



September 29, 2023

***UPDATE*: Limited Supply of Benzathine penicillin G (Bicillin® L-A) for treatment of Syphilis**

The U.S. Centers for Disease Control and Prevention has reported that Sexually Transmitted Infection (STI) Programs are struggling to procure enough Benzathine penicillin G – the first-line recommended treatment for syphilis. At this time, Benzathine penicillin G is listed on both the [FDA Drug Shortage list](#) and [ASHP Drug Shortage list](#), with the IHS Pharmaceutical Prime Vendor (PPV) also reporting limited supplies. The IHS National Supply Service Center (NSSC) is actively monitoring the situation and working to identify and make available Benzathine penicillin G when possible. The NSSC encourages PPV customers to call the PPV with any updated expected monthly usage. Product is being allocated to distributors by the manufacturer. The manufacturer anticipates the issue will be resolved within the next 3-6 months.¹

Priorities:

In light of a national shortage of Benzathine penicillin G, IHS providers need to consider prioritization of this medication at all healthcare facilities. IHS treatment recommendations (listed in order of priority) include the following:

1. Pregnant persons and HIV infected persons with syphilis (and their contacts) as well as infants with congenital syphilis should receive priority for treatment with Benzathine penicillin G. **Benzathine penicillin G (Bicillin L-A®) is the only recommended treatment for pregnant people infected or exposed to syphilis.**
2. Other persons with early syphilis (primary, secondary, early latent) should be treated with Benzathine penicillin G (and their contacts) if supplies are adequate to cover high risk patients listed under priority #1. Sexual partners should also be offered Benzathine penicillin G if supplies are adequate.
3. If Benzathine penicillin G supplies are inadequate to cover patients listed as priority #2, treat early syphilis (primary, secondary, early latent) with **doxycycline 100 mg po bid for 14 days** and late latent syphilis or latent syphilis of uncertain duration with doxycycline 100 mg po bid for 28 days.
4. **Ceftriaxone 1 gm IV daily for 10 days** may be an acceptable second-line alternate treatment for primary and secondary syphilis. Use of ceftriaxone for latent syphilis is not well defined and consultation with an Infectious Disease specialist is recommended.

Additional considerations:¹

Syphilis is a systemic disease caused by *T. pallidum*. The disease has been divided into stages on the basis of clinical findings, which guide treatment and follow-up. Persons who have syphilis might seek treatment for signs or symptoms. Primary syphilis classically presents as a single painless ulcer or chancre at the site of infection but can also present with multiple, atypical, or painful lesions. Secondary syphilis manifestations can include skin rash, mucocutaneous lesions, and lymphadenopathy. Tertiary syphilis can present with cardiac involvement, gummatous lesions, tabes dorsalis, and general paresis.

Latent infections (i.e., those lacking clinical manifestations) are detected by serologic testing. Latent syphilis acquired within the preceding year is referred to as early latent syphilis; all other cases of latent syphilis are classified as late latent syphilis or latent syphilis of unknown duration.

References:

1. U.S. Centers for Disease Control and Prevention. [Potential Access Challenges to Bicillin L-A](#). Accessed April 19, 2023.
2. U.S. Centers for Disease Control and Prevention. [Sexually Transmitted Diseases Treatment Guidelines, 2021](#). Published July 23, 2021.