

Sexual Health in the Time of COVID-19

Kenneth Mayer, MD

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Sexual Health in the Time of COVID-19

Kenneth Mayer, MD

Clinical Directors Network, Inc. Rounds

July 21st, 2020

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Past as prologue: Defining safer sex in the last pandemic

J Clin Epidemiol Vol. 42, No. 9, pp. 849–856, 1989
Printed in Great Britain

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INFECTIOUSNESS OF HIV BETWEEN MALE HOMOSEXUAL PARTNERS

VICTOR DEGRUTTOLA,¹ GEORGE R. SEAGE III,² KENNETH H. MAYER³
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(Received in revised form 25 January 1989)

Sexual Health in the SARS-CoV-2 Era

Jack L. Turban, MD, MHS; Alex S. Keuroghlian, MD, MPH; and Kenneth H. Mayer, MD

More than 200 000 people have died of severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2) infection, leading to widespread concern regarding physical morbidity and mortality. The sexual health implications, however, have received little focus. On the basis of existing data, it appears all forms of in-person sexual contact carry risk for viral transmission, because the virus is readily transmitted by aerosols and fomites. This has resulted in broad guidance regarding physical distancing, with substantial implications for sexual well-being. Given the important role of sexuality in most people's lives, health care providers (HCPs) should consider counseling patients on this topic whenever possible. This is an unprecedented and stressful time for HCPs; facilitating brief conversations and referrals to relevant resources (Table) can help patients maintain sexual wellness amid the pandemic.

**CURRENT EVIDENCE SUGGESTS THAT ALL
IN-PERSON SEXUAL CONTACT CARRIES
TRANSMISSION RISK**

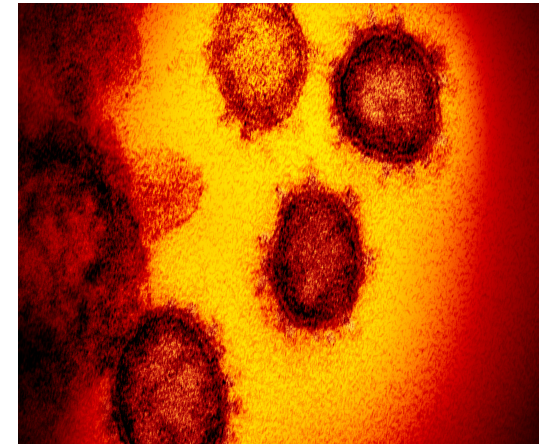
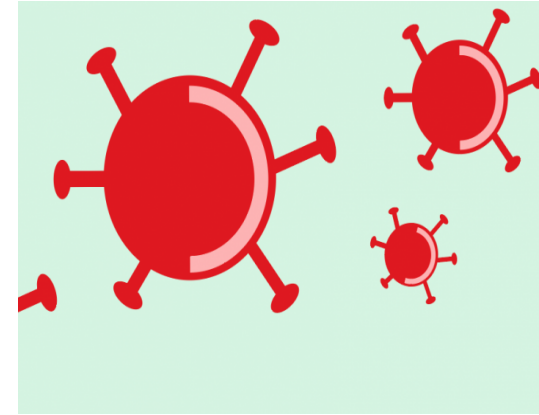
transmission owing to the virus' stability on common surfaces and propensity to propagate in the oropharynx and respiratory tract.

PSYCHOLOGICAL EFFECTS OF SEXUAL ABSTINENCE

Sexual expression is a central aspect of human health but is often neglected by HCPs. Messaging around sex being dangerous may have insidious psychological effects at a time when people are especially susceptible to mental health difficulties. Some groups, including sexual and gender minority (SGM) communities, may be particularly vulnerable to sexual stigma, given the historical trauma of other pandemics, such as AIDS. Abstinence recommendations may conjure memories of the widespread stigmatization of SGM people during the AIDS crisis. For the population at large, a recommendation of long-term sexual abstinence is unlikely to be effective, given the well-documented failures of abstinence-based public health interventions and their likelihood to promote shame (8).

SARS-CoV-2 Transmission

- SARS-CoV-2 binds and replicates in the upper airway and oropharynx
- Mainly transmitted by droplets (>5 microns), aerosols?, fomites?
- 3 studies did not find virus in semen or cervicovaginal secretions, but 1 found 3/38 semen PCR+ (Li, JAMA Netw Open)
- 1 study found virus in urine (Wang, JAMA)
- 1 study found virus in stool (Chen, Med Virol)
- BUT, the clinical significance is unclear, since PCR+ does not necessarily indicate that replication competent virus is present



Household secondary attack rate of COVID-19 and associated determinants in Guangzhou, China: a retrospective cohort study



Lancet Inf Dis, June 17, 2020

Qin-Long Jing, Ming-Jin Liu*, Zhou-Bin Zhang*, Li-Qun Fang*, Jun Yuan*, An-Ran Zhang, Natalie E Dean, Lei Luo, Meng-Meng Ma, Ira Longini, Eben Kenah, Ying Lu, Yu Ma, Neda Jalali, Zhi-Cong Yang, Yang Yang*

- Followed 195 contact groups
- Rate of transmission to close relatives was 12.4%
- Higher infectiousness during asymptomatic period
- Period of potential transmission up to 13 days
- Individuals >60 y.o. most susceptible
- $R_0 = 0.5$ (i.e. index infected 1 of every 2 contacts)
- No data about per contact risk

Sexual Health Counseling in the COVID-19 Era

- Basic principle: sexual expression is central for health
- Any direct contact has the potential to transmit infection
- So, counseling needs to focus on sexual harm reduction, i.e. enabling the patient to understand risks and benefits and to develop strategies to mitigate risks while addressing personal needs.
- Messages that sex is bad may be perceived as stigmatizing, particularly for sexual and gender minority people
- Abstinence over extended periods for sexually active people may not be realistic



Lowest Risk: Abstinence and Masturbation

- Abstinence is lowest risk, but not sustainable for many
- Masturbation also low risk
- Planned Parenthood provides helpful tips on dedicated site:
www.plannedparenthood.org/learn/sex-pleasure-and-sexual-dysfunction/masturbation



Sex and the Internet



- Proliferation of videochat/pornography vs. meeting in person
- Patients should be counseled on the risk for screenshots of conversations or videos and sexual extortion
- Patients should be counseled on potential legal consequences if they are in possession of sexual images of minors
- Minors should be counseled on the risks for online sexual predation, which has increased since the pandemic began
- Speaking with children about sexual risk online (Scientific American): <https://www.scientificamerican.com/article/the-coronavirus-pandemic-puts-children-at-risk-of-online-sexual-exploitation/>

Considerations with sex partners

- Even with monogamous partners, their social distancing and masking outside of the pod is relevant
- Substantial SARS-CoV-2 transmission with asx/pre-sx partners
- Risk reduction
 - monogamy
 - limiting number of partners
 - masking, avoiding kissing
 - avoid contact with other bodily fluids
 - showering before and after sex
 - careful environmental cleaning
- Provide useful resources



All New Yorkers should stay home as much as possible and minimize contact with others to reduce the spread of COVID-19.

Sex is a normal part of life and should always be with the consent of all parties. This document offers strategies to reduce the risk of spreading COVID-19 during sex. Decisions about sex and sexuality need to be balanced with personal and public health. During this extended public health emergency, people will and should have sex. Consider using harm reduction strategies to reduce the risk to yourself, your partners, and our community.

But can you have sex?

Yes! Here are some tips for how to enjoy safer sex and reduce the risk of spreading COVID-19.

1. Know how COVID-19 spreads.

- **You can get COVID-19 from a person who has it.**
 - The virus spreads through particles in the saliva, mucus or breath of people with COVID-19, even from people who do not have symptoms.
- **We still have a lot to learn about COVID-19 and sex.**
 - The virus has been found in the semen and feces (poop) of people with COVID-19.
 - We do not know if COVID-19 can be spread through vaginal or anal sex.
 - We know that other coronaviruses do not easily spread through sex. This means sex is not likely a common way that COVID-19 spreads.

2. Have sex only with people close to you.

- **You are your safest sex partner.** Masturbation will not spread COVID-19, especially if you wash your hands (and any sex toys) with soap and water for at least 20 seconds before and after sex.
- **The next safest partner is someone you live with.** Having close contact — including sex — with only a small circle of people helps prevent spreading COVID-19.
 - Have sex **only** with **consenting partners**.
 - To learn more about consent, visit on.nyc.gov/consent.
- **You should limit close contact — including sex — with anyone outside your household.**

If you do have sex with others outside of your household, have as few partners as possible and pick partners you trust. Talk about COVID-19 risk factors, just as you would discuss PrEP, condoms, and other safer sex topics. Ask them about COVID-19 **before** you hook up.

 - **Do they have symptoms or have they had symptoms in the last 14 days?** Most people with COVID-19 have symptoms, but asymptomatic spread is possible. Fever, cough, sore throat, and shortness of breath are symptoms to ask about. Note that asking about symptoms is not a perfect way to know whether someone has COVID-19.
 - **Have they been diagnosed with COVID-19 using a nasal swab or saliva test?** People who have recovered from COVID-19 at least 10 days from the day their symptoms started and who have not had fever for at least three days are likely no longer infectious.

Many city and state health authorities have provided some guidance on these issues



SEX *in the time of* COVID-19



Practice these tips for sexual health to keep you safe during COVID-19.



You are your safest sex partner
Masturbate, use toys. Take this time to find out what makes you feel good.

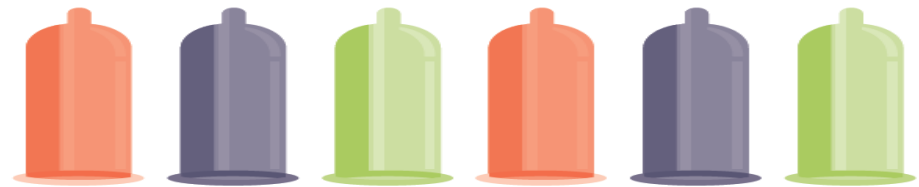
Get off while maintaining your distance

The phone, sexting and web chat platforms can be ways to connect socially and sexually without exchanging fluids.



Selective kissing

Kissing can easily pass COVID-19. Avoid kissing anyone who is not part of your small circle of close contacts.



Use condoms

Condoms and dental dams can reduce contact with saliva or feces, especially during oral or anal sex.

Press pause

Rimming (mouth on anus) might spread COVID-19. Virus in feces may enter your mouth.



Wash your hands

Washing up before and after sex is more important than ever. Wash hands often with soap and water for at least 20 seconds.



an Oregon Health Authority and community initiative
Learn more about HIV testing at [EndHIVOregon.org](https://endhivoregon.org)

Sexual Health

IN THE TIME OF COVID-19

1

F* YOURSELF**

Masturbation is going to be your best friend in these next few months. Go wild, have fun, and don't be afraid to explore some new techniques.

2

PUT IT ALL OUT THERE

You and your partners should always communicate and know the associated risks before making the informed decision to jump into bed together.

3

SAFER SEX IS STILL SEXY

All the safer sex practices used prior to the COVID-19 pandemic still hold – make sure you're stocked up on condoms, ARVs, PrEP, and lube!

FOR MORE INFORMATION VISIT

www.mpactglobal.org

Impact of COVID-19 on Sexual Behavior in MSM

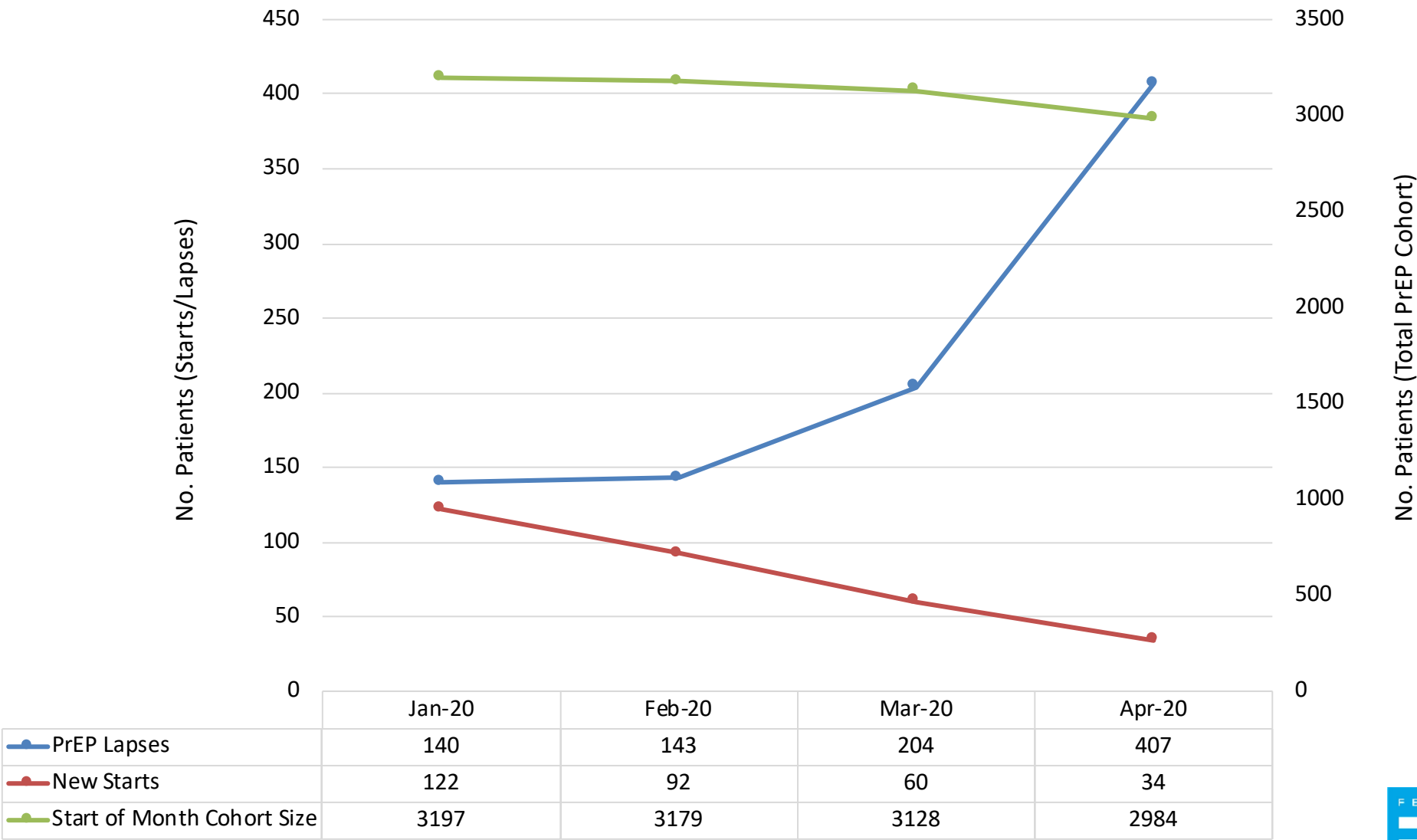
- National on-line survey 2 weeks in April, 2020
- 1,051 respondents in AMIS cohort (Sanchez, AIDS and Behav)
- 51% ↓ sex; 48% stayed the same; 9% ↑.
- 68% found fewer opportunities for sex; 27% thought it was the same, and 4% found more.
- 1/10 reported reported ↑ drug use and 25% ↑ alcohol
- Younger MSM (15-24) were more likely to report more app, alcohol and drug use, and less access to condoms



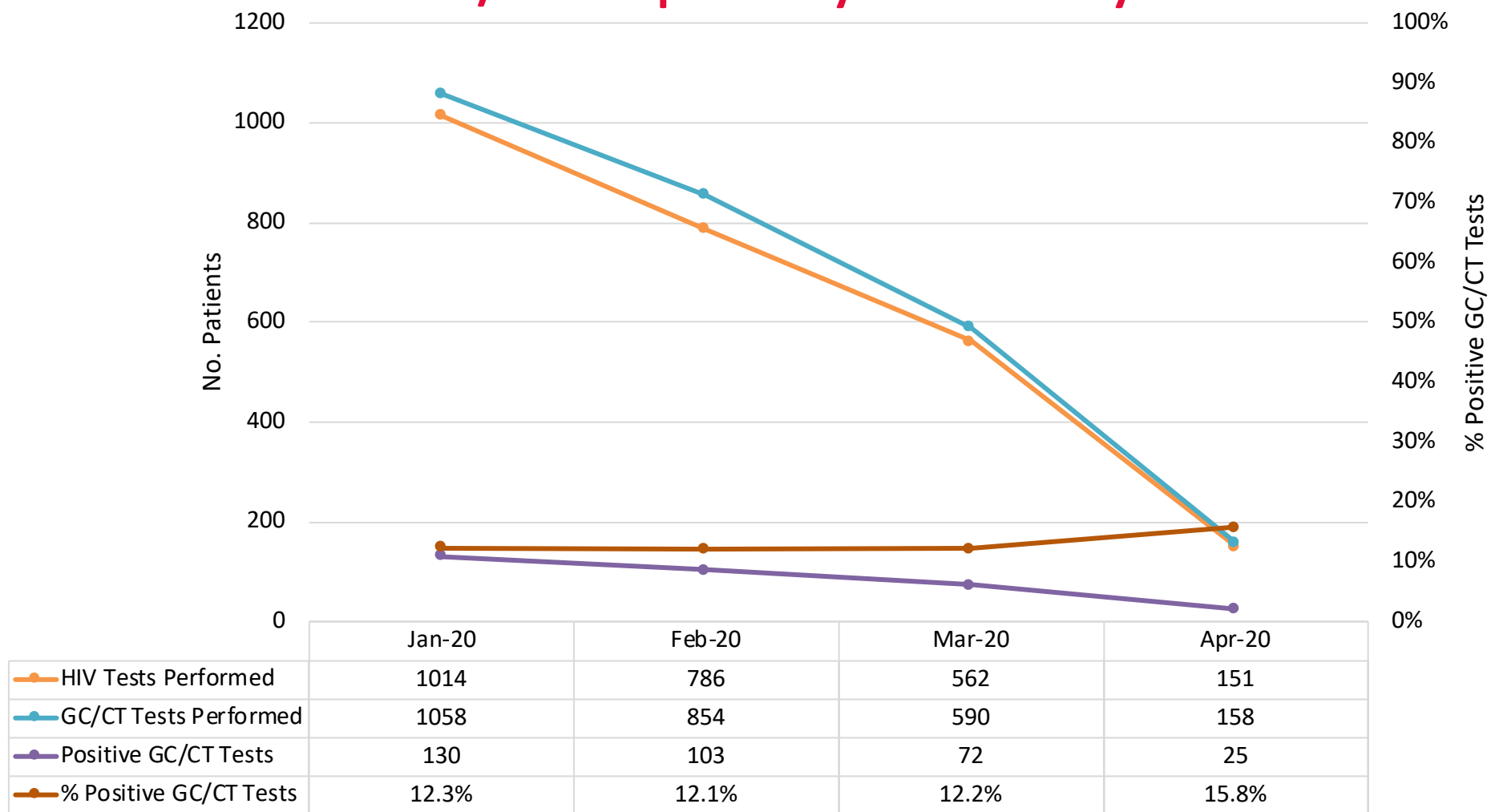
Pandemics are dynamic
July 4th Party, Fire Island, NY



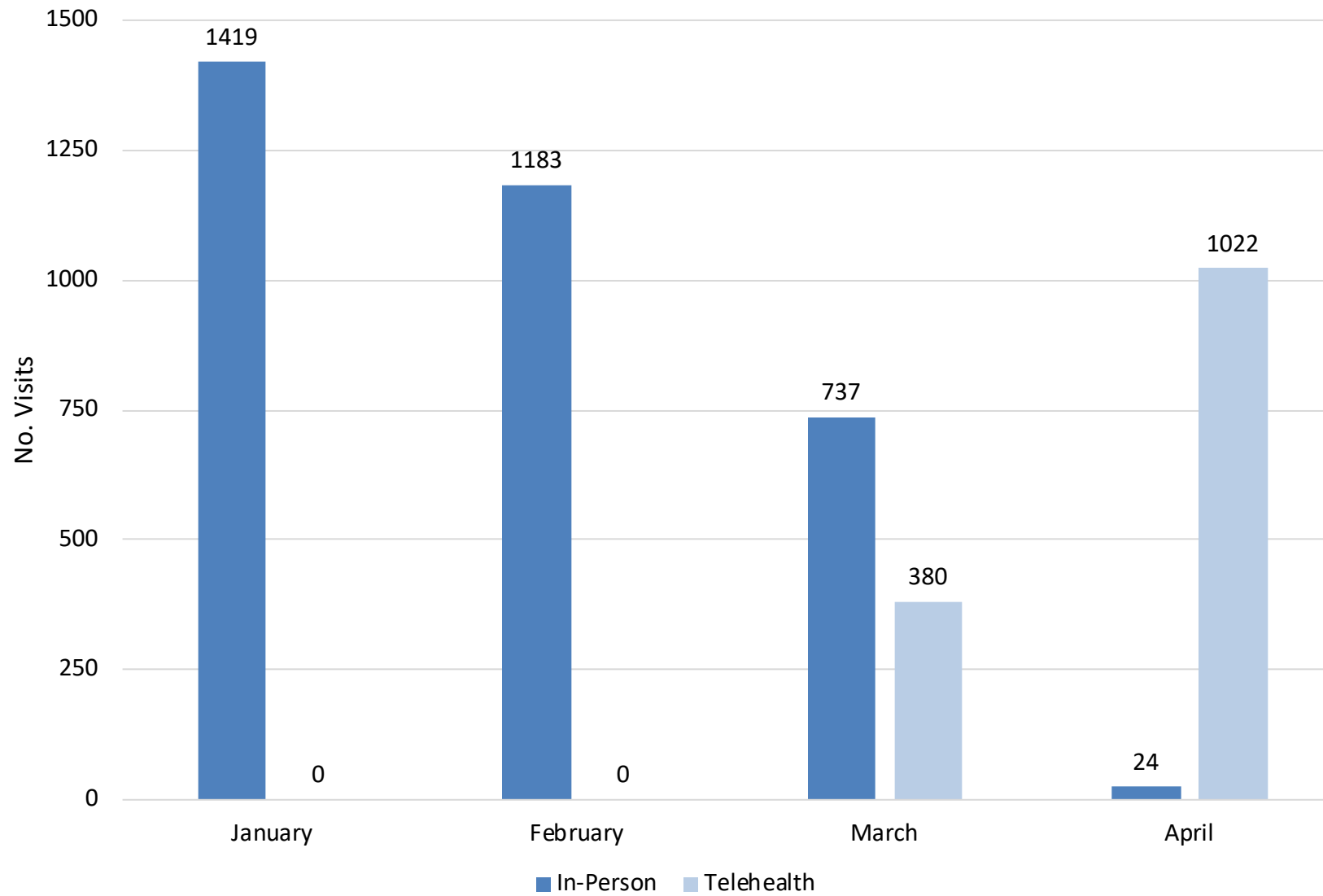
N of patients with an active PrEP prescription decreased by 18%
N of PrEP refill lapses increased by 191%; PrEP starts decreased by 72%



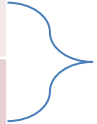


HIV, GC and CT Testing Decreased by 85.1%, but GC/CT test positivity increased by 3.5 %



A major shift from in-person visits to telehealth occurred



PrEP refill lapses were associated with age, race, and ethnicity

	Refill lapse (N = 407) n (%)	Active prescription (N = 2611) n (%)	% Lapse	
Age, yrs				
≤ 26	87 (21.3)	395 (15.1)	18.0	 p=0.001
27+	320 (78.6)	2216 (84.8)	12.6	
Race				
White	275 (67.2)	1943 (74.4)	12.4	 p=0.001
Black/African-American	25 (6.1)	151 (5.8)	14.2	
Asian	26 (6.4)	155 (5.9)	14.4	
AI/AN + Other	33 (8.1)	205 (7.9)	13.9	
Multiracial	25 (6.1)	91 (3.5)	21.6	
Unknown/Not Reported	23 (5.6)	66 (2.5)	25.8	
Ethnicity				
Hispanic	68 (16.7)	324 (12.4)	17.3	 p=0.04
Non-Hispanic	301 (74.0)	2060 (78.9)	12.7	
Unknown/Not Reported	38 (9.3)	227 (8.7)	14.3	

AI/AN = American Indian, Alaska Native



PrEP refill lapses were also associated with insurance type

	Refill lapse (N=407) n (%)	Active prescription (N=2611) n (%)	% Lapse	
Gender Identity				
Cisgender Male	376 (91.9)	2416 (92.5)	13.5	p=0.21
Cisgender Female	3 (0.7)	18 (0.7)	14.3	
Transgender or Genderqueer	22 (5.4)	102 (3.9)	17.7	
Unknown/Not Reported	6 (1.5)	75 (2.9)	7.4	
Type of Insurance				
Public	71 (17.4)	294 (11.3)	19.5	p=0.002
Private	331 (81.4)	2286 (87.6)	12.6	
Uninsured/Other	5 (1.2)	31 (1.2)	13.9	

Providing tailored, appropriate care

Home care system for PrEP could reduce clinician visits from 4/year to 1/year

<https://vimeo.com/138977095>



Participant Test Summary Form **PrEP@ Home**

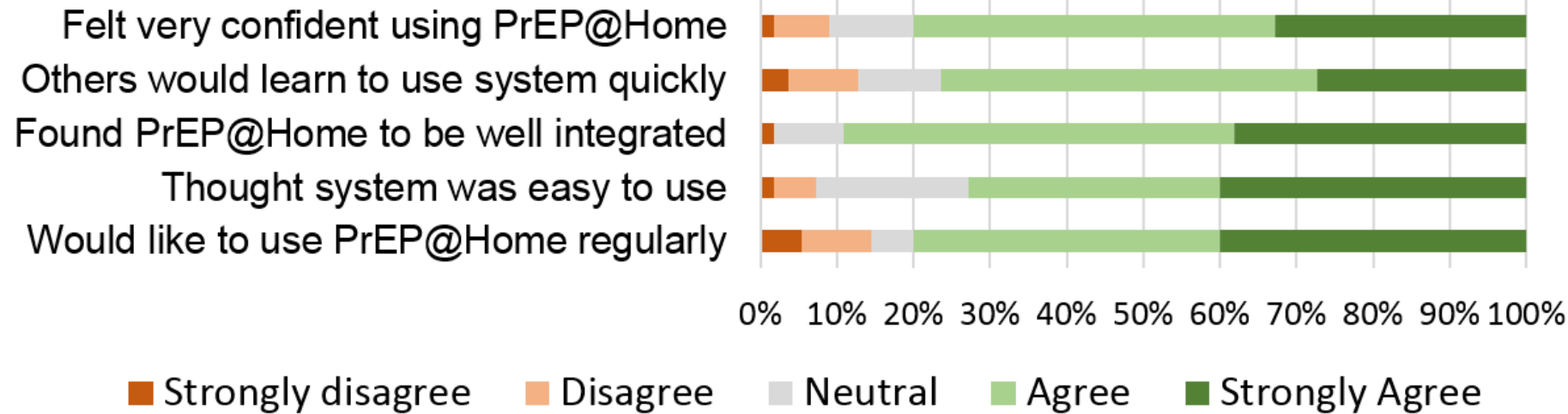
Participant Information			
Participant Name	Doe John E	Optimal	
Participant Initials	D J E	Date Specimens Collected	6/13/2016
		Date Specimens Tested	6/17/2016
Section 1: HIV Testing			
HIV	Oraquick	Optimal	Interpretation: Non-Reactive HIV test
Section 2: Symptomatic Screening for Acute HIV			
Fever, Swollen Glands, Sore Throat, Muscle and Joints Aches and Pains,	Optimal	Interpretation: No Acute HIV symptoms	

5. Results report to clinician



Siegler AJ, Mayer KH, Liu AY, Patel RR, Ahlschlager LM, Kraft CS, et al. Developing and assessing the feasibility of a home-based PrEP monitoring and support program. Clinical infectious diseases : an official publication of the Infectious Diseases Society of America. 2018;Jul 4.

Pilot results: Usability



87% indicated they would like to use PrEP@Home in place of their next in-person clinical visit

40% would have a greater likelihood of remaining on PrEP if PrEP@Home was available

Next step: RCT (NIMH: R01MH114692, PI Siegler and Mayer) to determine retention in care and cost-effectiveness.

Examples of Remote Collection and Monitoring

- Molecular Testing Labs can ship to all US states apart from NY, NJ, and RI
- Nurx (www.nurx.com) provides remote sexual health care

PrEP Related Assays

- HIV
- Creatinine
- HBV
- HCV
- Syphilis
- TFV-dp
- 3-site Chlamydia
- 3-site Gonorrhea

Collection Methods

- Dried Blood Spot (DBS)
- Blood Microtainer
- Serum Separator Card
- Wet Urine
- Saliva
- Buccal Swab
- 3 Site Collection for STIs

Other Capabilities

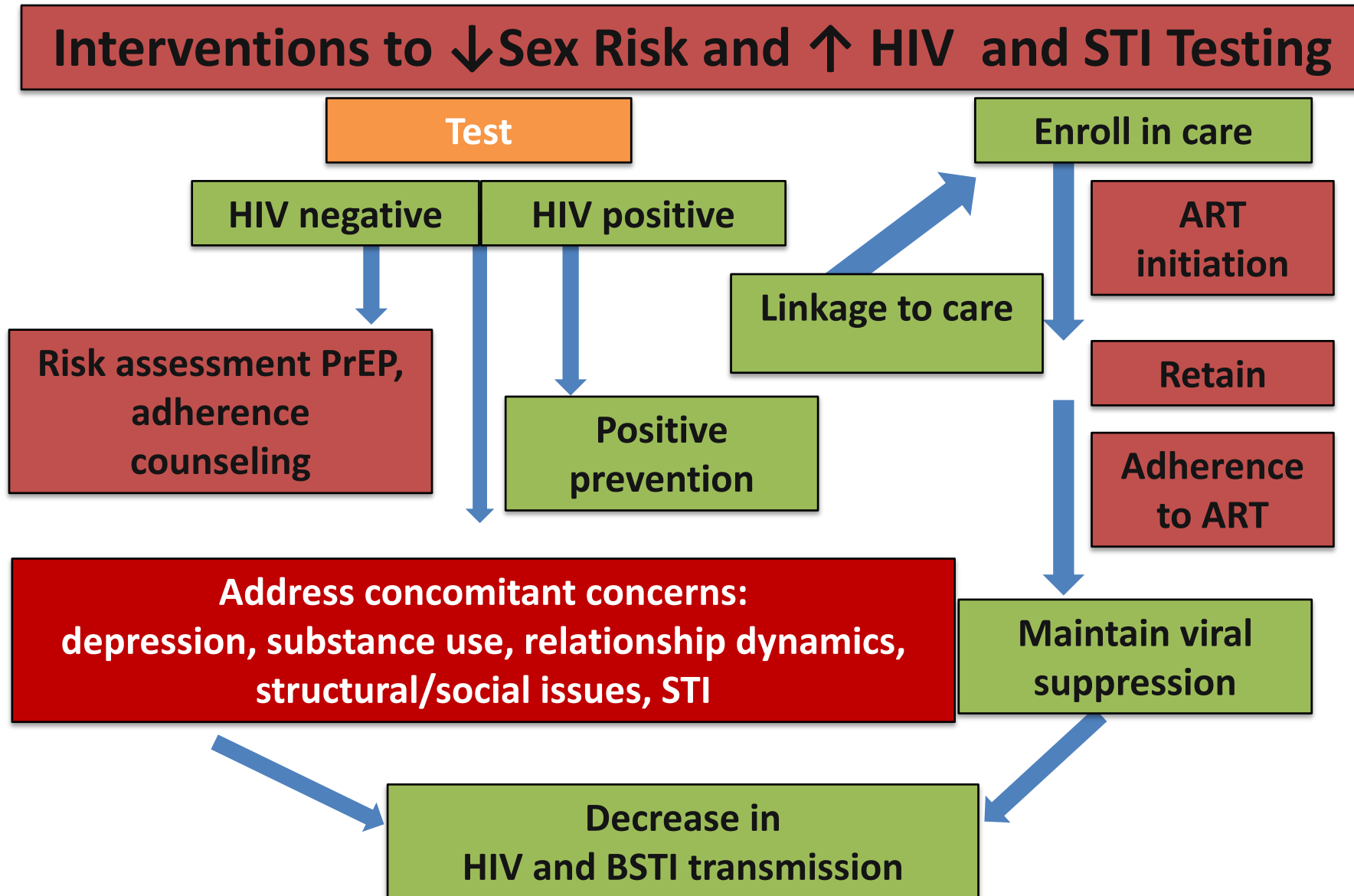
- Cholesterol & Lipids
- Thyroid Panel
- Testosterone
- AMH
- Gluten / Celiac
- HbA1C
- Flu Panel / COVID-19
- IDCompare

FOR MORE INFO CONTACT:

Brad Thorson, Public Health Partner

BThorson@MolecularTestingLabs.com

Need to think holistically



Acknowledgements

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<https://www.lgbthealtheducation.org/resources/in/pre-exposure-prophylaxis/>



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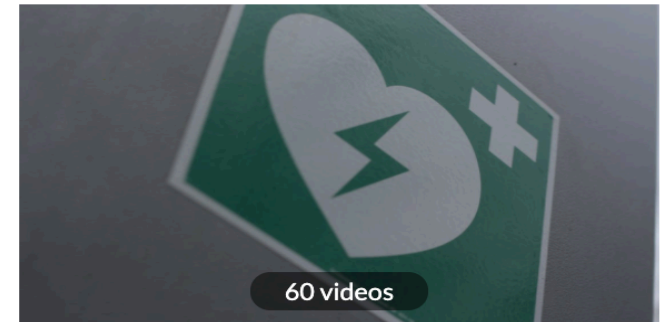
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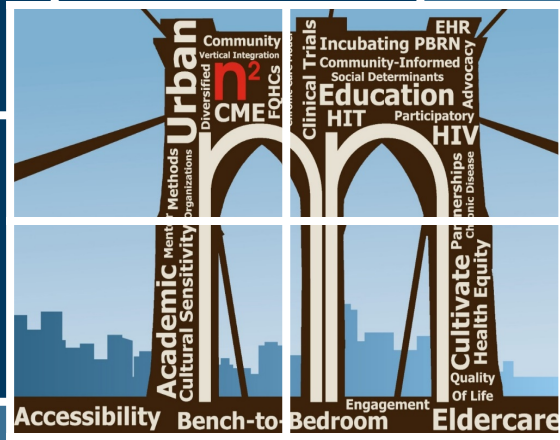
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