**POLICY: RAPID SYPHILIS TESTING AND IMMEDIATE TREATMENT FOR HIGH-RISK PATIENTS**

**Purpose:**

The immediate goal of screening for any sexually transmitted infection (STI) is to identify and treat infected persons before they develop complications and to identify, test, and treat their sex partners to prevent transmission and reinfections. Rapid syphilis testing is used to identify probable syphilis cases in high-risk individuals in order to provide immediate treatment.

**POLICY:**

* The Registered Nurse (RN) or Licensed Practical Nurse (LPN) or Public Health Nurse (PHN) may order the following tests as standing orders for patient screening:
  + Rapid syphilis test
  + RPR
* Orders are to be entered into EHR per policy
* The order shall be authenticated by the appropriate provider within 24 hours
* If the rapid syphilis test is positive, the patient will be treated per the most current Centers for Disease Control and Prevention (CDC) guidelines
* Other STI testing (Neisseria gonorrhea and Chlamydia trachomatis (GC and CT), Syphilis (RPR with confirmatory), Human Immunodeficiency Virus (HIV), Hepatitis C and Hepatitis B) should also be drawn if possible at the same time

**Includes:**

* Any person not previously diagnosed with syphilis and any one of the following:
  + Is pregnant and presents to care for any reason
  + Receives a positive pregnancy test
  + Is incarcerated
  + Is homeless
  + Is otherwise determined to be high risk for poor outcomes from syphilis and is unlikely or unable to attend a follow-up appointment for treatment

**Procedures:**

# Serum Test for Syphilis:

* 1. RN or LPN to provide basic educational information to the patient
  2. RN or LPN shall place order for one or more of the following serum tests per policy and obtain specimens:
     1. Rapid Syphilis
     2. RPR
  3. The order shall be authenticated by the appropriate provider within 24 hours

# Screening

* 1. Ask all patients if they are or have been sexually active
     1. All persons sexually active should be offered routine STI screening per policy
     2. Provide STI education and if given, enter education into EHR
     3. Provide access information for minors at risk for STIs
     4. Provide opportunity to discuss family planning services
     5. Offer condoms and lube
  2. The nurse may initiate rapid syphilis testing based on the criteria above or if determined to be clinically necessary.
  3. Ask all patients if they have ever been tested for syphilis before. If yes, ask them when the last test was and the result or retrieve and document from EHR.
     1. If the patient has tested positive for syphilis previously, they are not eligible for rapid testing and should be offered standard STI testing per policy, as the treponemal antibody will likely result positive regardless of treatment status
  4. Ask all patients if they have had any signs or symptoms of syphilis. If yes, document which sign or symptom and when it was noticed by the patient and obtain RPR and provide treatment:
     1. One or more firm, round, small, painless lesion (chancre), especially in the genital area
     2. Any rash, especially one that appeared on the palms of hands or soles of feet
     3. Any wart-like lesion in the genital area (condyloma lata)
     4. Any unexplained period of fatigue, lymphadenopathy
  5. Refer any concerns to provider

# TREATMENT of patients with positive syphilis results, symptoms consistent with syphilis or contacts of confirmed syphilis cases:

* 1. Patient to be treated based upon the current Center for Disease Control (CDC) Guidelines
     1. Screen for penicillin allergy
     2. If no penicillin allergy, administer Benzathin Penicillin 2.4 million units IM (x1 for primary, secondary or early latent syphilis, x3 weekly for late latent or syphilis of unknown duration)
     3. If penicillin allergy, refer to provider for appropriate treatment.
  2. If patient is pregnant, schedule follow-up appointment with prenatal provider within 1 week. For non-pregnant patients, schedule follow-up with PCP within 1 week. PCP will determine if further treatment is needed.
  3. Patient needs to complete the contact sheet of the sexual partner/partners for the State Health Department (DOH STD Case Report Form)

1. Contacts need to be screened and/or treated
   1. The patient presenting for treatment and expedited partner therapy (EPT) completes the DOH STD Case Report Form.
      1. If the contact has a chart at the facility, the provider will order the appropriate medication under that patient's name/chart number. Allergies will be verified by the provider and through chart review. Medications may be dispensed in the clinic or ordered through pharmacy.
      2. If the contact is non-Native or does not have a chart at the facility, the medication will be ordered under the initial patient's chart, documenting the contact's name and date of birth and if possible any allergies. Medications may be dispensed in the clinic or ordered through pharmacy. (Per IHS Manual 2-1.2.B (4))

https://www.ihs.gov/ihm/pc/part-2/p2c1/

1. Fax the completed contact sheet to the appropriate Department of Health
2. Offer additional STI testing as indicated above
3. Consider generating urine HCG
4. Remind patients to abstain from sexual activity for a minimum of 7 days post treatment
5. Refer to “Medications for Treatment of Sexually transmitted infections” – Standing Orders Policy

**References:**

* Sexually Transmitted Diseases Treatment Guidelines, 2021, Centers for Disease Control and Infection