



Department of Health

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Dear Colleague:

During the COVID-19 crisis, the New York State Department of Health (NYSDOH) asks that medical providers maintain sexual health care services to minimize patients' risk of acquiring and/or transmitting HIV and STIs during this pandemic. This letter shares the following approaches to prevent COVID-19 transmission while maintaining sexual health care.

General Guidance

- Provide services by telephone or video conference when possible
 - [Strategies for Provision of Telemedicine Services for HIV, STIs, HCV, and Drug User Health in NYS during the COVID-19 Pandemic](#), developed by the NYSDOH Clinical Education Initiative, includes practical measures and resources for telehealth encounters.
 - In New York State (NYS), services covered under a comprehensive insurance policy or contract must be covered when delivered via telemedicine.
 - Telehealth regulations have been adjusted during this time period. NYS Medicaid provides an excellent resource, "[Regarding Use of Telehealth including Telephonic Services During the COVID-19 State of Emergency](#)," that is frequently updated with current guidance on telehealth exchanges, coding and billing.
 - The American College of Physicians has developed [guidance for telehealth encounters](#) available here: <https://www.acponline.org/practice-resources/business-resources/telehealth/physician-video-visits>.
- Submit prescriptions electronically and encourage use of mail-order pharmacies
 - New York State covers a 90-day supply for most prescription and over-the-counter maintenance medications for patients on Medicaid and the AIDS Drug Assistance Program. As part of the CARES Act, the federal government has required Medicare Part D plans to provide 90-day refills to people who request them.
- Share guidance with patients about sex and COVID-19
 - Sex is a normal part of life, but people should avoid close contact – including sex – with anyone outside their trusted contacts or with anyone who feels unwell.

NYCDOH's guidance document on [enjoying sex](#) during COVID offers strategies to reduce the risk of spreading COVID-19 during sex.

HIV Testing

- Lab-only visits for assessment of HIV infection are preferred. When laboratory testing is not feasible, consider self-testing. Patients can purchase a [home test kit](#) for delivery or pick one up at a local pharmacy.

HIV Treatment

- Support patient efforts to achieve and maintain an undetectable viral load to prevent illness related to both HIV and COVID-19. Specific guidance on HIV and COVID is available from the [National Institutes of Health](#).
- Inform patients with HIV that there is no evidence that they are at greater risk of severe COVID-19 illness unless they are currently immunocompromised with low CD4 counts and off therapy. Taking HIV medications as prescribed can keep one's immune system strong and the viral load undetectable.
- Continue to offer [immediate treatment](#) to patients who have a newly reactive HIV test result or those who are previously diagnosed and treatment-naïve.
- Advise patients living with HIV to have recommended vaccinations for flu and pneumonia.
- Use telephone or video conferences to ensure continuity of care for HIV primary care, case management, and mental health and substance use services.
- Delay regimen changes to ensure proper monitoring and follow-up.
- To date, no drug has been proven to be safe and effective for treating COVID-19. Persons with HIV should not switch their ARV regimens or add HIV medications to their regimens for the purpose of preventing or treating SARS-CoV-2 infection.
- Share any barriers to providing services with insurers or government funders; many funders are relaxing some contractual obligations during the outbreak.

HIV Prevention

- HIV Emergency PEP
 - Patients in need of HIV post-exposure prophylaxis (PEP) should not go to an emergency room, which is more appropriate for people with severe illness.
 - New York State residents can initiate PEP without an emergency department or clinic visit by calling a 24/7 PEP hotline:
 - NYC residents: (844) 3-PEP NYC (844-373-7692)
 - NYS outside of NYC: (844) PEP-4NOW (844-737-4669)

- Patients are expected to follow-up with a face-to-face or telehealth exam and baseline testing as soon as possible.
- HIV PrEP
 - Reducing the number of new HIV infections remains a public health priority, and providing PrEP care is an essential health service. Clinicians should continue to ensure the availability of PrEP for patients newly initiating PrEP and patients continuing PrEP use. Discuss pausing PrEP for patients who plan to be abstinent for an extended period because of COVID-19 concerns.
 - Cisgender men who have sex with men, who are hepatitis B negative, and who are less sexually active can conserve their supply of medicines by switching to [PrEP on demand](#), using 2 TDF/FTC tablets 2 to 24 hours before sex, followed by 1 TDF/FTC tablet at 24 and 48 hours after sex. If sex occurs again during this interval, the daily dosing is continued until 48 hours after the last sexual act, effectively becoming daily PrEP as long as sex continues.
 - Quarterly HIV laboratory testing is preferred for patient safety, and laboratory-only visits for assessment of HIV infection are acceptable for PrEP monitoring. When laboratory testing is not available or feasible, consider self-testing for HIV via an oral swab-based test. Although this type of test is usually not recommended for PrEP patients due to its lower sensitivity in detecting recent HIV infection during PrEP use, clinicians could consider use of these tests when other options are not available.
 - In place of scheduled testing, ask patients about symptoms of incident HIV and STIs.
 - Delay switching PrEP regimens or scheduled in-person monitoring, with possible exceptions for patients with impaired renal function.

Other Sexually Transmitted Infections

- Minimize the need for in-person clinic visits.
- Manage patients by phone or video conference using reported symptoms or exposure. See [WHO guidance](#) on syndromic management of STIs (section 3, chapter 8, page 97).
- Treat STIs presumptively, prescribing oral medicines whenever possible.
- Treat people who are or may become pregnant and who were infected or sexually exposed to syphilis with injectable benzathine penicillin to prevent fetal infection.
- Health care providers may provide expedited partner therapy (EPT) for gonorrhea, chlamydia, and trichomonas, as [New York State law](#) now allows, using a shared clinical decision-making process with their patients. Please see NYSDOH interim guidance on provision of EPT [here](#).

The AIDS Institute is committed to maintaining access to safe and effective medical care for all New Yorkers. If you have any questions about this guidance, please contact: Marcia Kindlon FNP, Director of Clinical Programs, at Marcia.Kindlon@health.ny.gov.

Sincerely,

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Medical Director
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