

## **Fall 2023 IHS STI Treatment Guidance**

Unfortunately, American Indians and Alaska Native people now have the highest rates of syphilis and congenital syphilis of any group in the country. Some congenital syphilis cases have even resulted in stillbirths or death shortly after birth. To address this epidemic, Dr. Loretta Christensen, the IHS Chief Medical Officer and Dr. Jonathan Iralu, the IHS Chief Clinical Consultant for Infectious Diseases have recommended the following guidelines and resources for all IHS, Tribal and Urban organizations:

### **Recommended IHS Screening best practices for 2023-2024:**

1. **Universal screening for syphilis** for patients aged 13-64 should continue through 2024
  - a. **Primary Care**
  - b. **Emergency Department/Urgent Care Clinic**
  - c. **Field outreach programs**
  
2. **High risk patient screening with a STD bundle** (syphilis, HIV, viral hepatitis urine and extra-genital gonorrhea/chlamydia, pregnancy) is recommended up to every 90 days for patients at high risk for syphilis at Emergency Department, Urgent Care Clinic, Obstetrics clinic, primary care clinic visits and inpatient admissions. These can be built into order sets for the following common conditions:
  - a. Substance use disorder
  - b. Pregnancy
  - c. Gastrointestinal bleeding
  - d. Trauma
  - e. Mental health crisis
  - f. STD symptoms
  
3. **Rapid field testing for syphilis and HIV** with Chembio DPP<sub>R</sub> HIV-syphilis or a similar product is strongly encouraged at:
  - a. Community outreach events by PHNs (Tribal fair, soup kitchens, community pantries, shelters, jails, detox, etc)
  - b. Street outreach to persons experiencing homelessness
  - c. Home visits for contact investigation or field STI treatments (testing and epi treatment of the newly identified partners)

#### **[Chembio POC HIV-Syphilis Testing System](#)**

4. **Express STI testing:** All IHS service units should now be offering express STI testing-on-demand. Options include:
  - a. Lab-based testing without seeing a provider
  - b. Urgent Care testing without seeing a provider if asymptomatic

#### **[Express STI Services Toolkit](#)**

#### **[GIMC Express STI Testing Pathway](#)**

## Treatment best practices for 2023-2024

- 1) Treat syphilis with Benzathine Penicillin whenever feasible
  - a) During periods of PCN shortage, use the following tier system:
    - i) Pregnant and HIV-infected patients and their partners : ALWAYS use PCN
    - ii) Early Syphilis: Treat patients and their partners with Penicillin at every opportunity when supplies permit. Doxycycline for 14 days should be used only when supplies are extremely limited. This includes:
      - (1) Primary
      - (2) Secondary
      - (3) Early Latent
    - iii) Late latent syphilis and Latent Syphilis Uncertain Duration: Treat with penicillin when supplies are not limited. Use doxycycline for 28 days when supplies are limited (utilize telephone calls or home visits to ensure completion of therapy).
- 2) **Field Injection of Benzathine Penicillin by IHS PHNs is the standard-of-care** for difficult-to-treat patients who are not engaged in care. This includes pregnant patients with syphilis.

[Navajo Area PHN- Syphilis and Gonorrhea Home Treatment Policy](#)  
[Standings Orders for Nurses STD Protocol- Syphilis and Gonorrhea](#)

- 3) **Epi Treatment:** Penicillin should automatically be given to all partners of cases whose last sexual contact was within 90 days. Partners whose last contact was greater than 90 days can be tested and treated if positive or automatically given Penicillin if follow-up cannot be ensured.

## Syphilis/HIV Prevention Best Practices for 2023-2024

- 1) **HIV PrEP:** All patients diagnosed with syphilis should be offered Pre-exposure Prophylaxis (PrEP) for HIV. This is optimally done through pharmacist run clinics. Oral and injectable PrEP options are available

[CDC HIV PrEP Flyer](#)

[CDC HIV PrEP Guidelines](#)

**STI PEP:** The CDC has released DRAFT guidelines for the use of doxycycline post-exposure prophylaxis for men who have sex with men, bisexual men and transgender women who have unprotected sex.

[Interim IHS doxy-PEP Guidance](#)

## Case Management Best Practices

- 1) **Monthly meetings:** all sites with at least one case of syphilis should hold a monthly meeting with clinicians, PHNs and tribal and county Disease Intervention Specialists to review active cases to

ensure adequate treatment and plan interventions such as partner notification and field penicillin treatments. Disease Intervention Specialists at State Health Departments are key partners for case management and contact tracing. Some federal SUs collaborate with Tribal Health programs for care coordination. Consider using these partnerships if you aren't already. If you would like to learn more about these types of collaboration, or if state health department support has been inadequate, please reach out to richard.haverkate@ihs.gov

- 2) **EHR Notifications:** Sites should have the age 13-64 annual syphilis reminder activated on each patient's home page. Activating pop-up notifications for untreated syphilis cases is strongly encouraged to ensure completion of treatment.

Additional Excellent STI Resources:

Link to Ending the IHS Syndemic Webinar series here:

<https://www.ihs.gov/rpms/training/recording-and-material-library/>

- The user will be prompted to login using IHS username and password (same credentials used for annual security training).
- To navigate to the STI recordings, select **Major Initiative** and put a check mark in **STI Syndemic Response**.

[National STI Curriculum](#)

[CDC 2021 STI Guidelines](#)