May 6, 2020

Dear Colleague:

The purpose of this letter is to update guidance and recommendations about sexually transmitted disease (STD) services provided in Minnesota during the COVID-19 pandemic. These recommendations are based on CDC guidance outlined in a letter dated April 6, 2020: Department of Health and Human Services: Dear Colleagues Letter

The Minnesota Department of Health is committed to ensuring that STD treatment is available to all residents of Minnesota. We acknowledge that STD and reproductive health care are essential health care services. During the COVID-19 pandemic, we recognize that many of our clinical partners are operating in a limited capacity. It is clear that our partners need a flexible and realistic approach that minimizes reductions in STD care and treatment.

If STD clinical services have not been disrupted, providers should continue to follow recommendations in the 2015 Sexually Transmitted Diseases Treatment Guidelines and Recommendations for Providing Quality STD Clinical Services (STD QCS). Continue to take appropriate precautions to prevent SARS-CoV-2 transmission through the appropriate use of PPE by all health care workers. Per the CDC’s standard precautions, this includes the use of a face mask, face shield (or goggles), gowns, and gloves during every patient encounter. If the patient is known or suspected to be positive for COVID-19, clinics must follow the CDC’s transmission-based precautions. In addition, all patients should wear face masks and follow social distancing guidelines. For more information, please see the following resources:

- CDC: Information for Healthcare Professionals about Coronavirus (COVID-19)
- Use of Personal Protective Equipment (PPE) When Caring for Patients With Confirmed or Suspected COVID-19
- Strategies to Optimize the Supply of PPE and Equipment
If STD clinical services have been disrupted, STD programs and clinics can consider the following options given local context of staff and resources.

▪ Prioritize patients with STD symptoms, those with known or suspected STD contact, and individuals at risk for complications;
▪ Postpone routine STD/HIV screening-only visits, as clinically appropriate;
▪ Utilize in-person care when possible for assessment and management of STDs. If this is not possible, use telemedicine visits (either video chat or a phone call) for syndromic management of male urethritis, vaginal discharge, and proctitis. Create a triage protocol to identify patients who require additional in-person evaluation;
▪ Test patients for syphilis and HIV in addition to other STDs;
▪ Continue in-person injectable treatment for syphilis for all patients, especially those who are (or can become) pregnant. MDH does not recommend the use of doxycycline for treatment of syphilis.
▪ If azithromycin is unavailable due to shortages, substitute doxycycline where appropriate.
▪ Continue to use expedited partner therapy (EPT) to treat the sex partners of patients diagnosed with chlamydia or gonorrhea infection.
▪ Expand the use of EPT to the following circumstances:
  ▪ Sexual partners of individuals who test positive for, or who are suspected to be positive for trichomoniasis;
  ▪ Sexual partners of men who have sex with other men (MSM) and/or transgender women;
▪ Encourage patients and their sexual partners to follow up with their health care provider for complete multi-site STD and HIV testing as soon as they can. This is especially important for providers serving MSM and transgender patients. For more information, see Expedited Partner Therapy (EPT) (https://www.health.state.mn.us/diseases/STDs/HIV/STDS/EPT/index.html).

Thank you for your continued commitment and dedication to the health of your patients and communities. If you have any questions please contact Christine Jones, STD, HIV & TB Section Manager, at 651-201-4038 or Christine.jones@state.mn.us.

Sincerely,

Dr. Nicholas Lehnertz
Medical Specialist
Infectious Disease Epidemiology Prevention and Control
PO Box 64975
St. Paul, MN 55164-0975
www.health.state.mn.us/std