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Summary of Volume 1, Issue 1

- PrEP stands for Pre-Exposure Prophylaxis, medication taken to prevent HIV
- There are two FDA approved medications for use as PrEP as daily fixed dose combination pills:
  - Emtricitabine 200mg/tenofovir disoproxil fumarate 300mg, TDF-FTC, Truvada®
    - Now available as a generic medication with no copay under most plans
  - Emtricitabine 200 mg/tenofovir alafenamide 25 mg, TAF-FTC, Descovy®
    - Descovy® is only approved for cisgender men & transgender women, not approved for cisgender women/persons engaging in receptive vaginal sex.
- PrEP is a Grade A recommendation by the USPSTF for at-risk populations for HIV prevention
- PrEP and associated medical costs can be minimal, even for uninsured patients, in Colorado
  - Colorado PHIP Program can cover medical visits, labs, STI testing/treatment
  - Gilead Advancing Access Program and Copay Coupon Card
- IDGP TelePrEP Program: virtual clinic visits with free home testing kits for Colorado residents
  - For more information: contact PrEP coordinator Amanda Ahumada at 303-724-8245

Update on HIV Incidence and Prevalence in Colorado

*Most recent HIV incidence and prevalence maps courtesy of Mary Boyd CDPHE*
The US HIV epidemic has shifted from coastal, urban settings to the South and rural areas where women, minorities, and men who have sex with men are disproportionately affected. Effective prevention and treatment are not adequately reaching those who could most benefit from them which has led to population specific trends. **Ask ALL of your patients about their sexual and substance use histories** and consider prescribing or referring for PrEP if they are at risk.

See more Colorado HIV facts below.

### New HIV Diagnoses 2020

<table>
<thead>
<tr>
<th></th>
<th>% of new diagnoses</th>
<th>% of CO’s population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>44%</td>
<td>86.9%</td>
</tr>
<tr>
<td>Hispanic/Latino/a/x</td>
<td>33%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Black</td>
<td>19%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>2%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Indigenous/Native American</td>
<td>2%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

86% male; 13% female; 1% transgender female

Compared with previous years, there may be some inconsistencies in the HIV statistics for the year 2020 due to confounding variables related to the COVID-19 pandemic.

### Late-Stage HIV at Diagnosis

(\% of new HIV diagnoses concurrent with AIDS diagnosis)

- Overall, 23 \%
- Of men 50-59 years old, 45 \%
- Of Asian/Pacific Islander, 40 \%
- Of Hispanics, 28 \%
- Of MSM, 27 \%
- Of Rural, 23 \%
- Of Black, 20 \%
- Of Women, 15 \%

### STIs On the Rise

6th consecutive year of RECORD-BREAKING STD cases

Reported new STD cases per year:

[Graph showing reported new STD cases per year from 2014 to 2019]

**Disparities in STDs persist among racial & ethnic minority groups**

While STDs are increasing across many groups, 2019 STD RATES WERE:

- 1 to 2x higher for Hispanic or Latino people
- 3 to 5x higher for American Indian or Alaska Native people and Native Hawaiian or Other Pacific Islander people
- 5 to 8x higher for African American or Black people

For more information visit [www.cdc.gov/nchhstp/newsroom](http://www.cdc.gov/nchhstp/newsroom)
Congenital Syphilis in Colorado: Guidance from the Denver Metro STI Coalition

The number of reproductive aged women diagnosed with syphilis increased over 4x from 2016-2020.

![Provider Management for the Prevention of Congenital Syphilis in Colorado](image_url)

### Clinical Guidelines for Management of Syphilis

<table>
<thead>
<tr>
<th><strong>Who</strong></th>
<th><strong>Risk Based Screening</strong></th>
<th><strong>How</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>All persons who:</td>
<td>Lives in high morbidity area</td>
<td>Presumptive diagnosis requires use of 2 serologic tests:</td>
</tr>
<tr>
<td>Are of reproductive age with risk</td>
<td>Recent history of syphilis</td>
<td>- A nonreactive test RPR or VDRL</td>
</tr>
<tr>
<td>Are at first prenatal visit</td>
<td>Living with HIV</td>
<td>- A treponemal test FTA-ABS, TP-PA,</td>
</tr>
<tr>
<td>Are at 28 weeks gestational age</td>
<td>Other STI diagnosed within the past 12 months</td>
<td></td>
</tr>
<tr>
<td>Are at high risk again at delivery</td>
<td>Illlicit substance use</td>
<td>- EIA or CTR</td>
</tr>
<tr>
<td>Deliver stillborn infants</td>
<td>Reports sex exchange</td>
<td>- Persons with a reactive nonreactive test should always receive a treponemal test to confirm the presumptive diagnosis of syphilis.</td>
</tr>
<tr>
<td>Are infants whose mother did not get screening in pregnancy</td>
<td>Multiple sex partners, or partner with other partners</td>
<td></td>
</tr>
<tr>
<td>Are infants whose mother was diagnosed in pregnancy</td>
<td>Reports sex with MSM partner</td>
<td></td>
</tr>
</tbody>
</table>

### Screen

- **Primary** + Chance
- **Secondary** + Rash and/or other signs
- **Early-Latent** NO symptoms and infection occurred within one year

### Stage

- **Benzathine penicillin G** 2.4 Million Units Intramuscularly (IM)
- **Benzeathine penicillin G** 2.4 Million Units IM every 7 days, for 3 doses (7.2 million) - In pregnancy, if any doses are late or missed, restart the entire 3-dose series
- **Aqueous penicillin G** 3.4 Million Units Intramuscularly every 4 hours for 10-14 days

### Treat

- **Pregnant Persons**
  - Clinical and serologic evaluations should be performed at 6 and 12 months after treatment of primary or secondary syphilis. Quantitative nontreponemal serologic tests should be repeated at 6, 12 and 24 months after treatment of latent syphilis.

- **Non-pregnant Persons**
  - Reports follow-up tests at 28 weeks. Perform monthly until delivery if at high risk for reoccurrence. For reoccurrence serologic response during pregnancy varies widely. Many women do not experience a florid decline by delivery. If florid increase occurs after treatment, consider evaluating for reinfection and neurosyphilis.

- **People living with HIV**
  - Monitoring is recommended at more frequent intervals. See the CDC guidelines for further information.

### Monitor

- Signs of secondary syphilis also include condylomatous foci, ulcers, and mucous patches.
- Persons can receive a diagnosis of early latent syphilis if they test positive and had no previous positive test results.
- Unexplained symptoms of lassitude, or nervous system, include headache, memory loss, or personality change.
- Neurosyphilis can occur at any stage. Patients should be assessed for evidence of central nervous system (CNS) involvement such as cognitive dysfunction, motor or sensory deficits, ophtalmologic, or auditory symptoms, cranial nerve palsies, and symptoms or signs of meningitis or stroke.
- Alternate treatment with Doxycycline is appropriate for non-pregnant patients only. For primary, secondary and early-latent, treat with oral Doxycycline 100mg twice daily x 21 days for late latent or late潜伏 diagnosis, treat with oral Doxycycline 100mg twice daily x 28 days. Benzathine penicillin G is the only acceptable treatment for pregnant patients. Pregnant patients with a confirmed positive allergy may undergo desensitization.

### Resources for Colorado Providers

- Providers must report all syphilis infections to CDPPH within 24 hours of diagnosis.
- How to report to a confidential morbidity report (CMR) to CDPPH at 303-782-5743. The CMR is available online at https://www.colorado.gov/pacific/dphe/report-a-disease.
- If you have additional questions or have questions about prior syphilis history, you may contact CDPPH Syphilis Coordinator at 303-922-2694.
- Need help with treatment adherence, access to syphilis testing/treatment or help with partner notification? Disease Intervention Specialist (DIS) can help! Call 303-922-6256.

What is *Expedited Partner Therapy* (EPT)?

- EPT allows providers to treat 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.
  - EPT is legal in Colorado and it is discussed in the [Colorado Medical Board Policies](https://www.colorado.gov/pdffiles1/MedicalBoard/CMBPolicies.pdf).
  - EPT should be used when the partner would not seek treatment on their own.
- EPT is not routinely recommended for men who have sex with men (MSM) because of high risk for coexisting infections, such as undiagnosed HIV, in their partners. Shared decision making is recommended including HIV and STI screening for partners.

**Chlamydia treatment:**

- **Doxycycline** 100 mg twice daily for 7 days *(preferred, see updated CDC STI guidelines)*
  - Non preferred alternative: Azithromycin 1000 mg once *(preferred in pregnancy)*

**Gonorrhea treatment:**

- **Ceftriaxone 500mg IM** (intramuscular injection) *(or 1gm if ≥ 150kg) per recently updated [CDC STI guidelines on gonorrhea treatment](https://www.cdc.gov/std/treatment/default.htm)*
  - All efforts should be made for the partner to get this preferred treatment.
  - If co-infection with chlamydia, add doxycycline 100mg twice daily for 7 days.
- If IM is not possible, and chlamydia is excluded, provide Cefixime 800mg orally once.
  - If co-infection with chlamydia, add doxycycline 100mg twice daily for 7 days.

**How to label the patient and partner’s prescriptions:**

1. Label the treated patient’s prescription by the patient’s own name.
2. Label the untreated partner’s prescription by the treated patient’s name immediately followed by the word “Partner.” For example, for the treated patient – “Joe Smith,” then for the untreated patient – “Joe Smith’s Partner.”
3. A separate and unique identifying number must be applied to each prescription. This just means that these should be two separate prescriptions *(i.e. not one treatment course plus a refill and not two treatment courses written as one fill).*

- If the partner has a drug allergy to the preferred medication or is on any interacting medications, he or she should consult with a healthcare provider prior to filling the prescription.
- The partner’s medication cannot be billed to the patient’s insurance. [Goodrx.com](https://www.goodrx.com) is a good resource to find discounted drug prices.
- **If you are a provider in the ED at UHealth and the partner’s medication will be filled at a UHealth pharmacy, please consult a pharmacist for the standard EPT protocol.**
- **And remember! A positive STI result in the previous 6 months is an indication for PrEP 😊**

### New Guidelines & FDA Approvals Coming Soon

- **Just released! CDC 2021 Sexually Transmitted Infection (STI) Treatment Guidelines**
  - [https://www.cdc.gov/std/treatment-guidelines/default.htm](https://www.cdc.gov/std/treatment-guidelines/default.htm)
- **Coming soon:**
  - FDA approval for Cabotegravir IM injectable for PrEP