

Comprehensive STI/HIV/HCV Facility Assessments

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Northwest Portland Area Indian Health Board

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Background



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Goals



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Provider training to support care and treatment



Assess clinic capacity to provide STI/HIV/HCV clinical care, surveillance, and partner services



Provide site specific recommendations for syphilis (and other STIs) control and prevention



Share aggregate findings to support guidance for other clinics locally/nationally

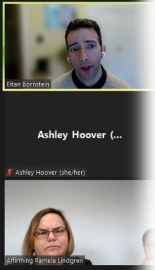

Provider Training



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Vertical transmission is highest with early stages of maternal syphilis, specifically secondary syphilis.



Cooper, Sanchez. Congenital Syphilis. Seminars in Perinatology. 2018.

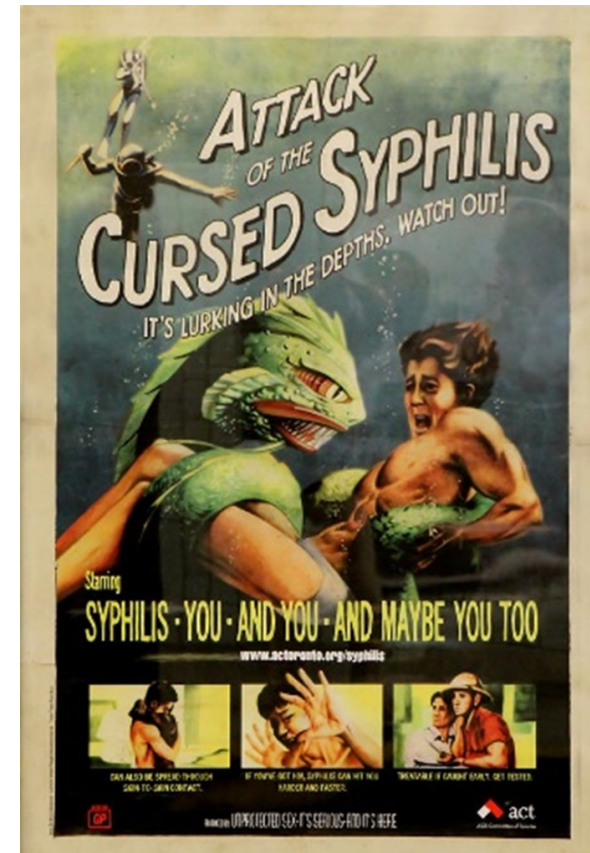
Provider Training Objectives



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- Provide an overview of syphilis
- Review changes in syphilis epidemiology
- Discuss diagnostic screening and testing challenges
- Review recommendations for treating syphilis and follow-up
- Discuss outbreak responses and next steps



Facility Assessments: Who we Interviewed



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Acting Medical Director

Primary Care Physicians/Providers

Facility Assessments: Who we Interviewed



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Clinical Pharmacist

Pharmacy Director

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Public Health Nurse

Infection Control Nurse

Public Health Director



Clinical Pharmacist

Pharmacy Director

Facility Assessments: Who we Interviewed



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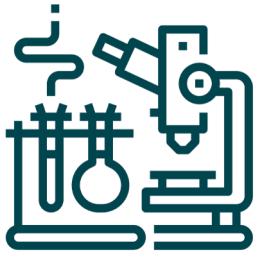


Lab Director/Manager
Lab Tech

Facility Assessments: Data Collected—Lab



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Testing algorithm?



Reporting Process?

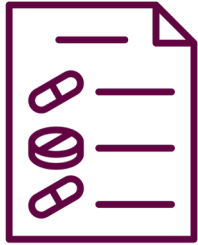


Result turnaround time?

Facility Assessments: Data Collected—Pharmacy



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Treatment availability?



Treatment order sets and reminders?



Costs?

Facility Assessments: Data Collected—Public Health



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Case Management and Linkage to Care?



Case Reporting?



Field-based testing and treatment?

Facility Assessments: Data Collected—Physicians



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Obtaining sexual histories?



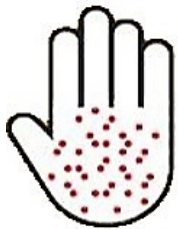
Assessing community risk?



Screening practices?



**Availability of order sets,
reminders and templates?**



Staging?

Initial Findings



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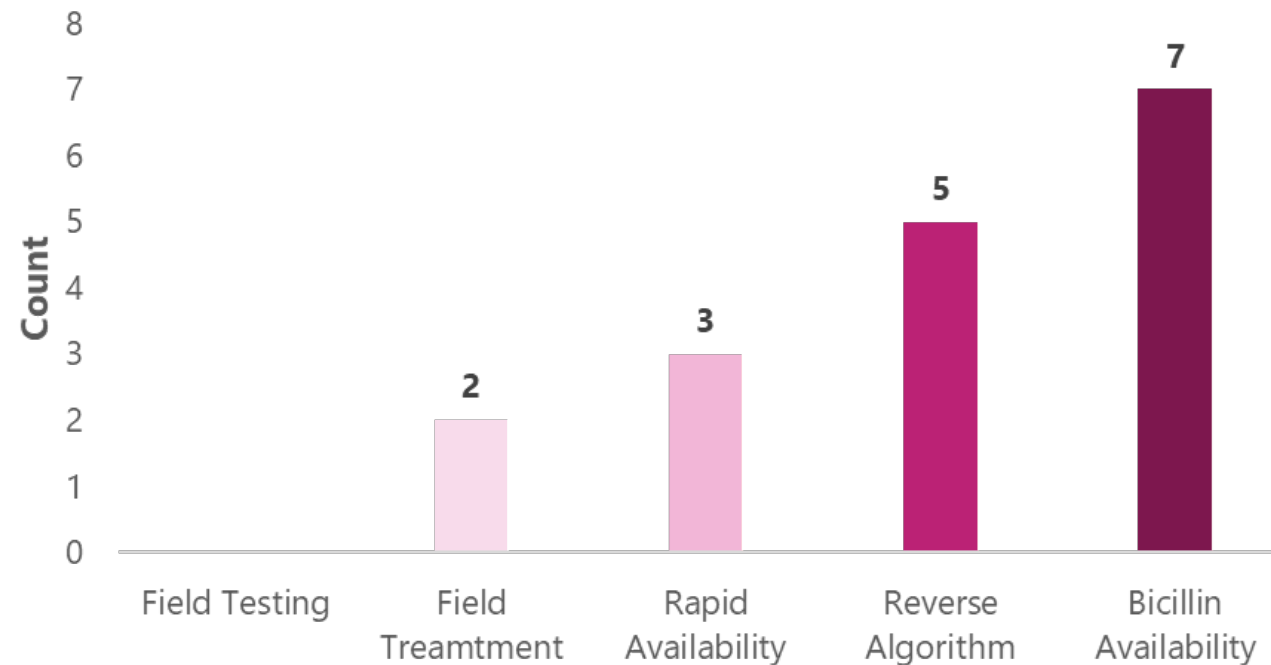
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Initial Findings



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Syphilis Testing and Treatment



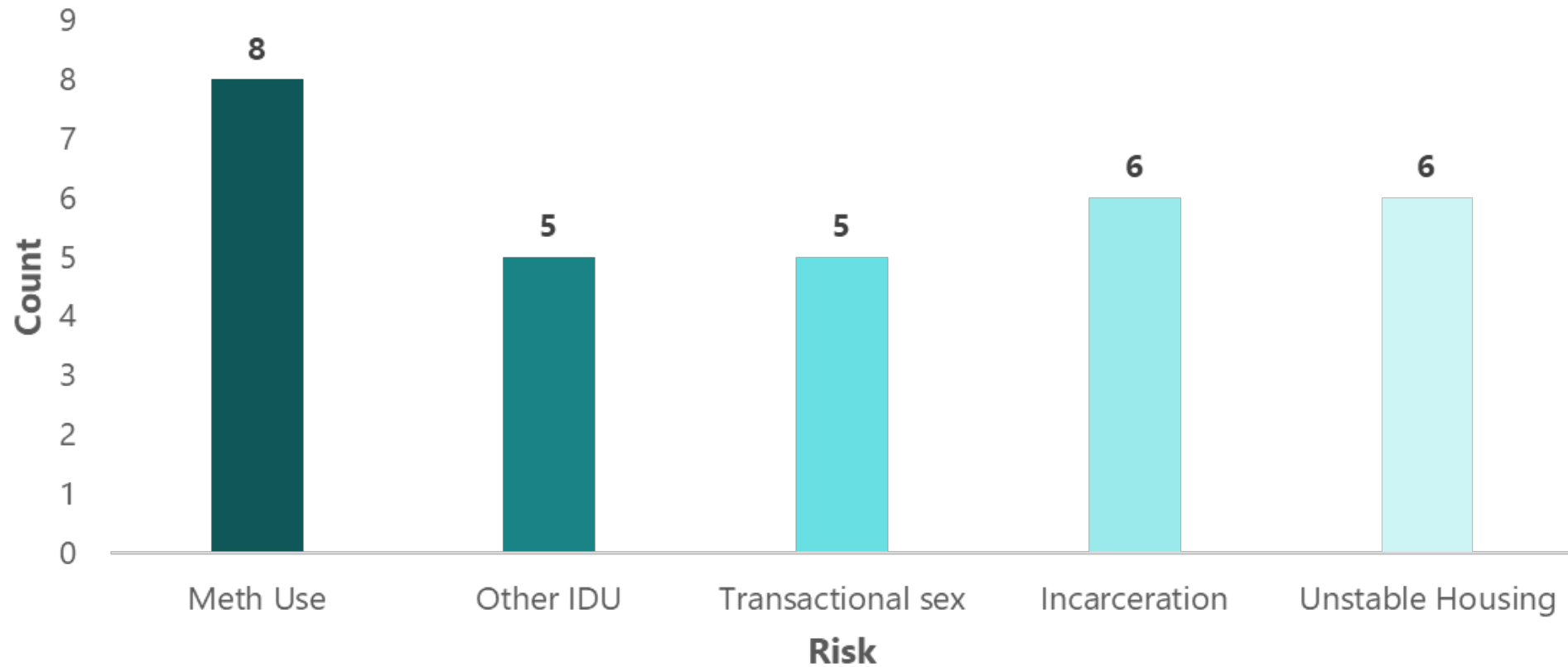
Turnaround time for test results varied between two days and ten days. Nearly half reported results took about a week (n=4).

Initial Findings



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Community Risk Factors



Initial Findings



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Where do pregnant persons from your site receive prenatal care?

At the clinic until 30 weeks
and then referred out [to the
two nearest towns/cities]

At a separate Tribal HRSA clinic

**All pregnant patients are
referred out** to local OB/GYN
practices

Initial Findings



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What barriers exist to treating syphilis in pregnancy?

Lack of communication and coordination with outside OB prenatal providers

No in-house treatment

Do not perform routine prenatal screening

If a syphilis diagnosis during pregnancy is made, **the patient is managed elsewhere**

Initial Findings



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Describe any challenges to communication/data sharing related to syphilis and EMRs:

IHS uses RPMS and iCare, but Tribal Public Health uses Greenway;
No current data sharing and EMR access agreements exist

No EMR alerts for PHNs
and lack of access across systems

RPMS templates for syphilis do not match or meet the requirements for state reporting databases

***Most sites interviewed used either RPMS or NextGen (n=4, n =4, respectively)**

Initial Findings



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Barriers to screening, treatment, and taking a sexual history

Geographic factors



Social factors



Admin factors



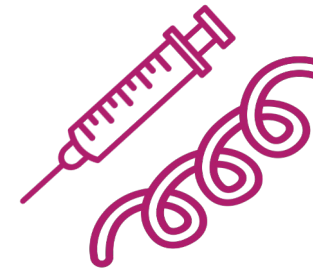
Best Practices



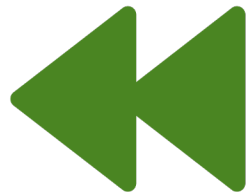
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Intergovernmental collaboration



Bicillin availability



Reverse Algorithm



PrEP & MAT availability

Areas of Growth



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Standardized STI screening order sets



Screening in all clinical services



Electronic health record notifications



Presumptive treatment of symptomatic persons and partners



In Field Treatment

Takeaways & Next Steps



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Impact



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- **Monthly STI Committee meetings including PHNs, clinicians, pharmacy and laboratory staff**
- **Coordination and weekly check-ins with local health jurisdictions to facilitate DIS work and linkage to care**



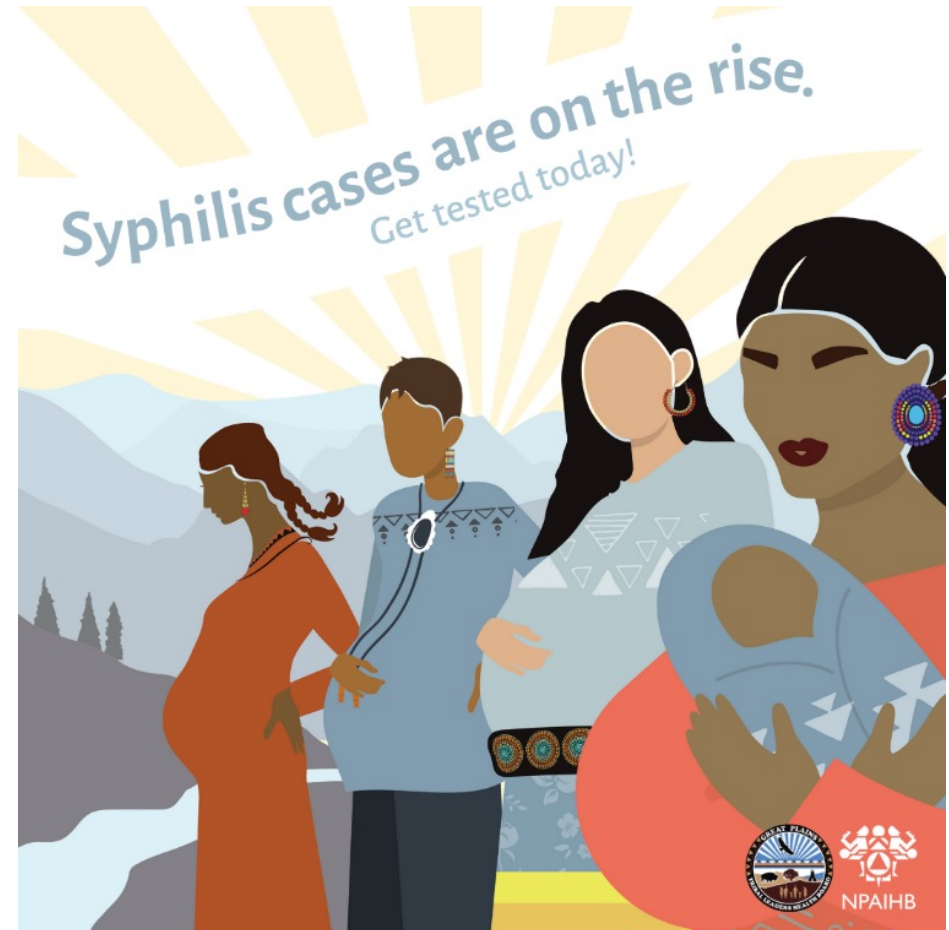
Impact (Cont'd)



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- **Weekly updated local-site line lists and case follow-ups by PHNs**
- **Implementation of field treatment at 2/8 sites with pilot use of point-of-care rapid syphilis/HIV testing**



**Updated
messaging
campaigns
focused on
reproductive
health and CS
prevention**

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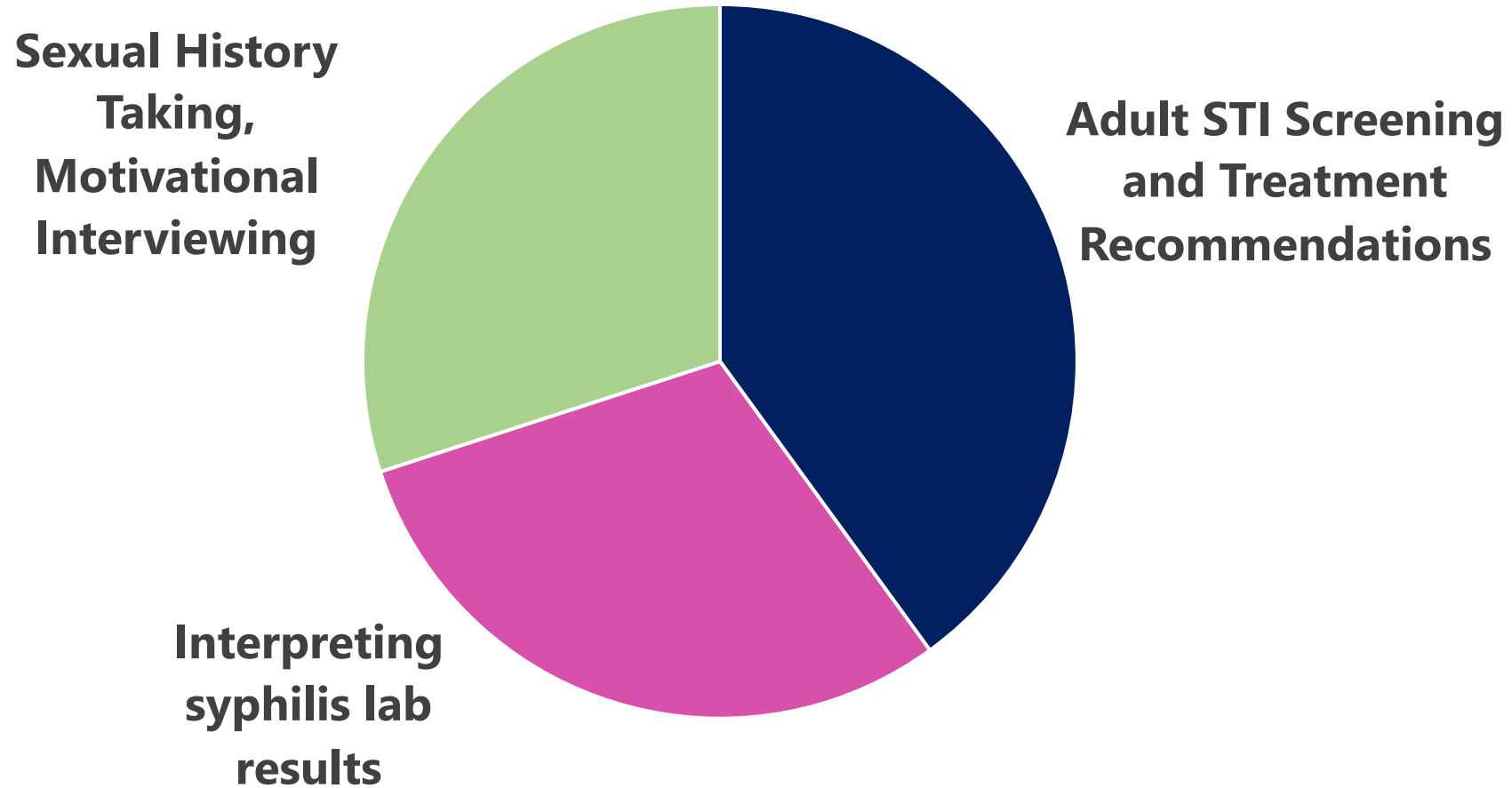
A close-up photograph of a silver microphone with a black grille, positioned on the right side of the frame. The background is a soft, out-of-focus bokeh of warm, golden-yellow and orange lights, suggesting a stage or concert setting. The microphone is the primary focus, with its texture and shape clearly visible.

Follow-up

Training Needs



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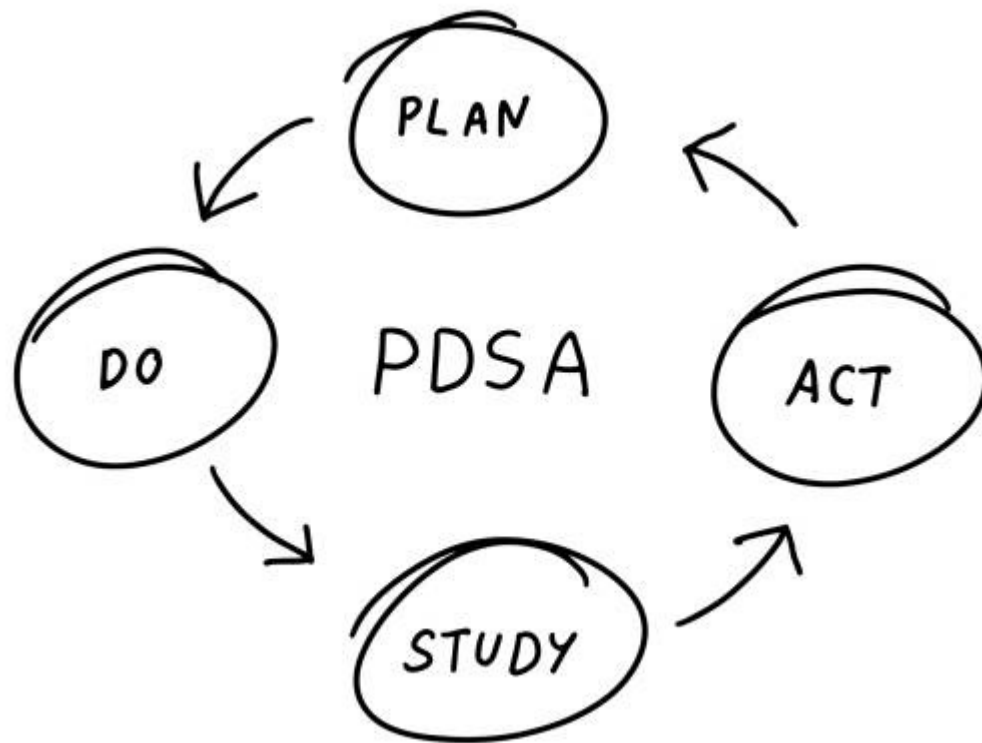


Maintenance of Certification Credit



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Aim:

Increase percent of syphilis screening and treatment that have participated in a facility assessment by 100% by end of FY 2024 and no new cases of congenital syphilis

Measures:

- **Decreased number of new syphilis diagnoses**
- **Increased identification of primary and secondary syphilis**
- **Increased number of patients completing appropriate treatment**
- **Evaluate number of treponemal/non-treponemal lab tests ordered; number of BIC and associated doxycycline courses ordered**

Acknowledgements



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Indian Leadership for Indian Health

- Tribes of the Pacific Northwest
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- Tom Becker, MD PhD

Thank you!



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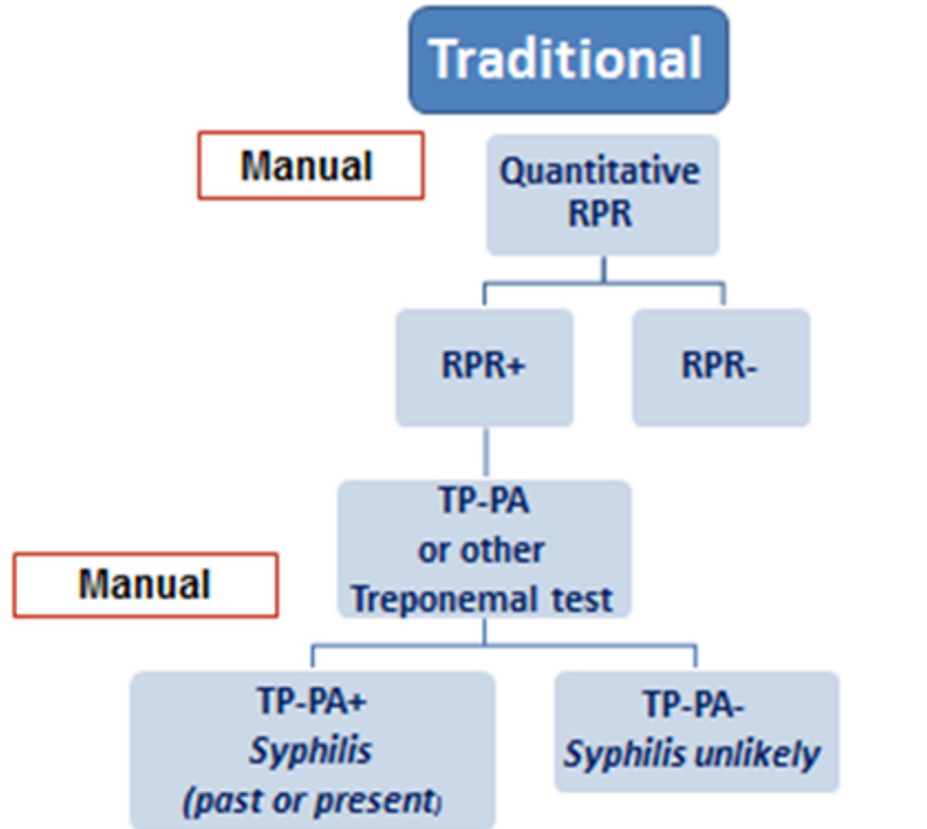
Treatment of syphilis: Overview

Stage				
Primary	Secondary	Early non-primary	Late Latent/ or Unknown Duration	Neurosyphilis, ocular syphilis and otosyphilis
Benzathine penicillin 2.4 million units IM in a single dose	Benzathine penicillin 2.4 million units IM in a single dose	Benzathine penicillin 2.4 million units IM in a single dose	Benzathine penicillin 2.4 million units total administered as 3 doses of 2.4 million units IM each at 1-week intervals	Aqueous crystalline penicillin G 18-24 million units per day, administered as 3-4 million units by IV every 4 hours or continuous infusion for 10-14 days Alternative: procaine penicillin G 2.4 million units IM 1x/day PLUS probenecid 500 mg orally 4x/day, both for 10-14 days

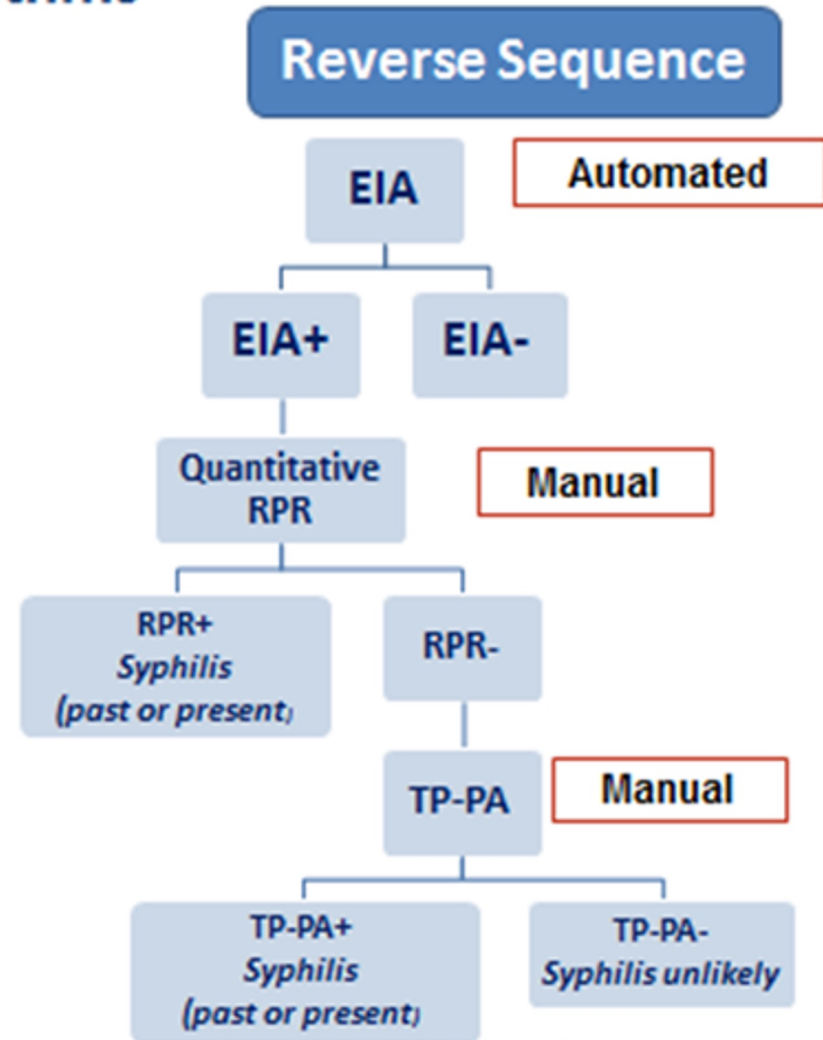


Diagnosis

Syphilis Serologic Screening Algorithms



RPR – Rapid plasma reagin
TP-PA – *Treponema pallidum* particle agglutination
EIA – Enzyme immunoassay



Reverse sequence syphilis screening; 2011 CDC DSTDP webinar