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| I. Enhancement of public health services and interventions | | | Link |
| Strategy | **Goal** | **Activities** |  |
| Improve and enhance syphilis surveillance and outbreak response | Timely surveillance and response data | Increase collaboration between state DoH and IHS/Tribal/Urban clinics to share syphilis data via direct access to the state Disease Surveillance and Outbreak Management System. This will enable more timely response for case investigation and partner services. |  |
| Quality assurance to ensure all cases are reported into the state Disease and Outbreak Management System. |  |
| Improve racial data via data linkages and provider training on importance of submitting correct race/ethnicity data. Data linkages have resulted in upwards of a 40% increase in cases for AI/AN people. |  |
| Partner Services | Ensure presence of Disease Intervention Specialists (DIS, public health staff responsible for finding and counseling people with sexually transmitted infection) is commensurate with caseload. For example, have a DIS (like contact tracers for COVID) at every facility. |  |
| Utilize public health emergency funds/staff to supplement DIS needs. |  |
| Collaborate with Community Health Representative (CHR) programs to assist with contract tracing and other essential partner services. | Treatment, Payment, Operations disclosure option can bring in CHR and other third parties for patient navigation  [TPO brief.docx | Powered by Box](https://app.box.com/file/988350527454) |
| Improve and quality assure clinical and partner services | Increase screening based on local data (rates and age). | Increase screening for syphilis in Emergency Room/Urgent Care; Screening eligibility can be broadly based (e.g. age, sex) or by type of visit (e.g. with trauma or substance use). Process should be established as to who is designated for ER/UC follow up of positive results. |  |
| Screen for syphilis with routine blood draw/panels. Permission can be integrated into the form for general medical consent. |  |
| Implement universal screening on entry to substance use treatment programs. |  |
| Offer screening to everyone that enters a harm reduction program. |  |
| Implement universal screening at tribal jail/detention centers and ‘border town’ facilities. |  |
| Screen during pregnancy at first and third trimester and delivery. |  |
| Increase testing | Walk- in, no appointment STI testing. Examples of access points in I/T/U clinics include laboratory, public health nursing and UC/ER. |  |
| Rapid tests increase access to testing in situations where prompt diagnosis is urgent, such as field-based settings, in ER and for patients that may be hard to recontact. | Chem Bio HIV/Syphilis Ab Combo Rapid Test: [https://www.fda.gov/vaccines-blood-biologics/blood-blood-products/dpp-hiv-syphilis-system](https://urldefense.us/v3/__https://www.fda.gov/vaccines-blood-biologics/blood-blood-products/dpp-hiv-syphilis-system__;!!Og_tST9LxTiQE1I!9EnY9TsDh9hqCMNnyxw0H_pgRN5SNEhaBl-i6Zaq6JfUB3gDE1SnHHa66Qj0Obxq0adv$)  Trinity Biotech Syphilis Ab Rapid Test:  [https://www.fda.gov/media/78908/download](https://urldefense.us/v3/__https://www.fda.gov/media/78908/download__;!!Og_tST9LxTiQE1I!9EnY9TsDh9hqCMNnyxw0H_pgRN5SNEhaBl-i6Zaq6JfUB3gDE1SnHHa66Qj0OV7AeAML$) |
| Informatics for patient screening, monitoring, treatment | Deploy clinical decision support (reminder) to increase screening across all services during periods of high case burden. Can be a stand-alone syphilis reminder or a bundled reminder to include a comprehensive screening of CT, GC, syphilis, HIV, HCV, (+HCG). |  |
| Create a EHR flag system for treatment follow up for patients with syphilis diagnosis. A EHR flag may be time consuming to maintain depending on case load, but links a patient to treatment regardless of where they access the health system. This flag can also be done by entering syphilis on the active problem list, but this option relies on provider to check, and pharmacy or lab staff may not review. |  |
| Maintain a patient panel in iCare to manage syphilis treatment. |  |
| Policies, Standing Protocols | Ensure STI testing and treatment policy is in place and updated to align with the current 2021 CDC STD Treatment Guidelines. |  |
| Develop standing orders so that tests **or treatment** can be ordered by RN, MA or other staff during intake, or at pharmacy- or lab- only visits as appropriate | [Draft STI Test and Tx Policy.docx | Powered by Box](https://app.box.com/file/988352619323) |
| Presumptive Treatment for patients with symptoms, sexual partners of cases, and for positive rapid test results. |  |
| Develop treatment protocols for Public Health Nurse (PHN) for field consultations and home visits. | [2021 PHN STI Standing Orders\_4-6-2021.pdf | Powered by Box](https://app.box.com/file/988353245913)  [Syphilis Standing Orders | Powered by Box](https://app.box.com/folder/165339480248?s=h4hv5waypcopxi2nlma3ncx9q43gq8qh)  [Syphilis Field Treatment | Powered by Box](https://app.box.com/folder/165340916948?s=o4gs1cq2pm2b9l5ksqhoo99qjrmnz8i2) |
| Consider a plan to review cases who have a documented penicillin allergy. According to the CDC, fewer than 1% of the population is truly allergic to penicillin. Options include an oral amoxicillin challenge or penicillin skin testing. A recent study found that 95% of patients can have penicillin history removed, which simplifies syphilis treatment. | [Penicillin allergy outpatient protocol challenge manuscript.pdf | Powered by Box](https://app.box.com/file/988352317635)  [Penicillin skin testing - UpToDate](https://www.uptodate.com/contents/penicillin-skin-testing) |
| Ensure that patients with risk factors or diagnosed with syphilis are assessed for HIV Pre-exposure prophylaxis services. |  |
| Improve and quality assure laboratory services | Lab throughput and turnaround time. | Consider use of the reverse syphilis screening algorithm. | [Syphilis - STI Treatment Guidelines (cdc.gov)](https://www.cdc.gov/std/treatment-guidelines/syphilis.htm)  [CDC reverse algorithm.pdf | Powered by Box](https://app.box.com/file/988353075559) |
| Use rapid tests in certain situations. One test is CLIA waived and the other tests for both syphilis and HIV. | Chem Bio HIV/Syphilis Ab Combo Rapid Test: [https://www.fda.gov/vaccines-blood-biologics/blood-blood-products/dpp-hiv-syphilis-system](https://urldefense.us/v3/__https://www.fda.gov/vaccines-blood-biologics/blood-blood-products/dpp-hiv-syphilis-system__;!!Og_tST9LxTiQE1I!9EnY9TsDh9hqCMNnyxw0H_pgRN5SNEhaBl-i6Zaq6JfUB3gDE1SnHHa66Qj0Obxq0adv$)  Trinity Biotech Syphilis Ab Rapid Test:  [https://www.fda.gov/media/78908/download](https://urldefense.us/v3/__https://www.fda.gov/media/78908/download__;!!Og_tST9LxTiQE1I!9EnY9TsDh9hqCMNnyxw0H_pgRN5SNEhaBl-i6Zaq6JfUB3gDE1SnHHa66Qj0OV7AeAML$) |
| II. Prioritization of evidence-based, culturally competent interventions | | |  |
| Mobilization of affected communities | Community appropriate/specific Education and outreach materials | Develop/Use culturally relevant syphilis education and information materials for individuals/community members. Disseminate information in clinics, schools, tribal events, radio, social media, etc. | One option is here and can be customized for local contact information  [Syphilis Resource Hub - Indian Country ECHO](https://www.indiancountryecho.org/syphilis-resources/) |
| Utilize existing interventions for adolescents. Many existing interventions can be found at HealyNativeYouth.org. | [Home - Healthy Native Youth](https://www.healthynativeyouth.org/) |
| Plan outreach booths or tables for community events, such as pow wow, rodeo, health fairs, etc. |  |
| Tailoring intervention strategies for affected populations | Persons who use drugs | Develop a ‘no wrong door’ policy so that patients can access Substance Use Disorder (SUD) support anywhere. | [No Wrong Door System and Medicaid Administrative Claiming Reimbursement Guidance | Medicaid](https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/no-wrong-door-system-and-medicaid-administrative-claiming-reimbursement-guidance/index.html) (to confirm as suitable resource) |
| Use a harm reduction program/approach for patients with SUD. | [Resources - Indian Country ECHO](https://www.indiancountryecho.org/resources/?_sfm_resources_program_relation=1458)  [Harm Reduction Approach to Treatment of All Substance Use Disorders - NCBI Bookshelf (nih.gov)](https://www.ncbi.nlm.nih.gov/books/NBK558199/) |
| Women/Pregnant patients | Engage at-risk patients with temporary smartphones + data plan. | [Calling on smartphones to enhance patient care : Nursing2022 (lww.com)](https://journals.lww.com/nursing/Fulltext/2017/11000/Calling_on_smartphones_to_enhance_patient_care.24.aspx) |
| Ensure excellent access (location, communication, wait time, nonjudgmental) to contraception services and prenatal care. |  |
| Incarcerated population | Collaboration with corrections for intake/regular screening and treatment for STI (and HCV, HIV). |  |
| Continuity of care for inmates who are transferred/ released/re-arrested via collaboration with corrections and law enforcement. |  |
| Integrate SUD/STI/HCV services with mandated Behavioral Health (BH) interventions. For example, one site has a full panel of STI/HCV/HIV testing for intake to court-mandated BH programs. |  |
| All patients | Collaborate with tribal resources to increase case management, care navigation capacity to address health and Social Determinants of Health (SDoH) such as housing. |  |
| Utilize incentives for linkage to care and treatment (gas cards, household items). |  |
| Conduct outreach at community events, mobile services that is inclusive of STI and SUD information/referrals |  |
| Raise awareness STI/SUD services at WIC, Head Start, shelters, and other services as locally appropriate |  |
| Alliances between health care providers and professionals | Complement/collaborate capacities of federal, tribal, state | Form an STI committee, facility/regional/national, as needed. Conduct meetings or ‘morning report’ format with clear minutes and action items. Ensure that the group is broad and inclusive of subject matter experts in the field. |  |
| Coordination between IHS, Tribal, County, State, providers, case management, public health, DIS, etc. for prioritization, task sharing, and delegation of syphilis services. |  |
| Inclusion of Syphilis update in facility all-staff/all-Area meetings. |  |
| Area and HQ expertise and technical support | Request and modify sample policy templates, EHR reminders, standing protocols, educational materials, clinical trainings as needed. |  |
| Make use of support options from IHS National and area leads epidemiology, maternal child health, infectious disease, clinical applications coordination, CHRs, PHN, etc. |  |
| III. Accountable services and interventions | | |  |
| Training and staff development | Clinical trainings | Conduct (or request) remote trainings for clinical and non-clinical staff such as syphilis diagnosis, staging, treatment, and related topics (taking sexual history, SUD, harm reduction). |  |
| Participate in the Indian Country Infectious Disease ECHO and request site-specific training or assistance. |  |
| Assign online training modules for completion to better equip staff to identify, stage and treat syphilis. |  |
| Non-clinical trainings | Conduct (or request) remote/online trainings for non-licensed staff. |  |
| Conduct (or request) community-facing trainings on sexual health/syphilis/congenital syphilis. |  |
| Evidence-based action planning, monitoring, and evaluation | Planning | Assign clear responsibility and dedicated time for lead to manage syphilis patient panel. |  |
| Coordinate and prioritize use of available partner services resources. |  |
| Evaluation to continually improve syphilis response processes. | Evaluate screening targets/clinical reminder adherence. This can assist finding assets and gaps in the system. |  |
| Evaluate time-to-treat (duration in days between diagnosis and treatment) to determine if current processes for treatment are adequate. |  |
| Evaluate percentage of diagnosed syphilis patients that do not initiate or and complete treatment to determine if current processes for treatment are adequate. |  |
| Assess the percentage of syphilis cases that have had full contact tracing and partner services completed. Determine the number of partners solicited from each case. |  |
| Evaluation to continually improve syphilis response processes.  Monitoring/PDSA | Investigate congenital syphilis cases for gaps in policy and practice. |  |
| Inform county, tribal, state, IHS counterparts and leadership of gaps in response process and seek assistance. |  |
| Monitor barriers to screening and identify solutions and identify solutions or seek assistance. |  |
| Monitor barriers to linkage to care and treatment and identify solutions or seek assistance. |  |
| Work with Improvement Groups locally, regionally or nationally to put syphilis screening percentage, treatment completion and outbreak curve onto monitored plans. |  |
| Monitoring/PDSA | Monitor barriers to screening and identify solutions or seek assistance. |  |
| Monitor barriers to linkage to care and treatment and identify solutions or seek assistance. |  |
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