Policy and Procedure

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| **Subject**: Syphilis Field Based Treatment Policy |
| **Effective Date:**  | **Distribution:**  |

#  PURPOSE:

#  To provide general guidelines to clinical staff on the diagnosis, treatment, and management of syphilis in the field.

#  DESCRIPTIVE:

#  Syphilis is a systemic disease caused by the spirochete *Treponema pallidum*. It is transmitted through sexual contact, but can also be transmitted from mother to fetus during pregnancy. Syphilis is divided into four stages: primary, secondary, early latent (non-primary/non-secondary) and late latent or unknown duration. Stages are determined by clinical findings and history of exposure, which are used to provide guidance for treatment and follow-up. Syphilis affecting the central nervous system (CNS) can occur during any stage of syphilis.

#  Benzathine Penicillin given via intramuscular (IM) injection is the recommended treatment for primary, secondary, early latent, late latent, and syphilis of unknown duration. Benzathine Penicillin is administered in the ventrogluteal or the upper outer dorsogluteal site. One single dose of Benzathine Penicillin 2.4 million units (MU) is indicated for primary, secondary and early latent syphilis. Three weekly doses of Benzathine Penicillin 2.4 MU totaling 7.2 million units is indicated for late latent and syphilis of unknown duration.

# OBJECTIVE:

#  To provide syphilis treatment for high risk adults diagnosed with syphilis and their contacts. Patients who have been unable, on their own or with the assistance of others, to access treatment for syphilis at a medical treatment facility or their local public health department. The decision to treat in the field shall be made by the primary care provider (PCP).

#  The treatment program is needed to:

# Assure that appropriate treatment for syphilis infection is provided regardless of one’s ability to seek care at a medical treatment facility or local public health department.

# Decrease transmission of the disease.

# Decrease congenital syphilis rates.

#  PERSONNEL:

#  A Public Health Nurse (PHN) who is currently certified by an American Heart Association (AHA) Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR) Training for Healthcare Providers or agency-approved equivalent may administer the Benzathine Penicillin injection. They must be accompanied by another PHN, tribal STI worker, or other approved staff in the department.

# ELIGIBILITY CRITERIA:

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# Adult patients and their sexual partners will be considered eligible for field treatment with Benzathine Penicillin upon receiving a referral from a primary care provider or physician staff, STI work (Tribal), or STI case manager after one failed attempt to schedule an appointment for treatment in the hospital, healthcare center, or clinic. Emergency services (911 and EMS) and cell service must be available and verified prior to administration of the Benzathine Penicillin injection in the field.

# Treatment of pregnant people with syphilis in the clinic is preferred but is not always possible. Pregnant people will be offered penicillin treatment in the field if treatment in the clinic is not feasible due to limited or no access to transportation or other barriers to attendance in a clinical setting.

# 3. Sexual contact(s) of pregnant people will be considered eligible for field treatment with Benzathine Penicillin upon receiving a referral from a primary care provider or physician staff, STI work (Tribal), or STI case manager after one failed attempt to schedule an appointment for treatment in the hospital, healthcare center, or clinic.

# 4. Exclusion criteria include a history of penicillin allergy and/or history of serious complications related to penicillin and/or lack of emergency services and cell phone coverage in the location where Benzathine Penicillin is to be administered.

# 5. Serum will be collected at the time of field treatment with Benzathine Penicillin if it has been >1 week since the last RPR in order to monitor syphilis non-treponemal (RPR) titers to gauge an adequate treatment response and to document syphilis diagnoses (treponemal and non-treponemal tests) among sexual partners receiving presumptive treatment.

# SUPPLIES AND EQUIPMENT:

# Benzathine Penicillin in a cooler with an ice pack and thermometer

# Cellular telephone with adequate reception in the geographical area and emergency services are available where treatment will be administered

# Gloves (non-latex)

# Serum blood collection tubes, collection needles, vacutainer, alcohol pads, gauze, band aids, tourniquet, Benzathine Penicillin needles

# Sharps container (for collection needles, vacutainers, and Benzathine Penicillin needles)

# Two (2) Epi Pens

# Stethoscope

# Blood pressure cuff (small adult, normal adult, large adult sizes)

# Standing orders for syphilis screening and treatment, approved by the STI/HIV Medical Director and Area Chief Medical Officer (CMO)

# Protocol for suspected acute anaphylaxis in adults

# POLICY:

PHN staff will provide oversight of STI management to ensure patient care is team-based, coordinated, and patient-focused.

The PHN standing order provides written procedure for the PHN to test and treat syphilis and their reported contacts/partners in the field. If the PHN feels circumstances exist that require clarification, the PHN will consult with the Director of PHN or the patient’s provider. The PHN also has the option to refer the patient to the appropriate clinics or preferred facility/clinic of choice for further evaluation and treatment.

# PROCEDURE:

# In preparation for the home visit, the PHN Nurse and team will:

# Gather all supplies and equipment needed for the visit.

# Package medication for transport in cooler with ice pack and thermometer, per agency protocol.

* 1. Verify the diagnosis of syphilis and the need for Benzathine Penicillin treatment through review of the patient’s medical record and with the PCP or diagnosing provider.
	2. Review the patient’s medical record for reported allergy to penicillin medications including penicillin, amoxicillin, or ampicillin. Patients with allergies to these medications should not receive field treatment with Benzathine Penicillin under most circumstances (refer to Appendix B: Anaphylaxis Management).
	3. Verify that treatment with Benzathine Penicillin has been ordered by diagnosing provider or PCP.
	4. Verify that the patient diagnosed with syphilis can be reached by an in-person field visit and that the PHN can provide treatment to the patient and their reported contacts in the designated field/home setting.
	5. Verify the designated field location of treatment and generate a note that provides the planned field treatment location, travel time, and the contact information of the PHN and the accompanying staff.
	6. Onsite, the PHN will:
	7. Verify patient identification with two patient identifiers (name, date of birth and/or chart number).
	8. PHN will confirm the 2.4 MU of Benzathine Penicillin and two Epi pens from pharmacy according to individual facility policy.
	9. Prior to administration, inquiry should be made if patient is allergic to any penicillin medication or has history of bleeding disorder/taking anticoagulants. If the patient reports a history of an allergic reaction to penicillin or has a history of bleeding disorders/actively on anticoagulant medication, then the PHN will instruct the patient and the reported contacts/partners to immediately report to preferred facility/clinic of choice.
	10. Treat positive cases and their reported contacts/partners:

Administer 2.4 MU of Benzathine Penicillin IM to the upper outer dorsogluteal site or ventrogluteal site one time for primary, secondary, or early latent syphilis. Administer three weekly doses for late latent syphilis or syphilis of unknown duration, per provider diagnosis and order.

* 1. After administration of Benzathine Penicillin injections, the public health team must remain with the patient and/or contact for a minimum of 30 minutes to ensure no reaction to the injection has occurred. If there is a reaction, the PHN nurse will document the reaction and follow the emergency protocol specified in Appendix B: Anaphylaxis Management.
	2. During the observation time following medication administration, the PHN will:
		1. Collect a serum tube for syphilis (RPR) testing to monitor treatment response if it has been >1 week since the last RPR
		2. Provide the patient and/or partner with Patient Education Fact Sheet
		3. Provide appropriate education, counseling and case or contact investigation interview.

Upon return to the medical record and medical facility, the PHN will:

* 1. Document the PHN field visit into patient’s EHR including: a. Date, time, route, site, allergies, medication name, any adverse reaction, patient education, next follow up visit, and any other subjective or objective data.

**REFERENCES:**

CDC. Sexually Transmitted Disease Treatment Guidelines, 2021. Retrieved from Syphilis - STI Treatment Guidelines (cdc.gov)