

STI Field Treatment and Testing

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Objectives

- Examine how the PHN Program's performance can support the control of syphilis/STIs.
- Identify the value and impact of the PHN staff contributing to the management and treatment of syphilis to ensure patient care is team-based, coordinated, and patient-focused.
- Determine how patients can be treated in the field when deemed appropriate by the patient's Provider.



Treating Syphilis in the Field

Field treatment is offered for patients with syphilis who cannot access care at a facility:

- Clinic is unable to notify patient of test result,
- Transportation difficulties,
- Privacy concerns,
- Mental health issues,
- Substance abuse,
- High risk – pregnant, not attending prenatal care.



Experiences from the Field

Began with a pilot program for PCN field treatment in 2021 and expanded.

Careful chart reviews showed no adverse reactions/anaphylaxis.

Goes through same review process as dispensing any other medication.

If suspected amoxicillin or PCN allergy:

- Will have ID review to confirm need for alternative treatment.



Experiences from the Field

If suspected amoxicillin or PCN allergy:

- Will have ID review to confirm need for alternative treatment.

PCN ALLERGIES - EVIDENCE SUGGESTS:

- Less than 5% of patients who claim a PCN allergy will likely experience a reaction if provided an oral challenge using a therapeutic dose [1]
- Approximately 95% of patients who report a past PCN allergy will have a negative PCN skin test [2].
- IgE antibodies wane over time, resulting in negative skin tests in most patients after 10 years [3]. These patients are at low risk of becoming re-sensitized if exposed to PCN in the future [4,5]
- At CSU we have treated cases with unclear hx (not consistent with true allergy) in ED with no adverse reactions



Experiences from the Field

From May 2021 to May 2023 CSU had 277 cases of syphilis:

- 31 of 277 (11.2%) were treated in field during that time
- Chart review shows 1 additional case was treated in field in 2019
- In summary CSU has treated at least 32 cases of syphilis in the field since 2019 with no adverse effects
- Of the 32 cases treated in the field , at least 2 (6.25%) were known to be pregnant, and neither experienced adverse effects.
- At least one case of congenital syphilis was prevented



Experiences from the Field

Some clients refuse treatment even when it is brought to them:

- Don't understand disease process or benefits of treatment,
- Mental health issues,
- Substance abuse
- Stigma.



Experiences from the Field

Enhancing relationships with other hospital departments to facilitate treatment for hard to reach patients:

- Women's Health,
- Urgent Care
- Emergency Department



Experiences from the Field

Lowering barriers to care:

- Treatment orders allowing PCN administration in the clinic or in the field.
- Encouraging patients to call the PHN prior to arrival at facility to find space for PHN to administer treatment in outpatient clinic.
- Informing the clinician covering walk-in hours at Urgent Care or Woman's Health of patients estimated arrival time and reason for seeking care.
- Meeting patient in Emergency Department/Urgent Care to speak to triage.
 - Very helpful when patients are anxious about stating reason for visit.



Practical Aspects of Field Treatment

- Co-ordination with pharmacy.
- Temperature controlled coolers for maintaining PCN at 2-8°C.
- Emergency kit with epi-pen and standing orders that cover use.
- Orders that cover clinic and field treatment.
- Comfort with discussing sexual health education.
- Flexibility/availability to meet patients.
- Staffing – PHN/HT or PHN/PHN pairs for safety.



STI Expanded Field Treatment

Additional STI treatment in the community

- Chlamydia
 - Directly observed therapy with azithromycin 1,000mg PO.
 - Expedited Partner Treatment (EPT) in field for chlamydia.
- Gonorrhea
 - Single dose ceftriaxone 500 mg IM in the field for patients.
 - EPT in field for gonorrhea.
- Syphilis
 - Field treatment for partners.



Partners

Finding and treating partners of patients with syphilis is the quickest way to stop the epidemic

- Prevents reinfection for the patient and spread to other community members.

Suspected reasons for not revealing partner contact information


- Does not want primary partner to know of secondary relationships
- Lack of trust in system to maintain privacy.
- Fears of IPV from partner.
- Stigma
 - Sexual activity linked to Illegal/illicit drug use.
 - MSM who are not “out” to family/community.



Partner notification cards

You may have been exposed to chlamydia.

- Chlamydia is spread by vaginal, oral, and anal sex.
- You may be infected and have no symptoms.
- If left untreated, chlamydia can cause serious health problems, especially if you are pregnant.



Get Tested & Treated
Take this card to your doctor or clinic today.

For more information, clinic referrals, free condoms, and PrEP, call 1-928-674-7998, or visit cdc.gov/std/chlamydia


For doctor or nurse:
The person with this card may have been exposed to chlamydia. The CDC recommends sexual contacts of persons diagnosed with chlamydia be treated presumptively with:

Doxycycline 100 mg orally twice a day for 7 days
- OR -
Azithromycin 1 g orally in single dose

Testing for gonorrhea, syphilis, and HIV is also recommended. For complete CDC treatment guidelines and other STI information, visit cdc.gov/std/treatment-guidelines

You may have been exposed to gonorrhea.

- Gonorrhea is spread by vaginal, oral, and anal sex.
- You may be infected and have no symptoms.
- If left untreated, gonorrhea can cause serious health problems, especially if you are pregnant.



Get Tested & Treated
Take this card to your doctor or clinic today.

For more information, clinic referrals, free condoms, and PrEP, call 1-928-674-7998, or visit cdc.gov/std/gonorrhea


For doctor or nurse:
The person with this card may have been exposed to gonorrhea. The CDC recommends sexual contacts of persons diagnosed with gonorrhea be treated presumptively with:

Ceftriaxone 500mg IM in single dose (preferred)
- OR -
Cefixime 800mg orally in single dose

Testing for chlamydia, syphilis, and HIV is also recommended. For complete CDC treatment guidelines and other STI information, visit cdc.gov/std/treatment-guidelines

You may have been exposed to syphilis.

- Syphilis is spread by vaginal, oral, and anal sex.
- You may be infected and have no symptoms.
- If left untreated, syphilis can cause serious health problems, especially if you are pregnant.



Get Tested & Treated
Take this card to your doctor or clinic today.

For more information, clinic referrals, free condoms, and PrEP, call 1-928-674-7998, or visit cdc.gov/std/syphilis

For doctor or nurse:
The person with this card may have been exposed to syphilis. The CDC recommends sexual contacts of persons diagnosed with syphilis be treated presumptively with:

Penicillin G benzathine 2.4 MU IM in single dose
-AND-
Obtain a H&P for syphilis staging plus RPR testing

Testing for gonorrhea, chlamydia, and HIV is also recommended. For complete CDC treatment guidelines and other STI information, visit cdc.gov/std/treatment-guidelines

Partner notification cards

Similar cards have been used by the county of Los Angeles Public Health.

"Do they work? A study by Kissinger published in 2005 showed that giving booklets, with similar information to our cards, to heterosexual men with urethritis in a New Orleans's STD clinic led to an increase in the number of partners treated and a reduction in patient reinfection compared to standard partner referral."

-Partner Treatment for Male Urethritis CID 2005:41 (1 September) • 629



Testing in field: Point of Care– Syphilis/HIV

Pros

- Fast-(15 minutes)
- Less invasive (finger stick)
- Can share results with patient on-site

Cons

- If positive, need blood draw for titer/confirmatory
- If positive for syphilis, cannot differentiate between old and new case
- Store and perform test within limited temperature range (18-25C/64-77F)
- Need to maintain QC



Testing in field: Blood draws– Syphilis/HIV

Pros

- Can draw for multiple conditions HIV/Syphilis/Hepatitis

Cons

- Lag time between obtaining sample and sharing results with patient
- In lieu of immediate results, must resort to presumptive treatment
- Need staff to be approved by lab to label, store, and transport samples
- Need coolers and appropriate supports



Documentation

STI field visit worksheet

- Steps for notification, treatment and follow-up
- Conversational cues
- Education



Documentation

Standardized template for syphilis treatment

- Similar to STI worksheet
- Use for inpatient, outpatient and field treatment
- Can pull data for summary report



Documentation

Summary syphilis report

- Summarizes testing/treatment data from facility
- Pulls treatment data from syphilis tx template
- Pulls lab history
- Pros – can look at report to get general history instead of searching through notes
- Cons-No out-of-facility info



Summary – Testing and treatment in field

Provides Standard treatment in Non-Standard setting

- Part of a broader strategy to reduce STIs
- **Safe** – since initiating pilot in 2021 , no adverse reactions
- Can prevent/reduce risk of congenital exposure
- Interrupt chain of transmission in community
- Help identify hotspots
- Enhance relationships with most at risk groups
- Re-engage patients with health system



Sexually Transmitted Infections are on the RISE!

Syphilis affects all genders.

**You can have syphilis and not
have symptoms.**

If you get tested, you can get treated.

**Request to be tested at your
hospital visit.**



References

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- 4. Solensky, R.; Earl, H.S.; Gruchalla, R.S. Lack of penicillin resensitization in patients with a history of penicillin allergy after receiving repeated penicillin courses. *Arch. Intern. Med.* **2002**, *162*, 822–826.
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Questions?

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