

Indian Health Service

Syphilis Response: Best Practices

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DATE 7/27/23



Rapid/Point-of-Care Testing

Health Check:

Rapid syphilis test (10 minute results)

Treponemal antibody test

[Diagnostics Direct VSC-11-01 - McKesson Medical-Surgical](#)



Rapid/Point-of-Care Testing

Chembio: Dual rapid HIV-Syphilis test (15 minute results)

HIV-1/2 antibody test / Treponemal antibody test

[Chembio Diagnostic 65-9502-0 - McKesson Medical-Surgical](#)

1 Prepare
FINGERSTICK WHOLE BLOOD
VENOUS BLOOD

2 Run
2 drops Sample + Buffer to Well 1
4 drops Running Buffer to Well 2
WAIT 5 MINS
WAIT 10 MINS

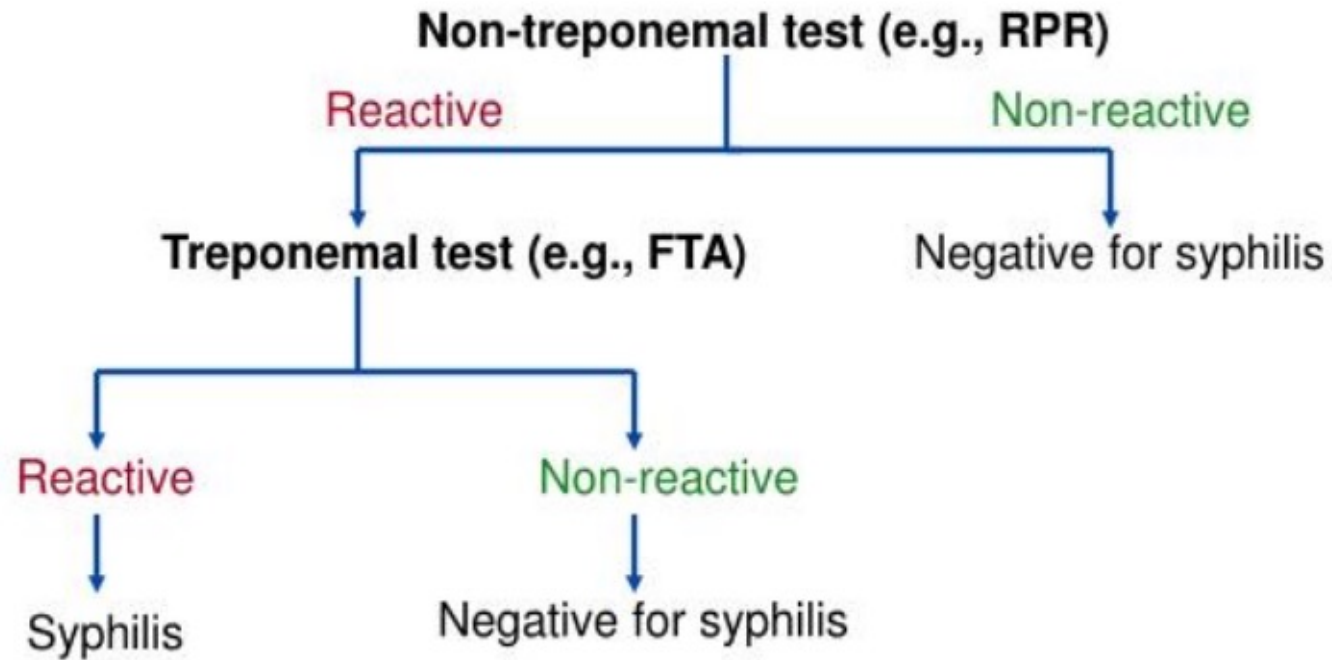
3 Read
Read results using the DPP Micro Reader

HIV NON-REACTIVE
HIV REACTIVE
T. pallidum NON-REACTIVE
T. pallidum REACTIVE
INVALID



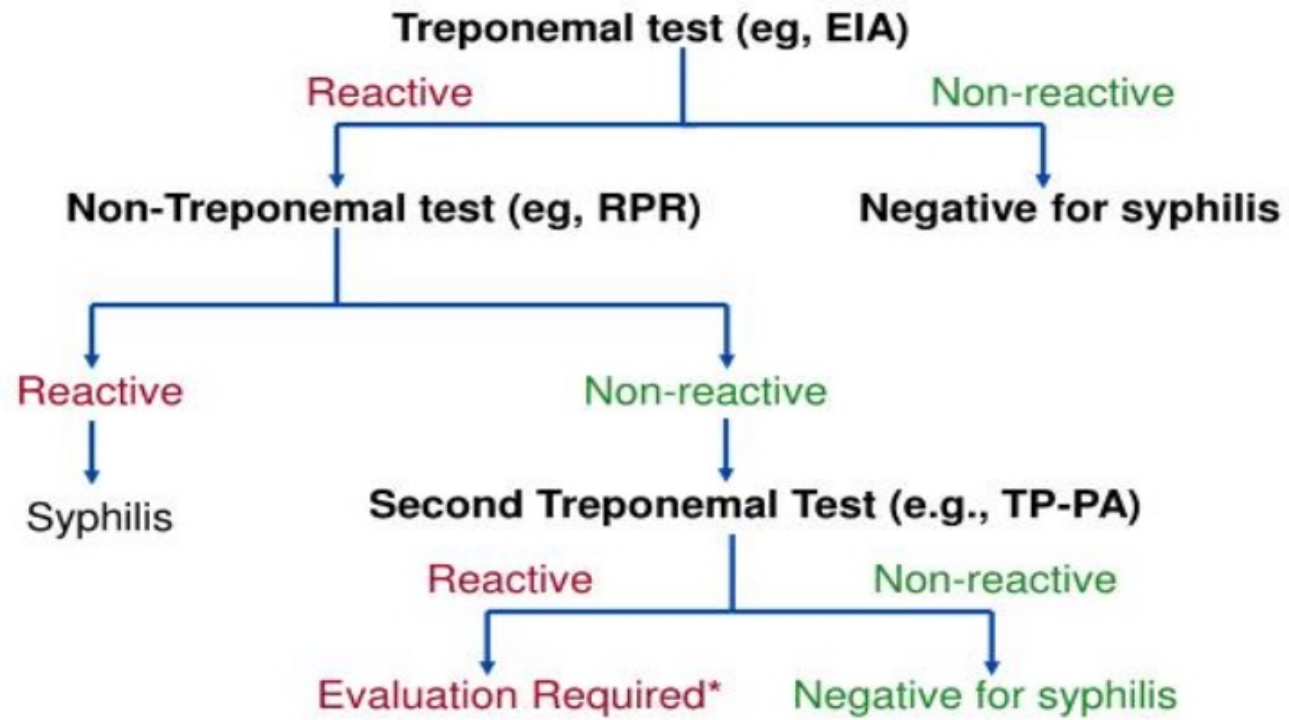
Traditional Algorithm

Traditional Algorithm



Reverse Algorithm

Reverse Algorithm



CMO letter

- **Annual syphilis testing** for persons aged 13-64 to eliminate syphilis transmission by early case recognition
- **Turn on the annual EHR reminder** at all sites to facilitate testing for two years or until incidence rates decrease locally to baseline
- **Three-point syphilis testing for all pregnant people:** at the first prenatal visit, the beginning of the third trimester, and delivery
- Adoption of an **STI/HIV/Viral hepatitis testing bundle** at all sites to screen broadly:
 - Syphilis screening test with reflex RPR and TPPA
 - HIV serology (with consent if required in the local state jurisdiction)
 - Screening for gonorrhea and chlamydia at three sites: Urine, Pharynx, Rectum
 - Screening for hepatitis B and C
 - Pregnancy test



CMO letter

- Adoption of "**Express STI Testing**" Express STI services refer to triage-based STI testing without a full clinical exam, using standing orders
 - Research shows that express STI services increase clinic capacity and reduce the time to treatment
 - Find the Express Testing Guide and Toolkit here. [Sample Toolkit for Express STI Resources - Indian Country ECHO](#)
- **Enhance screening rates by screening outside of hospitals and clinics**
 - Field testing at community centers, sporting events, health fairs, correctional settings, or on the street
- Provide **Field treatment for syphilis** for high-risk adults diagnosed with syphilis and their partners. PHNs can provide treatment with Benzathine Penicillin. The Express STI Services Toolkit includes policy examples. For questions, contact [Tina Tah](#) or [Melissa Wyaco](#)

CMO letter

- **Presumptive treatment of syphilis** for anyone having signs or symptoms of syphilis or with known exposure to syphilis
- **Create and build awareness** and encourage people to get tested and treated. There is a new AI/AN-specific national campaign called [STOP SYPHILIS](#)
 - The campaign offers handouts, posters, and other print materials, as well as social media posts and short educational videos. All materials are free to order at www.stopsyphilis.org
- Reference the **Syphilis Resources Hub**: <https://www.indiancountryecho.org/syphilis-resources/>
- *[I Want The Kit](#): In-home specimen collection/lab-based testing (syphilis will be added later this year)
- *Vending machines

Treatment

- Rapid Treatment
 - Treat immediately after rapid test results
- Presumptive Treatment
 - Symptomatic patients
 - Patients with known exposure



Treatment

Penicillin Shortage

- Penicillin G benzathine should only be used to treat syphilis
- Prioritize pregnant people
- Prioritize people living with HIV



Field Based Screening and Treatment

- Considerations:
 - Personnel: avoid providing care alone – team with public health nursing, pharmacist, tribal STI worker, or any other approved staff
 - Confirm that there is adequate cell phone service and emergency services (911 and EMS) are available
 - Screen for exclusionary criteria: history of true penicillin allergy and/or serious complications
 - Ensure all supplies and equipment are available for transport



Allergies

- Penicillin G is contraindicated in patients with known hypersensitivity to penicillin. However, **fewer than 1%** of the whole population are truly allergic to penicillin
- Approximately 80% of patients with IgE-mediated penicillin allergy lose their sensitivity after 10 years
- Correctly identifying those who are not truly penicillin-allergic can decrease the unnecessary use of broad-spectrum antibiotics



Allergies

- If penicillin allergy is ruled out, **remove from the allergy list** on patient's electronic health record
- Pregnant people with confirmed hypersensitivity to penicillin should be desensitized to receive penicillin



Field Based Screening and Treatment

- Anaphylaxis Management:
 - Often occurs within 15-30 minutes of medication administration
 - Administer Epinephrine as soon as possible
 - Contact emergency medical services
 - Transfer patient to a higher level of medical care
 - Document in EHR



DoxyPEP: Post Exposure Prophylaxis

Take **1 dose of Doxycycline 200mg** 24-72 hours after condomless sex

- Found a **65% reduction in chlamydia, gonorrhea, and syphilis** among men who have sex with men (MSM) and transgender women
- CDC has acknowledged that providers and patients have started to use DoxyPEP off-label and provided considerations for its use:
 - A reminder that current studies have shown promise among MSM and transgender women, but not among cis-gender women
 - Only Doxycycline has been studied, no other antibiotics



DoxyPEP: Post Exposure Prophylaxis

- Further analyses are needed to determine the effects of intermittent doxycycline use on antimicrobial resistance and long-term effects on the gut
- Doxycycline is contraindicated for pregnant people (second and third trimesters). Doxycycline may cause fatty liver disease in pregnant people and tooth staining
- Anticipating release of CDC and IHS guidelines summer/fall 2023



Implementation

- Who should receive DoxyPEP?
 - Men who have sex with men (MSM)/Trans Women (TGW) on HIV PrEP or living with HIV.
 - If not on HIV PrEP, MSM/TGW with history of STIs within the past 12 months, sex work, chemsex
- 3-6 month schedule: Provide enough meds and replenish after STI screening
- If having signs and symptoms of an STI: patient's should come in for immediate screening and treatment per traditional protocol, and abstain until 1 week post treatment

DoxyPrEP (Pre-Exposure Prophylaxis)

Take **Doxycycline 100mg daily** prior to having condomless sex

In a pilot study, 30 MSM living with HIV with previous syphilis (two or more episodes since HIV diagnosis) were randomly assigned to doxycycline 100 mg for 48 weeks versus a financial incentive-based behavioral intervention

Results: **73% reduction in any bacterial STI** at any site for the intervention group, without substantial differences in sexual behavior



Case Management

- Case investigation
- Contact tracing
 - Expedited partner therapy
- Utilizing non-clinical partners
- Treatment Adherence Support
 - Multiple Bicillin injections
 - Follow up on Doxycycline adherence



Communication

- Internet partner services
 - Text messaging
 - Email
 - Social media
- IHS Headquarters currently working on policies to expand communication options to include internet partner services



Incentives

- Used to enhance screening and adherence to treatment
- IHS Headquarters currently working on policies to allow the direct transfer of federal funds to service areas
- Criteria of what is allowed/not allowed to be purchased



Resources

- Indian Country ECHO

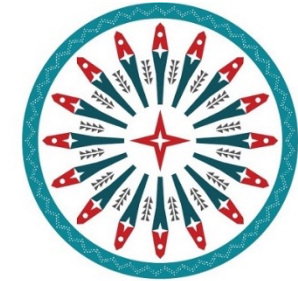
<http://www.indiancountryecho.org>

- Syphilis Resource Hub

<https://www.indiancountryecho.org/syphilis-resources>

- Stopsyphilis.org

- ID Consults



INDIAN + COUNTRY
ECHO



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