Syphilis Treatment Update

October 4, 2023

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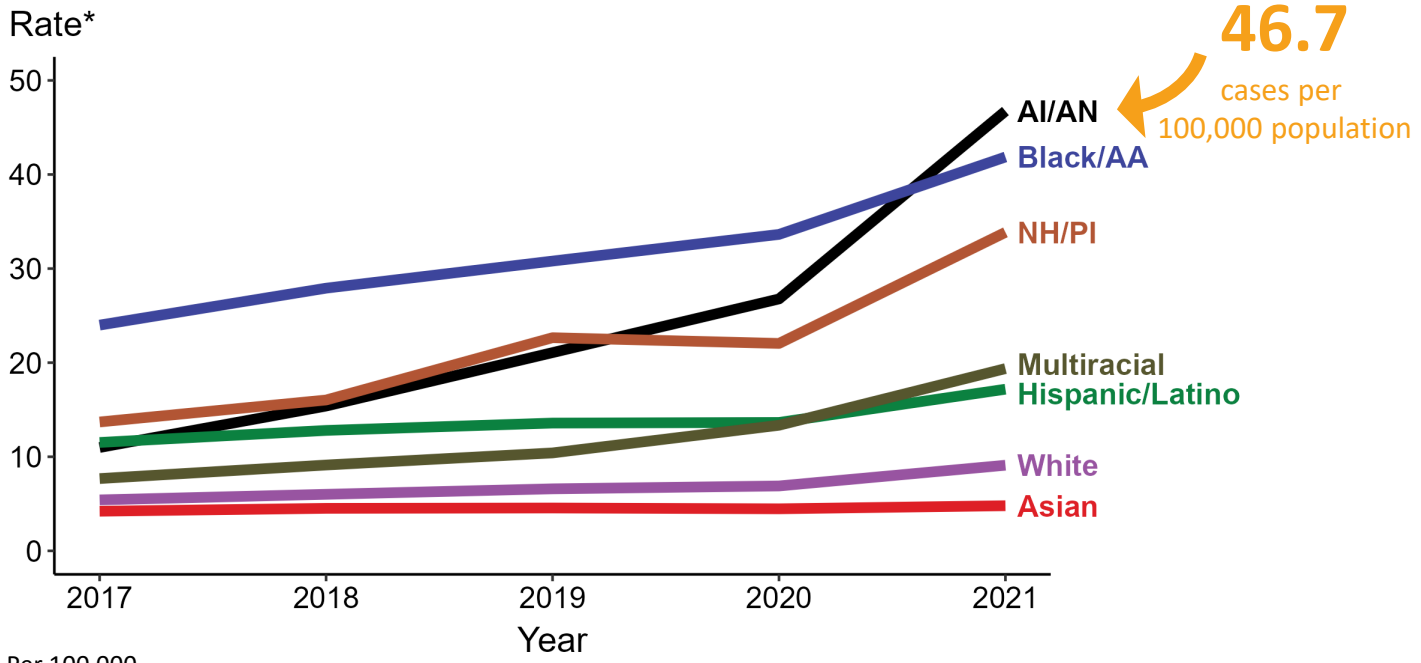
In 2021, the highest rate of primary and secondary syphilis cases was among American Indians and Alaska Natives

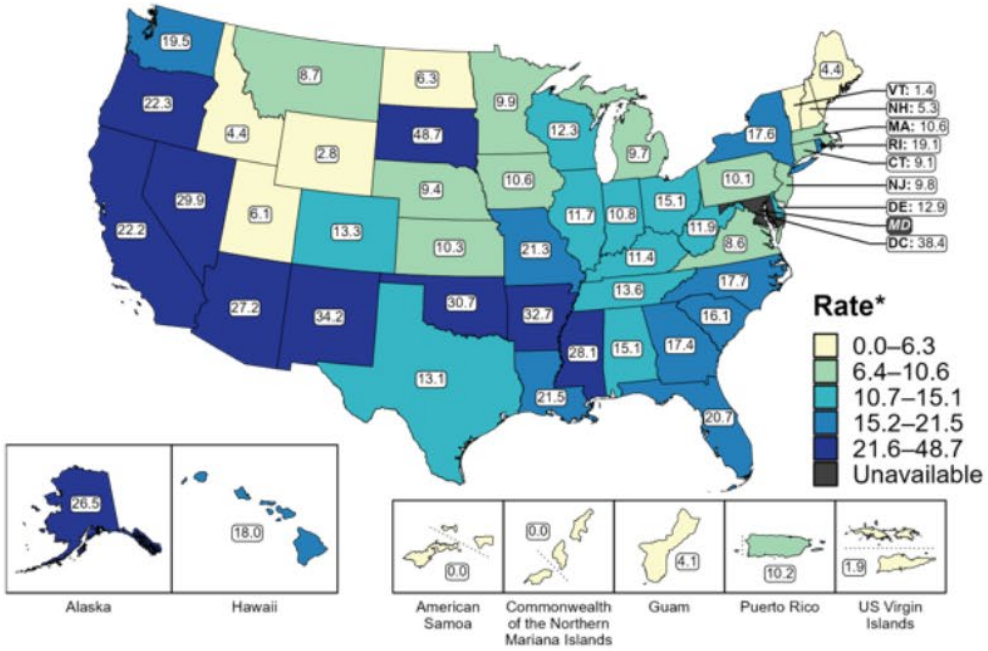


* Per 100,000

ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

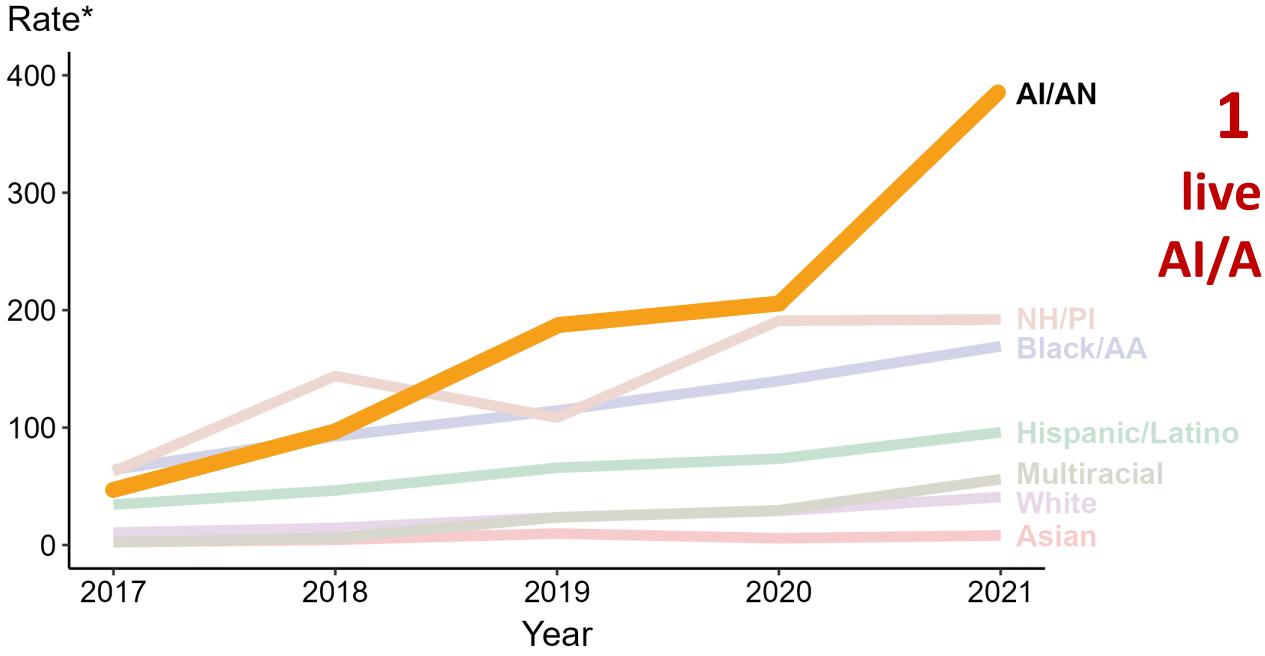
Primary and Secondary Syphilis — Rates of Reported Cases by State, United States and Territories, 2021

California: 22.2 per 100,000



* Per 100,000

Starting in 2019, the highest congenital syphilis rates were among infants born to American Indian & Alaska Native mothers



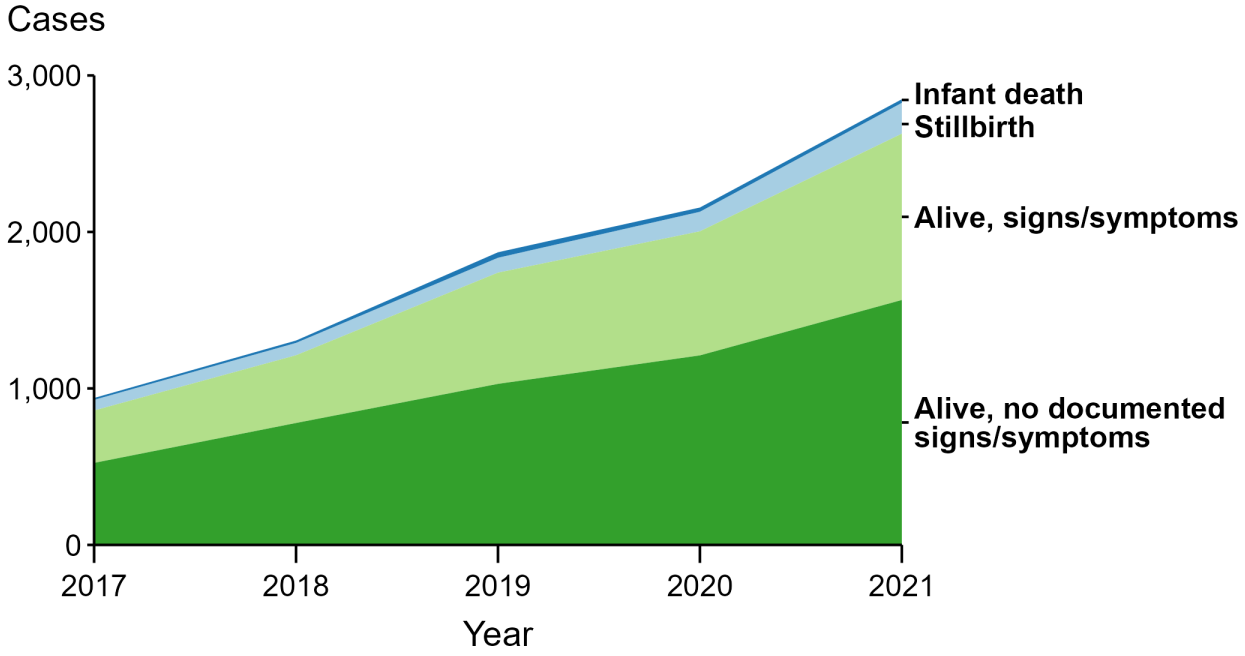
1 in 260
live births to AI/AN mothers

United States

* Per 100,000 live births

ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

Congenital Syphilis — Reported Cases by Vital Status and Clinical Signs and Symptoms* of Infection, United States, 2017–2021



* Infants with signs/symptoms of congenital syphilis have documentation of at least one of the following: long bone changes consistent with congenital syphilis, snuffles, condylomata lata, syphilitic skin rash, pseudoparalysis, hepatosplenomegaly, edema, jaundice due to syphilitic hepatitis, reactive CSF-VDRL, elevated CSF WBC or protein values, or evidence of direct detection of *T. pallidum*.

NOTE: Of the 9,141 congenital syphilis cases reported during 2017 to 2021, 22 (0.2%) did not have sufficient information to be categorized.

CDC Syphilis Screening Recommendations

Women	• Screen asymptomatic women at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity) for syphilis infection[2,7]
Pregnant Women	• All pregnant women at the first prenatal visit[8] • Retest at 28 weeks gestation and at delivery if at high risk (lives in a community with high syphilis morbidity or is at risk for syphilis acquisition during pregnancy [drug misuse, STIs during pregnancy, multiple partners, a new partner, partner with STIs])[2]
Men Who Have Sex With Women	• Screen asymptomatic adults at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity, and being a male younger than 29 years) for syphilis infection[2,7]
Men Who Have Sex With Men	• At least annually for sexually active MSM[2] • Every 3 to 6 months if at increased risk[2] • Screen asymptomatic adults at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity, and being a male younger than 29 years) for syphilis infection[2,7]
Transgender and Gender Diverse People	• Consider screening at least annually based on reported sexual behaviors and exposure[2]
Persons with HIV	• For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter[2,6] • More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology[2]

https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm

Benzathine penicillin G is the recommended treatment for syphilis

Primary, secondary, early non-primary non-secondary syphilis (acquired in the last 12 months), **or sex partner of an early syphilis case**

Benzathine penicillin G 2.4 million units IM in a single dose

Late latent or unknown duration syphilis

Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals

STI Treatment Guidelines, 2021: https://www.cdc.gov/std/treatment-guidelines/default.htm

Treatment Prioritization in setting of Limited supply of Benzathine penicillin G (Bicillin® L-A)

Priority #1

#1 Prioritize Benzathine penicillin G for Pregnant persons and HIV infected persons with syphilis (and their partners) as well as infants with congenital syphilis

- Penicillin G is the only known effective antimicrobial for treating fetal infection and preventing congenital syphilis
- Pregnant women who are allergic to penicillin should be desensitized and treated with penicillin G.

Benzathine penicillin G
is the only recommended treatment for syphilis in pregnant people

STI Treatment Guidelines, 2021: https://www.cdc.gov/std/treatment-guidelines/default.htm
U.S. Centers for Disease Control and Prevention. Potential Access Challenges to Bicillin L-A. https://www.cdc.gov/std/treatment-guidelines/syphilis.htm

Priority #2

#2 Prioritize Benzathine penicillin G for other persons with early syphilis (primary, secondary, early latent) and their partners if supplies are adequate to cover high risk patients listed under priority #1.

STI Treatment Guidelines, 2021: https://www.cdc.gov/std/treatment-guidelines/default.htm
U.S. Centers for Disease Control and Prevention. Potential Access Challenges to Bicillin L-A. https://www.cdc.gov/std/treatment-guidelines/syphilis.htm

Alternative Treatment– 2nd line

- **If Benzathine penicillin G supplies are inadequate to cover patients listed as priority #2,**
  - Treat early syphilis (primary, secondary, early latent)
    - doxycycline 100 mg po bid for 14 days
  - Treat late latent syphilis or latent syphilis of uncertain duration
    - doxycycline 100 mg po bid for 28 days.

Doxycycline is the alternative treatment for syphilis in non-pregnant people

STI Treatment Guidelines, 2021: https://www.cdc.gov/std/treatment-guidelines/default.htm
U.S. Centers for Disease Control and Prevention. Potential Access Challenges to Bicillin L-A. https://www.cdc.gov/std/treatment-guidelines/syphilis.htm

Alternative Treatment for Primary & Secondary Syphilis

- **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.**

STI Treatment Guidelines, 2021: https://www.cdc.gov/std/treatment-guidelines/default.htm
U.S. Centers for Disease Control and Prevention. Potential Access Challenges to Bicillin L-A. https://www.cdc.gov/std/treatment-guidelines/syphilis.htm

Resources

Indian Country ECHO Syphilis Resource Hub

https://www.indiancountryecho.org/syphilis-resources/

- Clinical Resources (policies/procedures, Treatment Guidelines, Contact Tracing, etc)
- Patient Education materials
- Training and CEs

Why Syphilis Matters

Syphilis is on the rise, and Indian Country is deeply impacted. With the highest primary and secondary syphilis rates and an 800% increase in congenital syphilis cases among American Indian and Alaska Native people, it is vital that healthcare providers and community health workers act now.

Syphilis has serious consequences, but we can all do our part. Prevention education and outreach can stop syphilis in its tracks. Healthcare facilities can enact policies that streamline testing and treatment.

To support your syphilis response, Indian Country ECHO has compiled this list of useful clinical resources, patient education, policy templates, and continuing education opportunities. If you have questions or would like free technical assistance or trainings brought to your clinic, email us at ECHO@npaihb.org.

National Strategies

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The Indigenous Syndemic Strategy: Weaving Together HIV, STI, and Viral Hepatitis Plans

STI National Strategic Plan (2021-2025)

IHS Chief Medical Officer Letter on Syphilis

Clinical Resources

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Upcoming Webinar with CEs

Syphilis 101

A syphilis update (including Bicillin-LA shortage guidance) and overview of new doxycyline Post Exposure Prophylaxis (PEP) guidelines

Speaker: Dr. Iralu MD, FACP, FISDA

When: Thursday October 19, 2023

Time: 12PM MT, 11AM PT

Connection:

Simply click here at the time of meeting:
https://echo.zoom.us/j/97240849538?pwd=TzJUMWo5M082K1kxMitOV2diY3BaQT09 ;

Password: ECHO

–**To Submit a Case:** https://www.indiancountryecho.org/submit-a-case/
–**To Submit a Question:** https://www.surveymonkey.com/r/InfectiousDiseaseECHOquestions