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## NM SYPHILIS ECHO PROGRAM



# Syphilis in Specific Populations

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# Conflict of Interest Disclosure

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M.Iandiorio participates in clinical trials for HIV treatment with Abbvie and Merck.

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a \$4million award with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor does mention of trade names, commercial practices, or organizations imply an endorsement by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](http://HRSA.gov). Any trade/brand names for products mentioned during this presentation are for training and identification purposes only.

# Unconscious Bias Disclosure

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- SCAETC recognizes that language is constantly evolving, and while we make every effort to avoid bias and stigmatizing terms, we acknowledge that unintentional lapses may occur in our presentations.
- We value your feedback and encourage you to share any concerns related to language, images, or concepts that may be offensive or stigmatizing.
- Your input will help us refine and improve our presentations, ensuring they remain inclusive and respectful to participants.

# Learning Objectives

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By the end of this activity, learners will be able to

1. Recognize special considerations in the work up, treatment, and prevention of syphilis in people with HIV and men who have sex with men, transgender women, and nonbinary persons assigned male at birth.
2. Identify resources for additional training and referrals.

# Syphilis and HIV

- Syphilis is associated with an increased risk of sexual acquisition and transmission of HIV
  - All those with syphilis should be tested for HIV
  - All those with HIV and potential risk exposure should be screened at least annually, every 3-6mo if multiple or anonymous partners

## **SYPHILIS AND HIV**

Having syphilis can increase your chances of getting or transmitting HIV.

Talk to a provider about **syphilis prevention, testing, & treatment.**



# Not all People with HIV know their status

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1.238 million PWH  $\geq$ 13yo 2022  
87.2% diagnosed



**1** OUT OF **8**

Don't know

# Routine HIV Screening



## CDC 2006

- Test **all** pregnant women
- Test **all** pts 13-64 yo
- Test all pts with tuberculosis, **sexually transmitted infection**
- Test high risk patients **at least annually**

## USPTF 2013

- Test **all** 15-65 yo
- Test <15 & >65 yo if at risk
- Test all pregnant women
- Grade A recommendation



# Status Neutral HIV Screening & Linkage to Care

- Making HIV screening part of routine care helps ensure patients are screened, despite presumed risk, and helps reduce stigma
- If HIV screen nonreactive/negative but significant risk, linkage to HIV prevention (i.e., PEP, PrEP)
- If HIV screen reactive/positive, linkage to HIV treatment (antiretroviral therapy & holistic care)

## KNOW YOUR STATUS

Knowing your HIV status helps you make **decisions to prevent** getting or transmitting HIV.



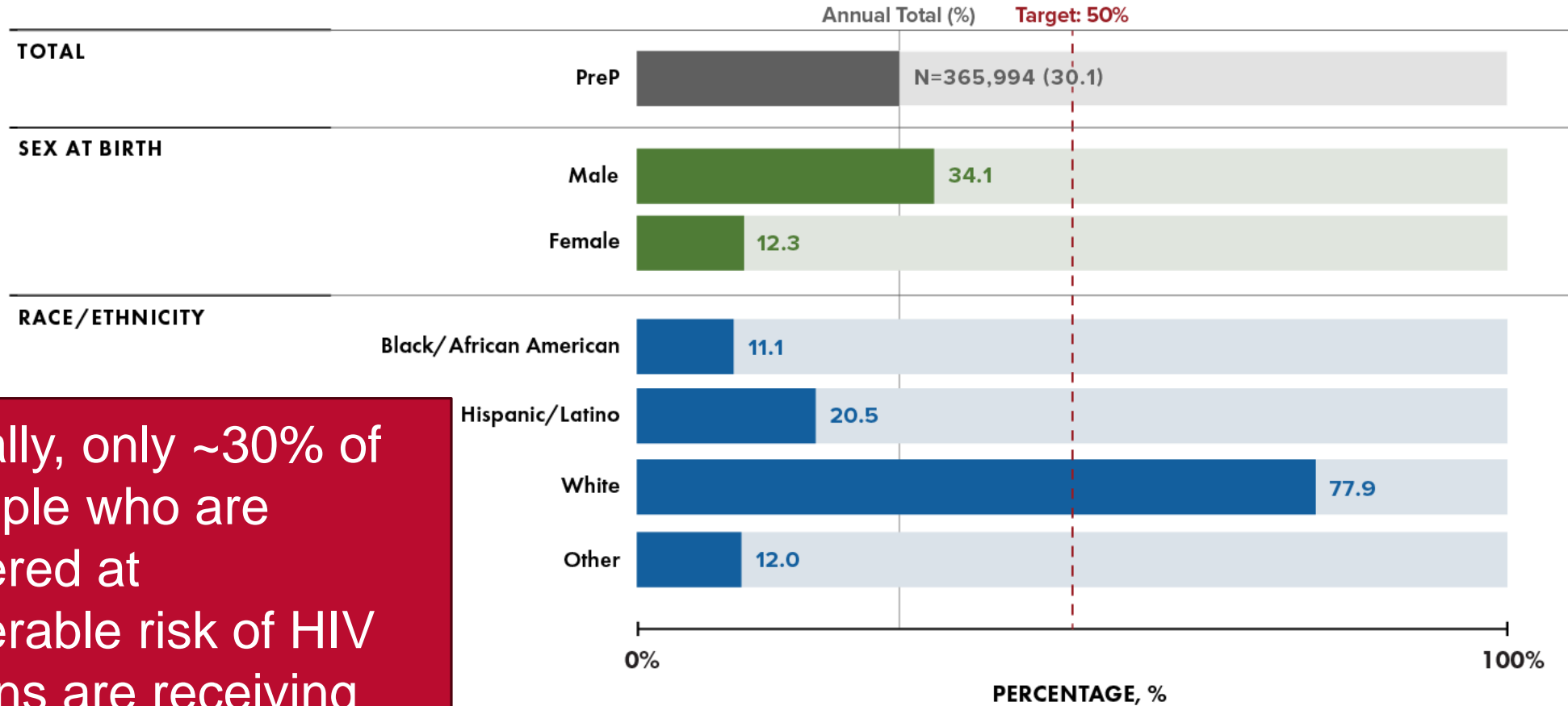
Find an HIV testing site near you:

[Locator.HIV.gov](https://locator.hiv.gov)



**FIGURE 32**

Status of PrEP coverage during 2021 among persons aged ≥16 years, by race/ethnicity and assigned sex at birth—United States



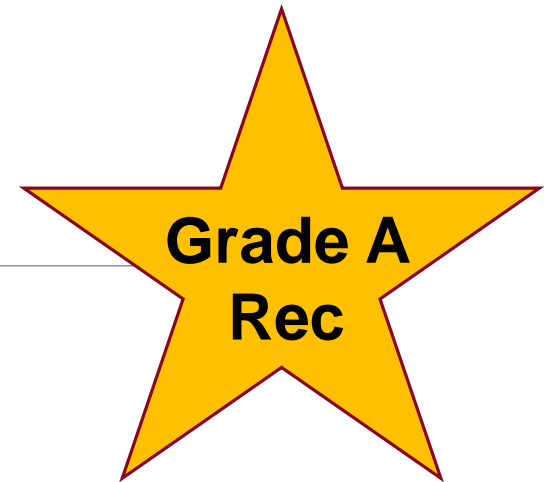
Nationally, only ~30% of the people who are considered at considerable risk of HIV infections are receiving HIV PrEP



**Note.** Race/ethnicity category for Other includes American Indian/Alaska Native, Asian, Native Hawaiian/other Pacific Islander, and multiracial persons. Hispanic/Latino persons can be of any race. See Guide to Acronyms and Initialisms, Data Tables, and Technical Notes for more information on definitions and data specifications.

# HIV PrEP

## Pre-Exposure Prophylaxis



FDA-approved daily oral formulations:

- Tenofovir/Emtricitabine
  - 1 tablet by mouth once a day
  - Prescribe for  $\leq$  90-day supply
- Approved for adolescents & adults  $\geq$  35kg (77 lb)\*

\*TDF/FTC FDA-approved indication in adults 7/2012 and for youth 5/2018

\*\*TAF/FTC FDA-approved for PrEP (except receptive vaginal sex) 10/2019

USPSTF Grade A Recommendation, 6/2019

<https://www.cdc.gov/hiv/guidelines/preventing.html>

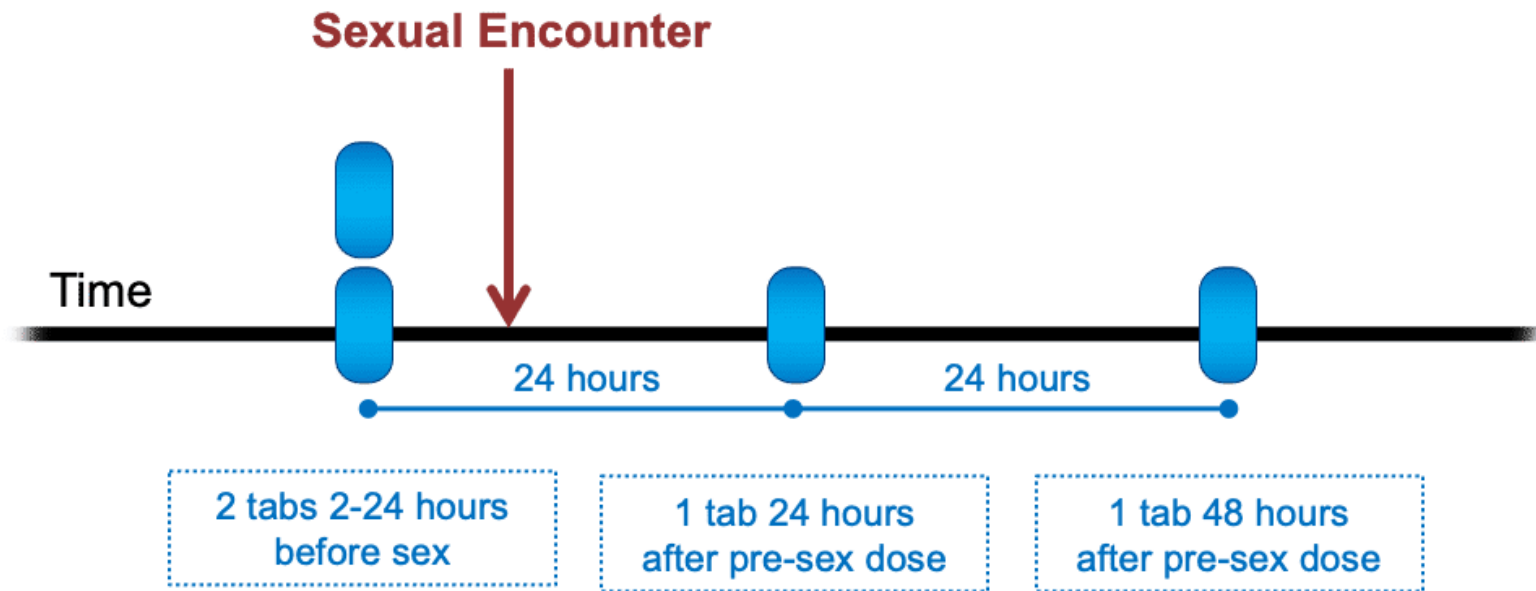
TDF/FTC=tenofovir disoproxil fumarate/emtricitabine (Truvada® or generic);

TAF/FTC=tenofovir alafenamide/emtricitabine (Descovy®)

# On Demand PrEP: 2-1-1

## Adult MSM

 Tenofovir DF-Emtricitabine



<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>

MSM=men who have sex with men; image: hiv.uw.edu

# HIV PrEP

## Pre-Exposure Prophylaxis

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FDA-approved long-acting injectable formulation:

- Cabotegravir (Apretude<sup>®</sup>) 600mg/3mL every 2 months
  - Optional 30mg daily oral 4-week lead-in
- Approved for adolescents & adults  $\geq$  35kg (77 lb)\*
  - Approved for all genders

\*Cabotegravir (CAB) FDA-approved indication for PrEP in 12/2021

# HIV Treatment is Prevention

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Image: <https://www.hiv.gov/>  
<https://www.cdc.gov/hiv/risk/art/index.html>

# Syphilis prevention

- Empiric treatment if potential sexual exposure within 90d of partner with early syphilis regardless of syphilis serology
- DoxyPEP
  - 200mg within 72hrs after sex reduced incidence of syphilis in men who have sex with men, transgender women, and nonbinary persons assigned male at birth with and without HIV
  - Prevent 42% of STIs; NNT for 1 year to avert any STI=2.2



Image: <https://howardbrown.org/service/doxy pep/>

# Syphilis and HIV

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- Interpretation of testing is the same
- Increased risk of neurosyphilis
  - Screen for signs or symptoms of neurosyphilis, ocular syphilis, and otosyphilis
  - CSF testing if abnormal neurologic exam; NOT needed for all
- Treatment recommendations the same
- May have slower drop in RPR titers after treatment
  - Repeat titers: (3),6,9,12, 24 months after treatment
  - Consider CSF exam and retreatment for those without fourfold decrease within 24 months of therapy
- Antiretroviral therapy may improve clinical outcomes



# References

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- CDC Sexually Transmitted Infections Treatment Guidelines, 2021. <https://www.cdc.gov/std/treatment-guidelines/default.htm>
- CDC Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024. <https://www.cdc.gov/mmwr/volumes/73/rr/rr7302a1.htm#:~:text=If%20doxy%20PEP%20is%20prescribed,200%20mg%20every%2024%20hours.>
- CDC Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV-United States, 2016. <https://stacks.cdc.gov/view/cdc/38856>
- CDC Preexposure Prophylaxis for the Prevention of HIV infection in the United States, 2021 Update-Clinical Practice Guideline. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>
- USPSTF Recommendation: HIV Infection Screening. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>
- DHHS Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/>

# Resources

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## HIV Prevention & Treatment ECHO

- Tues 12-1pm MT;  
[HIVECHO@salud.unm.edu](mailto:HIVECHO@salud.unm.edu)

## SCAETC-sponsored programs

- [www.scaetc.org](http://www.scaetc.org)
- <https://hsc.unm.edu/scaetc/programs-services/echo.html>

## NM DOH HIV/Hepatitis/STI online resource guide

- <https://nmhivguide.org/>

## National Clinical Consultation Center

- HIV PrEP: (855)HIV-PREP,  
HIV PEP: (888)448-4911
- HIV Management: (800) 933-3413
- <http://nccc.ucsf.edu/>

## National HIV PrEP Curriculum

- <https://www.hivprep.uw.edu/>

## National STI Curriculum

- <https://www.std.uw.edu/>

## National HIV Curriculum

- <https://aidsetc.org/nhc>

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