**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 sexual 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.

**INTENDED AUDIENCE:**

Clinicians delivering clinical care to individuals at high-risk of acquiring syphilis and being lost to follow up.

**POLICY:**

* The clinician, which includes but is not limited to: provider, pharmacist, registered nurse (RN), licensed practical nurse (LPN), public health nurse (PHN) may order the following rapid tests as standing orders for patient screening:
* Rapid syphilis antibody test (Healthcheck)
* Dual rapid syphilis antibody + HIV antibody test (Chembio)
* 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 and all sexual partners 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
* Pregnancy testing should be offered at same time if possible and appropriate

**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 experiencing substance misuse
	+ 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

# Screening

* 1. The clinician may initiate rapid syphilis testing based on the criteria above or if determined to be clinically necessary.
	2. 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
	3. 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 presumptive treatment in lieu of the rapid test:
		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
	4. Refer any concerns to provider.
	5. For reactive results, a serum should be drawn and sent for syphilis RPR (nontreponemal) and lab-based treponemal to allow for final confirmation, tracking of RPR titers following treatment, and prioritization for contact tracing.

# TREATMENT of patients with positive rapid 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 confirmed penicillin allergy, refer to provider for appropriate treatment.
	2. If patient is pregnant, schedule follow-up appointment with prenatal provider within 1 week.
1. Contacts need to be treated
	1. Given the current staffing patterns for contact tracing/partner services, a confirmatory laboratory-based syphilis test (RPR + treponemal test) may be *preferred* to prioritize contact tracing.
	2. Sexual contacts of syphilis cases can receive presumptive treatment without any testing.  Blood can be drawn at the time of presumptive treatment, but a positive test result is not required as a negative test does not rule out syphilis in a sexual contact that may be in an incubating stage.
	3. The patient presenting for treatment and expedited partner therapy (EPT)
		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. Remind patients to abstain from sexual activity for a minimum of 7 days post treatment.

**References:**

[Sexually Transmitted Diseases Treatment Guidelines, 2021, Centers for Disease Control and Infection](https://www.cdc.gov/std/treatment-guidelines/default.htm)