Report 2020;25(1).

New HIV Diagnoses Among Youth by Transmission Category in the US and Dependent Areas, 2018*

Most new HIV diagnoses among youth were among young gay and bisexual men.



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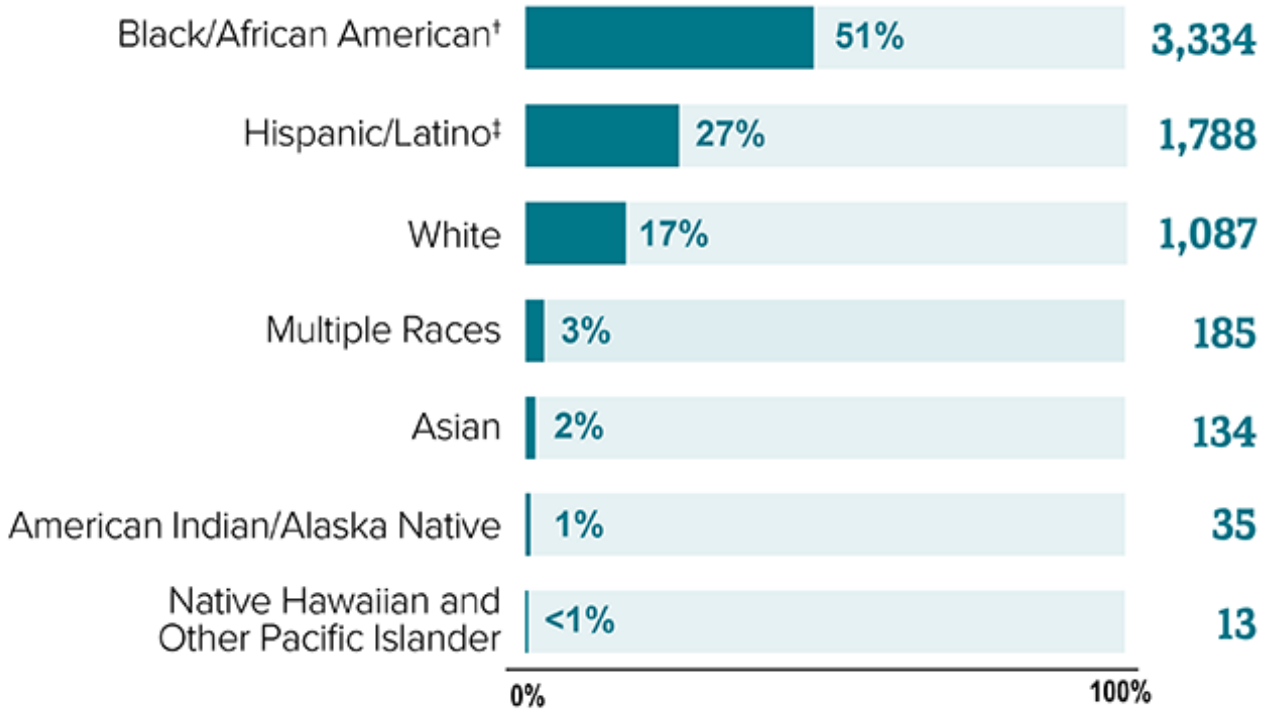
New HIV Diagnoses Among Young Gay and Bisexual Men by Race/Ethnicity in the US and Dependent Areas, 2018*

More than half of young gay and bisexual men who received an HIV diagnosis were Black/African American.



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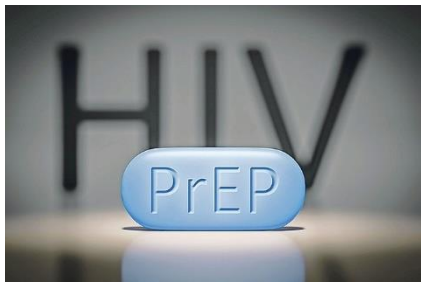
What is Pre-Exposure Prophylaxis or PrEP?

F/TDF and F/TAF Dosing and Prescribing

Emtricitabine (FTC) 200 mg +
Tenofovir Disoproxil Fumarate (TDF) 300 mg
F/TDF once daily



Emtricitabine (FTC) 200 mg +
Tenofovir Alafenamide Fumarate (TAF) 25 mg
F/TAF once daily

All genders, starting at body weight of 35 kg (77 lbs)

Daily continuing oral doses of F/TDF (Truvada®) with ≤90-day supply

OR

Men and transgender women, starting at body weight of 35 kg (77 lbs)

Daily continuing oral doses of F/TAF (Descovy®) with ≤90-day supply

Anatomy Matters

- To build up to protective levels, PrEP takes 20 days in vaginal tissue versus only 7 days in rectal tissue

20 days for vaginal protection

7 days for rectal protection

No data are yet available about how long it takes to reach maximum protection for **insertive anal or insertive vaginal sex**.

Injectable PrEP

Cabotegravir (Aperture®) is the first long-acting injectable for HIV PrEP

Approved by FDA in December 2021 for adolescents and adults starting with body weight of 35 kg (77 lbs)

Patients can either start their treatment with Apretude® or take oral cabotegravir (Vocabria®) for four weeks to evaluate tolerability

Administered every 2 months after two initial injections that are given 1 month apart

✓***600 mg cabotegravir 3 ml intramuscular injection in the gluteal muscle***

✓***Initial dose, then 2nd dose 4 weeks after first dose (month 1 follow-up visit) and every 8 weeks thereafter (month 3,5,7, follow-up visits etc.)***

Common AEs include injection site reactions, headache, fever, fatigue, back pain, myalgia and rash

PrEP and Youth

PrEP = Pre-Exposure Prophylaxis of HIV with Antiretroviral Medications
PrEP reduces the risk of getting HIV from sex by about 99% when taken consistently

PrEP Coverage Among Youth in the US, 2018

PrEP is highly effective for preventing HIV from sex or injection drug use.

of young people aged 16 to 24 who could benefit from PrEP were prescribed PrEP in the US in 2018.

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Source: CDC. Selected national HIV prevention and care outcomes [slides]

US Public Health Service

PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES – 2021 UPDATE

A CLINICAL PRACTICE GUIDELINE

All sexually active adult and adolescent patients should receive information about PrEP

https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis

Katherine K. Hsu, MD, MPH, FAAP,[a,b] Natella Yurievna Rakhmanina, MD, PhD, FAAP,[c,d] Committee on Pediatric AIDS

Pediatrics (2022) 149 (1): e2021055207.

Quoted in red font when different/additional to CDC guidelines

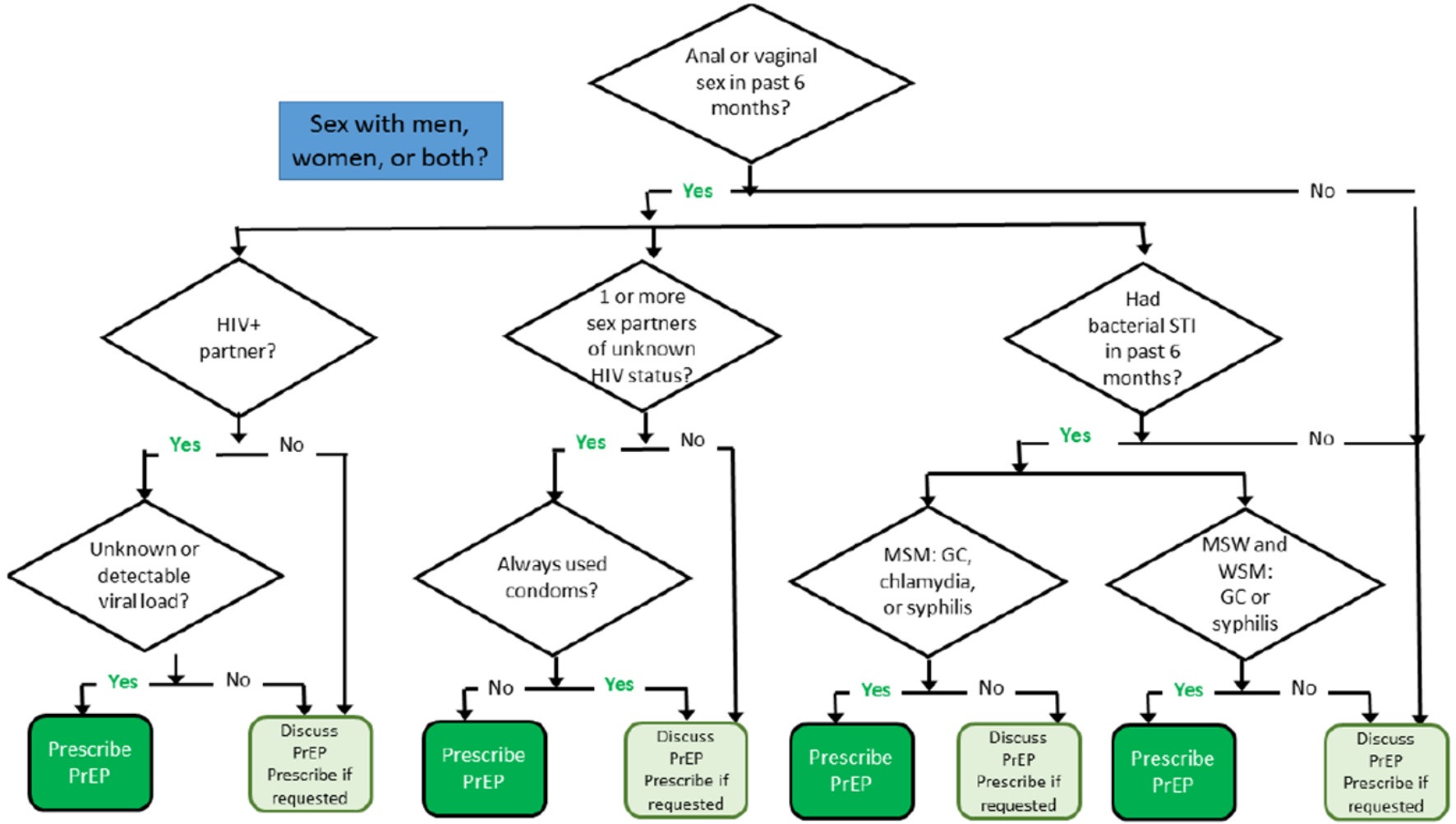
Step 1: When to Think About PrEP?

- ***Sexually active*** gay and bisexual men without HIV
- ***Sexually active*** heterosexual men and women without HIV
- ***Sexually active*** transgender persons without HIV
- Persons without HIV who ***inject drugs***
- Persons with previous non-occupational ***post-exposure prophylaxis (PEP)*** use and continued risky behavior, or multiple courses of PEP use

Step 2: Who Needs PrEP?

- Anal or vaginal sex in past 6 months **AND** any of the following:
- HIV-positive sexual partner (especially if partner has an unknown or detectable viral load)
- Bacterial STI in past 6 months
- History of inconsistent or no condom use with sexual partner(s)
- Persons who inject drugs and have HIV-positive injecting partner **OR** Sharing injection equipment
- **High HIV prevalence area and high HIV prevalence sexual network**
- **High number of sexual partners**
- **Exchanging sex for drugs or money**
- **Persons who request it**

CDC Sexual Risk Assessment Algorithm



Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2021 Update Clinical Practice Guideline

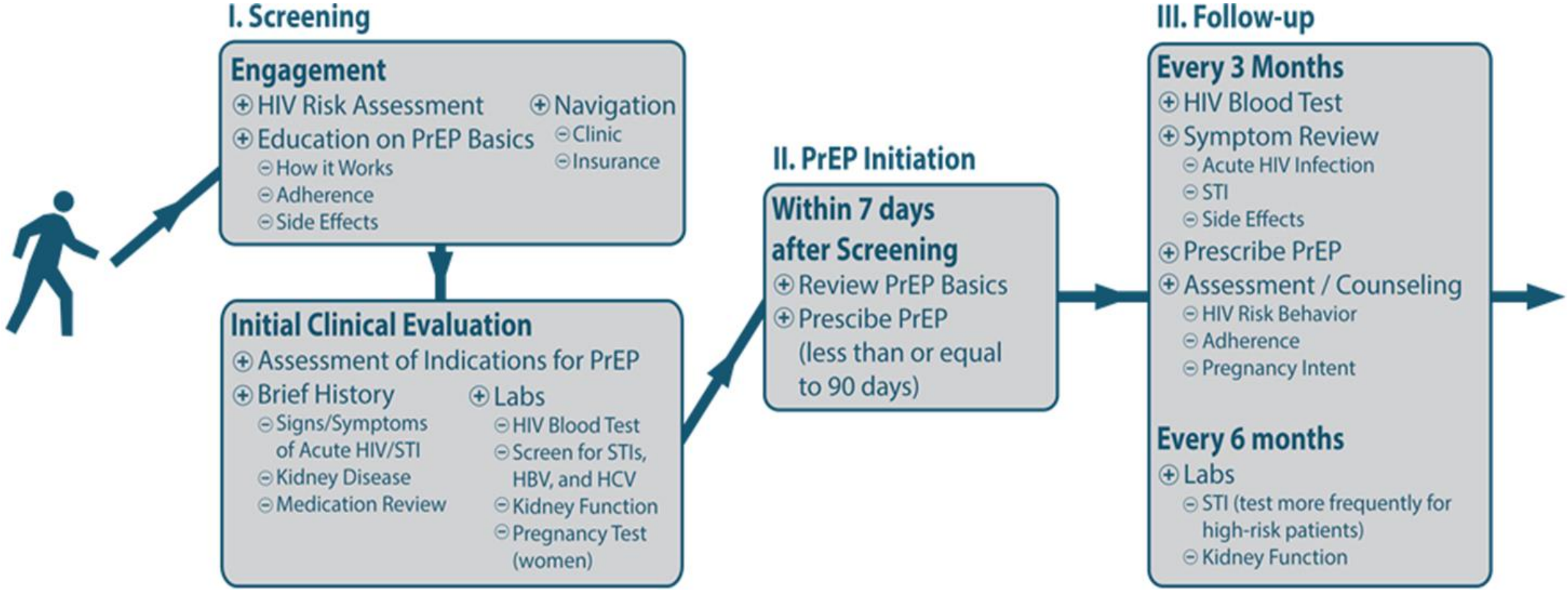
Step 3: Who is Clinically Eligible?

- Documented negative HIV Ag/Ab test result within 1 week before initially prescribing PrEP
- No signs/symptoms of acute HIV infection:
  - ✓*fever, fatigue, myalgia, skin rash, headache, pharyngitis, cervical adenopathy, arthralgia, night sweats, diarrhea*
- Estimated creatinine clearance ≥30 ml/min
- No current of future use of the contraindicated medications that can't be co-administered with PrEP (small list, important drugs include rifampin, rifapentine, rifabutin for TDF and adefovir for TDF)

F/TDF and F/TAF Safety

- **Common adverse reactions with TDF –** headache, nausea, abdominal pain, fatigue
- **Common adverse reaction with TAF** – diarrhea
- Tenofovir (especially TDF) cause decrease in renal function, which is generally reversible with discontinuation of the drug
- Higher rates of triglyceride elevation and weight gain with F/TAF vs F/TDF among MSM and transgender men prompt considerations for obesity and cardiovascular disease and lipids monitoring
- Bone health in young MSM (15-19 years) with high levels of adherence to PrEP (F/TDF) observed, may consider BMD evaluation with prolonged use

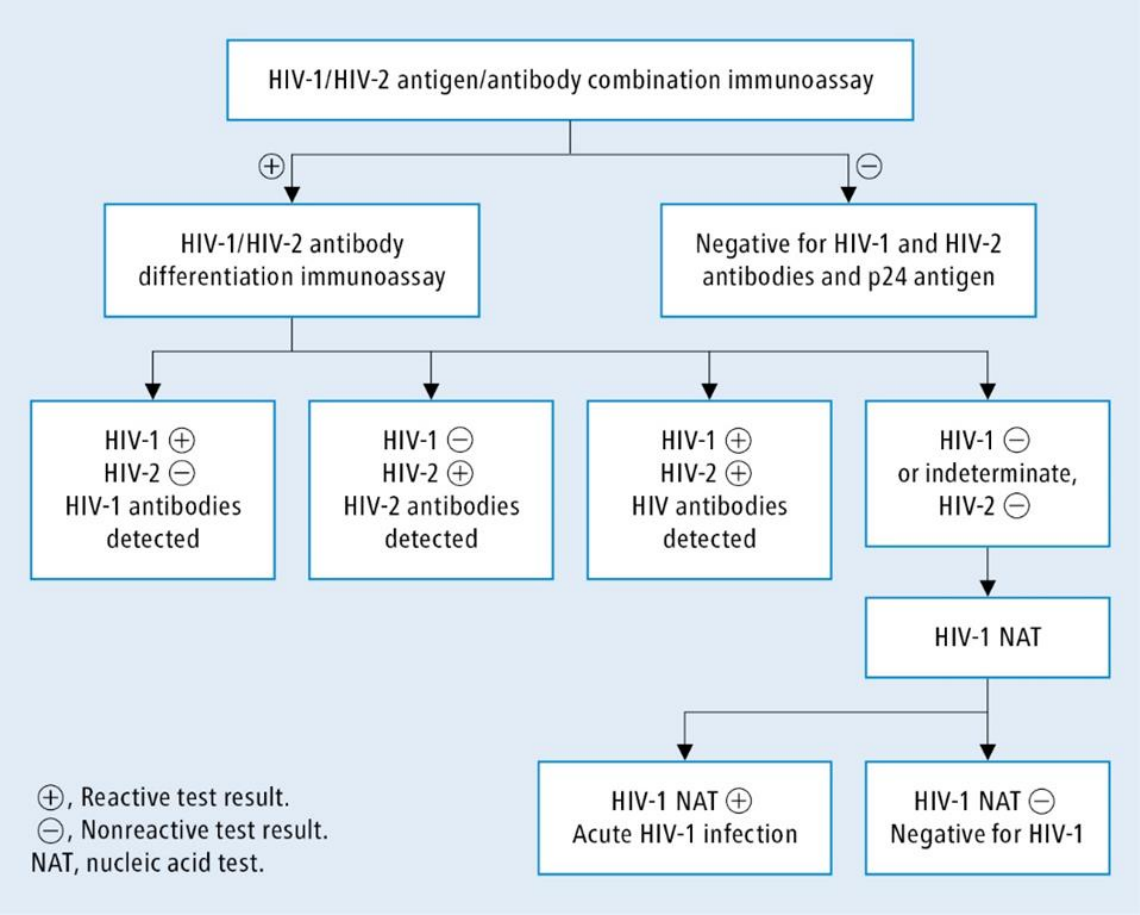
General Oral PrEP Algorithm



HIV 1/2 Ag/Ab Screen 4th generation

➢ *add HIV RNA PCR for high-risk individuals or concern for acute HIV infection*

HIV Testing Algorithm, CDC



- A **reactive HIV-1 NAT** result and **nonreactive or indeterminate HIV-1/HIV-2 AB** differentiation immunoassay result indicates laboratory evidence of **acute HIV-1 infection**
- A **negative HIV-1 NAT** result and **nonreactive or HIV-1 indeterminate AB differentiation immunoassay** result indicates an HIV-1 false-positive result on the initial immunoassay
- A **negative HIV-1 NAT result** and **repeatedly HIV-2 indeterminate** or **HIV indeterminate AB** differentiation immunoassay result should be referred for testing with a different validated **supplemental HIV-2 test (AB test or NAT)** or repeat the algorithm in 2 to 4 weeks, starting with an AG/AB immunoassay

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Source: CDC and Prevention and Association of Public Health Laboratories.2018
Quick reference guide: recommended laboratory HIV testing algorithm for serum or plasma specimens.
https://stacks.cdc.gov/view/cdc/50872

Follow Up on Oral PrEP

Follow-up visits at least every 3 months:

- HIV Ag/Ab test and HIV-1 RNA assay, medication adherence and behavioral risk reduction support
- Bacterial STI screening for MSM and transgender women who have sex with men – oral, rectal, urine, blood

Follow-up visits every 6 months

- Assess renal function for patients who have an eCrCl <90 ml/min at PrEP initiation
- Bacterial STI screening for all sexually-active patients3 – [vaginal, oral, rectal, urine- as indicated], blood

Follow-up visits every 12 months

- Assess renal function for all patients
- Chlamydia screening for heterosexually active women and men – vaginal, urine
- For patients on F/TAF, assess weight, triglyceride and cholesterol levels

STI:

✓ GC, chlamydia, and syphilis for MSM and transgender women who have sex with men

✓ GC and syphilis for heterosexual women and men

Estimated creatine clearance (eCrCl) - Cockcroft Gault formula ≥60 ml/min for F/TDF use and ≥30 ml/min for F/TAF use

Timetable for Follow Up on Oral PrEP

Test	Screening/Baseline Visit	Q 3 months	Q 6 months	Q 12 months	When stopping PrEP
HIV Test	X*	X			X*
eCrCl	X		If age ≥50 or eCrCL <90 ml/min at PrEP initiation	If age <50 and eCrCl ≥90 ml/min at PrEP initiation	X
Syphilis	X	MSM /TGW	X		MSM/TGW
Gonorrhea	X	MSM /TGW	X		MSM /TGW
Chlamydia	X	MSM /TGW	X		MSM /TGW
Lipid panel (F/TAF)	X			X	
Hep B serology	X				
Hep C serology	MSM, TGW, and PWID only			MSM,TGW, and PWID only	

Adherence Support is Crucial

Establish bidirectional communication
Provide simple explanations and education

- Medication dosage and schedule
- Management of common side effects
- Relationship of adherence to the efficacy of PrEP
- Signs and symptoms of acute HIV infection and recommended actions

Support adherence

- Tailor daily dose to patient's daily routine
- Identify reminders and devices to minimize forgetting doses
- Identify and address barriers to adherence
- Reinforce benefit relative to uncommon harms

Adherence and F/TEDF PrEP Efficacy in MSM

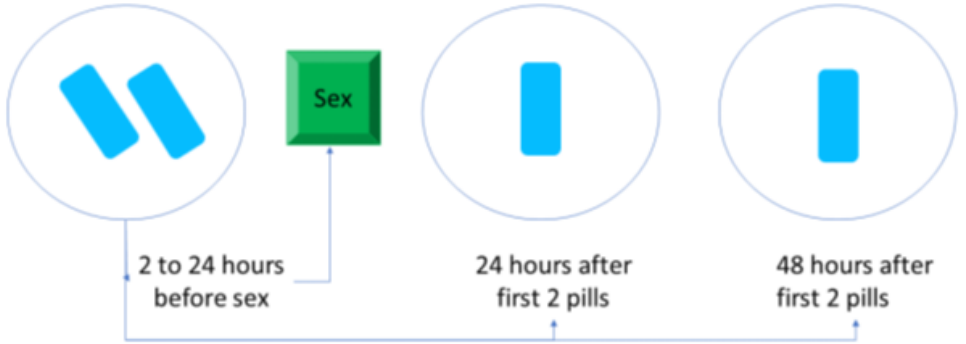
Weekly Medication Adherence Estimated by Drug Concentration	HIV Incidence per 100 person/years
None	4.2
≤2 pills/week	2.3
2-3 pills/week	0.6
≥4 pills/week	0.0

Monitor medication adherence in a non-judgmental manner

- Normalize occasional missed doses, while ensuring patient understands importance of
- daily dosing for optimal protection
- Reinforce success
- Identify factors interfering with adherence and plan with patient to address them
- Assess side effects and plan how to manage them

PrEP on Demand for MSM

- The ***"2-1-1" PrEP -*** event-driven, intermittent, or "on-demand" is a nondaily PrEP
- Oral F/TDF doses in relation to sexual intercourse events
- Not an FDA approved regimen
- Based on 2 clinical trials (IPERGAY155 and Prévenir, Canada and US) in MSM
- If prescribing "on-demand" PrEP for gay and bisexual men, provide only 30 days supply prior to the next negative HIV test



- 2 pills in the 2-24 hours before sex (closer to 24 hours preferred)
- 1 pill 24 hours after the initial two-pill dose
- 1 pill 48 hours after the initial two-pill dose

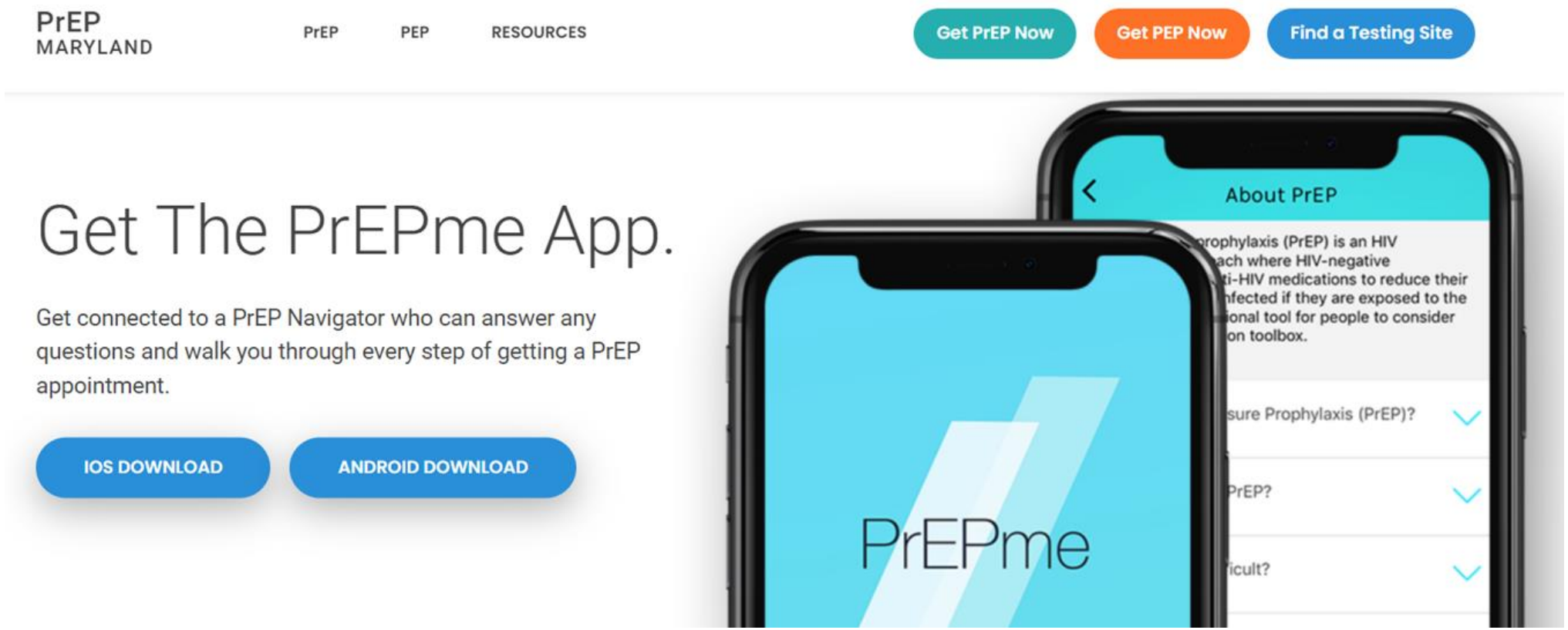
- If sex occurs on the consecutive day after completing the 2-1-1 doses, take 1 pill per day until 48 hours after the last sexual event
- If a gap of <7 days occurs between the last pill and the next sexual event, resume 1 pill daily
- If a gap of ≥7 days occurs between the last pill and next sexual event, start again with 2 pills

How Much Does PrEP cost?

- PrEP cost is a particular concern for youth
- Knowledgeable staff on PrEP insurance coverage is required
- Special Immunology Services (SIS) at CNH has expertise and has free start up PrEP packages for one week supply
- PrEP is covered by most insurances
  - Some require prior authorizations
- Several PrEP assistance programs:
  - National ***Ready, Set, PrEP program***
  - Gilead Advancing Access
  - DC PrEP DAP
  - VA PrEP DAP

Maryland PrEP Resources

https://www.prepmaryland.org/



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Youth PrEP Challenges

- Limited knowledge about PrEP
- Lack of self-perceived risk
- Need to establish and maintain medical provider relationship
- Suboptimal adherence
- Concerns for confidentiality
- Stigma among peers and with partners

Provider Challenges

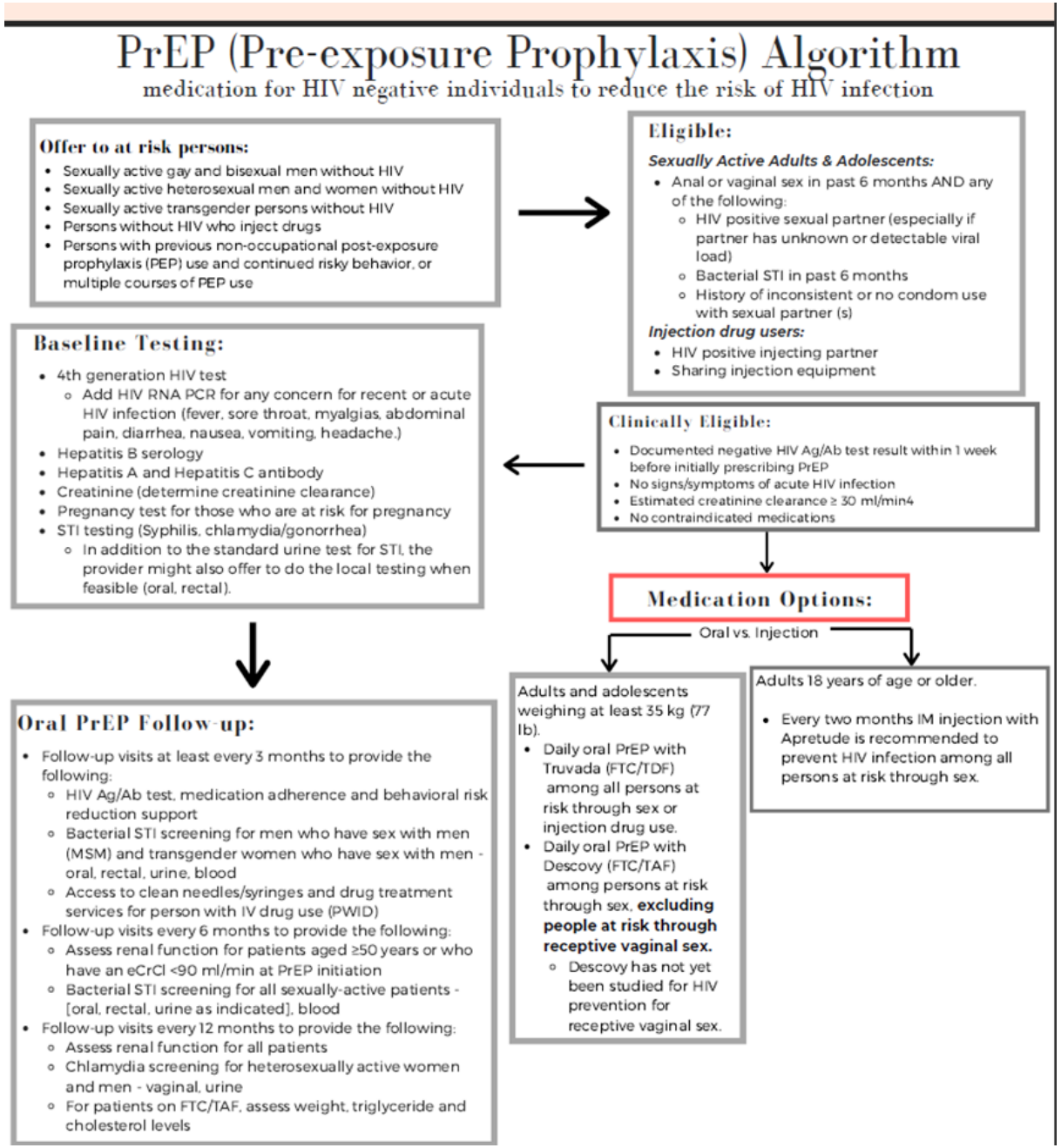
- Prophylactic medications use in youth is not a standard of care
- Discomfort and lack of dedicated time to discuss issues of sexuality and sexual behaviors
- Accepting non-adherence and self management of prescription drugs
- Need for dedicated staff to support follow up and adherence

Children's National PrEP Services

- Dedicated social workers
- Mental health services with HIV expertise (e.g., stigma)
- Peer support groups to encourage patient engagement and retention in care
- Insurance assistance programs for PrEP access plus PrEP startup packages
- Transportation assistance (including rideshare)
- In-house laboratory testing
- On-site pharmacy access at the main campus
- Meal vouchers
- Wellness packages

PrEP (Pre-exposure Prophylaxis) Algorithm

medication for HIV negative individuals to reduce the risk of HIV infection



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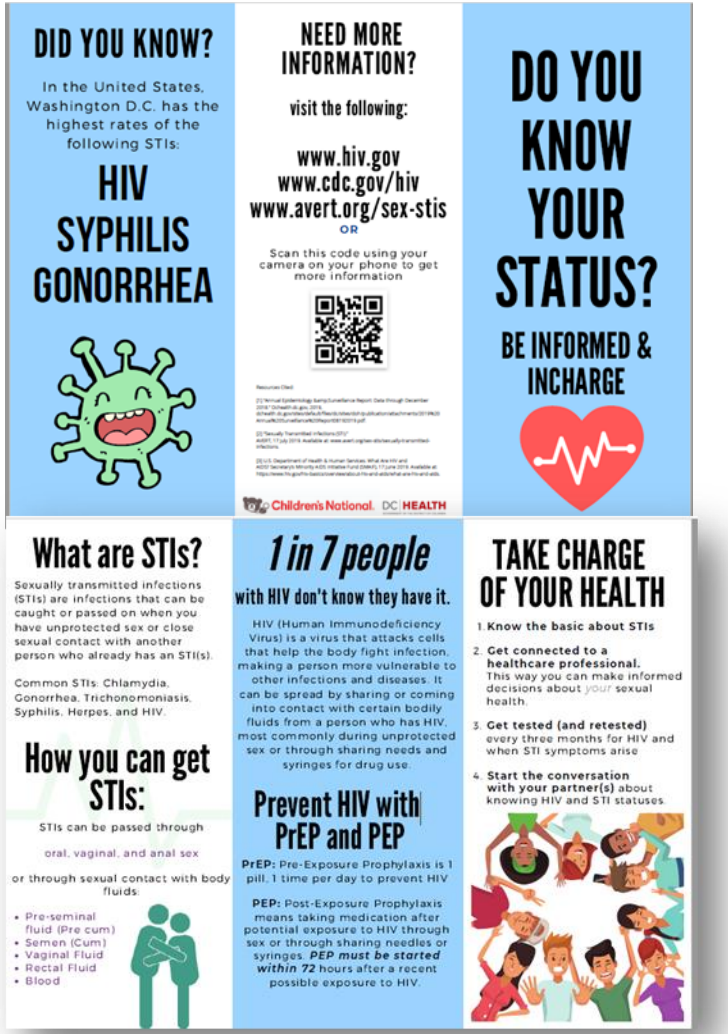
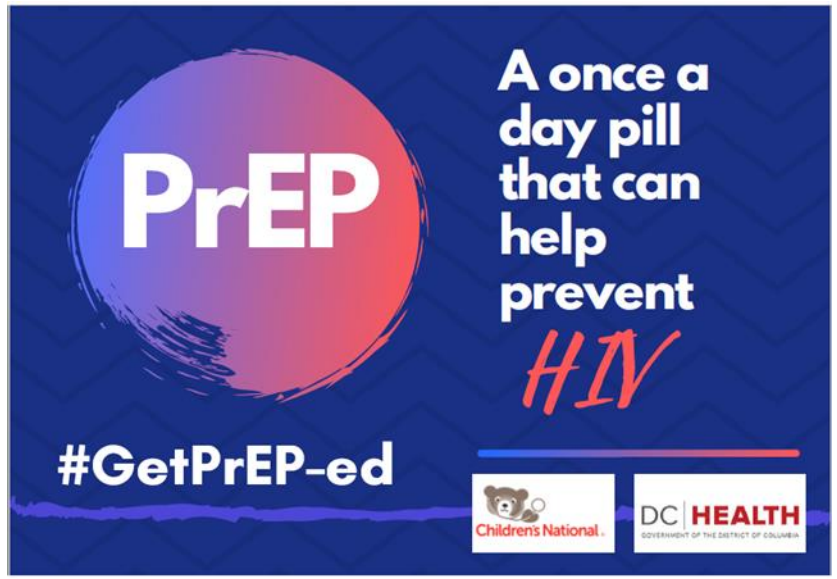
Educational Materials





Pediatric Health Network

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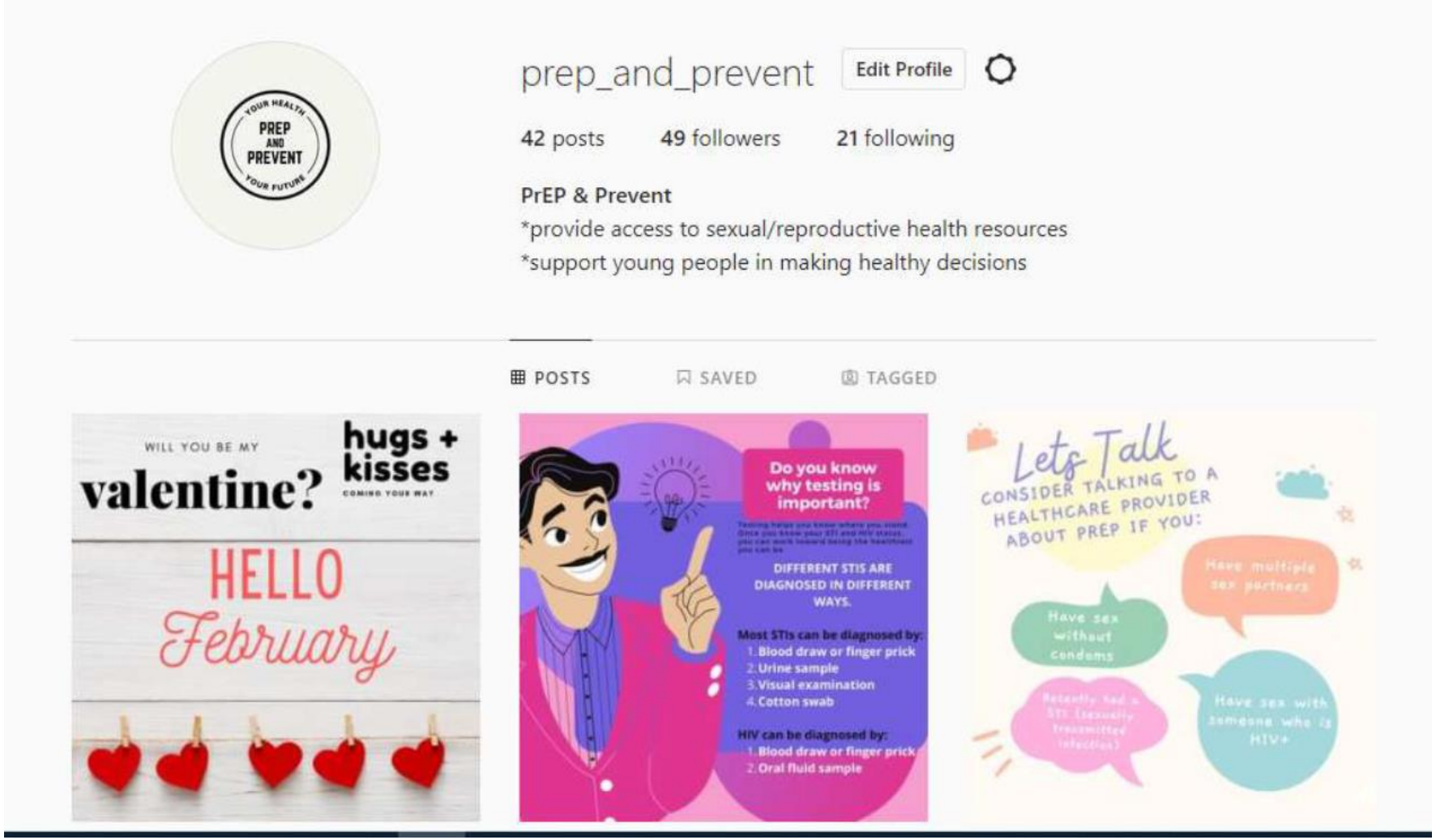
SIS Social Media Platform



Contact Information

Email: PrEPServicesSIS@childrensnational.org

- Before contacting us, ask youth - "Is it okay if someone from Children's Youth PrEP team calls to check in with you?"
- Document youth agreement for the contact
- Please include following information:
  - Patient name
  - MRN (when applicable)
  - Best mobile number for youth to reach them
  - Any special needs: adherence support, PrEP education, assistance obtaining PrEP meds and other needs

Children's Confidential PrEP Hotline: 202-476-7779

CNH is here to support you!

SIS ATTENDING ON CALL

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References

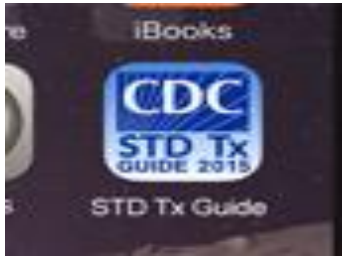
- Ending the HIV Epidemic: A Plan for America. Available at: https://files.hiv.gov/s3fs-public/ending-the-hiv-epidemic-flyer.pdf.
- Centers for Disease Control and Prevention. *CDC. Estimated HIV incidence and prevalence in the United States, 2014–2018. HIV Surveillance Supplemental Report* 2020;25(1). https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-25-1.pdf
- Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf. Published December 2021.
- PrEP. Centers for Disease Control and Prevention (CDC). https://www.cdc.gov/hiv/basics/prep/about-prep.html
- Katherine K Hsu, Natella Yurievna Rakhmanina; Committee on Pediatric AIDS, Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis. *Pediatrics* January 2022; 149 (1): e2021055207.
- Beymer MR, Holloway IW, Pulsipher C, Landovitz RJ. Current and Future PrEP Medications and Modalities: On-demand, Injectables, and Topicals. Curr HIV/AIDS Rep. 2019 Aug;16(4):349-358. PMID: 31222499.
- Molina JM, Capitant C, Spire B, Pialoux G, Cotte L, Charreau I et al. On-Demand Preexposure Prophylaxis in Men at High Risk for HIV-1 Infection. N Engl J Med 2015;373(23):2237–46.

Clinician Resources: STI Management

General CDC STI Information
https://www.cdc.gov/std/default.htm

Centers for Disease Control and Prevention. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep 2021;70(No. RR-4): 1-192.
https://www.cdc.gov/std/treatment-guidelines/toc.htm

Guide to Obtaining a Sexual History
https://www.cdc.gov/std/treatment/SexualHistory.pdf



We recommend the app once new one published.

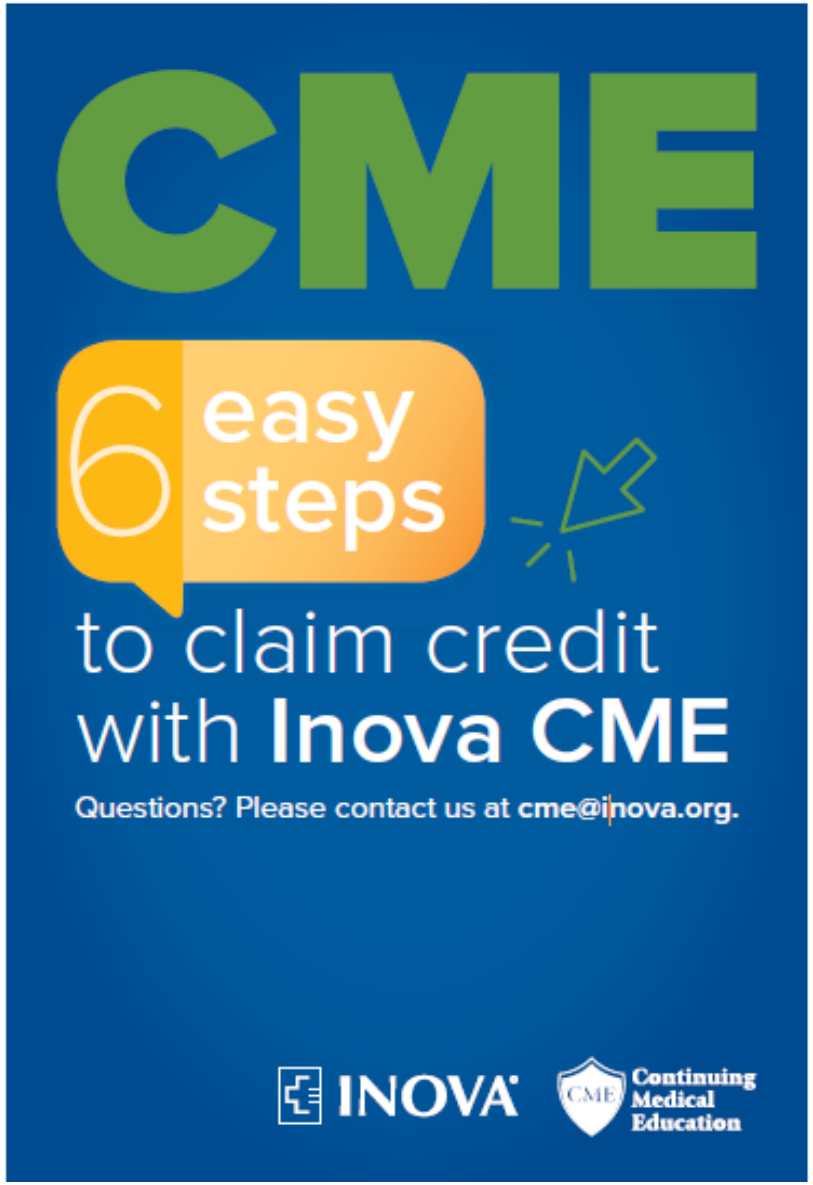
Clinician Resources: STI Management

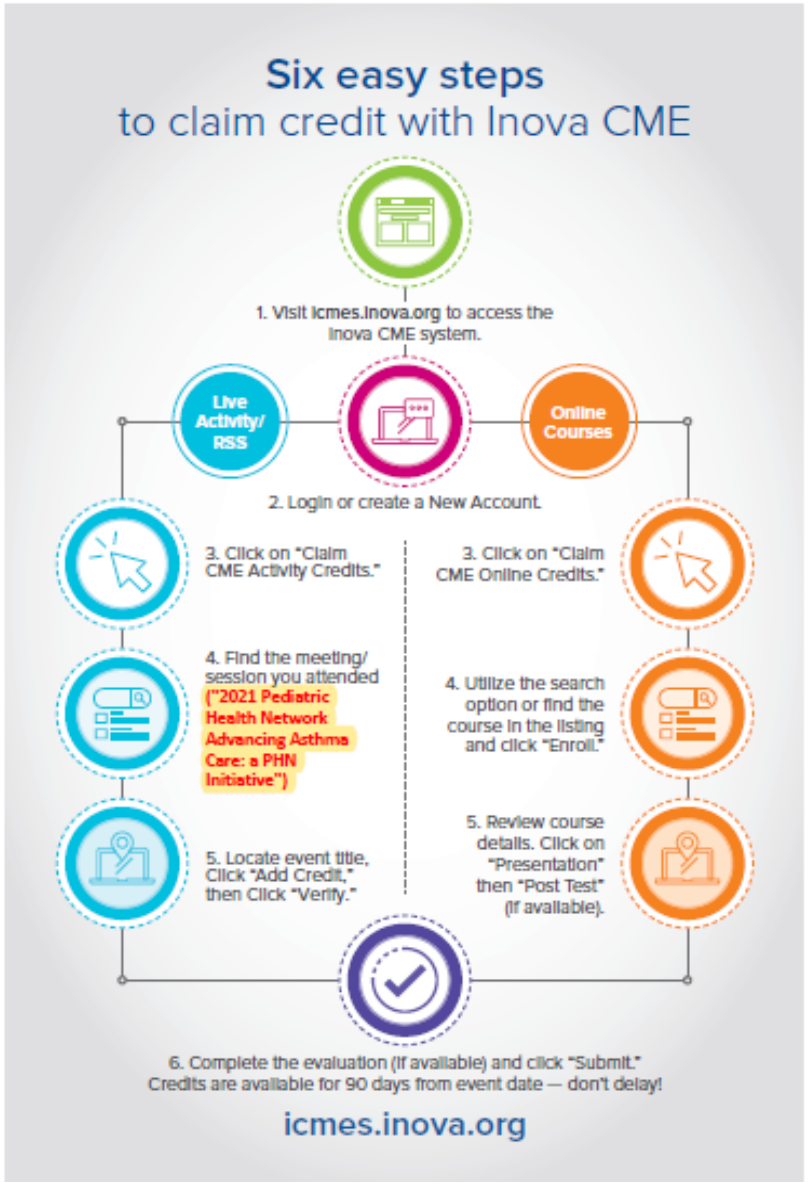
Barrow RY, Ahmed F, Bolan GA, Workowski KA. Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020. MMWR Recomm Rep 2020;68(No. RR-5):1–20. https://www.cdc.gov/mmwr/volumes/68/rr/rr6805a1.htm?s_cid=rr6805a1_w

CDC Guidance for Disruption in STD clinical services, Letter dated April 6, 2020, DHHS: https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-04062020.pdf

CDC Guidance for Shortage of STI Diagnostic Test Kits and Laboratory Supplies, Letter dated September 3, 2020, DHHS: https://www.cdc.gov/std/general/DCL-Diagnostic-Test-Shortage.pdf

CDC Guidance and Resources During Disruption of STD Clinical Services https://www.cdc.gov/std/prevention/disruptionGuidance.htm





- ✓ CME must be claimed within **90 days** of event!

Pediatric Health Network
Children's National

Coming up at PHN…

In March, PHN will launch an MOC-eligible learning collaborative focusing on Adolescent Care in the Medical Home. If you are interested in participating, please email us at **PHN@childrensnational.org**.

Thank you!

PHN@childrensnational.org