

NAVAJO AREA WIDE POLICY AND PROCEDURE

Subject: PHN – Syphilis and Gonorrhea Home Treatment Policy	
Effective Date: July 19, 2022	Distribution: Public Health Nursing
Revised Date: September 25, 2023	

I. PURPOSE:

To provide general guidance and instruction to the Navajo Area Public Health Nursing staff on the diagnosis, treatment, and control of sexually transmitted infections (STIs).

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 three stages; primary, secondary and latent or tertiary syphilis. Stages are determined by clinical findings, 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.

Gonorrhea is a disease caused by the bacterium *Neisseria gonorrhoeae*. It is transmitted through sexual contact. It can cause infection of the male and female genital tract and can also cause disseminated gonococcal infection involving the skin, tendons, joints and other organs.

OBJECTIVE:

1. To provide Syphilis treatment for high risk adults diagnosed with syphilis and their partners. These patients are at home, homeless, and 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 home shall be made by the Primary Care Provider (PCP).

The treatment program is needed to:

- a. Assure appropriate treatment for syphilis infection offered.
 - b. Decrease congenital syphilis rates.
 - c. Decrease transmission of the disease.
 - d. Decrease syphilis morbidity and mortality rates in the Navajo Area.
2. To provide gonorrhea treatment for high risk adults diagnosed with syphilis and their partners. These patients are at home, homeless, and have been unable, on their own or with the assistance of others, to access treatment for gonorrhea at a medical treatment facility or their local Public Health Department. The decision to treat in the home shall be made by the Primary Care Provider (PCP).

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 or Ceftriaxone injection. They must be accompanied by another public health nurse, tribal STI worker, or other approved staff in the department.

ELIGIBILITY CRITERIA:

1. Adult patients and their sexual partners will be considered 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. An Emergency services (911 and EMS) must be available and verified prior to administration of the Benzathine Penicillin or Ceftriaxone injection. (Not sure if cell service should be included)
2. Treatment of pregnant women with syphilis or gonorrhea in the clinic is preferred but is not always possible. Pregnant women will be offered penicillin treatment at home if treatment in the clinic is not feasible due to non-adherence.
3. Pregnant patient's partner treatment will be considered 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. Exclusionary criteria for treatment of syphilis include a history of penicillin allergy and/or history serious complications and/or lack of emergency services and cell phone coverage in the location where the medication is to be administered. Sexual partners (contacts) of pregnant women who have been diagnosed with syphilis may receive a first dose of Benzathine Penicillin in the home, provided they do not have a history of penicillin allergy and emergency services and cell phone coverage are available.
5. Exclusionary criteria for treatment of gonorrhea include a history of cephalosporin or penicillin allergy and/or history serious complications and/or lack of emergency services and cell phone coverage in the location where the medication is to be administered. Sexual partners (contacts) of pregnant women who have been diagnosed with gonorrhea may receive a dose of Ceftriaxone in the home, provided they do not have a history of cephalosporin or penicillin allergy and emergency services and cell phone coverage are available.

SUPPLIES AND EQUIPMENT:

- a. Benzathine Penicillin or Ceftriaxone, an adequate supply in a cooler with ice pack
- b. Cellular telephone with adequate reception in home's geographical area
- c. Blood pressure cuff (small adult, normal adult, large adult sizes)
- d. Two (2) Epi Pen
- e. Gloves, non-latex protective type, an adequate supply
- f. Stethoscope
- g. Standing orders for syphilis and gonorrhea treatment, approved by the STD/HIV Medical Director and Area Chief Medical Officer (CMO)
- h. Protocol for Suspected Acute Anaphylaxis in Adults,

II. POLICY:

To provide guidelines to the Public Health Nurse (PHN) to follow up and provide treatment for Syphilis and Gonorrhea and their reported contacts/partners.

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

The following PHN standing order provides written procedure for the PHN to treat Syphilis or Gonorrhea and their reported contact/partners. The PHN providing treatment under these will refer to the Sexually Transmitted Infection PHN Treatment and Screening Protocol policy for specific directions. If the PHN feels circumstances exist that require clarification, the PHN will consult with the Director of PHN, the patient's provider or the Infectious Disease Specialist. 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.

III. PROCEDURE for Syphilis:

- A. In preparation for the home visit, the PHN Nurse and team will:
 - a) Gather all supplies and equipment needed for the visit.
 - b) Package medication for transport in cooler with ice pack, per agency protocol.
- B. Patient diagnosed with Syphilis, the PHN can provide treatment to the case and their reported contacts/partners if treatment has been ordered by diagnosing provider.
- C. If Syphilis treatment is appropriate, the PHN will:
 - a. Verify patient identification with two patient identifiers (name, date of birth and/or chart number).
 - b. Ask patient if they have any known medication allergies that would contraindicate administration of the medication. If reported, the PHN will not administer the medication. PHN will instruct the patient to report to the Urgent Care as appropriate or to preferred facility/clinic of choice.
 - c. PHN will obtain the 2.4 MU of Bicillin L-A (Penicillin G) to be administered IM, and two Epi pens from pharmacy according to individual facility policy.
 - d. Before 2.4 MU of Bicillin L-A (Penicillin G) IM to dorsogluteal site is administered, inquiry should be made if patient is allergic to Penicillin or has history of bleeding disorder/taking anticoagulants. If the patient reports a history of an allergic reaction to the above medications or has a history of bleeding disorders/actively on anticoagulant medication, then the PHN will instruct the case or the reported contacts/partners to immediately report to preferred facility/clinic of choice.
- D. Treat positive cases and their reported contacts/partners:
 - a. Syphilis: 2.4 MU of Bicillin L-A (Penicillin G) IM to dorsogluteal site one time for early syphilis or three times for late latent syphilis, with each injection being administered one week apart per provider diagnosis and order.
- E. 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 for Suspected Acute Anaphylaxis in Adults.

- F. During the medication wait time, PHN will continue to provide the patient and/or partner with Patient Education Fact Sheet and other appropriate education/counseling.
- G. Document the PHN visit into patient's Electronic Health Record 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.

IV. PROCEDURE for Gonorrhea:

- A. In preparation for the home visit, the PHN Nurse and team will:
 - c) Gather all supplies and equipment needed for the visit.
 - d) Package medication for transport in cooler with ice pack, per agency protocol.
- B. Patient diagnosed with Gonorrhea, the PHN can provide treatment to the case and their reported contacts/partners if treatment has been ordered by diagnosing provider.
- C. If Syphilis treatment is appropriate, the PHN will:
 - e. Verify patient identification with two patient identifiers (name, date of birth and/or chart number).
 - f. Ask patient if they have any known medication allergies that would contraindicate administration of the medication. If reported, the PHN will not administer the medication. PHN will instruct the patient to report to the Urgent Care as appropriate or to preferred facility/clinic of choice.
 - g. PHN will obtain the Ceftriaxone (500 mg if weight < 150 kg, 1000 mg if weight ≥150kg) to be administered IM, and two Epi pens from pharmacy according to individual facility policy.
 - h. Before administering Ceftriaxone IM to dorsogluteal site is administered, inquiry should be made if patient is allergic to Ceftriaxone or Penicillin or has history of bleeding disorder/taking anticoagulants. If the patient reports a history of an allergic reaction to the above medications or has a history of bleeding disorders/actively on anticoagulant medication, then the PHN will instruct the case or the reported contacts/partners to immediately report to preferred facility/clinic of choice.
- D. Treat positive cases and their reported contacts/partners:
 - a. Gonorrhea: Ceftriaxone (500 mg if weight < 150 kg, 1000 mg if weight ≥150kg) IM to dorsogluteal site one time for Gonorrhea.
- E. After administration of Ceftriaxone 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 for Suspected Acute Anaphylaxis in Adults.
- F. During the medication wait time, PHN will continue to provide the patient and/or partner with Patient Education Fact Sheet and other appropriate education/counseling.

- G. Document the PHN visit into patient's Electronic Health Record 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:

Centers for Disease Control and Prevention. (2023, April 11). Gonorrhea - STI treatment guidelines. Centers for Disease Control and Prevention.

<https://www.cdc.gov/std/gonorrhea/default.htm#guidelines/syphilis.htm><https://www.cdc.gov/std/gonorrhea/default.htm>

Centers for Disease Control and Prevention. (2023, May 1). Syphilis - STI treatment guidelines. Centers for Disease Control and Prevention. <https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>

